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 9million people who identify as LGB and 700,000 identifying as transgender.

Source April 7, 2011 – Williams Institute, UCLA.

Patient Case- Cindy 46 yo trans-woman (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

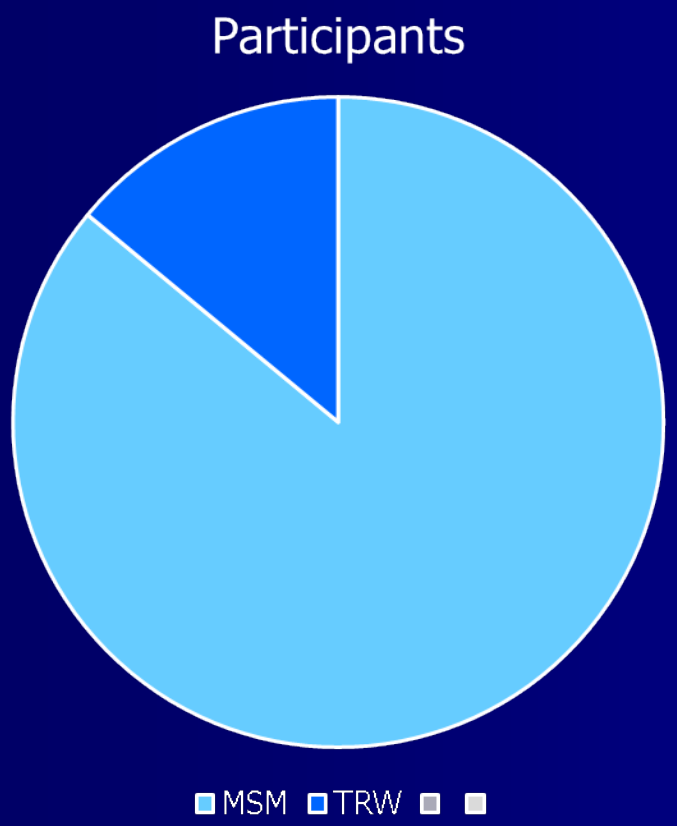
Examination

- 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

Patient case – 5 years later

- 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

Antiretroviral	Change (AUC)
Atazanavir	+48%
Etravirine	+22%
Fosamprenavir	Cmin+ 32%
Rilpivarine	+0-14%, Cmax +17%

Antiretroviral	Change (AUC)
Atazanavir/RTV	-48%, Cmin -16%, Cmax -37%
Darunavir/RTV	-44%,Cmin-62%Cmax-32%
Fosamprnavir/RTV	-37%, Cmax -28%
Lopinavir/RTV	-42%, Cmax-41%
EVG/c/TDF/FTC NVP	-25%Cmin-44% -29%

Radix et al. "Journal of the International AIDS Society“ 2016

HIV treatment effect on Estradiol levels

Antiretroviral	Change
Abacavir	No data
Darunavir/cobi	No data
Atazanavir/cobi	No data

Antiretroviral	Change
Dolutegravir	No effect
Efavirenz	No effect
Maraviroc	No effect
Raltegravir	No effect
Tenofovir	No effect
Zidovudine	No effect

Radix et al. "Journal of the International AIDS Society“ 2016

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” sugery
    - 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

Thank You