



# MODULE 4

MONITORING, RISKS AND RISK MITIGATION and  
LONG TERM PREVENTIVE CARE



## **Objectives:**

- Learn the appropriate monitoring of hormonal transition
- Appreciate the safety concerns and special needs of transition
- Review current guidelines of screening (cancer, cardiovascular/metabolic, mental health, STI)

- Trans Health Guide  
Point of Care Guides

# My guide to caring for trans and gender-diverse clients

Where does your journey begin?

I'M NOT SURE I UNDERSTAND TRANS HEALTH ISSUES

I NEED GUIDANCE ON PROVIDING HORMONE THERAPY

1

**What needs to be monitored to guide safety with FEMINIZATION?**

# ANNUAL LAB



- CBC (on cypro)
- Cr, lytes (on spiro)
- ALT/AST – discretion
- Total Testosterone (on anti-androgen)
- Estradiol (on estrogen)
- Prolactin (on cypro)
- Lipid Profile
- HBA1C (or FPG)

2

**What are the precautions with feminizing therapies and how can we mitigate risk**

Consider and discuss within a harm reduction, informed consent framework:

- ✓ Unstable ischemic cardiovascular disease
- ✓ Estrogen-dependent cancer
- ✓ End stage chronic liver disease
- ✓ Hypersensitivity to any components of the formulation
- ✓ Mental health conditions which preclude the ability to provide informed consent

*Estrogen is known to increase the risk of:*

- VTE, Gallstones, Elevated liver enzymes, Weight gain, Trigs, Vascular disease

*Estrogen may increase the risk of:*

- Hypertension, Hyperprolactinemia, DM 2

*No current evidence of increased risk for:*

- Breast Cancer



- VTE
- Cardiovascular Disease and Related Metabolic Risk Factors
- Hyperprolactinemia/Prolactinoma
- Liver/Gallbladder
- Human Immunodeficiency Virus (HIV) and Anti-Retroviral (ARV) Drugs
- Seizure Disorders and Anticonvulsant Therapy
- Sexual Function & Fatigue

3

**What is the appropriate screening and long term follow up of trans feminine patients**

Specific Conditions:  
Long-term Preventive Care



- Cardiovascular Disease
- Osteoporosis and BMD Screening
- Mental health
- ST-BBI
- Breast Cancer
- Prostate Cancer

## **Less than age 64**

- Mammography (age >50-64 q2 yrs AND if on hormones greater than 5 years)
- Hemoccult mutiphase (age 50-64 q2 yrs) OR sigmoidoscopy OR Colonoscopy
- GC/CT/Syphilis/HIV/HBV screen (high risk)
- Yearly trans bloodwork  
(see previous listing)
- Bone Mineral Density if at risk

## **Greater than age 65**

- Mammography (up to age 74 q2 yrs AND if on hormones greater than 5 years)
- Hemoccult mutiphase (age 65-74 q2 yrs) OR sigmoidoscopy OR Colonoscopy
- GC/CT/Syphilis/HIV/HBV screen (high risk)
- Yearly trans bloodwork  
(see previous listing)
- Bone Mineral Density
- Hearing screen



4

**What needs to be monitored to guide safety with hormonal MASCULINIZATION?**

# ANNUAL LAB



- **CBC**
- **ALT/AST – discretion**
- **Total Testosterone**
- **LH**
- **Lipid Profile**
- **HBA1C (or FPG)**

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**What are the precautions with masculinizing therapies and how can we mitigate risk**



- Consider and discuss within a harm reduction, informed consent framework:
  - ✓ Pregnancy or breastfeeding/chestfeeding
  - ✓ Active known androgen-sensitive cancer
  - ✓ Unstable ischemic cardiovascular disease
  - ✓ Active endometrial cancer
  - ✓ Poorly controlled psychosis or acute homicidality
  - ✓ Hypersensitivity to any components of the formulation
  - ✓ Mental health conditions which preclude the ability to provide informed consent

*Testosterone is known to increase the risk of:*

- Polycythemia, weight gain, acne, male pattern baldness, sleep apnea

*Testosterone may increase the risk of:*

- Elevated liver enzymes, lipids, hypertension, DM 2, vascular disease

*No current evidence of increased risk for:*

- Bone density loss, breast/Cx/Uterine/Ovarian cancers

## SPECIFIC CONDITIONS: Risk and Risk mitigation



- Cardiovascular Disease and Related Metabolic Risk Factors
- Obstructive Sleep Apnea
- Hepatic Dysfunction
- Polycythemia
- Psychiatric effects
- Vaginal Bleeding
- Pelvic pain
- Atrophic changes
- ST-BBI
- Acne
- Hair loss
- Smoking / Alcohol and other substances

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**What is the long term screening and follow up of Trans masculine patients**

## SPECIFIC CONDITIONS: Long-term Preventive Care



- Cardiovascular Disease
- Osteoporosis and BMD Screening
- Mental health
- ST-BBI
- Breast Cancer
- Endometrial Cancer
- Cervical Cancer and Pap tests
- Ovarian Cancer

## **Less than age 64**

- Mammography
- (age >50-64 q2 yrs if no chest reconstruction)
- Hemoccult mutiphase (age 50-64 q2 yrs) OR sigmoidoscopy OR Colonoscopy
- Cervical cytology (q3 yrs if ever sexually active age >21)
- GC/CT/Syphilis/HIV/HBV screen (high risk)
- Yearly trans bloodwork (see previous listing)
- Bone Mineral Density if at risk

## **Greater than age 65**

- Mammography (up to age 74 q2 yrs if no chest reconstruction)
- Hemoccult mutiphase (age 65-74 q2 yrs) OR sigmoidoscopy OR Colonoscopy
- Cervical cytology (q 3yrs if ever sexually active until age 69)
- GC/CT/Syphilis/HIV/HBV screen (high risk)
- Yearly trans bloodwork (see previous listing)
- Bone Mineral Density



# DISCUSSION



## **MODULE 4**

# **SCREENING, MONITORING AND SPECIAL NEEDS**

## **HAVE WE ACHIEVED OUR OBJECTIVES?**

### **Objectives:**

- Learn the appropriate monitoring of hormonal transition
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- Review current guidelines of screening (cancer, cardiovascular/metabolic, mental health, STI)







# APPENDIX

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**TRANS HEALTH RESOURCES FOR PRIMARY CARE PROVIDERS**





# HORMONE THERAPY

- **Rainbow Health Ontario Training Session: Trans and Gender Diverse Primary Care, <https://www.rainbowhealthontario.ca/training/#available>**
- **Endocrine Society Gender Dysphoria/Gender Incongruence Guideline Resources (hyperlink: <https://www.endocrine.org/guidelines-and-clinical-practice/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>)**
  - **Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline**
  - **Clinical education resources, point of care tools, patient resources**



## TRANSITION RELATED SURGERY

Rainbow Health Ontario Training Session: Transition-Related Surgeries - planning, referral, and care, <https://www.rainbowhealthontario.ca/training/#available>

Sherbourne Health/Rainbow Health Ontario TRS Summary Sheets, <https://www.rainbowhealthontario.ca/resources/transition-related-surgery-surgical-summary-sheets/>

Women's College Hospital TRS Program, <http://www.womenscollegehospital.ca/programs-and-services/Transition-Related-Surgeries/>

Gender Reassignment Surgery (GRS) Montreal, <https://www.grsmontreal.com/en/home.html>

Sherbourne Health Centre Acute Respite Care (ARC) Post-Operative TRS Program, <http://sherbourne.on.ca/acute-respite-care/>

Trans Care BC - Gender Affirming Surgeries, <http://www.phsa.ca/transcarebc/surgery>

### Client resources:

- TRS FAQ, <https://www.rainbowhealthontario.ca/resources/transition-related-surgery-trs-frequently-asked-questions/>
- Sherbourne Health Centre Surgical Support Groups for Community Members, <http://sherbourne.on.ca/get-involved/community-groups/>



- **CONSULTATION and MENTORSHIP**

- **Ontario practitioners only - Rainbow Health Ontario - Trans Health Connection Mentorship call <https://www.rainbowhealthontario.ca/trans-health/#mentorship>**

**E-consult services:**

- **Ontario Telemedicine Network (OTN) <https://otnhub.ca>**
- **Champlain LHIN eConsult Services <https://www.champlainbaseeconsult.com>**
- **British Columbia <http://www.raceconnect.ca/about-race/race-in-a-box/>**
- **TransLine: Transgender Medical Consultation Service, <http://project-health.org/transline/>**



- **GENERAL:**
- **WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH), [www.wpath.org](http://www.wpath.org)**
  - Download a free copy of the most recent version of the Standards of Care
  - Biennial conferences on Transgender Health
  - Become a member to sign up for listserv discussions and receive the quarterly 'International Journal of Transgenderism'
- **CANADIAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (CPATH)**
  - Membership, Biennial conferences
- **PROJECT ECHO: University of Toronto and the Centre for Addiction and Mental Health**
  - ECHO Ontario Trans and Gender Diverse Healthcare – Supporting clients with medical and surgical transition, <https://camh.echoontario.ca/trans-health/>
- **University of Toronto, Department of Obstetrics and Gynecology, 'The Hub' online study guide, Transgender Health, <http://thehub.utoronto.ca/obgyn/transgender-health/>**



## GENERAL

- **UCSF Centre of Excellence for Transgender Health, [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)**
  - **Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People: 2<sup>nd</sup> Edition (hyperlink: <http://transhealth.ucsf.edu/trans?page=guidelines-home>)**
  - **Learning Centre (online learning, guides, reports, and fact sheets)**
- **Trans Care BC, <http://www.phsa.ca/transcarebc>**
  - **Resources on Trans Basics, Care & Support, Hormones, Surgery, and Children and Youth**
- **Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit, <http://www.phsa.ca/transgender/Documents/Primary%20Care%20Toolkit.pdf>**



# REFERENCES FOR CHILDREN/ADOLESCENTS



- Leibowitz S., & de Vries ALC. Gender dysphoria in adolescents. *International Review of Psychiatry* 2016;28(1):21-35. Doi: 10.3109/09540261.2015.1124844
- Ristori J., & Steensma TD. Gender dysphoria in childhood. *International Review of Psychiatry* 2016;28(1):13-20. Doi: 10.3109/09540261.2015.1115754
- Veale J, Saewyc E, Frohard-Dourlent H et al., & the Canadian Trans Youth Health Survey Research Group. *Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia 2015. [www.saravyc.ubc.ca](http://www.saravyc.ubc.ca).
- de Vries ALC., McGuire JK., Steensma TD., et al. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics* 2014;134:696-704. Doi: 10.1542/peds.2013-2958
- Levine DA & the Committee on Adolescence – American Academy of Pediatrics. Office-based care of lesbian, gay bisexual, transgender, and questioning youth. *Pediatrics* 2013;132:198-203. Doi: 10.1542/peds.2013-1282  
<http://pediatrics.aappublications.org/content/pediatrics/early/2013/06/19/peds.2013-1282.full.pdf>
- Ryan C. Supportive families, healthy children. Helping families with lesbian gay, bisexual & transgender children. San Francisco, C: Family acceptance project, Marian Wright Edelman Institute, San Francisco State University, 2009.
- de Vries ALC., Cohen-Kettenis PT., & Delemarre – Van de Waal H. Caring for transgender adolescents in BC: Suggested guidelines. Vancouver Coastal Health, Transcend Transgender Support & Education Society, and the Canadian Rainbow Health Coalition. 2006.
- <http://www.amsa.org/wp-content/uploads/2015/04/CaringForTransgenderAdolescents.pdf>

# REFERENCES FOR CHILDREN/ADOLESCENTS



## Canadian Pediatric Society

- <http://www.cps.ca/documents/position/sexual-orientation>
- <http://www.cps.ca/uploads/tools/Greig-Executive-Summary.pdf>

## American Academy of Pediatrics

- <https://www.healthychildren.org/English/ages-stages/teen/Pages/Information-for-Teens-What-You-Need-to-Know-About-Privacy.aspx>
- [https://www.aap.org/en-us/Documents/coding\\_cocn\\_adolescent\\_confidentiality\\_white\\_paper.pdf](https://www.aap.org/en-us/Documents/coding_cocn_adolescent_confidentiality_white_paper.pdf)
- Society for Adolescent Health and Medicine
- <http://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Confidentiality.aspx>
- <http://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Confidentiality/Confidentiality/Policy-Statements-of-Professional-Organizations.aspx>

## HEADSS

- <http://www.bcchildrens.ca/Youth-Health-Clinic-site/Documents/headss20assessment20guide1.pdf>
- <http://journalofethics.ama-assn.org/2005/03/cpr11-0503.html>

# TRANS DAY OF VISIBILITY



- Each year - March 31 marks the internationally recognized 'Trans Day of Visibility'. This day is an opportunity to mark the continuing need to raise awareness for the trans and gender diverse communities world wide.
- This day serves to focus on the work needing to be done to end discrimination and create inclusivity and equality for trans individuals world wide. It serves as an opportunity to stand and celebrate gender diversity in all its forms and the amazing, resilient communities of trans individuals both locally and across the globe.
- On this day, we want to acknowledge, celebrate and send a message to all the members of the trans community, and to the youth in particular...
- Who are trans, transgender, non-binary, two-spirit, agender, genderqueer, gender diverse, gender creative or otherwise identified;
- Who are able to stand visible today and equally to all those who aren't;
- Know that you are important and valid and that we see you. Know we are cheering for you and together we will keep working towards a better world for ALL of us.