Primary and HIV Care for Our Transgender Patients

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Who are our TG patients?  
Demographics

- Those who identify as LGBT comprise just under 4 percent of the American population.
- An estimated 9 million people who identify as LGB and 700,000 identifying as transgender.

Source April 7, 2011 – Williams Institute, UCLA.
Patient Case- Cindy 46 yo transwoman (MTF transgender)

- **HPI** – New patient visit/Hormones.
- **PMH:**
  - Diabetes (poorly controlled)
  - HTN, Hyperlipidemia
  - CAD
  - Gender Dysphoria
- **PSH:**
  - Silicone injections- self administered.
- **FH**
  - Mother with DM
- **SH**
  - Hair stylist
  - Steady male partner, monogamous
  - Smokes 1PPD x 30 years
  - Has used cocaine, marijuana- denies active use.
Are there additional questions?

- **PMH**
  - Breast cancer or endometrial CA? No
  - Thromboembolic disease: No
  - Liver disease: No
  - Prolactinoma: No
  - CAD: Yes
  - Migraine with Aura: No
  - Psychiatric co-morbidity: Yes (GAD, MDD)
  - Previous use of hormonal products: Yes
  - Full urological/gynecological history.
Are there additional questions?

- PSH
  - Silicone breast injections: yes
  - Electrolysis or laser hair removal: yes
  - Trachial shave, laryngeal surgery: no
  - “Top” surgery- breast augment/reduction: no
  - “Bottom” surgery- orchiectomy, vaginoplasty, vaginectomy, TAH/BSOO, phaloplasty, metoidioplasty etc.: no
  - Facial or body feminization or masculinization: no
Are there additional questions?

- FH
  - Family history of breast/endometrial cancer.
  - Family history of DM, CAD, liver disease
  - Family history of thromboembolic disease or coagulopathy.

- SH
  - Tobacco use, alcohol use, drug use.
  - Employment, financial stability- housing.
  - Personal safety
  - Current support, family, friends, intimate relationship
  - Detailed sexual history
Examination

- Relevant to current anatomy and current visit objective
- Affirm gender identity
- Refer to general terminology for body parts or ask patients if they have a preferred name
- Keep and refer to organ inventory for guidance
- Consider anoscopy for neovagina in trans-women.
- Realize the pelvic exam can be traumatic for trans-men. Be clear and clinical in each step. Allow support person or other coping strategies.
Back to Cindy...

- Patient has been under your care for the last 2 years. She has had a change of life event stating she has broken off her relationship with previous intimate partner.

- Is now sexually active with more than one person, involving high risk activity.

- She questions if PrEP might be right for her.
IPrEx trial

- 11 HIV infections in active arm among TGW, 10 in placebo arm. (1.1 HR)
- Drug detected in none of the TGW at seroconversion visit, 18% of seronegative TGW

Lancet HIV. 2015
After a 5 year stay in NYC, our patient returns. HIV+. Requests treatment options.

Has had another stent placed 2 years ago after recurrence of ischemia with usa. On high-intensity statin, aspirin. Has quit cigarettes again.

Diabetes is poorly controlled.
### HIV treatment effect on Estradiol levels

<table>
<thead>
<tr>
<th>Antiretroviral</th>
<th>Change (AUC)</th>
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<th>Change (AUC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atazanavir</td>
<td>+48%</td>
<td>Atazanavir/RTV</td>
<td>-48%, Cmin -16%, Cmax -37%</td>
</tr>
<tr>
<td>Etravirine</td>
<td>+22%</td>
<td>Darunavir/RTV</td>
<td>-44%, Cmin -62%, Cmax -32%</td>
</tr>
<tr>
<td>Fosamprenavir</td>
<td>Cmin + 32%</td>
<td>Fosamprnavir/RTV</td>
<td>-37%, Cmax -28%</td>
</tr>
<tr>
<td>Rilpivarine</td>
<td>+0-14%, Cmax +17%</td>
<td>Lopinavir/RTV</td>
<td>-42%, Cmax -41%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EVG/c/TDF/FTC NVP</td>
<td>-25% Cmin -44% -29%</td>
</tr>
</tbody>
</table>

### HIV treatment effect on Estradiol levels

<table>
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<tr>
<th>Antiretroviral</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Abacavir</td>
<td>No data</td>
</tr>
<tr>
<td>Darunavir/cobi</td>
<td>No data</td>
</tr>
<tr>
<td>Atazanavir/cobi</td>
<td>No data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antiretroviral</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dolutegravir</td>
<td>No effect</td>
</tr>
<tr>
<td>Efavirenz</td>
<td>No effect</td>
</tr>
<tr>
<td>Maraviroc</td>
<td>No effect</td>
</tr>
<tr>
<td>Raltegravir</td>
<td>No effect</td>
</tr>
<tr>
<td>Tenofovir</td>
<td>No effect</td>
</tr>
<tr>
<td>Zidovudine</td>
<td>No effect</td>
</tr>
</tbody>
</table>

Estradiol Effects on HIV treatment regimens.

- Loss of Virologic Control
  - Amprenavir
  - Fosamprenavir
  - Stavudine
Patient Case

- Patient is started on Truvada and dolutegravir.
- Achieves undetectable viral load, good CD4 level. Meds well tolerated.
- At follow up visit, she questions recommended cancer screening for her. Now is age 51.
Mammograms in Transgender Patients

- Case reports (US): 10 in MTF from 1968-2013
- Case series.
  - Netherlands Cohort 2307 MTF transsexuals taking estrogen from 5-30 years, 2 cases breast cancer (incidence 4.1/100,000 person years).
  - VA 10 cases: 3 MTF, 7FTM
Prevention and Screening Cancer

- Transwomen (MTF)
  - Mammogram over age 50 with risk factors.
    - Estrogen and Progestin use > 5 years
    - Positive Family History
    - BMI > 35
  - Yearly breast physical exam - post hormonal administration.
Prevention and Screening Cancer

- **Transmen (FTM)**
  - Breast
    - Annual chest wall and axillary exam
    - Mammogram
      - Yes, breast reduction only
      - No, breast reduction and reconstruction
Prevention and Screening Cancer

- **Transwomen (MTF)**
  - Prostate by digital rectal only.
    - PSA values may be lowered
  - Post “bottom” surgery
    - Pap smears in neovagina are not indicated
    - Periodic examination is recommended.
Prevention and Screening Cancer

- Transmen (FTM)
  - Cervix-pap screening
    - Yes- if intact uterus and cervix
    - Yes- if s/p TAH with h/o high grade cervical dysplasia or cervical cancer
Prevention and Screening Musculoskeletal

- Transwomen (MTF) taking estrogen
  - Exercise, calcium, vit D
  - Consider bone density for agonadal patients on estrogen for >5 years
Prevention and Screening
Musculoskeletal

- Transmen (FTM) taking testosterone
  - Exercise: increase weight gradually to avoid tendon rupture, Vit D, Calcium
  - Bone density screening if over 50 and taking testosterone >5-10 years.
  - Bone density if over 60 and taking testosterone <5-10 years.
Center for LGBT Care

Chagrin Falls FHC  Lakewood FHC

Welcome to Lakewood Family Health Center
Thank You