ACTHIV 2018: A State-of-the-Science Conference for Frontline Health Professionals

Activity Code: SD545
Sexual Health Beyond the Binary

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Learning Objectives
Upon completion of this presentation, learners should be better able to:

• Review terminology related to transgender health care
• Describe the epidemiology of STIs among transgender people
• Review diverse guidelines on how to apply gender- and anatomy-based recommendations to patients of transgender experience
Faculty and Planning Committee Disclosures

• None

Off-Label Disclosure

The following off-label/investigational uses will be discussed in this presentation:

• Gender affirming hormones (estrogen, testosterone)
How many transgender clients do you currently provide care for (in any capacity)?

A. 0
B. 1-5
C. 6-10
D. >10
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Please enter the URL below.

https:// api.cvent.com/polling/v1/api/polls/sp9nu82

Note: Many popular websites allow secure access. Please click on the preview button to ensure the web page is accessible.
Are there National STD guidelines for transgender people?

1. Yes
2. No
3. I’m not sure
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https://api.cvent.com/polling/v1/api/polls/sp-qszl3

Note: Many popular websites allow secure access. Please click on the preview button to ensure the web page is accessible.
Clinicians should assess STD- and HIV-related risks for their transgender patients based on current anatomy and sexual behaviors.
Case 1

38 year old white transgender man presents with 4 days lower abdominal cramping
“"I was exposed to gonorrhea"
Condomless sex with cis-male partner 4 days prior
PSH:
- Genital reconstruction surgery (metoidioplasty) age 30
- Top surgery age 24
PMH:
- On hormones since age 22
Meds: testosterone cypionate im
LMP >10 years ago
What information does the provider need first to make an appropriate assessment?

A. Pelvic exam
B. Urine HCG
C. Pelvic ultrasound
D. Surgical history & anatomic inventory
E. Adherence to testosterone
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https:// api.cvent.com/polling/v1/api/polls/sp6g441r

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Case 1 cont.

Patient states he has a simple metoidioplasty, without hysterectomy or vaginectomy.

- Pelvic exam wnl
- Received ceftriaxone/azithromycin for presumptive GC/CT
  - Urine and anal GC/CT NAAT,
  - RPR nonreactive
  - HIV rapid negative
  - Urine HCG negative
TERMINOLOGY
Definitions

- **Biological sex**: primary and secondary birth characteristics; anatomy, chromosomes and hormones
- **Gender identity**: psychological quality; individual’s self-perception as male, female, both, or neither
- **Gender expression**: ways of communicating identity to others
- **Transgender (trans)**: people whose gender identity differs from assigned birth sex
Definitions

Transgender woman/trans woman: assigned male at birth with a female/feminine gender

Transgender man/trans man: assigned female at birth with a male/masculine gender

Genderqueer/Nonbinary: identify as neither entirely male nor female, or a combination of both, or no gender

Cisgender (cis): non-transgender

Image: http://transbodies.com/
Transgender Populations - Prevalence

Prevalence is difficult to estimate:
• Gender identity is not captured in surveys
• Inconsistency - estimates can be based on identity, health care access or surgeries
• High rates of stigma & marginalization result in reluctance to disclose
• **1.4 million transgender people in United States**\(^1\)
• **25 million transgender people worldwide**\(^2\)

Trans people can be any sexual orientation

2015 US Transgender Survey, National Center for Transgender Equality
HEALTH DISPARITIES
What’s different about Transgender Patients?

- Dept. of Health & Human Services, Office of Health Equity, recognizes LGBT people as 1 of the 9 socially disadvantaged and underserved populations.

Trans People experience high rates of stigma

• **Trauma**
  - Public harassment: ≈50% – 60%
  - Physical violence: ≈25% – 50%

• **Legal**
  - Challenges with identity documents
  - Disproportionate rates of incarceration

• **Economic**
  - Unemployment associated with increased risk for homelessness, incarceration, sex work, drug use, HIV, and suicide attempts

146 documented murders of trans people in the USA 2008-2016

Medical Barriers for Transgender People

- **Anticipate discrimination in health care**
  - 52% fear they will be refused care
  - 73% worry they will be treated differently

- **Delay getting health care due to experiences of discrimination**
  - 23% did not see health care because of fear of being mistreated
  - 28% delayed care when ill or injured
  - 33% delayed or did not try to get preventive care

3. 2015 US Transgender Survey, National Center for Transgender Equality
TRANSGENDER PERSONS, HIV & STIs
What is the proportion of transgender women in the USA who are living with HIV?

A. 10%
B. 25%
C. 50%
D. 75%
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https:// api.cvent.com/polling/v1/api/polls/sp2p4oki

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HIV Infections Among Transgender People in the US

• In the United States, ~22% of all transgender women are living with HIV infection

• New HIV infections in transgender people
  - Among the 9.4 million HIV testing events in 2009–2011, the percentage of transgender people who received a new HIV diagnosis was >3 times the national average
    - 2.7% trans women
    - 0.9% cis males
    - 0.5% trans men
    - 0.2% cis females

Transgender women who have sex with men have the highest HIV burden of any key population

HIV Diagnoses Among Transgender People in the United States by Race/Ethnicity, 2009-2014

Transgender Men (N=361)
- Black/African American 58% (211)
- Hispanic/Latino 15% (55)
- White 16% (56)
- Other 11% (39)

Transgender Women (N=1,974)
- Black/African American 51% (1,002)
- Hispanic/Latino 29% (578)
- White 11% (212)
- Other 9% (182)

Transgender Women and STIs

- No national surveillance data (often counted as MSM)
- STIs
  - Increased VDRL seropositivity compared with MSM (India, Peru) and non-trans (India)
  - Increased prevalence GC/CT compared with MSM (USA)
  - Increased rates of HPV, Hepatitis B & C, HSV compared with MSM
- Neovaginal risk (HIV) not known

Grant NTDS 2010; Toibaro, Medicina 2009; Nuttbrock AJPH 2013;
Gupta STD 2011, Shrivastava 2012; Silva-Santisteban AIDS Beh2012
HIV/STI Risk for Transgender Men

Even less known about TM

• Prevalence of HIV 0% - 3%
• Prevalence of STIs 6% - 47%
• Diverse sexual partners:
  - 21% of transmen reported at least one past-year cisgender male sex
• Both anal/vaginal sex

Herbst, 2007; Conare, 1997; Kenagy, 2002; Reisner, 2010; Rowniak, 2011; Sevelius 2009; Green, 2015, Bauer, 2013
GENDER AFFIRMATION
Gender Affirmation (Transition)

Any of the processes a trans person may go through to affirm a gender identity different than that assigned at birth

- Name change (socially & possibly legally)
- Using new pronouns
- Changing gender expression to match gender identity
- Clothing, hairstyle, etc
- Medical interventions
- Tucking, binding, silicone
# Medical and Surgical Transition

## Feminizing
- Hormones (estrogen)
- Androgen blockers
- Breast augmentation
- Vaginoplasty and labiaplasty
- Orchietectomy
- Tracheal shave
- Facial bone reduction
- Rhinoplasty

## Masculinizing
- Hormones (testosterone)
- Chest masculinization
- Hysterectomy, salpingo-oophorectomy
- Phalloplasty
- Metoidioplasty
- Vaginectomy
- Scrotoplasty
- Urethroplasty
- Testicular prostheses
Effects of Feminizing Regimens

- Breast development
- Redistribution of body fat
- Reduced muscle mass & stamina
- Reduced body hair (not facial)
- Reduced erectile function
- Reduced size of testes
- Lower sperm count
Effects of Masculinizing Regimens

- Facial and body hair
- Redistribution of body fat
- Increased muscle mass
- Deepened voice
- Male-pattern baldness
- Cessation of menses
- Clitoromegaly
- Atrophic vaginitis

Hembree, JCEM 2009, 94(9):3132–3154
TRANSMASCULINE GENITAL SURGERIES
Metoidioplasty (meta)

- Release of the clitoris/phallus from the labia minora
- May include urethral lengthening

Other procedures

- Vaginectomy / colpoclesis
- Scrotoplasty with testicle implants
  - labia majora united into an approximation of a scrotum.
- Mons reduction

Images
Phalloplasty

- Creation of phallus
- Radial forearm
- MLD (musculocutaneous latissimus dorsi flap from the back)
- ALT (anterior lateral thigh flap)

http://transitionftmuk.co.uk/phalloplasty/
http://ftmphalloplasty.tumblr.com/post/67597935657/inner
vated-island-pedicled-alt-phalloplasty
Phalloplasty with Glansplasty

Image: http://brownstein.crane.com/dr-chen-phalloplasty/img_2706_2_2/
Penile Implants

• Non Inflatable or semi rigid
• Always firm
  - One or two bendable rods.
  - Bend into position, erect, flaccid
• Inexpensive, fewer moving parts

http://www.phallo.net/penile-implants/coloplast-genesis.htm
http://www.phallo.net/penile-implants/zsi-100-ftm-malleable-penile-implant.htm
Penile Implants

• Inflatable Penile Implants
• 2-piece, 3-piece (reservoir)
  - inflatable cylinders in the shaft of the penis, and a hydraulic pump providing an erection
  - pump and release valve in the scrotum
• Expensive, 10-yr life span

Images: https://www.centerforreconstructiveurology.org/erectile-dysfunction/penile-implants-types/#.V6zoOk0rLIU
Back to first case - what do you need to know?

- Ask client exactly what surgeries were performed “anatomic inventory”
- Metoidioplasty or phalloplasty
  - Did patient have vaginectomy?
  - Was there urethral lengthening (UL), aka urethral follow through?
- Don’t forget about pregnancy risk
  - Testosterone does not prevent pregnancy
- PID
Case 2

36 year old transgender woman. New sexual partner, cis-male
• No condoms for sex

PSH: Vaginoplasty (penile inversion) 4 years before

Sees provider for routine GYN exam
Asymptomatic
Does she require a cervical pap?

A. Yes
B. No
C. I’m not sure
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https://api.cvent.com/polling/v1/api/polis/spnkcy8c

Note: Many popular websites allow secure access. Please click on the preview button to ensure the web page is accessible.
TRANSFEMININE GENITAL SURGERIES
Vaginoplasty

2 techniques to create neo-vagina
  • Penile Inversion
  • Colo-vaginoplasty
# Vaginoplasty Postoperative Instructions

<table>
<thead>
<tr>
<th>Months Since Surgery</th>
<th>Color of Dilator</th>
<th>Diameter of Dilator</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>VIOLET</td>
<td>1-1/8&quot;</td>
<td>3X per day</td>
</tr>
<tr>
<td>3-6</td>
<td>BLUE</td>
<td>1-1/4&quot;</td>
<td>Once daily</td>
</tr>
<tr>
<td>6-9</td>
<td>GREEN</td>
<td>1-3/8&quot;</td>
<td>Every other day</td>
</tr>
<tr>
<td>9-12</td>
<td>ORANGE</td>
<td>1-1/2&quot;</td>
<td>1-2x per week</td>
</tr>
</tbody>
</table>

Source: Brownstein & Crane Surgical Services

ACTHIV

THE AMERICAN CONFERENCE FOR THE TREATMENT OF HIV
Post-vaginoplasty follow-up

- Comfort with dilation
- Sensation
- Depth
- Coitus
- Urinary control
- Rectal sphincter control
- Discharge - bleeding
- Sexual activity (pain, bleeding, sensation, orgasm)
Neovaginal Exam

- Examine neovagina with anal or small vaginal speculum
- Look for granulation tissue, warts, lesions
- Prostate is palpable at the anterior neovaginal wall
- No cervix!

Illustration: Poteat & Radix, Transgender Individuals. In Sexually Transmitted Infections in HIV-Infected Adults and Special Populations. Laura Bachman (ed). 2017 Springer
Neovaginal STIs

- Condyloma acuminatum
- Neisseria gonorrhoeae (often asymptomatic)
- Bacterial vaginosis
- No case reports of Chlamydia, Trichomoniasis, other STIs
35 y/o transgender woman presents with complaints of abnormal urine stream for 12 weeks after SRS (orchiectomy, penectomy, vaginoplasty, labiaplasty).

“I think I have a UTI”

- Dilates 2 times daily without pain but occasional spotting
- PMH: Allergic rhinitis
- No sexual partners since surgery
- Meds: estradiol 2mg daily
How would you manage this patient?

A. Refer back to surgeon
B. Treat for presumptive UTI with 3 days of ciprofloxacin or bactrim
C. Treat for presumptive STI with ceftriaxone/azithromycin
D. Reassure patient that symptoms will resolve without treatment
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https://api.cvent.com/polling/v1/api/polls/spqorpr8

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Case 4

A 40-year-old transgender woman presents with a rash over the trunk, soles, palms

PMH: HIV
“Silicone” injections

Physical exam: T 97.3
Maculopapular rash over the trunk and palms

Meds: elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide

CD4 500, VL <20
What treatment regimen will you use?

A. Benzathine penicillin G 2.4 million units intramuscularly (IM) once
B. Benzathine penicillin G 2.4 million units intramuscularly (IM) weekly x 3
C. Doxycycline 100mg po bid for 21 days
D. Ceftriaxone 1–2 g IV daily for 10 days
Insert Web Page

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Please enter the URL below.

https://api.cvent.com/polling/v1/api/polls/sp-arprv8

Note: Many popular websites allow secure access. Please click on the preview button to ensure the web page is accessible.
Remember to ask about silicone injections
Intramuscular (IM) Injection Sites

Deltoid Site
- Acromial process
- Deltoid muscle
- Scapula
- Humerus
- Deep brachial artery
- Musculocutaneous nerve

Ventrogluteal Site
- Anterior superior iliac spine
- Iliac crest
- Gluteus medius
- Greater trochanter

Vastus Lateralis Site
- Femoral artery
- Greater trochanter of femur
- Vastus lateralis

Dorsogluteal Site
- Popliteal superior iliac spine
- Gluteus medius
- Gluteus maximus
- Greater trochanter of femur
- Sciatic nerve

CULTURALLY COMPETENT CARE
Gender-Affirming Clinical Settings

Example: Ask if it’s okay to close the door during an interview.

Image: http://www.ucdmc.ucdavis.edu
LGBT-affirming Clinic Environments

- Avoid “Ma’am”, “Sir”, Mr/Mrs/Ms
- Use gender neutral forms of address
  - “Can I help you?” instead of “Can I help you sir?”
- Use chosen name/pronoun
2-Step Question for Gender ID

1. What is your gender identity?
   - Male
   - Female
   - Transgender Male/Transman/FTM
   - Transgender Female/Transwoman/MTF
   - Genderqueer
   - Additional category (please specify): ________________________________
   - Decline to answer

2. What sex were you assigned at birth?
   - Male
   - Female
   - Decline to answer

3. What pronouns do you prefer (e.g., he/him, she/her)? __________

http://transhealth.ucsf.edu/trans?page=guidelines-clinic-environment
HIV/STI Risk Assessment

- **Partners**: Tell me about your current sexual relationships. What are the genders of your partners?
- **Parts**: What words do you prefer to use for your body parts? What surgeries have you had?
- **Protection**: Condoms, PrEP
- **Practices**: What kinds of sex are you having? Which behaviors might expose you to your partners’ fluids?
- **Pregnancy**: pregnancy risk, discuss options for AFAB
- **Past history of STDs**: where, when, symptoms, testing options
Examinations

• Defer unnecessary questions and exams
  - Build rapport before performing genital exams
  - Avoid satisfying your curiosity (i.e., do you really need to know/see?)

• Conduct sensitive genital exams only when necessary
  - Always explain the purpose of the exam
  - Use gender neutral terms
  - Ask patients what words they prefer

• Acknowledge barriers and offer solutions
  - Stress of stigma and discrimination
  - Limitations of medical knowledge
STI Screening

- Always take an anatomic inventory
  - What surgeries were done?
  - What organs are still present?

- Vaginoplasty
  - Speculum exam
  - Screen neovagina with swab, not urine based NAAT

- Metoidioplasty/Phalloplasty
- Ask if vaginectomy was done
- Urethral lengthening – urine NAAT not effective
Anatomic Inventory/Surgeries

- Breasts
- Cervix
- Ovaries
- Penis
- Prostate
- Testes
- Uterus
- Vagina

- Bilateral breast augmentation
- Bilateral orchiectomy
- Forehead reconstruction
- Laryngeal feminization surgery
- Reduction thyrochondroplasty
- Scalp advancement
- Vaginoplasty, penile inversion
- Vaginoplasty, colon graft
- Bilateral total reduction mammoplasty
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Urethroplasty
- Soft tissue filler injections
- Voice surgery
- Other unlisted surgical procedure
RESOURCES


RESOURCES

Fenway Health
www.fenwayhealth.org

Callen-Lorde Community Health Center
http://callen-lorde.org/transhealth/

UCSF COE Transgender Health
http://transhealth.ucsf.edu/

Acknowledgments: Dr. Tonia Poteat

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