

UVM Project ECHO: Gender Affirming Care

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Series Faculty:

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Didactic presentation is recorded. Registered participants will receive the link.

Session Agenda

- Welcome Participants and Presenters
- Objectives
- Didactic Presentation (20-30 min)
 - Q&A
- Case presentation(s)
 - Clarifying questions
 - Discussion
 - Recommendations
- Closing Announcements
 - Submission of new cases
 - Completion of evaluations



ECHO Model: All Teach, All Learn



Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key

Case-based learning

- 1-2 participant cases each session using provided template
- Contact Kathy Mariani to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

- Describe healthcare barriers and challenges commonly faced by transgender individuals, from adolescence to older adulthood
- Identify language changes and strategies that clinics can use to provide supportive, inclusive, and nondiscriminatory care
- Discuss clinical guidelines for prescribing hormonal therapy and managing side effects for patients who are transgender and/or nonbinary

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

CMIE Disclosures

- University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 **AMA Category 1 credit™**.
- UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to **1 Nursing Contact Hour**.
- Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to: **1.5 MOC points** in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program; It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM or ABP MOC credit.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

Gender Affirming Care Across the Life Span

Kathy Mariani, MD MPH
Associate Professor
Department of Family Medicine

Objectives

- Participants will recognize screening recommendations unique to gender diverse patients
- Participants will gain competence counseling patients about bone health with gender diverse patients
- Participants will develop basic understanding of legal affirmation for gender diverse patients

Routine Health and Wellness Screening

- Cross-sex hormone therapy might affect the risk of developing a number of chronic diseases, including CV disease and osteoporosis
- Hyperlipidemia
- Diabetes
- Depression
- Substance use
- Intimate Partner Violence
- Social Determinants of Health

Routine Health and Wellness Counseling

- Regular exercise
- Smoking cessation
- Healthy weight
- Skin cancer screening
- Nutrition
- Health Care Proxy

Sexual Health Counseling

- Create safe space to discuss
- Risk and sexual practices may change across the lifespan
- Assess for HIV risk factors
- Consider Hepatitis screening
- Update vaccinations including Hepatitis B as indicated
- Assess for risk for GC and chlamydia
- Offer Pre-Exposure Prophylaxis (PrEP) if appropriate

Physical Exam Considerations

- Discuss expectations for exam in advance
- Do not have them get undressed when being roomed
- May prefer not being in gown
- Genital exam often not necessary
- Be aware of possible skin and other issues
 - Tucking may increase risk of hernia and skin breakdown
 - Binding may also cause skin issues and back issues

Physical Exam Considerations: Transmen

- Discuss preferred environment, gyn office may be triggering
- Discussed preferred terms such as front hole
- Consider bringing support person, using earphones, low dose benzo
- Vaginal estrogen may be helpful two weeks prior to exam
- Some may feel safer with mirror for self exam
- Self swab may be best option for GC/chlamydia, vaginitis and for HPV (not the same swab!)



If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



checkitoutguys.ca

Cervical Cancer and HPV Screening

- Pap and HPV co-testing
 - Every five years if still has cervix over age of 30
 - Every three years if less than 30 years of age
- Consider Anal Pap
 - If positive or if HIV +, consider HRA or High Resolution Anoscope

Breast Cancer Screening

- Gender affirming approach to breast exam
- Pre-breast surgery: Screen as per Cis female guidelines

Sterling J, Garcia MM. Cancer screening in the transgender population: a review of current guidelines, best practices, and a proposed care model. *Translational Andrology and Urology* 2020;9:2771-2785.

Breast Cancer Screening

- Transwoman should be screened
 - High rate of dense breast tissue so ultrasound may be indicated
 - Not well studied but very low risk
 - Wait until 50 to start screening, however, screening trans woman and non trans women the same is a good approach as well
 - Screening not indicated until 5-10 years after starting hormones
 - Every two years recommended
 - Risk score methods not reliable
 - Family history not well studied to know risk to transwoman
 - Referral for genetic counseling recommended if family hx of BRCA mutation

Prostate Cancer Screening

- Prostate cancer screening should be considered in Trans Women
- Risk somewhat dependent on age of starting hormones, orchiectomy
- Consider family history
- Due to low prostate volume, reference range for normal may be as low as 1.0
- Relationship with PCP important as screening may be sensitive topic

Osteoporosis Screening

- Evidence suggests that in FTM changes in BMD not significant
- In MTF individuals, hormone therapy increases BMD
- Transgender Male
 - If stop testosterone treatment
 - Are not compliant with therapy
 - Have other risks for bone loss
- Transgender Female
 - Consider baseline screening at age 60
 - Sooner if not compliant with hormone therapy

Effects of Sex Steroids on the Bone Health of Transgender Individuals: A Systematic Review and Meta-Analysis, N, et al. *J Clin Endocrinol Metab*, November 2017, 102 (11): 3904-3913.

Osteoporosis Screening

- Baseline screening at 65 and sooner based on risks
- Transmen 2 years after oophorectomy and every 1-3 years
- In Trans women, ERT seems to be able to reverse the negative effect of androgen deprivation
- Transwomen
 - Increased risk if anti-androgen without sufficient replacement and too low dose of hormone replacement after gonadectomy
 - GnRH analogues increase risk but return to baseline when stopped

Bone Health Patient Education

- Adherence to HRT, especially post-gonadectomy if she is considering this in the future
 - Consider systemic barriers to access that can lead to lapses in care – not just “compliance”!
- Weight-bearing physical activity
- Adequate dietary calcium
- Vitamin D
- Assess smoking, substance use/abuse, mental health

Osteoporosis Screening

- Reassuring but also unresolved issues.
- Additional fracture data is needed
- Longitudinal studies evaluating transgender vs cisgender people of varying ages are needed.
- Need to evaluate long term (CV and breast cancer) risks of estrogen in trans women.

Wiepjes CM, de Jongh RT, de Blok CJ, et al. Bone Safety During the First Ten Years of Gender-Affirming Hormonal Treatment in Transwomen and Transmen. J Bone Miner Res 2019;34:447-454.

“As long as a TGNC individual is on standard gender-affirming hormone treatment, BMD should remain stable to increasing, so there is no indication to monitor for bone loss or osteoporosis strictly on the basis of TGNC status.”

International Society for Clinical Densitometry guidelines for transgender & gender nonconforming individuals (2019):

Hembree WC, et al. J Clin Endocrinol Metab, November 2017, 102 (11): 3869-3903. Endocrine Treatment of Gender Dysphoric/Gender Incongruent Persons: An Endocrine Society Clinical Practice Guidelines

Preventive Medicine General Advice

- Risks similar to birth gender controls
- Screenings generally follow routine recommendations regardless of hormone use
- Assume that whatever the issue, your transgender patient has the highest risk for each gender
 - For example, assume risk of osteoporosis of woman and CAD of man
- Keeping organ inventory recommended to track screening
- Pay attention to family history
- Consider cost and billing issues
 - Pap may not be “covered” for transman

Which screening can you have?

	Trans woman	Trans man
Breast screening	✓	✓ (if you have breast tissue)
Cervical screening	✗	✓ (see page 12)
Abdominal aortic aneurysm screening	✓	? (see page 17)
Bowel screening	✓	✓

Primary Care Considerations in Caring for Transwomen with Vaginoplasty

- Preop primary care counseling
 - Electrolysis at least three full clearings 12 weeks apart
 - Surgeon may provide a diagram
 - Recommend quit smoking for improved healing
- Post op counseling
 - Surgeon will provide plan but dilation usually up to a year
 - No swimming for three months, no baths for 2 months
 - No sex for three months
 - Frequent exams important to record width and depth

Primary Care Considerations in Caring for Transwomen with Vaginoplasty

- UTI may be more common
- Fistula can develop
- Prostate exam if needed should be intravaginal not rectal
- Pelvic PT sometimes helpful if pain develops
- Botox injections have been helpful
- Vaginal discharge not usually infectious or yeast
- Anoscope rather than speculum may be more comfortable
- Communicate with patient to assure gender affirming exam

Legal Affirmation

- Name change
 - Social Security
 - Driver's license
 - Birth Certificate
- Gender change
 - Driver's license
 - medical provider's gender change certification letter
 - Fenway providers have this letter template available
- Required prior to changing drivers name on license

Vermont Name Change Laws

- Applicant must submit a petition to the court.
 - No publication is required.
 - Registered sex offenders may not be eligible to change their name unless the court finds a compelling purpose. (Vt. Stat. Ann. tit. 15, § 811 to § 817 (West))
- For instructions on legal name changes for minors under 18 in Vermont, see NCTE's [Name Changes for Minors in Vermont](#) resource

Vermont Drivers License Policy

- Applicant must first change their name with the Social Security Administration
- They submit a court order certifying the name change
- Applicants must notify the DMV of a legal name change within 30 days
- **No documentation is needed to update the gender to M, F, or X on a Vermont ID.**
 - Gender is a [self-designated descriptor](#)

Vermont Birth Certificate Laws

- Court order based on "an affidavit by a licensed physician"
 - Physician has treated or evaluated the individual stating that the individual has undergone surgical, hormonal, or other treatment appropriate for that individual for the purpose of gender transition
 - Needs to include the medical license number and signature of the physician
 - The probate court will send both the court order and a copy of the original birth certificate to direct the [State Vital Records Office](#) to replace the original birth certificate with a new birth certificate in the state Vital Records, in the birth town, and the residence town (at the time of birth).
- To receive the new birth certificate, the applicant mails a check for the applicable fee to the town of birth

Resources for Health Care Providers about Transgender Health

- [Fenway Trans Health](#)
- [LGBT Health](#) (HRSA)
- [National LGBT Health Education Center](#)
- [Transequality.org](#)
- [Center for Excellence in Transgender Health](#) (University of California, San Francisco)
- [UCSF Transgender Care Guidelines](#)
- [WPATH Standards of Care](#)

Resources for Health Care Providers about Transgender Health

- [Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#)(GLMA)
- [National LGBT Health Education Center: Learning Modules](#) (Fenway Health)
- [Meeting the Health Care Needs of Transgender People](#)(Fenway Health)
- [Transgender Health Resources](#)(American Medical Student Association)
- [Advancing LGBT Health and Well-being](#) (HHS)
- [Sexual Health and Your Patients: A Provider's Guide](#) (National Coalition for Sexual Health)

Questions?

Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

Participant presents the case and poses the question(s) for the group



Clarifying questions about the case from group to case presenter



Ideas, suggestions, recommendations from participants



Ideas, suggestions, recommendations from ECHO faculty team



Full group discussion



Summary and wrap-up by facilitator



Case Presentation



DO NOT INCLUDE:

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

Consider the level of detail necessary. Go with less when possible.

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.

2023 PROGRAM SCHEDULE

SESSIONS ARE ON WEDNESDAYS FROM 12:00 PM-1:30 PM		
DATES	SESSION	DIDACTIC TOPICS (IN ADDITION TO CASE REVIEW)
January 11	TeleECHO Session #1	Gender Affirming Care and Mental Health (Evan Eyer, MD)
February 8	TeleECHO Session #2	Creating Inclusive and Gender Affirming Clinic Spaces (Anja Jokela, MD and Kell Arbor)
March 8	TeleECHO Session #3	Masculinizing Affirmation: Medical, Surgical and Social (Eric Klett, MD)
April 12	TeleECHO Session #4	Gender Affirming Care Across the Lifespan (Kathy Mariani, MD)
May 10	TeleECHO Session #5	Feminizing Affirmation: Medical, Surgical and Social (Rachel Inker, MD)
June 14	TeleECHO Session #6	Gender Affirming Care for the Adolescent (Erica Gibson, MD)



Closing Announcements

- Confirm case presenter(s) for next session
- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
 - For the use of registered participants only
- Please complete evaluation survey after each session
- CE information and QR Code will be sent once evaluation is received
- Please contact us with any questions, concerns, or suggestions:
 - Katherine.Mariani@uvmhealth.org
 - Patti.Smith-Urie@uvm.edu