SEXUAL HEALTH FOR TRANSGENDER WOMEN

Asa Radix, MD, MPH, FACP
1. Describe the unique sexual health needs of transgender women
2. Describe best practices for sexual health history taking and physical exams
3. Recognize barriers to PrEP use among transgender women
Sexual Health Assessment
Transgender Women and STIs

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

Grant NTDS 2010; Toibaro, Medicina 2009; Nuttbrock AJPH 2013; Gupta STD 2011, Shrivastava 2012; Silva-Santisteban AIDS Beh 2012
Patients’ Fears

- Being turned away, refused care or treated differently
- Having to teach providers about trans people
- Being asked unnecessary questions
- Being ridiculed
- Being assaulted by staff or other patients
- Being misgendered

Adapted from the 2015 US Trans Survey
HIV/STI Risk Assessment

- **Pronouns**: What are your pronouns?
- **Partners**: What are the genders of your partners? How many partners in the last 3 months?
- **Parts**: What words do you prefer to use for your body parts? What bottom surgeries have you had?
- **Practices**: What kinds of sex are you having? Which behaviors might expose you to your partners’ fluids?
- **Protection**: How do you protect yourself against HIV and STIs?
- **Past history** of STIs
Examinations

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

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

• **Acknowledge barriers and offer solutions**
  - Stress of stigma and discrimination
  - Limitations of medical knowledge
## Gender inclusive language

<table>
<thead>
<tr>
<th>Gendered</th>
<th>Less Gendered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulva</td>
<td>External pelvic area</td>
</tr>
<tr>
<td>Penis, testicles</td>
<td>Outer parts</td>
</tr>
<tr>
<td>Labia or “lips”</td>
<td>Outer folds</td>
</tr>
<tr>
<td>Vagina</td>
<td>Genital opening, frontal opening, internal canal</td>
</tr>
<tr>
<td>Uterus, ovaries</td>
<td>Internal organs</td>
</tr>
<tr>
<td>Prostate</td>
<td>Internal parts</td>
</tr>
<tr>
<td>Breasts**</td>
<td>Chest</td>
</tr>
<tr>
<td>Pap smear, prostate exam</td>
<td>Cancer screening, HPV screening</td>
</tr>
<tr>
<td>Bra/panties/briefs</td>
<td>Underwear</td>
</tr>
<tr>
<td>Pads/Tampons</td>
<td>Absorbent product</td>
</tr>
<tr>
<td>Period/menstruation</td>
<td>Bleeding</td>
</tr>
</tbody>
</table>

*Adapted from Potter et al. 2015
**Transgender women may prefer “breast”
## Anatomic Inventory & Surgeries

<table>
<thead>
<tr>
<th>Breasts</th>
<th>Bilateral breast augmentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervix</td>
<td>Bilateral orchiectomy</td>
</tr>
<tr>
<td>Ovaries</td>
<td>Forehead reconstruction</td>
</tr>
<tr>
<td>Penis</td>
<td>Laryngeal feminization surgery</td>
</tr>
<tr>
<td>Prostate</td>
<td>Reduction thyrochondroplasty</td>
</tr>
<tr>
<td>Testes</td>
<td>Scalp advancement</td>
</tr>
<tr>
<td>Uterus</td>
<td>Vaginoplasty, penile inversion</td>
</tr>
<tr>
<td>Vagina</td>
<td>Vaginoplasty, colon graft</td>
</tr>
<tr>
<td></td>
<td>Bilateral total reduction mammoplasty</td>
</tr>
<tr>
<td></td>
<td>Metoidioplasty</td>
</tr>
<tr>
<td></td>
<td>Phalloplasty</td>
</tr>
<tr>
<td></td>
<td>Scrotoplasty</td>
</tr>
<tr>
<td></td>
<td>Urethroplasty</td>
</tr>
<tr>
<td></td>
<td>Soft tissue filler injections</td>
</tr>
<tr>
<td></td>
<td>Voice surgery</td>
</tr>
<tr>
<td></td>
<td>Other unlisted surgical procedure</td>
</tr>
</tbody>
</table>
Gender Affirming Surgeries

Feminizing

- Breast augmentation
- Vaginoplasty and labiaplasty
- Orchietomy
- Tracheal shave
- Facial bone reduction
- Rhinoplasty
Vaginoplasty

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

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

Source: Brownstein & Crane Surgical Services
Post-vaginoplasty follow-up

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

- Examine neovagina with anal or small vaginal speculum
- Look for granulation tissue, warts, lesions
- Prostate is palpable at the anterior neovaginal wall

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

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

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

- Condyloma acuminatum
- Neisseria gonorrhoeae (often asymptomatic)
- Bacterial vaginosis
- No case reports of Chlamydia, Trichomoniasis, other STIs

**Conditions that can mimic STIs**

- Fistulae
- Granulation tissue
- Folliculitis / retained hairs

HIV Prevention
Combination Prevention

Pre Exposure Prophylaxis (PrEP)

- July 16, 2012: FDA approved the use of combination FTC-TDF for HIV for PrEP in adults who are at high risk for becoming HIV-infected.

- **Dosage:** 200 mg FTC/300 mg TDF in a single tablet, taken orally once daily with or without food.

PrEP in Transgender Women

- Many trans women meet PrEP guideline criteria
  - Incidence >3 per 100 person-years
  - IAS-USA guidelines: >2 per 100 person-years

- Trans women have low knowledge about PrEP
  - <14% of trans women in San Francisco had heard of PrEP in population-based sample (2013)

- Barriers to PrEP
  - Lack of trans-inclusive marketing
  - Concerns about hormone interactions
  - Medical mistrust

- Facilitators to PrEP
  - Trans-competent services
  - Empowerment approach

1. WHO. 2015. Available at http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1
PrEP in Transgender Women: iPrEx

- Trans women: 339/2499 (14%)
- Lack of efficacy: HR 1.1
  - TFV-DP detected in no trans women at seroconversion
  - No seroconversions observed in trans women with TDP levels on > 4 pills/week
  - TDF-TP levels not linked to behavioral risk

- Hormone use was associated with lower detection of TDF
  - Due to poor adherence?
  - Due to drug interactions?

PrEP was effective in transgender people taking ≥ 4 doses/week

Slide from Dr MB Deutsch
PrEP 101: Who is Right for PrEP

What PrEP Does Do:

- Old Drug, New Use ✓
- Protects Against HIV ✓
- Prevents HIV but is not HIV Treatment ✓
- Allow You to Take Control & be Proactive

Call our PrEP hotline to speak with a specialist for FREE.

callen-lorde.org/prep

PrEP and Trans / Gender Non-Conforming People

WHAT YOU SHOULD KNOW

Published on May 28, 2015
Self-Swab Collection Instructions

Step 1
Open kit and remove tube and package with green writing. Remove the swab with the BLUE shaft. USE BLUE SHAFT SWAB ONLY.

Step 2
(If desired, wet the swab with water or saline solution.) Insert swab 2 inches into the anus and turn for 5-10 seconds. Don’t worry about poop.

Step 3
Remove cap from test tube. Place swab in test tube. Do not puncture the foil cap. Break swab shaft at the score mark.

Step 4
Put cap back tightly on test tube to prevent any leaking. Try not to splash the liquid out the tube.

Step 5
Throw away wrapper and unused swab. Wash your hands. Return the tube to the health worker.
Steps to Improve HIV Prevention

• Integrate HIV prevention, sexual health & gender affirming services
• Legal assistance with name & gender marker changes
• Antiretrovirals – understand possible interactions, discuss with patients
• Peer navigators, counselors & testers
• Develop QA systems to identify and correct deficits
• Trans inclusive materials
RESOURCES


RESOURCES

Fenway Health
www.fenwayhealth.org

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

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

@aeradix
@callen-lorde