Welcome to UVM/AHEC ECHO: Transgender Care in the Medical Home

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Guest Speaker:
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Northeastern Reproductive Medicine
• RECORDING OF SESSION TO BEGIN
Agenda

• Introductions
• Objectives
• Didactic Presentation (20-25 min)
• Case presentation
  • Clarifying questions
  • Participants – then hub
• Discussion
• Recommendations
• Summary
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
CME Disclosures

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Objectives

• Participants will gain competence in counseling transgender patients on fertility preservation

• Participants will recognize limitations and importance of advance planning for fertility preservation

• Participants will gain knowledge about pregnancy options for transgender patients
Fertility Preservation

Options for family building
Options

• Gamete freezing and storage
• Gamete Donation
• Surrogacy options
Timing

• Transitioning Post Puberty
• Transitioning Prior to pubertal onset
• Effects of definitive surgical treatments (removal of uterus +/- ovaries, removal of testes
MTF Transition

• Sperm collection and freezing
  - prior to hormone therapy: can occur at any time
    - infectious disease blood tests required prior to storage (Hep A,B,C; HIV; RPR; GC; Chlam)
    - home/office options for collecting. If sperm has normal count/morphology a single ejaculation can provide 3-5 vials
  - typically requires home or office inseminations when ready to conceive; may also be used for IVF
MTF Transition

• It is possible to collect and store sperm after starting estrogen

• May require several months of hormone discontinuation before hypothalamic/pituitary axis returns to baseline

• FSH/LH levels checked intermittently (blood test) to assess likely return of normal spermatogenesis

• Small studies have looked at sperm collection while on estrogen/spironolactone therapy: smaller volume ejaculates, lower counts. Possible but might require IVF
MTF Transition: Prepubertal/Post surgical

• Small amount of testicular tissue removed (prior to surgical removal or hormonal therapy to stop the pubertal transition); sperm is immature at this point and would require *in vitro* maturation.

• Considered experimental but several centers in the country do this work

• If the sperm stem cells are able to mature in the embryology lab, the number of available sperm would be small and require IVF when ready to conceive
FTM Transition

• Egg/Embryo cryopreservation

• Egg freezing improved with vitrification techniques; approved for oncology patients by the FDA 2012

• Can occur prior to initiation of hormonal therapy (testosterone) or after a period of discontinuation
Oocyte (EGG) Preservation

• Use of (self administered) injectable medications (FSH/LH) for ~12-15 days to stimulate the production of multiple eggs.

• Monitoring visits during this time: blood tests and ultrasounds (usually transvaginal but may be done transabdominally for patient comfort)

• ‘Egg ‘ retrieval: minor surgical procedure performed in the office with sedation

• Egg quality and number based on age: <35 years old offers best results. Single cycle likely sufficient.

• Length of time eggs remain frozen does not affect pregnancy rates
Pregnancy Options

• If definitive surgery (hysterectomy) hasn’t taken place, normal pregnancy can be achieved after discontinuation of testosterone therapy

• Gestational surrogacy

• Pregnancy without egg freezing is also an option: several months off testosterone may be required for normal ovulatory function to return
Options for Prepubertal/Surgical (Oophorectomy)

• Ovarian tissue cryopreservation with subsequent \textit{in vitro} maturation of eggs

• Larger centers.

• Variable results
Contacts

• Northeastern Reproductive Medicine
• Doctors Christine Murray, Jennifer Brown, Peter Casson
• (802)655-8888
• NRMVT.com
Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
• RECORDING TO BE STOPPED
Conclusion

• Volunteers to present cases (this is key to the Project ECHO model)
  • Use the case template form posted at www.vtahec.org
  • Return completed case forms to Katherine.Mariani@uvmhealth.org

• Please complete evaluation survey after each session

• Claim your CME at www.highmarksce.com/uvmmmed

• Please contact us with any questions, concerns, or suggestions
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