Cervical Cancer Screening Among Transgender Men: Evidence-Based Practice Considerations

Juno Obedin-Maliver, MD, MPH, MAS
Assistant Professor (University of California, San Francisco)
Chief of Gynecology, San Francisco VA Medical Center
Co-Director, The PRIDE Study

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Disclosures

I have consulted for Sage Therapeutics about post-partum depression treatment and care pathways.
Gender vs. Sex

**Sex:**
The biological and physiological characteristics that define **males** and **females**.

**Gender:**
The socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for **men** and **women**.

“**Male**” and “**female**” are sex categories, while “**man**” and “**woman**” are gender categories.
Some MEN need GYN health care!

Some MEN Have Vaginas GET OVER IT
Gender Affirmation A or “Transition” has 3 components

1. Social

2. Medical

3. Surgical
Medical Transition
Medical Transition – 2011 NTDS

Hormone Therapy by Age of Respondent

62% have had hormone therapy, increases with age
23% hope to in the future
Transgender women (80%) > Transgender men (69%)
### Table 12. Masculinizing Effects in Transgender Males

<table>
<thead>
<tr>
<th>Effect</th>
<th>Onset</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness/acne</td>
<td>1–6 mo</td>
<td>1–2 y</td>
</tr>
<tr>
<td>Facial/body hair growth</td>
<td>6–12 mo</td>
<td>4–5 y</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>6–12 mo</td>
<td>_<strong>a</strong></td>
</tr>
<tr>
<td>Increased muscle mass/strength</td>
<td>6–12 mo</td>
<td>2–5 y</td>
</tr>
<tr>
<td>Fat redistribution</td>
<td>1–6 mo</td>
<td>2–5 y</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>1–6 mo</td>
<td>_<strong>b</strong></td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>1–6 mo</td>
<td>1–2 y</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>1–6 mo</td>
<td>1–2 y</td>
</tr>
<tr>
<td>Deepening of voice</td>
<td>6–12 mo</td>
<td>1–2 y</td>
</tr>
</tbody>
</table>

 Estimates represent clinical observations: Toorians et al. (149), Asschenman et al. (156), Gooren et al. (157), Wierckx et al. (158).

aPrevention and treatment as recommended for biological men.

bMenorrhagia requires diagnosis and treatment by a gynecologist.
So...what about surgery?
Previously called: sex re-assignment surgery (SRS)
- More than 26 different procedures

### For Trans Men:
- Hysterectomy
- Salpingoophorectomy
- Chest Reconstruction
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Urethroplasty
- Vaginectomy (+/- colpocleisis)

### For Trans Women:
- Orchiectomy
- Penectomy
- Breast augmentation
- Vaginoplasty
- Tracheal shave
- Facial reconstruction
Gender Affirming Surgeries

Previously called: sex re-assignment surgery (SRS)
- More than 26 different procedures

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- Breast augmentation
- Vaginoplasty
- Tracheal shave
- Facial reconstruction
# Surgical Transition – 2015 US Trans Survey

## Surgical Procedures

Table 7.4: Procedures among respondents with female on their original birth certificate

<table>
<thead>
<tr>
<th>Type of procedure</th>
<th>Have had it</th>
<th>Want it someday</th>
<th>Not sure if they want this</th>
<th>Do not want this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest surgery reduction or reconstruction</td>
<td>21%</td>
<td>52%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>8%</td>
<td>44%</td>
<td>28%</td>
<td>19%</td>
</tr>
<tr>
<td>Metoidioplasty</td>
<td>1%</td>
<td>15%</td>
<td>37%</td>
<td>47%</td>
</tr>
<tr>
<td>Phalloplasty</td>
<td>1%</td>
<td>11%</td>
<td>31%</td>
<td>56%</td>
</tr>
<tr>
<td>Other procedure not listed</td>
<td>3%</td>
<td>7%</td>
<td>13%</td>
<td>77%</td>
</tr>
</tbody>
</table>

## Surgical Procedures

### Table 7.4: Procedures among respondents with female on their original birth certificate

<table>
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<th>Not sure if they want this</th>
<th>Do not want this</th>
</tr>
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</tr>
</tbody>
</table>

### Figure 7.12: Procedures among transgender men

- Chest surgery reduction or reconstruction: 36%, 61%, 3%
- Hysterectomy: 14%, 57%, 23%, 6%
- Metoidioplasty: 2%, 25%, 49%, 24%
- Phalloplasty: 3%, 19%, 43%, 35%
- Other procedure not listed: 6%, 13%, 19%, 62%

### Figure 7.13: Procedures among non-binary respondents with female on their original birth certificate

- Chest surgery reduction or reconstruction: 6%, 42%, 31%, 27%
- Hysterectomy: 2%, 30%, 35%, 33%
- Metoidioplasty: 5%, 24%, 72%
- Phalloplasty: 2%, 19%, 79%
- Other procedure not listed: 23%, 8%
Cervical Cancer Screening
<table>
<thead>
<tr>
<th></th>
<th>USPSTF</th>
<th>ACS/ASCCP/ASCP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When to start?</strong></td>
<td>21yo</td>
<td>21yo</td>
</tr>
<tr>
<td><strong>How often?</strong></td>
<td>Q3y Paps</td>
<td>Q3y Paps ages 21-29</td>
</tr>
<tr>
<td></td>
<td>Cotesting ≥ 30 years</td>
<td>Q5y cotesting ages 30-65</td>
</tr>
<tr>
<td></td>
<td>q 5 yrs to lengthen the screening interval</td>
<td>Q3y Paps remain an option</td>
</tr>
<tr>
<td><strong>When to stop?</strong></td>
<td>65 if adequate prior screens</td>
<td>Age 65 if 3 neg Paps or neg HPV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After hysterectomy for benign disease</td>
</tr>
</tbody>
</table>
Age-appropriate screening for breast cancer and cervical cancer should be continued unless mastectomy or removal of the cervix has occurred.
Swiss Cheese - Systematic Failures

System Failures Leading to Cervical Cancer Diagnosis

- Patient does not get appropriate therapy
- Health care providers do not screen women at visits
- Women do not come in for screening
- Colposcopy for abnormal screen not done

Patient gets cervical cancer

Courtesy of Connie Trimble, MD, Johns Hopkins University School of Medicine, Baltimore, MD

Taken from ASCCP PPT “Cervical Cancer Screening Recommendations” http://www.asccp.org/asccp-guidelines
What we don’t know:

1. How many transmen have been vaccinated?
2. How many transmen come in for screening?
3. How many providers offer screening?
4. Are the tests interpreting results correctly?
5. When screened what is the rate of abnormals?
6. What is the rate of follow-up?
7. What is the rate of persistence of lesions?
8. What is the rate of progression of lesions?
9. What is the incidence and prevalence of cancer?
10. What is the preferred screening / treatment?
**Known Unknowns**

**What we don’t know:**

1. How many transmen have been vaccinated?
2. How many transmen come in for screening?
3. How many providers offer screening?
4. Are the tests interpreting results correctly?
5. When screened what is the rate of abnormalities?
6. What is the rate of follow-up?
7. What is the rate of persistence of lesions?
8. What is the rate of progression of lesions?
9. What is the incidence and prevalence of cancer?
10. What is the preferred screening / treatment?
Goal: Understand trans masculine people & providers (HCP) perceptions’ of Cx Ca risk

Interviews & Focus Groups (32 trans men, 17 prov)

Perceptions varied but lots of fallacy:
- Some **believed LOWER** risk, no pap need
- Some **believe at HIGHER risk**, hyst needed
  
  *(Reminder risk is unknown)*

- Many assumptions about trans men and their risk – unsupported by data (physiologic or behavioral)
- HCP and Pts need more education
Quant Factors Associated w/ Screening Uptake

Goal: Investigate factors associated with screening for LBQ women and trans men and GQ people

Mixed methods (survey + interviews). 21-65 yo LBQ women (189) and trans men/genderqueer people (47).

LOW representation of trans men BUT…

Factors affecting screening (that can be modified): provided recommended pap test,
• discrimination: gender expression,
• ‘outness’ to provider,
• satisfaction with provider.

Johnson et al. Quantitative and mixed analysis to identify factors that affect cervical cancer uptake among lesbian and bisexual women and transgender men. JCN, 2016
Qual Factors Associated w/ Screening Uptake

Goal: Investigate factors associated with screening for LBQ women and trans men and GQ people

Qualitative interviews N=20. 21-65 yo LBQ women (16) and trans men (4).

LOW representation of trans men BUT…

- Myth associated with screening
- Mis-understanding guidelines
- Low risk perceptions
- Not included in public health messaging
- Distrust health care environment / bad prior exp
- Don’t assume heterosexual, welcoming forms etc.

What do your outreach materials look like?
What do your outreach materials look like?

PAPS MATTER
FOR TRANSMEN

GUYS GET
PAPS TOO

PAPS ARE
WORTH IT

WE BOTH
GET PAPS

Checkitoutguys.ca

If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.

checkitoutguys.ca

Goal: Examine patient and provider characteristics associated with being UTD on paps.

**Patient characteristics:** gender*, age, race/ethnicity, BMI, gender of sexual partners*, insurance*, sexual violence*, birth control acquisition

Retrospective chart review, 350 trans men compared with 5,232 cisgender women.

- **FTM less likely** to be UTD on paps (AOR 0.63)
- WSWM vs. WSM(ref) more likely to be UTD
- WSW vs WSM (ref) no difference in UTD.

Increased Rates of Abnormal Pap Smear (1)

Goal: Investigate anecdotal high rates of inadequate paps among FTM.

Clinical chart review, case series. 233 FTM compared with 3,625 cisgender female.

- FTM patients more likely to have inadequate paps 10.8% vs. 1.3% total tests. (8.3x higher)
- Longer latency of follow-up
- Years of testosterone use affected the model.

Peitzmeier et al. Female-to-male patients have high prevalence of unsatisfactory Paps compared to non-transgender females: implications for cervical cancer screening. JGIM, 2014
Screening Preferences Among Trans Masc

Goal: Understand screening preferences of trans masculine identified people

Mixed methods: online survey (n=32), in-person interviews (n=31), perceptions / experiences / acceptability of self-collected frontal HPV swab

- 91-94% preferred self-swab
- self & provider HPV swab >> pap
- Less invasive, less uncomfortable
- Less gender discordance*
- Greater sense of agency
- Provider relationships matter

“If I could do the [HPV swab] myself I’d be more inclined to do that on a regular regimen….simply cause it means I’m less vulnerable.”

“I identify myself as a man…to have something physically bulky shoved up me…that’s more traumatic.”

“The agency…the feeling that I am in control here and nobody who I don’t want touching my body is going to touch my body.”

Alternative Strategy for Screening

Goal: Test performance and acceptability of self versus provider collected swabs for hr-HPV DNA in trans masculine patients.

Mixed methods bio-behavioral study, with randomization of self vs. provider swab

- 131 pts, 21 hrHPV (71.4% concordance w/patient swab) Sensitivity 71.4%, Specificity 98.2%
- 90% of patients preferred self-collected vaginal swab
Effect of Testosterone?

Goal: understand histological changes in uterine/ovarian undergoing transition

**Grynberg**: All on testosterone 2-9yrs, GAS
- Uterus: proliferative endo (54), atrophic endo (50 patients), polyps (4 cases)
- Cervix: “Cervical dysplasia (CIN1)” (1) exocervix no changes

**Perron**: EMB study: Exogenous testosterone may have atrophic effects.

---

Grynberg. Histology of genital tract and breast tissue after long-term testosterone administration in a female-to-male transsexual population Reprod. Biomed Online. 2010
How can you ensure competent, respectful, dignified, and patient centered care for transgender and gender minority people?

Consider in your practice:
What happens when patients come in the door?
What happens behind closed doors?
What happens between the doors?
What happens to open doors?
Cervical Cancer Screening for Patients on the Female-to-Male Spectrum: a Narrative Review and Guide for Clinicians

Jennifer Potter, MD1,2,3, Sarah M. Peitzmeier, MSPH1,4, Ida Bernstein, BA2, Sari L. Reisner, ScD, MA1,5, Natalie M. Alizaga, MPH, MPhil6, Madina Agénor, ScD, MPH6,7, and Dana J. Pardee, BS1

1The Fenway Institute, Fenway Health, Boston, MA, USA; 2Harvard Medical School, Boston, MA, USA; 3Beth Israel Deaconess Medical Center, Boston, MA, USA; 4Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; 5Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA, USA; 6Department of Psychology, The George Washington University, Washington, DC, USA; 7Center for Community-Based Research, Dana-Farber Cancer Institute, Boston, MA, USA.

Table 3 Gender-neutral language for use during pelvic examinations

<table>
<thead>
<tr>
<th>Gendered</th>
<th>Less gendered</th>
<th>Least gendered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulva</td>
<td></td>
<td>External pelvic area</td>
</tr>
<tr>
<td>Labia</td>
<td></td>
<td>Outer parts</td>
</tr>
<tr>
<td>Vagina</td>
<td></td>
<td>Outer folds</td>
</tr>
<tr>
<td>Uterus, ovaries</td>
<td>Reproductive organs</td>
<td>Genital opening, frontal pelvic opening, internal canal</td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
<td>Internal organs</td>
</tr>
<tr>
<td>Pap smear</td>
<td>Pap test</td>
<td>Internal parts</td>
</tr>
<tr>
<td>Bra/panties</td>
<td>Cervical cancer</td>
<td>Chest</td>
</tr>
<tr>
<td>Pads/tampons</td>
<td></td>
<td>Cancer screening</td>
</tr>
<tr>
<td>Period/menstruation</td>
<td></td>
<td>Cancer, HPV-related cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Underwear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any absorbent product that works for the patient (e.g., Depends)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleeding</td>
</tr>
</tbody>
</table>
Making Your Clinic LGBTQ Friendly

1. Board and Senior Management are Actively Engaged
2. Policies Reflect the Needs of LGBTQ People
3. All Staff Receive Training on Culturally Affirming LGBT Care
4. Processes & Forms Reflect the Diversity of LGBT People & their Relationships
5. Data is Collected on Sexual Orientation & Gender Identity
6. All Patients Receive Routine Sexual Health Histories
7. Clinical Care and Services Incorporate LGBT Health Care Needs
8. The Physical Environment Welcomes and Includes LGBT People
9. LGBT Staff are Recruited and Retained
10. Outreach Efforts Engage LGBT People in Your Community

See the webinar from The Fenway Institute:
National LGBT Health Education Center – Fenway Institute: Harvey Makadon - Webinar: 10 Things: Providing an Inclusive and Affirmative Health Care Environment for LGBT People
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Key Pearls for Caring for Trans* People

Regardless of stage of transition:

• Not one “transition” or “complete”
• Use correct pronouns
• Learn about transition desires & offer support
• Whether they do or don’t want a family – help
• Sxs may / may not be 2/2 transition
• If people have it, screen it
Key Pearls for Caring for Trans* People

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Get Involved Change the Landscape

**Population Research in Identity and Disparities for Equality**

- National, online, longitudinal cohort study
- Web Based Platform
- Designed for and by LGBTQ people
- State-of-the-art participant management system
- 10,700+ participants since May 2, 2017

[www.pridestudy.org](http://www.pridestudy.org)
• Transgender people have diverse experiences and will have different medical and physical presentation but need respectful care

• Understanding the difference between sex, gender, and gender transition are critical to good care.

• If people have cervix, please screen but consider possible adaptations to protocols

• Make your clinical spaces trans friendly!
Thank You!

Juno Obedin-Maliver, MD, MPH, MAS
juno.obedin-maliver@ucsf.edu

Slides
https://tinyurl.com/yas9t5qo

Check us out at www.pridestudy.org!
Last tips...and resources

(More Homework)
Questions to add to forms / discussions

- What name should I use as we work together?
- What pronoun(s) should I use as we work together?
- What are the gender(s) of your sexual partners?
- What specific sexual activities are you involved in? (e.g., penis-in-vagina sex, vagina-to-vagina sex, penis-in-anus sex etc… (sometimes best on intake forms))
- Have you ever taken gender affirming hormones?
- Have you undergone any masculinizing or feminizing surgical procedures?
- Are you planning to pursue hormone therapy or surgeries in the future?
- Are there any other masculinizing or feminizing interventions you are seeking?
Video 1: The Good (Homework)

vimeo.com/151946346
• How does the clinician begin the conversation about gender and sexuality?

• What other ways might one broach these topics?

• Think about the questions used to ask about gender identity, gender expression, sexual attraction, sexual activities, and sexually transmitted infections.

• Can you think of alternative ways to obtain the same information?
Video 2: The Bad? (Homework)
Video 2: The Bad? (Homework)

- What factors contributed to the patient feeling offended by the clinician?

- How might the clinician have performed an unassuming patient history?

- What might have been done systematically to allow the patient to disclose identity information in a welcoming manner?
Video 3: The Nitty Gritty (Homework)

vimeo.com/151947740
- How might the clinician have helped the patient better understand the similarities and differences between sexual orientation, sexual attraction, sexual behaviors, and sexuality?

- What techniques might you consider implementing to increase patient comfort when talking about sexuality and sexual histories?
Where To Ask

• In-person
  • Initial visit: getting to know the patient, living situation
  • Sexual history if appropriate to complaint
• Intake or Pre-appointment questionnaire
• Patient-reported into electronic health record

Particular Concerns

• Should I Include it in the (electronic) medical record?
• Can I ensure confidentiality?
  • What if medical record is sent out to another facility?
Where To Ask

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)

SO/GI DATA REPORTED

INFORMATION ENTERED INTO EHR

SO/GI DATA NOT REPORTED

PROVIDER VISIT INPUT FROM HISTORY

YES

INFORMATION ENTERED INTO EHR

NO
How to Ask (1)

There is no CORRECT way to ask. We provide only examples here. Make NO assumptions. Ask patient when/if appropriate.

Special Considerations

• Setting (e.g., inpatient, outpatient, ICU, home, SNFs)
• Acuity
• Age
• Condition
• Culture race/ethnicity
• Religion
• Family structure / third parties
• Institutional policies and state laws
Gender Identity
• “I also talk to my patients about their gender identity. Do you know what I mean by that?”
• “Some people may feel like their physical bodies do not match with the gender they most identify. Knowing your gender identity also will allow me to care best for you.”
• Ask about pronouns.

Documentation
• “Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the hospital.”
# Pronouns – We All Have Them

## Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
</table>
| She        | Her       | Hers       | Herself   | She is speaking.  
I listened to her.  
The backpack is hers. |
| He         | Him       | His        | Himself   | He is speaking.  
I listened to him.  
The backpack is his. |
| They       | Them      | Theirs     | Themselves| They are speaking.  
I listened to them.  
The backpack is theirs. |
| Ze         | Hir/Zir   | Hirs/Zirs  | Hirself/Zirself | Ze is speaking.  
I listened to hir.  
The backpack is zirs. |

Design by Landyn Pan

For more information, go to [transstudent.org/graphics](http://transstudent.org/graphics)
How to Ask (3)

- Use **gender neutral** language.
- “Tell me a little about your living situation.” OR “Can you tell me a bit about your partner(s)?”
- “Are you in an intimate / sexual relationship?”
- Ask the patient how they **would like to be referred** to and/or how to refer to partner(s).
- Respect pronouns.
• “Like the questions I asked about tobacco, alcohol, and other drugs, I would like to ask some more questions that I ask of all my patients. These ones are about your sexual activity, sexual health, and identity.”

• “Are you sexually active?”

• “Are your partners men, women, or both?” vs. “What genders are your partners?”

• “Knowing about your sexuality will help me better care for you…”
How to Ask (5)

Closing

• “Do you have any concerns or questions today?”
# Sexual Behaviors

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Body Part</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Vulva</td>
<td>Cunnilingus (&quot;eating out&quot;)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Penis</td>
<td>Fellatio (&quot;blow job&quot;)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Anus</td>
<td>Anilingus (&quot;rim job&quot;)</td>
</tr>
<tr>
<td>Finger</td>
<td>Vagina</td>
<td>Fingering</td>
</tr>
<tr>
<td>Finger</td>
<td>Anus</td>
<td>Fingering</td>
</tr>
<tr>
<td>Vulva</td>
<td>Vulva</td>
<td>Scissoring (&quot;polishing mirrors&quot; &quot;bumping fur&quot;)</td>
</tr>
<tr>
<td>Penis</td>
<td>Vagina</td>
<td>Intercourse</td>
</tr>
<tr>
<td>Penis</td>
<td>Anus</td>
<td>Anal intercourse</td>
</tr>
</tbody>
</table>

... And many more... 😊
Specific Interview Tips

• Use language **free of assumptions**
  Instead of “How many I help you ma’am”, “How may I help you?”
  Instead of: “Do you have a husband” or “What birth control do you use?”
  • Try: “Are you in a relationship?”
  • “[A]re you interested in becoming a parent someday?”
  • “[H]ave you though about how you would like to become a parent?”

• Ask about **specific sexual activities** in a direct, non-judgmental manner to assess for high-risk behavior.

• Normalize discussion of often **stigmatized** content
  (e.g., “atypical” sex practices, gender identity and expression)

• Encourage patients to obtain legal documents that **specify who can make medical and/or legal decisions** for them in accordance with state laws
• What is your **current gender** (check all that apply):

- Woman
- Man
- TransFemale / Trans woman
- TransMale / Trans man
- Genderqueer
- Additional category (please specify): ______________
- Decline to State

• What **sex were you assigned** at birth:

- Female
- Male
- Decline to State

• What is your **preferred name** and **what pronouns** do you prefer (e.g. she/her, he/him, they/their)?: 

__________________________
Components of History Forms (2)

- Please describe your **sexual orientation**? ___________

Or

- Do you **think of yourself** as:
  - [ ] Lesbian, gay or homosexual
  - [ ] Straight / heterosexual
  - [ ] Bisexual
  - [ ] Queer
  - [ ] Additional category (please specify): ______________
  - [ ] Decline to State

- Are you attracted to *(check all that apply)*:
  __ Men  __Women  __Transgender Men  __Transgender Women  __Another (please describe)

- Have you had sexual contact with (in the last 12 months) *(check all that apply)*:
  __ Men  __Women  __Transgender Men  __Transgender Women  __Another (please describe)

- Please describe any sexual concerns you may have. ________________
When you have sexual contact, do you have (check all that apply):
__ Oral-Genital Contact  __ Genital-Genital Contact
__ Genital-Anal Contact  __ Oral-Anal Contact

Do you use protective barriers (eg. condoms or dental dams) in the following sexual contact situations? Write in yes (Y) / no (N) / not applicable (N/A):
__ Oral-Genital Contact  ___ Genital-Genital Contact
__ Genital-Anal Contact  ___ Oral-Anal Contact

What are the gender(s) of the people you are having sex with?

How many sexual partners have you had in the last year?
TIPS FOR PROVIDING PAPs TO TRANS MEN

Prepared by M. Potter, RN, BScN
LGBT Family Health Team, Sherbourne Health Centre

1. Split the exam into two parts, with the interview portion of the exam first or even in a separate session than the actual pap test. Try to make the person as comfortable as possible when asking questions that may be difficult to answer. There is no reason to keep them in a tiny gown for this – in fact some people may prefer a sheet to the traditional gown. Additionally, trans people may feel excessively uncomfortable/vulnerable answering questions without clothing on. It may be helpful to do the pelvic exam and the rest of the physical exam in two separate appointments.

2. Do not assume anything about a person’s sexual orientation or the type of sex that they are having. Some trans men believe that testosterone is a sufficient form of birth control – it isn’t and it is important to have frank and open discussions about sex. Questions to engage this type of conversation may include: Do you have a sexual partner? What are the genders of your partners? Are they also trans? Is there a possibility that any of your partners could get you pregnant?

3. Ask whether or not they have/have had penetrative sex. This may help you gauge a person’s comfort during the exam. It may helpful to know this in advance and ask them to try penetration at home first- using a small toy, fingers or even a speculum. Some may be willing to try this, while others will not.

4. Ask your clients if they want to play with the speculum, see pictures of a pap test, etc. Pap tests and speculums can be scary. It is important to be attentive to the ways that the speculum may add an extra layer of discomfort for trans men. Some – not all – trans men may feel uncomfortable with the idea of penetration, and may feel their gender is undermined by this function of the speculum. It may be helpful to explain why you need to use a speculum.

5. Let your clients know they can bring a friend or advocate to do things during the exam such as holding their hand or helping them with distraction techniques.

6. Using the right words: During the interview portion, ask your clients what words they use for their body parts. Although non-medical terms such as “front hole” may seem unprofessional to use, these are words that some trans men use to describe their body parts and should be respected during the exam. The terms vagina and labia may be very disconcerting for some, while others will say “it is what it is” and want you to use those commonly understood terms regardless of their comfort with them. Using vague terms such as ‘external genitals’ or ‘internal part of the exam’, instead of labia and cervix, may also be preferred. Even using the word “normal” can make people feel uncomfortable. Words like “healthy”, “normal for you”, and “insert/withdraw” during the exam can be useful. DO NOT say things like: “Everything looks perfect!” or “Now I’m going to penetrate you.” This goes for everyone but especially for trans men.

Find more at: www.checkitoutguys.ca
POLICY FOCUS:
WHY GATHER DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY IN CLINICAL SETTINGS

POLICY FOCUS:
HOW TO GATHER DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY IN CLINICAL SETTINGS
Resources

- *Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*
  
- *Cultural Competency Coordination*
  
- *Lesbian Health 101: A Clinician’s Guide*
  
- *The Health of Lesbian, Gay, Bisexual, and Transgender People*
  
- *Trans Bodies, Trans Selves*
  
- *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*
The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world’s largest LGBT-focused health centers.

https://www.lgbthealtheducation.org

Three really helpful trainings:

Do Ask, Do Tell! Collecting Data on Sexual Orientation and Gender Identity in Health Centers
Ten Things: Providing an Inclusive and Affirmative Health Care Environment for LGBT People
Training Frontline Staff to Collect Data on Sexual Orientation and Gender Identity
Welcome to Supporting Health Care Providers in Serving Transgender Patients and Clients: Acknowledging Gender and Sex.