



USPATH 2021 Community Rapporteur Report Outs

Compilation Report

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4 November 2021

Mini Symposium - Surgery - General

ESTABLISHING A MULTISPECIALITY INTEGRATED GENDER AFFIRMING CARE PROGRAM: THE SURGICAL PERSPECTIVE

Rachel Bluebond-Langner, Geolani Dy, Min Jun, Amy Penkin, Lee Zhao, Gaines Blasdel

SHORT SUMMARY: This mini symposium explored the utility of a multidisciplinary care program in academic and private practice gender-affirming surgery centers.

This mini symposium featured speakers from NYU Langone Health, OHSU, and the Crane Center for Transgender Surgery. Lee Zhao, reconstructive urologist from the gender-affirming surgery program at NYU Langone Health in New York City, discussed the NYU program, which began with treating patient complications and evolving into a center providing primary procedures, and innovating in surgical techniques, including robotic vaginectomy and robotic peritoneal vaginoplasty. The team operating out of NYU includes Dr. Zhao and Dr. Rachel Bluebond-Langner, among other members of the multidisciplinary care team, including surgeons performing gender-affirming surgeries as well as social work support, nurse navigators, and a LGBTQ+ patient liaison. Overall, the presentation indicated the importance of treating patients with compassionate, quality care and advocating for their needs.

Geolani Dy and Amy Penkin from Oregon Health & Sciences University (OHSU), an academic medical center in Portland, Oregon, discussed the history of their gender-affirming care program. The team has expanded from one full time staff member, to having a dedicated team including mental health providers, social workers, urologists, plastic and reconstructive surgeons, pediatricians, patient navigators, etc. OHSU's multidisciplinary care team includes monthly care planning meetings, consults for OHSU providers who do not specialize in gender-affirming care, EHR referrals, establishment of clinical protocols, primary care coordination for patients who are not local, and education and advocacy efforts, among other services and programs meant to improve trans competency in research and medical school curriculum

Min Jun from the Crane Center for Transgender Surgery provided the private practice perspective. This presentation emphasized the importance of coordinating with the patient's primary care team and mental health providers. The WPATH letter requirements for insurance approval were suggested as a pathway to establish contact with a patient's other providers. The Crane Center's multidisciplinary care team includes physician assistants, social workers, care coordinators, and patient advisors. The team has multiple trans community members on staff, which can provide further support to patients. The Crane Center also emphasized connecting with local organizations to provide further care coordination.

This minisymposium also involved case studies which provided examples of the benefits of a multidisciplinary care team, and how it can allow patients the ability to access surgery who otherwise may not be able to due to lack of support or resources.

Elijah Castle
4 November 2021
Oral Abstracts - Community Engagement

CHEST MASCULINIZATION SURGERY IN SOCIAL MEDIA: AN ANALYSIS OF THE PATIENT PERSPECTIVE

Subha Karim

SHORT SUMMARY: Researchers collected data about patient usage of social media (Reddit, Twitter, and Instagram) around gender-affirming mastectomy. Findings suggest different platforms are used for different reasons, and providers should cater their social media usage intended for a patient audience to the correct social media app.

Subha Karim, a research staff member at Mount Sinai hospital in New York City, discussed this study's analysis of how transgender and nonbinary patients seeking gender-affirming mastectomy (called "chest masculinizing" top surgery by the presenter) use social media to exchange information. The presenter stated social media sites Reddit, Twitter, and Instagram were analyzed. The inclusion criteria for posts chosen for analysis were the post using the hashtag #topsurgery or explicitly mentioning top surgery, either in the text or media (photo or video) of the post, and the post being written by an individual patient.

Researchers categorized the posts into categories, including type of media (photo, video, or text), tone of the post (positive, negative, or neutral), content category (educational, information on providers, fundraising, community-centered, postoperative updates, clinical events, etc.), and if the post referenced a provider. Posts from Reddit were collected from the top surgery subreddit; the hashtag #topsurgery was used to pull posts from Instagram and Twitter. Two individuals categorized the posts, and resolved any discrepancies or differences in their categorization.

The presenter concluded each platform serves a different purpose, with Reddit being clinically focused, Twitter acting as a fundraising outlet, and Instagram involving a majority of postoperative updates and community information, education, and storytelling. The presenter also recommended providers tailor their social media usage as a result of this data. An attendee asked if transgender community members were involved in the data analysis for this study, the presenter stated there was no community input.

NEOVAGINAL STENOSIS IN TRANSFEMININE PATIENTS AFTER GENDER-AFFIRMING VAGINOPLASTY SURGERY

Akio Kozato

SHORT SUMMARY: Researchers discussed the potential causes of vaginal stenosis after gender-affirming vaginoplasty, possible causes, and the potential for behavioral modifications to prevent this complication from occurring.

Akio Kozato, a medical student from Mount Sinai Icahn School of Medicine, presented on the topic of vaginal stenosis after gender-affirming vaginoplasty, performed at Mount Sinai hospital. The presenter stated vaginoplasty is a safe procedure, though one possible complication is vaginal stenosis—which is narrowing or closure of the vaginal canal due to scar tissue as a result of lack of dilation. Dilation is necessary after vaginoplasty, and it involves inserting a tube-shaped plastic device which stretches out the vaginal canal and ensures it remains open. For the study, the researchers wanted to examine what causes vaginal stenosis and if there were any behaviors that patients could change after surgery to prevent it.

The researchers looked at patient charts of patients who had both an initial, or primary, vaginoplasty, as well as those who had a revision after their initial surgery, between the years of 2016-2020. For patients who had revision vaginoplasty, the revision types were categorized into internal, external, introitus (opening of the canal), and other (which involved hair or cysts). The researchers focused on patients who experienced vaginal stenosis after a revision vaginoplasty, with the majority happening at the researcher's institution, and a minority having revisions performed by an outside surgeon. Overall, 73% of these patients experienced difficulty dilating after surgery. Other comorbidities included diabetes, a history of keloid scarring, and former smoking history. The presenter noted there was a prevalent mental health illness history with patients who had revisions, but this was not significantly associated with difficulty with dilation. Age was not found to be a significant factor either.

The presenter concluded that patients with vaginal stenosis are more likely to experience difficulty with dilation after surgery. Also stated was the importance of studying a primary vaginoplasty group to further study the correlation with vaginal stenosis and difficulty dilating, as this analysis focused on patients who had a revision.

Suggested solutions to prevent vaginal stenosis included increasing provider awareness of the difficulties of dilating, educating patients on the importance of consistent dilation after surgery, increasing the time spent on setting expectations of postoperative care and identifying barriers to postoperative care, providing mental health support during the immediately postoperative period, and increasing the overall awareness in the transgender community of the need for dilation to benefit future patients.

TREATMENT OF FACIAL SILICONE AND GRANULOMATOSIS IN TRANSFEMININE PATIENTS UTILIZING SUCTION ASSISTED LIPECTOMY

Akio Kozato

SHORT SUMMARY: This presentation discussed a newly developed method of treating granulomas resulting from injecting foreign substances, such as industrial-grade silicone and oils not meant for use in the body, into the face. The method, called suction assisted lipectomy (SAL), results in decreased visibility and ability to palpate, or feel, the silicone in the face, and can be performed at the same time as gender-affirming facial surgery.

Akio Kozato, a medical student from Mount Sinai Icahn School of Medicine, presented on the topic of the treatment of facial silicone and granulomatosis using suction assisted lipectomy (SAL). The presenter stated the number of gender-affirming facial surgeries has been increasing as the availability of insurance coverage increases. However, historically and currently, patients with limited access to facial surgery sometimes seek silicone injections in a non-medical setting, which can result in granulomas, among other complications. Generally, these are treated with medications, or can also be surgically treated, although surgical excisions can lead to scarring and other deformities.

The clinicians on the research team sought to find a less invasive method to treat the migrated facial silicone and granulomas. SAL was used as treatment, which can smooth and soften the contour of the affected area, as well as reduce discomfort, with minimal scarring. The researchers looked at 18 total patients who had both gender-affirming facial surgery, specifically facial feminization surgery as per the presenter, and SAL with Mount Sinai surgeon Jess Ting between 2018-2020. The selected patients were given surveys before and after surgery to quantify their gender dysphoria. Patients had follow-up visits at 1 week, 2 weeks, and 6-8 week intervals.

Four patients had a second round of SAL 16-24 weeks after surgery, due to continued ability to feel the silicone. Seven patients responded to both surveys. The average level of dysphoria reported by these patients was a '9' preoperatively, and a '2' postoperatively.

The presenter concluded SAL results in permanently decreased ability to see and feel the facial silicone, and there was a significant decrease in the level of gender dysphoria related to their facial features as well. Potential problems include the need for possibly multiple rounds of SAL, though SAL can be performed in the office as opposed to the operating room, as the latter may present additional barriers for some patients. Additionally, periorbital silicone is difficult to address with this technique.

VARIABILITY IN DESIRED SEXUAL FUNCTION AND PREVALENCE OF ERECTILE PAIN REPORTED ON A COMMUNITY SURVEY OF TRANS AND GENDER-EXPANSIVE PEOPLE LISTED AS MALE AT BIRTH

Amy Weimer

SHORT SUMMARY: This presentation discussed a survey which asked participants and resulted in data about erectile pain, sexual function, and hormone replacement therapy.

Amy Weimer, an internal medicine and pediatric physician from UCLA, presented on a study regarding sexual function and erectile pain for those who are on estrogen-based and antiandrogen hormone replacement therapy. The study aim was to clarify goals, expectations, and experiences of individuals seeking gender-affirming therapists specific to sexual activity, erectile function, erectile pain, and discussions of these topics with their healthcare providers.

The study was conducted via an anonymous online survey developed by the research team and a community advisory board. Those eligible to take the survey were people assigned male at birth who were currently on or had an interest in gender-affirming hormone replacement therapy (HRT). There were 1253 total respondents, the majority of them in the US and the majority of them white. Most respondents were trans women between the ages of 18-35, recruited on social media and were either on or previously on HRT. Patients reported being currently interested in sex, with a lesser percentage actually having had sex in the last six months, with those above age 65 having a lower incidence of having had sex recently. Over half of participants reported erectile pain while on HRT, which caused a problem in their life, both when having sex as well as some reporting the pain causing them a problem outside of sex as well.

The researchers found participants with a more intense anti-androgen effect reporting higher amounts of erectile pain, including those who had an orchiectomy or history of pubertal blockers. Spironolactone was the least likely to be associated with erectile pain. 75% of participants reported their healthcare providers asked them about sexual function. Just under a third of participants said they wish their provider had not asked them, while just over one third wished their provider *had* asked them, or had asked more questions about it.

The presenter concluded individual goals should inform care delivery, and sexual function should be discussed with all patients regardless of age. Providers should ask patients for permission first when discussing sexuality. Many patients who are on HRT experience erectile pain which impacts their life, and this pain seems to be associated with androgen-suppressing treatments. The presenter recommended future studies explore the impact of various treatments on sexual function and erectile pain, as well as treatments for the erectile pain and unsatisfactory sexual effects of HRT.

Rapporteur reports by Elijah Castle
5 November 2021

Plenary Session 2 - Day Two

ACHIEVING HEALTH EQUITY FOR ALL: AN OVERVIEW OF DATA AND RESOURCES
FROM THE CMS OFFICE OF MINORITY HEALTH
LaShawn McIver

This plenary session was presented by LaShawn McIver, the director of Centers for Medicare and Medicaid Services at the Office of Minority Health (CMS OMH), who discussed the services CMS OMH offers, both overall and specific to transgender health and health disparities.

The mission of CMS OMH is to lead advancement and integration of health equity in the development, evaluation, and implementation of CMS policies, programs, and partnerships. The vision of CMS OMH is to eliminate disparities in healthcare quality and access. The work of CMS OMH includes working on the objectives of executive orders 13985 and 13995. The former dictates a systemic approach to addressing inequality, including advancing racial equity and supporting underserved communities. The latter ensures equitable pandemic response and recovery, enacted in response to the COVID-19 pandemic.

The presentation included discussion of healthcare disparities affecting LGBTQ+ and transgender people, including increased likelihood of suicide attempts, homelessness, isolation, lack of competent providers, higher rates of HIV/STDs, and mental health issues, as well as a higher likelihood of being uninsured. These disparities are more prevalent when considering the impacts of race and location as well.

Information and recommendations on marketplace coverage for trans individuals included using one's legal name when signing up for a marketplace plan, and using the sex that appears on one's driver's license. A recommendation for the website out2enroll.org was provided in the chat, which is a resource that provides LGBTQ+ people with information on marketplace plans. Additionally, it was noted that health insurance companies cannot limit sex-specific preventative services based on sex/gender.

The presentation also provided information on CMS resources, programs, and equity data resources, which include data reports, maps, tools to identify and reduce disparities, support quality improvement, assist individuals in understanding their healthcare coverage and connect to primary care and preventative services, care coordination, and surveys.

Oral Abstracts - Surgery - Masculinizing

DOES TOP SURGERY IMPROVE CHEST DYSPHORIA IN TRANSMASCULINE AND NON-BINARY ADOLESCENTS AND YOUNG ADULTS?
Daniel Cyrus Sasson

This presentation described a multi institutional study which sought to study top surgery and chest dysphoria in transgender and nonbinary adolescents young adults. The population the study focused on was specifically adolescents and young adults in an attempt to rectify the lack of adolescent and young adult-specific literature. Medical literature supports top surgery in

adults, but the impact of top surgery on adolescents and young adults is inadequately described.

The study recruited patients ages 13-25 from Chicago-area hospitals. It was a prospective study, involving a control group of patients who did not get top surgery, and a treatment group of patients who did get top surgery. The groups were otherwise matched as best as possible by age, duration of hormone replacement therapy treatment, and other baseline demographics. Data was collected at baseline and three months using scales measuring chest dysphoria, transgender congruence, and body image.

Data from 69 patients was collected. The study found baseline scores of chest dysphoria, transgender congruence, and body image were predictive of the three month score with the treatment intervention of surgery. Thus, top surgery in transgender and nonbinary adolescents and young adults is safe, and associated with improved chest dysphoria, gender congruence, and body image. It is important to note the study population was primarily white, and the study did not measure how socioeconomic factors impact patient access to care, nor the variability among surgeons and surgical outcomes. The study team plans to record further data at the one year time point. This research is an important step in establishing the proven safety and benefits of gender-affirming surgery for minors.

SHAFT-ONLY PHALLOPLASTY – INDICATIONS, TECHNIQUES AND OUTCOMES

Breanna Jedrezejewski

This presentation discussed shaft-only phalloplasty (SOP) as an alternative to what the presenter referred to as “full” phalloplasty—which in this case refers to phalloplasty with urethral lengthening, allowing the patient to urinate out of their penis.

The presenter importantly began with a discussion of appropriate and affirming terminology to use when talking about phalloplasty. This included not referring to SOP as “not ideal,” “atypical,” “low frequency,” “non-traditional,” or “novel.” Instead, it was suggested to use organ-based and procedure-based language whenever possible. The presentation emphasized phalloplasty is a modular, non-gendered procedure.

The presentation stated SOP has not been extensively discussed in the literature, though it is not a new variation of phalloplasty. It is important for patients and providers to be aware of the variations of phalloplasty. Phalloplasty can involve the creation of a penile urethra, but with SOP either the natal genitals are left untouched, or a vaginectomy and perineal urostomy are performed.

The study team performed a retrospective review of SOPs performed between September 2016-August 2021. There were 30 total SOPs. The SOPs were created using the radial forearm free flap (RFFF), anterolateral thigh flap (ALT), or abdominal flap donor sites. A “blind end” created at the tip of the penis gave the appearance of a urethral meatus. A variety of indications for SOP were listed, including comorbidities, anatomy, age, outcome priorities, gender, desire for lessened complication risks, future child-bearing, and changes in desires between stages of phalloplasty.

SOP allows patients to access phalloplasty who have desires that conflict; if a patient is able to prioritize, such as in the case of a patient who chose SOP to allow them the penile length they

desired while foregoing urethral lengthening, which in the surgeon's opinion was too risky to perform with the desired penile length. Additionally, the staging of the procedure was emphasized as a way to allow patient priorities to shift between procedures, as the study found some patients did not find they needed or desired urethral lengthening after the initial phallus creation surgery. Overall, SOP is a satisfactory and potentially lower-risk option for phalloplasty.

Rapporteur reports by Elijah Castle
6 November 2021

Mini Symposium - Surgery - General

PATIENT RESPONSIVE CARE: ENGAGING THE MULTI-DISCIPLINARY TEAM TO
DECONSTRUCT BINARY MODELS OF GENDER AFFIRMING SURGICAL CARE
Jens Berli, Daniel Dugi, Mary Marsiglio, Christina Milano, Amy Penkin

This mini symposium detailed the multidisciplinary team perspective on gender-affirming surgery from Oregon Health & Science University. The history of the program was discussed, which began in 2015 and has grown to, as of this year, have treated 6500 unique patients and performed 203 and 310 urologic and plastic gender-affirming surgeries respectively. Case reports were used to discuss more complex cases, and how a multidisciplinary team focused on deconstructive binary models of care could be used to help these patients achieve their goals. The intention of the presentation was to encourage collaborative discussion and improvement of patient care, and to continue learning about how best to treat patients through a multidisciplinary framework.

OSHU developed a work group which sought to establish appropriate terminology for patient requests not within historical and current surgical offerings, as well as identify care pathways for patients to access this care, and create ways to assess these requests while ensuring objective decision-making. The group intended to center the patient voice and self-determination, as well as prioritize informed consent while minimizing gatekeeping.

Regarding terminology, the group discarded language such as “atypical,” non-traditional,” and “novel” regarding surgical requests not within historical and current surgical offerings at their institution, in favor of using organ-based and procedure-based language. Such requests include penile sparing vaginoplasty, vaginal canal transplants, unilateral orchiectomies, uterine transplants, genital nullification, prostatectomy, shaft-only phalloplasty, etc.

The presentation discussed care pathways for patients through the surgical clinical, psychology services, and other clinical areas, and what considerations should be taken when patients present in these areas, including feasibility of the request and if the institution currently is willing to perform the requested procedure, provider assessments, and input from the multidisciplinary team rather than an individual provider making the decision. Importantly, the role of the mental health provider was highlighted as a collaborator with the patient to assist in the decision-making process and providing support, rather than acting as a gatekeeper.

Many important points were made, including what mental health providers can assist patients with, how surgeons can evaluate patient requests while examining their own bias, as well as how to evaluate surgical decision-making in the context of the patient’s overall care and navigation through healthcare, the vital relationships between primary care providers, community partners, and surgical teams, and the essential aspect of ensuring transparency with patients and being open to change.

Oral Abstracts - Surgery - General

OUTCOMES OF URETHRAL RECONSTRUCTIVE SURGERIES IN TRANSGENDER MEN AFTER PHALLOPLASTY

Joseph A Baiocco

This presentation discussed urethral reconstruction options to resolve urologic complications in gender-affirming phalloplasty. The presentation began with a description of how the urethra is created in phalloplasty, which is by using vaginal and donor flap tissue to create the pars fixa and penile urethra. It also discussed blood supplies which support the neourethra, and how these blood supplies may lead to ischemia, strictures, and other complications postoperatively.

Strictures and fistulas are the most common urologic complications after phalloplasty, and vaginal remnants, while not considered a complication by the presenter, can lead to complications. Strictures can be managed using a variety of methods, including dilation, urethroplasty, urethrostomy, etc., the latter of which was reported by the presenter as mostly a temporizing measure.

The presenter stated the results of urethral reconstruction surgeries after phalloplasty have not been well studied. This study utilized a retrospective review to analyze the types of urethral reconstructions to resolve complications after phalloplasty, as well as urethral lengthening performed as a planned second stage of phalloplasty. The data was reviewed to categorize outcomes into successes or failures, as well as the amount of time between surgery and reconstruction and time to failure.

Results collected from 27 patients in total were studied. There was a 40% failure rate necessitating a secondary procedure to resolve a urologic complication after initial phalloplasty, though this data did not include secondary urethral lengthening performed after an initial phalloplasty. The presenter concluded urethral reconstructive surgeries are often required after phalloplasty, however these procedures regardless improve quality of life and can be managed through various treatments.

PERSPECTIVES ON TELEMEDICINE FROM PATIENTS SEEKING SURGICAL GENDER CARE: A CROSS-SECTIONAL SURVEY

Baraa Hijaz

This presentation discussed the usage of telehealth services in gender-affirming care, specifically within an institution providing gender-affirming surgery to patients. Thus far, transgender patients receiving telemedicine care have not been studied. The study team reached out to patients seen for surgery consultations within one year. Both patient and parent experiences were assessed using a survey which utilized previously validated survey questions as well as questions created for the study by the study team.

Patients reported benefiting from not having to travel to appointments, and not having to fear negative experiences in the medical office with patients or staff, however losing physical assessment ability was seen as a negative aspect of telehealth. The majority of patients did not want their parents to accompany them during their appointment.

Parents also were supportive of the convenience of telehealth, and reported feeling as though being outside of a clinical environment put their child/the patient at ease, and it was beneficial to have people from multiple locations be able to participate and give input. Parents overall believed their child wanted their accompaniment, and appreciated being kept informed.

It seems telemedicine is helpful to supplement surgical care and increase access, but cannot replace in-person visits. A large benefit of telehealth is reducing the stigma patients face when receiving care. However it also seems to be important to ensure providers are considerate of patient autonomy and confidentiality, especially when parents accompany patients to a medical appointment.

PRE-OPERATIVE RECOMMENDATIONS FOR GENDER AFFIRMING SURGERY: RESULTS FROM A GLOBAL SURVEY

Asa E Radix

This presentation discussed a survey which ascertained the current scope of clinical preoperative recommendations for transgender and gender diverse (TGD) patients planning gender-affirming surgery, specifically to find out if a consensus exists regarding the clinical recommendations.

The survey was distributed to surgeons and other medical providers who assess TGD people for surgeries online and through social media. Survey queries focused on key areas, including preoperative hormone replacement therapy (HRT) cessation, body mass index (BMI) cutoffs, tobacco/nicotine cessation, stability of medical conditions, and surgical risk calculators. The questions were specific to gender-affirming phalloplasty, metoidioplasty, vaginoplasty, facial surgery, breast augmentation, and mastectomy.

There were 135 total respondents, with an average of 10.62 years in practice, from multiple countries, though predominantly from North America. 61% of the respondents were surgeons, and 24% had received specialist training in transgender medicine or surgery. The study detailed the variable preoperative requirements regarding the key areas mentioned previously. Reasons for the recommendations included a desire to avoid cardiovascular complications and other complications, avoid venous thromboembolism (VTE), avoid revisions, avoid wound healing issues, as well as to encourage better cosmetic results. Specifically for BMI restrictions, reasons also included increased technical difficulty of surgery at higher BMIs, as well as suboptimal aesthetics.

Overall, there is a lack of consensus regarding preoperative management for TGD patients prior to gender-affirming surgery. There is a need to establish uniform guidance for clinicians, and additional research is needed to do so.

RATES OF PSYCHIATRIC EMERGENCIES BEFORE AND AFTER GENDER AFFIRMING SURGERY

Jennifer T Anger

This presentation focused on the incidence of psychiatric emergencies before and after genital gender-affirming surgeries. The presenter emphasized the lack of literature exploring the impact of gender-affirming surgery on psychiatric outcomes, though it has been shown that gender-affirming surgery can decrease rates of depression, dysphoria, and suicidality, and additionally improves quality of life.

The study assessed rates of psychiatric emergencies before and after pelvic gender-affirming surgery by utilizing data from the Office of Statewide Health Planning and Development (OSHPD) database from California. Patients were identified using ICD-9 and ICD-10 codes for

phalloplasty, metoidioplasty, and vaginoplasty. The data looked at were from datasets taken from inpatient discharges, ambulatory surgery, and emergency departments. This study only looked at hospital-based events. Rates of psychiatric encounters in these settings were analyzed and calculated before and after gender-affirming surgery.

869 vaginoplasty patients and 357 phalloplasty patients were reviewed. The vaginoplasty group had a higher rate of suicide attempts postoperatively as compared to before surgery; this was not the case with the phalloplasty group. Suicide attempts preoperatively were predictive of suicide attempts postoperatively.

This presentation concluded that rates of psychiatric emergencies are higher in patients undergoing gender-affirming surgery both pre- and postoperatively than in the general population. Suicide rates for phalloplasty patients are similarly to the general population, while for vaginoplasty patients the rates are more than double. Providers should counsel all patients regarding mental health in relation to gender-affirming surgery, especially those who have a history of psychiatric emergencies or who are undergoing vaginoplasty.

Rapporteur reports by Elijah Castle
7 November 2021

Mini Symposium - Mental Health - Adult

INTERDISCIPLINARY OBSERVATIONS OF MEDICAL TRAUMA: BEHAVIORAL HEALTH, PRIMARY CARE, & RESEARCH

Alexander B. Harris, Elana Lancaster, Karalyn J. Violeta, Zil Goldstein

This mini symposium discussed the impacts of medical trauma on aspects of transgender care, including behavioral care, healthcare, primary care, and research. Medical trauma was described as any traumatic incident or experience relating to one's medical care, including an illness, injury, medical procedure, or upsetting treatment experience. Many trans patients are expected to accept whatever adverse experiences they have for the sake of getting necessary care, which proliferates the experiences many trans people have with being affected by trauma in medical settings. This can lead to reduced trust in providers, anxiety, delays in accessing care, and increased negative health consequences and gender dysphoria. It is important to keep in mind patient's previous healthcare experiences when engaging in them with care, and to know how to adequately screen for and support trauma.

Case studies were used to demonstrate how trauma can adversely affect patients and their trust in the healthcare system. Patients who have negative experiences with their providers or surgeons may eventually stop seeking care at all, if they feel they are unable to find a solution or treatment that feels right and accessible to them. Medical trauma can impact how patients communicate with providers, which impacts their healthcare, and can also impact research in the community as well. Patients may be less willing to participate in research, or may leave the study early, if they have faced medical trauma, which can skew responses to research and undermine future work due to lack of participation.

To resolve this, a trauma-informed care framework is vital. It is important to remember how frequently transgender and nonbinary people are traumatized in healthcare settings, and to mitigate future trauma and support those who are struggling. The symposium additionally discussed self-advocacy as a way for patients to navigate healthcare, and acknowledged that self-advocacy is necessary because of negative healthcare experiences and power dynamics. To enable patient self-advocacy and ensure a trauma-informed approach, it is important to prioritize patient safety, collaboration, trustworthiness, and empowerment. Patients should be able to share in decision-making in a non-judgemental, flexible setting that resists cis-centrism. Patient's lack of trust is understandable, and should not be questioned. Instead, it is important to ask, how can this patient's needs be met regardless of whether or not they trust us, and how can we demonstrate trustworthiness to them?

Self-advocacy can benefit patients through better understanding of their health needs and care options, more active participation in their care, and a sense of autonomy and control. To support self-advocacy, it is important to validate patient experiences, provide treatment when needed, and support them in pursuing accountability if desired. Again, prioritizing patient autonomy and

being aware of the prevalence of medical trauma, as well as fostering a sense of self-worth and knowledge that their needs are important is vital to preventing future trauma.

Mini Symposium - Mental Health - Adult

INTERDISCIPLINARY OBSERVATIONS OF MEDICAL TRAUMA: BEHAVIORAL HEALTH, PRIMARY CARE, & RESEARCH

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Self-advocacy can benefit patients through better understanding of their health needs and care options, more active participation in their care, and a sense of autonomy and control. To support self-advocacy, it is important to validate patient experiences, provide treatment when needed, and support them in pursuing accountability if desired. Again, prioritizing patient autonomy and being aware of the prevalence of medical trauma, as well as fostering a sense of self-worth and knowledge that their needs are important is vital to preventing future trauma.

Town Hall

The USPATH Town Hall at the end of the USPATH 2021 virtual conference allowed the USPATH board members to directly address member feedback and concerns. President-elect Maddie Deutsch first addressed USPATH goals moving forward, including developing a more robust system of internal reporting in response to new discoveries, as well as a focus on diversity, equity, and inclusion efforts. USPATH aims to begin implementing meaningful solutions and develop the next generation of diverse and intersectional leaders.

Questions asked and addressed included the topic of detransition, FDA approval for cross-sex hormones, SOGI data access in EHR systems, USPATH's role in legal matters, board member participation with the press, and increasing access to conferences and other organizational events.

The overall emphasis was on providing support for trans people in accessing care and helping them feel safe in the current cultural climate. Priorities involve addressing high rates of emotional trauma, sexual violence, inadequate access to healthcare and housing, violence, and un- and underemployment in the trans population. Additionally, it is important for USPATH to have more clear actionable interventions which will have an impact on diversity, equity, and inclusion efforts to improve upon the foundation currently in place.

Oral Abstracts – Mental Health – Adult

By Elias Lawliet

This abstract session covered a large variety of different topics, and the studies involved were at very different levels of depth. The first abstract, by Dr. Teddy Goetz, was a qualitative study that looked at trans experiences of “legal gender affirmation,” or gender identity documents. The highlight of this study was that it is one of the first done since the “X” gender marker became a possibility. Unfortunately, this study exposed some of the weaknesses of the X gender marker, including that it creates a mismatch between documents for many people. Mismatched documents lead to hyper vigilance and anxiety, which of course impacted mental health—not ideal.

Dr. Ashley Austin’s study regarded qualitative data on trans individual’s experiences of gender dysphoria, with the main finding being that participants used a variety of metaphors to describe how gender dysphoria felt to them. This study was helpful in capturing a smattering of trans metaphors, and also, suggests that folks working with trans people may benefit from bringing artistic or expressionistic tactics to the table.

Melanie Brown’s study regarded using MDMA for transgender PTSD research. This was a focus group study and seems to have been the first step in a. Much longer/larger project, which I will be very interested to hear more on!

The final study was a second piece by Dr. Teddy Goetz and was absolutely the abstract I was most personally interested in. This abstract discussed the idea of a “terminal transition” —meaning that someone is, at some point, “done” with transition and that they move on and live their life with transition in the rear view mirror. Essentially, this idea was externally pushed on to participants and caused a variety of negative health impacts. Given my personal understanding of the topic as well as what I heard today, this idea comes from mid-century U.S. “gender clinics” and sexology researchers, who perpetuated the idea that transition was binary, that transition had a “beginning” and an “end” and that post-transition identity remained fixed and binary.

Given that this idea is a cisgender fantasy of the trans experience, it comes as no surprise that it harms actual trans people, and has nothing at all to do with the reality of our experiences. According to this study, trans people experience transition as an ongoing process, many folks refine their understanding of their gender and gender expression over time, and trying to get to some point where one can call themselves “done,” just increases anxiety and depression. This presentation was excellent and I am looking forward to re-watching the recording.

Rapporteur reports by By Elias Lawliet
5 November 2021

Oral Abstracts – Surgery – General

This session covered two controversial topics (though what isn't controversial in trans healthcare land...?)—pain management in the age of the opioid crisis, and BMI cutoffs for gender affirming surgeries.

In the first presentation, regarding pain management, 4th year medical student Tyler Martinson presented a form of non-opioid pain management that was being used after gender affirming surgeries to try and avoid sending patients home with opioid prescriptions. This was a combination of acetaminophen, ketolorac, gabapentin, and ibuprofen. Breakthrough pain was managed with oxycodone, acetaminophen, and Percocet combined.

This was a small study, but it was seemingly successful - the number of opioids administered in recovery was 60% less than without this form of pain management. Additionally, there was no major difference in the management needed for those with chronic pain and those without.

The second abstract was about weight-stigma mitigating approaches to genital gender affirming surgeries, and started by pointing out that while BMI has never been validated as a way to measure health, it is still used by surgeons to determine candidacy for gender affirming genital surgery. This is problematic in many ways, not in the least because trans people are more likely to be affected by eating disorders, but also because BMI cutoffs are arbitrary and cruel, and keep people from accessing life-saving surgery on the off chance that they might have complications from being marginally overweight. “Do no harm” seems to have an unspoken caveat of, “to thin people.”

But I digress. This study attempted to move surgeons toward more of a “health at every size” approach by, for example, allowing patients to understand the risks and the current evidence, and make their own choices about whether or not those risks are tolerable. Also, surgeons were advised to be up front about their experience of treating patients with higher BMIs, and to consider health markers other than BMI or weight. Essentially, both the surgeon and the patient must have agency in the decision to move forward with the surgery.

Much work remains to be done on this front, and in medicine in general, where fat phobia is endemic and often based on spurious and incomplete data, and where it affects trans people even more than their cis counterparts. Still, this study showed one intervention that moved surgeons closer to a HAES approach, and helped recontextualize fat phobic practices in gender affirming medicine.

Mini Symposium – Non-Surgical Body Modifications

This mini-symposium was created to present the results of a pilot program in the Kaiser system of the Bay Area/Northern California called “Gender Expression Care.” The first speaker, Dr. Grace Firtch, was a trans woman who came out later in life, after many years in successful medical practice. She reflected that her transition was helped tremendously by a coach, who helped her with the social, practical, and emotional aspects of transition that are not covered by hormones or surgery.

Dr. Firtch, realizing that this type of one-on-one service was not broadly accessible, partnered with the coach, Monica Prata, to create Gender Expression Care as a program offered to transgender patients in the Kaiser system. Their program consists of a six week workshop, and each cohort of the workshop is around 30 attendees. The workshops change according to the needs of the attendees, but roughly cover transition visions/goals, voice therapy, wardrobes, physical therapy, and cosmetics.

These workshops give participants both the space and the tools to affect whatever gender presentation feels most authentic to them, and helps folks to understand that various affirmation steps are available, and that they do not have to take any steps that don’t feel right for them.

The team brought in various practitioners that they work with including an LMFT and a surgeon, both who discuss how they refer patients to the GEC program and how much it has helped their patients.

In my personal (biased) opinion as a gender doula who provides many of these services on a 1:1 basis, the most important aspect of this work is that it provides a potential pathway for this type of care to be covered by insurance or even state and local programs (similar to birth doulas for expectant parents). Trans people have known the value of this type of assistance, but it is inaccessible for many. Having programs like this that are paid for by medical systems or public health systems would be game changing for many trans people, and would allow for a much broader realm of career options for gender doulas.

This type of social support is desperately needed, and seeing that acknowledged by a mixed group of cis and trans medical professionals was heartening.

USPATH Oral Abstracts – Surgery – Masculinizing

This abstract session consisted of two studies. The first was “Does Top Surgery Improve Chest Dysphoria in Transmasculine and Non-binary Adolescents and Young Adults?”, and though it was presented by a med student, the study itself was a collaboration of quite a few doctors and researchers.

It’s important to note; studies like this that ask questions that may seem frustratingly obvious on their face are important in a practical way—that is, they fill previously existing holes in the

literature where there was poor or non-existent evidence. For example, if a 16 year old was determined to be a good candidate for gender affirming chest surgery by their doctor, their insurance could potentially deny coverage because there was no evidence that such surgeries were an effective treatment for gender dysphoria until age 23. While I do not believe in gender dysphoria as a criterion for care, both doctors and patients must currently work within the system we have. Therefore, studies such as this one fulfill a vital purpose.

That said, of course the study found that chest surgery alleviated gender dysphoria. What's really important is that this study was designed with a high level of validity, which makes it more difficult for insurance companies to deny it as proper evidence, and helps shore up arguments for proper care. This study is ongoing and the investigators hope to get a 1 year follow up as well.

The second study explored the indications, techniques, and outcomes of shaft-only phalloplasty. The easy way to understand shaft-only phalloplasty is that after getting it, one will still sit to pee - there is no urethral lengthening. There are a variety of advantages to this form of phalloplasty. One, there are fewer serious complications, such as flap loss. Two, the patient can maintain their natal anatomy to whatever degree they want, meaning they can choose a hysterectomy or leave the organs intact, they can choose a vaginectomy or leave the canal intact, or they can have everything closed up and just leave a urethral opening for urine. This also allows folks to have maximum length of their phallus, and an erection device can be installed at a later date.

This form of phalloplasty can also be better for patients with comorbidities or for older patients - the oldest patient in the study was 73, and one patient who did have complications had type 2 diabetes, and was still satisfied with their results. This is an important option for those who may want to maintain the capacity to bear a child or for sexual preference. Dr. Berli was careful to point out, however, that patients should be made aware of all of their options, and that shaft-only should not be offered simply because it requires fewer surgeons and/or steps.

Rapporteur reports by By Elias Lawliet
6 November 2021

Oral Abstracts – Surgery – Feminizing, Surgery – General

This session contained four abstracts related to gender affirmation surgeries—two of which were centered around medical considerations, and two which focused more on patient experience.

The first abstract used a code-based database to track complications after vaginoplasty in a large sample. The study found that there were complications in about 25% of the surgeries, with non-operative complications occurring 14% of the time, and complications requiring surgery 11% of the time. The highest rate of complications by ethnicity was in Asian women, who had complications 40% of the time. It is unclear why this group was so affected by complications. Complications were significantly associated with the facility where the surgery took place, suggesting that surgeon's technique may have been the culprit.

The next abstract covered one surgical team's experience with laparoscopy assisted peritoneal pull-through vaginoplasty in trans women in Belgrade. This is a method of vaginal reconstruction which has been used for decades in cis-women, and this team found it to be useful for trans women who did not have adequate penile skin to create a vaginal canal. The patients who received this surgery were highly satisfied with the outcome and the complications were relatively minor. Patients were still required to dilate twice a day for the first year.

The next study was a focus-group style study which looked at patient-reported outcomes for gender affirming surgery. Historically, medical paternalism has dictated which surgical outcomes are seen as desirable, however, it is better for surgeons to listen to their trans patients about the results that they actually want. Some of the shared goals that came up in these groups, like aesthetics, were shared in theory, though each individual person might have a different idea of what "aesthetic results" meant to them, personally. Participants also expressed not being very well informed about their surgical options or how different aspects of the surgery worked.

In part, this is explained by the data showing that participants' surgeons were not always allowing them space or time to ask questions, or didn't take the time to give thorough answers and check for their understanding. Also, there were distinct differences between what the doctor's and patients considered to be successful outcomes. Patient-recorded outcome measures could be used in transformative ways to ensure that patients and their surgeons are on the same page, that patient expectations are realistic, and that patients know fully what to expect from their surgery.

The final study tracked sexual outcomes for trans people during the first year after gender-affirming surgery. The main thrust (pun not intended) of this study was using the PROMIS

sexual activity post-op questionnaire—an instrument validated for use with trans populations. 84 patients filled out the questionnaire at 2 weeks post op, and 38 of those patients filled it out again at six months. The study captured significant improvement in sensation as well as a variety of aspects of sexual experience, including satisfaction with orgasms and with sex life in general. None of this is particularly shocking, but it is great data to have, especially considering that the PROMIS tool is actually validated for use with trans populations.

Oral Abstracts – Surgery – General

This was a four-abstract session with a live Q&A. The first study was a small-sample study regarding complications with urethral lengthening procedures post-phalloplasty. Although the sample had a great deal of variety (some of the phalloplasties were performed a decade ago) and therefore may not be generalizable, the lack of research on this topic is so severe that any information at all contributes to existing knowledge.

This study found an overall failure rate of 33% for urethral lengthening, which is rather high. Doing phalloplasty in stages helped lower the rate of complications. Also, ensuring that each step was done properly was vital—some complications were due to one part of the surgery being done partially or poorly. The researchers pointed out that despite these complications, these surgeries are still important and lead to an overall better quality of life.

The next study concerned the impact of telemedicine on trans adolescents being seen by a major hospital on the east coast. The convenience and privacy of telemedicine was very desirable for the patient population, and they seemed happy to use telemedicine. Many of the patients preferred being able to speak to their doctors without a parent present, though a few wished their parent was present during the visit.

When the same survey was handed out to parents, they were also happy about convenience and unworried about privacy concerns. However, parent's opinions on being physically present during visits were basically opposite their children. Parents felt they could not fully understand their child's care without being involved in doctor's appointments. The researchers pointed out that there is a fine and tricky line between what parents consider to be support, and what their trans teens interpret as impinging on their agency.

The third abstract is of particular importance and I hope to do it justice here. This study, presented by Dr. Asa Radix, was a survey conducted with mainly gender affirming surgeons and some other providers as well—it sought to reveal whether or not there is a medical consensus on preoperative standards of care around gender affirming surgeries. For example, BMI requirements, stopping hormones before/during/after surgery, smoking cessation for surgery, etc. Although Dr. Radix only had time to share a few of the findings from what seemed like a rich data source, this presentation was rather shocking. First of all, 54% of the surgeons were informally trained or self-taught, and only 24% of them had specialized or formal training in gender affirmation medicine.

The rest of the presentation covered the massive range of practices on a few key, controversial topics; BMI cutoffs for trans masculine chest surgery and trans feminine vaginoplasty, hormone cessation before and after gender affirmation surgery for both testosterone and estrogen, tobacco cessation, and use of a surgical risk calculator. On each of these topics, there was no consensus. I do not think it can be overstated how important these topics are; thousands of trans people are denied surgery due to arbitrary BMI cutoffs, and going off hormones (sometimes for weeks) can cause tremendous psychological damage to trans people who are going through the already-challenging process of surgery. Creating a better system is paramount. Additional research is needed on all of these topics so that best practices can be determined (although we can confidently chuck the whole BMI out in my humble, but firm opinion).

The finally study was about mental health outcomes after gender affirming surgery. This study relied on a California database that tracked medical codes. It found that those who received vaginoplasty were more likely after surgery to present to the ER with suicidality and other psychiatric symptoms. This was not true for individuals who had received phalloplasty. This type of research can be misused by bad actors to make spurious points about gender affirmation surgery, so let's just be clear—all this tells us is that the folks in this state, in this study, were more likely to present with psychiatric emergencies after vaginoplasty. There is no data on “why,” and all that the researchers are looking at are codes. A great deal more research is needed to understand if this is a phenomenon, and if so, what is causing it.

Oral Abstracts – Late Breaking: Surgery – Feminizing – Endocrinology/Hormone Therapy – Adult – Social Determinants of Health

This session was comprised of 3 abstracts on three very different topics. The first abstract covered using a Sacral Erector Spinae Plane (ESP) block to reduce the use of opioids after vaginoplasty surgery. This type of nerve block is safer than an epidural and did seem to effectively lower the need for opioid intervention.

The next abstract covered the effects of testosterone on breast tissue. The main goal of this study was to establish that there are measurable differences between the breast tissue of transgender men who are on testosterone and cisgender women. These differences can be found through Immunofluorescence, and this can be used to create breast cancer screening guidelines in the future that are inclusive of transgender men, regardless of surgery status.

The main finding of this study was that progesterone receptor expression was diminished in the transgender men's bodies who had taken testosterone. This indicates decreased estrogen signaling, which makes sense due to lower levels of estrogen in trans male bodies. This study was preliminary in nature—the investigators are applying for funding and plan to continue the next phase of their research.

The final study assessed barriers to care and resiliency factors in trans and non-binary patients at a safety-net hospital in a large city in the South. The gender center where the research was conducted offered a variety of services (including internal medicine, endocrinology, gynecology, mental health, dermatology, etc) and had quite a few community connections.

Barriers identified by the patients included living situation issues, employment, relationships and community, religion, and healthcare access. Further, most of them had experienced some level and type of violence. However, this population also had a great deal of resilience. The research pointed out that many of these individuals had overcome tremendous odds to access care, so it made sense that they were broadly such a resilient group.

Oral Abstracts – Health Services and Systems; Social Determinant of Health

This session was three abstracts that covered public health concerns, electronic health records, and shifting a hospital's culture to be more trans inclusive. The first abstract sought to find research gaps in the public health literature where trans people were impacted, but had not been taken into account in the research. This was a focus group study that found three major themes for future research; embodiment, social determinants of health, and health promotion behaviors.

For embodiment, participants noted the need for samples to be more meaningfully diverse and representative, with more efforts made to capture the complexity of trans identities, population heterogeneity, and intersectionality. For social determinants of health, it was determined more research was needed to capture structural stigma as well as discrimination in housing, insurance, and employment and the impact of street harassment. Finally, the focus groups felt strongly that the resilience and positive aspects of trans identity were deeply under-studied, and that we need more research on health promoting factors and what the trans community does well. It will be interesting to see how this project develops, and whether or not researchers are willing to do what it takes to create better studies.

The next abstract was about increasing name and pronoun documentation in a pediatric emergency department. A preliminary study found that a majority of the youth who came into the ER wanted their name and pronouns documented, but only 10% were asked. The hospital wanted to increase documentation, but also to increase gender diverse children's comfort in their emergency department. They partnered with various members of the nursing and hospital staff to help with education and other interventions, and eventually increased their documentation to three times what it was before. The doctor who presented this information said that partnering with nurses was essential to their success.

The final abstract was about creating a more trans-inclusive environment at the San Francisco Veteran Affairs medical Center (the VA). This was an excellent case study about how to change the culture at an institution, especially an institution that had specific issues, including a high rate of military sexual trauma and inherent distrust based on harassment veterans faced in the service.

They made the guiding principle that trans people themselves would be centered in the interventions that were made, and as such, the interventions they made were extremely effective. Essentially, they created a new protocol that is trans inclusive from every level, and also takes into account the specifics of the trans experience and medical needs. I hope to see this implemented at other VA's nationwide, and even (hopefully) adapted for civilian hospitals.

Oral Abstracts – Obstetrics, Gynecology and Reproductive Health Sciences, Primary Care – Adult, Surgery – Masculinizing

This session contained four abstracts about deeply important topics. The first study looked at barriers and facilitators to HPV-related healthcare among trans people. This study was the first step of what will eventually be a three-step process, including a qualitative study, a quantitative study, and an intervention (all of which will be done with community input). This qualitative part of the study sought to understand what was keeping trans people from accessing HPV-related care, and what was facilitating this type of care.

Some of the barriers are known and are more general—for example, providers being prohibitively far away, providers not knowing about or understanding risk factors, and providers focusing exclusively on HIV. Also, screening methods such as pap tests can trigger severe dysphoria and/or physical discomfort due to atrophy and other hormonal changes. Interestingly but unsurprisingly, one barrier was a lack of trans-specific knowledge from providers about the vaccine—whether or not it worked in trans bodies and etc. Facilitators to care included trans-affirming environments, trans-affirming, experienced providers, parental support for the vaccine, and a recommendation from a healthcare provider. I'm looking forward to the next round of data from this research.

The next abstract was about adherence to breast cancer screening recommendations among trans and non-binary people. Because there are no specific recommendations for this population, the guidelines used were those for cisgender females, and this population did not follow those guidelines as well as the general population does. More research is needed to develop trans-specific guidelines, and of course, more work must be done so that trans people can access safe, trans-affirming care nationwide.

The third abstract was about patient-reported outcome measures (PROMs) regarding chest masculinization surgery. This research was conducted by a group who is creating a set from PROMs for gender affirming procedures and treatments of all kinds, though this study focused exclusively on chest procedures for trans masculine folks. In addition to their chest module, they also had participants fill out popular measures to assess mental and physical health.

The study found that participants improved in their quality of life, overall health, and that their mental health improved quite dramatically. One stated benefit of this form of measuring surgical outcomes, according to the presenter, was evidence that these interventions are cost-effective for insurance purposes. This made me uneasy after yesterday's information about increased mental health incidents following certain gender affirming surgeries. Being able to prove capitalist "value" of procedures may be in line with insurance company's goals, but it feels like a dangerous road. All gender-affirming procedures should be covered, even if folks still have mental health problems afterwards.

The final abstract was about testosterone dosing post oophorectomy in trans masculine folks. Currently, there are no guidelines at all and no research on this topic—something I was shocked to find after my own total hysterectomy with bilateral salping oophorectomy! This study was a retrospective chart study that found that patients generally increased their dose after surgery, but the “why” wasn’t clear. The researchers speculated on this finding, but more research is needed on this important topic.

USPATH Rapporteur Conference Report Worksheet

Rapporteur Name:	Caleb LoSchiavo
Date:	November 4, 2021
Title of Conference Session:	Cultivating Gender Affirming Competent Care In Middle America Through Small Projects With Big Impacts: The Case Of Fresno, California

Presenter Name: Julie Nicole, Kat Fobear, April Taylor-Salery, Drea Long

Title of Presentation: Cultivating Gender Affirming Competent Care In Middle America Through Small Projects With Big Impacts: The Case Of Fresno, California

In this session, the four presenters discussed how implementing several smaller projects in community and clinical settings creating huge positive changes in the lives and health of transgender people living in Fresno, California.

These projects included: a mobile health clinic which provided health screenings, vaccinations, gender-affirming hormone therapy, free legal assistance, and enrollment in state Medicaid; a Family Medicine rotation which trained residence in medical and surgical aspects of transgender health; two community-based research studies on health care and housing; improvements to sexual orientation and gender identity measures in electronic health record systems, alongside ongoing educational training for staff; and transgender health training for medical interns which included panels of trans community members and mock medical appointments with patient actors.

The key takeaway from the panelists was that, while these project may seem overwhelming as a whole, they were the result of connection and teamwork, shared desires to find solutions to the problems facing the local trans community, effective use of existing resources (including community networks), and collaboration with local community organizations, particularly the local trans-led organization Trans-E-Motion.

USPATH Rapporteur Conference Report Worksheet

Rapporteur Name:	Caleb LoSchiavo
Date:	November 4, 2021
Title of Conference Session:	Consent and Capacity in Transgender Health

Presenter Name: S.J. Langer, LCSW-R, Elizabeth Cobb, LCSW, Jenn Gallienne, MSW, Melissa-Irene Jackson, NSW, Elke Jones Zschaebitz, DNP, ARPN, FNP-BC

Title of Presentation: Consent and Capacity in Transgender Health

This presentation provided an overview of clinical cases that highlight trans people's need for mental health care that supports their well-being alongside achievement of transition-related goals.

Particularly in the case of trans people being mandated to engage with psychological care to obtain approval for transition-related medical care, this can be a nuanced process for trans people, who often have mental health care needs beyond the need for transition-related evaluation. The required mental health evaluation for medical transition requires access to care, but trans people's lack of access to or availability of care can make it challenging for us to take care of our physical and mental health, which can then make mental health conditions worse, which may then skew providers' perceptions of consent and capacity. Additionally, the limited availability of mental health providers who can care for trans patients, particularly for those experiencing more serious mental health concerns like psychosis or dissociative disorders, complicates the process of consent and evaluation of decision-making capacity, especially when providers are not experienced or competent in all areas of the patients' needs.

The key takeaway from the presenters is that mental health needs or pathologies do not mean a person cannot engage in or consent to the gender-affirming medical care they desire. It adds nuance to what the experiences of consent and capacity may look like and may require providers who are more experienced in caring for both trans patients and patients with different types of mental health symptoms. With the appropriate provider and sufficient mental health and social support, all trans people should be able to access the transition-related care that they desire.

Rapporteur Reports by Caleb LoSchiavo
5 November 2021

Oral Abstracts – Surgery – General
Presenter Name: Tyler G Martinson

Title of Presentation: Pain Management for Gender Confirmation Surgery in the Age of the Opioid Overdose Epidemic

Postoperative pain management is a concern for transgender people seeking gender-affirming surgeries, particularly as trans people may be at greater risk for substance use disorders. This study tested the effectiveness of an intervention to reduce the overall use of opioids for pain management during recovery from surgery. The study included 467 transfeminine patients who received vaginoplasty, and found that the number of opioids used during postoperative recovery was reduced by almost 60%.

The key messages from the study were that non-opioid pain management techniques can be effective in both managing pain and reducing the amount of post-operative opioid use, and that more research is needed on pain management following gender-affirming surgeries.

Presenter Name: Weight-Stigma Mitigating Approaches to Genital Gender Affirming Surgery
Title of Presentation: Elijah Castle

While BMI may be associated with increased risk of surgical complications, it is not an appropriate measure of individual health and serves as an additional barrier to gender-affirming surgeries for transgender populations.

The study aimed to examine the use of and rationale for BMI thresholds for gender-affirming surgeries. The literature found that higher BMI may be associated with more difficulties during surgery, but there was a lack of data specific to gender-affirming surgeries. The presenter acknowledged the harms of using BMI alongside the clinical justifications for its continued use, particularly in the absence of alternatives for measuring the increased risk that people with higher BMIs may face.

The key recommendations from this presentation were using patient-centered and flexible approaches when working with patients above a surgeon's BMI threshold and utilizing multidisciplinary, holistic approaches to weight management that focus on improving overall health and lifestyle rather than weight loss.

Session Summary:

Overall, the session highlighted important considerations in pre-, peri-, and post-operative care of transgender people seeking gender-affirming surgeries. While gender-affirming surgeries are generally positive experiences that improve the mental health of transgender people, they may also present opportunities for harm, through opioid prescriptions or weight loss requirements.

Because transgender people are at greater risk of substance use disorders and eating disorders, it is important to consider such factors across the timeline of gender-affirming surgical care and implement changes to clinical practice to reduce these potential harms to patients.

Mini Symposium – Health Services and Systems

Presenter Name: Amy Penkin, Ariel Malan, Chris Mann, EJay Jack, and Katherine Croft

Title of Presentation: Cross Country Collaboration: Collective Approaches to Gender Care Across 10 Academic Medical Centers (AMC) in the US

In this presentation, the team of presenters described the formation and collaboration of a collective of ten academic medical centers coming together to share their experiences with gender-affirming care programs.

After individual directors of gender-affirming care programs were reaching out to each other to determine best practices, a collaboration was formed that now includes programs from 10 academic medical centers across the U.S. The purpose of this collective was to engage in collaboration rather than competition to improve quality of healthcare for trans communities. While there were numerous similarities and differences across the programs in terms of size, institutional support, services offered, and region/population, there were many opportunities for clinics to learn from each other and develop protocols and practices for various dimensions of care. Some of these practices included: protocols for patients expressing surgical regret, tactics for getting insurance reimbursement for commonly denied procedures, appeal letters for commonly denied procedures, and communication strategies for patients whose surgeries were delayed due to COVID-19.

The key takeaways from this presentation were that collaboration instead of competition across institutions can have major benefits for the health of transgender patients, and that the problems experienced by gender-affirming care programs are rarely unique and usually have solutions that have been identified by other programs. Collaboration across institutions allows for more effective delivery of the best possible care for transgender populations.

Rapporteur Reports by Caleb LoSchiavo
6 November 2021

Oral Abstracts – Law, Policy, and Ethics and Research Methods

Title of Presentation: DEXA Scan Procedural Variants in the Transgender Population at the University of Kansas Health System
Presenter Name: Johnathan Dallman, BS

This presentation summarized the findings of a research study that explore bone health among trans patients in the health system at University of Kansas.

Estrogen is protective for bone health, but most of the scientific literature is not specific to trans patients. Researchers identified 11 transgender patients who had received bone density scans, and the majority had normal bone density. However, results were inconsistently calculated based on using affirmed gender vs. sex assigned at birth.

The key conclusions from this presentation were 1) that more research is needed on the role of hormone therapy in bone health, and 2) that better training is needed on bone density scans with trans patients, where gender is a key factor in how results are calculated.

Title of Presentation: Impact of Name Change and Gender Marker Correction on Identity Documents to Structural Factors and Harassment and Among Transgender and Gender Diverse People in Texas
Presenter Name: Oralia Loza, MA, PhD

This presentation discussed structural factors and harassment experiences associated with name change and gender marker correction on IDs, based on data from 1,301 Texan participants in the 2015 US Transgender Survey (USTS).

Participants who had changed some or all IDs were more likely than those with no corrected IDs to be self-employed, feel comfortable asking police for help, go through airport security in the past year, experience denial of services because of discordant IDs, and be treated by respect with doctors who were aware of their trans identity. Those who changed some or all IDs were less likely to be evicted or experience homelessness in the past year, be unemployed due to disability, be misgendered by police or airport staff, and experience public harassment in the past year.

The key takeaway from this presentation is that legal gender affirmation can be framed as a structural intervention to improve housing, socioeconomic conditions, and quality of life for transgender people in Texas.

Title of Presentation: Trans-Pro: Creating Multi-center Outcomes Infrastructure for Gender-affirming Vaginoplasty & Vulvoplasty with Community Direction
Presenter Name: Geolani W Dy, MD

In this presentation, Dr. Dy described the process and results of using community engagement to develop patient-centered surgery outcomes research.

The current research on gender-affirming surgery outcomes is limited and mostly centered on surgeons' perspectives on and definitions of surgical outcomes. A trans-led research team (TRANS-ARC) used community engagement to generate questions for research on patient-centered surgical outcomes and to understand perspectives on a multi-center database of surgery outcomes. Patient concerns about this multi-center database centered on use of and access to the data.

The key takeaway from this presentation is that community engagement can be more time-intensive than typical research processes, but raises issues that may not have otherwise been identified and may help researchers to collect better and more useful data.

Session Summary:

Overall, these presentations identified novel research findings and methodologies, all of which highlighted the need for more research on the ways in which both legal and medical gender affirmation affect transgender people's mental and physical health.

Plenary Session

Title of Presentation: Advances and Challenges in the Care of Transgender/Gender Diverse Youth
Presenter Name: Stephen Rosenthal, MD & Jo Olson-Kennedy, MD

In this presentation, Drs. Rosenthal and Olson-Kennedy discussed the state of and challenges in providing care for trans and gender diverse youth.

Clinicians are seeing increasing numbers of youth seeking transition-related care—likely because of increased visibility and reduced stigma about pursuing medical transition—alongside increased politicization of trans youth in the US and globally. As more youth seeking gender-affirming care over time, we are able to better understand the physical and psychosocial impacts of gender-affirming puberty blockers and hormone therapy for youth of various ages and transition timelines.

Dr. Rosenthal's presentation on physical health effects of puberty blockers and hormone therapy mainly discussed bone density and fertility as areas that have produced the most research, finding promising results especially for transmasculine youth who started blockers in early puberty.

The key recommendation from his part of the presentation is the need for more research on the long-term physical health effects of puberty blockers, in order to provide the best possible care for trans youth.

Next, Dr. Olson-Kennedy highlighted some of the many challenges to clinical care and research with trans youth, as a background for presenting preliminary findings on mental health impacts of medical care for trans youth. Over 1 year of follow-up for two cohorts of trans youth receiving gender-affirming puberty blockers or hormone therapy, mental health and social factors were improved compared to the baseline, though this improvement was mostly driven by transmasculine youth.

The key takeaways from this part of the presentation are that access to gender-affirming care improves mental health for youth experiencing gender dysphoria, and that more research is needed particularly with transfeminine youth and trans youth of color.

Rapporteur Reports by Caleb LoSchiavo
7 November 2021

Title of Presentation: Naming Challenges, Defining Hope
Presenter Name: Cecilia Gentili

At the start of her plenary session, Cecilia stated that we need to include the people who are least served by the system and ask them what they need instead of deciding what their needs are, working to create solutions with rather than for communities. We need to value community members as experts in their own experiences and identities, because no amount of education or training can measure up to the expertise that comes from lived experience. Cecilia highlighted two primary challenges for trans communities: access to care and quality of care. Availability of healthcare means nothing if the care is not accessible—people need to be able to afford the cost of care and travel to care and to be aware of available services and resources. These are issues especially for trans people who are undocumented, sex workers, or otherwise low-income or engaged in criminalized or precarious work. Regarding quality of care, there is a lack of providers who are experienced and competent in caring for trans people. Cecilia asked the audience to consider whether the places we work and provide care are safe for trans people, how clinical and non-clinical staff are trained in caring for trans patients, and what steps are being done to ensure the care and safety of trans patients? This care for trans patients needs to be inclusive of all the potential health needs that trans people may have, which includes but is certainly not limited to hormones and surgeries. These clinical spaces also need to be non-judgmental and safe for trans people to discuss sex work, drug use, or other stigmatized experiences that can affect their health. At the end, Cecilia frames a vision for what radical commitment to trans health and trans survival, which includes financial accessibility, understanding the complexities of trans identities, recognizing our diverse experiences, training all staff in healthcare spaces, and prioritizing trans communities' lived experience as expertise.

Title of Presentation: Novel Assessment Protocol to Capture Urinary Dysfunction and Quality of
Presenter Name: Stephanie C. Preston, MD

Life in Transmasculine Patients After Phalloplasty

This presentation described the development of a new assessment for phalloplasty outcomes related to urinary function and quality of life. The existing research on urinary outcomes following phalloplasty mostly uses measures that were developed for cisgender men or measured that are not standardized or validated for trans populations. This study aimed to develop a way to assess urinary dysfunction and quality of life for transmasculine patients after phalloplasty, by studying 15 patients who had received phalloplasty with urethral lengthening. The primary conclusion was that the most common urinary function issue was dribbling, which is not included on measures developed for cisgender men.

Title of Presentation: Optimization of Second-stage Metoidioplasty Using Classical Adult
Acquired Buried Penis Repair Techniques

Presenter Name: Nkiruka Odeluga

This presentation reviewed the procedures performed on metoidioplasty patients between 2015–2020 who had a second surgery. Among 75 metoidioplasty patients, about half (49%, 37/75) had a second stage. The most common procedures in that stage were to remove tissue blocking or burying the penis, add testicular implants, and reduce curvature. The key conclusion was that surgical techniques commonly used in penile surgery with cisgender men can be applied to metoidioplasty to optimize length and release.

Title of Presentation: Preventing Urethral Complications After Metoidioplasty: A Discussion on Surgical Technique and Case Series

Presenter Name: Marissa Kent, MD

This presentation discussed the use of different surgical techniques to reduce urethral complications of metoidioplasty with urethral lengthening. Dr. Kent described the findings from a review of 74 patients who had metoidioplasty with urethral lengthening between 2011–2021. Nineteen (26%) patients had complications, with more than half (58%) related to the urethra and no clear association between technique used or urethral lengthening. The key conclusion from this presentation was that urethral complications are common even among experienced surgeons.

Session Summary:

This session included three presentations which described genital gender-affirming surgeries for transmasculine people, with a focus on surgical techniques and outcomes. The overall theme was that different techniques can be used to improve both functional and aesthetic outcomes and that more research with larger populations is needed to better understand expected outcomes and ideal surgical techniques.