WPATH 26TH SCIENTIFIC SYMPOSIUM

FULL ABSTRACT SUBMISSIONS

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Oral Abstracts: Education

FRI-2A-T: TRANSGENDER HEALTHCARE IN MEDICAL EDUCATION

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Presented by: Pieter Jan Eyskens

Introduction/Background: Discrimination against transgender individuals continues to take place within healthcare. This has led to higher rates of poverty, unemployment and mental health conditions in this cohort. Studies have shown that healthcare providers' attitudes towards these patients are sub-standard, which leads to a lower uptake of care by transgender individuals. Inadequate knowledge of healthcare needs of this patient population is partly attributable to a paucity of trans-specific education during medical school. Therefore, implementation of trans-focused educational interventions in UK medical schools will play a crucial role in reducing these disparities.

Specific Aim: The aim of this study was to assess the extent and quality of trans-specific healthcare teaching and training in London (UK) medical schools.

Materials and Methods: An anonymous survey was distributed amongst students of London medical schools through medical school newsletters, bulletins and social media platforms. Students were asked their year of study, whether they had received any formal teaching on transgender healthcare, whether they felt this had been adequately addressed in their curriculum and, if not, whether or not they would want this implemented.

Results: The survey was completed by 295 eligible participants. Most participants, 191 (63.9%), were students at Barts and the London School of Medicine and Dentistry. The results of the survey are displayed in Table 1.

Chi squared tests comparing medical schools indicated that compared to other London medical students, those at Royal Free and University College Medical School (RUMS) felt they had been taught about trans-specific healthcare during medical school ($p < 0.01$). However, of RUMS students 50% still felt they had never been taught about this topic, suggesting scope for improvement. Chi squared tests comparing year groups showed that in final year (year 5), a higher proportion of participants felt they had been taught about transgender healthcare at medical school ($p < 0.01$). However, all year groups agreed that medical schools can do more to implement transgender healthcare within their curricula.

Conclusion: Previous research in this area has indicated a lack of transgender healthcare education in medical schools. Our study shows that there has been little to no improvement over the last decade. Significant gaps in transgender healthcare education still exist in UK medical schools. Educational interventions are therefore vital to ensure that tomorrow's doctors are adequately prepared and will not unfairly discriminate against patients based on their gender identity, as per guidance by the General Medical Council and Medical School's Council.

FRI-3A-T: "NOT A DESTINATION BUT A CHOICE OF JOURNEY THAT YOU'RE ON" - NARRATIVE INQUIRY OF THE PROCESS OF BECOMING A GENDER-AFFIRMING PRACTITIONER

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Presented by: Elma de Vries

Introduction/Background: Trans persons often experience discrimination in health care settings, which impacts on access to care. Health worker attitudes and knowledge gaps contribute to health disparities and one of the ways to address this is through health science education. There are significant gaps in curricula regarding gender-affirming health care. Pathologizing medical discourses go directly against affirming conceptualisations of trans and gender diverse identities. Understanding the process of how a medical student can become a gender-affirming practitioner, using the lens of professional identity formation, could provide valuable insights to inform medical curriculum change.

Specific Aim: The aim of this study is to analyse the process of professional identity formation of a gender-affirming health care practitioner.

Materials and Methods: This is a qualitative study using narrative inquiry as methodology. The six participants for the narrative interviews were purposefully sampled from an informal network of gender-affirming practitioners. Four are medical doctors and two are psychologists. Three of the participants identify as trans. The interviews took place where it was convenient for the participant, either at their home or workplace or telephonically. An interview guide was used to elicit stories from participants. The individual narrative interviews were audio-recorded and transcribed. Participants were invited to keep a journal, reflecting on their journey of becoming. Following the initial interviews, the initial narrative analysis was sent to the participants for member checking. Subsequent interviews took place, again followed by member checking. Interpretive stories were composed, as a co-creation by the participants and researcher. In addition, thematic analysis was done, with an inductive approach. The data from the interviews was triangulated with themes in the reflective journals. The researcher kept field notes and a reflective journal to be aware of their own positionality.

Results: An interpretive story will be presented to illustrate the process of professional identity formation. Participants described the provision of gender-affirming care as very satisfying: “I have seen people who have not been showing signs of living, start to live” (P5). It is described as broader attitude to all patients, “it forces you to be a different practitioner, even with your other patients: the patient is in control… you are there to listen, understand and then offer different options…” (P3). Participants described the experience of patients: “that feeling of relief, of being seen for who they are and having a space where they can be free and validated and seen.” (P2) The trans participants described their own journey as part of it, as well as learning from patients. For the cisgender participants it started with encounters with trans patients who encouraged them to learn more. “It was a patient, that actually got me started, absolutely” (P4). It was described as an ongoing process, “not a destination but a choice of journey that you’re on” (P1).

Conclusion: Narratives of becoming a gender-affirming practitioner can have valuable lessons for medical education: the importance of learning from patients, that affirming practice is a broader concept than just related to gender identity, and that becoming is an ongoing process.

FRI-4A-T: HEALTH PROFESSIONS STUDENTS’ KNOWLEDGE, SKILLS, AND ATTITUDES TOWARDS TRANSGENDER HEALTHCARE

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Presented by: Bethany Hart

Introduction/Background: In a national survey of transgender individuals, 23% did not see a doctor when they needed to due to fear of mistreatment. Transgender individuals represent a growing population in need of healthcare professionals who understand their needs. Minimal time is spent educating future healthcare providers about transgender patient care. At the UT Southwestern (UTSW) Medical Center, medical (MD) students attend a two-hour mandatory preclinical lecture on transgender care, while physician assistant (PA) and clinical nutrition (CN) students receive no formal instruction on the topic.

Specific Aim: To assess and compare MD, PA, and CN students’ knowledge, attitudes, and skills in caring for transgender patients.

Materials and Methods: A survey was emailed to all medical, PA, and CN students which gathered demographic information and included 15 “self-assessment” items in which participants rated their knowledge, attitudes, and skills regarding transgender health topics on Likert scales. Data was compared between medical, PA, and CN students, as well as between pre-clinical and post-clinical students.

Results: MD students self-reported greater knowledge about medical management of gender dysphoria compared with PA students (mean 2.30 vs. 1.23, $p < 0.001$). MD students reported more knowledge of international and national organizations’ transgender care guidelines compared with PA or CN students (mean 1.27 vs. 0.58 vs. 0.5, $p < 0.001$). MD students were more supportive of insurance coverage for gender-affirming medications (mean 4.15 vs. 3.60 vs. 3.88, $p = 0.002$), surgery (mean 3.81 vs. 3.26 vs. 3.65, $p = 0.002$), and psychotherapy (mean 4.48 vs. 4.08 vs. 4.07, $p = 0.005$) compared with PA and CN students. MD students reported increased importance of asking all patients about gender identity compared with PA or CN students (3.73 vs. 3.53 vs. 3.15, $p = 0.004$). Compared to pre-clinical students, students in the clinical phase of their education reported increased skill in inquiring about gender identity in both the PA (mean 1.40 vs. 2.19 vs. 3.46, $p < 0.001$) and MD (mean 2.53 vs. 3.23 vs. 3.67 vs. 3.79, $p = 0.007$) programs.

Conclusion: All students self-reported relatively limited knowledge and skills but overall positive attitudes in working with transgender patients. MD students (who attend a requisite transgender health lecture during their didactic period) scored themselves slightly higher in most categories compared to PA and CN students who receive no coursework on the subject. All healthcare students could benefit from increased education about transgender patient care.

FRI-5A-T: PUBERTY AND SEXUAL HEALTH KNOWLEDGE GAPS AMONG PARENTS OF TRANSGENDER AND NON-BINARY ADOLESCENTS

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Presented by: Lane Kantor

Introduction/Background: It has been well demonstrated that familial support is a protective factor for transgender and non-binary (TNB) youth. Parents desire access to information about puberty, gender, and sexual health in order to have a broad understanding of what their child may be experiencing and how to best support them.

Specific Aim: This study aimed to understand the unique educational needs of parents of TNB youth and elucidate content youth, parents, and healthcare affiliates deemed important to include in a gender and sexual health curriculum aimed at parents.

Materials and Methods: We conducted 21 qualitative interviews with 5 parents of TNB youth, 11 TNB youth ages 18+, and 5 healthcare affiliates associated with Seattle Children's Gender Clinic to identify the gender and sexual health education needs of TNB youth and their parents. We used theoretical thematic analysis to analyze transcribed interviews, and consensus coding was conducted by three independent team members.

Results: Parents of TNB youth self-reported a number of knowledge deficits regarding sexual health for TNB individuals and were primarily concerned about long-term effects of transitioning (e.g. fertility options, concern for future desistance of TNB identity). Youth goals for parents included greater understanding of gender/sexuality and increased knowledge and tools to support youth through social transition to their affirmed gender identity. Both youth and parents emphasized the importance of informed, non-judgmental parent-child conversations. Content areas identified for inclusion in an educational curriculum for parents of TNB youth included: basics of gender and sexuality, diverse narratives of TNB experiences and identities, dysphoria, non-medical gender affirming interventions, medical gender affirming interventions, and resources for peer support.

Conclusion: Parents of TNB youth have unique educational needs. Because TNB youth as a population disproportionately face sexual health risks and mental health disparities compared to the cisgender population, it is essential that parents of these youth know how to have affirming conversations with their child and are able to access accurate information. In addition to improving understanding of TNB-specific sexual health information, a curriculum aimed at parents would expose parents to positive representations of TNB individuals and challenge binary assumptions about gender, anatomy, and sexuality.

FRI-6A-T: TRAINING NEEDS OF HEALTH CARE PROVIDERS AND THEIR LEVEL OF CONFIDENCE IN WORKING WITH TRANSGENDER PEOPLE: A COMMUNITY-DRIVEN SURVEY.

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Presented by: Joz Motmans

Introduction/Background: All of the transgender health needs assessments that have been conducted to date demonstrate a lack of access to care. A few educational efforts to increase competence, knowledge and skills in working with transgender persons (or the broader LGBT population) have been successful. However, one of the main challenges in administering training is that there is almost no research on the need of health care providers to acquire knowledge or on how to integrate this into practice.

Specific Aim: This research aims to evaluate experiences of health care providers with training on transgender persons/gender dysphoria, their wishes and needs for training, their confidence in working with transgender persons and the effect of training on their confidence level.

Materials and Methods: A convenience sample of health care providers across four different European countries (Poland, Serbia, Spain and Sweden) completed an online survey that included questions regarding past training experiences, wishes and needs for training, and their self-reported level of confidence in working with transgender persons.

Results: 810 health care providers completed the survey. More than half of the respondents (52.7%) had past experiences with some form of training on transgender persons/gender dysphoria. Mean confidence level was 2.63, with a significant positive effect of training on the level of confidence in working with transgender persons. 92.4% of health care providers believed that training would raise confidence levels. Confidence was also significantly higher among health care providers with training experience, health care providers working in Serbia or Sweden and/or among those who belong to a sexual minority group. General practitioners had the lowest confidence levels compared to all other professional categories.

Conclusion: This study provided strong support for the use of training in improving health care conditions for transgender persons, not only to raise confidence levels of health care providers in working with transgender patients, but to improve trans-specific health care conditions in general.

Oral Abstracts: Endocrinology – Adult

FRI-1B-T: VALIDATION OF 3D PICTURES WITH AN IPHONE X: A BREAST VOLUME STUDY IN TRANS WOMEN

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Presented by: Benthe Dijkman

Introduction/Background: Trans women can be treated with hormone therapy to induce feminization such as more adipose tissue on the hips, softer skin and breast growth. Feminization, especially in terms of breast growth, is important for trans women. Thus, monitoring breast growth in a reliable, viable, simple and objective way is essential.

Specific Aim: The aim of this study was to compare several different 3D imaging techniques on reliability, feasibility, and cost-effectiveness.

Materials and Methods: In this study, we compared three different 3D techniques: the Artec Eva scanner, Vectra XT scanner, and an iPhone X using a 3D application called Heges. To first study reliability and feasibility, we used a dummy with three different prostheses , and compared the volumes calculated using the different 3D techniques. Prostheses with 75 cc, 100 cc, and 125 cc volumes were used. To study feasibility, time to obtain the 3D images and time to calculate the volumes was measured. Furthermore, the techniques were compared on their user- and patient-friendliness.

Results: Compared to the Artec Eva scanner, the Vectra XT scanner had a volume difference of 14.5 cc in the 75 cc prosthesis, 7.1 cc in the 100 cc prosthesis, and 11.1 cc in the 125 cc prosthesis. The iPhone X showed a difference of 2.7 cc, -7.3 cc, and 25.7 cc, respectively.

Conclusion: These first analyses showed that breast volumes obtained with the iPhone X appear to be comparable to the Vectra XT and Artec Eva measurements. Further analyses will assess the feasibility of the three different 3D imaging techniques.

FRI-2B-T: ERYTHROCYTOSIS IN A LARGE COHORT OF TRANS MEN USING TESTOSTERONE: PREVALENCE, DETERMINANTS AND TIME-RELATION

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Presented by: Milou Madsen

Introduction/Background: Erythrocytosis is a known side effect of testosterone treatment, and can increase the risk of thromboembolic events. Erythrocytosis is seen in trans men, assigned female at birth, receiving testosterone therapy. Currently, clinical guidelines for the management of this problem in trans men are scarce.

Specific Aim: 1. To study the prevalence and determinants in the development of erythrocytosis in trans men, and the association between duration of testosterone treatment and erythrocytosis.
2. To provide clinical guidelines for the management of trans men with erythrocytosis.

Materials and Methods: A retrospective study in The Amsterdam Cohort of Gender Dysphoria Study. Adult trans men who started testosterone, and had monitoring of hematocrit levels at our center between 2004 and 2018 (n=998).

Results: The median follow-up was 3.7 years (IQR 1.0-12.9). Erythrocytosis (hematocrit levels of >50% twice) occurred in 7.7%. Multilevel analyses showed smoking and administration as short-acting intramuscular injection as the most pronounced determinants that increased the risk of erythrocytosis. A higher age, longer duration of hormonal treatment, and a medical history for chronic pulmonary diseases, sleep apnea, or polycythemia vera showed lower OR's. Higher BMI or testosterone levels did not increase erythrocytosis risk. In the first year of testosterone therapy hematocrit levels increased with an average of 5%.

Conclusion: Erythrocytosis occurs in trans men using testosterone. The most prominent determinants that tended to increase the risk were smoking, and administration as short-acting intramuscular testosterone. A time-relation between testosterone therapy and the occurrence of erythrocytosis was seen. In transmen with erythrocytosis smoking should be discouraged, short-acting testosterone injections should be switched to another administration type.

FRI-3B-T: THE EFFECT OF TRANSGENDER HORMONAL TREATMENT ON HIGH DENSITY LIPOPROTEIN FUNCTION

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Presented by: D van Velzen

Introduction/Background: Previous studies have shown a decrease in HDL cholesterol concentration during transgender hormone therapy in both transmen and transwomen. However, the ability of HDL to remove cholesterol from macrophages in peripheral cells, termed cholesterol efflux capacity (CEC), has proven to be a better predictor of cardiovascular disease and is largely independent of HDL concentration.
As transgender individuals are exposed to lifelong exogenous hormone administration, it is thus important to study whether HDL-CEC is also affected by hormone therapy.

Specific Aim: To evaluate HDL-CEC in 15 transgender men and in 15 transgender women at baseline and after one year of hormone therapy.

Materials and Methods: We evaluated the total HDL-CEC from macrophages and its major contributors, the ATP-binding cassette transporters (ABC)A1 & ABCG1 HDL-CEC and HDL-CEC by aqueous diffusion. This latter represents the passive component of HDL-CEC and is usually dependent on HDL concentration. The main outcome measure was the relative change in total HDL-CEC from baseline to follow-up after one year.

Results: In transwomen, total HDL-CEC decreased by 10.8% (95% CI -14.3; -7.4; p < 0.001), ABCA1 mediated HDL-CEC decreased by 23.8% (-34.7; -12.9; p<0.001) and aqueous diffusion HDL-CEC by 4.8% (-8.4; -1.1; p<0.01). In transmen, a non-significant 6.7% (-13.7; 0.2; p = 0.06) trend towards decrement in total HDL-CEC was found, with a negligible contribution of the ABCA1 component (0.7%; -16.4; 15.0; p= 0.93). Conversely, aqueous diffusion mediated HDL-CEC significantly decreased, with a 9.8% (15.7; -3.9; p<0.01) reduction. No differences in ABCG1 mediated HDL-CEC were observed in both transwomen and transmen.

Conclusion: Total HDL-CEC decreased during hormone therapy in transwomen, through a specific reduction in ABCA1 CEC which is independent of HDL-C concentration. This finding might contribute to a higher cardiovascular disease risk, despite its lowering effect on other risk factors.

FRI-4B-T: LONG-TERM GENDER-AFFIRMING HORMONE THERAPY AND DIFFERENCES IN COGNITIVE FUNCTIONING BETWEEN OLDER TRANS WOMEN AND CIS WOMEN AND MEN

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Presented by: Jason van Heesewijk

Introduction/Background: Long-term gender-affirming hormone therapy (GHT) in older transgender individuals could have beneficial effects on cognitive functioning. Despite the rising number of older transgender individuals, only few studies have examined cognition and its potential influencing factors in this population. Cardiovascular risk factors and psychological factors could play a role in the effect of GHT on cognition.

Specific Aim: We aimed to assess differences in cognitive performance between trans women, and non-trans (cis) women and men, and investigated the contribution of cardiovascular risk factors and psychological factors on these differences.

Materials and Methods: In this cross-sectional study, 37 trans women (age range 55 to 69) receiving GHT for at least ten years (range 10.2 to 41.6) were examined, and their cognitive functioning was compared to an age and education level matched cohort consisting of 222 cis women and men from the Longitudinal Aging Study Amsterdam. Cognitive functioning was assessed by neuropsychological tests including Mini-Mental State Examination (MMSE), Category Fluency animals, Letter Fluency D, 15-Word test (15WT) immediate and delayed recall. Additionally, cardiovascular risk factors and psychological factors such as cardiovascular disease, hypertension, antihypertensive use, statin use, diabetes mellitus, obesity, smoking, alcohol consumption, psychopharmaceutical use, anxiety and depression symptoms were collected. Linear regression analyses were performed.

Results: Trans women had higher MMSE scores compared with cis women (+0.9, 95% CI 0.4 to 1.5), and cis men (+1.1, 95% CI 0.4 to 1.8). On all other tests, trans women performed at a lower level than cis women (Fluency Animals, -2.3, 95% CI -4.3 to -0.3; Fluency D -2.3, 95% CI -4.3 to -0.3; 15WT immediate recall -5.5, 95% CI -7.6 to -3.4; and 15WT delayed recall -2.7, 95% CI -3.7 to -1.7), and similar to cis men. Differences between trans women and cis women could not be explained by cardiovascular risk factors or psychological factors. However, alcohol consumption, which was higher for cis men than for trans women, accounted for 26.9% of the difference between trans women and cis men on MMSE score.

Conclusion: As one of the first studies, this study compared trans women to a large cohort of cis men and women regarding cognitive functioning and took into account numerous potential influencing factors. As only limited cognitive differences were found between trans women and cis men, these results indicate no adverse nor beneficial long-term GHT effects in elderly trans women on cognition. However, further studies are warranted.

FRI-5B-T: THE EFFECTS OF GENDER-AFFIRMING HORMONE THERAPY ON CARDIOVASCULAR INFLAMMATION AND HEMOSTASIS – RESULTS FROM THE ENIGI STUDY

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Presented by: Moya Schutte

Introduction/Background: Sex hormones might play a role in the occurrence of cardiovascular events. Cis men have a higher cardiovascular risk than premenopausal cis women of the same age. After menopause, the cardiovascular risk for cis women increases. While studies have been performed about the prevalence of cardiovascular events in transgender persons using GHT, research about the underlying mechanisms is limited.

Specific Aim: To investigate the effects of GHT on different markers for cardiovascular inflammation and hemostasis in order to assess the safety of GHT in transgender persons and understand more about the role of sex hormones in cardiovascular risk.

Materials and Methods: This is a prospective, observational sub study of the European Network for the Investigation of Gender Incongruence (ENIGI). 48 trans women and 47 trans men between 18 and 50 years old and without a history of cardiovascular events were included from 2010 to 2019. Trans women received transdermal estrogen and cyproterone acetate and trans men received transdermal testosterone. Measurements were performed before and after 12 months of GHT.

Results: In trans women, increases were seen for primary hemostasis markers (beta-thromboglobulin 16.6%, (95% CI 5.8 ; 27.3)) and adipose tissue markers (adiponectin 11.2%, (95% CI 2.5 ; 19.9)), while endothelial marker VCAM-1 decreased (VCAM-1, -11.1%, (95% CI -15.1 ; -7)). No clear effects were seen for markers for general inflammation (IL-6 2.6%, (95% CI -20.7 ; 26)) and secondary hemostasis (fibrinogen 8.4%, (95% CI -4.3 ; 21.1)).
In trans men, markers for general inflammation (IL-6 17.2%, (95% CI -6.3 ; 40.7)) and primary hemostasis (beta-thromboglobulin 11.6%, (95% CI -1 ; 24.1)) tended to increase. Adipose tissue markers tended to decrease (adiponectin -17.8%, (95% CI -24.4, 11.1)). No clear effect was seen for markers for endothelial inflammation (VCAM-1 2.9%, (95% CI -2.3; 8.1)) and secondary hemostasis (fibrinogen -1.6%, (95% CI -11.7 ; 8.4)).

Conclusion: Remarkably, the effects for the different types of inflammation markers were not all in the same direction. GHT in trans women seemed beneficial for endothelium, but unfavorable for primary hemostasis and adipose tissue. GHT in trans men also seemed unfavorable for primary hemostasis but beneficial for adipose tissue. Studies with a longer duration of GHT are needed to assess the continuation of these trends and if it is related to the occurrence of cardiovascular events.

FRI-6B-T: THE INFLUENCE OF ESTRONE ON ESTROGENIC EFFECTS OF GENDER AFFIRMING HORMONE TREATMENT

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Presented by: Marieke Tebbens

Introduction/Background: Until now, monitoring gender affirming hormone treatment (GAHT) in trans women has focused mainly on measuring serum estradiol levels. Estradiol is the most potent estrogen, however it can be converted into estrone, a less potent estrogen. In postmenopausal women, oral estradiol administration leads to a higher estrone level than transdermal estradiol administration, however, this has not been studied in trans women. Higher levels of estrone are not only related to an increased risk of thrombosis, but also to an increase in estrogenic effect markers such as SHBG.

Specific Aim: The aims of this study were to assess the effect of different routes of estradiol administration on the estrone/estradiol ratio in trans women and to assess whether estrone is a predictor of estrogenic effect, measured by SHBG levels, in trans women.

Materials and Methods: This study is a prospective cohort study performed in the European Network for the Investigation of Gender Incongruence (ENIGI) cohort. Estradiol and estrone were measured using LC-MS/MS. Serum estrone/estradiol ratios in different hormone regimes were calculated after 3 months of GAHT in 182 trans women. Estrogenic effects were assessed by changes in SHBG levels between start of GAHT and after 12 months of GAHT in 60 trans women.

Results: In trans women, the mean serum estrone/estradiol ratio after three months was 6.13 (95%CI 5.81 - 6.45) in oral estradiol users and 0.83 (95% CI 0.67 - 0.99) in transdermal estradiol users. Stratification for BMI, smoking, age and antiandrogen did not affect this difference. Regression analysis showed an increase in SHBG of 1.64 nmol/L (95% CI 1.78 – 2.11) for every 100 pmol/L increase in estrone level after 12 months of GAHT. Adding estradiol, BMI and age to the regression model did not affect this relationship.

Conclusion: The use of oral estradiol leads to a more than seven times higher serum estrone/estradiol ratio than the use of transdermal estradiol after three months of GAHT. This study further shows that estrone is a positive predictor of estrogenic effects, measured by SHBG level. These results provide a possible explanation for different clinical effects between different administration routes and suggest that it could be important to monitor estrone levels as well as estradiol levels in trans women, especially in trans women using oral estradiol.

FRI-7B-T: Breast development during hormone treatment: 3D imaging measurements, anthropometric measures and satisfaction

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Presented by: Christel de Blok

Introduction/Background: Trans women can receive gender-affirming hormone treatment to induce feminization including breast growth. Previous studies showed modest breast development induced by hormone treatment. However, measurement methods used resulted probably in an underestimation of the growth. Furthermore, patient related outcome measures (PROMS) such as satisfaction with the breast development and change in self-esteem were not measured in previous studies.

Specific Aim: To prospectively examine breast growth in cubic centimeter (cc) and cup-sizes in trans women during hormone treatment evaluated with 3D imaging and to study whether clinical or laboratory parameters modified the observed development. Furthermore, we investigated the satisfaction of trans women with the gained breast development.

Materials and Methods: All hormone naïve adult trans women starting HT from February 2017 until December 2017 were eligible for participation in this study. If a participant choose to discontinue HT, that person was excluded from that point onward. Several clinical and laboratory parameters were collected after 3, 6, 9, 12, 18, 24, and 36 months of HT. Also, 3D images of the thorax using the Vectra scanner and answers to two questionnaires (i.e. perceived self-esteem using the Rosenberg self-esteem scale and a questionnaire about satisfaction with the gained breast growth) were obtained at these times. Mixed model analyses were performed to study breast growth during HT.

Results: In total, 68 trans women were included in the analyses. The median age was 26 (inter quartile range (IQR) 21-38). Breast volume increased with 76 cc (IQR 46-107) in the left breast and 74 cc (IQR 44-104) in the right breast to 104 cc (IQR 72-136) and 102 cc (IQR 70-134), respectively. This resulted in 74% of the trans women in a cup-size <A cup. Despite a predominantly increase in breast volume, a stabilization of the breast-chest difference measurement was seen after approximately nine months of treatment to a difference of 11 cm (IQR 10-12). Interestingly, a decrease in breast volume was observed between 24 and 36 months of follow-up only in trans women who underwent vaginoplasty. At least 47% of trans women was satisfied with the gained breast size regardless bra cup-size.

Conclusion: This study shows breast volume increase during the first three years of hormone treatment, resulting in a bra cup-size of <A-cup in most people. Breast development with hormone treatment was satisfactory for most trans women in this study. Furthermore, breast development measured with 3D images seem to be a better reflection of hormone treatment induced breast development compared with breast – chest difference measured with a tape measure. Interestingly, a decline in breast volume was observed after people underwent vaginoplasty, suggesting a possible role of the anti-androgen cyproterone acetate on breast development.

Mini - Symposium: Law, Policy, and Ethics

FRI-1C-M1: Trans People's Human Rights Under Attack: Anti-Gender Movements, "Gender Ideology" and re-pathologization.

Cianan Russell[1], Ellen Murray[2], Florence Paré[3], Leo Alvarez[4], Mauro Cabral Grinspan[2]
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Presented by: Cianan Russell, Ellen Murray, Florence Paré, Leo Alvarez, Mauro Cabral Grinspan

Statement of Significance:
The World Health Assembly formally approved the eleventh version of the International Classification of Diseases (ICD-11) in 2019. In ICD-11 trans-related categories have been removed from the chapter on mental health disorders. However, trans depathologization is being intensively attacked by anti-gender organizing around the world.
Anti-gender movements are integrated by individuals, groups and institutions from three main sectors: the far right, trans-exclusionary feminism and religious fundamentalism. Their actions against trans people's human rights include, among others, advocating against progressive gender identity laws, targeting trans sub-populations (and, particularly, trans children and adolescents) to call for their exclusion from laws and provisions, and building toxic social and political environments for trans people and their families. Those movements are actively spreading stigma, discrimination and violence against trans people and their human rights, by mis-representing their experiences in traditional media and social media (e.g., by expressing concerns about trans women and other trans people in the trans feminine spectrum sexually assaulting cis women and girls, or even "erasing" them and their rights). Moreover, anti-gender movements are actively calling for the re-pathologizing of trans people, and promoting so-called "reparative" and "conversion" practices, introducing categories mimicking clinical diagnoses (e.g., "rapid onset gender dysphoria") and imposing anti-trans rationale to statistical data (e.g., by "explaining" trans men and other trans masculine people's identities as an outcome of so-called "gender ideology").
This Symposium will address trans people's depathologization as a human rights issue, analyzing concrete challenges face by trans communities due to anti-gender organizing in three key areas: access

to legal gender recognition, access to gender affirming healthcare, and practices aiming to re-pathologize trans people (from pseudo-diagnoses to conversion therapies). Those challenges will be located in a variety of countries, including Canada, Hungary, Spain, the UK and the US.
This Symposium is important because it introduce key data and analysis on current threats agains trans people and their human rights, as well as against gender affirming healthcare and its providers, and because it presents concrete steps to responde to those threats.

Learning Objective 1: Access critical data and analysis on the impact of anti-gender movement in trans people's human rights, including key actors, processes and documents, as well as on key initiatives to counter them.

Learning Objective 2: Understand current trends in trans re-pathologization and their connection with anti-gender organizing.

Learning Objective 3: Know about concrete nexts steps and opportunities for effective engagement in protecting trans and people's human rights in a highly anti-gender social and political context.

Method to Achieve Learning Objectives: The session will combine presentations with a moderated Q&A at the end. All interventions will combine expert knowledge on the issue at stake with accessible language and concrete examples. Additional resources will be shared during the session, including slides, references, additional bibliography and websites.

11:25am - 12:40pm ET

Mini - Symposium: Community Engagement

FRI-7A-M1: NOTHING ABOUT US WITHOUT US: TOWARD A TRANS-CENTERED APPROACH TO UNDERSTANDING GENDER DYSPHORIA

Laura Kuper[1], Sergio Domínguez[2,3], Chloe Goldbach[4], Colt St. Amand[5,6]
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Presented by: Laura Kuper, Sergio Domínguez, Chloe Goldbach, Colt St. Amand

Statement of Significance: Self-reported experiences of gender dysphoria by transgender and non-binary (TNB) people are often more nuanced and expansive than what is captured by the DSM-5 diagnosis of Gender Dysphoria or existing self report measures. Diagnoses and measures have begun shifting focus to psychological distress associated with TNB people's experiences rather than pathologizing TNB identities themselves and have started to incorporate nonbinary experiences. However, concerns about using the diagnosis to describe a person's subjective experience remain regarding pathologization, medicalization, and reinforcement of a gender binary. Lack of societal acceptance for gender transition and non-conforming gender expression often increases levels of distress for transgender individuals (Bariola et al., 2015), but the DSM-5 diagnosis does not capture sociocultural, interpersonal, and other distal minority stressors. TNB people have indicated that the Gender Dysphoria diagnosis often medicalizes their experiences, creating a narrow conceptualization of their lived experiences that creates barriers to receiving holistic and affirmative treatment (see Johnson, 2019). Therefore, we recommend a new framework for gender dysphoria that expands upon the limited assessment and treatment paradigms currently in the research literature (see Cohen-Kettenis & Van Goozen, 1997; Deogracias et al., 2007).We will describe the limitations of existing conceptualizations of gender dysphoria and explore additional intrapersonal, interpersonal, and sociocultural experiences that reflect a broader, less pathologizing conceptualization of gender dysphoria. We will describe the development of a working group comprised of TNB researchers and clinicians aimed at developing and disseminating this new framework for conceptualizing gender dysphoria that incorporates these intrapersonal, interpersonal, and sociocultural experiences. This broader, more nuanced conceptualization of gender dysphoria that we will present is critical to providing culturally competent gender affirming care. Broadening the conceptualization of gender dysphoria will improve holistic assessment of the experiences and needs of TNB people; inform treatment and intervention plans that expand beyond traditional medicalized approaches (e.g., hormones, surgeries); and improve communication between clinicians, researchers, and TNB people. Centering the expertise of TNB researchers and clinicians as well as meaningfully collaborating with diverse TNB communities strengthens the quality and impact of this work.

Learning Objective 1: Increase understanding of the multiple dimensions of the experiences of gender dysphoria in a non-ciscentric/cisnormative manner in order to inform holistic assessment and individualized treatment

Learning Objective 2: Conceptualize and reconceptualize gender dysphoria to be more inclusive and representative of dimensions of lived experiences of TNB individuals, including but not limited to interpersonal, sociocultural, existential or spiritual, sexual, cognitive, emotional, and somatic domains in order to inform treatment and intervention plans that expand beyond only traditional medicalized approaches (e.g., hormones, surgeries).

Learning Objective 3: State the definition of the methodological innovation of trauma informed cultural consensus modeling and why this method is critical to moving the field of trans health forward.

Method to Achieve Learning Objectives: Our symposia will utilize a combination of teaching methods in order to engage learners over the virtual platform. These will include powerpoint lecture, trans story telling to highlight concepts, interactive online activities (e.g., word cloud) with attendees via the platform, and engaging discussion via the chat feature of the platform.

Mini - Symposium: Endocrinology/Hormone Therapy – Adult

FRI-8B-M1: TRANS CARE CONSENT MODELS: ENHANCING CONSENT PRACTICES IN GENDER AFFIRMING HORMONE THERAPY

Gaines Blasdel[1], Colt St. Amand[2], Frances Grimstad[3], Sebastian Mitchell Barr[4], Avery Everhart[5]
[1]New York University, New York, NY, USA, [2]University of Texas Medical Branch, Galvaston, TX, USA, [3]Boston Children's Hospital, Boston, MA, USA, [4]Harvard University, Boston, MA, USA, [5]University of Southern California, Los Angeles, CA, USA

Presented by: Gaines Blasdel, Colt St. Amand, Frances Grimstad, Sebastian Mitchell Barr, Avery Everhart

Statement of Significance: As care models have improved and our understanding of gender has enhanced, the understanding of how to best assess readiness (how we practice consent) when providing gender affirming hormone therapy (HT) has changed. The models which have evolved from the initial mental health (MH) requirement (a.k.a. the “letter”) have been diverse and include simply seeing a MH provider in advance of accessing HT, signing a written consent form with the HT provider and providing verbal consent. The term informed consent (IC) has been utilized by many to identify the optimal consent model, however, in practice, persons who utilize this term to describe their care model are not all speaking about the same process. Failure to be consistent in utilization of terminology and variations in practice can further distrust and contribute to patient anxiety and frustration as they lack understanding of what each clinic will require. As HT is provided by clinicians in numerous specialties including primary care and subspecialty as well as in pediatric and adult clinics, consent practices may be informed by clinician training, clinic expectations and clinician comfort with consent in other areas of medicine.

Learning Objective 1: List the common types of IC used by clinicians in providing HT and two pros and cons for each as it relates to providing patient-centered care

Learning Objective 2: Identify two aspects of pediatric IC practices which differ from adult care and the ways these can be addressed.

Learning Objective 3: Provide two examples of consent in general medical care which could be used as models for approaching consent in HT

Method to Achieve Learning Objectives: The goal of this workshop is to discuss the various approaches to IC taken by clinicians who provide HT, what is meant by IC, and how clinicians who provide HT assess readiness, as well as how these practices are in line with, or deviate from, medical consent practices in general medical care. We will set the conversation regarding consent against early data analysis from a study that found of those who provide adult HT, 34% use verbal consent, 65% use written and 21% require MH letters (for minor HT: 19.8% utilized verbal consent, 69.8% written and 41.9% reviewed letters). We will share reasons why survey respondents stated they chose each of these methods and as a group we will discuss how we can provide the best form of IC to ensure patients get the best quality care. Attendees are asked to come with their experiences and questions regarding IC (we'll also share examples of survey respondents' experiences). Then, we will work as a group to consider how we can improve language and practice model consistency to enhance the patient-centered care. We will additionally discuss the unique elements of pediatric care which can influence the consent process. This workshop will include a panel made up of clinicians who have engaged in adolescent and adult case management, MH, medical, and surgical care. Three of the panel will be trans clinicians who can speak from both the provider and the patient lens.

Mini - Symposium: Mental Health – Adult

FRI-2C-M1: THE IMPORTANCE OF PEER- AND IDENTITY-BASED SERVICES AND PROVIDERS TO BUILD A TRAUMA-INFORMED GENDER AND SEXUAL HEALTH PROGRAM

Jaxyn R. Brown, Hayes Young, Madeline Wegener
Legacy Health, Portland, OR, USA

Presented by: Jaxyn R. Brown, Hayes Young, Madeline Wegener

Statement of Significance: Legacy Health's Gender and Sexual Health Program in Portland, Oregon, advocated to create a peer-based behavioral health support model, as well as integrate a full team of transgender and/or gender diverse individuals as licensed social workers, community health workers, intake specialists, and managers, in order to fully meet the communities needs.
Legacy's Gender and Sexual Health Program created a specific position to cover the needs of the transgender and gender diverse community, and is the only position to bridge this important need with the community, serving the mental needs of transgender and gender diverse adults across four different healthcare institutions in Portland, Oregon. This role includes peer-based services, and qualifies as a community health worker to more directly meet the needs of the lgbtqia+ population within mental health and crisis settings, particularly Unity Center for Behavioral Health. Unity's model is a joint effort between four major health organizations, Adventist Health, Legacy Health, Kaiser Permanente, and OHSU, to decrease psychiatric crisis cases in their emergency departments, and is the first collaborative medical initiative of its kind in Oregon and Southwest Washington.
The Program also initiates the clinical care of all transgender and gender diverse individuals seeking healthcare services, with the clinical social workers who also identify as transgender and/or gender diverse. Through years of community-based research, and patient-driven needs and research, the Gender and Sexual Health Program is employed entirely by of transgender and gender diverse individuals, to fully meet the needs of transgender individuals in the community.

Learning Objective 1: Team members will identify the key components of trauma informed care taught in behavioral health and social work, and correlate these with the intersecting needs of transgender and gender diverse individuals, particularly in mental health crisis. They will also identify how these are used in different age populations, including youth.

Learning Objective 2: Presenters will highlight the importance of creating a peer-based behavioral and/or mental health position to work with trans and gender diverse populations in crisis situations, and specific, patient-driven results since bringing peer-based services to their behavioral health strategy, and how this has successfully integrated patient mental health needs with the community's.

Learning Objective 3: Presenters will review the clinical model used to support behavioral health, crisis care, and peer services at Unity Center for Behavioral Health, a 24-hour behavioral and mental health services center located in the greater Portland area to provide immediate psychiatric care and recovery for people experiencing a mental health crisis.

Method to Achieve Learning Objectives: Presenters will review the basics of SAMSHA trauma informed care, and how this intersects with this important need within behavioral health and clinical social work, and how to expand this into identity-based services that more effectively and quickly meet the needs of transgender and gender diverse individuals. Through clinical social workers who also identify as transgender and gender diverse, gender affirming safety planning for medical settings and crisis care were also created for interdisciplinary care. Examples of this from different inpatient, outpatient, and healthcare settings at Legacy reviewed, in addition to case studies an initial data to create the program.

3:00pm - 4:15pm ET

FRI-9A-T: THE IMPACT OF THE COVID-19 PANDEMIC ON GENDER-AFFIRMING HEALTHCARE AND THE MENTAL HEALTH AND WELL-BEING OF TRANSGENDER AUSTRALIANS

Sav Zwickl[1], Alex Wong[1], Ada Cheung[1], Lachlan Angus[1], Teddy Cook[2], Kalen Eshin[1], Daria Chetcuti[1]
[1]Trans Health Research Group, Melbourne, Australia, [2]ACON, Sydney, Australia

Presented by: Sav Zwickl

Introduction/Background: Transgender, including gender diverse and non-binary (TGDNB) people, experience staggeringly high rates of mental health, suicidality, self-harm, social isolation, and discrimination. Given such pre-existing health and social support disparities, we predicted that transgender people would be disproportionately affected by disruptions resulting from the COVID-19 Pandemic.

Specific Aim: The aim of this was study was to examine the impact of the COVID-19 pandemic on transgender Australians.

Materials and Methods: An online survey was open between 1 May 2020 and 30 June 2020, to anyone over the age of 16, currently living in Australia and with a gender that is different to what was presumed for them at birth. Participants were recruited through social media advertisements. Simple statistical analysis was performed on the quantitative data and thematical analysis on the qualitative data. The project was approved by Austin Health, ACON and Thorne Harbour Health Research Ethics Committees.

Results: 1125* participants completed the survey and represented all Australian states and territories. As a result of the COVID-19 pandemic, one in three participants had experienced a change in living arrangements, and 16% were living with someone that made them feel afraid or unsafe. 13% had lost their job, a further 26% were working reduced hours and many were experiencing financial hardship in relation to paying rent/mortgage, utilities, and/or food/groceries.

Gender-affirming care has been significantly impacted by COVID-19. Of those who had gender-affirming surgery planned, 64% had surgery canceled or postponed and of those who had surgery in the three months prior to COVID-19 restrictions, more than half reported that their after-care had been affected. Other gender-affirming services such as electrolysis and speech pathology have also been temporarily closed. Some participants reported difficulties seeing their regular doctor and encountering trans-related discrimination when trying to access care through another healthcare professional.

In terms of mental health, a staggering 52% reported thoughts of suicide or self-harm and 83% reported feeling down, depressed, or hopeless in the prior two weeks. Disrupted sleeping patterns, low energy, and difficulty concentrating were all very common. As a result of poor mental health, one in three had accessed support from a mental health professional during the pandemic, one in four had sought peer support from trans and LGBTIQA+ online groups and 17% have contacted an LGBTIQA+ organization.

Conclusion: Transgender Australians have been greatly affected by the COVID-19 Pandemic. Disruptions to healthcare, social support and other service provision, widespread job loss and financial hardship and stress due to social distancing measures and fear and uncertainty related to the pandemic, have amounted to very high rates of suicidality and poor mental health. As the pandemic continues to unfold, it is likely that there will be ongoing disruptions and consequently long-term poor mental health in the trans community. This research demonstrates the need for accessible mental health and peer support for trans people during this time and on an ongoing basis.

*Please note the exact number of participants is unknown as the research is ongoing

FRI-10A-T: UNMET NEED FOR GENDER AFFIRMING HORMONES AND CHEST SURGERIES IS ASSOCIATED WITH PSYCHOLOGICAL DISTRESS AND SUCIDE ATTEMPTS: FINDINGS FROM A COMMUNITY SAMPLE IN AOTEAROA NEW ZEALAND

Jaimie Veale[1], Jack Byrne[1,2]
[1]University of Waikato, Hamilton, New Zealand, [2]Trans Action, Auckland, New Zealand

Presented by: Jaimie Veale

Introduction/Background: Most studies that have examined the association between gender affirming healthcare and mental health have been limited to clinical samples and have not focused on barriers to accessing care that many transgender people report. Relatively few studies have identified barriers or unmet needs for gender affirming healthcare among community samples and examined how these are related to mental health.

Specific Aim: This study examines whether trans and nonbinary people with an unmet need for gender affirming hormones and surgeries are more likely to report psychological distress and suicide attempts.

Materials and Methods: Counting Ourselves is the Aotearoa New Zealand trans and nonbinary health survey which collected data in 2018. Over 1,100 participants were recruited through social media, online groups, community organizations, and health professionals. We asked participants whether they had accessed, or wanted to but could not access (unmet need) gender affirming hormones, and gender-affirming surgeries including chest reconstruction, and genital reconstruction. Participants were asked whether they had attempted suicide in the last 12 months and we assessed participants' depression and anxiety using the Kessler 10 (K10) Psychological Distress scale. We conducted linear and logistic regression analyses with unmet needs for gender affirming healthcare and demographics (age, gender, ethnicity, and income) predicting mental health outcomes.

Results: After controlling for demographics, participants who reported an unmet need for hormones were significantly more likely to report psychological distress and suicide attempts. Trans men and non-binary assigned female at birth participants who reported an unmet need for chest reconstruction were also more likely to report psychological distress and suicide attempts. There was no difference for genital reconstruction surgery, although there was a nonsignificant trend towards those with an unmet need having greater mental health problems.

Conclusion: Our finding that barriers and unmet needs for gender affirming hormones and chest reconstruction are associated with increased psychological distress and suicidality is aligned with other studies using community samples. By controlling for potentially confounding demographic variables, this research provides more robust evidence for this finding. Our results also align with studies of clinical samples that have reported improvements in mental health for transgender people after accessing gender affirming care. Although we did not find an association between an unmet need for genital surgery and mental health, this is in a context where very few such surgeries are publicly funded and therefore are not accessible by most participants. These findings may reflect that hormones and chest surgeries are more urgent for trans and non-binary people to socially affirm their genders, particularly for those who are at earlier stages of affirming their genders. A strength of this study is its large sample size, although it is limited by being a convenience sample. These findings support the need for continued and further funding for gender affirming healthcare as one way to address the serious mental health inequities and risk of mortality due to suicide faced by trans and non-binary people.

FRI-11A-T: TRANSGENDER INDIVIDUALS' EXPERIENCES WITH MENTAL HEALTH CARE IN GUJARAT, INDIA - PRE AND POST LEGAL RECOGNITION AS THIRD GENDER

debjyoti datta, shivani rathi, jan schuetz-mueller, maya korin
Icahn School of Medicine at Mount Sinai, New York, NY, USA

Presented by: debjyoti datta

Introduction/Background: In ancient India, transgender individuals were considered to be divine and having sacred powers. Colonization brought in the binary concept of gender, with socially constructed gender specific roles and patriarchy. Sexual minorities were tagged as criminal tribes and there was orchestrated marginalization of sexual minorities. The transgender community was ignored and excluded from their basic civil rights. In 2014, the Supreme Court of India granted legal recognition to transgender individuals as a third gender. Up until this ruling, the marginalization and stigmatization associated with transgender identity had acted as a major mental health stressor and led transgender individuals to shy away from available government sponsored health and mental healthcare services. The lack of population specific data, training, and experience pertinent to these communities has crippled the health care professionals.

Specific Aim: This study aims to fill this gap and observe the impacts and changes brought by legal recognition on the following domains.
1. Perceived societal attitudes towards the transgender community
2. Transgender community dynamics.
3. Mental health of transgender individuals.
4. Access and quality of mental healthcare services.

Materials and Methods: A mix method study was conducted utilizing focus groups and a self reported survey. Focus groups consisting of self identified transgender individuals discussed the impact of legal recognition on perceived societal attitudes, transgender community dynamics, mental health, and mental healthcare services quality and access. The data was manually analyzed by thematic coding via inductive content analysis. Study population specific characteristics and experiences was collected through self reported survey questionnaires. This data was analyzed through descriptive statistical analysis and frequency distribution graphs.

Results: The qualitative analysis revealed a deterioration of the previous divine status of transgender individuals to a current sexual objectification. It also revealed increased awareness but continued social rejection of the transgender community post legal recognition. The deterioration of the social status and continued social rejection increased distress and suicidal thoughts among the members of the transgender community, it also negatively impacted their help seeking behavior in times of distress, further discouraging the members from accessing government aided mental healthcare services. The results also revealed improved access but substandard quality of mental healthcare services which further failed to alleviate the mental health stressors. Experiences of the transgender community had ‘unwelcoming hospital environment’ and ‘lack of transgender health trained health care providers’ as other major emerging themes. The quantitative data analysis not only confirmed our thematic coding analysis results, but also shed light on the timely relevant experiences of ‘police inflicted violences’ on these sexual minorities, reflecting on the inequity in the eyes of law and justice.

Conclusion: This study is a narrative on how the perceived societal attitudes acts as a major barrier to the transgender community in accessing health and mental health care services. It provides an account of the failure of legal recognition into becoming social recognition of transgendered individuals. The results will help in evaluation, assessment and reformation of transgender individuals' existing derogatory protection and inclusion policies and rights law.

FRI-12A-T: THE ASSOCIATION BETWEEN ALCOHOL USE AND AGGRESSION AMONG TRANSGENDER ADULTS

Briahna Yuodsnukis, Janna Holmes, Kimberly Balsam
Palo Alto University, Palo Alto, CA, USA

Presented by: Briahna Yuodsnukis

Introduction/Background: Research has shown that consuming alcohol can be associated with aggressive behaviors (e.g. Duke et al., 2018). This effect is generally higher among men. Other personal characteristics, including age and socioeconomic status, may also make this effect greater. While alcohol does not necessarily produce violence, studies have shown that consuming alcohol, even in low doses, increases the likelihood a person will engage in a physically aggressive act (Kretschmar & Flannery, 2007).While only a minority of individuals who consume alcohol engage in aggressive behaviors, primary among those who have an alcohol use disorder, it is an important factor to consider when conducting research or engaging in clinical work.

Numerous studies have shown that transgender individuals are more likely than cisgender individuals to consume alcohol (e.g. Coulter et al, 2015). Despite this information, no study has addressed the aforementioned behavior for transgender individuals. All known studies presumably use predominately cisgender participants. Due to evidence that suggests higher rates of alcohol use among transgender individuals, this information is especially important. The results of this study may benefit those working in clinical setting providing care to transgender persons who consume alcohol.

Specific Aim: The aim of this study is to understand if this experience also occurs for transgender individuals. Specifically, this study will examine the relationship between alcohol use and aggression among adults (transgender and cisgender). Additionally, gender identity (man or woman) will be assessed as a potential moderator of this relationship.

Materials and Methods: Cisgender (n = 211) and transgender (n = 203) adults age 18 and older were recruited as a part of a larger online. The purpose of the larger study was to examine gender differences in interpersonal behaviors, emotions, and mental performance. Non-binary participants were not recruited for this study. Alcohol use was measured using the Alcohol Use Disorder Identification Test (AUDIT; Saunders et al, 1993). Alcohol related aggression was measured using two questions from the AmED Risk-Taking Behavior Measure (ARTBM; Peacock et al., 2013). This subset of questions inquired about aggressive behaviors (e.g. physical fights, verbal altercations) while drinking alcohol or while not drinking alcohol.

Results: A zero inflated negative binomial regression (ZINB) was used with the total AUDIT scores as the IV and ARTBM scores as the DV. Gender identity was not a significant moderator and therefore removed from the final model. The ZINB model was statistically significant ($\chi2(1) = 4.67$, $p = .031$) and AUDIT scores were a significant predictor of membership in the zero group ($\chi2(1) = 41.70$, $p < .0001$). In this model, as a participants AUDIT scores increases by one, the expected number of alcohol related incidents increases by exp(.0190), or 1.0192.

Conclusion: The results of this study suggest that alcohol is significantly associated with aggressive behaviors, regardless of cisgender or transgender identity. Similar to previous studies with cisgender individuals, transgender individuals may also report more aggressive behaviors after drinking alcohol. It is essential for researchers and clinicians to assess for potential increased aggression when working with transgender individuals who drink alcohol.

FRI-13A-T: FROM A PATHOLOGIZING MODEL TOWARDS AN INFORMED CONSENT MODEL IN TRANSGENDER HEALTH CARE IN COLOMBIA: CHALLENGES AND CHANGES IN THE FACTORS ASSOCIATED WITH GENDER DISTRESS

Carolina Herrera, Simon Torres
LIBERARTE, Bogotá, Colombia

Presented by: Carolina Herrera

Introduction/Background: Historically, transgender health care in Colombia has been based on a pathologizing model, which entails a permanent tension between healthcare professionals and trans people. The effects of this historic pathologization towards transgender people include emotional distress and other mental health outcomes. For the past ten years, a shift towards an informed consent model in transgender health care has started. It is still an ongoing process and there are many challenges for healthcare professionals and for trans people, but many positive changes in the psychological well-being of gender diverse people are clear.

We present the systematization of LIBERARTE´s therapeutic experience with gender diversities. After twelve years of providing psychotherapy to trans and gender non-binary clients and their families, LIBERARTE (the first independent LGBTIQ+ therapy organization in Colombia) has developed a strategic psychotherapeutic model based on a systemic approach that emphasizes the Colombian cultural context regarding gender diversity, the characterization of consultants with diverse gender identities and their mental health needs.

Specific Aim: This study's purpose is to present the shift from a pathologizing model to a model based on the informed consent for transgender health care in Colombia and to account for the mental health outcomes for trans people associated with these two models.

Materials and Methods: This intervention research with a mixed design included the review of 150 clinical charts from patients seeking psychotherapy at LIBERARTE during the period between December 2009 and December 2010 (period 1) and the period between December 2018 and December 2019 (period 2). Non-probabilistic convenience sampling was used. Participation was voluntary and informed.

The quantitative data was obtained by reviewing the client's clinical chart. Results were statistically analyzed, using the Chi-Square test on the Statistical Package for the Social Sciences. The instrument used for collecting qualitative information was the audio recorded sessions and case studies held by LIBERARTE's team.

Results: Table 1 shows a map of personal, interactive and social factors significantly associated with gender distress in period 1. Table 2 shows a map of personal, interactive and social factors significantly associated with gender distress in period 2.

Conclusion: The mental health outcomes associated to the pathologizing model are very different to the ones associated to the informed consent model, which has been recently embraced by a growing number of health care professionals.

A comparison of the factors associated with gender distress during the two periods shows a decrease in all factors in period 2. Some of the largest changes are the greater support in school environments and the greater trans-specific knowledge of health care professionals. In period 2 gender diverse people also experienced less social exclusion and didn't lose so many meaningful relationships due to transphobia.

However, it is a cause of concern that many participants still experience hostile social and family environments, as well as access barriers to trans-specific medical procedures. There is still work to be done in order to provide a safe social context for gender diverse people in Colombia and to move forward towards the informed consent model in transgender health care.

FRI-14A-T: MODERATE-TO-SEVERE ACNE AND MENTAL HEALTH SYMPTOMS IN TRANSMASCULINE PERSONS: A CROSS-SECTIONAL SURVEY

Hayley Braun, Qi Zhang, Michael Goodman, Howa Yeung
Emory University, Atlanta, GA, USA

Presented by: Hayley Braun

Introduction/Background: Gender-affirming hormone therapy improves mental health outcomes in transgender persons. Most transmasculine persons receiving gender-affirming testosterone therapy develop acne. While acne has been previously associated with negative psychosocial outcomes such as low self-esteem, depression, anxiety, and suicidal ideation, the impact of acne on mental health outcomes in the context of gender-affirming hormone therapy remains unknown.

Specific Aim: We aimed to determine the association between moderate-to-severe acne in transmasculine persons and mental health symptoms using a cross-sectional survey nested within the Study of Transition, Outcomes and Gender (STRONG), a multicenter validated cohort study of transgender persons enrolled in Kaiser Permanente Northern California, Southern California, and Georgia.

Materials and Methods: Eligibility criteria included > 18 years old, at least 1 relevant ICD-9 code, confirmation by medical chart text review, physician consent for survey contact, self-reported identification as transmasculine, and treatment including hormone therapy, top surgery, or bottom surgery. Acne status was determined by self-reported “moderate to severe acne (pimples) as diagnosed by a doctor” currently, in the past, or never. Dichotomized mental health outcomes based on Center for Epidemiologic Studies Depression Scale (CES-D) and Beck Anxiety Inventory (BAI) were determined by clinically relevant cutoff scores (≥10 for significant depressive symptoms in CES-D-10, ≥22 for moderate to potentially concerning anxiety in BAI). Logistic regression models adjusting for age, race, treatment status, education, and income were used to examine the association between acne and mental health outcomes with results expressed as adjusted odds ratios (OR) and the 95% confidence intervals (CI).

Results: Among 2,136 eligible transgender (transmasculine and transfeminine) persons 696 (33%) completed the survey. Of these, 294 transmasculine participants had a history of treatment and complete acne data. A difference was seen in significant depressive symptoms (CES-D-10 scores ≥10) by moderate to severe acne status: current 32 (71.1%), past 24 (51.1%) and never 75 (39.5%), (P = 0.0005), as well as potentially concerning anxiety (BAI scores ≥22) by acne status: current 18 (39.1%), past 10 (22.2%) and never 28 (15.5%), (P = 0.0018). Multivariable logistic models adjusting for confounders showed that current moderate-to-severe acne is associated with higher odds of clinically significant depression and anxiety when compared to never having acne (Depression OR: 2.5, 95% CI: 1.1-5.5; Anxiety OR: 2.7, 95% CI: 1.2-6.2).

Conclusion: Current moderate-to-severe acne is associated with higher depression and anxiety symptoms in transmasculine persons. Limitations include lack of longitudinal hormone dosing and acne treatment data. Longitudinal studies on the psychosocial impact of acne and acne treatments are needed to improve outcomes of masculinizing gender-affirming hormone therapy.

FRI-15A-T: THE PHENOMENON OF PHANTOM PENIS IS TRANS MASCULINE AND NONBINARY PEOPLE

S.J. Langer[1], Taymy Caso[2], Hailey Wojcik[3], Louisa Gleichman[1], Ella Hilsenrath[1], Rodney Lin[1]
[1]School of Visual Arts, New York, NY, USA, [2]University of Minnesota, Minneapolis, MN, USA, [3]City College of New York, New York, NY, USA

Presented by: S.J. Langer

Introduction/Background: Trans phantoms are bodily sensations of gendered body parts that a person was not born with (i.e. a phantom penis is experienced by a transman). We theorize that this is analogous to aplasic phantom sensation, which is experienced when a person is born without a body part or limb (Langer, 2014). Despite evidence of phantom penis presence in 62% of trans men (n=29), there is a lack of research in this area (Ramachandran & McGeoch, 2008). The focus of this study is an in-depth investigation of phantom penis sensation in transmasculine and nonbinary people assigned female at birth. The focus of this study is an in-depth investigation of phantom penis sensation in transmasculine and nonbinary people assigned female at birth.

Specific Aim: The purpose of this study is to gain knowledge of phantom body experiences among transmasculine individuals, and the relationship between such experiences and perception and consciousness. This will be the first systematic study among TGNB people focusing on examining subjective experiences of phantom penises in order to understand the nuance and multidimensionality of these phenomena.

Materials and Methods: Our phenomenological study consisted of qualitative, semi-structured interviews about phantom experiences to facilitate building our theory and data in concert with the trans community. Subjects were recruited through an online screener. We received an overwhelming number of responses and had a sample of 615 to choose from for the interviews. This allowed us to have a diverse sample of 25 transmasculine participants based on race, age, SES, gender identity, education level and other demographic characteristics. All participants were interviewed by a trans masculine researcher. Interviews focused on answering the following questions: What are the perceptual, physical, phenomenological, and erotic dimensions of phantom penises, as personally experienced by some TGNB individuals? What are the individual characteristics of phantom experiences, e.g., their location, onset, frequency, intensity, and endurance? How do phantoms operate through time and across activities? Does taking testosterone or undergoing surgery have an impact on phantoms? Do phantoms appear in dreams? How do individuals understand or conceptualize their phantom phenomena? Transcription, coding and thematic analysis were conducted.

Results: Preliminary findings indicate congruence with prior research studies focusing on phantom experience. Although there are similarities across phantom experience, an initial analysis of the data suggests participants' experience of phantoms are individualized and unique. Interviews revealed participants experience phantoms across a variety of activities (i.e. sex, urination, walking, playing sports), which produced feelings of gender congruence. For example, all participants reported experiencing erotic sensation in their phantom penis. However, how they felt that sensation and understood the phenomenon was highly personal.

Conclusion: Given the relevance of these experiences (phantom penis or phantom embodiment) and the dearth of literature in this area, more research is needed to further elucidate and contextualize these experiences. We encourage prioritizing community-based participatory action research methodologies to increase the visibility of these experiences in a way that influences pedagogy, education, training, and clinical work. We propose clinical guidelines for inquiring about and utilizing phantom sensation in improving mental health and medical treatment with TGNB people.

Mini - Symposium: Voice and Communication

FRI-9B-M1: HOW CAN VOICE AND COMMUNICATION SPECIALISTS AND MENTAL HEALTH PROFESSIONALS WORK TOGETHER TO PROMOTE WELLBEING IN GENDER DIVERSE PEOPLE? A TRANSDISCIPLINARY CONVERSATION

David Azul[1], Adrienne Hancock[2], Vikki Sinnott[3]
[1]La Trobe University, Bendigo, Australia, [2]The George Washington University, Washington, DC, USA, [3]private practioner, Melourne, Australia

Presented by: David Azul, Adrienne Hancock, Vikki Sinnott

Statement of Significance: Traditionally, it is seen as the role of mental health professionals to directly support wellbeing in gender diverse people while voice and communication specialists focus on the development gender congruent vocal and communication skills in the assumption that these transformations will lead to a decrease of gender dysphoria and an increase in wellbeing. Recent mental health research has highlights the way in which gender diverse people's wellbeing may be negatively affected by minority stress and microaggressions built into societal structures and policies or enacted in community or interpersonal encounters, including encounters with professionals working in transgender health. There is a substantial area of overlap in which voice and communication specialists and mental health professionals could collaborate to support wellbeing in gender diverse people. This area of overlap comprises 1) minority stressors and microaggressions that are enacted in and through communication and 2) the resources for wellbeing that can be fostered through counselling, psychotherapy and voice and communication training.

While the mental health literature on the intersectionality of cultural diversity in terms of gender, sexuality, race/ethnicity, dis/ability has engaged with the negative impact of minority stress and microaggressions on wellbeing for at least a decade and distinguished between internal and external stressors and resources for wellbeing that are specifically targeted in support services for gender diverse people, treatment approaches do not yet include collaboration with voice and communication specialists. The voice and communication focused professional literature does not yet consider minority stress and microaggressions. Therefore, development of skillful responses to these stressors is not standard in voice and communication services for gender diverse people. Working towards a transdisciplinary collaboration between the two professions to prevent the maintenance of minority stress and microaggressions in professional practice and to foster the promotion of resources for wellbeing in gender diverse people is an essential and innovative move in an attempt to continually improve the quality of services and practices in transgender health.

This state-of-the-art symposium, which will be presented by a team of speech-language pathologists and mental health practitioners, explores the role of voice, communication, and language in facilitating and hindering wellbeing in gender diverse people and provides an overview of the contributions practitioners in both fields can make to advocate for changes to professional practices that maintain marginalization, stigmatization and exclusion of human diversity and to support gender diverse people with responding skilfully to minority stress and microaggressions.

Learning Objective 1: To explain the relationships between minority stress, microaggressions, voice, communication and wellbeing in gender diverse people

Learning Objective 2: To distinguish the roles of voice and communication specialists and mental health practitioners in transgender health and to identify the areas of overlap between these professions

Learning Objective 3: To describe and discuss the contributions voice and communication specialists and mental health practitioners can make to promote wellbeing in gender diverse people

Method to Achieve Learning Objectives: Combination of:
-brief presentations on key concepts by different presenters
-conversations between members of the team illustrate communalities and differences between professional practices
-polling of audience in relation to concepts and practices
-discussion of audience questions

Oral Abstracts: Disadvantaged Groups (Underserved Groups/Populations)

FRI-4C-T: CONSTRUCTING MASCULINITY AND HEALTH IN TRANSMASCULINE INDIVIDUALS

Kieran Todd[1,2], Renee Pitter[1,2], Sarah Thornburgh[1,2], Sarah Peitzmeier[1,2]
[1]University of Michigan, Ann Arbor, MI, USA, [2]Center for Sexuality and Health Disparities, Ann Arbor, MI, USA

Presented by: Kieran Todd

Introduction/Background: Transgender individuals are as much as 7% more likely to use alcohol and 58% more likely to use tobacco than cisgender individuals. Existing work to explain this disparity have largely used minority stress models to suggest that transphobic discrimination and stigma results in stress and subsequent substance use as coping behaviors. There is little research that explores how transmasculine populations may use alcohol and tobacco (AT) to access masculinity or affirm their gender, nor work that explores how this may be similar to or different from the link between masculinity and substance use in cisgender male populations.

Specific Aim: To construct a framework for how transmasculine participants initially construct their masculinity, if and how they were led to question this construction, the subsequent revision of their masculine identity, and the impact this process had on their (AT) use.

Materials and Methods: The Masculinity and Self-Conceptualization Study (MASCS) conducted 24 semi-structured in-depth interviews that aimed to identify social and behavioral factors that might influence health behaviors, with a focus on identifying how individuals conceptualize their masculinity and how that influences health behaviors. A trained transmasculine study coordinator conducted the interviews with transmasculine-spectrum individuals (assigned a female sex at birth, 18+, and embraced masculinity in some way in their gender identity and/or expression). The interview guide was coauthored by the transmasculine study coordinator and informed by feedback from three transmasculine community consultants. A grounded theory approach was used in the analysis.

Results: Across the sample, 62.5% identified as persons of color (25% Black; 4.2% Latinx; 8.3% Asian/ Pacific Islander, and 25% multiracial). Participants ranged in age from 19 to 56, with a mean age of 30.6 years. Transmasculine individuals followed a process of iteratively drafting, questioning, and revising their relationship with masculinity. AT use is often featured in early drafts of masculine identity: Eleven participants (45.8%;) indicated their initial image of masculinity encouraged adoption of AT habits early in their gender journey, due to societal constructions of AT as masculine. As participants grew into their masculinity and began receiving other forms of gender affirmation (e.g. medical and/or social affirmation), their use of AT as a gender affirmation tool often decreased. Some looked back on their AT use during early adoption of masculinity with regret, others with nostalgia.

Conclusion: Our results demonstrate that AT use features prominently into early transition or masculine identity adoption for many transmasculine individuals, and that transmasculine individuals frequently conceptualize engaging with AT as a resilient behavior that allows them to access masculinity. These results suggest that substance use interventions for transmasculine individuals should move away from a framework that focuses on AT use solely as a coping mechanism for transphobic trauma or stress, toward a framework that supports transmasculine individuals in strengthening alternative tools to explore and affirm gender identity to reduce AT dependence. Clinicians who work with transmasculine individuals early in their social and medical transition should talk about AT use with their clients given that this may be a high-risk period for unhealthy AT use.

FRI-5C-T: WHO ARE TRANS AND NON-BINARY IMMIGRANTS AND NEWCOMERS TO CANADA?

Tatiana Ferguson[1], Asha Jibril[2], Ayden Scheim[3], Dalia Tourki[4], Greta Bauer[5], Kusha Dadui[6], Moomtaz Khatoon[7], Siobhan Churchill[5], Sizwe Inkingi[8]
[1]Independent Community Researcher - Toronto, Toronto, ON, Canada, [2]Canadian Human Rights Commission, Ottawa, ON, Canada, [3]Drexel University, Philadelphia, PA, USA, [4]Centre for Gender Advocacy, Montreal, QC, Canada, [5]Western University, London, ON, Canada, [6]Sherbourne Health Centre, Toronto, ON, Canada, [7]Independent Community Researcher - Vancouver, Vancouver, BC, Canada, [8]Ontario Council of Agencies Serving Immigrants, Toronto, ON, Canada

Presented by: Tatiana Ferguson

Introduction/Background: Trans and non-binary immigrants and newcomers to Canada may experience unique barriers to accessing services, care, and community.

Specific Aim: This analysis describes socio-demographics, immigration experiences, health and access to services among gender-diverse immigrants and newcomers to Canada.

Materials and Methods: Over a 10-week period in 2019, Trans PULSE Canada collected survey data from 2,873 trans and non-binary people age 14 years or older and living in Canada. Participants were able to complete the full survey, or a 10-minute short form containing key items, in English or French online, on paper, via telephone, or on a tablet with a Peer Research Associate in major cities. A team of trans and non-binary immigrants, and researchers and service providers working closely with this population developed survey questions on immigration. Frequencies are reported for newcomers who arrived in Canada within the past 5 years, established immigrants who arrived more than 5 years ago, and those born in Canada. Frequencies for survey items not available in the short form are weighted to better reflect the characteristics of the full sample.

Results: 372 participants were immigrants to Canada. Most established immigrants were citizens (79%, n=192) or permanent residents (19%, n=47) of Canada, while newcomers (n=92) were largely permanent residents (42%), or students (28%). One in four newcomers cited gender-affirming medical care, and humanitarian claims, respectively, as reasons for coming. One in three cited persecution as a trans or non-binary person. Just over one third of both newcomers and established immigrants were perceived or treated as a person of colour in Canada. Regardless of migration status, over 90% of respondents were housing-secure, but established immigrants were less likely to report food insecurity (8%) than newcomers (15%) or those born in Canada (15%). One in five newcomers accessed immigration or settlement services during their first 12 months in Canada, and among those, only half agreed that the services they accessed met their needs as a trans or non-binary newcomer. Most newcomers (83%) and established immigrants (60%) had not tried to access Canadian identity documents in their true name or gender, and just 13% of newcomers and 28% of established immigrants had received all the documents they pursued. Newcomers were less likely than established immigrants and those born in Canada to have a primary care provider (62% versus 84% and 81%). 56% of newcomers rated their own mental health as fair or poor, compared to 46% of established immigrants and 57% of those born in Canada. Newcomers and established immigrants were significantly more likely than those born in Canada to avoid talking about their immigration history or nationality.

Conclusion: The first quantitative data on experiences of gender-diverse newcomers and immigrants in Canada shows that while established immigrants fared similarly to or better than those born in Canada in terms of health and access to care, newcomers were less likely to have a primary health care provider. This may be a function of poor access and acceptability of settlement services, and lack of access to identity documents.

FRI-6C-T: WHAT IS NEEDED FOR EATING DISORDER PREVENTION? FINDINGS FROM ASYNCHRONOUS ONLINE FOCUS GROUPS WITH TRANSGENDER AND GENDER DIVERSE YOUNG ADULTS

Allegra Gordon[1,2,3], Sari Reisner[3,4,5], Scout Silverstein[6], Rose Eiduson[2], Andrew Stieber[7], Weston Fox[1], Kendall Sharp[4], Kelsey Rose[2], Jerel Calzo[7]
[1]Boston University School of Public Health, Boston, MA, USA, [2]Boston Children's Hospital, Boston, MA, USA, [3]Harvard Medical School, Boston, MA, USA, [4]Harvard T.H. Chan School of Public Health, Boston, MA, USA, [5]Brigham and Women's Hospital, Boston, MA, USA, [6]Trans Folx Fighting Eating Disorders: TFFED, San Diego, CA, USA, [7]San Diego State University School of Public Health, San Diego, CA, USA

Presented by: Allegra Gordon

Introduction/Background: Transgender and gender diverse (TGD) young people face 2-4 times greater risk of disordered eating behaviors than their cisgender peers. To address these inequities, primary prevention is needed. Evidence-based eating disorder prevention interventions exist; however, none have been adapted or tested for TGD young people. Interventions must be developed in partnership with TGD communities to effectively meet the unique needs of TGD young people.

Specific Aim: To identify needs, desires, and key strategies for the development of eating disorder prevention interventions among a sample of TGD young adults in the U.S.

Materials and Methods: We conducted eight asynchronous online focus groups, a dynamic digital bulletin board method. Each group took place over four consecutive days. Focus groups were conducted August-October 2019 with 66 TGD young adults (ages 18-30 years) residing in 25 U.S. states. The sample was: 29% transgender women; 29% transgender men; 39% non-binary people; 3% another gender identity; 56% white, 44% people of color (POC; 18% Multiracial, 12% Latinx, 8% Asian, 3% Black, 3% another racial/ethnic group). By design, most groups were stratified by gender identity and/or POC identity (e.g., groups for non-binary POC). We conducted inductive thematic analysis of participant responses to focus group prompts about needs and desires for eating disorders prevention, advice for intervention developers, and key characteristics of supportive spaces.

Results: Findings from thematic analysis fell into two categories: (1) Recommendations for Intervention Content; (2) Recommendations for Intervention Delivery. Within the first, we found three sub-themes: (1.1) *Visibility, intersectionality, and body diversity* (e.g., "[We need] more body images of those of us that are disabled, PoC, overweight/not the usual body shape, etc… images of bodies like me"); (1.2) *Dismantling racism, weight stigma, and the gender binary in eating disorder prevention, screening, and treatment* (e.g., "I feel like the narrative around eating concerns is that it is a 'white' issue and these problems don't impact POC"); and (1.3) *Navigating gender dysphoria, challenging "body positivity"* (e.g., "[We] are often encouraged to practice radical body acceptance…While this works for many cis people, this is sort of the exact opposite of what works for tgnc people"). Within the second broad theme, we identified the following sub-themes: (2.1) *Need for community leadership* (e.g., "I need people who look like me and who reflect my experiences"); (2.2) *Strengths and pitfalls of online spaces* (e.g., desire for anonymity vs. need for accountability); and (2.3) *Addressing barriers to accessing interventions* (e.g., economic barriers, ableism).

Conclusion: TGD young adults in this formative research study described a range of needs and recommendations for eating disorders prevention content and delivery. Clinicians, public health interventionists, and community advocates committed to reducing health inequities should consider these recommendations. Partnerships with marginalized TGD young people should be prioritized to ensure interventions are able to address the specific needs of TGD young people in each local context.

Saturday, November 7, 2020

10:05am - 11:20am ET

Oral Abstracts: Endocrinology – Adult

SAT-2A-T: IT'S NOT BINARY: PROVIDERS' APPROACH TO GENDER-AFFIRMING HORMONE INITIATION AND THE TWO-MODEL FALLACY

Daphna Stroumsa[1], Leah Minadeo[1], Molly Moravek[1], Lindsay Toman[2], Justine Wu[1]
[1]University of Michigan, Ann Arbor, MI, USA, [2]Wayne State University, Detroit, MI, USA

Presented by: Daphna Stroumsa

Introduction/Background: The requirement for mental health evaluation of transgender patients prior to initiation of gender-affirming hormones is at the center of an active debate in the field. While some providers adhere to this requirement, which emerges from historical professional guidelines, others do not universally require mental health evaluation. Current guidelines leave room for variability in clinical pathways to hormone initiation, and providers must navigate these variations.

Specific Aim: We aimed to understand different approaches providers use in clinical decision-making regarding hormone initiation, and to assess factors that affect these approaches.

Materials and Methods: We conducted semi-structured interviews with providers of gender affirming hormones between May and October of 2019 (n =18). Respondents were purposefully sampled to include both those who indicated they required mental health evaluation prior to hormone initiation and those who did not. Interviews were transcribed verbatim and coded using thematic analysis.

Results: In determining patient eligibility for initiation of gender-affirming hormones, providers navigate along a continuum rather than adhering to strict rules about mental health evaluation. All providers appreciated the importance of mental health support and the potential roles they play in supporting transgender people initiating hormones. Decisions regarding the role of the mental health provider and the use of letters from mental health providers are influenced by factors related to provider identity (such as professional role and knowledge, ethical obligations, and personal identities), as well as by factors related to the patient (including perceptions of patient gender identity, needs, and resources). A universal requirement for a mental health letter is viewed by some as a triage necessity to identify appropriate candidates for hormones, and regarded as a gatekeeping practice which limits care accessibility by others.

Conclusion: Providers practice on a continuum of care rather than divided along binary lines regarding requirement for mental health evaluation. Where they fall on this continuum of care is influenced by their personal and professional identities, as well as by their perceptions of the needs of transgender patients and their approach to transness in general.

Oral Abstracts: Endocrinology - Child and Adolescent

SAT-3A-T: Is Puberty Delaying Treatment 'Experimental'?

Simona Giordano
Centre for Social Ethics and Policy (CSEP) University of Manchester, Law School, School of Social Sciences, Manchester, United Kingdom

Presented by: Simona Giordano

Introduction/Background: According to a number of sources, use of GnRHa for gender diverse adolescents is experimental. This concern has led to resignations from clinics and has also been raised in the academic literature. In this paper I unpack and analyse the claim that prescribing puberty delaying medications is experimental.

Specific Aim: The aim of this paper is to answer the question of whether doctors, patients, families, and policy-makers should consider puberty delaying intervention as experimental, and, if so, in what ways. I will analyse three issues in particular:
1) Does the fact that the drugs used for inducing and maintaining puberty delay are prescribed ‘off label’ make the use experimental?;
2) Does the fact that the drugs do not have market authorisation for puberty delay in gender diverse children make the use experimental?; and
3) Does the fact that there are no randomised controlled trials of puberty delay in gender diverse children make the use experimental?

Materials and Methods: The methods used will be those standard of analytical bioethics: analysis of concepts and critical reflection. The background literature review includes the studies published on GnRHa in gender diverse youth in the years 2000-2020, studies on gender identity development - developmental psychology; research ethics literature and relevant case law.

Results:
Debates in this area are characterised by significant conceptual confusion around the meaning of experimental and basic principles of research ethics. .

Conclusion: The question concerning whether the use of a pharmaceutical product is experimental is different from the question concerning whether it is ethically provided.
The analysis conducted shows that puberty delaying medications are not experimental, or at least not any more experimental than standard paediatric practice when there are no licensed treatment options for a paediatric patient population.
Specifically: 1) ‘Off label’ does not mean experimental; 2) The fact that a drug does not have market authorisation for a specific condition does not make the use experimental; and 3) the fact that there are no randomised controlled trials does not make the use of GnRHa experimental - indeed attempting to perform a RCT would violate current ethical standards of research involving minors.

SAT-4A-T: DEVELOPMENT OF HIP BONE GEOMETRY IN TRANSGENDER ADOLESCENTS RESEMBLES THE EXPERIENCED GENDER IF GNRHA TREATMENT IS STARTED IN EARLY, BUT NOT LATE, PUBERTY

Maria van der Loos[1], Ilse Hellinga[2], Mariska Vlot[1], Daniel Klink[3], Martin den Heijer[1], Chantal Wiepjes[1]
[1]Amsterdam University Medical Centers, Amsterdam, Netherlands, [2]Zaans Medisch Centrum, Zaandam, Netherlands, [3]Ghent University Hospital, Ghent, Netherlands

Presented by: Maria van der Loos

Introduction/Background: Bone geometry can be described in terms of periosteal and endocortical growth and is partly determined by sex steroids. The main regulator of periosteal apposition is thought to be testosterone, while on the other hand, endocortical apposition is regulated by estrogen. Therefore, gender-affirming treatment with sex steroids in transgender people might affect bone geometry. However, in adult transgender people no change in bone geometry during gender-affirming hormone treatment (GAH) was observed.

Specific Aim: In the current study, we aimed to investigate changes in bone geometry in transgender adolescents who used gonadotropin-releasing hormone agonist (GnRHa) as puberty blocker before peak bone mass was achieved, and subsequently GAH.

Materials and Methods: Transgender adolescents treated with GnRHa before the age of 18, and subsequent GAH at our center were eligible for inclusion. Subjects were divided in early, mid, and late puberty groups, based on Tanner stage at start of GnRHa treatment. Hip Strength Analysis software calculating subperiosteal width (SPW) and endocortical diameter (ED) was applied to DXA scans performed at start of GnRHa treatment, start of GAH, and after ≥ two years of GAH. Mixed model analyses were performed to study differences over time. Data were visually compared to reference values of the general population retrieved from literature.

Results: In total 322 subjects were included, of whom 106 trans women and 216 trans men. The main finding was that subjects resembled the reference curve for both SPW and ED of the experienced gender, only when started GnRHa treatment in early puberty. People starting in mid and late puberty remained on the reference curve of the gender assigned at birth. This was both seen in trans women and trans men. A possible explanation for this finding might involve the phenomenon of "programming". Programming entails the concept that exposure to stimuli during a critical window of development can have major consequences throughout the entire lifespan. Our results might suggest that puberty could be such a critical window of development.

Conclusion: This study adds important insights into gender specific bone metabolism during puberty of transgender adolescents treated with puberty blockers, as well as the general population.

SAT-5A-T: PATHWAYS TO CARE FOR TRANS YOUTH ACCESSING GENDER AFFIRMING MEDICAL CARE IN CANADA: NEW RESEARCH FROM TRANS YOUTH CAN!

Margaret Lawson[1], Sandra Gotovac[2], Bob Couch[3], Shuvo Ghosh[4], Lorraine Gale[5], Ashley Vandermorris[6], Greta Bauer[2]
[1]Children's Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada, [2]Western University, London, ON, Canada, [3]University of Alberta, Edmonton, AB, Canada, [4]Meraki Health Centre, McGill University, Montreal, QC, Canada, [5]Children's Aid Society, Toronto, ON, Canada, [6]The Hospital for Sick Children, Toronto, ON, Canada

Presented by: Margaret Lawson

Introduction/Background: Referrals for trans youth seeking affirming medical care have increased. No studies have analyzed ways in which trans youth access medical care in Canada, barriers faced, and factors influencing access. Trans Youth CAN! is a 24-month multi-site cohort study of youth referred for puberty suppression or gender-affirming hormones in Canada.

Specific Aim: To determine which youth are accessing gender-affirming medical care, and describe pathways youth followed to receive care.

Materials and Methods: Eligible participants were pubertal or postpubertal, aged <16, naïve to puberty blockers/cross-sex hormones, and recruited at their first medical appointment for hormones or puberty blockers, along with their parent/caregiver (P/C), from clinics in 10 Canadian cities. Baseline data were collected in 2017-2019 from interviewer-assisted youth surveys, self-completed P/C surveys, and medical records.

Results: Baseline data were collected on 174 youth and 160 matched P/Cs. 78.7% of youth were assigned female at birth. A primarily non-binary identity was reported by 8.1% of those assigned female at birth and 8.3% of those assigned male. Youth were on average 12.6 years old when they first spoke to someone outside their family regarding their gender, and reported spending an average of 13.5 months seeking blockers/hormone care; parents reported fewer months. Youth saw an average of 2.7 different types of providers before coming to the clinic, with a maximum of 8 types. Identifying as Indigenous, and seeing more types of providers prior to clinic were associated with longer time spent seeking blockers/hormone care. 68% of youth had engaged in self-harm (56% in the last year), 58% of youth had suicidal thoughts (34% in the last year), and 36% of youth attempted suicide (17% in the last year). Youth who were older when they first spoke to someone about their gender, and who were older at their first medical appointment, were more likely to ever have engaged in self-harm, had suicidal thoughts, or attempted suicide. Mean wait time from referral to first medical appointment was 269 days. Longer wait times were associated with youth ever engaging in self-harm and/or ever having had suicidal thoughts. P/C reported that 8.9% of youth had participated in some type of conversion ‘therapy’, with an additional 8.9% of P/Cs reporting having considered it. 50.4% of referrals were made by family physicians, with a variety from other provider types; 6.2% of youth self-referred. Family physicians were often the first health care providers with whom youth discussed blockers/hormones (40.87%). Mean age at first medical appointment was 13.8 years. Being older at the first medical appointment was associated with longer wait times, more gender distress, and more day-to-day discrimination.

Conclusion: This research found that, on average, youth spent over one year seeking blocker/hormone care. A significant proportion of these youth had previously experienced self-harm or suicidality. Family physicians were the most common type of provider involved in participants’ journeys to care, suggesting they may be important targets for education and training as a component of efforts to enhance support for gender-diverse youth.

SAT-6A-T: TRANSGENDER AND GENDER-DIVERSE YOUTH REFERRED TO CLINICS FOR PUBERTY SUPPRESSION OR GENDER-AFFIRMING HORMONES IN CANADA: BASELINE CHARACTERISTICS FROM THE TRANS YOUTH CAN! COHORT

Greta Bauer[1], Danièle Pacaud[2], Robert Couch[3], Daniel Metzger[4], Lorraine Gale[5], Sandra Gotovac[1], Arati Mokashi[6], Stephen Feder[7], Joe Raiche[2], Kathy Speechley[1], Julia Temple Newhook[8], Shuvo Ghosh[9], Annie Pullen Sansfaçon[10], Françoise Susset[9], Margaret Lawson[7]
[1]Western University, London, ON, Canada, [2]University of Calgary, Calgary, AB, Canada, [3]University of Alberta, Edmonton, AB, Canada, [4]University of British Columbia, Vancouver, BC, Canada, [5]Children's Aid Society of Toronto, Toronto, ON, Canada, [6]Dalhousie University, Halifax, NS, Canada, [7]Children's Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada, [8]Memorial University, St. John's, NL, Canada, [9]Centre Meraki, Montreal, QC, Canada, [10]University of Montreal, Montreal, QC, Canada

Presented by: Greta Bauer

Introduction/Background: Referrals of transgender and gender-diverse (trans) youth to clinics for gender-affirming medical care have increased.

Specific Aim: To describe the gender, demographic, health, and social characteristics of trans youth (<16 years) in Canada at their first referral visit for puberty suppression or hormone therapy.

Materials and Methods: Trans Youth CAN! is a multicenter cohort study. Youth referred to 10 medical clinics in Canadian cities were eligible to participate if <16 years of age, pubertal or postpubertal, and not receiving hormonal therapies. Participants (n=174 youth, and n=160 matched parents) completed enrolment surveys; clinical data were extracted from records. Measures included gender (assigned and identity), demographics, physical and mental health, social context, and outcome of clinic visit. Statistical analysis used baseline data, weighted to adjust for different recruitment periods at clinics.

Results: Of 174 youth under age 16, 137 were transmasculine (assigned female) and 37 transfeminine (assigned male); 18.8% were Indigenous and 6.6% visible minorities, with 25.7% from immigrant families, and 27.1% a low-income household. While 69.0% were 14-15 years old, most were aware of their gender prior to age 12. While transmasculine and transfeminine youth presented at a similar age and did not differ with regard to binary versus non-binary identities (p=0.6810), only 58.1% of transfeminine youth were living in their identified gender versus 90.1% of transmasculine youth (p<0.0005). A change in legal name had been undertaken for 3.5% and birth certificate gender for 5.4%. Growth parameters reflected sex assigned at birth, with puberty effects apparent in comparisons with identified-gender standards; when analyzed on the female standard, mean height-for-age z-score for transfeminine youth was 1.40 (SD=0.85). While transmasculine youth were more likely to report depressive symptoms (21.2% vs. 10.8%; p=0.0274) and anxiety (66.1% vs. 33.3%; p=0.0008), there was no difference in suicidal ideation or attempts, which were high overall (past-year ideation=34.5% and attempts=16.8%). All youth were in school, with 3.2% homeschooled. Nearly two-thirds (62.0%) reported strong parental support for gender, and the remainder mixed/moderate support. Top person-types from whom youth received support were parent(s) (91.9%), real-life/offline friends (85.8%), and non-trans friends (80.5%). Two-thirds of families reported external stressors related to youth's gender. Youth had previously met with a range of health care providers and counsellors (e.g. 68.5% with a family physician). At this visit, a prescription for puberty blockers or hormone therapy was received by 62.4%, most commonly depot leuprolide acetate. Reasons for no prescription included youth, parent, and physician concerns.

Conclusion: Youth come from a variety of demographic backgrounds, but with high levels of parental support. Most were long aware of their gender, and currently living that gender. Findings suggest missed opportunities for earlier puberty suppression to affect final adult height in transfeminine youth, if that is important to the youth. Depression, anxiety, and suicidality were serious concerns, though a wide range of support persons were identified. Puberty suppression was a common treatment provided to this group. There were a range of medications given, or reasons for not starting medications at this time.

SAT-7A-T: EXPERIENCES OF STRESSORS OF PARENTS OF TRANS AND GENDER DIVERSE YOUTH IN CLINICAL CARE FROM TRANS YOUTH CAN!

Annie Pullen Sansfaçon[1], Julia Temple Newhook[2], Joe Raiche[3], Kathy Speechley[4], Laura Douglas[4], Margaret Lawson[5], Sandra Gotovac[4], Stephen Feder[5], Greta Bauer[4]

[1]University of Montreal, Montreal, QC, Canada, [2]Memorial University of Newfoundland, St. John's, NL, Canada, [3]University of Calgary, Calgary, AB, Canada, [4]Western University, London, ON, Canada, [5]Children's Hospital of Eastern Ontario, Ottawa, ON, Canada

Presented by: Annie Pullen Sansfaçon

Introduction/Background: Parents of transgender and gender-diverse youth often experience challenges as their youth discloses their identity and begins gender-affirming care.

Specific Aim: To describe parent and family characteristics, parental worries, parents' positive feelings about their youth's gender, extra-familial stressors, sources of support, and parents', co-parents' and partners' feelings about their youth's gender identity, as reported at youth's initial presentation for gender-affirming medical care.

Materials and Methods: Trans Youth CAN! is a pan-Canadian cohort study of trans youth <16 years (n=174) and their parents (n=160), surveyed at 10 clinics after youth were referral for puberty blockers or hormones. All statistical analyses were weighted to account for differences in recruitment times across clinics.

Results: Most parents who participated in the study were female (85.1%) and birth or adoptive parents (96.1%), compared the overall total of 52.5% female and 76.8% birth/adoptive parents reported by youth. Over half (57.2%) of parent participants were between 40 and 49 years old, and most spoke English (89.3%) or French (10.2%) as their first language. Parents were largely non-Indigenous white (85.1%), with 7.7% self-reporting as Indigenous and 7.2% as visible minorities. Most (83.8%) were also heterosexual, with 16.2% belonging to a sexual minority group. Parents were highly educated, with 43.5% having a post-secondary degree or diploma and 18.1% with a graduate/professional degree. Almost two-thirds reported having a partner (64.4%), and 38.4% co-parented with someone living elsewhere. Nearly all youth lived with their parent participant (99.6%) and other children (63.8%). 27.1% of households met Statistics Canada's low-income measure threshold. Many parents reported their support for their youth's gender as high from the beginning (61.7%), or as increasing over time (6.6% increased from not very to very supportive, 19.8% from somewhat to very supportive). Highly supportive parents tended to have very supportive partners (69.5%), and co-parent support tended to be stable over time. Parents' experiences of external stressors varied greatly, with 29.7% experiencing no listed stressors, 20.3% experiencing 1, 32.9% experiencing 2-4, and 14.5% experiencing 5-9. Parents worried about their youth facing rejection (81.9%,) their youth encountering violence (76.4%), and transphobia generally (74.6%). They reported positive experiences including pride in their youth (82.1%), watching their youth become more confident (69.8%), and an improved parent-child relationship (59.9%). Parents commonly relied on support from friends/relatives (74.7%), a spouse/partner (59.1%), their own youth (52.6%), or their youth's care provider (49.4%).

Conclusion: Parents of transgender and gender-diverse youth in clinical care have diverse experiences as they accompany their youth in care. While family makeup is diverse, most of the study participants are white, educated, female and birth parents of these youth, as well as highly supportive, reflecting parents most likely accompany youth for clinical care. This study highlights the breadth of parental and family experiences, with stressors and worries existing alongside positive feelings about their youth's gender and varied sources of social support.

SAT-8A-T: COMPARISON OF 1- AND 3-MONTH LUPRON DEPOT®(LD) FOR PUBERTAL SUPPRESSION IN TRANSGENDER YOUTH

Zoyah Thawer[1], Zoe Nicolas-Pelletier[2], Vid Bijelic[3], Jemila Hamid[3], Scott Somerville[1], Margaret Lawson[1,4], Karine Khatchadourian[1,4]
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Presented by: Zoyah Thawer

Introduction/Background: Lupron Depot® (LD) is the preferred method of hormone suppression for transgender youth wanting to stop or delay onset of menses, or decrease erection frequency and intensity. In our endocrine diversity clinic, most transgender youth start 7.5mg monthly LD with stimulated bloodwork at the 3rd injection for LH and sex steroids. If clinical information and hormone levels confirm pubertal hormone suppression, they are switched to 11.25mg 3-monthly. In the last year, at the time data collection completed, we started 31 youth on 3-monthly LD. Since March 13, 2020, all LD starts have been with the 11.25mg 3-monthly form due to challenges the COVID-19 pandemic introduced to delivery of patient care. This study does not take these new starts into account.

Specific Aim: To characterize clinical and biochemical pubertal hormone suppression after transgender youth start 7.5mg LD monthly or 11.25mg LD 3-monthly.

Materials and Methods: A retrospective chart review of 247 transgender youth seen in our Endocrine Diversity clinic between January 1st, 2014 and May 31, 2019.

Results: 176/247 youth (71%) were natal females, >90% Tanner 4-5; 71 (29%) were natal males, >84% Tanner 4-5. 216 (87%) started on 7.5 mg monthly LD compared to 31 (13%) on 11.25mg 3-monthly. Preliminary results show that natal females' mean LH levels on 3-monthly LD (4.22±4.31 IU/L,n=8) were higher compared to monthly LD (1.78±2.31 IU/L,n=137). Mean estradiol levels were also higher in natal females on 3-monthly LD (98.6±29.36 pmol/L) compared to monthly LD (63.67±24.82 pmol/L). Menses stopped within one month in 87% (39/45) of natal females who started monthly LD compared to 83% (10/12) who started 3-monthly LD. One natal female who started 3-monthly LD continued to have menses 4 months after their first injection.

Mean LH levels of natal males on 3-monthly LD (9.12±5.18 IU/L,n=4) were higher compared to monthly LD (3.07±3.61 IU/L,n=57). Mean testosterone levels were also higher in the 3-monthly group (3.70 ± 4.25 pmol/L) compared to the 1-month group (1.66±2.74 pmol/L). Due to persistent erections or worsening dysphoria, 3 of 9 (33%) transgender females on 3-monthly LD were changed to a higher dose of 3-monthly LD (22.5mg) or 7.5mg monthly LD.

Conclusion: Monthly LD leads to greater suppression of LH and sex steroid levels than 3-monthly LD. Time for menses to cease was not significantly different between the groups, however limited data about menses were collected amongst those started on 3-monthly LD.

Oral Abstracts: Mental Health – Adult

SAT-1B-T: Mental Health and healthcare access in transgender population during compulsory quarantine for COVID-19 in Argentina.

Pablo Radusky[1,2], Virginia Zalazar[1], Nadir Cardozo[1,3,4], Gaston Devisich[1], Mariana Duarte[1,3,4], Solange Fabian[1,5], Emilia Frontini[1], Omar Sued[1], Ines Aristegui[1,6]
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Presented by: Pablo Radusky

Introduction/Background: The current global COVID-19 pandemic has led many governments to implement quarantines. This strategy has proven effective in controlling its spread. However its consequences on other aspects of health still need to be studied, especially regarding groups that were already coping with a context of psychosocial vulnerability, such as transgender people. Argentina is facing one of the longest compulsory quarantines - initiating in March 20 and continuing at least until mid-July - and little is known about its impact.

Specific Aim: This study sought to explore self-reported changes in mental health, alcohol and drugs use, experiences of violence and access to healthcare (hormone therapy, mental health and healthcare in general) in transgender population, since the application of the compulsory quarantine.

Materials and Methods: Data was gathered between May 28 and June 14, 2020 through an online national survey. The questionnaire was informed by the results of focus groups and designed and reviewed by activists, and disseminated by a NGO through social media. Descriptive statistics were used to summarize data.

Results: Sample consisted of 147 participants (77 transgender women [TGW] and 70 transgender men [TGW]). The median age was 33 (IQR:26-40) for TGW and 26 (IQR:22-31) for TGM. Most completed high school (67.5% TGW, 75.7% TGM) and were residents from Buenos Aires Metropolitan Area (65% TGW, 41.1% TGM). Regarding employment, 79.7% TGW and 47.3% TGM reported loss of income, 18.3% TGW and 22.8% TGM worked independently, and 31.2% TGW and 1.4% TGM were engaged in sex work. Regarding health, almost a quarter of the sample (26% TGW, 20% TGM), perceived themselves at risk of COVID-19. A 24.7% TGW and 11.4% TGM had some pre-existing health condition. Access to healthcare was negatively affected by the quarantine. Most participants reported problems accessing hormone therapy (67.3% TGW, 59.6% TGM), mental health services (57.7% TGW, 75% TGM), and other health services (67.5% TGW, 64.5% TGM).
Substance use was overall reduced: 73.3% TGW and 66.7% TGM reduced cocaine use; 40% TGW and 48.5% TGM marihuana; 66.7% TGW and 58.3% TGM alcohol, and 43.3% TGW and 45.7% diminished tobacco use. However, psychological negative affect was reported, being the main outcomes: anxiety (61.1% TGW, 65.7% TGM), sadness (38.2% TGW, 37.2% TGM), fear (29.9% TGW, 31.4% TGM), loneliness (39% TGW, 50.7% TGM), and suicidal thoughts (14.3% TGW, 27.1% TGM). A 24.7% TGW, and 10% TGM spend the quarantine alone. Experiences of violence (psychological, physical or sexual) were reported by 11.7% TGW and 14.3% TGM, mainly by family members and police.

Conclusion: Despite its efficacy in the control of COVID-19 pandemic, compulsory quarantine has a negative impact among transgender people, mainly on mental health and healthcare access. Substance use seems to have decreased, probably due to restrictions in access. However, psychological indicators of emotional distress and suicidal ideation are noteworthy. This is particularly concerning as participants report barriers to access to mental and general healthcare services and hormone therapy during quarantine. Additional strategies and policies are required to address transgender people's increasing needs, not only during this pandemic but also afterwards, to assist its long lasting effect.

SAT-2B-T: THE QUALITY AND SATISFACTION OF ROMANTIC RELATIONSHIPS IN TRANSGENDER PEOPLE: A SYSTEMATIC REVIEW OF THE LITERATURE

Ellen Marshall[1], Cris Glazebrook[1], Sally Robbins-Cherry[2], Serge Nicholson[3], Nat Thorne[1], Jon Arcelus[1,2]
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Presented by: Ellen Marshall

Introduction/Background: Romantic relationships are often a significant area of individuals' lives and can have a positive impact on wellbeing. There is often a belief within society of romantic relationships ending upon the start of gender affirming transition, however this is often not reflected within clinical work or research studies. Despite this, currently not enough is known about romantic relationships for transgender individuals and their partners, and the impact gender affirming transition can have on the quality and satisfaction of these relationships.

Specific Aim: To critically and systematically review the available literature examining quality and satisfaction of romantic relationships for transgender individuals and their partners.

Materials and Methods: Using PRISMA guidelines, major databases (Pubmed, PsycINFO and Web of Science) and relevant reference lists were searched for suitable articles up to January 2020. Each included article was assessed for methodological quality and the demographic data, methods and findings linked to relationship quality and satisfaction was extracted for analysis.

Results: From 151 potentially relevant articles, 14 studies (six quantitative, eight qualitative) were included within the review. Most studies displayed moderate risk of bias due to cross-sectional designs and lack of reflexivity. Findings from quantitative studies suggest a bidirectional relationship between transition, relationship quality and satisfaction and wellbeing. Qualitative studies suggest transition can cause personal challenges for both transgender individuals and partners. Maintenance activities help buffer the impact of these challenges on relationship satisfaction and ensure positives are possible from relationships.

Conclusion: Gender affirming transition can impact on the quality and satisfaction of romantic relationships. Due to additional challenges transgender individuals and their partners may face, adequate support is required at personal, community and clinical level. There is a paucity of research in this area and current studies lack methodological rigour. Future research is essential to gain a further understanding of transgender relationships and the support required.

SAT-3B-T: WHAT FACTORS INFLUENCE THE LIFE SATISFACTION AND WELLBEING OF TRANSGENDER PEOPLE WHO HAVE INITIATED GENDER AFFIRMING MEDICAL TREATMENT 5 OR MORE YEARS AGO?

Zoë Aldridge[1,2], Nat Thorne[1], Andrew Yip[1], Elena Nixon[1], Gemma Witcomb[2], Walter Bouman[1,3], Cara English[4], Jon Arcelus[1,3]
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Presented by: Zoë Aldridge

Introduction/Background: While prior research has focused on the wellbeing of transgender people prior to initiating Gender Affirming Medial Treatment (GAMT) little research has been carried out examining the factors that impact transgender peoples life satisfaction and wellbeing after a long period of hormone treatment, possibly when not in touch with transgender health services any longer.

Specific Aim: Using qualitative interview methodologies, this study aimed to explore factors that have an impact upon life satisfaction and wellbeing in transgender people who have initiated gender affirming medical treatment five or more years ago.

Materials and Methods: A qualitative methodology using semi-structured interviews focused on the factors impacting upon life satisfaction and wellbeing was used. A group (n=23) of eligible participants were recruited through social media, and transgender support organisations, eligibility criteria was the person being 18 years old or over and having initiated GAMT five or more years ago.
The content of the interviews was analysed with an inductive, grounded theory approach to identify common relevant themes within the interviews.

Results: Current data suggests several emerging themes, these include: Interaction and experience of healthcare, Variable impacts of relationships, Developing and using mechanisms to deal with issues, Work and financial issues, Changes in oneself, Experience of media and social media.
As the analysis is on-going the final findings may have additional themes and current themes may change or develop.

Conclusion: The initial analysis identifies the importance of both personal factors such as developing coping mechanisms to deal with difficulties and having the right social support, and external factors such as experience of media and social media.
The themes, so far, highlight several important factors that are significant in the life satisfaction of transgender people who have been receiving GAMT for 5 or more years. These factors could be used for

guidance in how best to provide additional services and care for transgender people who are undergoing GAMT.

SAT-4B-T: THE EFFECT OF 18 MONTHS OF GENDER AFFIRMING HOMONE TREATMENT ON DEPRESSION AND ANXIETY SYMPTOMS IN TRANSGENDER PEOPLE: A PROSPECTIVE STUDY

Zoe Aldridge[1,2], Shireen Patel[1], Boliang Guo[1], Elena Nixion[1], Walter Bouman[3], Gemma Witcomb[2], Jon Arcelus[1,3]
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Presented by: Zoe Aldridge

Introduction/Background: Cross-sectional studies show that transgender people are more likely than cisgender people to experience depression and anxiety before Gender Affirming Hormone Treatment (GAHT). However, the effect of GAHT on mental health in transgender people, and the role of other factors that may have a predictive effect, is poorly explored.

Specific Aim: Using a longitudinal methodology, this study investigated the effect of 18 months GAHT on depression and anxiety symptomatology and the predictors on mental health outcomes in a large population of transgender people.

Materials and Methods: Participants (n=178) completed a socio-demographic questionnaire, the Hospital Anxiety and Depression Scale (HADS), the Multidimensional Scale of Perceived Social Support (MSPSS) and the Autism Spectrum Quotient Short Version (AQ-short) at pre-assessment (T0) and at 18 months after initiation of GAHT (T1).

Results: From T0 to T1, symptomatology was significantly decreased for depression ($P < 0.001$) and non-significantly reduced for anxiety ($P=0.37$). Scores on the MSPSS predicted reduction in depression, while scores on the AQ-short predicted reduction in anxiety.

Conclusion: GAHT reduces symptoms of depression which are predicted by having higher levels of social support. Although anxiety symptoms also reduce the changes are not significant and high levels of anxiety still remain post GAHT.
These results highlight the important mental health benefits of GAHT and emphasises the need for quicker and easier access to GAHT. Support services (professional, third sector or peer-support) aiming at increasing social support for transgender individuals should be made available.

SAT-5B-T: THE EXPERIENCE OF GENDER TRANSITION FOR PARTNERS OF TRANSGENDER INDIVIDUALS

Ellen Marshall[1], Cris Glazebrook[1], Serge Nicholson[2], Sally Robbins-Cherry[3], Jon Arcelus[1,3]
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Presented by: Ellen Marshall

Introduction/Background: Partners of transgender individuals are often an over-looked population within research. Consequently, very little is known about their experiences during their partner's medical and social transition. Current research suggests there are a number of stressors associated with the partner experience and there is a general expectation within society romantic relationships will not last through gender transition. Despite the stressors reported, partners of transgender individuals feel they do not have adequate support.

Specific Aim: To explore the experiences and support needs of partners of transgender individuals.

Materials and Methods: A qualitative methodology was adopted. Semi-structured interviews were conducted with 16 current and former partners of transgender individuals. Interviews focused on the partner experience, as well as the experience of perceived support received during their partner's transition.

All participants were aged between 20 and 74 and had been partnered with a transgender individual at some point during their gender transition (medical or social). The sample was diverse in terms of gender identity, gender identity of partner, age, and length of relationship. Participants were recruited through social media (e.g. Facebook, Twitter) and transgender support organisations, as well as through health services. Data was analysed using thematic analysis.

Results: Thematic analysis identified five main themes: Own, unique transition; sexuality; relationship development; own disclosure process; and the need for tailored support. Findings suggest partners go through their own experiences as their partner transitions and this brings challenges in terms of their own sexual orientation and disclosing to others. Positives are possible within the relationship with many partners describing how they have over come initial loss and developed a stronger love for their partner and learnt more about themselves in the process. The need for specific support for partners tailored to their needs and stage of their partner's transition was evident amongst all participants.

Conclusion: Partners experience considerable change in their lives and are impacted on a personal and relationship level by their partner's gender transition. The experience is complex and unique to the individual, posing both challenges and positives. The findings emphasise the need for individual support for partners as well as acknowledgement of the partner experience within the transition process.

SAT-6B-T: UTILIZING NVDRS TO ASSESS THE ROLE OF SUPPORT NETWORK PROBLEMS IN GENDER MINORITY SUICIDES

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Presented by: Caitlin McFarland

Introduction/Background: Suicide is the 10th leading cause of death in the United States and gender minorities suffer disproportionately high rates. Based on self-report data from the National Center for Transgender Equality and Human Rights Campaign, gender minorities attempt suicide at 3-4x the rate of sexual orientation minorities and at even higher rates than heterosexual cisgender individuals, making suicide prevention a top mental health priority for providers who treat gender minorities. Risk assessments of suicide performed by mental health providers are directly informed by population level data, therefore a nuanced understanding of suicide risk is critically important.

Specific Aim: Key to prevention is an understanding of precipitating and situational factors to suicide attempts, methods used, and demographic data which all contribute independently to any individual's suicide risk. We sought to compare the differences in proximal issues in key social supports as contributors to trans and cisgender suicides.

Materials and Methods: This study utilizes National Violent Death Reporting System (NVDRS) data collected on 103,671 suicide decedents from 2013-2017, the years in which gender orientation status was consistently recorded. Odds ratios were calculated for key contributing circumstances identified as antecedent to transgender suicide compared to cisgender individuals, adjusting for age and race.

Results: the odds ratio of antecedent family conflict in transgender suicides versus cisgender was 1.5 ($p<0.05$, 95%CI 1.0, 2.4). In contrast to sexual orientation minorities in previous youth studies, OR for antecedent intimate partner conflict was 0.5 ($p<0.5$, 95% CI 0.32 ,0.75). The most utilized method of suicide was hanging. This dataset is limited by several factors. A violent death documented in NVDRS needed to be characterized as a suicide at the time of autopsy and individuals required identification as transgender at the time of autopsy by either family or in a suicide note. Both factors limit the generalizability of the findings. However, environmental factors and support systems are important targets for intervention in all individuals.

Conclusion: . For suicide victims identified in the NVDRS database, family conflict was identified as a contributing cause of suicide 50% more frequently in individuals identified as transgender than in cisgender individuals even when controlled for age and race, while intimate partner conflict was far more commonly identified as a contributor to cisgender than transgender suicides. These findings highlight the importance of asking about and addressing family conflict when assessing suicide risk in gender minorities and may also suggest improving or supplementing family relationships in this population as a mitigator of overall suicide risk, especially when other suicide risk factors are present.

Oral Abstracts: Surgery – Feminizing

SAT-2C-T: CHARACTERIZING TRANSGENDER INDIVIDUALS UNDERGOING BILATERAL SIMPLE ORCHIECTOMY WITHOUT CONCOMITANT VAGINOPLASTY OR VULVOPLASTY

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Presented by: Robert Sineath

Introduction/Background: A subset of transgender patients undergoes bilateral simple orchiectomy (BSO) without concomitant vaginoplasty or vulvoplasty. Little is known about the characteristics of this population. Furthermore, this population is a unique way of studying the effects of feminizing hormone therapies (HT) on testicular tissue.

Specific Aim: This study aims to describe the characteristics of a cohort of patients from a single institution who underwent BSO without vaginoplasty or vulvoplasty and report the pathology related to their surgical specimens.

Materials and Methods: A retrospective review was performed at a single academic medical center between May 2015 and June 2020. We reviewed all transgender individuals who underwent BSO without concomitant vaginoplasty or vulvoplasty and collected information on age, future surgeries desired, and duration of hormone therapy. Statistical analysis was performed using basic descriptive techniques and Chi-square tests (SAS version 9.4).

Results: There was a total of 166 patients who underwent BSO as a stand-alone procedure with a mean age of 36 (range 19 to 75 years). Twenty-three percent of patients desired only BSO, while 5% desired scrotectomy, 5% desired vulvoplasty, 55% desired vaginoplasty, and 11% were still undecided on future gender-affirming surgeries. Almost half (47%) of the sample had been on HT for greater than 3 years, and only 4% had been on HT for less than one year. Desired surgeries did not differ significantly between age groups or length of time on HT. Only 45% of surgical specimens were analyzed for spermatogenesis by the pathologists. Of these, spermatogenesis was normal in 11%, reduced in 33%, absent in 56%.

Conclusion: Transgender individuals undergoing BSO without concomitant vaginoplasty or vulvoplasty are a diverse population. Urologists performing these procedures should understand that not all patients undergoing BSO alone desire further gender-affirming genital surgery. In addition, age was not found to influence the desire for additional genital gender-affirming surgery. Lastly, there is variance in whether pathologists analyze spermatogenesis in these surgical specimens, but presence or absence of spermatogenesis does not seem to be related to duration of hormone use.

SAT-3C-T: ESSM POSITION STATEMENT ON SEXUAL WELLBEING AFTER GENDER AFFIRMING SURGERY

Sahaand Poor Toulabi[1], Mujde Ozer[1], Alessandra Fisscher[2], Guy T'Sjoen[3], Marlon Buncamper[3], Stan Monstrey[3], Marta Bizic[4], Miro Djordjevic[4], Marco Falcone[5], Nim Christopher[6], Daniel Simon[7], Luis Capitan[7], Joz Motmans[3]
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Presented by: Sahaand Poor Toulabi

Introduction/Background: Much has been published on the surgical and functional results following Gender Affirming Surgery ('GAS') in trans individuals (individuals whose gender identity does not match the sex assigned at birth). There is a general lack, however, of comprehensive results regarding sexual wellbeing following GAS.

Specific Aim: To review the effects of GAS on sexual wellbeing in trans individuals, and provide a comprehensive list of clinical recommendations regarding the various surgical options of GAS in trans individuals.

Materials and Methods: The Medline, Cochrane Library and Embase databases were consulted for publications on the results of sexual wellbeing after GAS.
The task force established consensus statements regarding the somatic and general requirements before GAS and the following components of GAS: orchiectomy-only, vaginoplasty, breast augmentation, vocal feminization surgery, facial feminization surgery, mastectomy, removal of the female sexual organs, metaidoioplasty, and phalloplasty. Outcomes pertaining to sexual wellbeing - sexual satisfaction, sexual relationship, sexual response, sexual activity, enacted sexual script, sexuality, sexual function, genital function, quality of sex life and sexual pleasure - are provided for each statement separately.

Results: Findings regarding sexual wellbeing following vaginoplasty, mastectomy, metaidoioplasty and phalloplasty were mainly positive. There was no data on sexual wellbeing following orchiectomy-only, breast augmentation, vocal feminization surgery, facial feminization surgery or the removal of the female sexual organs.

Conclusion: The overall quality of evidence regarding sexual wellbeing following GAS is low and reporting is inconsistent. The available evidence, however, suggests positive results regarding sexual wellbeing in trans individuals following GAS. This position statement may aid both clinicians and patients in decision-making regarding the choice for GAS. The choice for GAS is dependent on patient preference, anatomy and health status and the surgeon's skills. Trans individuals may benefit from studies focusing exclusively on the effects GAS on sexual wellbeing.

SAT-4C-T: SURGICAL OUTCOMES OF 300 FEMINIZING GENITOPLASTIES (VAGINOPLASTIES) FROM A SINGLE SURGEON IN THE UK

Uma Walters[1], Manjit Takhar[2], Ruairidh Crawford[3], Heléna Gresty[4], Nishant Bedi[1], Muhammad Junejo[1], Charlotte Dunford[5], Akash Dusoye[6], Feargus Hosking-Jervis[7], Kathryn Bell[8], Mariana Bertoncelli Tanaka[2], Pieter Eyskens[6], Rachel Oliver[9], Kay Lorcet[10], Kirpal Sahota[11], Tina Rashid[2,10]
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Presented by: Uma Walters

Introduction/Background: Gender dysphoria has a prevalence of approximately 1 in 5,000 in the UK. There has been a 20% annual rise in referrals to UK Gender Identity Clinics in the past 5 years, with 85% of transgender women seeking feminizing genitoplasty. Although almost 500 vaginoplasties are performed annually in the UK, there is a lack of published outcome data.

Specific Aim: To report surgical outcomes from feminizing genitoplasty (specifically vaginoplasty) performed by a single Urological surgeon in the UK.

Materials and Methods: Data was retrospectively collected from September 2014 to March 2020. All cases were performed by the senior author. Labioplasties (also called vulvoplasty or zero-depth vaginoplasty) and bowel segment vaginoplasty were excluded from this review. Data collected included patient demographics and co-morbidities, intra-operative details and post-operative complications. Data was collected and analysed by a surgeon who was not directly involved in the care of these patients. Patient reported outcome measures (PROMS) data is described in a separate report.

Results: 300 patients were identified. The results are summarized in the tables (table 1 and table 2) below.

Conclusion: This study reports surgical outcomes of feminising genitoplasty (vaginoplasty only) from a single surgeon. The results confirm, when performed by a high-volume surgeon, this surgery is safe and has a low risk of significant complications. This data can add to the existing literature to inform patients about outcomes from surgery. However, this is not a substitute for prospective data collection of surgical and functional outcomes, which is currently underway in the UK.

SAT-5C-T: DEMOGRAPHICS AND CHARACTERISTICS OF ASSIGNED MALE AT BIRTH (AMAB) INDIVIDUALS WHO SEEK GENITAL RECONSTRUCTIVE SURGERY (GRS) IN THE UK

Pieter Jan Eyskens[1], Akash Dusoye[1], Charlotte Dunford[2], Feargus Hosking-Jervis[3], Heléna Gresty[4], Kathryn Bell[5], Kirpal Sahota[6], Mariana Bertoncelli Tanaka[7], Muhammad Junejo[8], Nishant Bedi[8], Rachel Oliver[9], Ruairidh Crawford[10], Tet Yap[11], Tina Rashid[7,12], Uma Walters[8]
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Presented by: Pieter Jan Eyskens

Introduction/Background: The transgender population makes up 0.30 - 0.76% of the UK population and the number of individuals who identify with this population is increasing. Research has shown that genital reconstructive surgery (GRS), specifically vaginoplasty or labiaplasty, is one of the methods by which transgender individuals with marked genital dysphoria can experience a better quality of life. There is a lack of published data on the general demographics and characteristics specific to this population.

Specific Aim: To understand the demographics and characteristics of AMAB individuals who seek GRS in the UK.

Materials and Methods: A National Registry in the UK was set up (UKGRS Database) by the senior author which enabled prospective data collection from transgender women who met WPATH Standards of Care guidelines and wished to have GRS after seeing a specialist surgeon.
Demographic data including age, comorbidities, smoking status, body mass index (BMI) and occupation was collected by specialist nurses.

The PROGRESS (Patient Reported Outcomes in Genitourinary Reconstructive Surgery Score) questionnaire (a patient reported outcome measure described in another report) was used at baseline (i.e. pre-operatively) to collect clinical characteristics related to urinary function, sexual function, cosmetic appearance of genitalia, bowel function and general health and wellbeing. This data was entered online directly by the patient.

Results: To date, 61 patients had demographic data entered by specialist nurses and 89 patients had self-reported using PROGRESS. These respective results are describe in Table 1 and Table 2.

Interesting trends were the higher than UK national average (1.1%) diagnosis of Autism, Asperger's and Autistic Spectrum Disorder and unemployment rate (18.6% compared to 4.7% of the general UK population (pre-COVID 19).

Conclusion: This study has identified trends in demographic and clinical characteristics of AMAB individuals seeking GRS in the UK. Continued prospective data collection is important to enable clinicians to understand their patient population. Analyzing similar data from larger numbers of patients and comparison to post-operative data will be important to establish how certain characteristics may be affected (or not) by surgery.

SAT-6C-T: PLANNING PROSTATE CANCER RADIOTHERAPY FOLLOWING MALE TO FEMALE GENDER AFFIRMING SURGERY

Nishant Bedi[1], James Burn[2], Pete Bridge[3], Akash Dusoye[4], Charlotte Dunford[5], Feargus Hosking-Jervis[6], Heléna Gresty[7], Kathryn Bell[8], Kirpal Sahota[9], Mariana Bertoncelli Tanaka[2], Muhammad Junejo[1], Pieter Eyskens[4], Rachel Oliver[10], Ruairidh Crawford[11], Uma Walters[1], Tina Rashid[2,12]
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Presented by: Nishant Bedi

Introduction/Background: Post gender affirming surgery, transwomen are left with the native prostate. The incidence of prostate cancer in transgender women is lower than age-matched *cis*-male counterparts. Options for treatment will vary depending on grade and stage of prostate cancer but must also take into consideration their wishes to have (or not) gender affirming surgery in the future. Radiotherapy can be a good option in transgender women following gender affirming surgery but little is published about how pelvic anatomy may be affected by such surgery and therefore how to plan subsequent radiotherapy.

Specific Aim: The aim of this study was to provide guidance on changes in pelvic anatomy specifically following vaginoplasty which may affect how radiotherapy is delivered, in order to reduce to a minimum collateral radiotherapy damage.

Materials and Methods: We reviewed MRI images of 15 transgender women following gender affirming surgery (vaginoplasty) to assess the anatomical changes of the key landmarks used in planning radiotherapy. We defined these key landmarks as the bladder, rectum and penile bulb.

Results: The bladder position remains consistent irrespective of the surgical technique used, size of prostate and age of patient.

A thin, fibrotic, stenosed or short neovagina made from penile skin will have almost no impact on rectal position relative to the prostate. However, the use of a thicker penoscrotal pedicled flap can have a dramatic impact on the recto-prostatic space. In the same way that a neovagina constructed from bowel or a more "distended" neovagina will push the rectum posteriorly lifting it away from the prostate. In radiotherapy terms this may offer some dose reduction and protection from late rectal effects.

The remaining corpus length is quite widely variable ranging from 2.5 to 5 cm. More variable however is the bulk or volume of the corpus and thus the penile bulb. The position of the bulb is fairly consistent relative to prostate but the degree of scarring and fibrosis varies. A scarred penile bulb may not suffer much from further radiotherapy, but the urethra might be potentially compromised more rapidly than it would have been without previous surgery.

Conclusion: The anatomical position of the rectum and penile bulb can change following gender affirming surgery and this may have implications when planning radiotherapy for prostate cancer in the future. It is useful to have an understanding of these anatomical variations to reduce collateral radiotherapy damage.

SAT-7C-T: GENITAL GENDER-AFFIRMING SURGERY IN TRANSGENDER WOMEN: 40 YEARS OF EXPERIENCE IN AMSTERDAM

Wouter van der Sluis, Iris de Nie, Margriet Mullender, Mark-Bram Bouman
Amsterdam University Medical Center, Amsterdam, Netherlands

Presented by: Wouter van der Sluis

Introduction/Background: The number of transgender women seeking medical care is increasing. Genital Gender-Affirming Surgery (gGAS) in transgender women may comprise orchiectomy, Gender-Confirming Vulvoplasty or vaginoplasty.

Specific Aim: To describe the surgical cohort of transgender women undergoing gGAS and identify surgical and demographic trends.

Materials and Methods: This is a retrospective cohort study in a single-center, tertiary referral, academic hospital with a specialized center of expertise on gender dysphoria. All transgender women who underwent gGAS in the period January 1980 –January 2020 in our center were identified. A chart study was conducted, recording individual demographics, all genital surgical procedures and surgical techniques. Procedure incidence, employed techniques and demographic variations over the years were analyzed.

Results: A total of 1517 transgender women were included. Of these, 1454 underwent vaginoplasty (1388 penile inversion vaginoplasty, 63 intestinal vaginoplasty, 4 skin graft vaginoplasty), 19 underwent GCV and 44 underwent orchiectomy. The incidence of gGAS increased from 1 (1980) to 111 (2019) per year. Surgical trends comprised the recent increase of orchiectomy procedures and increased use of skin grafts/scrotal flaps in vaginoplasty for depth augmentation. Out of 1454 primary vaginoplasty procedures, a total of 33 (2.3%) individuals underwent revision vaginoplasty. In recent years, the number of transgender women who underwent gGAS with previous use of puberty suppressing hormones was approximately 15-20%. Of these, 75% of individuals who started puberty suppression at Tanner stage G2 or 3, later underwent intestinal vaginoplasty. More individuals opted for semen cryopreservation over time (1/31 (3%) in 2000 versus 28/111 (25%) in 2019).

Conclusion: The demand for gGAS procedures has increased drastically over the last years. Remarkable demographic trends comprise the increase of individuals on puberty suppression, with subsequent effects on the individual surgical path, and the increase of individuals who opt for fertility preservation.

11:25am - 12:40pm ET

Oral Abstracts: Surgery – Feminizing

SAT-9A-T: A METANALYSIS OF VAGINAL AND INTROITAL STENOSIS AFTER GENDER AFFIRMING VAGINOPLASTY

Marissa Kent, Rajveer Purohit
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Presented by: Marissa Kent

Introduction/Background: A major complication after feminizing gender affirming surgery is vaginal and/or introital stenosis prohibiting penetrative intercourse. Little comparative data exists on the incidence of vaginal stenosis relative to common surgical techniques.

Specific Aim: This meta-analysis reviewed the reported incidence of vaginal and introital stenosis after vaginoplasty relative to surgical technique, year of surgery, and surgery volume reported.

Materials and Methods: A systematic literature review was performed using PubMed searching for key terms including vaginoplasty, vaginal stenosis, vaginal stricture, introitus stenosis, neovagina, and gender affirming surgery. All review articles of surgical outcomes after gender affirming surgery were evaluated for original article content and references were reviewed for potential sources. Only original articles were included in this analysis. Studies were excluded if they had a mixed cohort of non-transgender patients without sub-group analysis or if results were reported in another smaller paper. Outcome papers without explicit mention of vaginal/introital stenosis and/or stricture were excluded.

Results: 25 studies with a cumulative 2,499 subjects met inclusion criteria. Fourteen studies with a cumulative 2,149 patients used some form of penile inversion vaginoplasty (PIV). These techniques included penile skin only or with the addition of scrotal graft/flap or urethral flap. Eight studies used intestinal vaginoplasty (218 patients) and 2 used primarily split thickness skin grafts (132 patients) to construct the neovagina. Vaginal stenosis was not precisely defined in any of the papers evaluated.
The overall incidence of vaginal stenosis was 147/2450 or 6% (range 0-45%). This denominator reflects what was reported in the original articles as some papers left out patients who were lost to follow-up in their incidence reporting. On subgroup analysis, the incidence was 111/2104 or 5.3% in those who had PIV and 22/214 or 10.3% in those who had intestinal vaginoplasty. In the two studies of 23 patients primarily using split thickness skin grafts the mean vaginal stenosis rate was much higher at 44%. Those who used only penile skin the incidence was 6.6%. Rates of introitus stenosis/stricture were 70/2104 or 3.3% for penile inversion and 32/214 or 14.9% for intestinal vaginoplasty. Outcomes of PIV from the years 2000-2020 had an average vaginal stenosis rate of 21/1179 or 1.8% compared with 79/900 or 8.7% for those performed prior to 2000. Table 1. There was trend towards significance between number of surgeries reported and vaginal stenosis complication rate (R= -0.427;p=0.06).

Conclusion: Despite significant data on the incidence of vaginal stenosis, it has not been well defined and there was no standardized definition in the literature. The reported incidence of vaginal stenosis is highest in those who have a split-thickness skin graft but rates are also higher in those who undergo intestinal vaginoplasty when compared to those who undergo a penile inversion technique. The rate of vaginal stenosis has declined over time and reported surgical volume trended towards lower incidence of stenosis.

SAT-10A-T: ESTROGEN CONTINUATION AND VENOUS THROMBOEMBOLISM IN PENILE INVERSION VAGINOPLASTY

Ian Nolan[1], Caleb Haley[2], Shane Morrison[2], Christopher Pannucci[3], Thomas Satterwhite[4]

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Presented by: Ian Nolan

Introduction/Background: Estrogen therapy and penile inversion vaginoplasty (PIV) are necessary, life-saving interventions for many transfeminine patients. PIV patients are generally at low baseline risk for venous thromboembolism (VTE). Estrogen therapy may increase VTE risk in surgical patients, but its cessation is psychiatrically dysphoric for many transfeminine patients.

Specific Aim: This study examines whether peri-operative estrogen cessation impacts VTE risk in PIV patients.

Materials and Methods: This was a pre-post study of PIV patients. From 2014 through 2018, all patients stopped estrogen therapy for 2 weeks prior to surgery and resumed 1 week postoperatively (Group 1). Starting in 2019, all patients continued estrogen therapy perioperatively, with dose reductions for those whose dose was >6 mg/day (Group 2).

Results: One-hundred seventy-eight patients were included in the study, with 117 in Group 1 and 61 in Group 2. Median Caprini Score was 4 in Group 1 (IQR 3-6) and 3 in Group 2 (IQR 3-4) (p=0.011). Complications per patient were higher in Group 1 (2.2 vs 0.9, p<0.001), with a longer follow-up (14.1 vs 10.2 months, p<0.001). Rates of 90-day VTE were not different between groups (0.0% vs 1.6%, p=0.166). Rate of 90-day postoperative inpatient psychiatric admission was also not different between groups (2.6% vs 3.3%, p=0.787).

Conclusion: This study suggests that perioperative estrogen continuation may be safe for PIV patients, the overwhelming majority of whom are at low baseline VTE risk. Only one patient was found to have a DVT, which was noted on clinical examination, confirmed with ultrasound, and successfully managed with oral anticoagulation. This study's low rate VTE is consistent with existing evidence that exists regarding thromboembolic risk in PIV patients. For patients with low baseline risk, further risk modification (e.g. chemoprophylaxis or estrogen cessation) would decrease VTE risk by a fraction of one percent—at the potential risk of gender dysphoria exacerbation. Thus, active discussion between the patient and surgeon about the risks and benefits of estrogen cessation is appropriate.

Oral Abstracts: Surgery – Masculinizing

SAT-11A-T: PATIENT-REPORTED SEXUALLY TRANSMITTED INFECTION AFTER PENILE RECONSTRUCTION SURGERY

Gaines Blasdel, Isabel Robinson, Lee Zhao, Rachel Bluebond-Langner
New York University Grossman School of Medicine, New York City, NY, USA

Presented by: Gaines Blasdel

Introduction/Background: Surveillance of sexually transmitted infections (STI), and their treatment following penile reconstruction in transgender, nonbinary, and other gender expansive (T/GE) populations has not previously been described, despite known risk factors in the population. Following T/GE penile reconstruction, care providers may underdiagnose STI without applicable guidelines.

Specific Aim: To characterize prevalence of sexually transmitted infection after gender affirming penile reconstruction

Materials and Methods: A detailed anonymous online survey of experiences of T/GE penile reconstruction patients was constructed with community input. Respondents were recruited from online support groups.

Results: We obtained sample of T/GE people with experience of penile reconstruction (N = 128). A 5.5% (N = 7) prevalence of STIs was observed via self-report. All respondents with neourethras were diagnosed with localized STIs in nonurethral (extrapenile) locations only, and lack of vaginectomy was correlated with STI (p = .002). Those with STIs were more likely to have sex with cisgender men (p = .001) , transgender men (p = .009), and transgender women (p = .012). Of healthcare access variables, only receiving healthcare at a Community Health Center was associated with STI history (p = .003).

Conclusion: STI occurs after penile reconstruction in T/GE patients. Without more clinical confirmation, specific risk factors and relative susceptibility of post-reconstruction anatomy to STIs is not possible to infer. Given no previous surveillance recommendations for this population and the association of healthcare provider location with STI prevalence, underdiagnosis is likely. Based on observed STI patterns and the authors' clinical experience, we describe a testing algorithm following gender-affirming penile reconstruction.

SAT-12A-T: DEVELOPING A GRAPHICAL INTERFACE TO DETERMINE PATIENT-DEFINED IDEALS IN GENDER AFFIRMING MASTECTOMY

Gaines Blasdel[1], Eugene Matthews[2], Oriana Cohen[1], Rachel Bluebond-Langner[1]
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Presented by: Gaines Blasdel

Introduction/Background: Mastectomy is one of the most commonly performed surgical procedures in the transgender, two-spirit, nonbinary, intersex, and gender expansive (T/GE) population. While the procedure has analogs in cisgender male and female patients, there are visual and technical aspects to the procedure that are unique to gender affirming mastectomy. Previous research has utilized cisgender male chests to derive algorithms for T/GE chest reconstruction. Differences in skeletal dimensions and body fat distribution in T/GE patients assigned female at birth may alter the ability to achieve male-typical feature placement utilizing algorithms derived from cisgender males. Additionally, male-typical feature placement may not be the desired surgical outcome for all T/GE patients seeking surgery. Establishing a model for T/GE-defined ideal chest parameters in a range of body habitus is a necessary groundwork to collect context-sensitive patient centered outcomes, a WPATH identified research priority.

Specific Aim: To develop a tool to record and quantify idealized outcomes in gender affirming mastectomy as defined by the population receiving the intervention

Materials and Methods: Three dimensional models of multiple female assigned at birth T/GE body habitus were created with reference to a base anatomical human model. Six chest reconstruction parameter variables were isolated: Areola diameter, lateral position of nipple-areola complex (NAC), vertical position of NAC, scar height, scar curvature, and scar angle. Previous anatomical studies of cisgender male chests were used to delineate the median option of each variable. Three versions of each variable were mapped to the base anatomy of the modeling software, and applied to each body habitus.

Results: Three Cartesian planes containing 9 discrete options, each combining manipulation of two isolated variables, were created using three-dimensional modeling software:
1. Areola diameter vs lateral position of the nipple-areola complex. 2. Vertical position of nipple-areola complex vs. scar height 3. Scar angle vs. scar curvature
These three Cartesian planes of variable manipulation were then applied to each female assigned at birth T/GE body habitus. Each discrete option was modeled and visualized as a slowly rotating figure, providing participants multiple views of the resulting chest parameters. The graphical survey was programmed for future data collection.

Conclusion: Utilizing three dimensional modeling software is a feasible method for collecting patient-defined ideals for chest reconstruction. Once patient-defined models have been established, further research is needed to measure the concordance of patient-defined ideals, plastic surgeon-defined ideals, and post-surgical outcomes. This graphical survey technique to determine patient ideals can be applied to additional gender affirming surgical interventions such as breast augmentation, facial gender confirming surgery, and genital affirmation surgery.

SAT-13A-T: Defining Aesthetic Ratios for Reconstruction of the Phallus

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Presented by: Rachita Sood

Introduction/Background: The ideal phalloplasty result is aesthetic, functional (e.g., maintenance of tactile and erogenous sensibility, sexual functioning, and urination while standing), and has minimal donor-site morbidity. Achieving an aesthetic and functional result can prevent physical and psychological consequences in the gender diverse population seeking masculinizing genital surgery for dysphoria. However, there are no published clinical guidelines for optimal aesthetic proportioning of the phallus.

Specific Aim: To generate clinically-relevant aesthetic recommendations for the phallus.

Materials and Methods: Data on relative phallic proportions was determined by measuring standardized ratios from 223 flaccid and 60 erect phalluses from a single publication over multiple decades. Two independent reviewers used ImageJ to measure shaft length, glans length, distance from bottom of umbilicus to top of shaft, and distance from jugular notch to bottom of umbilicus. Inter-rater reliability was calculated. Ratios of 1) dorsal glans length to shaft length; 2) ventral glans length to shaft length; and 3) umbilicus to shaft length relative to jugular notch to umbilicus length were calculated. Next, a medical illustrator created images with five to ten percent changes in the above three ratios. Aesthetic preferences of 1026 lay-people were crowd-sourced via Amazon Mechanical Turk. Rater demographics were collected.

Results: The dorsal glans length to shaft length ratio was calculated at 32.1 [95% CI: 31.1% to 33.1%], the ventral glans length to shaft length ratio was calculated at 12.6 10.7% to 14.4%, and the umbilicus to shaft length relative to jugular notch to umbilicus ratio was calculated at 53.6 [95% CI: 53.6% to 54.3%]. Based on the crowd-sourced ratings, the ideal dorsal glans length to shaft length was rated at 40% by 36% of raters, the ideal ventral glans length to shaft length was rated at 12% by 25% of raters, and the ideal umbilicus to shaft length relative to jugular notch to umbilicus length was rated at 65% by 35% of raters. There were significant differences in preferred ratios that varied by assigned sex at birth, sexual orientation, ethnicity, country of origin, and education level of raters.

Conclusion: It appears that the ideal dorsal glans is ~35-40% of the shaft while the ideal ventral glans is ~12-15% of the shaft, and the position of the shaft base from the umbilicus should be ~60% of the jugular notch to umbilicus length. These data should be discussed with patients undergoing phalloplasty and be used to guide surgical decision making in the operating room.

SAT-14A-T: EFFECT OF POSTOPERATIVE CHEST BINDING ON COMPLICATIONS AFTER GENDER AFFIRMING MASTECTOMY: SYSTEMATIC REVIEW AND META-ANALYSIS

Ian Nolan, David Daar, Alexes Hazen
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Presented by: Ian Nolan

Introduction/Background: Post-operative binding after masculinizing chest surgery for transgender and non-binary patients is common. Typically, an elastic bandage is secured around the chest and may be left in place for a few days to several weeks. Justifications for binding include prevention of seroma and hematoma as well as improvement of long-term aesthetic outcomes. However, prolonged binding may be uncomfortable and restrictive for many patients. Furthermore, the efficacy of binding to improve hematoma and seroma rate and/or final aesthetic outcome is undetermined, and no consensus exists regarding optimization of binding protocols.

Specific Aim: This was a systematic review and meta-analysis seeking to clarify the utility of post-operative chest binding.

Materials and Methods: PubMed and OVID/EMBASE were searched with terms relevant to transgender chest surgery. Inclusion criteria included primary, outcomes-based English-language literature detailing postoperative binding regimens after masculinizing chest surgery. A fixed-effects meta-analysis of complication rates was performed, stratified by surgical technique and duration of binding regimen.

Results: 179 unique articles were identified, of which 22 met inclusion criteria. Binding protocols were group as: none, <2 weeks, 2-4 weeks, 4-6 weeks, or 6+ weeks. There were no clear trends in the rate of any complication, hematoma, or seroma as stratified by post-operative binding duration. For hematoma, rate was 0.05 in the no-binding group (95% CI = 0.03 to 0.08), 0.04 in the <2 weeks group (95% CI = 0.02 to 0.06), 0.07 in the 2-4 weeks group (95% CI = 0.05 to 0.10), 0.11 in the 4-6 weeks group (95% CI = 0.09 to 0.12), and 0.11 in the 6+ weeks group (95% CI = 0.09 to 0.13). Similarly, there was no clear trend for rate of seroma or aggregated 'any complication'. No clear trend surfaced within double incision or non-double incision technique subgroups.

Conclusion: No clear trend could be discerned regarding the rate of hematoma, seroma, or 'any complication' as affected by postoperative binding regimen. We demonstrate no increased risk of complications when chest binding is foregone, or when shorter regimens are employed. There was no trend in either DI or non-DI cohorts. If chest binding is foregone, patients may be spared the considerable pain and mobility restriction associated with the practice. This analysis provides information for surgeons and patients to better characterize the risk-benefit profile of postoperative binding. However, this study design does not enable us to definitively recommend changes to practice regarding postoperative binding. Future study is indicated, including comparative study designs examining differences in outcomes with different binding protocols.

Oral Abstracts: Community Engagement

SAT-7B-T: RESEARCH ENGAGEMENT OF LATINA TRANSGENDER WOMEN IN THE EASTERN AND SOUTHERN US: FINDINGS FROM THE BASELINE LITE COHORT

Rodrigo Aguayo-Romero[1,2], Sari Reisner[1,2,3], Andrea Wirtz[4], The LITE Study Group
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Presented by: Rodrigo Aguayo-Romero

Introduction/Background: Latina transgender women (LTW) in the United States may experience unique barriers to participation in HIV research. There is a need for research to improve methods used in transgender health studies and to learn how to effectively engage, enroll, and retain highly marginalized groups such as LTW.

Specific Aim: This study was designed to assess similarities and differences between LTW enrolled In-Person and Online in the LITE cohort. We sought to understand culturally specific and other sociodemographic factors associated with participation in the cohort In-Person vs. Online. We also sought to evaluate whether differences in HIV-related outcomes were found for LTW based on participation mode.

Materials and Methods: The present study includes baseline data from 237 LTW. We analyzed differences and similarities in sociodemographic (race, age, education, income, health insurance), culturally specific (immigration status, U.S. citizenship, language of survey completion), gender affirmation (hormones and surgery), and HIV-related (lifetime sex work, lifetime STI diagnosis, previous HIV test, lifetime PEP use, lifetime PrEP use, current PrEP use) factors between LTW in the cohort participating In-Person vs. Online. A single bivariate model was estimated with participation mode (In-Person vs. Online) as the dependent variable. We then fit multivariable logistic regression models with HIV-related variables as the outcomes and participation mode as the independent variable of interest, controlling for sociodemographic characteristics, culturally specific, and gender affirmation factors.

Results: Overall, 82.7% completed the baseline survey In-Person. A higher proportion of LTW In-Person were Black Latina respondents (10.2% vs. 2.4%), had incomes below the federal poverty level (50.0% vs. 19.5%), and had public health insurance (56.6% vs. 29.3%) or no insurance (13.3% vs. 4.9%) than LTW Online (all $p<0.05$). Moreover, a higher proportion of LTW In-Person vs. Online reported a history of sex work (57.7% vs. 22.0%), prior HIV testing (91.3% vs. 65.9%), testing positive for an STI (35.7% vs. 17.1%), previous PEP use (23.0% vs. 4.9%), previous PrEP use (35.2% vs. 7.3%), and current PrEP use (23% vs. 4.9%) (all $p<0.05$). In multivariable models adjusted for sociodemographic, culturally specific, and gender affirmation variables, In-Person LTW compared with Online LTW were 4.5 times (CI 95% 1.1-18.4) as likely to be currently using PrEP, 4.9 times (CI 95% 1.6-15.0) as likely to report a history of PrEP use, 2.4 times (CI 95% 1.4-4.1) as likely to report a history of sex work, and 1.4 times (CI 95% 1.1-1.7) as likely to report previous testing for HIV (all $p<0.05$).

Conclusion: Findings indicate sociodemographic and HIV-related factors differ for LTW participating In-Person vs. Online in the LITE cohort. As online data collection practices continue to grow, researches have to keep in mind that data collection methods among certain populations such as LTW will yield significantly different samples and should base their data collection choices on the research question at hand. Public health researchers in general, including HIV researchers examining health disparities, should prioritize collecting data from LTW In-person since this group appears to have more vulnerabilities at the intersection of race/ethnicity, socioeconomic status, and gender identity compared with those LTW online.

SAT-8B-T: COMMUNITY NEEDS OF AN ACADEMIC TRANSGENDER CLINIC POPULATION

Jean Amoura
University of Nebraska Medical Center, Omaha, NE, USA

Presented by: Jean Amoura

Introduction/Background: The Transgender Clinic at Nebraska Medicine/UNMC serves a multi-state region, providing gender-affirming hormone therapy to over 800 patients. Patients range from early adolescents to elderly adults of all gender identities. All patients have sought care with the Transgender Clinic for possible management with hormone therapy and/or puberty blockers. Additional services provided within the Transgender Clinic are psychiatry (youth and adult) and consultation for chest reconstruction for trans masculine patients. Other clinical services are under consideration by hospital administration but the demand for such services has been undefined.

Specific Aim: To assess the highest priority clinical needs of a community of gender diverse patients currently receiving gender-affirming hormone therapy.

Materials and Methods: Patients with visits to the Nebraska Medicine Transgender Clinic from August 2016 to February 2020 with active email accounts were contacted for an anonymous online survey in April 2020. The survey included demographic data including patient age, sex assigned at birth, gender identity, and time since initiating treatment. Survey items included current utilization of transition-related services and interest in receiving specific services within the Transgender Clinic. Additional survey items addressed interest level in information sessions from clinic providers or community members. These topics included sessions on fertility and family building, accessories to aid with dysphoria (binders, packers, prostheses, tucking), hair and make-up, legal assistance (eg, name change), navigating schools, preparing for surgery, sexuality, and support groups. Respondents were also queried about their preferred format for receiving information on transhealth topics.

Results: There were 702 current patients with email addresses available in their medical chart. 169 surveys were completed (response rate 24%). Respondents were 52% seeking masculinizing treatment and 48% seeking feminizing treatment. Age distribution was as follows: under 19 years old, 13.4%; 19-29 years, 38.4%; 30-39 years, 19.5%; 40-49 years, 13.4%; 50-59 years, 6.7%; 60+ years, 8.5%. Time since starting puberty blocker or hormone therapy was categorized as <1 year (24.1%), 1-2 years (28.4%), 3-4 years (24.7%), and 5+ years (22.8%). Respondents expressed interest in the following services to become part of the Transgender Clinic: affirmation surgery (73.5%), voice therapy (49.0%), primary care (38.4%), hair removal (37.6%), weight loss management (36.5%), psychology/therapy (33.6%), psychiatry (30.1%), and pharmacy (24.3%). There were high levels of interest reported for affirmation procedures of genitals, chest/breast, face among all respondents. The procedures with the greatest level of interest were feminizing genital reconstruction (67%), facial feminization (65%), hysterectomy (64%), breast augmentation (53%), and masculinizing chest surgery (51%).

Conclusion: This survey addressed the needs of our current clinic population. These results have provided guidance to hospital administration on potential future directions to serve our patients. They likely represent common needs of transgender patients in similar communities, with a mix of rural and urban patients across all age ranges, and with limited dispersed health resources for gender diverse people in the region. This survey may provide direction to other similar situated providers or gender clinics currently focused on hormone therapy as they aim to expand the services offered to patients to meet the needs of transgender and gender diverse patients.

SAT-9B-T: ASSESSING REASONS FOR NOT FOLLOWING UP WITH A MULTIDISCIPLINARY GENDER-AFFIRMING PROGRAM FOR YOUTH IN DALLAS, TEXAS

Kaitlin Valentine[1,2], Laura Kuper[1,3], Ximena Lopez[1,3], Daniel Howard[1]
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Presented by: Kaitlin Valentine

Introduction/Background: A multidisciplinary, individualized approach is recommended for the provision of gender-affirming medical care for youth. Recent evidence suggests that gender-diverse youth may face barriers to care such as limited access to trained and culturally sensitive practitioners, lack of caregiver consent, and problems with insurance coverage. Additionally, it is unclear to what degree lack of clinic follow-up in these youths is explained by barriers to care or by changes in gender identity or desire for treatment.

Specific Aim: The present study seeks to examine reasons for not following up after an initial phone consultation with a multidisciplinary, gender-affirming program in Dallas, TX.

Materials and Methods: 593 study participants completed an initial phone consultation with the program between Aug 2013 and May 2019. These were divided into families who followed up with an in-person assessment with a mental health provider, which is the next step in establishing care (n = 408, 69%), and families who had not followed up by the end of data collection in May 2020 (n = 185, 31%). To assess reasons for not following up, caretakers were contacted via telephone and asked to participate in a brief survey. Reasons for not following up were obtained from 117 families (63%) and categorized based on common themes; multiple reasons provided by a given family were sorted independently. Data from additional survey questions, such as whether their child had received mental health services or had experienced a change in gender identity, were provided from a total of 110 families (59%). Demographic information was obtained from the electronic health record and, if unavailable, during the phone survey. Categorized reasons for not following up were analyzed for relationships with patient variables such as age, race, ethnicity, insurance, sex assigned at birth, and gender identity.

Results: The most common reasons for not returning included distance from the clinic or moving away (22% of families), difficulties communicating with the clinic (22% of families), and difficulties satisfying clinic intake prerequisites, particularly that of a letter of support from a mental health provider (17% of families). Other common reasons for not returning included lack of caregiver consent, problems with insurance coverage, and changes in the child's gender identity or a desire for more time for identity development. Hispanic ethnicity was significantly associated with difficulties communicating with the clinic. Of the 110 families who provided additional survey data, 22% reported a change in their child's gender identity independent of their reasons for not following up; these were more likely to have reported a non-binary or questioning gender identity upon initial consultation. Additional analyses are anticipated to elucidate potential demographic differences between those who did and did not follow up with the program.

Conclusion: These results suggest areas for program improvement, particularly in effective and culturally sensitive communication and in improving what may be a burdensome intake process. In summer 2019, the program removed the prerequisite for a letter of support from a mental health provider. However, additional steps are needed to improve access to care.

SAT-10B-T: EXPLORING BARRIERS AND FACILITATORS IN ACHIEVING POSITIVE SEXUAL HEALTH AMONG TRANS-FEMME YOUNG ADULTS: A COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)

Deena Giri[1], Jane Springett[1], Denise Spitzer[1], Glynnis Lieb[1], Nicole Jones-Abad[2], Brynn Day[1], Semin Chun[2], Samantha Allan[2], Jordan Cook[2], Azura Lak[2], Jeanette Sabourin[2]
[1]University of Alberta, Edmonton, AB, Canada, [2]Community Members, Edmonton, AB, Canada

Presented by: Deena Giri

Introduction/Background: Trans people have an increased risk of Sexually Transmitted Infections/Sexually Transmitted Disease (STI/STDs) and Human Immunodeficiency Virus (HIV) infection because of the lack of or delay in accessing to proper health information and services. While there has been a significant number of studies exploring about sexual health among the LGBTQ+ population, there is a paucity of community-based participatory research exclusively targeting the trans-femme community.

Specific Aim: The purpose of this study is to explore barriers and facilitators in achieving positive sexual health among trans-femme young adults and make possible recommendations for the improvements in sexual health using a community-based participatory approach.

Materials and Methods: In this research study, I used photovoice and small group discussions (n=8) with trans-femme young adults (18 to 35 years) and two group dialogues with key stakeholders (n=6). I asked trans-femme participants to take photographs of anything important to them regarding sexual health. Due to the Covid-19 Pandemic, participants used their own cameras or phone cameras to avoid in-person meetings. I also requested that participants identify and share two artifacts that were significant for their positive sexual health. We used Zoom video calling to share our photographs and artifacts. For data analysis, I worked together with the participants where we went through our transcripts to identify recurring themes from the data. For stakeholders' dialogues, I will be analyzing the data and key themes, which will be triangulated and compared against the group discussions from the trans-femme participants. I am currently working with the participants to create various art-based media to share our findings. The media we will produce as an end product from this research are a participatory film, digital story, postcards, buttons, and magnets with quotes and key messages that participants want to convey towards various target audiences.

Results: This study is still in progress and we are working to identify more themes. To date, however, we have identified barriers and facilitators at the community, health-care system, interpersonal, and individual levels. Some of the themes identified are: lack of information about trans sexual health, lack of competency among health service providers, challenges in accessing sexual health services, resiliency, intersectionality, and poor media representation.

Conclusion: Results of this study will help us to understand the lived experiences and sexual health concerns of trans-femme participants. The participatory data analysis conducted in this research is very unique and powerful on its own. The use of various arts-based ways and artistic expressions to gather data and share our findings with a participatory approach allows trans-femme participants communicate directly with the community and the targeted audience. Disseminating the findings in the form of arts such as participatory films, digital stories, post cards will help to incorporate the lived experience of trans-femme participants and connect with the target audience and generate suggestions for policymakers and advocate for their sexual health needs. This research is also contributing to empowering trans-femme young adults by engaging them in the overall research process and decision-making.

Mini - Symposium: Education

SAT-8C-M1: CHOOSE YOUR OWN HEALTHCARE ADVENTURE: ONLINE CLINICAL SIMULATION GAMES FOR PRIMARY CARE PROVIDERS OF TRANS CLIENTS

Benjamin Carroll[1,2], Erin Ziegler[2], Marian Luctar-Flude[1]
[1]Queen's University, Kingston, ON, Canada, [2]Ryerson University, Toronto, ON, Canada

Presented by: Benjamin Carroll, Erin Ziegler

Statement of Significance: Gender identity minority people (Two-Spirit, trans, intersex, genderqueer, non-binary) face many barriers to quality primary care services not the least of which are a lack of knoweldgable healthcare providers. Health education programs do not include gender identity content, considerations of intersectionality, nor guidance in relating and communicating in a culturally humble way. These combine to create significant barriers in creating culturally safe practice environments with clients. In 2017, the Canadian Institute of Health Research (CIHR) launched the knowledge translation focused *Hacking the Knowledge Gap: Trainee Award for Innovative Thinking to Support LGBTQI2S Health and Wellness* to address this gap. This syposium will showcase the interactive virtual simulation games (VSGs) created by the presenters in collaboration with Canadian Alliance of Nurse educators using Simulation (CANSim) in a project that has been funded by CIHR over three years and has grown to include a website education hub and online suite of VSGs. VSGs include live actors, first-person filming, and choose-your-own-adventure style skills testing to provide healthcare provider point-of-view simulated clinical interactions with adult and youth trans, non-binary, genderqueer, intersex, and Two-Spirit clients.

Learning Objective 1: Participants will explore knowledge of culturally humble & safe health care for gender identity minority clients through demonstration of VSGs.

Learning Objective 2: Participants will understand the development of a knowledge translation project from a design thinking perspective.

Learning Objective 3: Participants will recognise the ethical barriers and facilitators in the community based collaborative development process of VSG games for health provider education.

Method to Achieve Learning Objectives: Methods such as demonstration, online polling, didactic presenation, narrative exploration, case study comparison and evaluation, questions and discussion will impart the learning objective material. As well as engaging with the VSGs using the online platform and an online polling application (e.g.: Kahoot!) and reviewing pertinent background (Powerpoint or Prezi), other cutting-edge aspects of this project will be explored including: the cultural humility and cultural safety underpinnings (didactic presentation); knowledge translation project development using design thinking methodology (narrative exploration); community based participation in script development and acting; ethical simulation participation by people with lived experience (case study comparison & evaluation); and introduction of the learning hub, wwwSOGINursing.ca (online educational website demonstration). Discussion will be facilitated and questions taken up throughout. The goal of this symposium is the same as for the project itself: educating providers in creating safe, welcoming spaces for gender identity minority clients.

1:40pm - 2:55pm ET

Oral Abstracts: Endocrinology/Hormone Therapy – Child and Adolescent

SAT-15A-T: LEUPROLIDE ACETATE AND QTc INTERVAL IN GENDER DYSPHORIC ADOLESCENTS: A RETROSPECTIVE CHART REVIEW

Richelle Waldner, Manpreet Doulla, Joseph Atallah, Chelsey Grimbly
University of Alberta, Edmonton, AB, Canada

Presented by: Richelle Waldner

Introduction/Background: Leuprolide acetate, or Lupron, is a gonadotropin releasing hormone agonist commonly used to achieve pubertal suppression in gender diverse adolescents. Lupron is a fully reversible treatment that can halt the permanent changes of puberty and may help relieve gender dysphoria. There are concerns that Lupron prolongs the rate-corrected QT (QTc) interval when used as androgen deprivation therapy in the management of prostate cancer; however, there is a paucity of literature regarding Lupron and QTc interval in gender dysphoric adolescents. Our study aimed to evaluate QTc intervals in this population.

Specific Aim: Our study aimed to evaluate QTc intervals in this population.

Materials and Methods: We retrospectively reviewed data for youth between 9-18 years who were managed at the Stollery Endocrinology Gender Clinic (Edmonton, Alberta, Canada) between July 1, 2018 to December 31, 2019. A total of thirty-three pubertal adolescents were on Lupron and had a 12-lead electrocardiogram (ECG) obtained while on treatment. QTc intervals were analyzed, with QTc prolongation considered to be greater than 460 milliseconds (ms). When available, ECGs obtained prior to Lupron initiation were reviewed and the interval change was assessed. Data on concomitant medications and gender affirming hormones were obtained from the medical record.

Results: Our cohort had a mean (SD) age of 13.7 (2.1) years and 69.7% identified as male after being assigned female at birth. None of the adolescents on Lupron demonstrated QTc interval prolongation. The mean (SD) QTc interval was 415 (27) ms. There were 8 adolescents (24.2%) with a QTc between 440 ms and 460 ms, categorized as borderline prolongation. Of these 8 adolescents, 6 (75%) were on concomitant psychotropic medications and 3 (37.5%) were on gender affirming hormones; 2 on oral estrogen and 1 on intramuscular testosterone. Of the 19 patients who had both a baseline and post-Lupron ECG, the mean (SD) QTc interval change was -4.77 (26.5) ms and 1 adolescent had an interval change greater than 40 ms. This patient identified as male, was on gender affirming therapy (intramuscular testosterone), and had an interval QTc increase of 44ms with their follow-up QTc being 448 ms.

Conclusion: To our knowledge, this is the first study to report on QTc intervals in gender dysphoric adolescents on Lupron for pubertal suppression. Reassuringly, none of our cohort had QTc prolongation, defined as a QTc value greater than 460ms, or significant increase in QTc upon initiation of therapy. Borderline QTc prolongation was observed in 24.2% of adolescents and 62.5% of these adolescents were on at least one concomitant psychotropic medication classified as having a conditional risk for torsades de pointes.

SAT-16A-T: ACCESS TO GENDER-AFFIRMING CARE FOR YOUTH ENROLLED IN OREGON'S MEDICAID PROGRAM

Kara Connelly, Jae Downing
Oregon Health & Science University, Portland, OR, USA

Presented by: Kara Connelly

Introduction/Background: Guidelines recommend that youth meeting diagnostic criteria for gender dysphoria and fulfill criteria for treatment should have access to medications to suppress pubertal development and gender-affirming hormones, yet payers infrequently cover gender-affirming care and insurance claims for gender-affirming medications are frequently denied. Lack of insurance coverage and availability of providers are common barriers to receiving gender-affirming medications. Research on gender-affirming care in Medicaid, as the largest payer of children's health, is urgently needed. Oregon became of the first of 18 states to cover gender-affirming care in 2015.

Specific Aim: This study uses Oregon Medicaid claims data aims to describe trends in use of gonadotropin-releasing hormone analogs (GnRHa) for pubertal suppression and masculinizing or feminizing hormones and number and type of providers before (2010-2014) and after (2015-2018) the expansion of coverage for gender-affirming care.

Materials and Methods: We used Oregon Medicaid claims and enrollment data from 2010 to 2018 for all Oregon Medicaid enrollees between 5 and 18 years who had a gender-related diagnosis. Use of masculinizing hormones, feminizing hormones, and GnRHa for pubertal suppression was determined by presence of codes from the National Drug Code (NDC) list.

Results: The number of transgender and gender diverse (TGD) youth enrolled in the Oregon Medicaid program grew from 400 in the first quarter of 2010 to 600 by the last quarter of 2018, although a vast majority of these youth did not receive a gender dysphoria diagnosis until after 2015. Prior to 2015, less than 5% of TGD youth were prescribed a GnRHa for pubertal suppression or gender-affirming hormone; this rose to nearly 35% by the end of 2018. Among TGD youth enrolled in the last quarter of 2018, 10% had used a GnRHa, 23% had used a masculinizing hormone, and 8% had used a feminizing hormone. Those receiving care with pediatric endocrinology were younger and a higher proportion were prescribed GnRHa for pubertal suppression compared to those receiving care from other types of providers. The number of prescribing providers of all hormones grew significantly after 2015, although nearly half of youth received a prescription from one of 11 pediatric endocrinologists in two locations in Portland.

Conclusion: This is the first study of Medicaid enrollees to analyze a population of TGD youth and their access to gender-affirming medications. Expansion of the Oregon Medicaid benefit in 2015 to cover gender- affirming care resulted in a higher number of youth with prescriptions for GnRHa and gender-affirming hormones, and more prescribing providers of hormones. This study supports the importance of insurance plan coverage of gender affirming medications in reducing barriers to access to this medically necessary care.

SAT-17A-T: ASSOCIATIONS BETWEEN ACCESS TO PUBERTAL SUPPRESSION AND ADULT MENTAL HEALTH OUTCOMES: RESULTS FROM THE 2015 USTS

Jack Turban[1], Dana King[2], Jeremi Carswell[3], Alex Keuroghlian[2,4]
[1]Stanford University School of Medicine, Palo Alto, CA, USA, [2]The Fenway Institute, Boston, MA, USA, [3]Boston Children's Hospital, Boston, MA, USA, [4]Massachusetts General Hospital, Boston, MA, USA

Presented by: Jack Turban

Introduction/Background: Gonadotropin-releasing hormone analogues are commonly prescribed to suppress endogenous puberty for transgender adolescents. There are limited data regarding the mental health benefits of this treatment.

Specific Aim: To examine associations between access to pubertal suppression during adolescence and adult mental health outcomes.

Materials and Methods: Using a cross-sectional survey of 20 619 transgender adults aged 18 to 36 years, we examined self-reported history of pubertal suppression during adolescence. Using multivariable logistic regression, we examined associations between access to pubertal suppression and adult mental health outcomes, including multiple measures of suicidality.

Results: Of the sample, 16.9% reported that they ever wanted pubertal suppression as part of their gender-related care. Their mean age was 23.4 years, and 45.2% were assigned male sex at birth. Of them, 2.5% received pubertal suppression. After adjustment for demographic variables and level of family support for gender identity, those who received treatment with pubertal suppression, when compared with those who wanted pubertal suppression but did not receive it, had lower odds of lifetime suicidal ideation (adjusted odds ratio = 0.3; 95% confidence interval = 0.2–0.6).

Conclusion: There is a significant inverse association between treatment with pubertal suppression during adolescence and lifetime suicidal ideation among transgender adults who ever wanted this treatment. These results align with past literature, suggesting that pubertal suppression for transgender adolescents who want this treatment is associated with favorable mental health outcomes.

SAT-19A-T: Retrospective comparison of two GnRH agonist subdermal implants as pubertal suppression for pediatric gender affirming care.

Andrew Arndt, Megan Jacobs, Hayley Baines, Kara Connelly
Oregon Health & Science University, Portland, OR, USA

Presented by: Andrew Arndt

Introduction/Background: Gonadotropin-releasing hormone analogs (GnRHa) for pubertal suppression as a part of gender affirming care for transgender and gender diverse (TGD) youth is off-label, yet standard of care based on published guidelines. GnRHa are available as two different brands of subdermal implants (Supprelin® LA and Vantas ®) that contain the active ingredient histrelin acetate. Each brand contains slight daily dosing variation, yet a vast difference in cost of up to $20,000. The histrelin acetate implants indicate duration of suppressive effect of 12 months per the FDA, however anecdotal evidence suggests longer suppressive effect of up to 24 months.

Specific Aim: The primary aim is to demonstrate the efficacy and duration of pubertal suppression between two brands of histrelin acetate subdermal implants in TGD youth. Secondary aims are to evaluate the cost-effectiveness and insurance coverage trends between histrelin acetate implant brands utilized in standard clinical practice.

Materials and Methods: This is a retrospective analysis of all pediatric patients 5-19 years old with histrelin acetate implant use for any indication from January 1, 2014 to December 31, 2019 at a large urban academic medical center, with institutional review board approval. Bivariate analyses were used to compare differences among demographic variables, age, pubertal stage at time of placement and any reported side effects, procedural settings, and duration of use for both histrelin acetate implant brands. Sub-analyses of cost and insurance data between indication of use and implant type is in process.

Results: Initial review indicates 54 unique patients 10-18 years of age (mean 13.68) had histrelin acetate implant placement procedures during the study period. There were a total of 63 documented implants indicating implant replacements in a small cohort. Vantas ® was more commonly authorized (71%, n=45) by insurance than Supprelin® LA for the diagnostic code of gender dysphoria. Three individuals received insurance denials for both implants due to their age of 18 years or above. Duration of use varied from 12.5-24 months, with the majority at 1.5 years.

Conclusion: Both reviewed histrelin acetate implant brands are equally effective for pubertal suppression beyond 12 months. The results of this study support patient choice between brands and the decision to leave the implant in place longer than 12 months, with the potential of improving cost-effectiveness for TGD youth accessing GnRHa for pubertal suppression.

SAT-20A-T: HISTRELIN IMPLANTS FOR SUPPRESSION OF PUBERTY IN YOUTH WITH GENDER DYSPHORIA: A COMPARISON OF 50 MCG/DAY (VANTAS) AND 65 MCG/DAY (SUPPRELINLA)

Johanna Olson-Kennedy[1,2]
[1]University of Southern California, Los Angeles, CA, USA, [2]Children's Hospital Los Angeles, Los Angeles, CA, USA

Presented by: Johanna Olson-Kennedy

Introduction/Background: Development of incongruent secondary sex characteristics in transgender youth can intensify or trigger the onset of gender dysphoria. Guidelines from professional organizations recommend gonadotropin releasing agonists (GnRHa's), including histrelin implants (Vantas and SupprelinLA) to suppress endogenous puberty. Although Vantas does not have a pediatric indication, it is anecdotally being used in pediatric gender centers throughout the United States because of its substantially lower cost.

Specific Aim: This retrospective study aimed to determine if both implants were effective in suppressing the hypothalamic-pituitary-gonadal axis in early-to-mid-pubertal youth with gender dysphoria.

Materials and Methods: Youth with gender dysphoria receiving care at the Center for Transyouth Health and Development at Children's Hospital Los Angeles (CHLA) or participants from an ongoing observational trial with a histrelin implant placed for pubertal suppression at Tanner stage 2 or 3 were included. Sex-steroid (testosterone or estradiol) and gonadotropin measurements at baseline (T0) and then 2 to 12 months following implant placement (T1) were abstracted from medical records.

Results: Of the 66 eligible participants, 52% were designated female at birth. Most participants were white (60.6%). Twenty participants (30.3%) had a Vantas implant and 46 (69.7%) had a SupprelinLA implant. Mean age of insertion was 11.3 years. Gonadotropin and sex steroid levels were significantly decreased at T1 (2-12 months after insertion of implant), with no differences between implants.

Conclusion: These results indicate that both implants are effective in suppressing puberty in early-to-mid-pubertal youth with gender dysphoria. These data may inform decisions about insurance coverage of Supprelin and/or Vantas for youth with gender dysphoria.

Mini - Symposium: Law, Policy, and Ethics

SAT-11B-M1: CROSS CULTURAL APPROACHES TO ETHICAL CHALLENGES IN TRANSGENDER HEALTH

Lin Fraser[1], Tuisina Brown[2], Susannah Cornwall[3], Jamison Green[4], Gail Knudson[5]
[1]Private Practice,, San Francisco, CA, USA, [2]Brown Trade Marks & IP, Brisbane, Australia, [3]University of Exeter, Exeter, United Kingdom, [4]Jamison Green and Associates, Vancouver, WA, USA, [5]University of British Columbia, Vancouver, BC, Canada

Presented by: Lin Fraser, Tuisina Brown, Susannah Cornwall, Jamison Green, Gail Knudson

Statement of Significance: At WPATH, we are in the process of developing our thinking about ethics in transgender health across 3 contexts.
1) Our Ethics Committee is revamping our Ethics Guidelines.
2) Our GEI committee continues to seek feedback and improve our Foundations Course and advanced workshops in Ethics.

3) We are developing a new chapter on Ethics in SOC8.
A survey gathering information on ethical guidelines, frameworks, training courses and literature was distributed by WPATH August 1, 2020.
In this mini symposium, the panel will be discussing the results of the survey. We have been training, through WPATH's Global Education Initiative (GEI), that ethics is a conversation, and we would like to ensure that the conversation includes our membership so that our training contains the collective wisdom of our members, especially those outside of Canada, the USA and Europe.
We have created some open-ended questions to help us as we develop our ethics thinking. This session will involve a conversation among the panelists about the member responses to these questions as well as discussing some of the issues described in the attached scholarly articles. Given that the panelists are themselves global (from the South Pacific, Americas, Europe) and are interdisciplinary, our hope is to have several breakout rooms where participants will be able to interact with individual panelists.

Learning Objective 1:
To explore global ethical frameworks that are applicable to transgender health based on the wisdom of our membership.

Learning Objective 2:
To learn global ethical frameworks that are applicable to transgender health based on global literature.

Learning Objective 3:
To engage in conversation about how social, cultural, and religious customs intersect with ethics and how these differences intersect with and impact trans healthcare.

Method to Achieve Learning Objectives:
Since the WPATH approach to ethics is that "ethics is a conversation", the panelists will be having a conversation on the topic of Cross-cultural Approaches to Ethical Challenges in Transgender Health based on the responses to the survey and from the academic literature on the topic. The participant learner will have the opportunity to listen and see how the panelists approach ethical challenges from different perspectives. The participant will have an opportunity to participate in conversation and will receive relevant handouts.

Mini - Symposium: Community Engagement

SAT-9C-M1: TRANSFORWARD: CREATING A STATEWIDE TRANSGENDER-POWERED RESEARCH NETWORK IN TEXAS

John Oeffinger[1], Brett Cooper[2], Emmett Schelling[3], Rocky Lane[4], Ankit Sanghavi[1]
[1]Texas Health Institute, Austin, TX, USA, [2]UT Southwestern Medical Center, Dallas, TX, USA, [3]Equality Texas Foundation, Austin, TX, USA, [4]Transgender Education Network of Texas, Austin, TX, USA

Presented by: John Oeffinger, Brett Cooper, Emmett Schelling, Rocky Lane, Ankit Sanghavi

Statement of Significance: This submission addresses Community Engagement and Disadvantaged Groups (Underserved Groups/Populations) with emphasis on Black, Latinx, Asian, and Indigenous communities. The Williams Institute estimates 1.4 million adults in the U.S. identify as transgender, including 124,500 Texans. Texas is home to the second largest transgender adult population in the country, behind California. This includes an estimated 46,500 White; 16,800 Black; 54,650 Latinx; and 6,550 other races or ethnicities.

TransFORWARD: A Statewide Transgender-Powered Research Collaborative in Texas is one of four transgender projects awarded out of 847 Patient-Centered Outcomes Research Institute (PCORI) Engagement Awards. The 2018 award is designed to establish trust and increase participation in medical research. Connecting transgender people with clinicians and researchers to ensure culturally competent transgender medical care informed by evidence-based data is the main goal. TransFORWARD was awarded a COVID-19 Enhancement 1-year extension on July 1, 2020. Project stakeholders include 224 transgender adults, parents of transgender youth, clinicians, and researchers organized into eight regions across 254 Texas counties (USA).

TransFORWARD provides cutting edge patient-centered outcomes research capacity building using cross-cultural and interdisciplinary methods. Each of the eight Texas regions has different yet complementary demographic, diversity, social determinants of health, research characteristics and needs.

A Research Engagement Advisory Council provided initial project guidance. Four to six hour regional summits were hosted in 2019 across eight regions, engaging a total of 224 participants. Each followed a 3-block format. Block A surfaced and engaged participants in understanding patient-centered outcomes research. Participants completed regional assessments in Block B. Identifying next steps completed the summit in Block C. Region co-leads and a core research team assembled at the Capstone Collaborative Learning Summit to review the 8-summit report, identify priorities and next steps in early 2020.

Texas has 264,313 positive cases of COVID-19 (7/13/20) and an increasing positivity rate. COVID-19 impacts the health, livelihoods, and social lives of people around the world. The public health response to the pandemic, including shelter-in-place orders and social distancing, may exacerbate existing risk factors for suicide, including among transgender adults. TransFORWARD will use THI's Project ECHO Replication Hub to conduct 22 ECHO sessions in 2020-21. Four quarterly sessions open to all 224+ region participants and 3 series of six individual topic sessions will provide trans experiential knowledge in responding to COVID-19. This work provides continuing guidance in developing medical research to meet the needs of transgender and gender, racial, and ethnic diverse people and communities.

Learning Objective 1: Identify specific methods and materials to increase research survey enrollment.

Learning Objective 2: Identify intentional methods to increase participation in Black, Latinx, Asian, and Indigenous communities.

Learning Objective 3: Create a plan to increase transgender community engagement in your research.

Method to Achieve Learning Objectives:
The presentation follows a logical progression presenting data and asking questions using anonymous feedback to ensure the three learning objectives are met. This includes the capacity to answer to open ended questions and word clouds to drive the conversation into a richer dialogue. Participants can create a MyPlan to put panel information into practice. Participants will be invited to continue discussions with panelists by accessing TransFOWARD's online collaborative community.

Oral Abstracts: Surgery – Feminizing

SAT-16D-T: SCROTAL NERVE BLOCK FACILITATES ELECTROLYSIS PRIOR TO PENILE-INVERSION VAGINOPLASTY

Nick Esmonde, Ellie Ley, Toby Meltzer
The Meltzer Clinic, Scottsdale, AZ, USA

Presented by: Nick Esmonde

Introduction/Background:
Penile inversion vaginoplasty commonly utilizes a full thickness skin graft from the scrotum to achieve adequate depth in the neo-vagina. Even with aggressive thinning or cauterziation, these grafts may retain viable hair follicles. This can lead to ectopic hair growth and hygiene difficulties in the neo-vagina and, in some cases, cysts or infections. Pre-operative electrolysis is routinely employed to reduce the number of viable hair follicles, however, it requires numerous painful treatments to clear the hair. Here we describe a technique to achieve a complete scrotal block via the genito-femoral and superficial perineal nerves to allow for longer electrolysis treatments and fewer overall number of treatment sessions. The block is

easily learned and can be performed in a clinicians office immediately prior to the patients electrolysis session. It is also effective for office-based orichiectomy procedures.
Penile inversion vaginoplasty commonly utilizes a full thickness skin graft from the scrotum to achieve adequate depth in the neo-vagina. Even with aggressive thinning or cauterziation, these grafts may retain viable hair follicles. This can lead to ectopic hair growth and hygiene difficulties in the neo-vagina and, in some cases, cysts or infections. Pre-operative electrolysis is routinely employed to reduce the number of viable hair follicles, however, it requires numerous painful treatments to clear the hair. Here we describe a technique to achieve a complete scrotal block via the genito-femoral and superficial perineal nerves to allow for longer electrolysis treatments and fewer overall number of treatment sessions. The block is easily learned and can be performed in a clinicians office immediately prior to the patients electrolysis session. It is also effective for office-based orichiectomy procedures.

Specific Aim: This is a technical description of a simple, effective nerve block that facilitates painless electrolysis prior to vaginoplasty, and can reduce the overall number of sessions required for complete hair clearance.

Materials and Methods: This is a technical description of a simple, effective nerve block that facilitates painless electrolysis prior to vaginoplasty. We provide a review of the technique.

Results: As this is a technique paper, we do not provide specific outcome data.

Conclusion: The scrotal nerve block is a simple, effective nerve block that facilitates painless electrolysis prior to vaginoplasty and reduce the overall number of electrolysis sessions required to complete hair removal.

SAT-17D-T: PENILE AND SCROTAL SKIN MEASUREMENTS TO PREDICT FINAL VAGINAL DEPTH IN PENILE INVERSION VAGINOPLASTY: A GUIDE FOR PRE-OP PATIENT COUNSELING AND SURGICAL PLANNING

Nance Yuan[1], Michael Zaliznyak[1], Maurice Garcia[1,2]
[1]Cedars-Sinai Medical Center Transgender Surgery and Health Program, Los Angeles, CA, USA,
[2]Department of Urology, Los Angeles, CA, USA

Presented by: Nance Yuan

Introduction/Background: In gender-affirming penile inversion vaginoplasty, it is crucial for patient counseling and surgical planning to be able to estimate achievable vaginal depth using a patient's available penile and/or scrotal skin. This study explores how preoperative penile and scrotal skin measurements can be used to estimate final vaginal depth and to determine whether vaginoplasty with penile skin alone may be sufficient or whether additional skin grafts may be necessary, such as in cases of phimosis or penoscrotal hypoplasia.

Specific Aim: Develop a nomogram to predict achievable vaginal depth in penile-inversion vaginoplasty using pre-operative measurements.

Materials and Methods: Retrospective review of all patients undergoing penile inversion vaginoplasty, with or without use of scrotal skin, at a single institution from June 2017 to February 2020 was performed. Penile shaft and midline scrotal skin length were recorded. Dorsal penile skin length was measured with the skin from the base of the penis to a point 1 cm proximal to the coronal ridge stretched out. Scrotal skin length was measured as length of skin from the perineum to the penoscrotal junction. Final vaginal depth was measured intraoperatively using a large (12 cm circumference) vaginal dilator. Our preferred (and alternative) method(s) of orienting and tubularizing harvested scrotal-skin, so as to optimize surface area of usable skin, is discussed. Excess scrotal skin was trimmed once maximal vaginal depth was achieved.

Results: A total of 46 vaginoplasty patients were reviewed. 14 patients underwent penile-inversion vaginoplasty without scrotal skin (PIV-only) and 32 patients underwent penile-inversion vaginoplasty with scrotal skin (PIV+scrotal). In the PIV-only group, average preoperative dorsal penile skin length was 15.7 cm and average vaginal depth immediately postoperatively was 13.3 cm. On average, final vaginal depth was 85% of the pre-operative measured penile skin length.

In the PIV+scrotal group, average penile skin length was 11.2 cm and average final vaginal depth was 15.6 cm. Based on the formula derived from the PIV-only data, the contribution of the penile skin to vaginal canal depth was an average of 8.8 cm.

Average preoperative midline scrotal skin length was 22.8 cm in length, which, based on our optimized tubularization method, resulted in a tube of scrotal skin that was 12.4 cm long, or 60% of pre-op scrotal skin length.

After obtaining maximal vaginal depth, an average excess 5.6 cm of scrotal skin tube remained unused. In 31/32 surgeries utilizing scrotal skin, there was an excess of scrotal skin.

Conclusion: In gender-affirming vaginoplasty, preoperative penile and scrotal skin measurements can be used to predict final vaginal depth. The depth achieved from penile skin only may be satisfactory for some patients based on their needs, thus avoiding risks of skin graft loss. When needed, scrotal skin grafts generally offer more than adequate skin when harvested in an optimal technique. How the graft is tubularized is important to optimize achievable vaginal depth with a minimum of suture lines. The need for skin grafts from other donor sites should be very rare.

Oral Abstracts: Surgery – Masculinizing

SAT-18D-T: INFORMING CONSENT: WHAT 107 PHALLOPLASTY AND METOIDIOPLASTY PATIENTS DID NOT KNOW BEFORE SURGERY

Gaines Blasdel[1], Isabel Robinson[1], Skylar Schult[2], Lee Zhao[1], Rachel Bluebond-Langner[1]
[1]New York University Grossman School of Medicine, New York City, NY, USA, [2]Oregon Health and Science University, Portland, OR, USA

Presented by: Gaines Blasdel

Introduction/Background: Previous efforts to describe transgender and nonbinary patient experiences regarding penile reconstruction surgery have surveyed from within referrals to surgery centers and other homogenous or limited populations. A lack of long term follow up and standardized patient reported outcome measures (PROMs) limits available outcome data and therefore patient's ability to provide fully informed consent to these interventions.

Specific Aim: 1)To use thematic analysis to describe patient-reported knowledge deficiency prior to genital surgery with implications for informed consent.

Materials and Methods: A detailed anonymous survey of experiences after gender affirming penile reconstruction was approved by institutional review board. Respondents who had undergone metoidioplasty or phalloplasty surgery were asked "Is there anything you wish you had known before having genital surgery?" These and additional open text responses to questions about regret experience, sources of information, and clinician expectation setting were included in the thematic analysis if initially coded as relevant to informed consent. Coding and thematic analysis was performed by three independent reviewers; two peer-professional leaders in genital surgery and one plastic surgeon. Light's Kappa for inter-rater reliability was calculated and disagreements resolved. Quantitative analysis was performed on sources of information used by respondents and 5-point scale rating of how helpful these sources were.

Results: 129 unique respondents completing the survey by 3/31/2020 had previously undergone penile reconstruction via metoidioplasty or phalloplasty. Initial coding revealed 107 unique respondents with open text responses relevant to informed consent. These responses were coded into themes, with four high level themes emerging: topics related to procedure choice, topics related to the post-operative healing course, topics related to post-surgical outcomes, and topics related to the healthcare system [Fig. 1]. Amongst those included in the thematic analysis, the most commonly utilized sources of information included websites run by the trans community (90.7%, n= 97), websites run by surgeons (75.7 %, n= 81), and transbucket.com (74.8%, n= 80). The highest rated sources of information in terms of helpfulness included Facebook (with a mean rating of 4.41 out of 5), community "show and tell" events with live display of penis (4.37), and plastic surgeons (4.35).

Conclusion: Specific topics have emerged that patients were lacking information regarding before undergoing gender affirming penile reconstruction. Given the diversity of sources from which patients currently receive information that they value, interventions in both surgical practice and community health education can be utilized to improve the knowledge of future patients about these important topics prior to undergoing surgery.

SAT-20D-T: Topical Tranexamic Acid in Gender Mastectomies Decreases Time to Drain Removal

Katherine Rose, Kirsten Gunderson, Armin Edalatpour, Katherine Gast
University of Wisconsin Division of Plastic and Reconstructive Surgery, Madison, WI, USA

Presented by: Katherine Rose

Introduction/Background: Gender affirming surgeries are being performed at increased rates in the United States with chest masculinization being one of the most frequently performed. Drain placement is common to mitigate fluid accumulation, however, these can be burdensome to patients and can lead to complications. Tranexamic acid (TXA) is an antifibrinolytic that has been shown to decrease bleeding and fluid production in many surgical subspecialties.

Specific Aim: The purpose of this study is to evaluate the effects of topical TXA on timing of drain removal in gender mastectomy patients.

Materials and Methods: Retrospective chart review was performed on transmasculine and gender expansive patients undergoing double incision mastectomy from August 2018 to November 2019 by a single surgeon at our institution. Operative reports were reviewed to determine the use of topical TXA at the end of the case. Data collected included the use of TXA, number of days to drain removal, and post operative complications. Independent sample t-test was used to compare the two groups.

Results: Forty two patients were included in the study. Each breast was counted as a unique data point; therefore, there was a total of 84 breasts with 40 in the no TXA group and 44 in the TXA group. In the TXA group, a 2.5% TXA solution was topically applied via irrigation prior to closure. Drains were removed when output was less than 30 mL/day for two consecutive days. Patients who received topical TXA had significantly earlier drain removal as compared to the patients that did not receive TXA (4.8 ± 1.9 vs 6.5 ± 3.2 days, $p=0.004$). Complication rates did not differ between the two groups (0.08% without TXA and 0.5% in the TXA group, $p=0.573$). No thrombotic events were noted in the TXA group.

Conclusion: Topical TXA can safely facilitate earlier drain removal in patients undergoing gender affirming chest surgery with double incision mastectomies. This could potentially increase patient satisfaction and decrease complications associated with drain placement.

SAT-21D-T: PATIENT-DEFINED GOALS AND PRIORITIES OF INTERVENTIONS FOR GENITAL INCONGRUENCE IN TRANSGENDER MEN AND NONBINARY PEOPLE

Gaines Blasdel[1], Geolani Dy[2], Isabel Robinson[1], Rachel Bluebond-Langner[1], Lee Zhao[1]

[1]New York University Langone Medical Center, New York, NY, USA, [2]Oregon Health & Science University, Portland, OR, USA

Presented by: Gaines Blasdel

Introduction/Background: Previously theorized goals and priorities of gender affirming penile reconstructive surgery procedures have included: 1) One stage and reproducible, 2) Standing micturition, 3) Sensate, 4) Capable of penile insertive intercourse (alternatively phrased as providing sexual satisfaction), 5) Aesthetically acceptable to the patient, 6) Minimal scarring, 7) Retained function in donor site, and 8) Normal scrotum. Other studies have sought to describe patient preferences regarding penile surgery from within referrals to surgery centers and other limited populations, including only individuals seeking surgery. Establishing patient-defined goals and priorities from a broadly-representative population when treating genital incongruence is a necessary groundwork to collect context-sensitive patient reported outcomes, a WPATH-identified research priority.

Specific Aim: To describe goals and priorities of interventions to treat genital incongruence in a large, nonclinical sample of transgender men and nonbinary people.

Materials and Methods: A list of goals and priorities for genitalia was developed by and piloted with 6 post-surgical community members and 3 surgeons, resulting in 29 goals, classified into 3 domains: appearance and nonsexual function, identity and access, and sexual health. A survey of views and experiences of transgender men and nonbinary people with genital incongruence was constructed using these goals. The electronic survey was advertised in online communities to individuals self-identifying as transgender men or nonbinary with genital incongruence. Outcomes included the perceived importance of each goal or priority at pre-surgical and post-surgical time points, with clarification that this question was regarding perceived importance of the goal/priority post-operatively, not whether the goal/priority was achieved.

Results: Of the 1586 respondents who completed the survey between 1/30/2020 and 5/29/2020, the 1195 who completed the portion of the survey including goals and priorities and were included. Average age was 26.3, with 44.9% identifying as a nonbinary gender, 21.6% identifying as a person of color and/or Latinx, and 23.3% residing outside the United States. The three most commonly selected goals and priorities were: appearance of male-assigned genitals (89.0%), increased comfort in bathrooms, locker rooms and saunas (86.8%), and insertive penetration (86.3%) [Fig. 1]. Of those who had undergone surgery (n = 148), the items that most frequently became new goals after surgery were: increased genital sensation (11.5%), scrotum of a certain size (10.8%), and no longer needing to disclose gender in healthcare settings (8.1%). Items that were most frequently removed after surgery as goals included: closing vagina (31.8%), no remaining appearance of female-assigned genitals (27.7%), and more comfort in bathrooms, locker rooms and saunas (27.7%) [Fig. 2].

Conclusion: No goal or priority was universally chosen by respondents. Within the observed heterogeneity, frequently selected genital goals and priorities in the nonclinical sample were consistent with those defined in literature. Further investigation of the post-operative experience is warranted, as the change in importance of goals or priorities after surgery may signal room for improvement in health education, pre-operative counseling, and operative planning.

3:00pm - 4:15pm ET

Oral Abstracts: Community Engagement

SAT-21A-T: TRANS WOMEN’S EXPERIENCES OF PARTICIPATING IN SPORT IN AUSTRALIA

Lauryn Stewart, Paul O'Halloran, Jennifer Oates
La Trobe University, Melbourne, Australia

Presented by: Lauryn Stewart

Introduction/Background: The benefits of sport participation have been well documented in the literature. Participation in sport can promote wellbeing, improve community capacity building and social capital, reduce crime, improve self-confidence and self-esteem as well as empower disadvantaged groups. Researchers argue that one of the main benefits of sport participation is that it can improve a person's health and social connectedness. One group that often has difficult integrating into the broader community and can experience stigma and discrimination is trans and gender-diverse individuals. Given the marginalisation of gender-diverse groups it is not clear if the positive effects of sport are also applicable to these groups.

Specific Aim: To mitigate this gap of knowledge, a study was created and conducted that investigated the experiences of trans women in sport in Australia. Trans women were the focus of this research because previous research has only explored broader groups of gender-diverse individuals but not trans people. It is important to also research the lives of trans individuals because the experiences of the broader group of trans and gender-diverse people may not apply to this specific group. For example, sport environments are frequently gendered. For trans and gender-diverse individuals who have a binary perspective on their gender, participating in a sport played by people of a specific gender may heighten concerns such as being misgendered by fellow players.

Materials and Methods:
This qualitative study involved 20 women aged 16-65 years old, currently all participating in organised community sport. The women were interviewed utilising semi-structured in-depth interviews.

Results: The results indicated that trans women perceive sport is important to their health and wellbeing and intricately linked to their identity. The women shared both the barriers and facilitators to their participation in sport. Some of the barries of sport engagement included, non-inclusive policies, experienced stigma, gender incongruent voice, as well as having to hide their trans status. Some of the facilitators that were discussed were improved physical health and wellbeing, increased connectedness, improved involvement with their community and development of skills. The women explained they made strong connections with their club and specifically their team mates and coach and felt a strong connected within their community. However, they had difficulties with the opposition, umpires, spectators and people higher ranked at sporting clubs often experiencing stigma and discrimination based on their gender identity.

Conclusion: The current literature is in its early stages with the majority of research being exploratory and observational. This study provided valuable information about trans women's experiences on participating in community level sport in a highly gendered enviornment. Prior to this study it was not known that sport was critical to these women in terms of their wellbeing and community conntectedness. The proposed presentation for the 2020 WPATH conference will report the findings from the study, discussing the barriers and facilitators that trans women experience with their engagement in sport. This study also has important policy implications. Future research directions indicated by the findings of the study will also be discussed.

SAT-22A-T: GENDER CONNECT LIVED-EXPERIENCE LEADERS – THE IMPACT OF WORKING AND THRIVING IN A GENDER AFFIRMING WORKFORCE

Oliver Keane, Kirsty Degabriele
Sexual Health Information Networking and Education (SHINE SA), Adelaide, Australia

Presented by: Oliver Keane

Introduction/Background: Gender Connect Country SA (GCCSA) is a peer work initiative that supports transgender, gender diverse (TGD) and gender questioning people and their personal and professional supports living in rural South Australia.

GCCSA is distinguished by an entirely TGD team, who utilise their experience as gender diverse people to provide information and support to Country SA .
The staff employed within this service have engaged in leadership development program for emerging gender diverse leaders, which has further enhanced the team's skill, knowledge, confidence and sense of belonging within the service and community.

Specific Aim: Alongside the key service deliverables, the GCCSA service aims to increase knowledge, skill, experience, confidence and sense of belonging of the TGD emerging leaders within the team itself. From the outset, TGD voices and perspectives have been sought in the service design, implementation and evaluation of this service. It also aims to support both the personal and professional development of a TGD workforce and is proactively combating the high unemployment and underemployment rate of the TGD community, which is currently four times that of cisgender people at 21% (Cheung et al, 2018).

Materials and Methods: GCCSA commenced the service planning in December 2019, and launched in March 2020. TGD voices and perspectives have been at the forefront of the planning, implementation and evaluation phases of the service, and as such, the service has been tailored to the needs of the community.
Our team employed within the service have reflected increases in their skills, knowledge, experience, confidence and sense of belonging and purpose within their community.
Many of the team members previously volunteered with the founding organisation, and were supported to transition into paid work as emerging TGD leaders with the support of the leadership development program.

Results: Many of the team started the role after significant unemployment or underemployment. Approximately 53% of TGD people have general fears in approaching employment, with the highest anxiety based around dress codes, and being "outed"(Pride in Diversity p. 53).
Staff within GCCSA are able to work with their identity acknowledged and respected, but also celebrated and their lived-experience expertise and perspective utilised in a meaningful way, which is a rare and opportunity not often afforded in mainstream society.
This team is fostering a passionate culture, and is able to deliver quality service to the Country SA TGD community. Additionally, having an entirely TGD team sit within a larger organisation has proven to be valuable, as the GCCSA team is able to educate and connect with cisgender allies in the workplace.

Conclusion: The GCCSA team has built a strong foundation for their work in supporting TGD people and their supports living in Country SA. Having an entirely TGD team has also proven useful for the organisation, by providing cisgender allies a workforce to consult with and learn from.
With lived-experience at the core of their work, TGD team members are able to bring their passion and knowledge to this role without fear of discrimination and a genuine opportunity to flourish as their true authentic selves, whilst providing meaningful support.

SAT-23A-T: PEER-NAVIGATORS AS "BRIDGES" BETWEEN TRANSGENDER WOMEN AND THE HEALTHCARE SYSTEM: SYSTEMATIZATION OF AN EXPERIENCE IN A TRANS-SENSITIVE HIV CARE SERVICE IN BUENOS AIRES, ARGENTINA

Pablo Radusky[1,2], Nadir Cardozo[1,3,4,5], Mariana Duarte[1,3,4,5], Solange Fabian[1,6], Gastón Devisich[1], Susana Cahn[1], Claudia Frola[1,7], Emilia Frontini[1], Pedro Cahn[1]
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Presented by: Pablo Radusky

Introduction/Background: Transgender women face multiple barriers to access health, delaying testing, entry and engagement in HIV care. Peer navigators (PN) are transgender women equally inserted in the community and the healthcare team, who build “bridges” between both. Although services assisting transgender women are increasingly acknowledging their importance and incorporating them, no guidelines are available, and their role is not well defined yet.

Specific Aim: This work systematizes the experience and skills of PN in order to produce recommendations for replicating the PN role in other healthcare services.

Materials and Methods: In January 2019, interviews were conducted with three transgender women peer-navigators working full-time in an HIV-care service in Buenos Aires, Argentina. The information gathered was categorized in activities and skills.

Results: The PNs have more than 2 years in the position and large experience as activists in community organizations. These activities can be summarized in two groups, oriented to the transgender community and to the healthcare system. The first group includes outreach activities, liaisons with organizations, assistance to transgender women attending health services (e.g. making them feel welcome, reminding appointments, facilitating referrals, navigating them the facilities) and implementation of monthly domiciliary HIV/syphilis-testing, weekly workshops on trans-specific topics (e.g. hormone therapy) or recreational activities (e.g. theater, make-up). The second group involves trainings on transgender issues for healthcare professionals and staff to increase awareness of transgender people’s needs and enhance their trans-competencies. Moreover, they work as part of a multidisciplinary team, bringing the voice of transgender women in order to tailor interventions and research projects. Their opinion is critical in every stage of project development, from design to interpretation of results.
Specific requirements for this role were identified: a) flexibility, adaptation and tolerance to frustration, as needs and circumstances of both healthcare systems and contexts where transgender women live, can be constantly changing or unpredictable; b)affect and empathy: PN establish close emotional, even motherly bonds, becoming role-models for peers; c) capability to translate: PN understand the needs and demands from both sides and make them more comprehensible for each other, adjusting language and cultural adequacy; d) availability: PN assist urgent situations at any time or use any opportunity, as informal meetings, to convey health-related information; e) interest in learning: the role requires ongoing training in skills and content information; f) being proactive in creating awareness: regularly facilitate information and resources for self-care and health empowerment; g) comprehensive view: PN need to think beyond the health sector, integrating other sectors (e.g., educational) and building networks.

Conclusion: This systematization highlights the need in healthcare services of increasing the number of PN by training transgender women in specific skills; allocating more resources to PNs in healthcare services; replicating PN’s role in other HIV services and in other sectors; and, increasing their involvement at every stage of planning and implementation of programs and policies for transgender women.

SAT-24A-T: TRUE SELF FOUNDATION’S ORGANIZATIONAL SURVIVAL, AND TIMELY RESPONSE TO THE COVID-19 PANDEMIC

Miguel Vazquez
True Self Foundation, Inc., Guaynabo, Puerto Rico

Presented by: Miguel Vazquez

Introduction/Background: True Self Foundation is a non-governmental, not for profit organization and the only 501(c)(3) trans-specific foundation working in Puerto Rico. Covid-19 affected the organization, its programs and its capacity to bring funds to cover our programs.

Specific Aim: Our organization develops programs in favor of the trans community based of our fundraising activities. This year, due to Covid-19, it was impossible to celebrate said activities. Need is the mother of innovation and invention and therefore True Self had to cover its needs by developing fundraising activities through its social media pages, texts messages, emails, word of mouth and the traditional phone-call way. We were able to raise monies to cover immediate hunger needs and eventual salary/cash needs. However, we confronted some obstacles.

Materials and Methods: A lack of studies, need-specific academic works and deep analysis of the trans community in Puerto Rico sometimes makes it difficult to assess the needs of the trans population and to develop programs that positively affect and empower them. Covid-19 and its effects on the trans population of Puerto Rico brought out that particular problem. To assess the trans community needs during the pandemic was an exercise of creativity and communication. Through our clients and patients we learned that hunger was an immediate and very real need.

Results: We developed the Hunger Relief Fund where we were able to provide 100 trans, queer and non-binary families with healthy groceries with a value of $62, warm food and a certificate for warm food for a later date.
We were also able to create the Crown Relief Fund and provide more than 200 families with $200 in cash. It is a matter of public record that Puerto Rico's Unemployment Benefits Program was not working. Families were not receiving their unemployment benefits. The trans, queer and non-binary community was specially impacted because many of them were unemployed prior to the pandemic and some work in underground economy. For these persons there was little prospect of receiving help from the governmental agencies.

Conclusion: In Puerto Rico we have suffered the Covid-19 pandemic, economic and political crisis, earthquakes and we are still recovering from the effects of Hurricane Maria. Everyone suffers, everyone needs help. However, the most vulnerable communities suffer even more. True Self Foundation guarantees that the trans, queer and non-binary suffered during and keeps suffering. But, even in these times with barriers and difficulties encountered, True Self Foundation was able to timely respond and provide much needed help.

Oral Abstracts: Health Services and Systems Worldwide

SAT-12B-T: IMPLEMENTING A GENDER IDENTITY DATA COLLECTION WORKFLOW AT AN ACADEMIC MEDICAL CENTER

madeline deutsch, Malcom John
university of california - san francisco, san francisco, CA, USA

Presented by: madeline deutsch

Introduction/Background: The collection of gender identity data in clinical settings is essential for measuring the health and health disparities among transgender and non-binary populations. While electronic health record (EHR) workflows and functionality exist for the collection of this data, little is known about real-world implementation practices, that involve busy clinic staff with turnover and conflicting training time demands, and patients from a diversity of backgrounds. Often, health systems will implement gender identity data collection functionality and workflows, and stop there, without further thought to these human and implementation science considerations or evaluations.

Specific Aim: We aimed to evaluate the impact of an intentional workflow rollout for gender identity data collection at a large academic health system. The primary outcome measure was the change in percentage of primary care patients with complete gender identity data before and 10 months after rollout of this workflow.

Materials and Methods: We implemented an intentional approach to collecting gender identity data within the primary care network of a large academic health system, relying primarily on patient self-report of data via inclusion in an annual health screening questionnaire, completed online or in-person. Prior to this rollout, gender identity data fields did not exist in the EHR.

The primary outcome measure was the percentage of patients in the system primary care network with completed gender identity data on file before and 10 months after the rollout.

Results: At baseline, no gender identity data existed as the fields were not in place, and workflows for collection did not exist. After 10 months of collection efforts via annual electronic or paper health screening form, 22073 of 35522 eligible primary care patients (62.1%) had complete gender identity data on file, with 1.8% of respondents identified as transgender (0.3% female, 0.45% transgender female, 0.2% male, 0.25% transgender male, 0.5% non-binary, 0.07% something else).

Conclusion: The percentage of patients identified by this data as transgender (1.8%) is consistent with other population size estimates, suggesting that the data collected is reliable, and that both cisgender and transgender patients are willing and able to reply to these questions on an annual basis. Future study should further explore factors that support consistent and reliable reporting and collection of these data in health system electronic records.

SAT-13B-T: SPANISH LANGUAGE MEASURES OF GENDER IDENTITY DEVELOPED VIA A COMMUNITY-INFORMED PROCESS

Madeline Deutsch, Andres Maiorana, Natalie Plasencia
University of California - San Francisco, San Francisco, CA, USA

Presented by: Madeline Deutsch

Introduction/Background: Approaches to measuring and collecting gender identity data have historically been biased towards English-language instruments, and data are lacking on culturally grounded approaches to measuring these dimensions in other languages, such as Spanish. Simple word-for-word translation of English language terms and instruments into Spanish may miss cultural nuances or terms used in Spanish but not English, and result in less reliable data. Engaging a diverse community advisory process for the translation of a gender identity questionnaire may be a feasible and effective approach to such translation.

Specific Aim: Develop a culturally grounded Spanish language instrument that will allow measuring an appropriate range of gender identities, in a way that will optimize response accuracy and rate among cisgender heterosexual respondents. Instrument will be based on an English language questionnaire previously developed and reported.

Materials and Methods: An advisory board was assembled (inclusion criteria: bilingual English-Spanish, bicultural-identified people with any sexual or gender minority identity. Cisgender sexual minority participants were included because the overall project also involved the development of Spanish language sexual orientation measures as well). Participants were recruited via broad dissemination online and with the assistance of a number of community-based organizations at the national level. Because the goal was to recruit a geographically diverse group, we chose to conduct our interviews online. As such, online recruitment was felt to be most appropriate, even with the risk of exclusion of perspectives among those who do not use the internet.

Semi-structured interviews were conducted in groups of 2-4, online using a Zoom interface, by two co-investigators who are themselves bilingual and bicultural. The PI of the study is not Latinx but is fluent in Spanish. Responses were coded separately by the two interviewers, and disagreements between coders were resolved iteratively. A revised questionnaire was then circulated to advisory board members for further written feedback; 6 advisory board members responded to this second round, after which a finalized instrument was developed.

Study was approved by the IRB at the University of California - San Francisco. Advisory board members were given a US $100 stipend for each round of review.

Results: Fifteen respondents participated in the first round of interviews, with age range 19-58. National origins were represented from Mexico, the Carribean, and South America. Key differences in the final questionnaire from the English language source questionnaire include the use of the terms "Hombre" ("Man") and "Mujer" ("Woman") rather than direct translation of the terms "Male" and "Female" used on the English language document. Also, the term "Travesti" was added to the list of gender identity choices. Overall, most of the core constructs in the English language document were preserved in the culturally grounded translation.

Conclusion: The engagement of a diverse bilingual community advisory process is feasible and can help guide terminology and provide credibility when translating gender identity questions into non-English languages. Future study should evaluate the real-world implementation of such questions once developed.

SAT-14B-T: IMPLEMENTING DATA GOVERNANCE STANDARDS FOR GENDER IDENTITY DATA AT A LARGE ACADEMIC HEALTH SYSTEM

madeline deutsch, Malcolm John
university of california - san francisco, san francisco, CA, USA

Presented by: madeline deutsch

Introduction/Background: Appropriate use of gender identity data is essential at the population health level in order to study health disparities and specific healthcare needs of transgender and non-binary people. Data governance describes a standardized approach to organizing and packaging raw data for use in the analysis of "big data". Large health systems have lacked guidance on data governance standards for the use of this data, and studies are lacking to guide such implementations. Because many epidemiologists and institutional quality improvement teams lack an even basic understanding of the nuances of gender identity, data governance standards are needed to package "big data" in such a way that casual and uninformed users of this data will be able to easily identify the entire transgender and non-binary population, without excluding certain segments or miscategorizing cisgender people into the wrong group.

Specific Aim: Develop data governance standards for a "rollup" of the maximal range of transgender and non-binary identities into a single "transgender or not transgender" variable for high level analysis, while retaining all data granularity in the database for more in-depth study when desired.

Specific outcome measure - difference in percentage of gender minority patients identified using a reported gender identity that includes the words "transgender" or "non-binary" vs using the rollup logic developed here.

Materials and Methods: A working group was established at a large academic health system consisting of stakeholders from population health, information technology, transgender medicine, diversity, and patient relations. The group iteratively reviewed current gender identity data structures and developed a rollup logic for the creation of a single "gender minority rollup variable".

Results: A gender minority rollup logic was developed as follows:

A person is categorized as a gender minority If any of the following are true:

GENDER IDENTITY = “Transgender Female / Male-to-Female”

GENDER IDENTITY = “Transgender Male / Female-to-Male”

GENDER IDENTITY = “Gender Nonbinary / Gender Queer”

GENDER IDENTITY = “Female” where SEX ASSIGNED AT BIRTH = “Male”

GENDER IDENTITY = “Male” where SEX ASSIGNED AT BIRTH = “Female”

Subsequent analysis of existing health system gender identity data using this logic revealed a total of 387 gender minority persons among the 22073 valid gender identity responses when using the rollup logic (1.8%), versus 267 (1.2%) who would have been identified without the inclusion of those whose gender is identified as "male" or female", with subsequent check of birth sex to identify these patients. ($P<0.00001$).

Conclusion: Data governance standards applied to big data warehouses can guide population health analysis of gender identity data, even when the study team is unfamiliar with gender minority terminology. Relying solely on identifying transgender people by "obvious" terminology in our study would exclude 31% of transgender people within this health system. A user's guide for studying gender minority population health is now being developed and disseminated at the institution to facilitate broad uptake of these methods. Future work will examine the uptake and use of this method and subsequent impact on population health interventions tailored for gender minority populations.

Oral Abstracts: Global Perspectives on Medical Delivery

SAT-15B-T: COMPLEXITY, RISK AND CLIENT AUTONOMY IN TGDNB HEALTHCARE: TOWARDS A COLLABORATIVE GATEKEEPING MODEL

Riki Lane[1,2], Maya Levin Schtulberg[3], David Colon Cabrera[1,2]
[1]Monash Health, Melbourne, Australia, [2]Monash University, Melbourne, Australia, [3]University of Copenhagen, Copenhagen, Sweden

Presented by: Riki Lane

Introduction/Background: Debates within the trans, gender diverse and non-binary (TGDNB) healthcare literature problematise the gatekeeping model as a form of gender normative social control that pathologises TGDNB people. Within the WPATH model, compulsory mental health assessments to access gender-affirming treatments elicit arguments of a power differential between clinician and client, with a collaborative model hailed as a better alternative. Advocacy has brought positive change but gatekeeping remains.

Specific Aim: This presentation aims to illuminate why gatekeeping still exists by analysing how *complex* client cases invoke delays in the name of non-maleficence.

Materials and Methods: A Master’s student (MLS) undertook three months of ethnographic research within a broader Monash Health Gender Clinic project (HREC Ref: RES-18-0000409A). Observation included clinical review and other meetings, and client consultations (n=22). Clinician interviews (n=12/12) asked about client relationships, assessment, gatekeeping, complexity, and risk. Interviews with clients whose sessions were observed (n=4/14) asked about clinic experiences, such as what made them feel assured or distressed. MLS undertook thematic analysis in discussion with supervisors (RL, DCC).

Results: Increasing presentations of ‘complex’ cases raise issues. Complexities include a range of intersecting aspects, such as: clients’ capacity to consent to treatment, severe mental health conditions that hormones may destabilise, drug or alcohol use that may dangerously interact with hormones, and home (or social) insecurity that result in clients lacking a safe place to recover post-surgery. These issues raise questions for clinicians regarding client wellbeing; often resulting in delays to the assessment that can be problematized as gatekeeping. Clinicians are tasked with the responsibility to keep a client safe while not being paternalistic and denying client autonomy. *Complexity* thus foregrounds the role gatekeeping plays as a safeguarding mechanism for both clinician and client.

Conclusion: Conclusions
Academic critique of TGDNB healthcare has influenced changes to clinical protocols to respect client

autonomy and improve treatment access. Our results suggest that gatekeeping can be reconceptualised as restricting care in the name of safeguarding instead of imposing normative binary gendered norms. This shift can assist development of a model of care that is both collaborative and that protects clinicians and clients from potential adversity in instances of complexity.

Criticisms about gatekeeping models and compulsory mental health assessments must be acknowledged and acted upon by health services. This study, however, reveals the nuance of the gatekeeping debate. Should clinicians prioritise ‘straightforward’ clients at the expense of the ‘complex’ clients by speeding up the assessment process? Answering this question is not simple, but understanding why clinicians feel more comfortable in a gatekeeping position can help tackle the negative aspects of the gatekeeping model. Collaborative and gatekeeping models need not be mutually exclusive; this study suggests a more productive conceptualisation of *collaborative gatekeeping*.

SAT-16B-T: Community-driven suggestions for HIV self-testing in transgender women in Buenos Aires, Argentina

Ines Aristegui[1,2], Virginia Zalazar[1], Claudia Frola[1,3], Nadir Cardozo[1,4,5], Mariana Duarte[1,4,5], Solange Fabian[1,6], Omar Sued[1]

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Presented by: Ines Aristegui

Introduction/Background: In Argentina, HIV prevalence among transgender women is 34%, more than 1.5-fold times the global pooled estimate of 19% among this group. Although HIV can be easily diagnosed by simple, low-cost laboratory methods, in Argentina about 30% of people living with HIV are unaware of their status. Transgender women face numerous barriers to access to the health system and diagnostic methods. Due to stigma and discrimination from healthcare providers, transgender women postpone medical care to only access in extremely serious health conditions. Increasing HIV testing rates by providing additional options may help to reduce the interval between HIV transmission and diagnosis in these high-incidence and stigmatized groups, and facilitate linkage to HIV care. Blood-based HIV self-testing (HIVST) is not available in Argentina and there is a need to understand its acceptability and feasibility to uptake HIV testing.

Specific Aim: To explore acceptability, willingness to use, facilitators and barriers for HIVST implementation among transgender women.

Materials and Methods: This qualitative study was designed to gather information from the community about blood-based HIVST to inform further studies and implementation. In July 2019, 11 transgender women from Buenos Aires participated in a focus group in which responded questions while manipulating available products in the international market.

Results: Many participants stated they would be willing to use HIVST and agreed it has potential in their community to reduce waiting time and exposure to stigma in healthcare settings; however, they expressed many concerns regarding its implementation. As benefits and facilitators of HIVST, they mentioned convenience and privacy. Participants also stated they would like to use HIVST together with their male stable partners or frequent sexual clients. Barriers included concerns about understanding results and window periods, worries about correct use, and lack of support if the test result is positive. Participants expressed that written instructions were difficult to understand and they would prefer tutorial videos instead and to use it for the first time with supervision, as a training session. Transgender women mentioned they would like to use it at home accompanied by a trusted peer health promoter. In case of a positive result, transgender women indicated they would prefer professional or peer support and counseling, by phone or in person.

Conclusion: Results offer several community-driven suggestions to inform and adapt an HIVST feasibility pilot study. Given their concerns, participants' education and peer health promoters will be critical to link HIVST positive cases to trans-sensitive HIV healthcare. Tailored implementation of HIVST may increase HIV testing rates, early diagnosis, and linkage to HIV care in this high-prevalence group. Moreover, in the context of the COVID-19 pandemic, with the promotion of social distancing and limited hours and resources in health-care services for sexually transmitted infections (STIs) regular check-ups, home-based and self-testing tools have become more critical.

Oral Abstracts: Health Services and Systems Worldwide

SAT-17B-T: PRACTITIONER AND SERVICE USER ACCOUNTS OF INTEGRATED CARE IN GENDER IDENTITY CLINICS (AND BEYOND) IN THE UK: PRELIMINARY FINDINGS FROM THE ICTA PROJECT

Ben Vincent[1], Evelyn Callahan[1], Jamie Fletcher[2], Michael Petch[3], Peter Keogh[1], Naomi Moller[1], Paul Walley[1], Richard Holti[1]
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Presented by: Ben Vincent

Introduction/Background: The Integrating Care for Trans Adults (ICTA) project is a 2-year national project in the United Kingdom, funded by the National Institute for Health Research (NIHR). The project initially identified a range of models currently being used to provided integrated care in the UK, designed to meet the specific health and wellbeing needs of trans people. The efficacy of these models is being explored through a collection of six case studies, that involve interviews with service users and service providers. Service users were invited to interview following a national screening survey, from which a general interview sample was also collected. Interviewees in the general sample did not need to have experience of any particular healthcare service but were purposively selected to amplify the experiences of intersectionally marginalised and often-underrepresented voices in trans research, more specifically non-white, and older (60+) trans people. The project aims to identify factors which make services more or less accessible and acceptable to the variety of trans adults who need them, and considers what lessons emerge as to how models for providing integrated care can be successfully implemented and further improved in meeting the needs of trans people within limited resources and continuing constraints, particularly resultant from the COVID-19 pandemic.

Specific Aim: The aim of this paper is to provide an introduction to the case study contexts where integrated care initiatives are being delivered in the UK. These case studies include a collaboration between Leeds Gender Identity Clinic (GIC) and the third-sector organisation Yorkshire Mesmac; psychology workshops and liaison with primary care managed by Northampton GIC; the Local Gender Teams that integrate between primary care contexts and GIC care in Wales; a collaboration between Umbrella Sexual Health Service and Birmingham LGBT; the LGBT Foundation's Pride in Practice scheme in Greater Manchester that trains and liaises with primary care around the delivery of LGBTQ-inclusive healthcare; a community-based case study in Northern Ireland where access to care is limited. The paper will also communicate initial findings from interviews with National Health Service (NHS) staff and service users.

Materials and Methods: Semi-structured interviews were conducted, ranging between approximately 40 and 150 minutes. Thematic analysis was conducted to consider views on the benefits, drawbacks, and limitations of current healthcare systems and innovations.

Results: Analysis is yet to be completed but will have reportable findings for the November conference.

Conclusion: Analysis is yet to be completed but will have reportable findings for the November conference.

SAT-11C-T: THE PERTH GENDER PICTURE (PGP): YOUNG PEOPLE'S FEEDBACK ABOUT ACCEPTABILITY AND USEFULNESS OF A NEW PICTORIAL AND NARRATIVE APPROACH TO GENDER IDENTITY ASSESSMENT AND EXPLORATION

Julia Moore[1,2], Cati Thomas[1,3], Hans-willem van Hall[1], Penelope Strauss[2,3], Liz Saunders[1,2], Melanie Harry[1], Simone Mahfouda[2,3], Sahra Lawrence[1], Florian Zepf[2,4], Ashleigh Lin[3]
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Presented by: Julia Moore

Introduction/Background:

Background
A number of psychological assessment tools have been developed to describe various dimensions of gender. Some of these tools are restricted to a binary gender concept and are inflexible in reflecting how a young person's gender may change and develop over time. Most are text questionnaires which require a good level of literacy.

Specific Aim: *Aim*
This study aimed to evaluate a newly developed pictorial tool that facilitates a conversation about gender between a child or adolescent (aged 11-18) and their clinician, enabling a diverse understanding and expression of gender identity.

Materials and Methods: *Methods*
The Perth Gender Picture (PGP) was co-created between clinicians and young clients between 2016 and 2018. In 2018, the measure was evaluated through a pilot study at the Gender Diversity Service at Perth Children's Hospital in Western Australia. After use of the PGP during a clinical consultation, clients were invited to fill in a feedback questionnaire about their experience of its use. Clinicians participated in unstructured interviews to give their feedback.

Results: *Results*
Most participants rated the PGP as easy to understand, acceptable and useful, and many stated that they found gender easier to describe with the picture rather than words. The results show positive uptake from clients, demonstrating feasible implementation with gender diverse young people.

Conclusion: *Conclusions*
This evaluation positions the PGP as a useful tool to facilitate conversations about gender identity between gender diverse children and adolescents and their clinicians, in a non-judgemental and playful manner. It is well suited to young people who may have limited literacy or difficulty with complex language. The PGP has potential for use in other age groups and non-clinical contexts.

SAT-12C-T: THE EFFECT OF THE CURRENT COVID-19 PANDEMIC ON TRANSGENDER YOUTH: THE ROLE OF SOCIAL SUPPORT AND CONNECTEDNESS

Koray Başar, Zeynep Tüzün, Sinem Akgül
Hacettepe University Faculty of Medicine, Ankara, Turkey

Presented by: Koray Başar

Introduction/Background: Social support is an important source for resilience, especially for trans and gender diverse youth experiencing persistent discriminatory stress. Family is one of the main sources of support, but it may serve as a source of oppression and violence early in the disclosure of identity and transition. The psychosocial burden of COVID-19 is greater in the minority populations. Some precautions against the pandemic, such as the mandatory quarantine in practice for those under the age of 20 in Turkey, could disrupt the customary social relations the youth benefit from.

Specific Aim: The aim was to assess the levels of anxiety and depression of youth diagnosed with Gender Dysphoria (GD) during the pandemic and investigate their relation with social support, connectedness and ongoing relationships.

Materials and Methods: Youth between the ages of 16-24 years, who were diagnosed with GD and were followed at Hacettepe University during the past year (n=86) were invited to participate. Online written consent was obtained from all participants, and parental consent was sought for participants under the age of 18. The online survey was filled by 57% (n=49). The survey included demographic, gender transition-related, pandemic-related questions, including a detailed assessment of social relations, Beck Depression Inventory, Stait-Trait Anxiety Inventory, Multidimensional Scale of Perceived Social Support, and Social Connectedness Scale-Revised.

Results: The median age of the sample (83.7%, sex assigned female at birth) was 20 years (16-24, IQR:3). The majority (91.8%) lived with their family, with almost one forth reporting displacement due to the pandemic. Of the sample, 45% were on puberty suppression or hormone therapy, and 24.5% had chest surgery. Perceived social connectedness and social support strongly inverse-correlated with the severity of depression (r_s = -.640 and -.504, p<.001) and state anxiety (r_s = -.643 and -.627, p<.001). At least some discomfort about the current household was reported by 26.5%, and it was associated with higher anxiety (p=.002) and depression (p=.009). Greater difficulty in gender expression congruent with their identity was reported in 26.5 % during the pandemic. Anxiety and depression symptoms were more severe if the chosen name (p=.018, p=.043) or the clothes (p=.041, p=.044) considered congruent with the gender identity were more difficult to use than usual.Furthermore, state anxiety levels were significantly lower if at least one family member with positive gender-related-attitudes was accessible (p=.017) and if the youth had difficulty in communicating with supportive friends (p=.034). Participants who had friends identifying as trans experienced lower anxiety (p=.040). Access to gender affirmative medical assistance was interrupted for all, and anxiety concerning the lag in transition-related procedures was prevalent.

Conclusion: Trans youth are especially vulnerable to the psychosocial impact of the outbreak, since pre-existing fragile social support system may be disrupted during times of crisis. Lower social support and connectedness, failure in access to supportive peers and family members were shown to increase depression and anxiety. Precautions against mental health consequences of the pandemic should include the provision and enhancement of social support for trans youth, and prioritizing their access to gender-affirming medical care.

SAT-13C-T: A NARRATIVE REVIEW OF PEDIATRIC GENDER MEASURES TO CLARIFY THE UTILITY AND PURPOSE OF “MEASURING” GENDER

Penelope Strauss[1,2], Jack Ball[1], Sam Bonney[1,2], Julia Moore[3], Liz Saunders[2,3], Cati Thomas[1,2,3], Simone Mahfouda[1,2], Marco Costanza[1], Madison Fitzgerald[1,2], Ashleigh Lin[1]
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Presented by: Penelope Strauss

Introduction/Background: Pediatric gender clinics commonly use scales to measure different dimensions of gender (e.g. dysphoria, satisfaction, preoccupation) of trans and gender diverse (TGD) individuals. There has been little investigation into the relevance and consumer acceptability of these scales, especially within contemporary understandings and experiences of gender.

Specific Aim: The aim of this study was to comparatively review and evaluate measures of gender identity that are used with TGD children and adolescents, to inform practice guidelines, monitor treatment, and assess clinical outcomes. This presentation will critically evaluate the inclusiveness of each measure as it pertains to the diverse aspects of gender to help guide administration in clinical and research settings.

Materials and Methods: A narrative review of the literature was conducted to identify psychometric measures that are used to measure dimensions of gender in TGD pediatric populations. The included measures were evaluated for their inclusiveness of diverse genders, validity, and clinical and research utility.

Results: This narrative review is the first of its kind to evaluate contemporary gender measures that are currently being used in pediatric settings. This review can be used as a guide for clinicians looking to introduce a gender measure into research or clinical practice. Recent gender measures are incorporating more inclusive items and adapting to the varied dimensions of binary, non-binary and fluid genders. In some cases, a young person's clear personal description of their own identity and gender experience may not need any further clarification with standardised measures. Gender measures, used in conjunction with self-identification, hold clinical utility for understanding the dimensionality of gender (e.g. related distress, identity, expression, fluidity) that may not be initially conveyed by the individual. This is especially true for measures that either provide data on aspects that are not easily discerned through conversation (e.g. level of dysphoria), and for measures that are used as conversational tools to assist in building rapport with the clinician.

Conclusion: Specialist gender services should aim to provide an open, accepting, affirmative approach; gender measures can be selected to be consistent with this aim. Some gender metrics could inadvertently convey a message to young people that a binary view of gender, or historically normative pathways of care, are privileged, or that certain scripts must be adhered to in order to obtain pathways to support. Clinical settings that use measures that evaluate gender and related constructs should consider the implications of the language used in their chosen measure. Moreover, they should also consider how informative data from the measure is for informing care of the TGD young person, and what the experience is of the individual completing the measure. Looking forward, future measures should ensure inclusivity of diverse genders, easy to understand language appropriately tailored to the target ages and updated with modern examples.

SAT-14C-T: Mental Health Correlates of Autism Spectrum Disorder in Gender Diverse Young People: Evidence from a Specialised Child and Adolescent Gender Clinic in Australia

Julia Moore[1], Simone Mahfouda[2,3], Christina Panos[4], Andrew Whitehouse[2], Cati Thomas[1,3], Murray Maybery[3], Penelope Strauss[2,3], Florian Zepf[2,5], Amanda O'Donovan[4], Hans-Willem Hans-Willem[1], Liz Saunders[1,3], Ashleigh Lin[2]
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Presented by: Julia Moore

Introduction/Background: Background: The past decade has seen increasing clinical and empirical interest in the co-occurrence of gender diversity and autism spectrum disorders (ASD). Research suggests an overrepresentation of ASD or autistic traits in gender diverse samples, particularly in children and adolescents, compared to the general population. Causal underpinnings of this co-occurrence remain poorly understood, and while theories have been postulated, a robust evidence base is lacking.Awareness of other co-occurring difficulties and/or disorders that may be present in this subgroup are critical considerations that can help inform clinical decision-making and improve quality of life outcomes.

Specific Aim: Aim: The primary objective of the current retrospective chart review was to explore psychopathology and quality of life in gender diverse children with co-occurring ASD relative to gender diverse children and adolescents without ASD.

Materials and Methods: Materials and Methods:Data were derived from the Gender Diversity Service, located at Perth Children's Hospital, an evidence-based, best-practice tertiary Tier-4 clinical service which provides information, consultation, assessment, support, and access to puberty suppression and gender-affirming oestrogen or testosterone hormonal interventions for young people under 18. The Social Responsiveness Scale (Second Edition) (SRS-2), which generates a *Diagnostic and Statistical Manual of Mental Disorders* score indicating a likely clinical ASD diagnosis, was used to partition participants into two groups (indicated ASD, n = 19) (no ASD indicated, n = 60). The Achenbach Youth Self-Report (YSR), which assesses behavioural and emotional difficulties across multiple domains in adolescents was used as a measure of psychopathology. The Paediatric Quality of Life inventory (PedsQL) was used as a measure of adaptive functioning and health-related quality of life.

Results: Results:Indicated ASD was far higher than would be expected compared to general population estimates. Indicated ASD on the Social Responsiveness Scale 2 (SRS 2) was also a significant predictor of Internalising behaviours (Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Thought Problems subscales) on the YSR. Indicated ASD was also a significant predictor of scores on all subscales of the PedsQL.

Conclusion: Conclusions:The current findings indicate that gender diverse children and adolescents with indicated ASD comprise an especially vulnerable group that are at marked risk of mental health difficulties, particularly internalising disorders, and poor quality of life outcomes. These data also indicate that a high proportion of the current sample exhibited significant autistic traits relative to self-reported diagnoses, which suggest that there may be individuals who have not previously been identified. Services working with gender diverse young people should screen for ASD, and also provide pathways to appropriate care for the commonly associated mental health difficulties.

SAT-15C-T: FAMILY THERAPY WITH TRANSGENDER AND GENDER EXPANSIVE YOUTH: A SYSTEMATIC REVIEW

Jean Malpas[1,2], Michael Pellicane[1,3], Elizabeth Glaeser[1,4]
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Presented by: Jean Malpas

Introduction/Background: Transgender and gender expansive (TGE) youth have traditionally been associated with discouraging mental health and developmental outcomes. Numerous studies suggest that the largest predictor of suicide attempts within the context of minority stress for TGE young people is lack of family support (Ryan et al., 2009, 2010; Turban, 2020). Family therapy has been shown to be an effective intervention in reducing depressive symptoms, suicidal ideation, and suicide attempts in LGB adolescents (Carr, 2009; Diamond et al., 2016). Family-based treatment has become a common practice with TGE children and adolescents whose families are available for care (e.g., Malpas, 2011). However, researchers have noted the lack of studies providing outcome data for family therapy interventions that specifically target TGE youth (Austin & Craig, 2015).

Specific Aim: This presentation addresses this gap in knowledge by systematically reviewing research on family therapy interventions for TGE youth and their families.

Materials and Methods: Following PRISMA guidelines (Liberati et al., 2009), relevant databases were searched with keywords related to family therapy with TGE and sexual minority youth published through 2018. An additional cited reference search was conducted to find relevant articles published through

2019. Quantitative and qualitative research articles, as well as articles outlining treatment best practices published in English-languager peer-reviewed journals were considered for inclusion in the review.

To be included, articles must have provided treatment strategies, best practices, clinical recommendations, or outcome data related to family therapy or interventions to increase family engagement with TGE youth (Review 1). Given the dearth of quantitative outcome research in this area, articles that provided quantitative outcome data for family therapy with sexual minority youth (LGB) were also reviewed (Review 2). The final set of articles (for Review 1, n = 32; for Review 2, n = 2) were coded for the following information: 1) population of interest, 2) treatment modalities used, 3) outcome data (if any) and/or empirical support, 4) clinical strategies suggested, and 5) additional relevant themes explored.

Results: There is a glaring absence of quantitative and outcome data on family therapy with TGE youth. There is a large number of recommendations are conceptualizations and clinical models based on the authors' significant clinical and academic experience with family therapy with TGE youth, often spanning up to decades (e.g., Coolhart et al., 2013; Ehrensaft et al., 2018; Lev, 2010) and often published in the format of textbooks, trade books and book chapters (Lev & Gottlieb 2019)

Conclusion: The consistent set of clinical recommendations and best practices are:
1. Provide psychoeducation on to families
2. Let parents have their reactions and feelings towards the child's gender
3. Provide opportunities for advocacy and supporting allyship in family and community
4. Connect parents to other families and community resources to increase connection, reduce isolation, and provide social support.
5. Center intersectional / contextual approaches and concerns
6. Provide families with support with flexibility of multiple modalities and configurations
7. Emphasize the protective power of family and community acceptance

Oral Abstracts: Law, Policy, and Ethics

SAT-22D-T: "THIS COULD MEAN DEATH FOR MY CHILD": PARENT PERSPECTIVES ON LAWS BANNING GENDER-AFFIRMING CARE FOR MINORS IN THE UNITED STATES

Kacie Kidd[1], Gina Sequeira[1], Taylor Paglisotti[1], Sabra Katz-Wise[2], Traci Kazmerski[1], Amy HIlier[3], Elizabeth Miller[1], Nadia Dowshen[3]
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Presented by: Kacie Kidd

Introduction/Background: Transgender and gender-diverse youths (TGDY) are at increased risk for anxiety, depression, and suicidality; gender-affirming medical care can reduce these disparities. Numerous state legislatures in the United States (US) have proposed bills to ban gender-affirming medical care for those under age 18 years. As parents of TGDY are critical advocates, it is important to understand their perspectives on these legislative efforts.

Specific Aim: We aimed to explore parent perspectives about this potential legislation and its effects on their TGDY's mental health.

Materials and Methods: We conducted a social-media based, anonymous online survey in February 2020 to assess parent perspectives on proposed legislation to ban gender-affirming care for those under age 18 years. Survey items included: "What do laws like this mean to you as the parent or caregiver of a gender diverse child?" and "How do you think laws like this would have impacted or could impact your child?" Open-ended responses were coded to identify key themes.

Results: We analyzed responses from 273 participants from 43 US states. Most identified as white (86.4%) female (90.0%) mothers (93.8%) of children who identified on the binary (61% male or transmasculine; 23% female or transfeminine). The majority (83.6%) of their TGDY had received gender-affirming medical care before age 18 years. The most salient theme, which appeared in 85.0% of responses, was parent fear that such laws would result in worsening mental health and suicide for their TGDY.

[Proposed laws] mean I have to start fearing, again, that my son will try to take his life because his dysphoria is so bad and he doesn't have his blocker to stop his body from betraying him. I asked him the other night how he thinks his life would look without them. Without needing to think about it, he said "I'd probably be dead." He's 14. (Mother of a transgender son from South Dakota)

Additional themes included fear their TGDY would face increased discrimination, lose access to gender-affirming care, and lose autonomy over medical decision-making due to government overreach.

These laws are transphobic and contribute to violence against gender diverse people. As a parent these laws, and the discussions around them, make me fearful for my children's safety in the community. (Mother of a transgender daughter from Texas)

If [puberty blockers and hormones] were not available until 18 I would have buried my child 1-2 years ago. (Father of a non-binary child from Connecticut)

The legislators who have proposed these laws most certainly aren't listening to the people who have personal lived experience as members of the trans/non-binary community and their families. Many of us have been trying to share our stories in hopes that lawmakers will listen but we're being ignored. (Mother of a non-binary child from Washington state)

Conclusion: Parents overwhelmingly expressed fear that the proposed legislation will lead to worsening mental health and increased suicidality for their TGDY. They implore lawmakers to hear their stories, and to leave critical decisions about gender-affirming care to families and their medical providers.

SAT-23D-T: THE QUALITY AND UTILITY OF REFERRAL LETTERS FOR GENDER-AFFIRMING SURGERY

Geetika Mehra[1], Elizabeth Boskey[1,2], Oren Ganor[1,2]
[1]Harvard Medical School, Boston, MA, USA, [2]Boston Children's Hospital, Boston, MA, USA

Presented by: Geetika Mehra

Introduction/Background: The World Professional Association for Transgender Health's *Standards of Care* (WPATH *SOC*) recommends "documentation of persistent gender dysphoria by a qualified mental health professional" as a criterion for all gender-affirming surgeries of the chest and genitals. However, to support patient autonomy in electing healthcare options, several transgender health guidelines have instead proposed an informed consent model of care. Understanding the role played by referral letters can help guide development of a model that both respects patient autonomy and ensures nonmaleficence.

Specific Aim: This study aims to understand and characterize information gathered through referral letters for gender-affirming surgeries by determining whether letters meet WPATH *SOC* recommendations, describing health information contained in letters, and comparing this information with that documented in electronic medical records (EMRs).

Materials and Methods: A retrospective review of EMRs for patients seeking gender-affirming chest or genital surgery with a single plastic surgeon between 2017 and 2019 was conducted. Data were abstracted manually from EMRs and referral letters into an abstraction table using Research Electronic

Data Capture (REDCap). Abstracted data included medical, social, and gender history, and documentation of WPATH surgical criteria. Data were analyzed using statistical software STATA/SE14.

Results: 233 patient records were reviewed. 140 patients presented for chest surgery and 93 for genital surgery. Among chest surgery patients, 120 records (86%) included a letter from a primary care provider (PCP) and 122 (87%) at least one letter from a behavioral health (BH) provider. Among genital surgery patients, 51 records (55%) included a letter from a PCP, 58 (62%) at least one letter from a BH provider, and 43 (46%) at least two letters from BH providers. Across all BH letters, 213 (92%) documented a diagnosis of gender dysphoria, 174 (75%) decision-making capacity, 118 (51%) that existing BH conditions were well-managed, and 212 (92%) availability for coordination of care. A diagnosis of gender dysphoria was documented in both the EMR and at least one BH letter for 164 (91%) patients, only letters for 5 (3%), and only the EMR for 11 (6%). Hormone therapy was documented in both places for 138 patients (77%), only letters for 1 (< 1%), and only the EMR for 41 (23%). Living full time as one's gender identity was documented in both places for 145 patients (81%), only letters for 0, and only the EMR for 35 (19%).

Conclusion: Referral letters received by our team documented some surgical criteria more consistently than others. The vast majority documented a diagnosis of gender dysphoria, fewer addressed decision-making capacity, and only half addressed management of existing health conditions. For some patients, letters from BH providers did not include elements of gender history contained in the EMR. Conversely, letters rarely documented gender history not already contained in the EMR. Transgender patients face disproportionate barriers to accessing quality healthcare, even without the burden of mental health assessment as a surgical prerequisite. Determining whether and when referral letters provide beneficial information is important for ensuring comprehensive assessment of readiness for surgery without limiting access to medically necessary care.

SAT-24D-T: The Informed Consent Model and Detransition

Florence Ashley
University of Toronto, Montreal, ON, Canada

Presented by: Florence Ashley

Introduction/Background: Mandatory mental health assessments of transgender people are often presented as a compromise or solution to the moral challenge posed by the putatively competing interests of transgender communities and of those who later realise that they are not transgender. The proposed compromise presupposes a tension between facilitating access to hormone replacement therapy among trans people, and the desire to avoid patients regretting the bodily changes brought on by transition-related interventions. Calling this presupposition into question, the presentation argues that no such tension exists and that the informed consent model, which views informed consent as the only necessary criterion for accessing hormone replacement therapy, is best for trans individuals and would-be regretful detransitioners alike.

Specific Aim: The presentation seeks to contribute to ongoing discussions about best clinical practices in trans health and rebut undertheorized arguments about the need for greater gatekeeping in light of rapidly increasing clinical populations.

Materials and Methods: Bioethics and empirical data from sociological and psychological research are mobilised to undermine the assumptions (1) that mandatory mental health assessments can reliably distinguish between trans people and would-be regretful detransitioners and (2) that informed consent increases the likelihood and gravity of regretful detransition.

Results: Proposed methods for discriminating between trans individuals (for whom medial transition is indicated) and would-be regretful detransitioners (for whom it is not) fail to reliably distinguish between the two groups and, on the contrary, incentivize lying and truth-fuzzing on the part of patients. By contrast, the informed consent model is prone to reducing the likelihood and gravity of regretful detransition by fostering the therapeutic alliance, encouraging free and honest gender exploration, reducing shame about detransition, improving the quality of information disclosure, and better addressing transnormativity and unreasonable expectations.

Conclusion: While the increasing visibility of detransition narratives, amplified by groups critical of transition-related care, may tempt clinicians to rely more heavily on mental health assessments, a careful bioethical and empirical analysis reveals that the informed consent model is preferable to mandatory mental health assessments, even from the sole viewpoint of would-be regretful detransitioners. Instead of expending considerable time and efforts conducting assessments and defending them in the literature, clinicians and scholars should instead focus on supporting patient decision-making, improving the quality of informed consent processes, and addressing structural barriers to care such as inordinate wait times.

SAT-25D-T: THE LGBTQ+ COMMUNITY AND SECTION 1557 OF THE AFFORDABLE CARE ACT (ACA): UPDATES ON THE NEW RULE FROM THE DEPT. OF HEALTH AND HUMAN SERVICES

Timothy Bussey
Kenyon College, Gambier, OH, USA

Presented by: Timothy Bussey

Introduction/Background: In spring 2019, the Dept. of Health and Human Services (HHS) issued a final rule expanding the rights of healthcare workers to refuse services on the grounds of religious freedom. This development—along with both the question of a federal definition of gender and the creation of the Conscience and Religious Freedom Division at HHS—has continued to alarm advocates in the LGBTQ+ community. In this workshop, attendees will learn about the importance of Section 1557 of the Affordable Care Act (ACA), regarding access to LGBTQ+ inclusive health insurance plans and care. Attendees will also obtain important policy updates about the latest developments about this new rule at the federal level, which is expected to go into effect in summer 2020. As such, this timely presentation will both 1) contextualize how the policy landscape is shifting the existing non-discrimination provisions for LGBTQ+ patients and 2) create space to discuss the current challenges for access to queer and trans inclusive healthcare and insurance plans.

Specific Aim: The learning objectives for this workshop include the following:
1. Understand the importance of the ACA in relation to LGBTQ+ inclusive healthcare and insurance plans;
2. Explore how the federal government is enacting policy developments and reinterpretations that may affect access to healthcare for LGBTQ+ patients;
3. Discuss the importance of LGBTQ+ inclusive non-discrimination protections at the federal level, while simultaneously exploring how current developments are undermining existing protections; and
4. Contextualize the importance of planning for future challenges to LGBTQ+ inclusive healthcare and insurance plans.

Materials and Methods: In this presentation, I track the development of the new rule, regarding Section 1557 of the Affordable Care Act (ACA), from 2016 to present. This tracking has been done through analyzing recent court filings and statements from the Dept. of Health and Human Services.

Results: The result is that attendees will be able to understand the major developments of this new rule from the Dept. of Health and Human Services, while also having a strong understanding of the major developments along the way to its approval.

Conclusion: This timely presentation will both 1) contextualize how the policy landscape is shifting the existing non-discrimination provisions for LGBTQ+ patients and 2) create space to discuss the current challenges for access to queer and trans inclusive healthcare and insurance plans.

SAT-26D-T: APPLYING FACIAL FEMINIZATION SURGERY TO POSITIVE FORENSIC IDENTIFICATION

Jaxson Haug
Southern Methodist University, Dallas, TX, USA

Presented by: Jaxson Haug

Introduction/Background: Although violence towards transgender identified individuals is an epidemic, forensic anthropologists have yet to determine criteria for positively identifying transgender decedents (Human Rights Campaign, 2019; American Medical Association, 2019). Forensic anthropologists use the human skeleton to estimate the biological profile of unknown individuals. This biological profile consists of an estimation of: age, ancestry, sex, stature, pathologies, and trauma. Anthropologists have methods of estimating biological sex but have yet to determine positive gender identification methodologies. The ability to physically and legally change sex/gender creates an issue for forensic anthropologists estimating an accurate biological profile for the decedent. This becomes an issue as an anthropologist's biological profile is likely not going to match up with the lived gender identity of a trans- or gender non-conforming individual. Trans- and gender non-conforming individuals already face increased levels of violence and systemic injustices. The lack of methodologies for positive gender identification only perpetuates these.

Specific Aim: The intent of this research was to see if surgical markers left from FFS can be utilized as gender identifiers for post-mortem skeletal identification.

Materials and Methods: This research used case data gathered from peer reviewed journals published by medical professionals working with transgender patients. Research was done using data that are otherwise disparate to document the flow of surgical procedures to assist forensic anthropologists and law enforcement if a decedent potentially identified as male-to-female (MtF) transgender.

Results: Data was gathered with a total of 4,843 procedures done on 1,782 patients. It is overwhelming clear that rhinoplasties, genioplasties, and forehead reductions were the most commonly conducted procedures.

Conclusion: The information gathered suggests that FFS markers can be used in conjunction with other aiding factors to assist in the positive identification of a decedent. However, while the skeletal markers can aid in identification, they cannot solely be used due to the variety of reasons individuals may require these surgical procedures.

While FFS cannot solely be used for identification, this research is a positive step forward for forensic science. Without a more inclusive and diverse biological profile, the lived experiences of trans- and gender non-conforming individuals gets lost, even in their deaths. When the lived experiences of gender minorities get positively taken into account in one area of forensic science it can spread to other areas of forensic science, law enforcement, and even the media when accurate gender identity is presented. This positive spread creates a small fraction of change to the systemic injustices that gender minorities face on a daily basis.

SAT-27D-T: APPLYING HARM REDUCTION PRINCIPLES TO THE PRACTICE OF SELF-PRESCRIBED GENDER AFFIRMING HORMONE THERAPY

Christina Milano, Alexis Dinno, Cassandra Majewski
Oregon Health & Science University-Portland State University School of Public Health, Portland, OR, USA

Presented by: Christina Milano

Introduction/Background: Intro: COVID-19 resulted in 5.4 million laid-off workers becoming uninsured in the Spring of 2020 in the United States. This represents the largest annual percentage increase in loss of health care coverage ever recorded in this country. While state-based Medicaid programs may bridge the gaps in health services for some of these individuals, we are undoubtedly going to see increased numbers of patients resorting to self-procurement of medication to sustain their well-being. A subset of these patients will be individuals of transgender experience seeking gender-affirming hormone therapy outside of traditional pathways. In addition, irrespective of access to health insurance or licensed providers of transgender-specific care, some individuals avoid medical providers (either of transgender-specific care, or of care in general), due to principles of belief.

Specific Aim: Specific Aim: Under these circumstances, there is unprecedented urgency to ensure that easily accessible, concise information regarding feminizing and masculinizing hormone regimens - including typical dosages, routes of administration, surveillance and risk considerations - is available to the individuals who, for whatever reason, are engaging in self-procurement and self-management of their hormone therapy.

Materials and Methods: Materials/Methods: Synthesizing evidence-based outcomes, consensus guidelines regarding best practice, clinical expertise and user feedback/input via focus group, we have developed an online and printed resource to support this activity (self-procurement and self-management of gender-affirming hormone therapy). The approach is grounded in principles of harm reduction, self-efficacy and autonomy.

Results: Results: We will be tallying and presenting user data and feedback on the resource, with a release date of September 2020. We will also present a summary of our findings pertaining to harm reduction approaches in the context of gender-affirming care, and a review of the typical availability and pathways by which individuals are procuring hormone preparations for this purpose.

Conclusion: Conclusion: A subset of the Transgender community already relies on self-procurement of gender-affirming hormone therapy to self-manage their own gender transition and well-being. With the precipitous recent increase in uninsured adults in this country, this practice is most likely going to increase, and with it, the risk of undesired outcomes, morbidity and mortality without easily available guidance regarding risks and considerations for use of gender-affirming hormone regimens.

Sunday, November 8, 2020

10:05am - 11:20am ET

Oral Abstracts: Mental Health – Adult

SUN-2A-T: The assessment of sexual well-being in persons who experience gender incongruence from a sex positive perspective.

Müjde Özer, Sahaand Poor Toulabi, Anja de Kruif, Luc Gijs, Baudewijntje Kreukels, Margriet Mullender
Amsterdam UMC - Location VUmc, Amsterdam, Netherlands

Presented by: Müjde Özer

Introduction/Background: Sexual wellbeing is recognized as an important aspect of the quality of life. It is not clear what the concept “sexual wellbeing” means to persons who experience gender incongruence (PGI). Also, no clear overview exists of which aspects of sexual wellbeing have been assessed, nor which instruments are available to evaluate sexual wellbeing.

Specific Aim: First, to identify which themes pertaining to sexual wellbeing have been measured in persons who experience gender incongruence (PGI). Secondly to evaluate which instruments have been used for measuring aspects of sexual wellbeing form an etic (professional expert) perspective.
Thirdly, to define sexual wellbeing from the point of view of PGI and to provide a qualitative description of it from an emic (experience expert) perspective.

Materials and Methods: A systematic review was performed using Medline, EMBASE, and Cochrane Library electronic databases. Studies that assessed sexual topics in adults with gender incongruence, irrespective of treatment, were included. Specific sexual topics (codes) addressed in each study were extracted. In addition, the instruments used to measure topics related to sexuality in PGI were determined.
Subsequently qualitative (in-depth) interviews with 16 PGI, age 18 and up, were done to explore the meaning of sexual wellbeing from a sex positive perspective. Two thematic analyses were performed both by two authors: one on the extracted data from the systematic review (by MO and SPT) and one on qualitative interviews (MO and AK).

Results: Hundred and fifty-five articles were included. In total 179 sexual topics were identified, which were clustered into 39 subthemes, distributed over 10 themes. We identified 55 instruments used to assess sexual wellbeing in PGI. Most frequently used were self-developed questionnaires (n= 80), followed by chart reviews (n=52), self-developed structured interviews (n=39) and physical examination (n=13). Unfortunately, only 26 of the used questionnaires (n=39) were validated for the cisgender population. Just one of these questionnaires was validated for PGI. Three questionnaires were adapted versions of validated questionnaires, to make them more fit for PGI.
The qualitative interviews resulted in 31 sub-subthemes, 32 subthemes and 13 themes. All these themes were also found in the systematic review. However, there were three new themes in the interviews: sexual education, gender and gender affirming treatment. The interviews also resulted in the theme transcending codes: “conditions for sexual wellbeing”, “given definition for sexual wellbeing” and “experienced sexual wellbeing”. Next to the results extracted to define sexual wellbeing these three codes directly met the aims of this study literally from the PGI themselves.

Conclusion: For PGI sexual wellbeing is clearly a multifaceted concept, that has been measured by many different instruments. Unfortunately, nearly none of these instruments has been validated for PGI! Furthermore, our interviews revealed some additional themes, not covered in the literature, that are important for persons who experience gender incongruence themselves. This led to the conclusion that more attention is needed for the (theoretical) conceptualisation of sexual wellbeing. Furthermore, there is a strong need to develop a validated measure of sexual wellbeing in the PGI.

SUN-3A-T: THE PHENOMENOLOGY OF GENDER DYSPHORIA IN ADULTS: A SYSTEMATIC REVIEW AND META-SYNTHESIS

Kate Cooper[1], Ailsa Russell[1], William Mandy[2], Catherine Butler[1]
[1]Department of Psychology, University of Bath, Bath, United Kingdom, [2]UCL Research Department of Clinical, Educational, and Health Psychology, London, United Kingdom

Presented by: Kate Cooper

Introduction/Background: Gender dysphoria is distress resulting from a discrepancy between one’s assigned gender and gender identity. Individuals who wish to access gender clinics are generally assessed to ensure they meet the diagnostic criteria for gender dysphoria. Therefore, the way in which gender dysphoria is defined has a significant impact on individuals who wish to access gender clinic treatments and undertake a physical gender transition. There are different conceptualisations of gender related distress. While the DSM-5 criteria for gender dysphoria focuses on the individual's internal experience of their gender identity and gender assigned at birth, gender minority stress theory focuses on distress arising from adverse social experiences linked to gender identity. There is limited research available regarding how these two forms of distress relate to one another.

Specific Aim: The aim of this study was to identify peer-reviewed research literature about the lived experience of gender dysphoria in adults and to qualitatively synthesize these studies.

Materials and Methods: We conducted a pre-planned systematic search and identified 1491 papers. Twenty papers were included in the final review, and we conducted a quality assessment of each included paper. We extracted data pertaining to the lived experience of gender dysphoria from each paper. Following this, we conducted a meta-ethnographic synthesis.

Results: Through the meta-ethnographic synthesis, we identified four overarching themes. There were: distress due to dissonance of assigned and experienced gender; interface of assigned gender, gender identity and society; social consequences of gender identity; internal processing of rejection, and transphobia. A key finding was the reciprocal relationship between an individual's feelings about their gender and societal responses to transgender people. Other subthemes contributing to distress were misgendering, mismatch between gender identity and societal expectations, and hypervigilance for transphobia.

Conclusion: This study provides support for both the DSM-5 criteria for gender dysphoria and gender minority stress theory, while providing an important insight into how these experiences of distress are related to one another.

SUN-4A-T: BARRIERS TO CARE FOR TRANS, NON-BINARY AND GENDER DIVERSE SURVIVORS OF SEXUAL VIOLENCE

Cianán Russell[1], Mario Pratama[1,2], Nadika Nadja[1,3], Jay Mulucha[1,4], Mauro Cabral Grinspan[1,5]
[1]Trans Survivors Network, International, Unknown or unspecified country, [2]Transhition Collective, Yogyakarta, Indonesia, [3]Independent writer & researcher, Bangalore, India, [4]Fem Alliance Uganda, Kampala, Uganda, [5]GATE, New York, NY, USA

Presented by: Cianán Russell

Introduction/Background: Research indicates that trans, non-binary, and gender diverse people are exposed to high levels of sexual violence, including sexual assault, rape, and childhood sexual assault. However, trans people report that access to care and support - including from healthcare professionals, law enforcement, and even friends or family - is riddled with gaps and challenges.

Specific Aim: This research presents experiences of trans, gender diverse, and non-binary people in seeking help after experiences of sexual violence.

Materials and Methods: The research is based on an online survey of trans, gender diverse, and non-binary people exposed to sexual violence, conducted in several languages - including Arabic, Bahasa Indonesian, Chinese, English, French, Russian, Spanish, Swahili, and Vietnamese. The survey used multiple choice, multiple mark, short answer, and long answer questions to explore who survivors approached for help, what happened during those encounters, and what survivors would recommend to make the experiences better. It also investigates who perpetrated the violence. Respondents were given the option of support during completion of the survey by volunteers. All components of the survey, including design, translation, and analysis, were conducted by trans and non-binary people. This research was conducted by Trans Survivors Network, an international organisation working on issues of sexual violence and rape committed against trans, non-binary, and gender diverse people.

Results: The survey reveals that around half of survivors have experienced multiple incidents of sexual violence, and the majority were exposed to sexual violence in childhood and adulthood. The majority of perpetrators were romantic or sexual partners of the survivor, though a sizeable number of friends, acquaintances, and strangers perpetrated the violence as well. Very small fractions of survivors sought help from healthcare practitioners or law enforcement, and for those who did, transphobia, retraumatisation, disbelief, and even harassment were commonplace. Experiences with mental health professionals were both more common and more supportive. Many respondents, when reflecting on their experiences seeking help, expressed that they wished they had never sought help in the first place.

Conclusion: There are significant gaps and barriers in care for trans, non-binary, and gender diverse people exposed to sexual violence. There is a significant need for trauma-informed training for LGBTI and trans community support services, and for trans awareness and sensitivity training for those tasked with providing help to survivors.

SUN-5A-T: THE ROLE OF GENDER IDENTITY IN PREDICTING SEXUAL HEALTH OUTCOMES OF CIS AND TRANS PEOPLE

Joz Motmans, Elisabeth Leroy
Ghent University, Ghent, Belgium

Presented by: Joz Motmans

Introduction/Background: Sexual health is an important part of the quality of life of everyone, regardless of birth gender, age, sexual orientation, ethnic background, socio-economic status and educational level. Studies on the sexual health of transgender people, and in particular on the way in which they experience their sexual relationships, remain few in number and tend to focus on sexual health after gender affirming medical interventions, or on sexual risk behaviour and HIV prevalence only.

Specific Aim: Our aim was (1) to map the sexual health of transgender people with a permanent partner and to investigate whether there are significant differences with cisgender people with a permanent relationship; (2) to investigate which socio-demographic background characteristics - of which gender identity is one - predict the sexual health of people with a permanent relationship; (3) to analyse if and how the indicators for sexual health are interrelated.

Materials and Methods: Data were collected as part of "Each relationship counts" project (2018), a cross-sectional study focussed on relation satisfaction in Belgium. Respondents participated by completing an anonymous, online survey. Sexual health was measured on the basis of three indicators: sexual behaviour, sexual pleasure and sexual satisfaction. Chi-square test (sexual behaviour) and t-test for independent groups (sexual pleasure, sexual satisfaction) were used to determine whether there are significant differences between trans- and cisgender respondents. A step-by-step, multinomial logistic regression (sexual behaviour) and step-by-step, multiple linear regressions (sexual pleasure, sexual satisfaction) was used to determine which socio-demographic characteristics were important to predict sexual health. Lastly, on the basis of a correlation analysis, the relationship between the three indicators of sexual health was investigated.

Results: The sample consists of 2824 respondents within a relationship longer than three months, 2708 of whom were recoded as cisgender and 116 as transgender respondents. Transgender respondents did not differ significantly on sexual satisfaction compared to cisgender people. Cisgender people reported more sexual pleasure and having sex more often than transgender people. Taking all socio-economic background variables into account, gender identity was found to be a significant predictor for sexual pleasure only, but not for sexual behaviour nor for sexual satisfaction. A positive association between the three indicators of sexual health was found.

Conclusion: Gender identity did not play a significant role for the sexual behaviour and sexual satisfaction of people within a permanent relationship. Socio-demographic characteristics, such as birth gender, length of relationship, children and general health were more important for sexual behaviour and sexual satisfaction. Gender identity, however, did determine the reported sexual pleasure, with cisgender people experiencing significantly more sexual pleasure than transgender people with a permanent relationship.

SUN-6A-T: TRANSGENDER/NONBINARY EXPERIENCES OF INTIMATE PARTNER VIOLENCE: SURVIVOR-CENTERED CONCEPTUALIZATION AND MEASUREMENT

Sarah Peitzmeier, Kieran Todd, Kristi Gamarel, Rob Stephenson
University of Michigan, Ann Arbor, MI, USA

Presented by: Sarah Peitzmeier

Introduction/Background: Intimate partner violence (IPV) is commonly measured using scales that assess for behaviors perpetrated by an abusive partner. Feminist researchers have critiqued this approach for overemphasizing physical assault, viewing IPV as a disconnected series of acute events, and neglecting the role of gender. With these scales, the measurement of IPV depends on whether an abusive behavior happened within a specific assessment period, and does not acknowledge that abuse is often an ongoing state of powerlessness regardless of recency of acts of violence. Alternative scales such as the Women's Experiences with Battering Scale (WEBS) have used cisgender women's accounts of IPV to screen for abuse that is conceptualized as a chronic rather than acute condition. To date, these scales have focused on the experiences of cisgender women with few scales developed with and for transgender/nonbinary survivors to understand and screen for their unique experiences with IPV.

Specific Aim: To identify cognitive and affective domains of the IPV experience among transgender/nonbinary individuals and use this to develop a scale that more accurately reflects the lived experiences of transgender populations.

Materials and Methods: Between March and June 2020, we conducted 20 semi-structured in-depth interviews with transgender/nonbinary survivors of IPV via videoconferencing. Participants were recruited via social media and outreach to community organizations. Participants ranged in age from 20 to 63 and were approximately evenly divided by sex assigned at birth. Twelve identified as nonbinary, and 9 identified as a person of color. Content analysis was employed to identify text about the impact that survivors felt the relationship had on them or how they conceptualized abuse. Excerpts were then coded using line-by-line coding. The resulting codes were sorted into piles to identify domains of IPV experiences.

Results: We identified eight domains of the IPV experience: entrapment, altered identity, disempowerment, prioritizing abuser's emotions, gaslighting, control of gender, isolation, and reversing of victim and offender. The first four domains matched closely to three of the six domains included in the WEBS scale, with four new domains including one transgender/nonbinary-specific domain (control of gender). WEBS domains that did not come up significantly in our study were perceived threat (fear of harm), managing (trying to prevent violence), and yearning (searching for affection). From these 8 domains identified, a 15-item scale was created.

Conclusion: Findings present a more accurate conceptualization of IPV that center the voices of transgender/nonbinary survivors and highlight the specific IPV domains that are unique to the lived experience of transgender/nonbinary communities. The prominence of domains such as gaslighting, isolation, and reversing of victim and offender highlight the extent to which abusers are able to mobilize societal and structural transphobia that argues that transgender/nonbinary people are mentally ill and undeserving of connection with others as part of their abuse. The uniqueness of one of the most commonly discussed domains, control of gender, to the transgender/non-binary experience underscores the need for transgender/nonbinary-specific assessment tools when working with this population. Further work is required to cognitively and psychometrically validate the scale with larger samples of diverse transgender/nonbinary people.

SUN-7A-T: A VIEW INTO THE SYSTEM: A SURVEY OF TRANSGENDER PEOPLE'S EXPERIENCES OBTAINING REFERRAL LETTERS FOR GENDER-AFFIRMING CARE IN THE U.S.

Eli Goldberg, Eileen CichoskiKelly
The Robert Larner, M.D. College of Medicine at the University of Vermont, Burlington, VT, USA

Presented by: Eli Goldberg

Introduction/Background: Since their inception, the WPATH Standards of Care (SOC) have incorporated referral letters from one or more mental health providers (MHPs) as a precondition for accessing gender-affirming care (GAC), though the specifics of this requirement have evolved over time. This is intended to ensure that patients meet diagnostic criteria, to promote readiness, and to identify and address pertinent mental health concerns, prior to undergoing irreversible medical treatment. However, community advocates have argued that referral requirements impose excessive barriers and undermine patient autonomy and self-determination. Although the ethical and clinical dimensions of the referral requirement have been explored in recent academic literature from multiple perspectives, notably absent is any systematic study of transgender people's experiences and perceptions of the referral process.

Specific Aim: To survey transgender patients regarding their experiences obtaining referrals for gender-affirming medical care, and their opinions and perceptions of referral requirements.

Materials and Methods: Internet-based survey of U.S. transgender adults, containing 122 multiple-choice, scaled, and free-response questions. Respondents were asked about history of gender-affirming care; experiences seeking referral letters; perceived barriers and benefits associated with the referral process; and general opinions regarding referral requirements. Quantitative analyses were performed in SPSS and Microsoft Excel. Qualitative Grounded Theory was used for analysis of free responses.

Results: Respondents were 582 individuals aged 18-70. 77.8% were prescribed hormones and collectively respondents had completed 437 gender-affirming surgeries. For those who accessed care after the release of SOC7, compliance with SOC7 requirements for number of referrals ranged from 97% for hormone therapy, to 41% for orchiectomy. While 65% reported that their letter-writer played some role in informing them about GAC or facilitating their access to it, fewer found that referral process helped to clarify their decision-making about GAC (27%) or to address other mental health concerns (23%). 43% endorsed at least one experience of bias, microaggression, or macroaggression from an MHP while seeking a referral, and 33% withheld information from an MHP because they were afraid of being denied a referral. 72% encountered barriers in the letter process, most frequently lack of qualified MHPs (46%). Obtaining a letter caused significant financial strain for 44% of respondents, and delayed GAC for 41%. Qualitative analysis detailed additional information about the specific challenges and facilitators for care, with many respondents articulating the value of voluntary mental health care but expressing concern about mandatory assessments, especially while barriers to access are widespread.

Conclusion: Transgender patients' experiences obtaining referral letters vary widely, and often diverge from SOC7. While respondents were not generally averse to seeking mental health care, many expressed that the process of mandatory assessment and referral was not beneficial, and impeded formation of a positive therapeutic relationship. Others, however, found that these assessments were meaningful opportunities to gain information and connect with resources. Barriers associated with referrals, most notably availability of qualified MHPs and the cost of seeking care, compounded to delay patients' access to GAC medical care. Forthcoming analyses include association of demographic factors with experiences of benefit vs. barrier, and characterization of respondents' opinions and perceptions regarding referral requirements.

SUN-8A-T: EXPERIENCED SEXUALITY AMONG A DUTCH COHORT OF TREATMENT-SEEKING TRANS INDIVIDUALS – A QUALITATIVE STUDY

Philippine Roijer, Maeghan Ross, Margriet Mullender, Tim van de Grift
Amsterdam University Medical Centre, Amsterdam, Netherlands

Presented by: Philippine Roijer

Introduction/Background: Sex research and healthcare increasingly shift focus from disease and dysfunction to (positive) experiential dimensions. The small body of literature on trans sexuality primarily focuses on sexual dysfunction and orientation, often in relation to gender affirming treatments (GAT). While this research shows that different dimensions of sexual functioning improve after GAT, little is known of the experienced sexuality of this group.

Specific Aim: The aim of this research was to gain insight into what makes sex a satisfying experience for trans people, how GAT influences this process and to identify areas of improvement within care.

Materials and Methods: For this cross-sectional qualitative study, 21 semi-structured cognitive interviews were conducted among 12 trans men, 8 trans women and 1 genderqueer person, all from the Netherlands and in various stages of GAT. The interview transcripts were coded by a line-by-line approach, and (open) thematic analysis was conducted by multiple researchers.

Results: Four main themes, contributing to a satisfying sexual experience, emerged from analysis, i) experienced physical sexual function, ii) developing sexual and relational preferences, iii) sexuality in relation to identity and iv) guiding sexuality to optimize satisfaction. Experienced sexual function was positively associated with sexual satisfaction. Many described experiencing GAT-induced changes in sexual arousal, drive and orgasm as gender-affirming. While the hypertrophic clitoris increased the experienced sexual satisfaction, phalloplasty was often viewed as sub-functional for sexual activity by trans men. Regarding the development of sexual and relational preferences, it appeared that the emotional connection to- and affirmation received from sexual partners contributed to positive sexual experiences. Further satisfaction was gained out of individually (re-)defining what sex meant during/after GAT. Additionally, developments in gender identity and satisfactory sex life were often closely related. Lastly, a number of psychological and practical coping strategies were defined aiming to optimize and guide one's individual sexual experience.

Conclusion: The sexual experiences of trans individuals appear to relate to concepts that have remained largely out of scope in past sex research and healthcare. This study identifies topics for clinical counselling in order to enhance sexual satisfaction and guide positive sexual development. Results of this study contribute to the view that experienced sexuality of trans individuals is often not fundamentally different from that of cisgender individuals, however, trans individuals have transition- and identity related barriers to overcome.

Oral Abstracts: Intersex/DSD

SUN-1B-T: WITHDRAWN

Oral Abstracts: Non-Binary and Gender Queer Identities

SUN-2B-T: The terminology of identities between, outside and beyond the gender binary – A systematic review

Nat Thorne, Andrew Kam-Tuck Yip, Walter Bouman, Ellen Marshall, Jon Arcelus
The University of Nottingham, Nottingham, United Kingdom

Presented by: Nat Thorne

Introduction/Background:
Recently, a multitude of terms have emerged, especially within North America and Western Europe, which describe identities that are not experienced within the culturally accepted binary structure of gender (male and female) prevailing within those cultures. As yet, there is no clear single umbrella term to describe such identities and a mixture of words has been used in scholarly work to date. Among these terms are non-binary and genderqueer, which are often used by modern scholars when examining gender identities that do not easily fall within the binary of male and female. The language used by scholars often reflects the culture that the knowledge is created in, but also occasionally uses terms that aim to describe a certain group within society but for the use of academics and not for everyday use within the general public.

Specific Aim: To explore the origins and track the emergence of newer terms and definitions for identities between, outside and beyond the gender binary, to outline current trends in descriptors within scholarly work and to suggest a term that is wide enough to encompass all identities. This systematic review tests whether the current terms used by scholars are agreed upon and how the different terms used by academics could be altered to make such searches of the literature easier and more defined.

Materials and Methods: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed to undertake this systematic review. Using this system, papers were first searched for using a number of keywords. Papers were selected by their title and those that were not relevant were rejected. The abstracts were then read and relevant papers were kept, which those that did not potentially meet the criteria were rejected. The remaining papers were then read fully, with relevant information being extracted from the relevant publications while those that were not relevant were excluded.

Results: Several terms have been used over the years to describe identities outside of the binary. "Non-binary" and "genderqueer" are currently mostly used as umbrella terms. However, "gender diverse" is emerging as a more suitable wide-ranging inclusive term for non-male and non-female identities.

Conclusion: Identity outside of 'male' and 'female' is an emerging concept which currently has several identifiers and little academic agreement on which is the most pertinent. The two leading descriptors are 'non-binary' and 'genderqueer'. Gender diverse is emerging as a new term that has the aim of including all other terms outside of male and female within it and this paper suggests the increase in its use to describe gender identities outside of the binary.

SUN-3B-T: Negotiating identities between, outside and beyond the gender binary – A qualitative study

Nat Thorne, Andrew Kam-Tuck Yip, Walter Bouman, Zoe Aldridge, Jon Arcelus
The University of Nottingham, Nottingham, United Kingdom

Presented by: Nat Thorne

Introduction/Background: Identities that lay outside of traditional 'male' and 'female' gender roles have swiftly risen to prominence within Western society in the last few decades. Language within the UK is gendered in nature with 'he/him', 'she/her' being the only pronouns currently in widespread use. The dominant discourse on gender is also almost exclusively binary in nature and narratives that reinforce gender stereotypes are in common use (eg, men can't multitask). A discourse of those who do not identify as 'male' or 'female' is currently not widespread outside of specific community groups and internet groups. Negotiating identity in a gendered society can also cause distress from the reactions of family and friends as well as society in general.

Specific Aim: This study tries to explore the discursive tools used by gender diverse individuals to explain their identity and questions how developing, maintaining, and expressing their gender is achieved when the primary discourse in society is deeply binary. The primary research questions are - 1) What terminology do participants use to describe their gender identity? 2) How did they reach their decision to use their chosen identifier? 3) How do they negotiate social responses to their identity?

Materials and Methods: Participants who are aged over 18 and who are UK based were invited to take part in the study. These participants must identify as outside of exclusively male and female although no gender identity labels were specified so as to capture the full range of this heterogeneous group. Thematic Analysis was used to analyse the interviews and the data was triangulated via a second researcher.

Results: This is an on-going project and so the results at this stage are preliminary and may well be added to or amended in the final paper. Early analysis shows that while a large number of the participants use 'non-binary' as their gender identifier, many of them say they chose this word as it was the one most well known and that in fact, it was not ideal or accurate. Terminology relating to identities outside of exclusively male and female were often first encountered by interaction with a member of the LGBTQ+ community. All participants said they were strategic in who they came out to and expressed that this was because they are averse to confrontation concerning their gender identity.

Conclusion: Terminology and information relating to a gender identity outside of male and female are often first encountered in the LGBTQ+ community and often labels are chosen with the interpretation of cis people in mind. Participants were strategic who they revealed their gender identity and pronouns too.

SUN-4B-T: NON-BINARY GENDER IDENTITY AS A MOTIVE FOR TREATMENT REQUEST

Bodi Huisman, Anouk Verveen, Nastasja de Graaf, Thomas Steensma, Baudewijntje Kreukels
Center of Expertise on Gender Dysphoria, VU University Medical Center, Amsterdam, Netherlands

Presented by: Bodi Huisman

Introduction/Background: Gender clinics around the world list an increasing trend in individuals with symptoms of gender incongruence (GI) who seek medical assistance (Wiepjes et al., 2018; Zucker, 2017). Based on previous observations it is shown that with the increase of referrals to gender clinics, there is an increase in individuals with a gender identity outside of the binary (Richards et al., 2016). Non-binary individuals do not identify solely male or female but empathize with both feminine and masculine traits at the same time, alternate these traits over time or reject traits of any gender (Richards et al., 2016). A small percentage of this group report their gender identity as the main motive for not requesting all available medical options, for example in the desire for cross-sex hormones without genital surgery (Beek, Kreukels, Cohen-Kettenis & Steensma, 2015). However, the exact relation between treatment desire and non-binary gender identity in adults with GI remains unclear and the continuous assessment of the variability in reported gender identities and co-occurring treatment requests is important in the light of improving and personalizing care for the transgender population.

Specific Aim: This study aims to provide a better understanding of the relation between non-binary gender identity and treatment requests. The main research objectives are (1) to provide an overview of the different gender identities that administer at the Center of Expertise on Gender Dysphoria at the Amsterdam University Medical Centers; (2) to examine the association between gender identity and treatment requests; and (3) to analyze time trends by comparing data acquired in the same clinic in 2013.

Materials and Methods: Self-report measures on demographic characteristics, gender identity, and treatment requests are obtained in adults that were referred (N = 760) to the Center of Expertise on Gender Dysphoria at the Amsterdam University Medical Centers, location VUmc, between July 2017 and March 2020. First, a general description of demographic characteristics, reported gender identities, and treatment requests of the whole group will be provided. Secondly, subgroup analyses are conducted based on gender identity. Demographic characteristics and treatment requests between binary and non-binary identities are compared using chi square tests. Lastly, a comparative analysis is conducted to assess differences over time, by comparing the number of binary and non-binary identifying applicants and related treatment requests in 2013 with those in 2019. It is expected to see an increase in the number of non-binary identifying referrals resulting in a more evident relation between non-binary gender identities and reported treatment request. It is hypothesized that the non-binary population more frequently request a selection of all available medical treatments compared to binary applicants.

Results: Results will be presented in light of previous findings from the literature.

Conclusion: Clinical implications will be discussed.

SUN-5B-T: GENDER- AFFIRMING HORMONAL TREATMENT IN NON-BINARY TRANSGENDER PERSONS: TOWARDS A TAILORED APPROACH?

Josianne van Dijken, Annelijn Wensing-Kruger, Thomas Steensma, Koen Dreijerink
Amsterdam UMC, location VU University Medical Center, Center of Expertise on Gender Dysphoria, Amsterdam, Netherlands

Presented by: Josianne van Dijken

Introduction/Background: Background: The needs of people identifying outside the binary construct, non-binary individuals, are increasingly recognized. Medical interventions alleviate gender incongruence, improve mental health and quality of life of trans people. Research has demonstrated that treatment preferences differ between binary and non-binary individuals. Fewer non-binary people seek medical treatment, to alleviate their gender incongruence, those who seek medical care are more likely to opt for less intensive treatment. Current guidelines for hormone treatment of transgender and gender non-conforming people do not specify endocrine treatment for persons who identify as non-binary. To date, no extensive research has been done regarding the type of hormonal treatment preferred by non-binary trans people.

Specific Aim: Specific aim: The aim of this study was to compare the types of hormonal treatment received by non-binary and binary trans people.

Materials and Methods: Materials and Methods: 602 applicants for gender care in Amsterdam UMC in 2013, 2014 and 2015 were included. The *GenderQueer Identity (*GQI) questionnaire was used to classify people as non-binary(n=113) or binary trans(n=489). Patient records until the end of 2019 were searched for the main outcomes: types of hormonal treatment and preference for or undergoing gonadectomy.

Results: Results: Non-binary people received an adapted hormonal treatment more often than binary trans people. Though the majority of non-binary (82.3%) and binary trans (91.8%) people received conventional hormonal treatment(p 0.002). We identified 5 categories of adapted endocrine treatment in the cohort: estradiol mono-therapy, regular estradiol combined with low dose or intermitted anti-androgen, ceased or interrupted hormone treatment, no hormone treatment and original hormone supplementation after gonadectomy. Non-binary people opted less often for gonadectomy than binary people. Of the non-binary people 62.8% opted for gonadectomy, whereas 73.2% of binary trans people opted for gonadectomy (p 0.028).

Conclusion: Conclusion: This is the first study focussing on the type of endocrine gender affirming treatment non-binary people receive compared to binary trans people in referral clinical setting. We found that non-binary people were more likely to receive adapted hormonal treatment and less likely to undergo gonadectomy, compared to binary trans people. Health care professionals should be aware of these issues when considering hormone treatment for NBGQ individuals. Possibly, in the future tailored endocrine counselling could result in more non-binary people choosing adapted hormonal treatment.

SUN-6B-T: Trans people's experiences and evaluations of health care services

Aisa Burgwal, Joz Motmans
Ghent University Hospital, Ghent, Belgium

Presented by: Joz Motmans

Introduction/Background: Research into the differences in access to and experiences with healthcare services between non-binary and binary trans individuals remains scarce.

Specific Aim: In this study, self-reported experiences with general and trans-specific healthcare services were analyzed for differences between non-binary persons, trans men and trans women, using data from a five country survey.

Materials and Methods: Self-identified trans persons aged 16 years and older, and living in five different European countries (Georgia, Poland, Serbia, Spain, and Sweden) were invited to complete an anonymous online survey regarding healthcare experiences. Data analysis was performed using SPSS for Windows, v26. Chi square tests were used when using categorical variables, unless any cell in the contingency tables consisted of fewer than five respondents, in which case the Fisher exact test was used. For continuous outcomes, univariate analysis was applied. When possible, the analyses were controlled for influence of background variables (age, educational level, SES, belonging to an ethnic, religious, sexual minority or disability minority group, and SAAB). For categorical response variables, logistic regression was applied. For continuous response variables, ANCOVA was used to control for the relevant variables. A *p* value of < .05 was considered to be statistically significant.

Results: More than half of all respondents indicated they had delayed general healthcare services at least once because of their gender identity, with no differences between the identity groups, mostly out of fear to be treated badly. Almost one in four participants felt personally discriminated against in general healthcare services within the previous year. Non-binary persons had significantly less experiences with seeking trans-specific healthcare. An additional effect was found for those belonging to an ethnic minority group, or those with a basic educational level. Non-binary persons gave significantly worse evaluations of trans-specific healthcare services (in general as well as for specific types of trans-specific healthcare).

Conclusion: The findings highlights the need for healthcare providers in creating inclusive healthcare settings, with specific attention for non-binary clients and those belonging to precarious minority groups due to their level of education or ethnic background.

Oral Abstracts: Primary Care – Adult

SUN-1C-T: HIV prevalence and high-risk subgroup identification in transgender women who undergo primary vaginoplasty in The Netherlands

Ceranza Daans[1,2], Kristin de Haseth[1], Müjde Özer[1], Mark-Bram Bouman[1], Elske Hoornenborg[2], Elfi Conemans[1], Baudewijntje Kreukels[1], Martin den Heijer[1], Wouter van der Sluis[1]
[1]Amsterdam UMC, VU University Medical Center Amsterdam, Amsterdam, Netherlands, [2]Public Health Service of Amsterdam, Amsterdam, Netherlands

Presented by: Ceranza Daans

Introduction/Background: BACKGROUND: Worldwide, transgender women (TGW) bear a high human immunodeficiency virus (HIV) burden. Limited data is available on HIV prevalence and risk factors among TGW in the Netherlands and West European countries.

Specific Aim: AIM: To assess the prevalence of HIV positivity in TGW who underwent primary vaginoplasty at our hospital and to identify subgroups with a higher risk of HIV.

Materials and Methods: METHODS: All TGW who underwent primary vaginoplasty between January 2000 and September 2019 at our institution were identified. A retrospective chart study was including the medical history as supplied by the general practitioner which was then reviewed with the patient. The following variables were recorded: age at vaginoplasty, region of birth, type of vaginoplasty procedure, somatic comorbidity, psychiatric comorbidity, use of medication, substance use, sexual abuse, history of pubertal suppression, history of sexually transmitted infections (STI), HIV status and sexual preference at time of surgical intake. Determinants associated with HIV-positivity were identified using backward logistic regression analysis.

Results: RESULTS: Between January 2000 and September 2019, a total of 950 TGW underwent primary vaginoplasty at our institution, of whom 31 (3.3%) individuals were known to be HIV positive. Of European individuals, 11 out of 805 (1.4%) individuals were HIV positive. Of non-European individuals 20 out of 145 (15.3%) were HIV positive. The determinants significantly associated with being HIV-positive were nicotine use, being of non-European descent, sexual preference towards men solely, having a history of STI and sexual abuse. None of the HIV-positive TGW had a history of puberty suppression.

Conclusion: CONCLUSION: The observed prevalence of HIV in TGW undergoing vaginoplasty is substantial, but lower than reported in previous HIV studies in TGW. However, our prevalence is significantly higher than the HIV prevalence reported in cisgender population in the Netherlands. An HIV test is recommended for TGW with an unknown HIV status undergoing primary vaginoplasty.

SUN-2C-T: SYPHILIS PREVALENCE AMONG TRANSGENDER INDIVIDUALS ATTENDING THREE SOUTH AFRICAN TRANSGENDER CLINICS.

Tamsyn Nash[1], Rutendo Bothma[1], Naomi Hill[1], Cara O'Connor[1], Nicola Chiwandire[1], Paballo Mataboge[1], Ndivhuho Nemukombane[1], Joseph Lawrence[2], Gloria Maimela[1]
[1]Wits Reproductive Health and HIV Institute, Johannesburg, South Africa, [2]United States Agency for International Development, Pretoria, South Africa

Presented by: Tamsyn Nash

Introduction/Background: In 2016, the World Health Organization estimated 6.3 million new cases of syphilis globally, with the highest rates in the Africa region. Even though syphilis infection is easily identifiable and treatable, it continues to cause morbidity and mortality worldwide, especially amongst individuals with multiple sexual partners. As syphilis infection is a biological driver of HIV acquisition, it is of particular concern among Transgender (TG) individuals, who are disproportionately affected by HIV. Appropriate identification and management of syphilis can ensure that it does not exacerbate the burden of HIV in this population and can also prevent the long-term sequelae such as neuro-syphilis.
The Wits Reproductive Health and HIV Institute (Wits RHI) provides gender-affirming health care to TG individuals in four USAID supported clinics across South Africa. The model integrates HIV prevention, care and treatment services with hormone replacement therapy (HRT). Syphilis testing is performed prior to initiating HRT as recommended by the Callen-Lorde Protocols for the Provision of HRT.

Specific Aim: To assess the prevalence of infectious syphilis in TG individuals initiating HRT in TG clinics in the Johannesburg, Cape Town, and Nelson Mandela Bay health districts between March 2020 and June 2020.

Materials and Methods: We conducted a retrospective analysis of de-identified health data from the three Wits RHI clinics. Data from medical records for the period 1 March 2020 - 24 June 2020 were captured in a REDCap database, and analysed using Microsoft Excel. Data were stratified by demographics and clinical outcomes of tests conducted; reactive and active cases.

Results: A total of 103 syphilis tests were conducted, comprising 95 TG women and 8 TG men, 55 (54%) of whom were 25 years or older. Among this sample, 66 (64%) were HIV-positive, of whom 64 (97%) were on antiretroviral treatment (ART). Of the 38 HIV-negative patients, 28 (78%) were taking oral pre-exposure prophylaxis (PrEP). Thirty of the 103 (29%) *Treponema pallidum* hemagglutination (TPHA) syphilis tests conducted had a positive TPHA result, all among TG women. Of the 30 positive TPHA, 19 (63%) had active syphilis based on titre results; this was 18% of the total cohort. Active syphilis prevalence was three times higher in HIV-positive patients (24%) than in HIV-negative patients (8%).

Conclusion: The 18% prevalence of active syphilis in this cohort is significantly higher compared to the estimated prevalence of 0.5% and 0.97% amongst women and men respectively, in South Africa. This high burden of active syphilis shows that there is significant untreated syphilis in this population which could indicate the lower access to healthcare amongst TG women. Furthermore, these results could highlight risky sexual behaviours among TG individuals.
Syphilis testing should be scaled up and included as part of routine clinical assessment for TG individuals. Contact tracing, partner notification, and adherence to treatment should be encouraged. Furthermore, it is imperative that programs explore risk reduction strategies (such as condom and lubricant use). A comprehensive model of gender affirming health care including hormone replacement therapy and psychosocial support is imperative to improve health outcomes among TG individuals.

SUN-3C-T: EXPLORING THE IMPLEMENTATION AND DELIVERY OF PRIMARY CARE SERVICES FOR TRANSGENDER INDIVIDUALS IN ONTARIO

Erin Ziegler
Ryerson University, Toronto, ON, Canada

Presented by: Erin Ziegler

Introduction/Background: In Ontario, healthcare for transgender individuals is accessed through primary care services; however, there remains a limited number of practitioners providing care, and patients are often on waiting lists and/or traveling great distances to receive care. Literature supports team delivery of primary care for transgender individuals in general, yet little is known about the delivery of care to transgender individuals in Ontario and the role of primary care teams. Understanding how primary care is implemented and delivered to transgender individuals is key to improving access and eliminating barriers.

Specific Aim: To understand how the implementation and delivery of primary care services for transgender individuals compares across various models of care delivery in Ontario.

Materials and Methods: A qualitative case study guided by Normalization Process Theory was used to compare primary care delivery and implementation across three primary care models. Three cases known to provide primary care services to transgender individuals and representing different primary care models in Ontario (i.e., family health team, community health centre, fee-for service physician) were explored. A survey and qualitative interviews with primary care practitioners and allied healthcare staff (n=19) were administered.

Results: Key themes emerged about implementation and delivery of primary care services for transgender individuals. Themes include creating a safe space, identifying gaps in services, understanding practitioners' roles, and the need for more training in transgender care for practitioners. Practitioners clearly articulated their role and activities they were responsible for, however they tended to work independently. In cases with an interdisciplinary team there was limited collaboration. NPs, physicians, and counsellors contributed the most to the delivery of care. Key challenges in delivering primary care included lack of service coordination within organizations, and the need for practitioner education. Continuing educational sessions, clinical practice guidelines, and mentorship aided capacity building.

Conclusion: Primary care services for transgender individuals can and should be delivered in all models of primary care. Training and awareness for healthcare practitioners is needed to develop capacity in providing care to transgender individuals. More practitioners and organizations are needed to take on this work, embedding and normalizing transgender care into routine practice to address barriers and improve quality of care for transgender individuals.

SUN-4C-T: "I LEFT THAT OFFICE CRYING:" PERSPECTIVES AND EXPERIENCES OF TRANSGENDER WOMEN ON SEEKING UROLOGICAL CARE

Paul Chung[1], Sabina Spigner[2], Vishal Swaminathan[1], Seth Teplitsky[1], Rosemary Frasso[2]
[1]Department of Urology, Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA, USA, [2]College of Population Health, Thomas Jefferson University, Philadelphia, PA, USA

Presented by: Paul Chung

Introduction/Background: INTRODUCTION/BACKGROUND: Patients who identify as transgender face significant barriers to care which include fear of stigma, misgendering and not being understood. Urologists may be apprehensive to provide care to this patient population due to a lack of familiarity with their specific health needs.

Specific Aim:
SPECIFIC AIM: To describe perspectives and experiences of transgender women (TGW) related to urology care-seeking.

Materials and Methods: MATERIALS AND METHODS: This HIPAA-compliant study was approved by the institutional review board. Through semi-structured interviews, researchers explored the perspectives and experiences of TGW seeking and obtaining urological care. Open-ended questions were designed to elicit a range of responses rather than quantifiable data. Thematic codes were developed and explicitly defined. Two research assistants independently coded all de-identified transcripts and met to address discrepancies. Analysis of intercoder reliability confirmed near perfect agreement (k=0.94). Codes pertaining to patient experiences of TGW were assessed and described in this study.

Results: RESULTS: Twenty-five TGW were interviewed. The majority of participants were on hormone therapy, but not all had undergone gender-affirming bottom surgery. Participants reported an array of factors that informed and inhibited care-seeking, factors that framed individual urologic care experiences and their overall impression of the healthcare system's ability to effectively and respectfully serve TGW. Specifically, participants reported that prior negative healthcare experiences dissuaded them from seeking care, this included feeling discriminated against and having a lack of trust in providers. Additionally, participants reported feeling a need and responsibility to "educate" providers on both their medical needs and psychosocial experiences. Participants were also unclear about what symptoms merited urological care and how best to identify "trans-friendly" urologists, including finding providers who are culturally competent and have appropriate medical knowledge. One participant explained, "the biggest problem is finding a urologist who knows…news from bananas about this whole thing." Other barriers to appropriate urological care included costs of care, fear of discrimination, misgendering and challenges related to gender and name discrepancies in medical and insurance records.

Conclusion: CONCLUSIONS: Transgender patients are at an increased risk for care avoidance. TGW shared important insights into the urological care experience. Their perspectives highlight important opportunities to improve services and to inform training for urologists and their staff.

SUN-5C-T: A QUALITATIVE EVALUATION OF URINARY AND SEXUAL SYMPTOMS IN TRANSGENDER WOMEN

Paul Chung[1], Vishal Swaminathan[1], Sabina Spigner[2], Seth Teplitsky[1], Rosemary Frasso[2]
[1]Department of Urology, Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA, USA, [2]College of Population Health, Thomas Jefferson University, Philadelphia, PA, USA

Presented by: Paul Chung

Introduction/Background: INTRODUCTION/BACKGROUND: Transgender patients may be reluctant to seek urological care due to fear of stigma, misgendering and not being understood. Urologists may be apprehensive to provide care to this population due to a perceived lack of familiarity with their needs.

Specific Aim: SPECIFIC AIM: To describe the array of urinary and sexual symptoms in transgender women in order to guide the development of a questionnaire which assess relevant urological symptoms within the transgender community.

Materials and Methods: MATERIAL AND METHODS: This HIPAA-compliant study was approved by the institutional review board. Through semi-structured interviews, researchers explored urinary and sexual symptoms in transgender women based on a sample of convenience until saturation was achieved. Open-ended questions were designed to elicit a range of responses rather than quantifiable data. Thematic codes were developed and explicitly defined. Two research assistants independently coded all deidentified transcripts and met to address discrepancies. Analysis of intercoder reliability confirmed near perfect coding agreement (k=0.94). Codes pertaining to urinary and sexual were assessed and described in this study.

Results: RESULTS: Twenty-five transgender women were interviewed. The majority of participants were on hormone therapy, but not all had undergone gender affirming bottom surgery. Urinary symptoms not related to treatment with hormones or bottom surgery included frequency, urgency, nocturia, sensation of incomplete bladder emptying and incontinence. Additional urinary symptoms attributed to treatment included slow stream, spraying, retention and need for self-catherization due to a urethral stricture. Sexual symptoms not related to treatment included sexually transmitted infections, erectile dysfunction, low libido and orchalgia. Additional sexual symptoms related to treatment included delayed ejaculation, penile pain after orchiectomy, scar tissue pain, pain with receptive vaginal penetration and vaginal stenosis.

Conclusion: CONCLUSIONS: Transgender women may report bothersome urinary and sexual symptoms similar to their cisgender counterparts. Bothersome symptoms may not always be due to hormone therapy or bottom surgery. Urologists should inquire about urinary and sexual function issues in transgender patients who present to their clinic. Urologists may require additional training to adequately care for transgender patients.

Oral Abstracts: Health Services and Systems Worldwide

SUN-1D-T: THE STATUS OF RECEIVING GENDER-AFFIRMIN Hormone THERAPY AND SURGERY IN TRANSGENDER MALES AND FEMALES IN CHINA: A NATIONAL POPULATION STUDY

Ye Liu[1], Ying Xin[2], Ji Qi[2], Balin Pan[1]
[1]Peking University Third Hospital, Beijing, China, [2]Beijing LGBT Center, Beijing, China

Presented by: Balin Pan

Introduction/Background: Gender-affirming hormone therapy and surgery are important medically necessary approaches to transgender care. However, few related data exist in China.

Specific Aim: To describe the desire and actual access to transgender cares in Chinese transgender males and females population.

Materials and Methods: A cross-sectional self-selecting survey targeting the Chinese transgender population was conducted in 2017 using a snowball sampling method. Participants completed an online questionnaire anonymously. Gender identity was verified by specifically designed questions. Transgender males and transgender females who were living in the Chinese mainland were included in the final analysis for their answers to the questions focusing on gender-affirming hormone therapy and surgery. The main outcome was the status of receiving transgender healthcare, including the desire versus actual state of receiving gender-affirming hormone treatment and gender-affirmation surgery, methods of accessing hormonal therapy and surgery, and risky behaviors associated with obtaining treatments.

Results: Of the total 2060 valid questionnaires, 1304 were completed by transgender males (n=626) and transgender females (n=678) currently living in China with the median age 22 years (IQR 19-26 years). Among them, 79.4% (1036/1304) expressed desires for hormonal therapy, but 71.5% (741/1036) considered it difficult to obtain medications from doctors. 26.5% (275/1036) and 16.6% (172/1036) had thoughts or behaviors of self-injury, respectively, when lacking access to hormone therapy. 58.1% (602/1036) of the transgender individuals who desired for hormone therapy had ever used hormones. 67.6% (407/602) of these hormone users had ever obtained medications from informal drug dealers. Only 8.8% (53/602) of them used the medications under physicians' guidance, and 61.8% (372/602) did not perform regular monitoring. As to surgeries, 66.6% (869/1304) participants had received or wanted to undergo gender-affirming surgeries, and 19.6% (170/869) of them had ever undergone at least one type of gender-affirming surgeries. But 81.7% (710/869) considered the surgery resources not adequate or very scarce. The top two reasons for being unable to undergo surgeries were "financially unaffordable" (65.5% [569/869]) and "parental disapproval" (59.8% [520/869]). One hundred and two participants reported their surgery experiences of undergoing gender-affirming surgeries in China: 77.5% (79/102) and 75.5% (77/102) experienced no discrimination from medical staff and other patients, respectively.

Conclusion: The majority of transgender males and females in Chinese mainland desired gender-affirming hormone therapy and/or surgery. The transgender medical and surgical resources in China are limited. Many transgender individuals obtained medications through informal routes and lacked professional guidance and monitoring, facing potential health risks. A dearth of both transgender health information and access to care exist in China. Significant improvement in access to comprehensive, competent, and culturally appropriate transgender health care is needed in China.

Oral Abstracts: Global Perspectives on Medical Delivery

SUN-3D-T: A NOVEL MODEL FOR INTEGRATED GENDER-AFFIRMING HEALTHCARE AND HIV PREVENTION AND TREATMENT SERVICES FOR TRANSGENDER COMMUNITIES IN FOUR SOUTH AFRICAN CITIES

Cara O'Connor[1], Paballo Mataboge[1], Abraham Malaza[1], Vusi Shiba[1], Naomi Hill[1], Joseph Lawrence[2], Gloria Maimela[1]
[1]Wits Reproductive Health and HIV Institute (Wits RHI), University of the Witwatersrand, Johannesburg, South Africa, [2]United States Agency for International Development USAID Southern Africa, Pretoria, South Africa

Presented by: Cara O'Connor

Introduction/Background: Transgender (TG) people are at increased risk of HIV acquisition, due to high levels of discrimination, violence, mental health and substance use challenges. In South Africa, where the estimated HIV prevalence among TG women is 46%, the Wits Reproductive Health and HIV Institute, through funding from USAID through PEPFAR, launched TG clinics and community outreach in four South African districts (Johannesburg, Cape Town, Nelson Mandela Bay, and Buffalo City) in 2018-2019.

Specific Aim: Describe demographic characteristics, unmet need for gender-affirming care, and linkage to HIV prevention and treatment services among transgender individuals accessing care in four Wits RHI TG clinics in South Africa.

Materials and Methods: This retrospective cohort study utilized routine data (intake forms, clinical stationary, risk assessment forms) collected between October 2018 and January 2020. All available forms were included in the analysis. Descriptive statistics summarized patient characteristics, historical access to gender-affirming healthcare, and engagement with HIV prevention and treatment services.

Results: Intake forms included sociodemographic data and were completed for 1639 individuals, while clinical stationary were completed for 1786. While conducting outreach activities, staff conducted 2302 risk assessments. 50.5% (827/1639) of beneficiaries were under the age of <25, 82.2% (1347/1639) were TG women, while the remaining 17% were either TG men or gender non-conforming, 67.4% (1105/1639) were unemployed, 15% (347/2302) reported sex in exchange for money/goods, 31% (705/1639) reported condomless receptive anal sex in the last year, 74% (1712/2302) had >4 glasses of alcohol in a day in the previous 30 days.

Prior to accessing our sites, of those who were known HIV-positive, only 72% (106/147) reported taking ART, for those with a recent negative test, only 7% (26/380) stated taking PrEP. Just 4% of clients (62/1639) had ever sought gender-affirming medical care (hormones, surgery, psychosocial, off-label contraception), and only 1.5% (24/1639) had successfully accessed gender-affirming healthcare before (39% of those who had sought care).

The prevention and treatment cascade is illustrated in Figure 1.

Conclusion: The program reached approximately 21% of the estimated TG population (1786/8590) in four districts with HIV services in the first 16 months of operation and continues to grow. Hormone therapy provision began in February 2020, which our TG community reports as a key healthcare priority. These early experiences and successes in HIV case finding, ART linkage and ART retention, when coupled with modelling data that show a high population attributable fraction of HIV infections associated with the TG community, demonstrate that programmes tailored to meet the specific needs of underserved gender minorities in Africa can contribute to controlling the HIV pandemic.

Oral Abstracts: Health Services and Systems Worldwide

SUN-4D-T: ORGANIZATIONAL TRANSFORMATION: THE DEEP EVOLUTION OF AN LGBTQ COMMUNITY BASED HEALTH CENTER TO PROVIDE AUTHENTIC AFFIRMATIVE CARE

Kelly Ducheny, Trisha Holloway
Howard Brown Health, Chicago, IL, USA

Presented by: Kelly Ducheny

Introduction/Background: Howard Brown Health (HBH) is an LGBTQ community-based health center in Chicago, Illinois. In 2012, HBH received a 5 year grant to improve and study the engagement and retention in care of trans women of color living with HIV. The implementation of this project identified gaps in care at the health center that had created unintentional (yet profoundly impactfull) harm and that had disrupted the trust of TGNB communities. HBH realized that 'care as usual' was inadequate and that the health center needed to undertake a deep organizational evolution to provide authentic affirmative care to TGNB communities.

Specific Aim: The presentation will explore how HBH identified the conflicts between organizational culture/structure and TGNB affirmative care, steps it took to evolve organizational culture through all parts of the health center, and initiatives that increased patient and community trust and quality of care.

Materials and Methods: Initiatives to be discussed include staff education (all staff required trainings, new staff onboarding), medical provider training and articulated expectations, informed consent medical protocol revision, collection of community and patient feedback, creation of new cultural norms (supportive correction), electronic health record revisions, TGNB specific programming, hiring and development of TGNB staff, revision of annual staff evaluation process and articulated staff accountability and staff benefits.

Results: These initiatives have been effective in reengaging TGNB communities, evolving staff expectations and job responsibilities, and integrating TGNB affirmative care into the foundation of all staff roles. Between 2012 and 2019, HBH increased the number of TGNB patients served from 953 to over 6500 (680% increase), with reduced TGNB patient complaints, increased TGNB agency staff and greater integration of TGNB needs into programming and research.

Conclusion: Undertaking (and continuing to evolve) these initiatives has taken dedication, moral courage, compassion, awareness and strategic intervention. Changes had to be integrated into the fabric of agency culture and workflow to effectively evolve the affirmative care HBH could offer. While these changes have taken years, the benefits to staff, patients and community has been immense.

SUN-5D-T: IMPROVING QUALITY OF LIFE BY IDENTIFYING UNADDRESSED CONTRIBUTING FACTORS OF GENDER-DYSPHORIA AND INTEGRATING PATIENT-DRIVEN GENDER-EXPRESSION CARE INTO EXISTING TRANSGENDER MEDICAL CARE SYSTEMS

Grace Firtch, Douglas Balster, Monica Prata, Andrew Avins, Shirley Owyang
The Permanente Medical Group, Oakland, CA, USA

Presented by: Grace Firtch

Introduction/Background: The impact of routine care for many medical conditions can be augmented by integrating practical lifestyle components and skill training into current healthcare systems (e.g., nutritional support and exercise training for diabetes, meditation and sleep hygiene for insomnia). Additionally, supportive care is often provided when a condition results in challenges affecting a patient's positive self-image, such as instruction in the use of camouflage cosmetics for facial trauma and providing hair replacement for post-chemotherapy alopecia. Conversely, however, routine transgender medical care is often provided in isolation, and does not capitalize on the amplifying potential of practical skills training for gender transition, ultimately limiting the benefit of otherwise excellent medical and mental health care.

Specific Aim: To assess the value of creating a patient-centered care program addressing the issues underlying transgender dysphoria and to integrate gender-expression care into the pre-existing health care services for transgender and non-binary individuals.

Materials and Methods: Two pilot cohorts of transmasculine, transfeminine, and non-binary patients (N=11 and N=18, respectively; total N=29) participated in a gender-expression care program at the Kaiser Permanente Redwood City Medical Center. Patients completed multiple group sessions and one individual coaching session. Patients were surveyed at the beginning and end of the program for challenges they faced despite receiving industry standard comprehensive medical care. Outcomes included perceived care deficiencies and well-being (using a questionnaire derived from the PHQ-9 and related instruments; scores range from 0 (best) to 39 (worst)). A quality-of-life (QOL) measure was added in the second cohort (CDC-HRQOL–4; "overall" scores range from 1 (best) to 5 (worst)).

Results: Patients self-identified a median of 6 deficient-care components. The most frequently cited issues related to their perceived inability to express their authentic gender identity. These included vocal expression, gender-affirming cosmetics/wardrobe styling, and comportment (Table 1). The first cohort showed a statistically significant improvement in well-being (improvement of 2.86 points, *p*=.001); no significant changes were noted in the second cohort. Overall QOL scores demonstrated an improvement of 0.4 points with a trend towards significance *(p*=0.10). First-cohort patient satisfaction with the program was very high (Table 2 (second-cohort data are pending)).

Conclusion: The lack of practical support for transgender patients' social transition contrasts with the care provided to support lifestyle and self-image issues for other medical conditions. Our results suggest that specific skill-building training integrated into standard medical care for transgender patients may be effective in improving patient outcomes. Further research and analysis in this area may help raise awareness of the importance of providing transgender patients with the same degree of social and lifestyle support that is available to other patient groups. This in turn may help to close potential gaps between the services provided with in-office medical care and the skills patients require in their day to day lives.

1:40pm - 2:55pm ET

Oral Abstracts: Surgery – Feminizing

SUN-10A-T: Physical Measurements in Patients Undergoing Penile-inversion Vaginoplasty: Prior Orchiectomy and Circumcision Predict Decreased Skin Availability for Vaginal Canal Construction

R. Sineath, Poone Shoureshi, Geolani Dy, Daniel Dugi, III
Oregon Health and Science University, Portland, OR, USA

Presented by: R. Sineath

Introduction/Background: Gender-affirming vaginoplasty utilizing the penile-inversion technique requires the use of penile and scrotal skin for creation of the neovaginal canal. In instances where there is not enough genital skin for neovaginal construction, additional extra-genital full-thickness skin grafts (FTSG) are harvested. There have been no previous studies evaluating whether previous genital surgeries, specifically orchiectomy and circumcision, affect need for FTSG during gender-affirming surgeries.

Specific Aim: This study aims to determine if prior orchiectomy or circumcision affect amount of skin available during vaginoplasty and the need for FTSG.

Materials and Methods: Intraoperative measurements were taken from 225 patients who underwent vaginoplasty at our institution from May 2016 to March 2020. These included measurements of penile skin, scrotal skin graft surface area (available and used), and perineal length. We also collected demographic variables and prior circumcision or orchiectomy status. Mean skin measurements were compared between circumcision status, orchiectomy status, and need for FTSG using a two-sample t-test. Need for FTSG among patients who were circumcised versus uncircumcised and those who had prior orchiectomy versus those who did not was compared using Chi-square tests.

Results: Our cohort included 203 patients who underwent vaginoplasty at OHSU from May 2016 to March 2020. Patients ranged in age from 15 to 71 years. Forty-two (21%) patients had prior orchiectomy, and 159 (78%) were circumcised. Thirty-four (17%) patients required a FTSG for surgery. Body mass index was not associated with need for FTSG. Those with less scrotal skin available, regardless of circumcision status or prior orchiectomy, were more likely to need a FTSG. Patients who were circumcised had less available penile skin, required use of more scrotal skin for surgery, and were more likely to need a FTSG (20% vs 7%). Those who had prior orchiectomy had smaller circumference of penis and total scrotal skin graft available (111 cm^2 in patients with prior orchiectomy versus 140 cm^2 in patients without prior orchiectomy); however, they were not more likely to need a FTSG.

Conclusion: Prior orchiectomy was associated with less scrotal skin available for graft use but not a greater need for FTSG in our center; however, patients who were circumcised did have higher need for FTSG. This information may guide surgical counseling and operative planning for gender-affirming vaginoplasty.

SUN-11A-T: COMPARISON OF PERMANENT HAIR REMOVAL PROCEDURES BEFORE GENDER-AFFIRMING VAGINOPLASTY: WHY WE SHOULD CONSIDER LASER HAIR REMOVAL AS A FIRST-LINE TREATMENT FOR PROPERLY SELECTED PATIENTS

Nance Yuan, Alix Feldman, Michael Zaliznyak, Maurice Garcia
Cedars-Sinai Medical Center Transgender Surgery and Health Program, Los Angeles, CA, USA

Presented by: Nance Yuan

Introduction/Background: Adequate depilation of the penis and scrotum is required in preparation for gender-affirming vaginoplasty in order to prevent the complication associated with intravaginal hair growth. Electrolysis and laser treatments both result in permanent hair removal. However, there is no published data comparing the costs, patient experiences, and efficiency (number, frequency, and overall duration of treatments) to complete treatment associated with these two procedures. Time and cost are crucial for patients. We recorded patient data to compare these two treatments.

Specific Aim: Comparison of efficacy and cost of electrolysis and laser hair reduction in vaginoplasty patients

Materials and Methods: 25 consecutive patients that had undergone penile-inversion vaginoplasty completed a survey of their preoperative hair removal procedures, type of procedure (electrolysis versus laser), number of sessions, cost, and level of discomfort. All patients were examined by the surgical team prior to surgery and were confirmed to have complete hair removal without re-growth before surgery.

Results: Of the 25 vaginoplasty patients, 15 underwent penile-inversion vaginoplasty with use of full-thickness scrotal skin grafts, 5 underwent penile-inversion vaginoplasty without scrotal skin grafts, and 5 underwent zero-depth vaginoplasty. 11 patients underwent electrolysis only to achieve hair removal, 9 patients underwent laser treatment only, and the remainder used both techniques.

Patients that underwent electrolysis exclusively underwent an average of 27 sessions (range 6-51), with greater variation in number of sessions and cost, with an estimated average total cost of $6949 to achieve adequate and lasting hair removal prior to surgery.
In contrast, those that underwent laser treatment exclusively underwent an average of 10 sessions (range 6-12), with an estimated total cost of $1301.

When compared with laser sessions, which were performed every 5-6 weeks, electrolysis sessions were

performed more frequently, every 2-4 weeks. Electrolysis sessions were also significantly longer (average duration of 3 hours) as compared to laser sessions (on average less than 20 minutes each).
The electrolysis group was associated with significantly higher pain and near universal requirement of pre-treatment pain medication. Pre-treatment pain medication (typically injected analgesics) was invariably an out of pocket cost for patients and ranged from $30-$300 per session.

Conclusion: When compared to electrolysis, laser hair removal is associated with significantly greater treatment efficiency (fewer and shorter sessions of treatment), significantly less pain and lower total cost. This data suggests that providers should consider recommending laser hair removal as the first-line treatment for depilation prior to vaginoplasty.
When patients have some hair that requires electrolysis (such as white hairs), but also have some hairs that are amenable to laser, combination treatment with both techniques optimizes treatment efficiency, decreases cost, and results in a lower net amount of pain. In our practice, we recommend that in such cases electrolysis sessions be followed immediately by laser treatment, in order to maximize treatment efficiency.
Laser technology is continuously evolving. Patients should be counseled to seek treatment with newer-generation lasers.

SUN-12A-T: EYE-TRACKING REVEALS DIFFERENCES IN HOW PEOPLE ASSESS GENDER APPEARANCE AFTER FACIAL FEMINIZATION SURGERY

Shanique Martin[1], Shane Morrison[2], Alan Nguyen[3], Thomas Satterwhite[4], Rahim Nazerali[3], Fermín Capitán-Cañadas[5], Anabel Sánchez-García[5], Marina Rodríguez-Conesa[5], Raúl Bellinga[5], Daniel Simon[5], Luis Capitán[5]
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Presented by: Shanique Martin

Introduction/Background: Procedures performed for gender-affirming facial feminization surgery (FFS) can be widely varied and previous studies have reported improved gender perception after FFS with the use of facial recognition neural networks and more recently, an online survey. Even so, the highly subjective nature of determining of gender and aesthetic appearance of faces has led to limited data regarding observer perceptions of favorable FFS outcomes.

Specific Aim: We aimed to evaluate differences in social perception of gender and aesthetic appearance in surgery naive cisgender faces and feminized transgender faces by viewer gender identity with the use of eye-tracking technology.

Materials and Methods: Thirty-two participants (18 cisgender and 14 transgender) were enrolled and shown five photos each of surgery naïve cisgender female and feminized transgender faces. Gaze was captured using the Tobii X2 60 eye-tracking device and participants rated the gender and aesthetic appearance of each face using Likert-type scales.

Results: Total image gaze fixation time did not differ by participant gender identity (6.00 vs 6.04 sec, $p = 0.889$), however, all participants did spend more time evaluating the surgery naive cisgender female faces (6.43 vs 5.61 sec, $p = 0.001$). Sub analysis by participant gender identity revealed that transgender participants spent more time evaluating the forehead/brow, buccal/mandibular regions and chin ($p < 0.001$) of both photo types. Multivariate regression analysis showed significant associations between viewer gender identity, age, race, and education and the time spent evaluating gender salient facial features. On a qualitative Likert-type scale, feminized faces were rated as more masculine with poorer aesthetic appearance than surgery naïve cisgender female faces yet there was no significant difference in the distribution of gender appearance ratings assigned to each photo by cisgender and transgender participants.

Conclusion: These results demonstrate that gender identity influences subconscious attention and gaze on female faces. Even so, differences in gaze distribution did not correspond to subjective rated gender appearance for either surgery naïve cisgender female or feminized transgender faces, further illustrating the complexity of evaluating social perception of favorable FFS outcomes.

Oral Abstracts: Surgery – Masculinizing

SUN-13A-T: A STUDY ON THE EFFECTIVENESS OF A MULTI-DISCIPLINARY CLASS FOR GENDER-AFFIRMING CHEST SURGERY IN TRANSMASCULINE AND NON-BINARY PATIENTS AND THEIR SUPPORTPERSONS

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Presented by: Kellyn Lakhardt

Introduction/Background: BACKGROUND
At our institution, patients assigned female at birth and identify as male or non-binary who planned to undergo gender-affirming chest surgery (top surgery) were invited to attend a multi-disciplinary class. We hypothesized that patients who attended the class would have better surgical outcome.

Specific Aim: At our institution, prospective patients have access to a multi-disciplinary class to help prepare them for top surgery. We hypothesized that by educating patients and their support persons at a class, we would improve surgical outcome.

Materials and Methods: METHODS
Patients who had top surgery between 10/11/2017 to 10/31/2019 were retrospectively evaluated to determine if they attended class (group one) or not (group two). Group two was stratified into patients who signed up for class but did not attend (group three) versus those who never signed up (group four). Surveys from attendees were reviewed. Patients who had top surgery utilizing methods other than double incision technique or prior chest surgery were excluded.

Results: RESULTS
There were 130 patients in group one, 488 in group two, 40 in group three and 448 in group four respectively. Group one demonstrated a 16.6% decrease in the odds of having minor complications relative to group two (p=0.002). For every unit increase in BMI, there was a 7.56% increase in the odds of having a minor complication in patients who had top surgery (p=0.01). There was a 3.34% increase in the odds of having a minor complication for each year increase in age among patients who had top surgery (p=0.009). Group three (1.5%) revealed significantly more minor complications than group one (11.5%, p=0.0001). Majority of patients (95.9%) felt the class helped them prepare for surgery.

Conclusion: CONCLUSION
Patients who attended class demonstrated fewer minor complications than those who did not attend class.

SUN-14A-T: DIFFERENCES IN MORBIDITY AND SURGICAL OUTCOMES FOR CONCOMITANT HYSTERECTOMY VERSUS STAGED HYSTERECTOMY AND GENDER AFFIRMATION SURGERY IN TRANSGENDER MEN

Barbara Ha[1], Michelle Morrill[2], Douglas Stram[3], Erica Weiss[2]
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Presented by: Barbara Ha

Introduction/Background: Transgender men (TM) may use both medical and surgical treatment for gender affirmation. Approximately 20% of transgender men will undergo a hysterectomy, with much less (<5%) reporting having had a metoidioplasty or phalloplasty. Oftentimes, gender affirming surgeries (GAS) are performed in a staged fashion, with certain procedures performed concurrently with pre-operative coordination between specialties and discussion with the patient. Currently, there is no standardized definition of staging, and studies exploring complication rates after gender affirming surgery are sparse.

Specific Aim: To compare the operative morbidity and 3-month post-operative outcomes between TM who underwent a hysterectomy prior to stage I phalloplasty and those who underwent a hysterectomy concurrently with stage I phalloplasty

Materials and Methods: This is a retrospective review of TM who underwent genital GAS (hysterectomy, metoidioplasty or urethral lengthening with vaginectomy as part of a staged phalloplasty) at Kaiser Northern California from January 2017 to September 2019. TM who did not undergo urethral lengthening were excluded. The primary outcome was post-operative complication rates including surgical site infections (SSI), urinary tract-related complications, and pain medication requirements 3-months post-operatively. Secondary outcomes included peri-operative complication rates and inpatient pain medication requirements. Intra-operative measures included surgery time, estimated blood loss, length of stay, and blood counts pre- and post-operatively. Intra-operative measures from a separate group of TM who had undergone hysterectomy only were used to account for any differences inherent to having an additional surgery. These patients were combined with TM who had undergone stage I phalloplasty alone to compare intra-operative measures between groups. Measures were compared using F-tests and Fisher's exact tests for continuous and categorical variables, respectively. P-value < 0.05 was considered statistically significant.

Results: We identified 211 TM who had undergone GAS. Of these, 145 (69%) had a hysterectomy alone, 32 (15%) had a hysterectomy prior to stage I phalloplasty, and 34 (16%) had a concurrent hysterectomy and stage I phalloplasty. TM who had a concurrent hysterectomy and stage I phalloplasty were younger compared to those who had a hysterectomy alone and those who had a hysterectomy prior to stage I phalloplasty. Post-operatively, there was an increased rate of neourethral complications, including strictures and fistulas, in those who had undergone a hysterectomy prior to stage I phalloplasty compared to those who had a concurrent hysterectomy with stage I phalloplasty (0.28 v 0.03, $p<0.05$). There were no statistically significant differences between groups for intra-operative measures, urinary tract infections or overactive bladder rates, pain medication requirements, SSI rates, peri-operative complication rates, or other post-operative complication rates.

Conclusion: Overall, there were more neourethral complications in TM who had a hysterectomy prior to stage I phalloplasty compared to those who had these procedures concurrently. GAS should involve shared decision-making between the patient and the surgeon, with these findings taken into consideration.

SUN-15A-T: 3D Imaging: A Powerful Tool for Defining Sexual Dimorphism in Masculinizing Chest Surgery

Jiaxi Chen[1], Beina Azadgoli[2], Cordell Heckel[2], Harsh Patel[1], Edward Ray[1]
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Presented by: Jiaxi Chen

Introduction/Background: The "double incision" mastectomy with free nipple-areola complex (NAC) grafting is the most common technique used in masculinizing chest surgery today (1,2). There is currently no consensus on the ideal scar and inframammary fold (IMF) placement for this procedure. The senior author has maintained that the natal IMF position should be preserved and contoured to the shape of the pectoralis major muscle when performing gender-affirming chest masculinization and sought to test the logic of this approach. In the past, musculoskeletal and soft tissue anatomy could only be defined by cadaveric dissection and two-dimensional radiographic data. With increasingly sophisticated imaging tools, a more efficient way to study human morphology is feasible.

Specific Aim: Our aim is to demonstrate the utility of a virtual dissection tool in answering anatomic questions such as the appropriate IMF position in chest masculinization surgery.

Materials and Methods: We analyzed sixty chests using either fresh cadaver dissection (n=30) or 3D reconstruction of computed tomography (CT) images (n=30) employing Vitrea Software (Vital Imaging, Minnetonka, Minnesota). Tomograms were selected randomly from our institutional trauma database. Several chest proportions were recorded using each technique, correlating surface anatomy with bony structures. Measurements included NAC location, IMF position, as well as dimensions of the pectoralis major muscle and rib cage. Statistical comparisons were performed using Student's t-test.

Results: male and 15 female subjects were analyzed with each technique. Although gender difference in height (p=0.006), rib cage length (p=0.046), and sternal length (p=0.009) were all statistically significant, IMF rib level (summarized in Table 1) and IMF to sternal notch (p=0.527) were not. In the cadaver group, the average IMF was found to lie between ribs 5 and 6 in both females (5.4 +/- 0.9) and males (5.2 +/- 0.7), p = 0.67. Similarly, in the 3D imaging cohort, the average IMF was between ribs 5 and 6 in females (5.5+/- 0.6) and males (5.4 +/- 0.5), p = 0.67.

Conclusion: Our findings, using both cadaveric dissection and 3D reconstruction of CT images, confirm that natal male and female inframammary folds are positioned between the 5th and 6th ribs. This fact affirms the senior author's technique of masculinizing the chest, keeping the IMF at the same rib level and following the pectoralis muscle edges to define the resulting scar in a way that differs from other reported techniques (1,2). Furthermore, the anatomic data support the approach of utilizing the lateral aspect of the pectoralis major muscle to orient the NAC as the muscle insertion is not sexually dimorphic. Finally, this study demonstrates the idea of "virtual cadaver dissections" employing 3D tomographic reconstructions to answer anatomic questions.

SUN-16A-T: EHLERS-DANLOS SYNDROME IN PATIENTS UNDERGOING GENDER-AFFIRMING SURGERIES: IS IT MORE PREVALENT? AND DOES IT AFFECT POSTOPERATIVE COMPLICATIONS?

Alireza Najafian, Craing Sineath, Breanna Jedrzejewski, Isabel Cylinder, Zbigniew Sikora, Leigh Martin, Yiyi Chen, Daniel Dugi, Geolani Dy, Jens Berli
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Presented by: Alireza Najafian

Introduction/Background: *Ehlers-Danlos syndrome (EDS) is a rare connective tissue disorder that affects the production, quality and strength of collagen and results in hypermobile joints, vascular issues and/or soft and elastic skin. The prevalence in the general population is estimated at 1 in 5000 to 1 in 20,000. We noticed a higher prevalence EDS in our patient population presenting for gender affirming surgery (GAS). Historically, patients with EDS have been considered to be at higher risk for wound healing problems and postoperative complications. Due to dogmatic teaching and lack of good evidence, surgeons may be hesitant to offer GAS in the setting of Ehlers Danlos and as such the diagnosis of EDS could present a barrier to affirming care.*

Specific Aim: In this study we aimed to establish the prevalence of EDS in our patient population and determine if it is indeed higher than in the general population and assess if this population has a higher rate of postoperative wound healing complications after GAS.

Materials and Methods: *This is a retrospective case-control study on all patients with the diagnosis of gender dysphoria who underwent GAS from 2016-2020 at OHSU. Data points include EDS status, demographics and complications. All complications, regardless of their severity, were captured including* *infection, hypertrophic scar, wide scar, keloid, dehiscence, hypopigmentation, hematoma or seroma. Complications were divided into minor (managed without need to go back to operating room) or major (required return to operating room).*

Results: Of a total of 1363 patients, 36 patients with EDS were identified and matched with 108 patients in the control group. There was no significant difference in baseline characteristics. Of these, the majority underwent gender-affirming mastectomy (59%) followed by orchiectomy (17%).
Any wound complications rate was 28% vs. 47% in EDS and control groups respectively (p:0.04). Non-wound related complications (mainly hematoma and seroma) were found in 8% of EDS vs. 10% of control group (p:0.74). Overall complication rate (wound + non-wound) was 36% in EDS vs. 52% (p:0.10). Of these, only 6(4%) required return to OR (3% in EDS vs. 5% in controls; p:0.63), while 8% of EDS and 14% of controls required minor interventions (p:0.38).

Conclusion: At our institution, EDS has a 132 fold higher prevalence in patients with gender dysphoria seeking GAS than the highest prevalence reported in the general population. This is the first study to suggest this association between EDS and gender dysphoria. Patients with EDS had lower wound-related complications than the control group. Overall, postoperative complication rate and need for interventions in patients with EDS was not different from the control group. These findings suggest that EDS patient have comparable outcomes to the control group and concern for postoperative complications should not be a barrier for EDS patients to undergo elective surgeries.

Oral Abstracts: Voice and Communication

SUN-7B-T: The relationship between voice and well-being among trans people

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Presented by: Emilia Lombardi

Introduction/Background: Previous studies examining the voices of transgender people tended to focused primarily on the voices of trans women and trans feminine people and how voice therapies can improve the perceived femininity of their voices and how that can impact their quality of life. What is not known is the impact these changes have on other aspects of their lives or how voice impacts trans men and trans masculine individuals.

Specific Aim: This study examines the voices of trans people (regardless of gender identity) and their relationship with discrimination; social support; and, mental health outcomes. The results will enable researchers to better understand the role voice plays in the everyday lived experiences of transgender people. Obtaining this baseline will provide a baseline understanding of pre-therapy/treatment voice and it's impact on well-being which will allow for further research into the impact of voice/communication therapy and how such therapies may positively impact well-being for transgender people.

Materials and Methods: Due to the Covid-19 Pandemic the study was paused to identify study procedures that can be used to collect data without requiring people to meet in person. A smartphone app called VOICEEVALU8 will be used to collect data about peoples' voices. VOICEEVALU8 is a HIPAA and HITECH compliant cloud-based voice analysis system that provides an accurate representation of an individual's speech and voice production. In addition, participants will complete an internet-based questionnaire. The questionnaire will collect demographic information and measures of distress, and social relationships. Eighty adult trans people will be recruited through advertisements in local organizations and social media in July 2020.

Results: Data analysis will compare the results of their vocal characteristics with measures of distress and well-being. This study will first examine whether transgender women's and men's voices are associated with psychosocial outcomes like distress and social support. The results will enable researchers to better understand the role voice plays in the everyday of transgender people and the role vocal therapies can play in improving their lives. The utility of using an app for voice assessment and conducting data collection without meeting face to face will also be discussed.

Conclusion: The study will discuss the status of the project and the utilization of online tools for data collection and analysis.

SUN-8B-T: TRANS WOMAN VOICE QUESTIONNAIRE SCORES HIGHLIGHT SPECIFIC BENEFITS OF ADJUNCTIVE WENDLER GLOTTOPLASTY WITH VOICE THERAPY IN TREATING VOICE FEMINIZATION

Christopher Park, Sarah Brown, Mark Courey
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Presented by: Christopher Park

Introduction/Background: There are several treatment options for voice feminization in trans females, including voice therapy (VT) and surgery such as the Wendler glottoplasty (WG). Each treatment approach lends itself to altering different components of voice production to make communication perceived as more feminine. VT can alter resonance, intonation, speaking patterns, and pitch, while surgery is designed to elevate pitch. There are no studies in the English literature demonstrating that quality of life is impacted differently by different treatment modalities. The Transsexual Voice Questionnaire (TVQ) is a validated self-assessment tool that measures quality of life for trans female's perceptions of their voice. The TVQ contains 30 statements that pertain to how feminine trans females feel their voice is, how effortful it is to produce their voice, and how their voice impacts them psychosocially. There is one question at the end that asks the patient to provide a gestalt “current rating” of their voice from very male to very female, which patients grade on a five increment scale.

Specific Aim: In this study we aim to determine if there are specific statements on the TVQ that correlate with improvements from the combination of VT and WG versus from VT alone.

Materials and Methods: A retrospective case series of 31 trans female patients treated for voice feminization was completed. A total of 17 patients underwent VT and 14 underwent VT with adjunctive WG. Ratings for each of the 30 TVQ statements were compared before and after treatment for each group. Wilcoxon rank-sum tests were used to compare rating changes before and after treatment. Spearman rank-order correlation tests were used to assess the association between total TVQ score and “current self-voice” rating (1=”very female,” 5=“very male”). Statistical significance was set at p=0.05 or lower.

Results: WG was associated with statistically significantly improvement in TVQ ratings on 29 of the 30 statements. This included ratings for physical aspects of speaking voice, reflexive noises and in psychosocial statements. WG was not associated with significant changes in self-perception of volume. In contrast, VT was associated with statistically significant improvements in only 16 of the 30 statements. The statements that improved with VT alone largely pertained to patient emotions surrounding their voice rather than the physical aspects such as pitch and quality. Furthermore, while both WG and VT improved the gestalt “current voice” rating significantly, WG improved the gestalt rating by nearly 1 increment more than VT. Lastly, we found a positive association between the total TVQ score and current voice rating, indicating that lower TVQ scores were associated with more feminine voice in the self-perceived current voice rating ($p<0.01$).

Conclusion: Both VT and adjunctive WG result in improvements in the TVQ. However, patients who underwent VT only improved on approximately half of the TVQ statements whereas those who underwent both VT and WG improved on all statements but one. The specific statements on the TVQ offer insight into specific quality of life treatment outcomes.

Mini - Symposium: Community Engagement

SUN-6C-M1: AN INTERPROFESSIONAL APPROACH TO CREATING SYSTEM WIDE CHANGE: IMPROVING LGBTQ+ HEALTH IN AN URBAN ACADEMIC HEALTH SYSTEM

Christopher Nolan, Ravi Iyengar, Sally Lemke, Ketzel Feasley
Rush University System for Health, Chicago, IL, USA

Presented by: Christopher Nolan, Ravi Iyengar, Sally Lemke, Ketzel Feasley

Statement of Significance: Abstract: Studies by organizations such as Lambda Legal and National Center for Transgender Equality show that lesbian, gay, bisexual or transgender (LGBT) individuals face discrimination in receiving healthcare. This is often due to an unwelcoming environment and lack of education/training for everyone involved in providing care. Systematic change is hard â€“ it takes time, failure, success, compromise, and persistence. In this workshop, participants will learn how a large academic health system developed and launched Affirm: the Rush Center for Gender, Sexuality and Reproductive Health. Affirm aligns with Rush's four pillars - clinical, educational, research, and community - to provide the best LGBTQ+ care. Rush was the first academic health organization in Chicago to receive Human Rights Campaign Foundation recognition as a 'Leader in LGBT Healthcare Equality' in 2009. Last year, all Rush University System for Health Hospitals received perfect scores. In 2014, Rush developed the LGBTQ+ Leadership Council to bring about changes in policy and practice at Rush, leading to the launch of Affirm. Housed in Rush's Office of Community Health Equity and Engagement, Affirm aims to provide competent, welcoming, patient-centered, intersectional care to those that identify as LGBTQ+. In this workshop, we will present opportunities and challenges in creating a comprehensive LGBTQ+ health center - from leadership buy-in to staffing/structural models and educating 1,000+ employees to ensuring all policies and procedures align across the system. Through our successes and set-backs, organizations will gain skills and knowledge to bring about the best, health equity focused, LGBTQ+ care.

Learning Objective 1: 1. Describe how to engage all levels of an academic health system to foster and develop practices and policies to provide competent, inclusive LGBTQ+ healthcare.

Learning Objective 2: 2. Demonstrate the need for an interprofessional approach to achieve systemic change in policies, practice, and culture surrounding LGBTQ+ health.

Learning Objective 3: 3. Learn from Rush's systemic process for promoting professionalism and competency in LGBTQ+ practice for current and future health care providers.

Method to Achieve Learning Objectives: The presenters will share the challenges and opportunities Affirm: The Rush Center for Gender, Sexuality, and Reproductive Health encountered during it's ideation and implementation phases. By understanding the clinical, administrative, and programatic processes Affirm has created to ensure a systemic, comprehensive clinical center for the LGBTQ+ population, participants will be able to achieve the learning objectives.

Oral Abstracts: Education

SUN-6D-T: BUILDING INCLUSIVE HEALTHCARE FOR GENDER DIVERSE YOUTH: IMPROVING THE COLLECTION AND UTILIZATION OF PATIENTS' SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) INFORMATION, PREFERRED NAMES AND GENDER PRONOUNS IN A PEDIATRIC CLINIC

Scott Jelinek
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Presented by: Scott Jelinek

Introduction/Background: Transgender and gender diverse youth are more likely than their peers to experience poor physical health and are at higher risk of depression, anxiety, self-harm and suicide. They often have had negative healthcare experiences related to being transgender and gender non-binary (TGNB), including being refused treatment, verbally harassed, physically or sexually assaulted. Research shows addressing TGNB youth by their preferred name is associated with decreased rates of depression and suicide and LGBTQ youth value the opportunity to discuss their gender and sexuality with their doctor. Therefore, asking questions about sexual orientation and gender identity (SOGI) is a vital step in the affirmation of a patient's identity, building of rapport, and can be life saving. At the Mount Sinai Pediatric Associates clinic there is no standardized collection of SOGI information or gender pronouns.

Specific Aim: We set out to address this need by creating a standardized process for educating pediatric physicians and staff with the goal of increasing their knowledge, skills, and ability to collect, document, and utilize SOGI information.

Materials and Methods: Mount Sinai recently adapted our electronic medical record to easily document patients' SOGI information and to display patients' preferred name and pronoun in the visit banner. [Figures 1 & 2] Our planned interventions to educate pediatric physicians and staff on using the new EMR features include designing in-person and online training and holding staff roundtables to improve physician and staff comfort. As a means to enhance our clinical space to increase TGNB patient comfort, we will create culturally sensitive and inclusive demographic forms and signage within the patient waiting area, and distribute gender pronoun buttons for providers and staff. We will monitor progression of proposed interventions, including: 1) tracking staff completion of in-person and online training 2) measuring staff knowledge and comfort with post training surveys 3) percentage of pediatric patients 12+ years who have preferred name or SOGI documented in the EMR, with the goal of increasing the percentage from 0% to 50% within 3 months.

Results: Currently many providers express lack of comfort and familiarity with obtaining SOGI information. 21 pediatric residents and senior faculty were surveyed. Only 5% reported knowing how to document gender pronouns in the medical record and 0% knew how to document preferred names. Only 20% reported asking their patients "often" about gender pronouns and 0% "always ask." The most common reason participants cited for not asking was lack of comfort, low level of confidence in their ability to properly obtain and document SOGI information from their patients, and minimal education and training.

Conclusion: Through a multi-faceted approach to educating providers and staff in our pediatric clinic, we hope to increase comfort, ease, and accuracy in obtaining SOGI information. Increased awareness about SOGI information will help to strengthen the patient-provider relationship and could positively transform the experiences of our TGNB youth. Additional study will aim to establish a sustained impact of our interventions and should address healthcare disparities among this population.

SUN-8D-T: SCHOOL COUNSELOR ADVOCACY FOR TRANSGENDER AND INTERSEX STUDENTS

Jack Simons
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Presented by: Jack Simons

Introduction/Background: Limited research exists on school counselor transgender intersex (TI) advocacy competence. Of the related research that does exist, the voice of the school counselor, along with the voices of transgender people of color and intersex students, is noticeably absent.

Specific Aim: The aim of this quantitative study developed in light of Identity Behavior Theory using competency-based assessments was to assess the school counselor role in regard to advocating for TI students.

Materials and Methods: Participants completed the School Counselor Transgender Intersex Advocacy Competence Scale, the Intersex Counselor Competence Scale, the Gender Identity Counselor Competence Scale, and a demographic form. One-thousand-one-hundred-ninety-one school counselors completed the online survey protocol. Correlation analyses were conducted to assess the relationship between variables and school counselor TI competence.

Results: Attitudes were found to have a large positive relationship with TI advocacy competence, meaning that more positive attitudes were related to more competence to advocate for TI students. School counselors' levels of gender identity counselor competence were found to have a large positive relationship with TI advocacy competence, meaning that more gender identity counselor competence was related to more competence to advocate for TI students. School counselors' levels of intersex counselor competence were found to have a large positive relationship with TI advocacy competence, meaning that more intersex counselor competence was related to more school counselor TI advocacy competence. Race/ethnicity, gender, sexual orientation, and school level were found to significantly relate to TI advocacy competence. Those who identified as African American reported lower levels of TI advocacy competence than those who identified as European American and Multiracial. School counselors who identified as transgender and nonbinary reported the highest levels of TI advocacy competence. School counselors who identified as exclusively heterosexual indicated having lower levels of TI advocacy competence than those who identified as either mostly heterosexual or exclusively lesbian or gay. Those who worked at the elementary school level did not perceive themselves as being as competent concerning TI advocacy as middle and high school counselors. No relationship was found to exist between age and TI advocacy competence, meaning that age was not related to TI advocacy. This, however, might suggest that school counselors can become more effective in advocating for TI students at any age.

Conclusion: TI advocacy training should include elementary school educators in training. Training should also allow time for participants to complete the SCTIACS self-assessment followed by time to self-reflect over the results with middle and high school counselors who report higher levels of TI advocacy competence than elementary school counselors. Future studies in this emerging research area could be undertaken to explore to degree to which school counselors understand the experiences of genderqueer students as well. The issues that genderqueer students face are similar to, but different from, the issues that TI students face. Genderqueer advocacy competencies are also needed. School counselors could assist in developing these competencies as part of the next chapter of research in school counseling related to sex, gender, and gender identity development.

SUN-9D-T: IS CYBER SCHOOL THE ANSWER? FACTORS AFFECTING SCHOOL CHOICES AND ACADEMIC OUTCOMES IN GENDER DIVERSE YOUTH

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University of Pittsburgh, UPMC Children's Hospital of Pittsburgh, Pittsburgh, PA, USA

Presented by: Bianca Pinto

Introduction/Background: Gender diverse youth (GDY) are more likely to encounter school bullying, experience a disparaging school climate, and report lower grades.(1) In some regions cyber schools (CS), in which educational activities are transferred to an online platform, have emerged as an alternative to traditional brick and mortar schools (TS). In the Commonwealth of Pennsylvania (PA), approximately 2% of K-12 students are enrolled in CS (2) Despite potential benefits, reports on academic performance in CS are highly variable. (3,4)

Specific Aim: 1)To determine the prevalence of CS attendance among GDY followed at UPMC Children's Hospital of Pittsburgh's Gender and Sexual Development Program.
2)To describe characteristics associated with school choice in this population.

Materials and Methods: We conducted a retrospective pilot chart review regarding K-12 school situations for GDY followed in our program. School choice, gender identity, bullying, body mass index (BMI), academic performance, and mental health diagnoses were recorded. Characteristics of youth in CS vs. TS were compared using z-score tests, P value < 0.05 considered significant.

Results: Sixty-one patients in grades K-12 were included; 48(79%) were in TS and 13(21%) were in CS. Forty-two (69%) were transmales and 19(31%) were transfemales. Transmales were more likely to

choose CS (26% vs. 11%, P < .01).
Nine of 13(69%) students in CS reported a history of bullying. No history of bullying was documented for the other 4/13(31%). Fourteen of 48(29%) in TS reported bullying, 23/48(48%) reported no bullying, and 11/48(22%) had no bullying history documented. CS students were significantly more likely to report bullying (P <.01). There was no significant difference in bullying based on gender identity (P = 0.3). Average BMI percentile was 86 in CS and 73 in TS. Of the 13 patients in CS, 6(46%) were obese, 1(8%) was overweight, and 6(46%) had normal BMI values. Of the 48 patients in TS, 16(33%) were obese, 8(17%) were overweight, and 24(50%) had normal BMI. The rate of obesity was comparable in both school settings. Mental health comorbidities were noted in 11/13(85%) of CS students and 36/48(75%) of TS students. The frequencies of mental health comorbidities were comparable (P=0.08).
Self-reported academic performance was recorded in 9/13 CS students and 38/48 TS students. Among CS students, grades were poor in 5(56%), passing in 2(22%) and good in 2(22%). Among TS students, 38/48 had academic performance documented with poor grades in 5(13%), passing in 8(21%), and good grades in 25(66%). Reports of poor grades occurred significantly more often among CS students (P <.01).

Conclusion: Compared to the PA population, more GDY are enrolled in cyber school (2% vs. 21%). Increased victimization may affect school choice; a history of bullying was more common in GDY who chose CS. However, academic performance was reported to be weaker among CS students raising qualms regarding future academic and employment opportunities. Our pilot data suggest the need for either considerably improved CS and/or for zero tolerance bullying policies to provide GDY with safe learning environments in TS. The overall goals are to optimize acquisition of academic skills and to prepare GDY for future careers.

SUN-10D-T: ARE OBSTETRICS AND GYNECOLOGY RESIDENTS EQUIPPED TO CARE FOR TRANSGENDER AND GENDER NONCONFORMING PATIENTS? A NATIONAL SURVEY STUDY

Lei Qin[1], Samantha Estevez[2], Ella Radcliffe[2], Wei Wei Shan[2], Jill Rabin[1,2], David Rosenthal[1,3]
[1]Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, USA, [2]Northwell Health, Department of Obstetrics and Gynecology, New Hyde Park, NY, USA, [3]Northwell Health Center for Transgender Care, Great Neck, NY, USA

Presented by: Samantha Estevez

Introduction/Background: It is estimated that there are over one million transgender and gender nonconforming (TGNC) people living in the United States. However, this estimation may under represent the true size of the population given profound societal stigmatization. The care of the TGNC patient is often complicated and requires equally diverse and compassionate interdisciplinary teams, including but not limited to plastic and reconstructive surgeons, urologic surgeons, endocrinologists, psychiatrists, clinical psychologists, pediatricians, internal medicine, and obstetricians and gynecologists (OB-GYN). OB-GYNs play an important role in the medical and surgical management of TGNC patients. Within OB-GYN, the importance of robust residency training curricula has been reinforced by many of the governing councils within OB-GYN including the Council on Resident Education in Obstetrics and Gynecology (CREOG) and the American Council of Obstetricians and Gynecologists (ACOG).

Specific Aim: Our study aims to assess three self-reported outcomes: (1) comfort, (2) competency, and (3) curricular satisfaction of OB-GYN residents in TGNC care topics.

Materials and Methods: Our survey tool consisted of twenty-eight questions on a 4-point Likert scale to assess the three aforementioned outcomes. The survey tool was distributed to residents via residency program directors and coordinators. Descriptive statistics and multivariate linear regression were performed using RStudio® 1.1.463 built on R® 3.5.1 and/or SAS® Studio 3.8 (Enterprise Edition) build on SAS® 9.04. Statistical significance was determined at $P < 0.05$.

Results: One-hundred and twenty-six surveys were completed by OB-GYN residents (response rate=12.6%). Composite mean scores were calculated in the three self-reported outcome domains:

comfort (2.79±0.67), competency (2.63±0.70), and satisfaction (2.19±0.82) which correlate to being somewhat not and somewhat comfortable, competent, and satisfied. Trainees from the Midwest and those that identify as a sexual and/or gender minority (SGM) were found to have higher comfort scores. Age was associated with an increase in the mean competency score. No significant difference in comfort, competency, and satisfaction scores between residency training level was observed. 80.9% (N=89) of trainees strongly agreed that it was important for them to obtain training in TGNC care topics.

Conclusion: To our knowledge, this is the first study to assess the comfort, competency, and satisfaction of OB-GYN residents in TGNC care topics. Residents reported being more competent and comfortable than satisfied, which suggests that further curricular and clinical exposure is necessary to address the unique healthcare needs of this underserved patient population and to meet the educational needs of residents. LGBTQ residents may be able to share knowledge with peers to increase heterosexual residents' comfort.

SUN-11D-T: TRANSGENDER HEALTHCARE: DEVELOPMENT OF AN ILLUSTRATED ELEARNING TOOL FOR MEDICAL EDUCATION

James Young, Jill Gregory, Mary Rojas, Gale Justin, Tamara Kalir
Icahn School of Medicine at Mount Sinai, New York, NY, USA

Presented by: James Young

Introduction/Background: Transgender health competency among medical students and clinical providers remains poor, yet standardized curricula to address this deficiency are lacking. Despite the advances in human rights and expansion of transgender medical and surgical services, student training remains limited. Past studies have demonstrated insufficient class time, absence of topic-specific competency, and wide degree of variability in transgender healthcare education in medical schools. Today, transgender health teaching is sparse and primarily restricted to smaller humanities and social science sessions, while cisgender identity is the assumed default in most medical science courses.

Specific Aim: One of the most powerful and longstanding educational tools in medicine is visualization. With teaching methods rapidly evolving in the current technological era, we created a visual-format, interactive, web-based learning module to teach core concepts of transgender healthcare, entitled: “Common Origins: Sex as a Spectrum and Transgender Healthcare.” The module was developed in collaboration with a diverse team of learning specialists, physicians, and surgeons, and covered embryology, differences of sexual development, gender affirmation surgeries, health screening guidelines, and WPATH standards of care for transgender patients. It was implemented and evaluated among medical students.

Materials and Methods: A total of 416 1st-4th year medical students (MS1-MS4) participated in the study assessing comfort, preparedness, and knowledge of transgender healthcare at the Icahn School of Medicine at Mount Sinai (ISMMS) in NY, NY between September 2019 – May 2020. The illustration-based module was created using Adobe Captivate and implemented in the MS2 course “Sexual and Reproductive Health.” The module was opened simultaneously to MS3s and MS4s. A post-module survey was distributed, which included a 20-point content-specific quiz, change in comfort and preparedness assessments, and free-response commentary. Answer choices were designed using a Likert scale. Post-intervention changes in comfort were assessed using the Chi-squared test, and commentary was analyzed by tallying and dividing responses into major themes.

Results: Pre-intervention, 68% of MS4's and 53% of MS3's reported the preclinical transgender health curricula at ISMMS to be either “very poor,” “poor,” or “fair.” Among the 187 MS2-MS4 students who took the module, 79% of students reported feeling “more comfortable” and 81% felt “more prepared” in providing medical care to transgender patients after completion. The median quiz grade was 17/20 with the semi-interquartile range of 15, 18. Each medical student cohort demonstrated statistically significant increases in comfort with transgender healthcare, compared to composite baseline levels assessed in

Fall 2019. There were 89 positive comments on the educational content, 52 positive responses to the illustrations, and 22 positive remarks on the module's interactive functionality.

Conclusion: While transgender-affirming medical clinics expand throughout NYC, education lags behind. This study reveals that an interactive, web-based visual learning module offers a promising solution to this discrepancy. Medical students at ISMMS demonstrated improvements in knowledge, comfort, and preparedness in treating transgender patients after completing the visual module. This learning tool serves as a model for expanding transgender medical school curricula throughout the country.

3:00pm - 4:15pm ET

Oral Abstracts: Law, Policy, and Ethics

SUN-17A-T: The importance of being persistent. Should gender diverse children be allowed to 'transition' socially?

Simona Giordano
Centre for Social Ethics and Policy (CSEP) University of Manchester, Law School, School of Social Sciences, Manchester, United Kingdom

Presented by: Simona Giordano

Introduction/Background: Studies suggest that the majority of gender diverse children (up to 84%) revert to the gender congruent with the sex assigned at birth when they reach puberty. On this basis, some advise being cautious in allowing young children to present in their affirmed gender. The worry is that social transition (ST) may make it difficult for children to de-transition and thus increase the odds of later unnecessary medical transition. If this is true, allowing social transition may result in an outright violation of
one of the most fundamental moral imperatives that doctors have: first do no harm.

Specific Aim: This paper assesses the question of how desistence rates should inform clinical decision making with regard to presentation both in the domestic environment and outside the home.

Materials and Methods: The method used are those standard in analytical bioethics: review of the literature and critical reflection. Ethical principle of decision-making are discussed.

Results: The review of existing evidence shows that ST does not per se leads to unnecessary medical transition; the correlation found between ST and later medical transition can be explained in other ways, and needs to be understood in context. The ethical implications are as follows.

Conclusion: Studies on desistence should inform clinical decisions but not in the way suggested in part of the literature. ST should be viewed as a tool to find out what is the right trajectory for a particular child. Desistence is one possible outcome. A clinician or parent who has supported ST for a child who later desists will have acted in respect of the moral principle of non-maleficence, if the choice made appeared likely to minimise the child's overall suffering and to maximise overall the child's welfare at the time it was made. Should a child persist, those who have enabled ST should not be held responsible for 'unnecessary harm'.

SUN-18A-T: GUIDELINES TO HUMAN RIGHTS-BASED TRANS-SPECIFIC HEALTHCARE

Leo Mulio Alvarez
Transgender Europe (TGEU), Berlin, Germany

Presented by: Leo Mulio Alvarez

Introduction/Background: The Guidelines to Human Rights-based Trans-specific Healthcare contribute to the international efforts towards the depathologisation of trans people's identities. The World Health Organisation has taken a significant step by removing the category that was assigned to trans people from the mental health disorders chapter of the International Classification of Diseases and adding it to a new chapter called "Conditions related to sexual health". This shift has officially de-psychopathologised trans identities and it lays the foundation for a deep change in perspective and models of care in trans-specific health services.

Specific Aim: This is the first guide which addresses how the specific services trans people access in the healthcare system relate to human rights principles. It aims to support the creation of healthcare legislation and protocols that are compliant with human rights. True depathologisation entails professional practices that respect these principles.

Materials and Methods: The guidelines were developed following a literature review process related to the topics of depathologisation, human rights, ethics and trans-specific healthcare.

Results: The results presented in the guide elaborate on the connection between a set of human rights principles, such as the principle of non-discrimination, bodily autonomy, informed consent or self-determination, and certain healthcare practices. The guide provides concrete examples of good and bad practice for each principle.

Conclusion: The conclusions include a set of recommendations for the creation of legislation and protocols, and references to healthcare clinics located in cities of different countries that represent good practice examples.

SUN-19A-T: Ethical dilemmas in gender surgery - EPATH 2019 workshop report

Müjde Özer[1], Indiana Mortimore[2], Luc Gijs[1]
[1]Amsterdam UMC - Location VUmc, Amsterdam, Netherlands, [2]Royal Cornwall Hospital Treliske - Truro - Cornwall, Cornwall, United Kingdom

Presented by: Indiana Mortimore

Introduction/Background: Over the past decade, the conceptualization of the concept of "gender" has shifted from a dichotomous view of man/woman as a binary to a more continuous concept of each person possessing both masculine and feminine characteristics in varying degrees. In consequence health care professionals acknowledge more often individual differences in (gender) identity development and treatment requests. Subsequently they are willing to support these unique paths, offer individualized medical interventions, and accessible and flexible affirmative non-stigmatizing health care. This flexible approach to treatment requests, following changes in diagnostic criteria (ICD-11), society and law, can be challenging.

A surgeon must trust, on the patient itself and the health care professionals concerned with the gender incongruent individual prior to the surgical consultation, when it comes to possible risks and gains of surgery. In order to "help", the surgeon must fully understand what treatment is desired. In order to "do no harm", the expectations and underlying motives should be explored thoroughly.

Specific Aim: We aimed to: (1) Facilitating a dialogue between health professionals on the impact of the described trends on how they handle (a)typical surgical request. (2) Clarifying the criteria that are used by surgeons and other health professionals to accept or reject (a)typical requests. (3) Hoping that health care professionals who have participated in a workshop feel more empowered afterwards when encountering diverse treatment requests of gender incongruent individuals.

Materials and Methods: During the workshop on "*ethical dilemmas in gender surgery"* at the EPATH in Rome in 2019, the following questions were answered:
What diverse treatment requests did you come across?

Do these requests form an ethical dilemma?
What is your approach when it comes to atypical requests?
How do you handle treatment requests that transgress your professional boundaries?
Is there a need to draw a line for accepting or rejecting surgical requests?
Where should we draw the line?

Data Collect the group (N = 104) was split in 7 smaller groups. During small group sessions notes were written down on flip overs led by the question prompts. Afterwards a group discussion was held with all participants. An audio recording was also taken during this group discussion and was transcribed into text. The transcribed recording and the group notes formed the data pool for data analysis.

Data Analysis

Two authors (ID and MO) identified recurring topics and subthemes by conducting a thematic analysis.

Results: The workshop was attended by 104 participants from 9 different countries, with different professional and personal backgrounds. Definitions were set for atypical requests and what defines an ethical dilemma. Approaches were based on the following considerations: duty of care, risk of inflicting binary norms upon patients, shared decision, motive assessment, psychological safeguarding, patient education and professional right to refuse. All participants agreed that there was a need for guidance and request to make ethical dilemmas a part of SOC 8.

Conclusion:

All attendees encountered ethical dilemmas in gender surgery. Duty of care and inflicting no harm are a struggle, more guidance is required by the health care professionals in these situations.

SUN-20A-T: THE DEVELOPMENT AND IMPLEMENTATION OF TRANS WOMEN'S SPORTING POLICIES: AN NSO PERSPECTIVE

Lauryn Stewart, Paul O'Halloran, Jennifer Oates
La Trobe University, Melbourne, Australia

Presented by: Lauryn Stewart

Introduction/Background:

Sport is a predominately gender-segregated setting, and one of the most gendered social environments. Sport is internationally one of the few social contexts that is both legislatively and legally protected to allow limited discrimination based on gender. For instance, it is legal to permit single-sex sport events and competitions. Whether trans and gender-diverse people should be able to compete in sport in accord with their gender identity is a widely contested question within the literature. The discussion of gender segregation in sport tends to pivot on the question of 'competitive advantage'. While the argument is intended to prevent cismen from competing with or against ciswomen, the same argument has been consistently applied to trans women. It is challenging to find the policies of many sporting bodies regarding inclusivity extending to trans athletes. There has been increased pressure from the public and athletes for National Sporting Organisations (NSO) to create policies and procedures regarding the participation of trans women in sport. It is unclear what expertise and knowledge NSOs use when creating their policies and procedures. There is a dearth of research that examines how NSO's create, develop and implement their policies relating to trans athletes. It is important to understand policy and administration, as it is these two elements that govern and help facilitate the participation and inclusion of athletes.

Specific Aim: A study was created to understand the identified gap within the literature. The specific research questions that underpinned the research were:
What are the key policies reported by NSOs that assist trans athletes to participate in sport as their self-identified gender?
How do NSOs report creating their sport policies for trans athletes?
How do NSOs enact their policies and practices for trans athlete's participation in sport?

Materials and Methods: This research involved interviewing nine Australian NSOs utilising semi-structured in-depth interviews. The interviews lasted between 60-90 minutes each in duration.

Results: The evidence generated from this research indicates that representatives from NSO's perceive that there is a lack of availability of resources, in terms of funding, service information and education of employees and the public regarding trans women's engagement in sport. Representatives for the NSO's described how they believed that these factors contributed to the reduced ability for trans athletes to engage in their sport and gain access to community sport programs. The NSO spokespeople interviewed shared that some of their organisations do not have any policies or procedures for their trans athletes. Instead they are relying on their membership protection policies that are not adequate for meeting these individuals' needs. Thus, policy change is required to reduce barriers and enhance facilitators in order to assist athlete's engagement in sport.

Conclusion: Little academic evidence exists that examines the perspective of NSOs on trans athlete's participation in sport. This information is important and timely for trans athletes and the sports community. The proposed presentation for the 2020 WPATH conference will report the findings from the study and outline the implications for practice. Future research directions indicated by the findings of the study will also be discussed.

SUN-21A-T: Patient preparation for surgery and perioperative duty to disclose

Florence Ashley
University of Toronto, Montreal, ON, Canada

Presented by: Florence Ashley

Introduction/Background: Both legally and in practice, the surgical consent process tends to focus on information that patients need to decide on whether to undergo the desired intervention. While material information lies at the heart of adequate informed consent, another type of needed information is all-too-often left by the wayside in the process: information necessary for patients to adequately prepare for surgery.

This presentation offers an overview of the problem of perioperative duty to disclose, exploring the role of law, situated knowledge, and access to information in perpetuating the problem and offering a partial solution to insufficient disclosure through the mobilisation of law and community-led research.

Specific Aim: The aim of the presentation is to familiarise surgeons and referring mental health professionals of their potential legal and ethical obligations regarding informed consent as it relates to preparatory information. In addition, it seeks to provide trans community members with tools to be used in advocating for better perioperative disclosure of information in trans health.

Materials and Methods: Building on the example of mandatory perioperative cessation of hormone replacement therapy, the research mobilises traditional legal analysis, feminist epistemology, and autoethnography to investigate the legal and ethical issues raised by insufficient disclosure in the context of transition-related surgical care.

Results: Because of the role of information disclosure in displacing legal liability for medical interventions, surgeons and referring mental health professionals have an ethical and legal duty to disclose information needed by patients to adequately prepare for surgery. Community knowledge and interdisciplinary collaboration are central to improving perioperative disclosure and meeting the legal burden borne by professionals.

Conclusion: Patients must be given the tools necessary to adequately prepare for the surgical process. Without de-emphasizing the importance of preoperative disclosure of risks and benefits, trans health professionals must also recognise the importance of perioperative disclosure of preparatory information. Translating the perioperative duty to disclose into trans health practices will require extensive collaboration between surgeons, mental health professionals, and trans communities. No one knows someone’s needs and desires better than themselves. New research must be conducted. Efforts must be made to ensure representation of all trans people, and not merely those privileged trans people who have the greatest access to resources and research participation.

Oral Abstracts: Disadvantaged Groups (Underserved Groups/Populations)

SUN-10B-T: Overlapping Spectrums: Understanding the Meaning Making of Gender Diverse Autistic Adults through Interpretative Phenomenological Analysis

Ashleigh Yule, Dr. Adam McCrimmon
University of Calgary, Calgary, AB, Canada

Presented by: Ashleigh Yule

Introduction/Background: The overlap of gender diversity and autism has received scant research attention to date, especially in terms of the lived experiences of transgender autistic individuals themselves. Several researchers and clinicians have highlighted the need for further research to understand better the connections between the gender spectrum and the autism spectrum, as these have implications for diagnosis, treatment, and research involving transgender autistic individuals. More importantly, self-advocates within the autism and transgender community have identified that the voices of individuals who experience diversity within the gender and autism spectrums are seldom present in the emerging research literature. As such, there is a clear need to better understand individuals’ lived experiences and interpretations of gender diversity, autism, and related strengths and barriers.

Specific Aim: This research project aimed to deepen our understanding of gender diversity and neurodiversity and to help improve supports for transgender autistic individuals. The specific aim of the project was to amplify the perspectives of trans autistic adults to explore the meaning making process related to barriers, strengths, and understandings of gender diversity and neurodiversity.

Materials and Methods: This project employed an Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009) approach to facilitate a more nuanced and in-depth understanding how transgender autistic individuals make meaning of gender, autism, and the related barriers and strengths they encounter. IPA is a qualitative research paradigm focused on the exploration of how people understand their major life experiences. Within IPA, human beings are assumed to be self-interpreting, in that they are involved in dynamically and continually understanding the events, objects, and people in their lives. This IPA research project involved 60-90 minute semi-structured interviews that were individualized according to the physical and psychological needs of participants. Interviews included screening items, relevant demographics, and an interview schedule consisting of several open-ended questions that loosely outline the topics for participants to reflect on and discuss.

Results: Several overarching themes emerged in the interview analyses, including unique understandings of differences, intersecting identities, shifting the narrative. Within these overarching themes, a number of subordinate themes were evident, including the meaning of the diagnostic journey, noticing shifts in the locus of control related to self-identity, barriers to accessing appropriate care due to intersectional and institutional oppressions, challenges with family, emerging self-trust, and desire to be more fully understood by friends, family, professionals, and the general public.

Conclusion: This project aimed to explore and better understand the lived experiences of gender diverse autistic adults, particularly in terms of how they make meaning of their autism, their gender, and barriers and strengths they have encountered related to their identities. Self-advocates and participatory/action researchers have identified the need for more first-person, participant-driven research to develop a better understanding of the lived experiences of people within these vulnerable communities. The emerging themes and perspectives in this IPA study will hopefully contribute to ongoing community efforts to centre and amplify the lived experiences of trans autistic individuals in mental health, medical care, education, research, and wider society.

SUN-11B-T: Is there a "Lost Generation" of Transgender Men in the U.S.? Examining the Population Dynamics and Social Contexts of the 1945-1954 Cohort

Danya Lagos
University of California, Berkeley, Berkeley, CA, USA

Presented by: Danya Lagos

Introduction/Background: Using probability sample data from a U.S.-based general health survey, I estimate prevalence of transgender and gender nonconforming identity among respondents born between 1935 and 2001. There is evidence that fewer white people who were assigned female at birth born between 1945 and 1954 identify as transgender, in comparison to cohorts born between 1935 and 1944 and after 1954. Members of this cohort would have been in their late teens and twenties at a significant moment of rupture in feminist movements over lesbian separatism and gender identity. This lower prevalence appears to mainly correspond to white respondents who were assigned female at birth, while this dip in identification is not found among non-white respondents who were assigned female at birth, suggesting that the lack of separatism in non-white feminist movements and communities may have had a somewhat protective feature for transgender men of color in this cohort.

Specific Aim: This study aims to explain a dip in transgender identification by people who were assigned at birth born between 1945 and 1955 relative to other birth cohorts born before and after.

Materials and Methods: This study employs a pooled cross-sectional sample from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) collected between 2014-2019. The BRFSS is a general health survey designed to collect probability samples of the U.S. adult population, meaning that all respondents are over the age of 18. At the time of the surveys’ administrations, the youngest respondents in this sample were 18 years old. Because data were not collected on respondents’ precise age once they are 80 and over, this survey focuses on survey respondents who were 79 years or younger at the time of the survey. This results in a sample that consists of people born between the years 1935 and 2001 – a range of 66 years. The pooled sample is analyzed through seven binary indicators identifying *cohorts* born between the following ages: 1935-1944, 1945-1954, 1955-1964, 1965-1974, 1975-1984, 1985-1994, and 1995-2001, and controls for race and education level are included.

Results: Descriptive and narrative accounts of this period suggest that the “border wars” between transgender men and “women-identified” feminist movements may have had a major impact in dissuading people involved in these movements from identifying as transgender men, but racial lines in feminist movements may have mediated the effects of these conflicts for trans men of color.

Conclusion:
There could be many people alive today who might have come to identify as transgender men, but do not because of their experiences of specific conflicts in feminist movements, especially born between 1945 and 1954. Care providers ought to be extra attentive to the needs of people born in this generation, and consider that even individuals who do not identify as transgender men may have similar experiences and needs as those who do identify as transgender men.

SUN-12B-T: From Hope to Despair: A Journey of Transgender and Other Sexual Minority Asylum Seekers from Honduras

Wai Cheong Wallace Wong, Veronique Nguy, Kathleen Walsh, Nathalie Sagar, Christopher Cook
Ministry of Children and Family Development, Surrey, BC, Canada

Presented by: Wai Cheong Wallace Wong

Introduction/Background:

As of 2019, same sex relationships were criminalized in 70 countries, and in 12 countries LGBTQ+

(Lesbian, gay, bisexual, transgender, and queer) relationships are punishable by death (ILGA, 2019). Research indicates that prior to immigration, LGBTQ+ refugees face persistent violence (Alessi et al., 2017). Specifically, Hopkinson et al. (2017) found that 66% of surveyed LGBTQ+ refugees reported histories of sexual violence, 46% had experienced discrimination within their families, and nearly 70% experienced discrimination in childhood. Similarly, trans refugees reported pre-immigration experiences of discrimination occurring within their family, school or work settings, and within the broader community (Cheney et al., 2017). While many LGBTQ+ refugees experience violence and trauma in their countries of origin, and while migrating, they may also face trauma as part of the resettlement process. The asylum-seeking process requires LGBTQ+ claimants establish their minority identity/identities and attest to experiences of persecution. This may lead to the “forced re-telling” (Brotman & Lee, 2011, p. 153) of personal trauma narratives, creating further trauma. The process becomes exacerbated if refugees' sexual and gender identity do not fit neatly into Western conceptualizations (Brotman and Lee, 2011), as refugees may further have the burden of translating their lived experience into one that aligns with Western privilege and values.

Specific Aim: In this qualitative study, we explore the pre-immigration, en-route, and resettlement experiences of four LGBTQ+ refugees from Honduras and the impact of these experiences on their mental wellbeing.

Materials and Methods: A semi-structured focus group interview was conducted in October 2019 with four individuals, one whom identifies as transgender (male-to-female) and three whom identify as gay. Participants were recruited from an LGBTQ+ community in San Diego, California. All participants were originally from Honduras and had arrived in the US as asylum seekers due to persecution in their home country. The focus group was audio-recorded, transcribed, and analyzed for themes using qualitative thematic analysis (Braun & Clark, 2006). In vivo coding was used to honour the voices of the participants and facilitate the understanding of their experience in their own words (Manning, 2017). Emergent themes across the participants were identified.

Results: Preliminary findings include five major themes related to transgender and sexual minority participant’s experiences of asylum seeking. These themes are: (1) “Nobody wants…LGBTQ (in my country)”; (2) “It was 100% chance we would die and get murdered there, here it’s 50/50”; (3) “They say our bodies have a price”; (4) “We will escape”; and (5) “Sometimes the internal scars are harder than the external scars”. These themes illustrate the shared experiences of each of the participants: a lack of resources and control, physical and psychological threats, the ongoing impact of their trauma, and their determination, resilience, and strength.

Conclusion: This study contributes to the growing literature on transgender and sexual minority refugees which locates trauma and resilience throughout the immigration process. These findings will help inform recommendations for supporting transgender and sexual minority asylum seekers, including supporting their psychological well-being once granted access to the US.

SUN-13B-T: HOLISTIC TRANS EXPERIENCES OF HEALTHCARE IN THE UK VIA A NATIONAL SURVEY: PRELIMINARY FINDINGS FROM THE ICTA PROJECT

Evelyn Callahan[1], Ben Vincent[1], Michael Petch[2], Jamie Fletcher[3], Naomi Moller[1], Richard Holti[1], Paul Walley[1], Peter Keogh[1]
[1]Open University, Milton Keynes, United Kingdom, [2]LGBT Foundation, Manchester, United Kingdom, [3]Yorkshire Mesmac, Leeds, United Kingdom

Presented by: Evelyn Callahan

Introduction/Background: The Integrating Care for Trans Adults (ICTA) project is a 2-year national project in the United Kingdom, funded by the National Institute for Health Research (NIHR). The project initially identified a range of models currently being used to provided integrated care in the UK, designed to meet the specific health and wellbeing needs of trans people. The efficacy of these models is being explored through a collection of six case studies, that involve interviews with service users and service providers. Service users were invited to interview following a national screening survey, from which a general interview sample was also collected. Interviewees in the general sample did not need to have experience of any particular healthcare service but were purposively selected to amplify the experiences of intersectionally marginalised and often-underrepresented voices in trans research, more specifically non-white, and older (60+) trans people. The project aims to identify factors which make services more or less accessible and acceptable to the variety of trans adults who need them, and considers what lessons emerge as to how models for providing integrated care can be successfully implemented and further improved in meeting the needs of trans people within limited resources and continuing constraints, particularly resultant from the COVID-19 pandemic.

Specific Aim: The aim of this paper is to communicate participant demographics and qualitative findings from the ICTA project national screening survey. These data drove selection of a purposive sample (n=90) of participants for semi-structured interviews, in order to articulate timelines illustrating access to and experiences of trans-specific healthcare (that is, gender affirming interventions pertaining to transition), and of general healthcare experiences. The paper will also engage with practical questions of survey design that were necessary in order to construct a culturally competent surveying instrument, led by our trans team members from both the Open University and our partner organisations.

Materials and Methods: Semi-structured interviews were conducted, ranging between one and two hours. Thematic analysis was conducted to consider the experiences trans people have had of UK healthcare (trans-specific, general, and their intersections), and how these insights might inform the construction of future models to improve the delivery and integration of care for trans adults.

Results: An initial goal of 500 survey responses was significantly overshot, with over 1400 responses received by June 2020, and over 600 volunteers for qualitative interviews. Analysis of survey results and semi-structured interviews are yet to be completed but will have reportable findings for the November conference.

Conclusion: Conclusions will be available for the November 2020 conference, following completion of necessary analysis.

Mini - Symposium: Primary Care – Adult

SUN-7C-M1: TOUCHING TRANS BODIES: THE TRAUMA-INFORMED PHYSICAL EXAM

G. Nic Rider[1], Sarah Fadich[2], Nathalie Crowley[3], Daniel Phillip[4], Colt St. Amand[5,6], Gaines Blasdel[7]
[1]Program in Human Sexuality, University of Minnesota Medical School, Minneapolis, MN, USA, [2]Department of General Surgery, Kaiser Bellevue Medical Center, Bellevue, WA, USA, [3]Family Tree Clinic, Saint Paul, MN, USA, [4]Together+Through, Chicago, IL, USA, [5]University of Houston, Houston, TX, USA, [6]Mayo Clinic, Rochester, MN, USA, [7]New York University Grossman School of Medicine, New York City, NY, USA

Presented by: G. Nic Rider, Sarah Fadich, Nathalie Crowley, Daniel Phillip, Colt St. Amand

Statement of Significance:
Trans people are more likely to be exposed to chronic stressors and to experience adverse events including emotional, sexual, and physical trauma starting in childhood (Mizock & Lewis, 2008; Tishelman, 2018). Trauma-informed approaches to healthcare are informed by knowledge of the long-term sequelae of trauma on health and, while trauma survivors frequently use emergency care, they are more likely to avoid seeking preventive care. This knowledge can be applied to specific groups in order to transform practices to better serve communities experiencing high rates of trauma, including transgender people. While education in gender affirming care is increasing in medical settings, the majority of healthcare providers are inadequately prepared to care for trans people, and any training they receive is unlikely to include a trauma informed approach. Multiple negative experiences in healthcare settings have been documented ranging from misgendering to physical violence to exams occurring without patient consent. These experiences combined with the long history of uninformed and, at times, harmful treatment from

medical professionals present unique challenges in the medical setting that can and should be addressed.
This presentation will focus on incorporating trauma informed principles to inform how providers touch trans patients in healthcare settings. Several unique aspects of trans bodies that impact our openness and response to touch will be discussed. As trans patients, we are likely to experience dysphoria around certain aspects of our bodies. We are also likely to have received medical and/or surgical treatment and/or to use aids (e.g., binders, gaffs) to modify our bodies in order to be able to show up in the world more completely. While centering the ethical principles of do no harm and patient autonomy, the professional's goal is to provide the most comprehensive clinical care possible for each patient. To this end, we will present trauma informed strategies to improve physical examination skills in order to improve transgender patients' experiences in the healthcare setting.

Learning Objective 1: State the 6 principles of trauma informed care

Learning Objective 2: Explain the relevance of trauma informed principles in the care of transgender patients

Learning Objective 3: Give 3 examples of modifications to the physical exam for transgender patients informed by the principles of trauma informed care

Method to Achieve Learning Objectives: The all transgender, multiracial, multidisciplinary group of presenters will use a variety of teaching methods to achieve these objectives. These will include didactic PowerPoint lecture, sharing personal experiences being examined, listening to trans clients speak about their experiences in health care (de-identified), as well as examining transgender patients, live (or pre-recorded) consensual, fully clothed, examples of examination modifications, and question and answer with attendees.

Mini - Symposium: Mental Health – Child and Adolescent

SUN-12D-M1: Bolstering trans youth resilience and wellbeing: Identifying successful strategies and future directions

Sergio Domínguez, Jr.[1], Stephanie Budge[1], Sabra Katz-Wise[2,3], Ezra Young[4], G Rider[5], Jory Catalpa[5], Colt St. Amand[6,7,8]
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Presented by: Sergio Domínguez, Stephanie Budge, Sabra Katz-Wise, Ezra Young, G Rider

Statement of Significance: Activists and scholars are working toward bolstering resilience in trans youth (e.g., Singh, 2013). Academic scholarship can move toward an emphasis on resilience by centering the voices of participants and identifying protective factors in research that traditionally focuses on risk factors. In this symposium, we use an interdisciplinary approach to highlight protective factors for trans youth by examining mental health needs and minority stress processes. Centering community voices, this symposium provides data to identify protective factors to target in specific interventions, as well as specific information regarding what youth need from their communities to thrive. In response to community requests, this symposium will also provide a framework that highlights youth's rights in making decisions about their information, which may be a protective intervention in fostering empowerment through self-determination. Finally, a model will be proposed for facilitating youth resilience through transition-related decision-making.

Learning Objective 1: Consider the longitudinal relationship between specific minority stressors, and related risk and protective factors in avoidant coping through substance use among trans youth.

Learning Objective 2: Understand facilitators and inhibitors to trans youth's mental health and general wellbeing.

Learning Objective 3: Learn about recommendations for bolstering trans youth resilience by facilitating authority in transition-related decision-making.

Method to Achieve Learning Objectives: Across four presentations, an interdisciplinary argument will be made for emphasizing protective factors and using a collaborative, gender-affirming approach to working with trans youth. The first presentation will draw from public health and developmental psychology to longitudinally and empirically examine the role of minority stressors and related risk and protective factors, in a common form of coping: substance use. After learning about specific areas that interventions should target to move away from avoidant coping strategies, a subsequent presentation will address effective interventions to bolster youth resilience and wellbeing, especially in conservative environments. This presentation will draw from psychology and public health to amplify youth voices and provide specific information to practitioners about what youth need in their communities to thrive. Acknowledging the role of availability of resources in interventions' effectiveness, the third presentation will propose an additional intervention for practitioners. Drawing from psychology ethics and American legal studies, we will demonstrate that protecting trans minors' confidential information both avoids harm, as required under Do No Harm guidelines, and facilitates youth's ability to thrive. A final presentation will draw from history of medicine and psychology, developmental psychology, family studies, and trans studies to construct a self-determination bioecological model for youth personal authority in transition-related decision-making.

Monday, November 9, 2020

10:05am - 11:20am ET

MON-2A-T: Socio-demographic characteristics of children and adolescents referred to a service for gender identity and factors associated with mental health.

Angela Caldarera[1], Damiana Massara[2], Benedetto Vitiello[1], Marco Marzolla[1], Marzia Porro[1], Chiara Crespi[2], Maria Teresa Molo[3], Chiara Baietto[4]
[1]University of Torino, Torino, Italy, [2]Turin University Hospital - AOU Città della Salute e della Scienza di Torino, Torino, Italy, [3]Fondazione Carlo Molo ONLUS, Torino, Italy, [4]Turin University Pediatric Hospital - AOU Città della Salute e della Scienza di Torino, Torino, Italy

Presented by: Angela Caldarera

Introduction/Background: Gender diverse children and adolescents may be at higher risk, compared to their peers, of psychosocial difficulties and mental health issues. Literature showed the important role of family relations in promoting wellbeing in gender diverse kids, and the critical consequences of stigmatization experiences, like bullying.

Specific Aim: To present data about psychosocial adjustment, bullying experiences and mental health of children and adolescents attending the service, to test the association between quality of relation with caregivers and mental health, and between bullying and psychosocial adjustment.

Materials and Methods: Data about sociodemographic characteristics, family relations, bullying experiences, psychosocial adjustment and mental health issues were collected from clinical records related to 109 young people aged 6-17 (M=13.20, SD =3.30) consecutively referred to our service. Nine cases were excluded after initial assessment showed that these kids did not present with gender variance or gender dysphoria. We analyzed data from 100 children and adolescents (40 AMAB and 60 AFAB). We used descriptive and multivariate nonparametric statistics (SPSS.25) to test demographic characteristics of the group of participants, differences and association between variables.

Results: Initial caregivers' reaction to gender diversity expression was negative (indifference or rejection) in 42.8% of fathers and 13% of mothers. Within families with more than one child, 25% of gender diverse young people experienced a negative reaction by siblings. We found very high rates of anxiety (71%) and depression (66%). 12% of our sample was diagnosed with eating disorders. Clinical assessment reported aggressive behavior in 25% of the kids, social isolation in 45% and frequent school absences in 33%. 22% dropped out of school and 42% experienced bullying. Quality of relations with peers was reported as positive (very good or good) only for 36% (same birth assigned gender) to 62% (different birth assigned gender) of the sample. The Mann-Whitney U-test confirmed that quality of relationship with both mother and father was significantly lower in kids presenting aggressive behavior ($p = .027$ for fathers and $p < .001$ for mothers) compared to those who didn't; a similar difference was found in children frequently absent from school ($p < .001$ both for mothers and for fathers). In addition, the quality of relation with mother was lower in children and adolescents who were in a condition of social isolation ($p = .016$) and in those presenting anxiety disorders ($p = .005$). Fathers' reaction to gender diversity expression of the child was significantly more negative in young people suffering from depression ($p = .037$). As regards bullying, results showed it was significantly associated with social isolation ($\chi2$ [1] =10.868, $p = .002$) and frequent absences from school ($\chi2$ [1]= 6.604, $p = .02$).

Conclusion: Our results confirm the importance of taking care for psychosocial difficulties in gender diverse young people, in order to promote their health. Family relations are significantly associated to psychosocial adjustment, and bullying remains a critical target. Such findings indicate the need of further research and of developing a tailored approach to each person, which should consider the complex interaction of many factors in promoting health.

MON-3A-T: BODY IMAGE IN CHILDREN WITH GENDER INCONGRUENCE

Anouk Verveen, Baudewijntje Kreukels, Nastasja de Graaf, Thomas Steensma
VU University Medical Center, Amsterdam, Netherlands

Presented by: Anouk Verveen

Introduction/Background: In the DSM-5 diagnosis of childhood Gender Dysphoria, two of the eight criteria focus on body satisfaction of the child. It is known that adults and adolescents with gender incongruence (GI) report lower levels of satisfaction with their overall appearance compared to individuals without GI. In children with GI, information on body satisfaction regarding intensity, and possible variations between children, is less available in the literature.

Specific Aim: To examine the body image of children with GI in relation to birth assigned sex and the intensity of GI.

Materials and Methods: Self-report and parent-report measures on body satisfaction and gender incongruence were obtained from 207 children (< 12 years) that were referred to the Center of Expertise on Gender Dysphoria at the Amsterdam University Medical Centers, location VUmc, between 2010 and 2016. First, a general description of body satisfaction in these children is provided. Secondly, body image of birth assigned boys and girls are compared using chi-square tests and univariate ANCOVA's. Thirdly, the association between intensity of GI and body image is examined using multiple linear regression analyses.

Results: Of the 207 children with GI, 50% reported dissatisfaction with their gender specific body characteristics. Overall, children were less dissatisfied with their neutral body characteristics. Birth assigned girls reported greater dissatisfaction with their body characteristics than birth assigned boys, especially concerning gender specific characteristics. Intensity of GI was significantly related to satisfaction with gender specific body characteristics, where a greater intensity of GI related to more body dissatisfaction.

Conclusion: Children with GI experience body dissatisfaction. Mental health practitioners should be aware of the diversity in body dissatisfaction in this group. Furthermore, evaluation of body image should be an important topic in the counselling of these children. Future research should focus on the relation of body dissatisfaction and the development of gender incongruent feelings in these children.

MON-4A-T: Gaps in Measurement of Body Image in Children with Gender Dysphoria

Samuel Marsan[1], Connie Dean[1], Hanna Christian[2], Nancy Zucker[1]
[1]Duke University, Durham, NC, USA, [2]Colgate University, Hamilton, NY, USA

Presented by: Samuel Marsan

Introduction/Background: Introduction/Background: Measures of negative body image in children with gender dysphoria are limited. Gender dysphoria, the distress accompanied by an incongruence between one's gender identity and sex or gender assigned at birth, can be experienced in childhood and persist into adulthood. Diagnostic criteria for gender dysphoria in children include a "strong dislike of one's sexual anatomy" and "strong desire for the primary and secondary sex characteristics that match one's experienced gender," denoting risk for development of negative body image. Body image generally refers to our own internal view and feelings of how we look as well as how we think we appear to others. Empirical evidence supporting the validity of this construct in adolescents and adults exists; however, it remains limited in children and is markedly understudied in preadolescent transgender individuals. Previous reviews of body image measures validated in children includes several versions of figure rating scales and questionnaires. These measures exist within a gender binary framework and many originate within research in eating disorders with limited generalizability to persons with gender dysphoria. Therefore, one barrier to understanding manifestations of body image in transgender children is a lack of use of validated measures for this population.

Specific Aim: Specific Aim: To conduct a scoping review to determine whether body image measures validated in transgender children currently exist.

Materials and Methods: Materials and Methods: Three reviewers, one graduate student and two undergraduate students, followed PRISMA-ScR guidelines in the search for relevant document sources. Eligibility consisted of published research papers, dissertations and books in English that included at least one measure of body image—or measures including items that broadly asked about body image—and a sample of transgender persons of up to 12 years of age. The search involved several databases, including APA PsycInfo, PubMed, Health and Psychological Instruments, APA PsycTests, Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete and ProQuest Dissertations and Theses Global. For sample characteristics, concepts, and measures, we searched the terms "transgender," "body image," "measure," respectively, and their related terms. Of the documents that screened in, we selected only those that included children.

Results: Results: The search yielded 2801 documents. After screening and removing duplicate titles, 515 documents were retained. Screening of abstracts yielded 185 documents. Of those, screening of full texts yielded 6 documents. One was a scoping review from which we extracted 2 relevant documents. A total of 7 documents were reviewed for measurement characteristics and a total of 7 measures were analyzed. Three out of 7 measures were validated with transgender samples, but only one in transgender children.

Conclusion: Conclusions: Most body image measures used with transgender children have not been validated for this population. This undermines our understanding of embodiment in a population at risk for psychopathology. Moreover, most of the measures used assess negative body image while neglecting measurement of positive body image, a putative protective factor. These findings behoove researchers and clinicians to develop measures that accurately reflect the experiences of transgender children in their developing bodies.

MON-5A-T: WITHDRAWN

MON-6A-T: EXPLORING CHILDHOOD AUTISM SPECTRUM TRAITS AND THEIR RELATIONSHIP TO CURRENT SOCIAL AND EMOTIONAL FUNCTIONING AMONG YOUTH PRESENTING FOR CARE AT A MULTIDISCIPLINARY GENDER AFFIRMING PROGRAM

Laura Kuper[1,2], Danna Bismar[3], Alexis Clyde[1,2]
[1]Children's Health, Dallas, TX, USA, [2]University of Texas Southwestern Medical Center, Dallas, TX, USA, [3]University of North Texas, Denton, TX, USA

Presented by: Laura Kuper

Introduction/Background: Several studies have suggested that gender diverse youth may be more likely to experience autism spectrum traits than the general population. However, these studies have been limited by small sample sizes. Additionally, relationships between autism spectrum traits and other aspects of social and emotional functioning have yet to be examined within this population.

Specific Aim: Identify the prevalence of childhood autism spectrum traits within a sample of youth presenting to a multidisciplinary gender program. Explore potential associations between autism spectrum traits and both parent and youth reports of social and emotional functioning.

Materials and Methods: Participants included youth (n = 325; age 7 to 18) and parents (n = 553) presenting for an initial assessment to establish care with a multidisciplinary gender program in Dallas, TX. Parents completed the lifetime version of the Social Communication Questionnaire (SCQ), which assesses the presence of autism spectrum traits during childhood. Parents also rated their child's current functioning using the PedsQL parent report (subscales: social, emotional, and school functioning) and the SCARED (subscales: panic, generalized, social, separation, and school related anxiety) as well as their own functioning using the PedsQL Family Impact module (subscales: social, emotional, and cognitive functioning). Youth completed the PedsQL and SCARED self-report. During an initial assessment, clinicians also noted whether youth were previously diagnosed with an autism spectrum disorder or whether this was suspected but not formally diagnosed. Independent samples t-tests were used to examine the association between dichotomous SCQ clinical cutoff scores (≥15) and functioning while Pearson correlations were used to examine the association between continuous SCQ scores and functioning. The significance value was set at $p<.01$. This study was approved by the IRB at UT Southwestern.

Results: 26 (4.7%) parents rated their child above the clinical cutoff on the SCQ. 4 (1.2%) youth were rated by both parents as above the cutoff, 8 (2.4%) only had one parent report available that was above the cutoff, and 10 (3.1%) youth were rated above the cutoff by one parent but not the other. Of those with a previous (n=17, 5.2%) or suspected (n=4, 1.2%) autism diagnosis, only half (n=10) scored above the clinical cutoff by one or more parent reports.

SCQ cutoff scores were moderately associated with poorer functioning across all parent report subscales except school related anxiety; however, cutoff scores were unrelated to youth reports. Cutoff scores were also associated with most subscales assessing parent functioning. Similar but weaker associations were found between continuous SCQ scores and functioning.

Conclusion: Rates of positive cutoff scores for autism spectrum traits were somewhat lower than in previous studies of gender diverse youth. Parents who report concerns surrounding symptoms of autism my also be more likely to perceive, or over-report, difficulties with their youth's current functioning. However, youth with traits of autism spectrum may also under-report such concerns.

MON-7A-T: THE ROLE OF THE AVATAR IN GAMING FOR TRANS AND GENDER DIVERSE YOUNG PEOPLE

Helen Morgan[1], Amanda O'Donovan[1], Renita Almeida[1], Ashleigh Lin[2], Yael Perry[2]
[1]Murdoch University - Perth, Perth, Australia, [2]Telethon Kids Institute, The University of Western Australia., Perth, Australia

Presented by: Helen Morgan

Introduction/Background: A significant proportion of trans and gender diverse (TGD) young people report membership of the gaming community and resultant mental health gains. To date their experiences and needs regarding a key feature of games, the avatar, are largely unexplored. This is despite increasing interest in the therapeutic role of avatars in the general population and the evolving development of serious, or therapeutic, games to address health disparities particularly amongst youth populations.

Specific Aim: The aim of this study was to better understand the role of the avatar in gaming, its impact on TGD young people's mental health, and their unique needs regarding avatar design.

Materials and Methods: N = 17 TGD young people aged 11-22 years (M = 16.3 years) participated in four audio-recorded focus groups. A general inductive approach was used to explore key themes in the transcribed focus group responses, without the imposition of pre-determined premises, and to develop a model reflecting the structure of participants' experiences based on the data.

Results: TGD young people reported therapeutic and recreational benefits of using avatars with positive mental health gains. Participants described the processes of conceptualization and actualization of their experienced gender through the embodiment of the avatar. Specifically, participants highly valued being able to create an avatar which closely reflected their gender identity. Further, this process was reported to facilitate gender identity consolidation, particularly in the early stages of gender questioning and experimentation. For some, using avatars in these ways was a mindfully employed strategy to manage negative emotions if they were not out to their networks or unable to fully realize or express their experienced gender. Participants also spoke about their experiences of designing or choosing avatars and the features they would like to see incorporated into game design. Such recommendations included customization of avatar features and accessories, diversity in pronoun selection and non-binary options to better reflect players' gender identity.

Conclusion: TGD young people report considerable therapeutic benefits from avatar use although they also describe feeling excluded and under-represented within mainstream gaming design, primarily due to the application of conventional notions of gender. Importantly, TGD young people use avatars to explore, develop and rehearse their experienced gender identities, often as a precursor to coming out in the offline world. TGD young people stipulated predominantly simple game design features, such as greater avatar customization, to better reflect gender diversity. Such changes would likely facilitate the positive gains reported by participants and better reflect the heterogeneity of young people who game. The study establishes a detailed understanding of how TGD young people experience the avatar in gaming and indicates exciting avenues for future development, particularly regarding the therapeutic promise the avatar holds. The findings have important implications for both recreational and serious game design.

Oral Abstracts: Obstetrics, Gynecology and Reproductive Health Sciences

MON-1B-T: INFLUENCE OF TRANSGENDER SPECIFIC FACTORS ON SEMEN QUALITY

Iris de Nie, Norah van Mello, Andreas Meißner, Ilona Voorn-de Warem, E Kostelijk, Martin den Heijer, Judith Huirne
Amsterdam UMC, Amsterdam, Netherlands

Presented by: Iris de Nie

Introduction/Background: Post-pubertal trans women can opt for semen cryopreservation, prior to their medical transition, to retain the possibility to parent genetically related offspring later in life. Previous studies showed a decreased semen quality in trans women compared to the general population, of which the etiology remains largely unknown.

Specific Aim: This study aims to assess the influence of transgender specific factors, such as bringing the testes in the inguinal position (tucking), wearing tight underwear and ejaculation frequency, on semen quality in trans women prior to the start with hormone treatment.

Materials and Methods: We currently conduct a prospective cohort study in trans women, visiting our gender clinic, who opt to cryopreserve their semen prior to the start with hormone treatment. Data is collected on: semen parameters, demographics (e.g. age, occupation, sexual orientation, relationship status), lifestyle factors (e.g. body mass index, alcohol consumption, smoking, cannabis use), endocrine laboratory results, and transgender specific factors (e.g. tucking, wearing of tight underwear, ejaculation frequency). With a logistic regression model we will assess the effect of transgender specific factors on the different semen parameters and correct for possible confounding by other factors with a potential negative impact on semen quality. Furthermore, we aim to create a prediction model on the expected semen quality at time of fertility preservation.

Results: Inclusion of participants will be completed by September 2020. So far, 126 trans women were included in our study. Mean age at time of fertility preservation was 24.1 (SD 5.8) years (n=95). In total, 18.3% of the included trans women reported to perform tucking a median 6 (IQR 2-30) times per month for a period of 7 (IQR 5-8) hours per day, and 4.8% reported to use tape to hide the external genitalia. Furthermore, 16.7% reported to sometimes wear tight underwear, and 33.3% wears tight underwear regularly. Median ejaculation frequency was 10 (IQR 4-15) times per month. By the time of presentation at WPATH 2020 we can present the results of our multivariate analyses.

Conclusion: As far as we know, we are the first to prospectively study the influence of transgender specific factors on semen quality. With our results we aim to better understand the etiology of the impaired semen quality in trans women and to optimize their fertility counseling on taking the required actions on how to improve semen parameters before fertility preservation.

MON-2B-T: ASSESSING FERTILITY INTENTIONS IN PATIENTS PRESENTING FOR GENDER-AFFIRMING SURGERY

Geetika Mehra[1], Carson Peters[2], Chinelo Njubigbo[3], Oren Ganor[1,4], Elizabeth Boskey[1,4]
[1]Harvard Medical School, Boston, MA, USA, [2]The University of Iowa, Iowa City, IA, USA, [3]Wayne State University, Detroit, MI, USA, [4]Boston Children's Hospital, Boston, MA, USA

Presented by: Geetika Mehra

Introduction/Background: Fertility preservation may be an important consideration for transgender patients prior to undergoing gender-affirming therapies that affect fertility. However, recent studies have demonstrated low utilization of fertility preservation among transgender adolescents, and it is unclear whether this is due to a lack of access or interest. Hypothesized barriers include urgency to undergo gender-affirming treatment, exacerbated gender dysphoria, and an enhanced capacity to consider fertility preferences after feeling affirmed in one's body. Exploring fertility intentions at varying stages of transition is vital to improve access to reproductive care for transgender young people.

Specific Aim: The primary objective of this research is to describe the fertility intentions of patients seeking gender-affirming surgery and to determine whether intentions are associated with elements of patient history, such as surgical procedure sought, gender identity, or length of time since social transition.

Materials and Methods: A retrospective review of electronic medical records for patients seeking gender-affirming chest or genital surgery with a single plastic surgeon between 2017 and 2019 was conducted. Data were abstracted manually into a structured abstraction table using Research Electronic Data Capture (REDCap). Abstracted data included elements of social, family, and gender history as well as interest in having children (biological or non-biological), banking gametes, and adopting. Any barriers to fertility preservation or gamete banking noted by the patient were included. Data were analyzed using statistical software STATA/SE 14.

Results: 233 patient records were reviewed. Among patients presenting for bottom surgery, 64 (69%) had no history of sterilizing surgery, and 60 of these 64 records documented information about fertility intentions. Among these patients, 37% expressed interest in having any children, 10% in having biological children, and 23% in adopting. 38% stated they were not interested in biological children. 30% expressed a desire to bank gametes (39% of this subset already had). All bottom surgery patients who had banked gametes identified as female.
Among patients presenting for top surgery, 138 (98.6%) had no history of sterilizing surgery, and 102 of these 138 records documented information about fertility intentions. Among these patients, 22% expressed interest in having any children, 11% in banking gametes, and 18% in adopting. 47% stated they were not interested in biological children. Of top surgery patients interested in gamete banking, 2 (18%) had done so, and both identified as male. Among all patients interested in gamete banking, 9 of 29 (31%) expressed barriers to doing so.

Conclusion: A significant number of transgender youth seeking gender-affirming surgery are interested in having children, including 10% of top surgery and 30% of bottom surgery patients interested in gamete banking. However, nearly one-third of patients interested in banking gametes reported barriers to doing so. This suggests a need for increased assessment of fertility intentions and reductions in barriers to care for transgender youth at various points of transition. It is important to note that a greater percentage of bottom surgery patients were interested in banking gametes, which could reflect the fact that they were older or that the question was perceived as more urgent.

MON-3B-T: GENITAL SELF-IMAGE AND SEXUAL INTEREST AMONG TRANSMASCULINE INDIVIDUALS SEEKING GENITAL SURGERY AT A PEDIATRIC INSTITUTION

Divya Jolly[1], Ariella Tabaac[1,2], Elizabeth Boskey[1,2], Oren Ganor[1,2]
[1]Boston Children's Hospital, Boston, MA, USA, [2]Harvard Medical School, Boston, MA, USA

Presented by: Divya Jolly

Introduction/Background: As more transgender people seek gender affirmation services, it has become increasingly important for clinicians to understand the specific needs of this community. However, significant gaps remain in creating a holistic, baseline understanding of health and well-being. Moreover, what research does exist has historically focused on transfeminine individuals, those who were assigned male at birth who identify with a gender other than “man,” leaving questions about the health and well-being of the transmasculine community.

Specific Aim: In order to address one area of this research gap, we investigated what, if any, relationship existed between male genital self-image and interest in sexual activity among transmasculine patients seeking gender affirming genital surgery from the Center for Gender Surgery at Boston Children’s Hospital.

Materials and Methods: The Male Genital-Self Image Scale and the PROMIS Interest in Sexual Activity scale were used to assess these aspects of sexual well-being for 32 transmasculine patients seeking gender affirming genital surgery. Assessment took place during a pre-surgical consultation as part of an ongoing longitudinal study on surgical motivations and outcomes. Data were collected during April 2018 through November 2019. All research activities were approved by Boston Children’s Hospital Institutional Review Board. A Pearson’s r correlation was performed in order to examine the relationship between Male Genital Self Image and Interest in Sexual Activity. Independent samples t-tests were used to see if age at first visit, race/ethnicity, or currently seeing a therapist were associated with either scale. Significance was set at $p < .05$.

Results: Participants were on average 25.06 (range 17-32) years old. Approximately half (59.4%) identified as heterosexual. Levels of satisfaction with genital self-image were low, with the median response to all scale items being “Disagree”. Nearly all participants indicated poor affect (e.g. embarrassment) toward their genitals. The areas of lowest satisfaction were appearance, size of, and/or affect towards their genitals. Participants endorsed slightly higher, but still low, satisfaction with comfort with sexual partners, healthcare providers, and/or perceptions of functioning.

Conversely, interest in sexual activity was high, with half (51.5%) the sample indicating that they were “quite a bit” or “very” interested in sexual activity in the past 30 days. There was a significant and positive association between genital self-image and interest in sexual activity (*r* = .41, *p* = .018), such that higher levels of genital self-image were associated with greater interest in sexual activity.

Conclusion: These data suggest that despite poor genital self-image, interest in sexual activity is high among transmasculine youth and young adults seeking genital surgery. This demonstrates the importance of discussing sexual health with transmasculine patients throughout their transition process. Our data raise the possibility that masculinizing genital surgery could have a positive effect on overall sexual health, a question that will be investigated in later phases of the analysis.

MON-4B-T: COMPARISON OF VAGINAL CUFF DEHSICENCE RATES AFTER HYSTERECTOMY IN TRANSGENDER MALE PATIENTS ON TESTOSTERONE THERAPY

Morgan Sweere, Luann Racher, Joseph Levy, Patricia Amorado
University of Arkansas for Medical Sciences, Little Rock, AR, USA

Presented by: Morgan Sweere

Introduction/Background: Vaginal cuff dehiscence is an uncommon but serious complication of hysterectomy. Vaginal atrophy has been associated with an increased risk of vaginal cuff dehiscence due to creation of a diminished vascular state and weakening of the vaginal tissues. Transgender male patients undergo a rapid atrophy of vaginal tissues with ongoing testosterone therapy and therefore may be at increased risk of vaginal cuff dehiscence following hysterectomy.

Specific Aim: The primary outcome of this study was to determine if vaginal cuff dehiscence is increased in transgender male patients undergoing testosterone therapy.

Materials and Methods: A retrospective chart review of all patients undergoing hysterectomy at the University of Arkansas for Medical Sciences from 2015-2019 was conducted. After exclusion of any supracervical hysterectomies, 1071 patients were included in this study. Univariant testing with Fisher’s exact test and regression analysis was conducted to explore relevant variables. Variables of interest were included in a multivariant logistic regression model for final analysis.

Results: After retrospective chart review, 34 transgender male patients that received testosterone therapy were identified of the 1071 samples in the population. Twenty-two cases with cuff dehiscence were present in the total population (2.1%) and six of the cases occurred in transgender male patients who received testosterone therapy (OR = 13.67, P-Value = 3.37e-5). Other variables including menopausal state, smoking, hypertension and diabetic status were not associated with increased risk of cuff dehiscence in our study population. Testosterone supplementation remained significantly associated with cuff dehiscence risk after multivariant logistic regression modeling to account for confounding variables (OR = 10.47, P-value < 0.001). The multivariant model also identified Africans Americans at increased risk of cuff dehiscence following hysterectomy (OR = 3.54, P-Value = 0.02). Interestingly, we observed a reduced risk of cuff dehiscence for older patients (OR = 0.90, P-Value = 0.001) and patients with higher BMIs (OR = 0.89, P-Value = 0.004).

Conclusion: Transgender men on testosterone therapy have an increased rate of vaginal cuff dehiscence after hysterectomy in comparison to women. Menopausal status, in the study population, was not associated with increased rate of vaginal cuff dehiscence. Further study is required to determine best practices to reduce risk of vaginal cuff dehiscence in the transgender population.

MON-5B-T: LONG ACTING REVERSIBLE CONTRACEPTION IN THE TRANSMASCULINE POPULATION OF KAISER PERMANENTE NORTHERN CALIFORNIA

Mendy Berglin, Asha Stenquist, Douglas Stram, Miranda Ritterman Weintraub, Eve Zaritsky
Kaiser Permanente Oakland, Oakland, CA, USA

Presented by: Mendy Berglin

Introduction/Background: Transmasculine (TM) patients, transgender and gender-nonbinary individuals who were assigned female at birth, historically have had limited access to contraception and reproductive health education for numerous reasons including clinician inexperience and lack of training. Long acting reversible contraceptives (LARC) are highly effective (>99%) and easy to use, becoming increasingly popular among cis-gender women (CW). In the TM population, LARC can be used for pregnancy prevention and menstrual suppression both as a bridge to testosterone or when testosterone is unavailable due to cost, insurance, or other reasons.

Specific Aim: To describe the rates of LARC use in the TM population and compare these rates among those of CW.

Materials and Methods: This IRB-approved retrospective cohort study of patients, age 18 to 45, who received care within Kaiser Permanente Northern California between 2009 and 2019, used electronic medical records to compare baseline characteristics and LARC (levonorgestrel intrauterine device (IUD), copper IUD, depot medroxyprogesterone, and etonogestrel implant) utilization rates between TM and CW patients. In each group, age adjusted LARC utilization rates were calculated by study year and LARC utilization over time was assessed using a linear trend test. For the 2019 cohort, clinical and demographic characteristics and use of LARC by TM status was assessed using chi-square tests.

Results: The TM group was significantly younger than the CW cohort, with mean age of 27.8 (+/-7.4) versus 32.6 (+/-7.8), respectively (p<0.001). There were variations in substance use; a greater proportion of the TM cohort used tobacco, alcohol, and illicit drugs (Table 1). Both groups used all LARC types, with no differences in type by group. LARC utilization rates increased from 2009 to 2019 for both groups (TM 0.9% in 2009, 3.6% in 2019; CW: 5.6% in 2009, 6.7% in 2019) with a statistically significant age adjusted positive linear trend for both groups (TM: p= 0.007; CW: p<0.001) (See Figure 1). The change in rate for levonorgestrel IUD was larger for the TM group (TM: 0.6% in 2009, 1.6% in 2019; CW: 1.9% in 2009, 2.6% in 2019). This age adjusted positive linear trend was noted for the etonogestrel implant for the TM (p=0.020) and CW (p<0.002) groups. Neither group had a statistically significant trend for depot medroxyprogesterone.

Conclusion: LARC utilization rates for both TM and CW increased significantly, although the rate of LARC use was higher in the CW population. Further research is needed to understand these differences and identify the unmet need for LARC among the TM population.

Mini - Symposium: Primary Care – Child and Adolescent

MON-1C-M1: New Research Findings with Clinical Implications from the Amsterdam Transgender Youth Cohort

Tim Vd Grift, Marijn Arnoldussen, Frederique de Rooy, Anna Groen, Lobke Min
Amsterdam University Medical Centers, location Vumc, Center of Expertise on Gender Dysphoria, Amsterdam, Netherlands

Presented by: Tim Vd Grift, Marijn Arnoldussen, Frederique de Rooy, Anna Groen, Lobke Min

Statement of Significance: Surgery
Puberty inhibition (PI) is considered a cornerstone of gender-affirming treatments for trans youth. PI is known to support psychological wellbeing by delaying/preventing irreversible pubertal physical changes. This presentation supports prescribing clinicians in informing trans youth and their parents on the effects PI has on the development of sex characteristics and surgical options. We present follow-up data of a cohort of trans youth that went through PI, hormone treatments and gender-affirming surgeries. PI,

whether initiated in early or late puberty, increases the chance for individuals to qualify for less-invasive mastectomy (for trans masculine individuals) and more-invasive vaginoplasty (for trans feminine individuals).

Self-esteem
Since one of the key characteristics of transgender adolescents is a discomfort with the incongruence between their experienced gender and their assigned gender and since they still experience stigmatization, it has been postulated that their development of a healthy self-esteem is at stake. This presentation includes follow-up data of 70 adolescents who went through puberty suppression, hormonal treatment and gender-affirming surgeries, that shows that gender affirming treatment could contribute in establishing a positive self-perception.Considering that poor self-esteem is a risk factor for mental health problems, helping transgender youth develop a positive self-esteem seems crucial.

Age distribution
A sharp increase of adolescent referrals to transgender clinics has been reported worldwide. This has been observed in the Amsterdam clinic as well, with the number of referrals rising to over 500 yearly. Interestingly, the age distribution of these referrals is not evenly spread, but shows the largest number of referrals in either early puberty (age 12-13) or in advanced puberty (age 16-17). This study aims to further understand this uneven age distribution and look into the differences between youth referred at a younger or older age.

Pubertal staging
This cross-sectional study compared transgender adolescents in early puberty (EP) with transgender adolescents in advanced puberty (AP) on psychological functioning. Adolescents in AP had more emotional and behavioral problems, especially internalizing problems, compared to adolescents in EP. Poor peer relations, higher age, and higher IQ were significant predictors of psychological problems, of which peer relations was the strongest predictor. The predictive value of peer relations was almost two times higher in adolescents in EP. Given of psychological functioning, adolescents in EP and adolescents in AP should be approached differently.

Intellectual disability
This cross-sectional study investigated the co-occurrence of gender incongruence and intellectual disability (ID, (IQ<70) or borderline intellectual functioning (BIF, IQ 70-84) in adolescents. ID and BIF were more common in the transgender population compared to the cisgender population. The diagnostic process of adolescents with BIF took more sessions compared to adolescents with average intellectual functioning. Reduced consent capacity, a rigid approach of gender identity, and psychiatric problems complicated the diagnostics of adolescents with ID. The results suggest that transgender adolescents with ID or BIF need an individualized approach.

Learning Objective 1: To increase insight in young adulthood outcomes

Learning Objective 2: To understand specific clinical presentations

Learning Objective 3: To tailor clinical approaches

Method to Achieve Learning Objectives: The presentations will delve into clinical issues of daily adolescent transgender-care

Oral Abstracts: Surgery – Masculinizing

MON-1D-T: THE IDEAL MALE NIPPLE-AREOLAR COMPLEX LOCATION: AN ALGORITHM

Floyd Timmermans, Sterre Mokken, Mark-Bram Bouman, Margriet Mullender, Tim van der Grift
Amsterdam University Medical Center, location VUmc, Amsterdam, Netherlands

Presented by: Floyd Timmermans

Introduction/Background: Appropriate positioning of the nipple-areola complex (NAC) is essential for achieving a natural appearance of the male chest after mastectomies for the treatment of gender dysphoria, gynecomastia and massive weight-loss. A mastectomy often calls for the repositioning of the NAC. Up to quite recently, only few studies have asked critical questions about the NAC position in men. This has led to the standard practice of *eyeballing* the approximate location of the nipples during mastectomies, resulting in nipples often being placed either too high or too wide on the chest. An accurate predictive model for the ideal personalized position of the NAC is still lacking.

Specific Aim: The aim of this study was to quantify and deduce the variability of the anthropometry of the NAC position on the cisgender male chest into predictive algorithms for the distance from the (1) sternal-notch to the nipple (SNN; vertical coordinate) and the (2) distance between the nipples (NN; horizontal coordinate). These two practical approaches will preoperatively allow to pinpoint the most appropriate location of the NAC for that person specifically.

Materials and Methods: This was a single-center, observational, cross-sectional study. Cisgender men, aged 18 and above were recruited through open invitation and on a voluntary basis. Different chest measurements were manually recorded. Best subset regression using linear models was used to select predictors for the horizontal coordinate (nipple-nipple distance; NN) and vertical coordinate (sternal-notch-nipple distance; SNN) of the NAC position. Internal validation was assessed using bootstrapping.

Results: One hundred and fifty males participated were included (median age: 26, IQR: 22-34 years, 81% Caucasian). Four predictors were found to predict NN (age, weight, chest circumference, anterior-axillar fold to anterior-axillar fold). Two predictors were found to predict SNN (NN and weight). Both models performed well (Bootstrapped R2: 0.63 (NN), 0.50 (SNN)) and outperformed previous models predicting NAC position.

Conclusion: We suggest that the two predictive models for NN and SNN distance can be used to optimize NAC positioning on the male chest wall. By using this model that describes the appropriate location for the NAC, a more natural masculinized chest-wall can be realized. Ideally, this fits the expectation of a masculine male-typical chest-wall for several patient populations and might subsequently reduce postoperative dissatisfaction and secondary corrections.

MON-2D-T: ADAPTIVE LEARNING IN DESIGNING A MODEL FOR SDM IN GGAS IN TRANS MEN

Sterre Mokken, Müjde Özer, Tim van der Grift, Margriet Mullender
Amsterdam University Medical Center- location VUmc, Amsterdam, Netherlands

Presented by: Sterre Mokken

Introduction/Background: Multiple options of genital gender affirming surgery are available to trans men. The trans man should be able to weigh these options based on the outcomes, risks and consequences that are most important to him. For this reason, a Decision Aid for Genital Surgery in Trans men (DA-GST) was developed. It aims to support the trans man in making thoughtful choices among treatment options and facilitate shared decision-making between the health care professionals and the trans individual.

Specific Aim: The primary aim of this study was to evaluate the newly developed DA-GST. The DA-GST could be implemented as an integral part of transgender health care. Clinicians could take the individual personal values into account and use it to accurately tailor their consult. The secondary aim is to use adaptive learning in order to continuously improve the tool, so that all aspects of the decision-making process will be covered. The main pillars of this process contain; information, personal aspects and experiences, and value clarification, all found to be essential in enhancing shared decision-making.

Materials and Methods: This was a cross-sectional study using mixed methods. Trans men considering to undergo genital surgery were eligible to partake in the study. The questionnaires used in this study were developed by adapting; the validated Dutch translation of the 'Decisional Conflict Scale' (DCS), the

‘Measures of Informed Choice’ (MMIC) and the ‘Ottawa Preparation for Decision Making Scale’ (PrepDM Scale). Qualitative interviews were conducted querying their subjective experience with the DA-GST. The data from the questionnaires was statistically analyzed and the data from the interviews was thematically analyzed.

Results: In total 51 trans men participated in the questionnaires study, 99 questionnaires were analyzed and 15 interviews were conducted. Although confident in their decision, most trans men felt responsible to collect the necessary information themselves. The ability to go through the DA independently aided the decision-making process by providing information and highlighting their subjective priorities. Suggested additions are pictures of post-operational outcomes and personal statements from experienced trans men.

Conclusion: This study suggests that the DA-GST helped trans men feel more prepared for their personal consult with the surgeon, reduced decisional conflict and increased their decisional confidence. Adaptive learning will ensure that the DA-GST is continuously upgraded according to the data found. A new version is currently being developed with updated information, more personal perspectives and an individual’s value clarification.

MON-3D-T: ETHICAL CONSIDERATIONS REGARDING PENILE TRANSPLANTATION SURGERY IN TRANSGENDER MEN; AN EMPIRICAL ETHICAL STUDY AMONGST TRANSGENDER AND CISGENDER MEN AND HEALTHCARE PROVIDERS.

Kristin de Haseth[1], Anne Gehrels[1], Guy Widdershoven[2], Mark-Bram Bouman[1], Tim van de Grift[1]
[1]Amsterdam University Medical Center, location VUMC, Department of Plastic, Reconstructive, Hand and Gender Surgery, Amsterdam, Netherlands, [2]Amsterdam University Medical Center, location VUMC, Department of Bioethics, Amsterdam, Netherlands

Presented by: Kristin de Haseth

Introduction/Background: In search of surgically creating the (near) perfect neophallus in transgender men, this field is continuously developing. Some propose penis transplantation to create an optimal neophallus in transgender men, however, both technical and ethical issues arise when developing this treatment.

Specific Aim: To extract ethical considerations among different stakeholder groups regarding penile transplantation surgery in transgender men.

Materials and Methods: Three semi-structured focus groups were organized discussing ethical considerations extracted from transplantation and transgender medicine ethics literature. Participants included transgender men in any stage of (surgical) transition, healthcare providers in transgender and transplantation medicine, and cisgender men who were or were not registered as active organ donors. Data were analyzed using thematic analysis.

Outcomes: Qualitative themes describing ethical considerations pertaining to penile transplantation in transgender men.

Results: Eighteen people participated in this qualitative study; six in each focus group. The four main domains that emerged included personal factors (e.g., increased wellbeing of the recipient through wholeness, gender affirmation and functionality), risks and benefits (e.g., immunosuppressive medication, transplant reject and psychological burden), social factors (e.g., donor willingness, societal costs and prioritizing), and alternatives. Although expressing positive attitudes towards developing this care, acknowledging the current limitations, participants of all groups were reluctant to introducing penile transplantation for transgender men at this point.

Conclusion: Currently, given the high uncertainty of multiple health (care) and social issues around the treatment, penile transplantation might not be a viable option for transgender men’s transitioning process.

Hence, reluctance was expressed by the participants on the ethical aspects. Should the technical side of the treatment option develop, further research in the ethical field of penile transplantation for transgender men is recommended.

MON-4D-T: PATIENT REPORTED OUTCOMES AFTER GENITAL GENDER-AFFIRMING SURGERY WITH OR WITHOUT URETHRAL LENGTHENING IN TRANSGENDER MEN

Freek de Rooij, Tim van de Grift, Hans Veerman, Muhammed Al-Tamimi, Wouter van der Sluis, Brechje Ronkes, Müjde Özer, Margriet Mullender, Mark-Bram Bouman, Garry Pigot
Amsterdam University Medical Centers, Location VUmc, Amsterdam, Netherlands

Presented by: Freek de Rooij

Introduction/Background: The ability of micturition in standing position is for many transgender men an important reason to undergo genital gender-affirming surgery with urethral lengthening. Despite of alterations and improvements in surgical technique, high rates of urological complications persist postoperatively. For some transgender men, the high risk of complications does not weight up against micturition in standing position. Therefore, in our institute, the opportunity of genital gender-affirming surgery without urethral lengthening is provided for these transgender men. To date, a comparison in patient satisfaction postoperatively between these two groups has not been made.

Specific Aim: The aim of this study was twofold. First, to compare several aspects of patient satisfaction after genital gender-affirming surgery (phalloplasty or metoidioplasty) with and without urethral lengthening using patient reported outcomes. Second, to identify possible predictors of overall patient satisfaction at follow-up.

Materials and Methods: A self-constructed patient reported outcome measure was sent to 118 transgender men who were at least 1 year after initial genital gender-affirming surgery with or without urethral lengthening. This survey contained 25 questions divided into 5 domains: type of surgery, satisfaction with the functional and esthetic result, quality of life, masculinity and sexuality. Of all participants, recruited between December 2018 and February 2020, medical data was collected retrospectively.

Results: The survey was completed by 102 participants (86.4 %). The majority of participants had a phalloplasty (n = 74) compared to a metoidioplasty (n = 28). Urethral lengthening was performed in 56 of the 102 participants (51 in phalloplasty, 5 in metoidioplasty). The mean number of complications and re-operations was significantly higher in the urethral lengthening group (2.66 vs 1 and 1.57 vs 0.35 respectively, both $p < 0.001$). At follow-up, there was no significant difference on several aspects of patient satisfaction after genital gender-affirming surgery with or without urethral lengthening. The majority of participants were satisfied to very satisfied with the esthetic result, voiding and the effect of surgery on masculinity and were willing to undergo surgery again. Lowest scores in satisfaction were seen for the sexual function of the neophallus, since the majority of participants was still awaiting for implantation of penile prosthesis. In this cohort, both satisfaction with the aspect of the neophallus and voiding were positive predictors of overall patient satisfaction at follow-up ($p < 0.001$ & $p = 0.017$ respectively).

Conclusion: No significant difference on several aspects of patient satisfaction was seen after genital gender-affirming surgery with or without urethral lengthening. Additionally, according to this study, overall patient satisfaction is determined by satisfaction with voiding and the esthetic aspect of the neophallus at follow-up, in contrast to the complication and re-operation rate postoperatively.

MON-5D-T: HOW SENSITIVE IS THE NEO-PHALLUS? - POSTOPERATIVE EXPERIENCED SENSIBILITY AND OBJECTIVE TACTILE SENSIBILITY AFTER PHALLOPLASTY

Lian Elfering, Tim van de Grift, Kristin de Haseth, Muhammed Al-Tamini, Floyd Timmermans, Mark Bram Bouman, Margriet Mullender

Amsterdam University Medical Center, Amsterdam, Netherlands

Presented by: Lian Elfering

Introduction/Background: Tactile and erogenous sensibility of the neo-phallus in trans men who underwent phalloplasty are important to support sexual well-being and ultimately quality of life. It is largely unknown how experienced tactile and erotic sensation relates to objective sensory recovery and whether surgical factors are of influence.

Specific Aim: This study evaluated subjective tactile sensibility and erotic sensation of the neo-phallus in trans men and investigated how this was related to objective tactile sensibility after phalloplasty.

Materials and Methods: Between May 2012 and January 2020, trans men who underwent phalloplasty (using radial forearm free flap (RFFF), pedicled or free anterolateral thigh flap (ALT) or superficial circumflex iliac artery flap (SCIP) flaps) were recruited to participate in a cross-sectional follow-up study. Data collection was performed by 1) a retrospective chart review on participant demographics and surgical characteristics, 2) a questionnaire about subjective sensation of the neo-phallus and sexual wellbeing, and 3) a tactile sensitivity test (i.e. Semmes-Weinstein Monofilament (SWM) test). The correlation between experiences sensibility and mean SWM test scores was determined.

Results: In total, 40 participants were included in the analyses of whom 31 completed the questionnaire. Of this group, 28 (90.3%) experienced some degree of tactile sensibility in their neo-phallus. Erotic sensation was felt by 26 trans men (83.9%). At follow-up, 22 trans men (71%) were sexually active, 27 (87.1%) were able to reach orgasm through masturbation and 16 (51.6%) through sexual activity with a partner. Results of the SWM test showed a substantial decrease in tactile sensibility of the neo-phallus postoperatively compared to preoperatively. The proximal part of the neo-phallus was significantly more sensitive than the distal part, and overall tactile sensibility improved over time. Experienced and measured sensibility were positively associated (r=..), although large variation was observed. Especially in participants with lower objectified tactile sensation, large variety in experienced sensation was observed, implying psychological contributors to the experienced outcomes. When SWM test scores were divided according to the type of flap used to create the shaft (RFFF, ALT, SCIP), no significant association with SWM scores was seen (p=0.7).

Conclusion: Tactile and erogenous sensibility of the neo-phallus was felt by the vast majority of the trans men. Measured tactile sensibility improves slowly over time. Experienced and measured sensibility are only weakly associated.

MON-6D-T: PERINEAL CYST IN TRANSGENDER MEN; A RARE COMPLICATION FOLLOWING GENDER AFFIRMING SURGERY.

Joyce Asseler[1,2], Brechje Ronkes[1,2], Freek Groenman[1,2], Robert de Leeuw[1,2], Maaike Bleeker[2], Jan Hein van Waesberghe[2], Gary Pigot[1,2], Norah van Mello[1,2]
[1]Centre of Expertise on Gender Dysphoria, Amsterdam, Netherlands, [2]Amsterdam UMC, Amsterdam, Netherlands

Presented by: Joyce Asseler

Introduction/Background: Most transgender persons feel dysphoria towards their internal and external genitalia. Gender affirming surgery (GAS) is usually the final stage in their medical transition. In many transgender men, GAS is also performed to achieve bladder voiding whilst standing. To achieve this, urethral lengthening is necessary. To reduce the complication risks of urethral lengthening surgery, a prior colpectomy is required. There are few long-term complications following colpectomy reported. However, this case series describes three transgender men who, years later, developed a perineal cyst.

Specific Aim: To describe the clinical presentation and management of three consecutive cases presenting with a perineal cyst and hypothesize their aetiology.

Materials and Methods: *Cases presentation:* In our centre, we performed 167 robot assisted colpectomies and 184 vaginal colpectomies. Three transgender men presented with a perineal swelling. Their symptoms consisted of perineal pressure and aesthetic discomfort. One patient combined his previous hysterectomy with a colpectomy, using the laparoscopic robot assisted approach. Two patients underwent a vaginal colpectomy in a separate procedure. One year following their colpectomy, all patients received phalloplasty combined with urethral lengthening surgery. All patients received additional urethroplasty to treat complications (urethra fistulas and/or stenosis) since then. The time between colpectomy and the occurrence of the swelling varied between 2 – 7 years.

Imaging: Magnetic resonance imaging (MRI) was performed in all patients confirming a local fluid collection, or collections, in the perineal midline. The size varied between 4.5 cm to 10.2 cm. There were no fistulas reported.

Surgery: The cyst was approached by a longitudinal incision in the perineal skin. The cyst was opened and the fluid inside drained. The fluid was described as clear-green and mucinous in two patients and yellow-brown and puss-like in one patient. The cyst wall was removed and sent for histological examination. In one patient, a urethral fistula to the cyst was present, which was treated in the same procedure. There were no peri- or postoperative complications reported.

Pathology: all cyst walls were (partially) covered in squamous epithelium and showed smooth muscle tissue. There were signs of moderate to severe inflammation and granulation tissue. One patient showed glandulous tissue, suggesting a relation with a Bartholin gland or Bartholin’s abscess. There were no signs of urothelium.

Results: The cyst may originate from a Bartholin’s abscess. When closing the peritoneum during GAS, the natural draining canal of the Bartholin glands is eliminated. This may cause mucous build up and/or inflammation. However, if this is true, we would expect this cyst formation to occur more often. The cyst may also be a remnant of the vagina left after colpectomy. However, due to the complete epithelial resection techniques used, we find this unlikely. Re-epithelisation of the post-colpectomy wound bed after chronic inflammation due to urethra fistulas may also occur. However, only one fistula was found during exploration of the cysts.

Conclusion: This is the first case series describing the clinical presentation, imaging, surgery technique and pathology reports of perineal cyst forming following GAS. Even though we have multiple theories, the exact aetiology of the cyst remains unclear.

1:40pm - 2:55pm ET

Mini - Symposium: Disadvantaged Groups (Underserved Groups/Populations)

MON-13A-M1: STRENGTHENING A NAVIGATION NETWORK TO IMPROVE LGBTQ+ PATIENT OUTCOMES ACROSS AN ACADEMIC MEDICAL SYSTEM

Ravi Iyengar, Matthew Vail, Morigana May, Ketzel Feasley
Rush University System for Health, Chicago, IL, USA

Presented by: Ravi Iyengar, Matthew Vail, Morigana May, Ketzel Feasley

Statement of Significance: Research on the health of the LGBTQ+ population is limited but growing. Numerous studies report that this population faces significant mental and physical health disparities including suicidality, shortened life expectancy, and increased risk of multiple chronic conditions . According to the CDC, differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination the LGBTQ+ population experiences. This discrimination becomes entrenched in socioeconomic constructs, limiting employment, insurance coverage, and access to care. Affirm, the Rush Center for Gender, Sexuality &

Reproductive Health, fosters increased access to care by providing comprehensive patient navigation within a large, multi-system healthcare institution. It is clear that patient navigation programs improve physical and mental health outcomes, particularly for marginalized populations. Rush has developed the role of Patient Navigator to address this need for complex care management. These health care professionals come from the communities that they serve, bringing their lived experience to bear on their work with LGBTQ+ patients. By creating a comprehensive patient navigation system, Affirm can be responsive to patient needs, connecting patients to Rush's existing standard of excellence in care. Affirm's Patient Navigators provide expert care management by advocating for and coordinating care across the Rush system, and by building and leveraging community partnerships to connect them to vital resources. In doing so, we aim to increase our impact for patients and providers across the system as we grow.

Learning Objective 1: Describe how a care management approach that leverages Patient Navigators from the community can positively impact patient access and experience within a large, urban academic health system.

Learning Objective 2: Demonstrate how comprehensive patient navigation, which leverages and coordinates both internal and community resources, allows health systems to be responsive to changing and emergent patient needs

Learning Objective 3: Replicate Rush's institutional process for using Patient Navigators to promote equal access to competent and affirming care for LGBTQ+ patients.

Method to Achieve Learning Objectives: Presenters will share the primary functions and impacts of Patient navigators at Affirm, participants will be able to understand how patient navigation ground Affirm's work and allows underserved populations to access the same standard of care as the general population.

Mini - Symposium: Education

MON-6B-M1: USING TELEHEALTH DURING THE COVID-19 PANDEMIC TO REESTABLISH GENDER AFFIRMING SURGERIES AT FULL CAPACITY, MAINTAIN INTERDISCIPLINARY CARE, AND INCREASE MENTAL HEALTH SUPPORT

Jaxyn R. Brown, Hema Thakar, Christine Li, Hayes Young, Willa Kilbourne
Legacy Health, Portland, OR, USA

Presented by: Jaxyn R. Brown, Hema Thakar, Christine Li, Hayes Young

Statement of Significance: Telehealth improves accessibility to medical care for vulnerable populations, and WPATH providers advocate to improve access to healthcare for transgender and gender diverse individuals. The COVID-19 pandemic expanded the use and approval of telehealth models, and caused patients to be denied basic and gender affirming healthcare and surgeries. Advocates at Legacy Health originally lobbied for state policies that today, enable providers to defend the basic health needs of transgender and gender diverse patients, including their gender affirming surgeries. When the pandemic began, Legacy's Gender and Sexual Health Program providers worked between their healthcare systems, licensure, insurance panels, and institution, to reschedule and maintain surgical care and meet community needs; this symposia provides an overview in the advocacy and shifts in clinical practice and communication that occurred. Providers advocated to prioritize gender affirming surgeries within Legacy, and were able to maintain full surgical capacity during a pandemic at the re-launch of elective surgeries in Oregon - something no other gender affirming surgical program in the area did. This includes how they shifted practice to support community needs through telehealth, including pre- and post-surgical visits, preparation, and assessment; and how telemental-health and clinic communications with patients adjusted to respond with ongoing crisis support and bridge therapy throughout the pandemic. Presenters identify best practices for telehealth and support efforts through practical experience, evidence-based practice, case presentation, and comparisons of patient numbers and expectations in clinic before and after the COVID-19 pandemic.

Learning Objective 1: Providers will identify best practices for telehealth, including how clinic staff shifted practice in pre- and post-surgical visits, preparation and assessments, highlighting how to maintain clinic operations and advocate for continued patient care within an institution to immediately take advantage of a state's reopening of surgical procedures. Providers will discuss steps that align and use state policies during the pandemic to maintain surgical necessity between patients and insurance panels in a time of global crisis.

Learning Objective 2: Presenters will highlight best practices to shift clinical support of community and patient needs through telemental-health during the pandemic. This includes clinic communications, assessments, ongoing crisis support, peer services, and bridge therapy, as well as creating a community of care within clinical team environments to support one another.

Learning Objective 3: Review current integrated health models, identify best practices for use in healthcare settings, as well as better understand the role of interdisciplinary team members through literary examples, clinical cases, and evidence-based practice in supporting transgender and gender diverse patient populations using telehealth. Also compare clinical patient numbers and expectations, and the use and success of telehealth prior to and after the COVID-19 pandemic that advocate for the continued use of telehealth.

Method to Achieve Learning Objectives: This interactive presentation features different clinical disciplines highlighting how to prioritize gender affirming surgeries within a major healthcare institution during the COVID-19 pandemic. Presenters display data and detailed adjustments made in approaches to clinical workflow that assess patient safety, needs, and offer support, rather than gatekeeping. Case presentations will also stand as examples of this new approach to interdisciplinary care to maximize mental health, medical access, and supports.

Oral Abstracts: Mental Health – Child and Adolescent

MON-2C-T: The Impact of Peer and Family Functioning on Transgender and Gender-Diverse Children's Mental Health

Cat Munroe[1,2], Elise Clerkin[3], Katherine Kuvalanka[3]
[1]University of California, Berkeley, Berkeley, CA, USA, [2]Alcohol Research Group, Public Health Institute, Emeryville, CA, USA, [3]Miami University, Oxford, OH, USA

Presented by: Cat Munroe

Introduction/Background: Introduction: Although high levels of internalizing and externalizing psychopathology have been documented among transgender and gender-diverse (TGD) youth, these findings often come from clinic-referred (vs. community) samples, and are not consistently demonstrated in the literature. Contextual factors, and especially relational factors, affecting the development of psychopathology among TGD children are relatively understudied.

Specific Aim: The current study tested the interaction between two relational factors, children's caregiver-reported peer relations and family functioning, on TGD children's internalizing and externalizing symptoms.

Materials and Methods: The sample consisted of 49 primary caregivers of TGD children, who were age 6-12 at baseline. Caregivers completed self-report measures about their child and their family's functioning. A cross-sectional path analysis was run to test the relations between peer relations, family functioning, and their interaction on internalizing and externalizing symptoms. A longitudinal path analysis was run to test the relations between variables over time.

Results: In the cross-sectional model, among families with adequate family functioning, peer problems were associated with greater internalizing symptoms. Among families that were functioning poorly, there was not a significant relationship between peer problems and internalizing symptoms. Further, among children who did not experience peer problems, poorer family functioning was associated with greater internalizing symptoms. Peer problems, but not family functioning or the interaction term, was associated with externalizing symptoms. Longitudinal analyses did not support the hypothesis of an interaction between peer relations and family functioning.

Conclusion: The current research indicated that poor peer relations and poor family functioning each confer risk for internalizing symptoms among TGD children, and poor peer relations carries risk for externalizing symptoms among TGD youth.

MON-3C-T: WITHDRAWN

MON-4C-T: WITHDRAWN

MON-5C-T: ASSOCIATIONS BETWEEN EXPOSURE TO GENDER IDENTITY CHANGE EFFORTS AND ADULT MENTAL HEALTH OUTCOMES

Jack Turban[1], Noor Beckwith[2], Sari Reisner[3,4], Alex Keuroghlian[2,4]
[1]Stanford University School of Medicine, Palo Alto, CA, USA, [2]Massachusetts General Hospital, Boston, MA, USA, [3]Brigham & Women's Hospital, Boston, MA, USA, [4]The Fenway Institute, Boston, MA, USA

Presented by: Jack Turban

Introduction/Background: Gender identity conversion efforts (GICE) have been widely debated as potentially damaging treatment approaches for transgender persons. The association of GICE with mental health outcomes, however, remains largely unknown.

Specific Aim: To evaluate associations between recalled exposure to GICE (by a secular or religious professional) and adult mental health outcomes.

Materials and Methods: In this cross-sectional study, a survey was distributed through community-based outreach to transgender adults residing in the United States, with representation from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and US military bases overseas. Data collection occurred during 34 days between August 19 and September 21, 2015. Data analysis was performed from June 8, 2018, to January 2, 2019. Participants were asked if they had ever been exposed to attempts by a professional to change their gender identity from transgender to cisgender. A range of mental health outcomes were measured including severe psychological distress during the previous month, measured by the Kessler Psychological Distress Scale (defined as a score ≥13) and suicidality during the previous year and lifetime, including ideation, attempts, and attempts requiring inpatient hospitalization.

Results: Of 27,715 transgender survey respondents (mean [SD] age, 31.2 [13.5] years), 11,857 (42.8%) were assigned male sex at birth. Among the 19,741 (71.3%) who had ever spoken to a professional about their gender identity, 3,869 (19.6%; 95% CI, 18.7%-20.5%) reported exposure to GICE in their lifetime. Recalled lifetime exposure was associated with severe psychological distress during the previous month (adjusted odds ratio [aOR], 1.56; 95% CI, 1.09-2.24; $P < .001$) compared with non-GICE therapy. Associations were found between recalled lifetime exposure and higher odds of lifetime suicide attempts (aOR, 2.27; 95% CI, 1.60-3.24; $P < .001$) and recalled exposure before the age of 10 years and increased odds of lifetime suicide attempts (aOR, 4.15; 95% CI, 2.44-7.69; $P < .001$). No significant differences were found when comparing exposure to GICE by secular professionals vs religious advisors.

Conclusion: The findings suggest that lifetime and childhood exposure to GICE are associated with adverse mental health outcomes in adulthood. These results support policy statements from several professional organizations that have discouraged this practice.

MON-6C-T: CONCORDANCE BETWEEN PARENTAL A ND YOUTH PERCEPTION OF ACCEPTANCE OF THE YOUTH'S GENDER IDENTITY

Tandy Aye, Trey Hale, Solana Chertow, Yingjie Weng, Andrea Tabuenca
Stanford University School of Medicine, Stanford, CA, USA

Presented by: Tandy Aye

Introduction/Background: Social support, particularly from parents, is associated with lower rates of depression, anxiety, and suicidal ideation/attempts for transgender and gender expansive youth (TGEY). Previous qualitative studies have explored parental experiences and attitudes associated with raising TGEY.

Specific Aim: However, few studies have investigated the factors involved in supportive parenting of TGEY from both the parents' *and the TGEYs'* perspectives and compared the concordance between them.

Materials and Methods: Therefore, we utilized a mixed methods approach and enrolled 25 English-speaking families who accessed services at the Stanford Pediatric and Adolescent Gender Clinic between March and August 2019.

Results: We separately interviewed 36 parents and 23 TGEY (mean age 15±2 yrs) and identified 10 categories of pivotal moments associated with parental acceptance and adjustment among these families. We found a positive correlation between the parents' perceptions of acceptance and the perceptions of TGEY (r=0.4, p=0.00). Using a Likert scale, where 1= very opposed and 7= very supportive, TGEY rated the degree of acceptance by parents to be 3.73 points (p=0.00) higher than the corresponding parental ratings. Interestingly, parents reported connecting their TGEY to mental health services as the most supportive action (57%) while TGEY felt adoption of the correct name and pronoun (70%) to be the most supportive action. Although limited by the number of fathers who participated in the study, the TGEY's ratings of mothers as more accepting than fathers approached significance (p=0.06). Finally, even when the parents reported a high level of outward acceptance, they still experienced a moderate levels of difficulty in terms of adjustment.

Conclusion: Parental acceptance and youth perception of parental acceptance are important factors in mitigating mental health risks in TGEY and providers may utilize this information to guide parents toward behaviors that most impact youth perceptions of parental support. Larger studies are needed to examine parental acceptance and adjustment and the degree of concordance with the perceptions of TGEY.

MON-7C-T: THE IMPACT OF CHEST BINDING IN TRANSGENDER AND GENDER DIVERSE YOUTH AND YOUNG ADULTS

Jordan Held[1], Johanna Olson-Kennedy[1,2]
[1]Children's Hospital Los Angeles, Los Angeles, CA, USA, [2]University of Southern California, Los Angeles, CA, USA

Presented by: Jordan Held

Introduction/Background: Chest dysphoria is the distress or discomfort one feels due to chest tissue that has developed after undergoing an endogenous female puberty. One strategy transmasculine/gender diverse (TMGD) individuals may use to reduce the impact of chest dysphoria is to bind the chest. Chest binding is a common practice within the TMGD community, however, there is a lack of research undertaken to understand the impact of this intervention, particularly among adolescents and young adults. Previous research on chest binding within the TMGD community has highlighted the negative health implications that may be experienced due to chest binding. Research has not fully explored why individuals continue to bind despite the potential health implications.

Specific Aim: The purpose of this study was to understand binding trends in TGD adolescents and young adults, as well as to recognize how chest binding impacts chest dysphoria and life satisfaction.

Materials and Methods: Data was collected from eligible participants via a national online survey In this national, cross-sectional study 684 surveys from AYA ages 13-24 years old compared those who bind and those who do not bind.

Results: The study included 684 individuals across 47 states, 608 in the binding cohort and 76 in the non-binding cohort with a mean age of 16 years for both cohorts. The mean age was 16 years for both cohorts. Among the binding cohort, 343 (56%) reported binding for 1-4 years, 355 (58%) reported binding every day, and 372 (61%) reported binding 8-16 hours per day. Most (95.7%) reported that they had learned how to bind online and only 13 (2.7%) reported they had learned about the practice from a medical provider. 594 (95.9%), reported that experiencing physical impacts of binding, 554 (95%) responded that they continued to bind because they felt more comfortable in public spaces, and 95.4% because it was important to have a masculine appearing chest. Well over half of the participants (63.7%) cited safety in public places as a reason to continue binding. Within the non-binding cohort, 94.7% reported they would like to bind, with 51 (67.1%) citing unsupportive parents as the primary barrier. Both cohorts had high mean composite scores on the chest dysphoria scale; 29.0 for those binding and 26.3 for those who were not. The binding cohort scored significantly lower on the item related to being misgendered because of their chest compared to the non-binding cohort. Both cohorts were on average only "sometimes" or "rarely" satisfied with their life ($t(93.2) = -1.92$, $p=0.058$). Those who reported greater chest dysphoria reported lower life satisfaction ($r(682)=-0.36$, 95% CI = (-0.42, -0.29), $p < 0.001$).

Conclusion: This study provides insight into how AYA obtain information about binding and how binding impacts their life. It also indicates that TMGD AYA will continue to bind their chest, despite negative physical effects in order to benefit from the protective factors experienced with chest binding. This study also highlights the importance of improved education for medical providers as well as parents/guardians regarding binding in order to support those who experience chest discomfort.

3:00pm - 4:15pm ET

Oral Abstracts: Non-Binary and Gender Queer Identities

MON-14A-T: THE COMPLEXITIES OF CATEGORIZING GENDER: A HIERARCHICAL CLUSTERING ANALYSIS OF DATA FROM THE FIRST AUSTRALIAN TRANS & GENDER DIVERSE SEXUAL HEALTH SURVEY

Teddy Cook[1,2], Christy Newman[3], Martin Holt[3], Shoshana Rosenberg[4], Dustin Duncan[5], Mish Pony[6], Liadh Timmins[5], Vincent Cornelisse[1,7], Elizabeth Duck-Chong[2], Denton Callander[1,5]
[1]Kirby Institute, UNSW Sydney, Sydney, Australia, [2]ACON, Sydney, Australia, [3]Centre for Social Research in Health, UNSW Sydney, Sydney, Australia, [4]Australian Research Centre in Sex Health and Society, La Trobe University, Melbourne, Australia, [5]Mailman School of Public Health, Columbia University, New York City, NY, USA, [6]Scarlet Alliance, Australian Sex Workers Association, Sydney, Australia, [7]Kirketon Road Centre, Sydney, Australia

Presented by: Teddy Cook

Introduction/Background: Gender diversity – and the multitude of labels that can describe one's gender – challenges the tradition of simple, categorical classifications in health systems and research. For transgender ('trans') and gender diverse patients, erasure of their gender can lead to inaccurate and incomplete records, diminish quality of care, and discourage service use. New ways to capture and classify broad patterns and categories of gender that are inclusive of diverse labels are needed.

Specific Aim: To identify and broadly describe overarching and expansive gender categories that can be applied to support clinical data collection, service delivery and population health research.

Materials and Methods: In October 2018, 1,613 trans and gender diverse participants completed the community-led *Australian Trans & Gender Diverse Sexual Health Survey*, a confidential online survey. Participant self-selection of non-exclusive gender labels were analysed using complete linkage of algorithm-based hierarchical clustering; sociodemographic, social network and behavioural factors associated with gender clusters were identified using logistic regression analyses.

Results: Through free-text and fixed survey items, participants reported 58 unique genders (e.g., man, trans woman, agender, demigirl) with 71.0% self-defining with two or more labels. Through the cluster analysis (Figure 1), self-reported gender was organized into three overarching categories: (i) women/trans women, (ii) men/trans men, and (iii) non-binary. These were simplified further as binary (i & ii) and non-binary (iii) gender labels. In total, 33.8% of participants selected exclusively binary labels, 40.1% exclusively non-binary, and 26.0% selected labels that were both binary and non-binary. In the logistic regression analysis, the following factors were independently associated with selecting non-binary vs binary gender labels: presumed female gender at birth (adjusted odds ratio [aOR]: 2.02, 95% confidence interval [CI]:1.60-2.54, p<0.001), having a majority of sexual and gender minority friends (aOR=2.46, 95%CI:1.49-3.10, p<0.001), and having spent more than half of one's life self-identifying as trans and/or gender diverse (aOR=1.75, 95%CI:1.37-2.23, p<0.001). No significant association was observed with gender clusters and age, socioeconomic status, area of residence, cultural heritage, sex work, or Indigenous status.

Conclusion: Trans and gender diverse people in Australia adopt diverse and multiple gender labels, which can be broadly understood within binary and non-binary categories. Health systems must adapt to better record and recognize gender diversity while remaining amenable to ongoing refinements as social understandings evolve and new labels come to light. The findings of this study provide one way of understanding and categorizing gender diversity, which could help guide the adaptation, application, and adoption of health systems towards improved recognition of and care for the health and well-being of trans and gender diverse people.

MON-15A-T: NON-BINARY GENITAL AFFIRMING PROCEDURES: AN OVERVIEW OF INDICATIONS AND SURGICAL TECHNIQUES

Shane Morrison[1], Ian Nolan[2], Mona Ascha[3], Marco Swanson[3], Carl Streed Jr[4], Dev Gurujal[5], Thomas Satterwhite[5]
[1]University of Michigan, Ann Arbor, MI, USA, [2]New York University, New York, NY, USA, [3]University Hospitals Cleveland Medical Center, Cleveland, OH, USA, [4]Boston University, Boston, MA, USA, [5]Align Surgical Associates, San Francisco, CA, USA

Presented by: Shane Morrison

Introduction/Background: Traditional techniques for gender affirming genital surgery (GAS) may be considered 'binary', in that they convert natal genitalia characteristic of one sex into genitalia characteristic of the 'opposite' sex (e.g., a penis of a patient assigned 'male' at birth may be converted into a vagina via penile-inversion vaginoplasty). However, there is a substantial subset of patients who may seek outcomes that are either a combination of or altogether different from those of 'binary' procedures such as penile-inversion vaginoplasty or phalloplasty. Alternative, 'non-binary' procedures, such as penile-preserving vaginoplasty, vaginal-preserving phalloplasty, and surgical removal of genitalia, may better affirm the identities of patients with non-binary gender identities, and may also preserve desired sexual function of natal genitalia, regardless of identified gender.

Specific Aim: In this paper, we describe our experience with and surgical technique for the aforementioned procedures.

Materials and Methods: This is a technical review of the senior author's experience with penile-preserving vaginoplasty, vaginal-preserving phalloplasty, and surgical removal of genitalia.

Results: Penile-preserving vaginoplasty describes the creation of a vaginal canal while maintaining the patient's native phallus. After opening central tendon of the perineal body, dissection of the neovaginal canal is performed within the pelvic cavity in the pre-rectal space. A full thickness skin graft that will be used to line the vaginal cavity is harvested from the lower abdomen/inguinal crease. The graft is secured in the pelvic cavity and bolstered with a Kerlix roll covered in clindamycin cream.

Vaginal-preserving phalloplasty entails the creation of a neophallus without vaginectomy. Urethral lengthening is performed via horizontal urethroplasty (pars fixa) using labia minora flaps and the pars pendulans is incorporated in the phalloplasty in standard fashion.

Surgical removal of genitalia surgery involves removal of most or all external genitalia structures and creation of perineal urostomy. For patients assigned male at birth, this includes orchiectomy, penectomy, and shortening of the urethra. In lithotomy, the scrotal skin is removed, and a high ligation orchiectomy is performed bilaterally. The penile shaft and entire corpus cavernosa are removed and the scrotal sac is brought to midline for coverage. The urethra is adequately spatulated to prevent stenosis, and subsequently inset at the midline. A similar approach could be used for those assigned female at birth: colpectomy, removal of labia and clitoris, and hysterectomy with bilateral salpingo-oophrectomy.

Conclusion: A substantial subset of transgender and nonbinary patients may seek 'non-binary' genital surgeries such as penile-preserving vaginoplasty, vaginal-preserving phalloplasty, and surgical removal of genitalia. Reconstructive techniques should be chosen to best match each individual patient's goals regarding physical affirmation of their identified gender while preserving all desired forms of sexual function. Further study with sizeable cohorts is necessary to evaluate outcomes and safety of these procedures.

MON-16A-T: PREOPERATIVE QUALITY OF LIFE SURVEYS MAY GUIDE CARE IN FEMALE-TO-MALE GENDER AFFIRMING CHEST SURGERY

Christina Freiberger[1], Silpa Sharma[2,3], Clairissa Mulloy[2], Jourdain Artz[2], Gerhard Mundinger[2,3]
[1]Tulane University School of Medicine, New Orleans, LA, USA, [2]Louisiana State University Health Sciences Center, New Orleans, LA, USA, [3]Children's Hospital New Orleans, New Orleans, LA, USA

Presented by: Christina Freiberger

Introduction/Background: In comparison to the general population, transgender (TG) individuals have demonstrated a 5 to 10-fold increase in suicide attempts and decreased quality of life (QoL) over the past few decades. Hormonal therapy and gender-affirming surgery (GAS) are recognized as definitive treatments for gender dysphoria. However, there is a paucity in data identifying specific preoperative variables motivating patient decision to undergo GAS, thus hindering personalized resolution of gender dysphoria.

Specific Aim: This study aims to describe GAS preoperative gender dysphoria, as measured by QoL metrics, among female-to-male (FTM) individuals undergoing chest surgery as part of the multidisciplinary care team (NOLA Transgender) for TG patients. The results may guide which surveys to prioritize in preoperative discussions to better inform intraoperative and postoperative care.

Materials and Methods: Forty-six FTM patients presenting for GAS masculinizing top surgery completed preoperative surveys related to phase of gender transition, demographics, sexual orientation, gender identity, and QoL. A higher score on all surveys demonstrated greater dissatisfaction in variables proposed. World Professional Association for Transgender Health (WPATH) guidelines were followed for all surgeries performed.

Results: Thirty-four respondents (73.9%) identified as male, 3(6.5%) as female, 8(17.4%) as non-binary, and 1(2.2%) opted not to answer. Patient age at surgery ranged from 19-50 (mean=29) years; however, patient-reported onset of gender dysphoria ranged from 3-22 (mean=10) years. The sample demonstrated a mean Utrecht Gender Dysphoria Scale-Female (UGDS-F) score of 52.25 ± 6.37 (scale

12-60), mean Chest Dysphoria Scale (CDS) score of 30.09 ± 9.24 (scale 0-51), mean Body Uneasiness Test (BUT)*A score of 74.85 ± 39.49 (scale 0-170), mean BUT*B score of 48.11 ± 28.95 (scale 0-185), and mean in UCLA Loneliness Scale of 18.48 ± 14.58 (scale 0-60). Mean patient scores exceeded 50% of the maximum range in UGDS-F and CDS surveys, indicating dissatisfaction in the majority of variables measured. Mostly notably, the mean gender dysphoria reported was 87.1% of the scale's maximum.

Conclusion: The physical and psychological intentions of GAS FTM top surgery are highly individualized for patients. It is important that these variables be identified preoperatively to help guide intraoperative and postoperative care. In distributing a diverse set of assessments, we captured a breadth of variables motivating GAS in patients with high rates of chest dysphoria. The polarity in these surveys helps guide question priority in preoperative GAS discussion, while each individual patient's results allow insight into his/her/their needs and goals for GAS. It should be noted that this cross-sectional study did not track longitudinal improvement. Additionally, as this study only included FTM top surgery patients, findings cannot be generalized to bottom surgery nor male-to-female (MTF) GAS. Despite these study limitations, these data highlight significant patient motivations in seeking FTM GAS surgery, which establishes a baseline to evaluate the effectiveness of GAS in improving patients' self-image and QoL metrics.

Mini - Symposium: Endocrinology/Hormone Therapy – Child and Adolescent

MON-7B-M1: BREAKING BARRIERS: INCREASING PATIENT RETENTION AND SATISFACTION IN AN INTERDISCIPLINARY PEDIATRIC GENDER CLINIC

Sela Sanberg[1,2,3], Kara Connelly[1,2], Jess Guerriero[1,2,4], Tara Kerwin[4], Danielle Moyer[1,2]
[1]Oregon Health & Science University, Portland, OR, USA, [2]Doernbecher Gender Clinic, Portland, OR, USA, [3]Western Michigan University, Kalamazoo, OR, USA, [4]Portland State University, Portland, OR, USA

Presented by: Sela Sanberg, Kara Connelly, Jess Guerriero, Tara Kerwin, Danielle Moyer

Statement of Significance: The Oregon Health & Science University's (OHSU) Doernbecher Gender Clinic (DGC) provides interdisciplinary pediatric gender-affirming healthcare to transgender and gender diverse youth. The DGC team conducts ongoing quality improvement (QI) projects aimed to inform patient-centered practices and policies, identify reasons for disruptions in care, and improve patient retention and satisfaction. This symposia will combine the disciplines of endocrinology, psychology, and social work to provide an overview of the DGC's QI initiatives and present respective quantitative and qualitative outcomes. Particular attention will be payed to the use of QI and research results to inform clinical care and ongoing QI efforts. We will discuss health implications and the practical application of QI results in both in person and virtual clinic settings.

Learning Objective 1: Attendees will be able to describe quality improvement methods employed by the Doernbecher Gender Clinic.

Learning Objective 2: Attendees will be able to identify potential barriers to clinic retention among pediatric patients seeking gender affirming healthcare.

Learning Objective 3: Attendees will be able to apply quality improvement outcomes to clinical practice policies.

Method to Achieve Learning Objectives: We will introduce the OHSU Doernbecher Gender Clinic and describe the quality improvement (QI) methods used, with an emphasis on how other programs can similarly implement QI methods. Results of recent QI efforts will be presented, followed by the results of a study specifically looking at barriers to retention among patients who initiated gender-affirming care and did not return for a second appointment. We will demonstrate how the results of each QI project informed clinical care and ongoing QI initiatives. We will combined didactic teaching and active learning techniques through the use of audience interaction technology in order to enhance attendee participation. This symposia will conclude with recommendations for developing patient-centered QI projects and provide take home points, followed by time for audience generated questions and discussion.

Mini - Symposium: Education

MON-8C-M1: Creating A Safe and Welcoming Environment for TGNB Patients: A Training Curriculum for Healthcare Security Personnel

Barbara Warren, Edgar Vargas, Brian Dooley
Mount Sinai Health System, New York, NY, USA

Presented by: Barbara Warren, Edgar Vargas, Brian Dooley

Statement of Significance: With thousands of employees, patients and visitors accessing nine health system campuses, several academic settings and many community-based ambulatory, subspecialty and primary care sites within the Mount Sinai Health System, it is imperative that the security personnel who work across these venues feel that they have the skills and the resources to fulfill a complex mandate; serving as the welcoming and helpful front line/concierges of the system in all of these sites and at the same time able to maintain patient and employee safety and institutional security. As increasing numbers of diverse TGNB patients and employees are coming into the Mount Sinai Health System in NYC , understanding and being able to enforce protections for TGNB persons with best practices in interacting with TGNB persons, enables security to create a welcoming and a safer environment for everyone. Many of our security staff themselves come from diverse racial/ethnic and cultural/geographic backgrounds as do our patients and employees and security has found that increasing awareness of how culture and bias may influence how they communicate with and respond to others, colleagues and visitors, enables them to do a better job. This curriculum which has been evaluated as effective focused on the attitudes, needs and roles specific to health institution security personnel's service to and interactions with TGNB patients, employees and visitors is, to our knowledge, unique. This presentation will share and disseminate the approach and materials to enable other institutions to implement the same.

Learning Objective 1: Learning Objectives:
1. Describe best practices for healthcare security personnel in interacting with and protecting TGNB patients, employees and visitors ;

Learning Objective 2: 2. Identify and deliver training elements that will enable security personnel and other frontline staff to mitigate biases, uphold inclusive policies and protections for TGNB and all patient and enhance the safety and quality of the TGNB patient experience;

Learning Objective 3: 3. Evaluate implementation of a security training curriculum and monitor impacts

Method to Achieve Learning Objectives: The presenters will give the background on the initiative and present a review of the literature on the impact of structural and environmental competency on TGNB patient experience that is inclusive of how TGNB patients experience uniformed security and front line concierge staff in healthcare settings. We will share the instructional materials for the security TGNB training curriculum and conduct an interactive presentation and discussion of the case studies used in the training. Pre and post training evaluation data will be shared and implementation strategies across different settings will be reviewed and discussed.

Mini - Symposium: Health Services and Systems Worldwide

MON-8D-M1: BANNED BUT DETERMINED: TRANSGENDER CARE IN THE US MILITARY HEALTH SYSTEM AND VETERANS HEALTH ADMINISTRATION

Jacob Eleazer[1,2], Sherri Swkowski[3], Dana Delgardo[4], Landon Marchant[5], Allison Warren[1,2]
[1]VA Connecticut Healthcare System, West Haven, CT, USA, [2]Yale School of Medicine, New Haven, CT, USA, [3]Cardinal Stritch University, Milwaukee, WI, USA, [4]Callen-Lorde Community Health Center, New York, NY, USA, [5]Williams College, Williamstown, MA, USA

Presented by: Jacob Eleazer, Sherri Swkowski, Dana Delgardo, Landon Marchant, Allison Warren

Statement of Significance: The 2019 implementation of DTM 19-004: *Military Service by Transgender Persons and Persons with Gender Dysphoria* effectively banned transgender persons from serving openly in the US military. This shifting legal context has created uncertainty and fear among transgender service members and veterans attempting to access gender affirming care. Experiences of healthcare discrimination and the expectation of future healthcare discrimination may continue to impact transgender persons as they transition from active military service to civilian life. Presenters will review the recent history and political context of transgender military service and the impact of US policy on the lived experiences of transgender service members and veterans. Researchers will present results from two novel qualitative studies about transgender service members' experiences seeking gender affirming health and mental health care:
"I'm afraid of my therapist:" Transgender US service members' experiences accessing care
Barriers to care: A multiple case study examining the experiences of transgender service members seeking gender affirming surgeries
Transgender veterans will share their personal stories about engaging with the US Military Health System and Veterans Health Administration to advance attendees understanding of transgender service members' experiences from their own perspective. Panelists will then present and discuss case examples derived from qualitative data. Attendees will have the opportunity to ask questions of panelists. Finally, presenters will offer recommendations for healthcare providers, family members, and community groups working with transgender service members and veterans. Attendees will be provided with a comprehensive resource guide for care providers, advocates, service members, and military families. Presenters will offer practical recommendations for community members and care providers on helping transgender service members and veterans get support and the best care possible.

Learning Objective 1: Identify current U.S. Department of Defense and Department of Veterans Health Administration policies relevant to transgender military service and access to gender affirming health care and the potential impact of these polices on transgender service members' and veterans' lived experiences and access to gender affirming care.

Learning Objective 2: Assess the impact of both minority stressors and unique military-specific stressors on transgender persons' well-being, clinical presentation, and overall access to care.

Learning Objective 3: Identify specific community and advocacy resources available to support transgender service members and veterans, as well as their providers, in navigating systems of care.

Method to Achieve Learning Objectives: Didactic will briefly review the history of transgender service in the US, current literature, and relevant policies impacting care for transgender troops and veterans. Novel research findings will be presented from two studies on access to care for transgender U.S. service members. Case examples will be presented and discussed by panelists. Transgender veterans will share their personal experiences navigating care through the US Military Health System and the Veterans Health Administration. Attendees will have the opportunity to ask panelists questions and respond to presented material. Attendees will be provided a guide with information for continuing education and resources including organizations offering support and advocacy for transgender service members and veterans.

Tuesday, November 10, 2020

10:05am - 11:20am ET

Oral Abstracts: Primary Care – Child and Adolescent

TUE-1B-T: GENDER IDENTITY DEVELOPMENT IN TRANS CHILDEN AND YOUTH IN CANADA AND IN SWITZERLAND: SOME CONSIDERATIONS FOR GENDER AFFIRMING INTERVENTIONS

Annie Pullen Sansfacon[1], Denise Medico[2]

[1]University of Montreal, Montreal, QC, Canada, [2]University of Quebec in Montreal, Montreal, QC, Canada

Presented by: Annie Pullen Sansfacon

Introduction/Background: Background and purpose
Worldwide, it is possible to observe many debates about the moment where youth first know or assert they are trans, and about when to give trans and gender diverse youth (TGDY) access to gender affirming health interventions (Leibowitz et al., 2020). In this context, it is crucial to better understand how youth experience their gender affirmation process, and how they become visible to themselves and to others as trans people.

Specific Aim: This paper presents a comparison of data obtained in Canada and in Switzerland with regard to gender awareness and affirmation of TGDY who initiated, or were expecting to begin, gender affirming medical interventions.

Materials and Methods: Method
Data was obtained, through semi structured interviews with youth and their parents, from the Story of Gender affirming care study in Canada and from a Swiss iteration of the project. Both projects used comparable methodology and research objectives and aimed at developing a deeper understanding of experiences of TGDY seeking and receiving gender-affirming care, including the strategies they use to express and address gender dysphoria. Combined, the two studies included a sample of 46 TGDY aged 8 to 21 . Youth participants were transfeminine, transmasculine, and of non-binary gender identity, and at various stages of pubertal development and medical treatments. Some participants were also awaiting to start intervention. Data from each project were analysed through thematic analysis separately by each team, before a secondary analysis was completed in order to compare and contrast results in each context.

Results:
Results
Analysis of the data allowed us to understand how context affect gender, and conceptualize it not as a single entity but as three-dimensional: subjective, embodied, social/identity. Through individual and social processes, gender affirmation become possible. Youth also followed at least three different gender development pathways with different timeline of gender self awareness, disclosure and affirmation. Some youth experienced early dissonance, early affirmation and transition; others experienced early dissonance but were unable to express it before adolescence for various reason. The final group navigated in an environment that they consider neutral enough to be comfortable with until the onset of puberty. Those pathways were apparent both in Canadian and Swiss sample and all 3 pathways include possible pauses and retreats. Local differences were also evident, in light of the difference in social acceptability in each country.

Conclusion: Conclusion:
Bringing together those two studies allows to see more clearly that it is unhelpful to categorize youth as either persister or desister because self awareness is a different construct that affirmation, gender identity is multidimensional and fluid. It also allows to identify some contextual aspect that may affect those experiences. We will conclude the presentation in discussing possible implications for clinical practice.

Reference:
Leibowitz, S., Green, J., Massey, R. & all. (2020). Statement in response to calls for banning evidence-based supportive health interventions for transgender and gender diverse youth. *International Journal of Transgenderism*, 21 (1), 111-112. https://doi.org/10.1080/15532739.2020.1703652

TUE-2B-T: PARTNERSHIP WITH TRANSGENDER AND GENDER DIVERSE ADOLESCENTS TO GUIDE QUALITY OF CARE IMPROVEMENT

Cindy Soroken[1], Céline Brockmann[2], Alexia Scappaticci[3], Adèle Zufferey[4], Michal Yaron[5], Michelle Mugnier[1], Claudine Gal[1], Santiago Peregalli[6], Raphael Wahlen[7], Lynn Bertholet[8], Thomas Agoritsas[9], Guillaume Haarman[10], Mirjam Dirlewanger[11], Arnaud Merglen[1]
[1]Division of General Pediatrics, University Hospitals of Geneva & Faculty of Medicine, University of Geneva, Geneva, Switzerland, [2]Bioscope, University of Geneva, Geneva, Switzerland, [3]Le Refuge Genève, Dialogai, Geneva, Switzerland, [4]Agnodice Foundation, Lausanne, Switzerland, [5]Department of Gynecology and Obstetrics, University Hospitals of Geneva & Faculty of Medicine, University of Geneva, Geneva, Switzerland, [6]Division of Pediatric and Adolescent Psychiatry, University Hospitals of Geneva & Faculty of Medicine, University of Geneva,, Geneva, Switzerland, [7]Interdisciplinary Division for Adolescent Health (DISA), Lausanne University Hospital (CHUV), Lausanne, Switzerland, [8]Epicène, Geneva, Switzerland, [9]Division of General Internal Medicine, University Hospitals of Geneva & Faculty of Medicine, University of Geneva, Geneva, Switzerland, [10]Office médico-pédagogique, Geneva, Switzerland, [11]Division of Development and Growth, University Hospitals of Geneva & Faculty of Medicine, University of Geneva, Geneva, Switzerland., Geneva, Switzerland

Presented by: Arnaud Merglen

Introduction/Background: Patient partnership is key to provide kind and careful health care. It is critical for transgender and gender diverse adolescents (TGDA) who face numerous challenges in health systems - mainly difficulties of access to care adapted to their needs.

Specific Aim: We conducted a multifaceted project to enhance patient partnership in our transgender teen clinic and throughout our institution. Our main objectives were to : (1) provide care adapted to transgender needs and closed ones, (2) identify and prioritize most meaningful quality improvement efforts, (3) improve patients' experience and well-being throughout healthcare.

Materials and Methods: We used an iterative approach starting with (1) the analysis of an anonymized 2-year online chat, in which TGDA ask for information and help provided by community support group in Geneva, Switzerland (>3500 texts from >60 TGDA). Closed partnering with TGDA association for coordination of community support addressing personal challenges. We thematically analyzed and identified key dimensions. (2) We conducted a focus among 16 TGDA (3) and semi-structured interviews among TGDA, their family and close ones and their social educational and health care providers (n=21). (4) A second subgroup of TGDA rank and prioritize most meaningful interventions to implement (n=24).

Results: In the initial phase the key dimensions identified include: (1) the need for trustworthy information for individual decision making, (2) managing long-term regrets, (3) taking into account all aspects of health and well-being beyond gender dysphoria, (4) improve the experienced satisfaction in health care. Throughout interviews and focus groups the following priorities were identified by TGDA: (1) access to skilled physicians and care teams knowledgeable in transgender health and well-being, (2) access to care with preferred name and pronoun, (3) receive information in clear and understandable format for decision making including long-term issues e.g. fertility options, hormonal options (4) support and enhance self-development and self-esteem, (5) implement bodily and artistic activities to experience achievements, (6) go beyond gender stereotype e.g. standard of beauty, profession choice. TGDA and their closed ones identified similar needs but prioritize them differently. For closed ones, the first priority was to receive information in clear and understandable format for decision making including long-term issues.

Conclusion: Based on these results, we have developed training programs and tools for health providers, sport workshop, and adaptation of electronic medical records to match TGDAs' needs. Next step includes the refinement and appraisal of these interventions to improve health and well-being.

TUE-3B-T: TRANSMASCULINE YOUTHS' EXPERIENCES OF CHEST DYSPHORIA AND MASCULINIZING CHEST SURGERY: A QUALITATIVE ANALYSIS

Jamie Mehringer[1], Jacqueline Harrison[1], Kit Quain[1], Judy Shea[2], Linda Hawkins[1], Nadia Dowshen[1,2]
[1]Children's Hospital of Philadelphia, Philadelphia, PA, USA, [2]University of Pennsylvania, Perelman School of Medicine, Philadelphia, PA, USA

Presented by: Jamie Mehringer

Introduction/Background: Transmasculine individuals, those assigned female sex at birth but who identify their gender as male or along the masculine spectrum, often suffer from chest dysphoria—discomfort and distress from unwanted breast development. Growing numbers of transmasculine youth are pursuing definitive treatment with masculinizing chest surgery (MCS), and adult studies show MCS leads to marked improvements in quality of life and functioning, though little is known about the impact of chest dysphoria on transmasculine youth or the optimal timing of MCS.

Specific Aim: This study aimed to understand youth experiences of chest dysphoria and the impact of MCS.

Materials and Methods: Transmasculine youth ages 13-21 were recruited from a pediatric hospital-based gender clinic. Participants completed a semi-structured qualitative interview exploring the experience and impact of chest dysphoria and thoughts about or experiences with MCS. Interviews were audio recorded, transcribed, and coded by 3 investigators. Thematic analysis was performed using NVivo-12 software, employing modified Grounded Theory. The median inter-rater reliability (K) across all codes was 0.92 (range 0.80-0.99).

Results: Subjects (n=30) were mean age 17.5 years: 53% had not had MCS (non-MCS), and 47% were post-MCS (of whom 71% had MCS prior to age 18). See Figures 1 &2 for illustrative quotes of main themes. Youth reported that chest dysphoria triggered strong negative emotions and thoughts of suicide, and described feeling unable to escape the chest dysphoria. Many youth described that chest dysphoria caused a myriad of functional impacts, including impaired interpersonal relationships, social avoidance, interference with school/work, avoidance of sports/exercise, impaired posture, and difficulty focusing due to intrusive thoughts about the chest. All youth (n=30) used chest binding to cope with chest dysphoria prior to MCS. Youth reported many adverse physical and functional impacts of binding and felt forced to choose between mental vs physical comfort. Many youth reported that chest dysphoria comprised a dominant portion of their overall gender dysphoria, and testosterone therapy alone provided inadequate relief. All non-MCS youth intended to undergo MCS, but cited multiple barriers to accessing surgery—the most common of which were lack of insurance coverage for MCS and inability to pay for it out-of-pocket. Non-MCS youth acknowledged risks of MCS, yet expressed confidence in this decision, believing it critical to improving quality of life and functioning. The post-MCS youth unanimously reported complete or near-complete resolution of chest dysphoria, lack of regret about MCS, satisfaction with surgical results, and improved quality of life and functioning.

Conclusion: This study is among the first to describe the experience of chest dysphoria in transmasculine youth, through the words of youth themselves. We observed consensus that chest dysphoria is a major source of distress and can be functionally disabling to transmasculine youth. Further, MCS performed during adolescence—including prior to age 18—can alleviate suffering and improve functioning. Additional research is needed to develop patient-reported outcome measures to assess the impacts of chest dysphoria and MCS, and to better understand the optimal timing of MCS.

TUE-4B-T: REGIONAL DIFFERENCES IN CARE FOR TRANSGENDER AND GENDER-DIVERSE PEDIATRIC PATIENTS AT A LARGE INTEGRATED HEALTH CARE SYSTEM

Nathaniel Kralik, Ted Handler, Eve Zaritsky, Anthonia Ojo, J Carlo Hojilla
Kaiser Permanente Northern California, Oakland, CA, USA

Presented by: Nathaniel Kralik

Introduction/Background: Transgender and gender diverse (TGD) adolescents are presenting to medical and mental health providers at increasing rates. Studies suggest around 0.7% of adolescents ages 13-17 are transgender. As more adolescents seek healthcare services related to gender variance, a gap exists in the literature in describing the healthcare trajectories of pediatric patients who present to a healthcare professional with gender-related concerns, including describing time-to-treatment (TTT). We looked at geographic differences in demographic data and treatment with medical and surgical interventions.

Specific Aim: To describe the treatments received by TGD children and adolescents within Kaiser Permanente Northern California (KPNC) and how they vary based on location.

Materials and Methods: KPNC is a large integrated health care system that provides comprehensive care to approximately 4.5 million members across northern California. TGD pediatric and adolescent members have access to a multidisciplinary gender clinic located in the East Bay service area. Patients less than 18 years old diagnosed with gender dysphoria between 2015 and 2018 were identified in the electronic health record using International Classification of Disease (ICD-9/10) codes. Cases were confirmed on manual review, using a standardized protocol. Data were compiled on demographic patient information as well as date of diagnosis, diagnosing provider profession and prescribed medications and surgeries. Patients were diagnosed within 6 service areas throughout northern California, 4 of which are in the Bay Area, a populous region surrounding the San Francisco Bay, and 2 of which are further inland. Chi-squared test, Kruskal-Wallis *H* test and Mann-Whitney *U* test were used for statistical analysis.

Results: 1019 patients were identified, with a range in age at diagnosis of 3.6 to 18 years (median 15.1, IQR 3.1). 55% of all patients received medical or surgical treatment for gender dysphoria with a median TTT of 7.1 months (range 0.0-53.4, IQR 10.8).
Profession of diagnosing provider varied significantly between regions (*P*<.001), as well as between Bay Area and non-Bay Area service areas (*P*=.003). Excluding surgery due to low n, type of first treatment received varied significantly between regions (*P*<.001) and between Bay Area and non-Bay Area (*P*<.001), with patients diagnosed in the Bay Area receiving blockers as their first treatment at higher rates than their non-Bay Area counterparts (67% vs 48%, *P*<.001). The data also showed regional differences in receipt of any medical or surgical treatment (*P*=.04), and patients diagnosed in the Bay Area were more likely to receive treatment than those outside (58% vs. 47%, *P*=.002). There was no significant variation in age at diagnosis or TTT between regions (*P*=.06, *P*=.09) or between Bay Area and non-Bay Area (*P*=.25, *P*=.84).

Conclusion: This study found significant regional variations in treatment trajectories for TGD youth at KPNC, with patients receiving treatment at higher rates in the Bay Area with similar age at diagnosis and TTT. Patients who live in the Bay Area may have easier access to the local multidisciplinary gender clinic. More work is needed to understand these treatment variations and ensure patients receive equitable treatment regardless of location.

Mini - Symposium: Community Engagement

TUE-1C-M1: THE PROCESS OF FINDING COMMON GROUND DISRUPTED BY THE COVID-19 PANDEMIC

Chris/tine McLachlan[1], Zamasomi Luvuno[2], Mershen Pillay[2], Anil Padavatan[3], Elliott Kotze[4], Rutendo Bothma[4], Elma de Vries[5], Kevin Adams[5], Dulcy Rakumakoe[6], Francois Venter[7], Anastacia Tomson[4]
[1]University of South Africa, Pretoria, South Africa, [2]University of KwaZulu Natal, Durban, South Africa, [3]Gender DynamiX, Cape Town, South Africa, [4]WITS RHI, Johannesburg, South Africa, [5]University of Cape Town, Cape Town, South Africa, [6]HIV clinicians society, Johannesburg, South Africa, [7]University of Witwatersrand, Johannesburg, South Africa

Presented by: Chris/tine McLachlan, Zamasomi Luvuno, Anil Padavatan, Rutendo Bothma, Dulcy Rakumakoe

Statement of Significance: This symposium is important, as the voices of the Global South, and our contextual issues, must be addressed. In South Africa, there are no national guidelines for gender-affirming healthcare (GAH). The South African Gender-Affirming Guidelines (GAG) core group was convened to address this gap. It is made up of volunteers, representing trans, as well as the healthcare worker communities. Representation is multidisciplinary, with emphasis on including trans and gender-diverse (TGD) identified healthcare workers. The process is facilitated by the Southern African HIV Clinicians Society (SAHCS) which has extensive experience developing local clinical guidance and policy and advocating for acceptance within healthcare systems across Southern Africa. The group started a process of community engagement which was disrupted by the lockdown due to the COVID-19 pandemic. New ways of community engagement had to be found.

Learning Objective 1: Describe the challenges in local guideline development from African and decolonisation perspectives.

Learning Objective 2: Understand the impact of COVID-19 on guideline development and service delivery.

Learning Objective 3: Understand the importance of contextually relevant policy development: HIV prevention and treatment.

Method to Achieve Learning Objectives: Four paper presentations (15 minutes each), followed by discussion

Paper 1: Finding common ground for guideline development: whose ground is it?
GAH, as all healthcare, in South Africa needs to be understood within the power relations between the TGD client and healthcare provider. This relationship intersects with several power indices, highlighted by COVID-19, including race, class, and gender.
We explore the process of development of national guidelines for GAH and the importance of interrogating a shift in traditional power relationships and decolonising healthcare.

Paper 2: Finding common ground: the process of community engagement and how it had to adapt due to COVID-19
Community engagement is essential for developing contextually relevant healthcare guidelines. Engagement helps to bridge gaps between stakeholder contributions, while centring the voices of the TGD community. The process was envisaged as a series of meetings between CBOs, NGOs, community representatives and the drafting committee. With physical meetings impossible, we turned to zero-rated social media platforms to navigate a way forward for community engagement.

Paper 3: Impact of COVID-19 on access to gender-affirming care
The “de-escalation” of public health services during the lockdown has resulted in TGD people struggling to access hormones and health care. In addition, no gender-affirming surgeries are taking place. The Wits RHI Key Populations programme has experienced an influx of trans individuals from other health facilities seeking hormones. Efforts have been made to continuously engage the trans community, inform them about COVID-19 and encourage them to access services through online platforms and from partner organizations, during the pandemic.

Paper 4: The importance of building HIV prevention and treatment into policy development: The South African experience
General guidelines for HIV screening, prevention, and care do not differ for TGD people. However, HIV services should address population-specific biological, psychological, and social needs, considering structural factors and inequities that increase HIV risk and produce barriers to care, resulting in extreme health disparities. Lack of data on forms of oestrogen commonly used for HRT complicates ART recommendations for trans women.

Mini - Symposium: Obstetrics, Gynecology and Reproductive Health Sciences

TUE-1D-M1: GYNECOLOGIC CARE FOR TRANSMASCULINE PATIENTS: BUILDING GENDER-AFFIRMING REPRODUCTIVE CARE INTO YOUR PRACTICE

Frances Grimstad[1], Chance Krempasky[2], Miles Harris[3], Lauren Abern[4]

[1]Boston Children's Hospital, Boston, MA, USA, [2]Callen Lorde, New York, NY, USA, [3]One Community Health, Sacramento, CA, USA, [4]Care Resource, Miami, FL, USA

Presented by: Frances Grimstad, Chance Krempasky, Miles Harris, Lauren Abern

Statement of Significance: Awareness of the gynecologic care needs of trans masculine (TM) patients continues to expand; areas of focus include family planning, undesired bleeding on testosterone, pelvic pain, and decision making regarding reproductive organ removal. As care continues to evolve in response to new data, clinicians should be prepared to address common gynecologic issues which may arise in the course of providing gender affirming care.

Learning Objective 1: Describe three considerations when assisting a trans masculine patient in selecting a contraceptive method

Learning Objective 2: List two questions/prompts which could be included when taking a gender affirming sexual history and family planning/family building history with trans masculine persons

Learning Objective 3: List two therapies which can be used in the management of bleeding on testosterone

Method to Achieve Learning Objectives: This presentation will examine the effects of testosterone on endogenous sex steroids, the uterus and ovaries, and discuss emerging data on the ovulatory patterns of TM persons on testosterone. Next, presenters will review taking a gender-affirming sexual, gynecologic, and family building history. Inclusive history-taking is vital to not only identify patients who may require contraception, but also to address family building goals and to elicit other reproductive and sexual health concerns such as undesired bleeding and pelvic pain. Presenters will review common contraceptive methods and consider how their different aspects may uniquely impact TM patients. Next, genital bleeding on testosterone will be discussed, along with initial approaches to treatment. Lastly, we will briefly discuss the management of pelvic pain in TM persons, as well as reasons patients might consider retaining ovaries at time of hysterectomy.

11:25am - 12:40pm ET

Mini - Symposium: Surgery – Masculinizing

TUE-4A-M1: SURGICAL STRATEGIES TO DECREASE COMPLICATIONS OF PHALLOPLASTY

Richard Santucci[1], Lee Zhao[2], Min Jun[3], Michael Safir[4]
[1]Crane Center for Transgender Surgery-Austin, Austin, TX, USA, [2]NYU Langone Medical Center, New York, NY, USA, [3]Crane Center for Transgender Surgery, San Francisco, CA, USA, [4]Crane Center for Transgender Surgery-San Francisco, San Francisco, CA, USA

Presented by: Richard Santucci, Lee Zhao, Min Jun, Michael Safir

Statement of Significance: Phalloplasty, especially when accompanied by vaginectomy, urethral lengthening, and scrotoplasty is one of the most complex surgical procedures routinely performed in the world today. It has an extremely high all-cause morbidity rate and decreasing complications should be a major goal of any phalloplasty surgical team. Herein are 10 promising or proven techniques for surgical improvement of this ultracomplex procedure.

Learning Objective 1: To understand the incidence and nature of complications reported after phalloplasty.

Learning Objective 2: To understand which surgical maneuvers have been proven to decrease complications.

Learning Objective 3: To understand promising approaches to decrease complications, which have research support from related fields

Method to Achieve Learning Objectives: Scientific review of the published literature around complications, and proven techniques for decreasing them. Scientific review of the literature surrounding techniques that have promising support, but no data specific to phalloplasty. Intraoperative photographs and source data will be presented whenever possible.

Mini - Symposium: Global Perspectives on Medical Delivery

TUE-5B-M1: Virtual Health Care Delivery in the Time of COVID

Gail Knudson[1], Lin Fraser[2], Michael Marshall[3], Asa Radix[4]
[1]University of British Columbia, Vancouver, BC, Canada, [2]Private Practice, San Francisco, CA, USA, [3]University of Alberta, Edmonton, AB, Canada, [4]New York University, New York City, NY, USA

Presented by: Gail Knudson, Lin Fraser, Michael Marshall, Asa Radix

Statement of Significance: Virtual Medicine During the COVID Pandemic

Persons who are transgender and nonbinary face barriers to accessing competent, compassionate and timely medical and mental health care. This is more so for individuals who live in rural or remote communities as well as institutional settings. It has been shown that transgender individuals have higher rates of mental health morbidity than the general population and are often alienated from both gender-affirming and general medical care. In particular, persons must travel significant distances to access knowledgeable clinicians. The experience of stigma and isolation noted in the transgender population is increased in rural, remote and institutionalized transgender populations even when there is access to primary care. This isolation has now both increased and generalized with the COVID-19 pandemic. This session will review existing online and virtual methods used in Western Canada and New York City to deliver TGNB care as well as to support primary care providers with the addition of global clinician's experience using this newer modality since the onset of COVID.

Learning Objective 1: Identify a telephone consult line (RACE line) (Canada), e-case (Canada) and an e-consult platform - Rubicon MD (USA) used for providing education and support to primary care providers prior to the onset the of COVID.

Learning Objective 2: Identify multiple methods of pre-existing secured video-conference modes of telehealth to provide education and support to primary care providers and healthcare of TGNB people prior to the onset the of COVID.

Learning Objective 3: Learn about the experiences of new users providing virtual support in delivering healthcare to TGNB people after the onset of COVID.

Method to Achieve Learning Objectives: The first method discussed will be the use of pre-existing secured video-conference modes of telehealth used in the Western provinces of Canada. This includes a number of secure end-to-end encrypted videoconference platforms. Evidence identifies telehealth as improving access, improving basic outcomes and being well accepted.

The second method discussed will be a telephone consult line (RACE line) (Canada), e-case (Canada) and an e-consult platform - Rubicon MD (USA). These modalities enable healthcare issue to dealt with in their PCP office instead of needing to see a specialist. This will often render face-to-face consultation or referral to an emergency department unnecessary. RubiconMD is an e-consult platform that provides clinical support to PCPs caring for TGNB patients across the USA in urban and rural areas by clinicians at New York City's Callen-Lorde health clinic. In 2017 RubiconMD contracted with Callen-Lorde to provide e-consults on TGNB care. Turnaround for e-consults is 24 hours.
The third method is based on a series of short interviews with clinicians from a variety of clinical

experiences globally on their experience using virtual medicine since the onset of COVID. This will include clinicians from the Americas, Europe, Asia, Australia, and Africa.

Oral Abstracts: Mental Health – Adult

TUE-2C-T: BLACK AND INDIGENOUS TRANS LIVES MATTER: SUICIDALITY IN BIPOC TRANS COMMUNITIES

Reese Minshew[1], Scott McKernan[2]
[1]Trauma and Gender in Chicago, Chicago, IL, USA, [2]The New School for Social Research, New York, NY, USA

Presented by: Reese Minshew

Introduction/Background: The rates of lifetime suicidal ideation in the trans community are roughly 80%, with roughly 40% of transgender adults reporting at least one suicide attempt over the course of their lives thus far. Black and Indigenous transgender and non-binary individuals report significantly higher rates of suicide attempts, with 45% of Black respondents and 57.7% of Indigenous respondents reporting at least one lifetime suicide attempt in the 2015 U.S. Transgender Survey. And, of course, it is impossible to know how many BIPOC transgender youth complete suicide before having the opportunity to disclose their gender identities and live in their affirmed genders. Risk factors associated with suicidality include the experience of homelessness (e.g., Eynan et al., 2002), and exposure to intimate partner violence (e.g., Rivere et al., 2007). Religion is considered a protective factor against suicide in the general population (e.g., Gearing & Lizardi, 2009), but the relationship between religion and suicidality is less clear in trans communities.

Specific Aim: The current study utilized data from the 2015 U.S. Transgender Survey (N=27,715) to examine the relationship between suicidality, homelessness, and the experience of IPV in Black and Indigenous transgender individuals. The effects of religious community, and especially a gender-affirming religious support network, were explored as a possible buffer against suicidality in this population.

Materials and Methods: Data from participants in the 2015 U.S. Transgender Survey who identified as Black, Alaska Native, American Indian, and Native Hawaiian were used for these analyses. Research participants were asked if they had ever attempted suicide, and, if so, how many times. They were also asked if they had attempted suicide in the past year. Participants were also asked about lifetime experiences of IPV, lifetime experiences with homelessness, if they had ever belonged to a religious community, and if they had received any gender-affirming messages from their religious organizations in the past year.

Results: Analysis revealed a statistically significant relationship between having ever made a suicide attempt and experiences of IPV (p=.002) and ever having made a suicide attempt and ever experiencing homelessness (p=.009). There was also a statistically significant relationship between number of lifetime attempts and IPV (p=.005), and number of lifetime attempts and homelessness (p=.009). Having ever belonged to a religious community was marginally associated with fewer lifetime attempts (p=.08) and no attempts in the past year (p=.01).

Conclusion: High percentages of Black and Indigenous trans people report having attempted suicide in their lives thus far, with those who have attempted suicide reporting higher exposure to lifetime homelessness and lifetime IPV. BIPOC trans people who had ever been part of a religious community were less likely to have attempted suicide in the past year, and reported fewer lifetime attempts. These data suggest that religious institutions have the potential to play a significant role in reducing suicidality in trans BIPOC.

TUE-3C-T: GENDER IDENTITY FORMULATION THERAPY: A TRANSTHEORETICAL MODEL

Kaela Joseph[1,2], Elizabeth McConnell[2]

[1]San Francisco VA Healthcare System, San Francisco, CA, USA, [2]Palo Alto University, Palo Alto, CA, USA

Presented by: Kaela Joseph

Introduction/Background: Due to marginalization by dominant cultures, gender diverse people (transgender, non-binary, gender non-conforming, gender questioning, and others whose experience of gender is different from sex assigned at birth), often present with unique mental health needs based on their experiences of minority stress and systemic barriers to accessing appropriate healthcare (Testa et al., 2015; Hendricks and Testa, 2012). As a result, scientific professional organizations have recommended that evidence based psychotherapies (EBPs) be adapted to address the unique needs of gender diverse clientele (APA, 2015). We know the spectrum of gender identity is vast, and influenced by the unique blend of intersectional identities that drive the who, what, when, where, why and how of identity exploration, disclosure, and sometimes foreclosure (Lev, 2014). Existing models of culturally competent care, however, focus largely on gender affirmation and transition, without fully accounting for the exploration process of defining one's gender across the lifespan (Bliss et al.2016). Likewise, many focus on living "out," full time, as a benchmark for treatment despite emerging evidence that outness has different mental health implications in different racial/ethnic groups (Pastrana, 2014).

Specific Aim: To develop a transtheoretical model of gender identity formulation that can be integrated with existing evidence based practices with gender diverse clients.

Materials and Methods: The model was developed by integrating existing gender identity formulation models, including Lev's (2004) Model of Transgender Emergence and Integrative Clinical Assessment of Sexual and Gender Minority Clients (Bliss, Pflum, Skinta, Testa, Floyd, & Goldblum, 2016), change models, and standards of care.

Results: Gender Identity Formulation Therapy (GIFT) is a seven phase model of identity emergence. The seven phases are: Awareness, confusion, and conflict; Questioning, experimenting, and information seeking; Exploration: Identity and Self-Labeling; Acceptance; Exploration: Transition and Body Modification; Post-Identity Living and Meeting Life Goals; and Synthesis. Each stage is associated with specific therapeutic tasks which are applicable to any existing EBP. Within this model, identity emergence and exploration, as well as associated treatment recommendations, vary across the lifespan at four time periods; childhood, adolescence, adulthood, older adulthood.

Conclusion: GIFT provides a valuable transtheoretical model of gender identity emergence that can be integrated with evidence based practices to meet the needs of gender diverse clients across the lifespan. Specific examples of each phase and associated therapeutic tasks will be provided and applied using clinical vignettes.

TUE-4C-T: ADAPTATION OF THE GENDER MINORITY STRESS MODEL FOR TRANSGENDER AND GENDER NONCONFORMING IDENTIFYING ATHLETES: A THEORETICAL FRAMEWORK TO INFORM CARE AND POLICY.

Katharine Hedbabny, Kaela Joseph
Palo Alto University, Palo Alto, CA, USA

Presented by: Katharine Hedbabny

Introduction/Background: Athlete populations experience unique stressors (e.g. fear of failure and injury) that serve as risk factors towards adverse mental health (Cox, Ross-Stewart, & Foltz, 2017). Sports psychology literature on athlete mental health often fails to discern between sexual and gender minority identities within LGBTQ populations, leading to a paucity of trans and gender nonconforming (TGNC)-specific research. Research findings on generalized LGBTQ athlete populations may not accurately represent the specific experiences of TGNC athletes. Clinical practices and sporting policies are therefore not substantiated by TGNC specific research. The Gender and Minority Stress Model (Testa et al., 2015; GMSM) informs clinical work for transgender individuals, but to date there are no adaptations of this model specific to TGNC athletes.

Specific Aim: The purpose of this presentation is to provide a theoretical model specific to individuals with intersecting TGNC and athlete identities. Through this theoretical framework, we summarize the existing empirical data, inform clinicians of the potential impacts to TGNC athlete mental health and athletic achievement, and provide implications for policy makers.

Materials and Methods: The current model was adapted from the GMSM and modified to accommodate athlete-specific experiences, stressors, and resilience factors. Researchers also looked to the Transgender Resilience Intervention Model (Matsuno & Israel, 2018) to further inform resiliency factors within the model. The identified minority stress variables (e.g. concealment, team rejection) were drawn from case-studies of TGNC athletes.

Results: The model displays the potential interactions and influences distal and proximal stress factors may have upon TGNC athlete mental health outcomes and athletic achievement. Researchers specified the type of minority stressors within the original model that applies to TGNC athletes and identified what additional types of minority stressors were incorporated into the adapted model. The potential moderating effects of LGBTQ community, team support and individual factors were identified as resiliency factors.

Conclusion: The model's theoretical framework can inform clinicians as to how minority stress may impact TGNC athlete mental health and athletic achievement. This model may serve as a lens for which treatment modalities could deliver more competent and affirming care practices when working with TGNC athlete clients. This framework also may illuminate how current sport policies regarding TGNC athletic participation may directly impact both athlete mental health and athletic achievement and should be referenced by sport governing bodies to guide appropriate policy reform.

TUE-5C-T: Development of the Objectified Body Consciousness Scale for Transgender and Nonbinary Adults

Morgan Sinnard, Stephanie Budge
University of Wisconsin-Madison, Madison, WI, USA

Presented by: Morgan Sinnard

Introduction/Background: Scholars have called for advancing research that examines TNG individuals' body experiences as a function of body objectification. (Moradi, 2010; Velez et al., 2016). Objectification theory (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) offers a powerful framework for understanding TNG individuals' body experiences in the context of a cisnormative society. Objectification theory posits that sociocultural body standards are internalized to such a degree that the self is persistently viewed through the eyes of the other, yielding a relationship with one's own body as an object for the consumption of others. Its prevailing measure is the Objectified Body Consciousness scale (OBC; McKinley & Hyde, 1996). The OBC is comprised of three scales designed to measure distinct components of objectification: Surveillance, Body Shame, and Appearance Control Beliefs. Although body objectification is a theoretically important construct for TNG individuals, the OBC scales have failed to demonstrate validity within this population (Rosenkrantz & Barr, 2016).

Specific Aim: The overarching goals of this study are to: a) demonstrate empirical support for the extension of the body objectification framework to TNG individuals, and b) develop an instrument designed to measure objectified body consciousness among TNG individuals (OBC-T scale).

Materials and Methods: We used relevant theory to define objectified body consciousness among TNG people as the degree to which one internalizes cisnormative societal body standards. The hypothesized scales of the proposed OBC-T measure are Surveillance (the act of monitoring one's body as an outside observer in order to conform to the expectations of the cisgender gaze), Body Shame (the experience of feeling shame toward one's body because it does not conform to the expectations of the cisgender gaze), and Appearance Control Beliefs (the belief that one is both capable of and responsible for controlling one's appearance to conform to the expectations of the cisgender gaze). TNG individuals ($n = 9$) helped develop and review scale items individually and in focus groups. Expert scholars then reviewed items for content, clarity, and cultural appropriateness. A series of measures were selected to assess the OBC-T's convergent and discriminant validity. The final survey was distributed online to TNG participants recruited from community centers, gender clinics, and support groups. We will conduct an exploratory factor analysis in *R* to determine the relationships between scale items and factor loadings.

Results: Recruitment is ongoing. Exploratory factor analysis results are expected July 30, 2020.

Conclusion: We anticipate the development of a new measure of objectified body consciousness among TNG adults. This study may reveal relevant predictor and criterion variables that could clarify unique determinants, moderating factors, and outcomes that would contribute to our understanding of TNG individuals' relationship with their body in a cisnormative society (Moradi, 2010). Importantly, the OBC-T is intentionally inclusive of nonbinary and gender-nonconforming identities, which are often neglected in empirical research due to sampling techniques favoring binary gender identification.

TUE-6C-T: A Conceptual Model for Trans and Gender Non-Conforming Military and Veteran Minority Stress

Kaela Joseph[1,2], Katharine Headbabny[1]
[1]Palo Alto University, Palo Alto, CA, USA, [2]San Francisco Veterans Affairs Health Care System (SFVAHCS), San Francisco, CA, USA

Presented by: Kaela Joseph

Introduction/Background: Current conceptual models for understanding gender minority stress and resilience outline specific distal and proximal stress factors common to trans and gender diverse (TGNC) people. Research suggests that TGNC military personnel and Veterans experience unique distal and proximal stress factors derived from military service and Veteran specific healthcare that are not otherwise captured in previous conceptual models of minority stress, despite evidence that these factors may account for mental health and other outcomes (Tucker et al., 2018). Likewise, there may be more positive resiliency factors experienced by this population which are unique to military service or Veterans status (Chen et al., 2017).

Specific Aim: This presentation seeks to offer a theoretical model for conceptualizing minority stress and resilience factors commonly experienced by military personnel and Veterans in the United States. Authors aim to demonstrate the way in which distal stress factors unique to these populations impact commonly accepted proximal stress factors associated with existing models of TGNC minority stress. We additionally seek to expand upon resiliency factors and outcomes specific to these populations.

Materials and Methods: The current model was adapted from existing models of TGNC minority stress and resilience to better capture stress and resilience factors unique to TGNC military personnel and Veterans. Specific models that were adapted include those proposed by Testa et al. (2015) and Matsuno & Israel (2018). Factors of TGNC minority stress and resilience unique to military and Veterans were determined via a review of existing literature on these populations.

Results: The model presented suggests that distal factors such as service bans and other non-inclusive policies, rejection by fellow soldiers/Veterans, hazing and military sexual trauma, and anti-TGNC talk or other non-affirmation of gender identity contribute to widely accepted proximal stress factors such as internalized transphobia, negative expectations, and concealment. The model outlines resiliency factors specific to these populations such as community connectedness specific to military cohesion and Veteran identity and the intersections of military and TGNC pride. The model additionally outlines the impacts of stress and resilience on population specific outcomes, such as military and other achievement and community re-integration post-deployment.

Conclusion: This theoretical model builds upon existing models to provide a framework more specific to military personnel and Veterans. The model is meant to be utilized primarily by clinicians and researchers to better understand and expand upon work with these populations. The model also builds upon examples from countries which allow TGNC military service and presents that argument that reducing distal stress factors currently associated with military service and Veterans healthcare could result in positive outcomes for military service and community reintegration post-deployment, as well as physical and mental health outcomes.

TUE-7C-T: COPING WITH COVID-19: LONGITUDINAL MODERATORS OF ANXIETY AND DEPRESSION AMONG TRANS ADULTS

Em Matsuno, Elizabeth Savarese, Arielle Webb, Kimberly Balsam
Palo Alto University, Palo Alto, CA, USA

Presented by: Em Matsuno

Introduction/Background: Trans people may be particularly vulnerable to the psychological impacts of COVID-19 due to marginalization and health disparities. Although anecdotal reports suggest that psychological distress has increased among this population during the pandemic (e.g., Trans Lifeline, 2020), published research has yet to examine this directly in a longitudinal sample. Furthermore, research is urgently needed to examine potential protective factors that can ameliorate negative mental health outcomes.

Specific Aim: Using longitudinal data from a sample of trans participants before and during COVID-19, this study had the following specific aims.

- Examine the changes in anxiety and depression symptoms from November 2019 to May/June 2020.
- Examine three potential protective factors- social support, community connectedness, and coping strategies - and their association with anxiety and depression symptoms during the pandemic.
- Examine the moderating effect of these potential protective factors on changes in anxiety and depression.

Materials and Methods: Participants were recruited in November 2019 (pre-COVID-19) through Community Marketing & Insights (CMI), a research firm with a panel of diverse LGBTQ+ participants. Participants completed an online survey via Qualtrics that included measures for the following variables: demographic questionnaire, anxiety symptoms (GAD-7), depressive symptoms (PHQ-9), social support (MSPSS), and trans community connectedness (GMSR). Approximately two thirds (69%) of the sample completed a follow up survey in May/June 2020 (during-COVID-19). The follow up survey included the GAD-7 and PHQ-9 as well as a measure of coping strategies that measured both avoidant and approach coping strategies (Brief-COPE).

Results:
Our sample consisted of 212 trans participants; 22% were trans women, 25% were trans men, and 53% were nonbinary. Age ranged from 19 - 71 with an average age of 39 (SD = 13). Participants were racially diverse with 41% identifying with at least one racial minority identity. In terms of primary sexual identity, participants were queer (40%), pansexual or bisexual (22%), gay or lesbian (20%), asexual or another ID (14%), and straight (5%).

Paired T-tests revealed no significant differences between anxiety or depression symptoms from November 2019 to May/June 2020. Multiple linear regression analyses showed that avoidant coping behaviors significantly predicted higher levels of anxiety and depressive symptoms during the pandemic. Social support, community connectedness, and both coping types did not moderate the change in anxiety symptoms. However, social support and approach coping moderated the change in depressive symptoms overtime, such that higher levels of social support and approach coping protected participants from increases in depressive symptoms. Participants with higher levels of avoidant coping were more vulnerable to increases in depressive symptoms.

Conclusion: Results indicate that levels of anxiety have remained largely constant for trans people during the pandemic and depressive symptoms increased, but not significantly. Social support and approach coping protected trans people from increases in depressive symptoms, and therefore are important factors to target through psychological interventions. Avoidant coping strategies had a strong association with higher levels of depression and anxiety and therefore interventions that aim to decrease these coping strategies can decrease mental health risks for trans people.

TUE-8C-T: “When a Stranger Called Me Sir” From Haircuts to Hormones, Binders to Clothes: Gender Euphoria in Transgender Adults

Kyra Citron[1], Samuel Marsan[1], Savannah Erwin[1], Janie Long[1], Nancy Zucker[1,2]
[1]Duke University, Durham, NC, USA, [2]Duke University School of Medicine, Durham, NC, USA

Presented by: Kyra Citron

Introduction/Background: Virginia Prince, a transgender author and organizer, coined the term gender euphoria in opposition to medicine’s emphasis on the negative experience of gender and the later psychiatric diagnosis of gender dysphoria. While gender dysphoria has a clear definition and criteria, what is gender euphoria? From dysphoria to euphoria, this study changes the focus of trans research onto positive experiences.

Specific Aim: We collected data to establish a preliminary definition of gender euphoria. This presentation is a call to action for researchers to focus on positive experiences of trans individuals, such as gender euphoria. By reviewing gender euphoria’s historical context, as well as key findings from the project, this presentation is the starting point for future research on the subject. Furthermore, this will serve as an open call for trans researchers to join the qualitative analysis team (pending IRB approval and protocol).

Materials and Methods: Through an extensive interdisciplinary review, prioritizing trans authors, we constructed a preliminary definition of gender euphoria: the positive emotional response to the internal or external affirmation of one’s gender identity and/or expression. This derived definition contains three primary facets: 1) experiencing positive affect; 2) experiencing a sense of belonging from one’s self or others; and 3) having an experience of authenticity. Our definition was then tested in a survey of transgender adults (N =395), of various trans identities and ages ranging from 18 to 70 (M = 27.5, SD = 9.1). Participants were asked to define gender euphoria, read and reflect on our definition, and then respond to the three primary facets of our definition.

Results: Most participants (91.90%) agreed with our definition of gender euphoria. Participants also found our definition to be consistent with their personal definitions, with 90.70% reporting some degree of consistency. The majority of participants endorsed a facet of positive affect, specifically the experience of joy (85.4%) or the experience of general positive emotions (95.8%). Participants also tended to agree on the facet of gender belonging, with 90.7% endorsing self-acceptance, 64.1% endorsing acceptance by others, and 83.9% endorsing general belonging. Lastly, the experience of an authentic self was reported as a key component with 94.9% of participants reporting some level of agreement with the sentiment that feeling gender euphoria was akin to feeling like your true self.

Conclusion: Results support our preliminary definition of gender euphoria. All three facets (positive affect, sense of belonging, authenticity) were endorsed as key components of gender euphoria, with some variance in individual interpretation. Further research will analyze the qualitative data collected from participant personal definitions before exposure to the proposed preliminary definition.
By establishing a definition of gender euphoria, future research can investigate the potential protective effects of gender euphoria against negative health outcomes such as gender dysphoria and depression. Using a standard definition will also aid in community education and intervention within the transgender community. Through this project, using the voices of transgender people, we have data-informed definition of gender euphoria and provided a critical start to guide future research.

Oral Abstracts: Primary Care – Adult

TUE-2D-T: CANCER SCREENING POLICY RECOMMENDATIONS FOR THE INCLUSION OF TRANS PEOPLE IN ONTARIO'S BREAST CANCER AND CERVICAL SCREENING PROGRAMS

Dr. Edward Kucharski
Ontario Health (Cancer Care Ontario), Toronto, ON, Canada

Presented by: Dr. Edward Kucharski

Introduction/Background: Research shows that trans people are medically underserved and face numerous barriers to accessing healthcare and cancer screening services. This results in trans people being under-screened for cervical and breast cancer compared to cisgender women. Ontario Health (Cancer Care Ontario) recognizes that trans people may not be receiving the full benefits of the organized screening programs. In response, Ontario Health (Cancer Care Ontario) developed a policy with screening recommendations for trans people.

Specific Aim: To provide recommendations to help inform the inclusion of trans people in Ontario's organized cervical and breast cancer screening programs.

Materials and Methods: The policy utilized five high-quality evidence reviews (three systematic reviews and two guideline reviews) and a jurisdictional scan of national and international policies and practices on cancer screening for trans people. Based on this evidence, two working groups were established (one for breast cancer screening and one for cervical screening). The working groups provided advice on the development of clinically appropriate guidelines for screening trans people. The working groups were made up of clinical experts in breast screening and cervical screening, including those with experience providing healthcare to people from trans communities. Following the working groups, an Overarching Steering Committee was established to provide advice on developing evidence-informed recommendations with alignment across the two programs, whenever possible. Similar to the working groups, the steering committee had representation from key clinical leaders, as well as Ontario Health (Cancer Care Ontario)'s legal and privacy experts and members of the trans community. A modified Delphi process was used to reach policy recommendations.

Results: The final product is a policy that contains 17 evidence-informed recommendations to support the inclusion of trans people in Ontario's breast cancer and cervical screening programs. The policy includes recommendations on screening eligibility, modality and interval for trans people. It also contains guidance on screening recall, follow-up, lab requisition considerations and encourages providers to provide a trans-inclusive clinical environment and screening experience.

Conclusion: The policy development process allowed for clinical experts and people from the trans community to collaborate and develop recommendations. This type of collaboration was important for achieving a patient-centered and rigorous approach for policy development. For next steps, Ontario Health (Cancer Care Ontario) is working to implement the policy. An important part of the implementation process is disseminating the policy to healthcare providers.

TUE-3D-T: HEALTH AND WELL-BEING AMONG TRANS AND NON-BINARY CANADIANS: FIRST RESULTS FROM TRANS PULSE CANADA

Greta Bauer[1], Ayden Scheim[2], Siobhan Churchill[1]
[1]Western University, London, ON, Canada, [2]Drexel University, Philadelphia, PA, USA

Presented by: Greta Bauer

Introduction/Background: In 2019, the Trans PULSE Canada community-based research project conducted the first all-ages, national survey of trans and non-binary health in Canada. Trans PULSE Canada builds on a 2009-2010 survey conducted in the province of Ontario.

Specific Aim: The objective of this analysis is to describe determinants of health, health outcomes, and access to health care among trans and non-binary people in Canada.

Materials and Methods: Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people aged 14 years or older and living in Canada. Participants were able to complete the full survey, or a 10-minute short form containing key items, in English or French online, on paper, via telephone, or on a tablet with a Peer Research Associate in major cities. Unweighted frequencies from items included in the full and short-form surveys are presented.

Results: While most respondents had a primary health care provider (81%), 45% reported having one or more unmet health care needs in the past 12 months. In the same time period, 12% had avoided going to the emergency room despite needing care. Roughly one quarter had completed all the gender-affirming care they needed (26%), and another third were in the process of completing this care (32%). Many respondents rated their overall health as excellent or very good (37%), however, over half of respondents rated their mental health as fair or poor (56%). In the past year, one in three respondents had considered suicide and one in twenty had attempted suicide. Having experienced verbal and sexual harassment in the past five years was common, reported by 68% and 42% of respondents, respectively. When asked about avoidance of public spaces for fear of harassment or outing, 84% reported avoiding at least one type of space. While most respondents were living in stable and food-secure households (90% and 85%), these households were often classified as low-income (40%). Despite high levels of education (67% having at least one college or university degree), one in two respondents made under $30,000 Canadian per year, and only 43% were employed in permanent full-time positions.

Conclusion: These first descriptive results from the Trans PULSE Canada study illustrate that health inequalities identified between trans and cisgender populations in 2009-2010 remain prevalent in Canada. Planned intersectional analyses of these data in conjunction with general population data will explore will further characterize these inequities.

TUE-4D-T: Gender Affirming Documentation of Name and Pronouns in a Midwestern U.S. Veterans Affairs Primary Care Clinic: A Quality Improvement Project

Kate Finn[1], Haley Crowl[1], Elizabeth Goldsmith[1,2]
[1]Minneapolis Veterans Affairs Health Care System, Minneapolis, MN, USA, [2]University of Minnesota, Minneapolis, MN, USA

Presented by: Kate Finn

Introduction/Background: An estimated 21.4% of transgender individuals in the United States served in the US military, a rate about two times higher than all US adults. National Veterans Health Administration policy requires Veterans seeking care through the Veterans Affairs (VA) health care system be addressed by the names and pronouns they use, in accord with self-identified gender identity. However, documenting the Veteran's pronouns and name used (if different from the Veteran's legal name) in the electronic health record (EHR), remains a challenge.

Specific Aim: We developed a quality improvement project in response to concerns raised by primary care clinic staff related to unintentional misgendering of Veterans. Our workgroup focused on improving documentation of name and pronouns in the EHR to align with current directives and guidelines as well as with Veteran and staff priorities.

Materials and Methods: We used a Lean Sigma approach for this quality improvement project. To better understand the problem and to generate possible solutions, we conducted stakeholder meetings with a group of transgender Veterans and with groups of clinic staff. Staff completed a form to provide feedback about current use of name and pronouns in the EHR and potential improvements.

Results: Staff reported using a variety of approaches to identify and document name and pronouns. Staff are often unable to quickly and readily identify a Veteran's name used (if it differs from the legal name in the medical chart) and pronouns using the EHR. This places the burden on Veterans to correct staff when they are misgendered and contributes to Veteran discomfort. Staff also reported discomfort when unintentional misgendering occurs.

Veterans and staff suggested several possible EHR interventions: adding an alert that appears when the chart opens, putting information into a temporary address section, adding a specific note, adding a domain to the EHR for name and pronoun used, and documenting name and pronoun at the top of each note. Each possible intervention was explored to assess feasibility and accessibility.

The following interventions were determined to be feasible and consistent with Veteran and staff goals and needs: using a software patch made available by the VA to document the Veteran’s name used in the “preferred name” domain and including the Veteran’s name and pronouns on the top of each note for all Veterans. A process was developed by local VA enrollment staff which allows Veterans to add a preferred name to their EHR.

Education has been developed to inform the primary care clinic staff and Veterans about documentation of name and pronouns in the EHR. It is noteworthy that the national VA health care system has plans to transition to new EHR software, which may allow new approaches to documentation of name/pronoun use. Implementation of the new EHR will take several years to roll out in our area.

Conclusion: Transgender Veterans and primary care clinic staff identified valuable approaches to documenting name and pronouns used in the EHR. It is beneficial to understand what is feasible and consistent with Veterans and staff goals and needs when attempting to make changes to the EHR.

TUE-5D-T: IMPROVING GENDER AFFIRMING PRIMARY CARE BY REDUCING SYSTEMIC INSTANCES OF MISGENDERING

Colton St. Amand[1,2]
[1]Mayo Clinic, Rochester, MN, USA, [2]University of Texas Medical Branch, Galveston, TX, USA

Presented by: Colton St. Amand

Introduction/Background: Misgendering occurs when transgender people are referred to using language that does not align with their authentic gender including the wrong name, pronouns, honorifics (e.g., Mx.), relational terms (e.g., sister) and address (e.g., sir/ma'am). As transgender people experience significant disparities and negative experiences interacting with health care providers predict future health care seeking behavior, the authors sought to use a trauma informed framework to develop a primary care gender care service. Tracking and decreasing instances of misgendering in the clinic was implemented in order to improve transgender patients’ healthcare experiences and improve rapport development. This process is part of ensuring physical and emotional safety, a critical part of a trauma informed practice.

Specific Aim: Demonstrate the prevalence of misgendering of transgender patients in the UTMB gender care clinic

Examine sources and content of instances of misgendering

Determine the frequency of legal name and gender marker changes and relationship to misgendering experiences

Materials and Methods: Transgender patients were asked about experiences of misgendering during their gender care clinic visits in the Family Medicine Department on Monday afternoons from December 2018 to December 2019. Patients who were seen outside of the Monday clinic were called and asked about experiences of misgendering at UTMB.

Results: Ninety-nine unique transgender patients were identified as gender care clinic patients. Since the project began, data was collected from 63 unique patients with 68% (n = 43) new to UTMB Gender Care. Mean age 28.4 years, range 13-71 years. Trans men (n = 31), trans women (n = 29), nonbinary (n = 2), intersex (n = 1). Fourteen percent of patients reported experiences of misgendering, 9.3% on first time visits, and 21% on follow up visits. Misgendering occurred by name, pronouns, honorifics, and address by the following sources: front desk staff, call center, family member in the room, medical assistant, and provider. Qualitative data sample: Patient: “When I called to make an appointment, the call center did not believe that I was me, they told me that I must be the patient’s husband.” Misgendering was not experienced by patients whose name/gender marker were legally changed.

Conclusion: Transgender patients were misgendered by in multiple ways by multiple sources when accessing specialized gender care at UTMB. As our EHR did not allow for name/gender changes without concurrent legal changes, patients were more likely to experience misgendering. Patients who had updated legal documents (updated name/gender in the EHR) did not experience misgendering. Using transgender people’s correct name is associated with reduced symptoms of depression, suicidal ideation, and suicidal behavior. Thus, further efforts to decrease misgendering will likely contribute to improved health and mental health. Creating a welcoming environment has historically consisted of putting signs and magazines up and making bathrooms accessible. In order to establish trauma informed safety, misgendering needs to be assessed at multiple levels of institutions and clinics. Providers should be proactive and ask patients if they are being misgendered, what the content of the misgendering is, by whom, and make attempts to correct it.

TUE-6D-T: ASSOCIATION OF ONLINE HEALTH INFORMATION SEEKING, EHEALTH LITERACY AND HUMAN PAPILLOMAVIRUS VACCINATION IN GENDER MINORITY PEOPLE

Anthony Pho[1], Suzanne Bakken[1], Mitchell Lunn[2], Micah Lubensky[2,3], Annesa Flentje[2,3], Zubin Dastur[2], Juno Obedin-Maliver[2]
[1]Columbia University, New York, NY, USA, [2]Stanford University School of Medicine, Palo Alto, CA, USA, [3]University of California, San Francisco, San Francisco, CA, USA

Presented by: Anthony Pho

Introduction/Background: Sexual and gender minority (SGM) people are a population that is vulnerable to poor health and about whom little is known about how online health information seeking influences engagement in preventative care. A recent analysis of the Health Information National Trends Survey (HINTS) found sexual minority people are more likely to seek health information online and less likely to first seek health information from a physician compared to heterosexual people.[1] Health information seeking and eHealth literacy (the ability to use electronic health information to make health decisions) has been explored in sexual minority people but not gender minority people.

Specific Aim: The study aims to describe health information seeking and eHealth literacy and explore how these may be associated with human papillomavirus (HPV) vaccination in gender minority people.

Materials and Methods: An invitation for an online survey was sent to ~17,000 participants in The Population Research in Identities and Disparities for Equality (PRIDE) Study, a large-scale U.S.-based health study of SGM people.[2] Responses were collected Feb – Apr 2020. We adapted items from the HINTS 5 Cycle 3 to explore information seeking and assessed perceived eHealth literacy using the electronic Health Literacy Scale (eHEALS).[3, 4]

Results: The completed surveys were analyzed (N = 2,945). Participant median age = 32 (IQR 26 - 44), with 859 (29.2%) gender minority participants and 2,086 (70.8%) cisgender sexual minority participants. The prevalence of HPV vaccination was lower in gender minority (17.1%) compared to cisgender sexual minority participants (31.3%), $\chi^2 = 51.2$, $p < .0001$. Gender minority participants had over two times the odds of having received the HPV vaccine compared to cisgender sexual minority participants when they used a computer/smartphone to seek health information in the past year (OR = 2.2, 95% CI 1.38 – 3.62), and over three and a half times the odds of having received the vaccine when they reported using social media like Facebook (OR = 3.7, 95% CI 1.3 – 1.8). Perceived eHealth literacy was high for both groups and no moderating effects were observed; eHEALS score range 0 – 40, gender minority X =32.8 SD 4.8, sexual minority X =33.7 SD 4.8, $t(2914) = 5.74$, $p < .0001$.

Conclusion: Our findings suggest that the Internet and social media may be potential venues for interventions to improve preventative care engagement in gender minority people.

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1:40pm - 2:55pm ET

Mini - Symposium: Education

TUE-5A-M1: INTERDISCIPLINARY CONSULTATION AND MENTORSHIP GROUP

S.J. Langer[1], Elke Zschaebitz[2], Catherine Casey[3], Melissa-Irene Jackson[4], Katie Richard[3]
[1]School of Visual Arts, New York, NY, USA, [2]Georgetown University, Washington, DC, USA, [3]University of Virginia, Charlottesville, VA, USA, [4]The Virginia League for Planned Parenthood, Richmond, VA, USA

Presented by: S.J. Langer, Elke Zschaebitz, Catherine Casey, Melissa-Irene Jackson, Katie Richard

Statement of Significance: Our interdisciplinary panel consists of medical and mental health clinicians from New York and Virginia, US. Our symposia is based on our work as a supervision group led by a WPATH GEI SOC7 Mentor. This symposia is important in order to demonstrate how interdisciplinary collaboration improves patient outcomes. We will explore the importance of cross-discipline experiences to develop the clinicians' base knowledge, confidence and emotional well-being for holistic care. With the advent of the WPATH mentoring program, the development of models of collaboration, education and support is essential to decrease provider burnout while increasing insight, empathy and critical-thinking.

Learning Objective 1: Participants will be able to summarize the various roles and recognize benefits of interdisciplinary supervision, specifically for gender-affirming care.

Learning Objective 2: Participants will understand the concept of countertransference.

Learning Objective 3: Participants will identify the process of the WPATH formal mentorship program leading to WPATH certification.

Method to Achieve Learning Objectives: This interdisciplinary panel will explore issues of countertransference and maintaining boundaries in various clinical situations within mental health and medical settings i.e. private practice, university health centers, community-based organizations, FQHC. Specific case work with TGNB patients with a variety of clinical constellations including trauma histories and Autism Spectrum Disorder will be used to illustrate these frames of treatment. We will also explore our responsibility to our most vulnerable and marginalized patients. We will demonstrate the supervision process and mutual aid of cross-discipline meetings. Participation in the activity comprises of case-based activities using presenting group feedback as well as whole group discussion.

Mini - Symposium: Mental Health – Adult

TUE-6B-M1: INNOVATIVE INTERVENTIONS TO SUPPORT TRANS WELLBEING: METHODS AND OUTCOMES

Jay Bettergarcia[1], Stephanie Budge[2], Sabra Katz-Wise[3], Em Matsuno[4], Kristen Conover[5], Morgan Sinnard[2]
[1]California Polytechnic State University, San Luis Obispo, CA, USA, [2]University of Wisconsin - Madison, Madison, WI, USA, [3]Harvard Medical School, Boston, MA, USA, [4]Palo Alto University, Palo Alto, CA, USA, [5]Alliant International University, Los Angeles, CA, USA

Presented by: Jay Bettergarcia, Stephanie Budge, Sabra Katz-Wise, Em Matsuno

Statement of Significance: A large body of research has documented the tremendous minority stressors (Meyer, 2003) that transgender, nonbinary, and gender-nonconforming (TNG) individuals face, ranging from housing and employment discrimination to outright gender-based violence (Bockting et al.,2013; James et al., 2016). These interpersonal experiences of stigma have compounding and deleterious mental health consequences for TNG youth and adults (Hendricks & Testa, 2012), evidenced by markedly high rates of psychological distress (Budge, Adelson, & Howard, 2013). Psychological interventions that aim to decrease minority stressors or to improve psychological wellbeing may promote resilience among TNG individuals (Meyer, 2015), The purpose of this symposium is to provide descriptions of interventions designed to improve wellbeing for TNG people and decrease trans negative behaviors by others (e.g., family members, therapists). This symposium will include a specific focus on: training mental health providers to provide affirming therapy interventions, implementing minority-stress focused trans affirmative psychotherapy in a clinic setting, and designing and facilitating interventions to support families with TNG adolescents.

Learning Objective 1: Describe the most up-to-date methods for designing TNG affirming interventions.

Learning Objective 2: Comprehend the reasons for implementing interventions focused on improving wellbeing for TNG people.

Learning Objective 3:
Identify recommendations for creating interventions focused on wellbeing for TNG people.

Method to Achieve Learning Objectives: This symposium will include four presentations that will assist audience members in gaining knowledge and awareness around interventions to improve TNG peoples' wellbeing. The first presentation describes the development and outcomes of a 9-month trans affirming training intervention for providers to develop cultural competence for working with TNG adults. The second presentation builds upon this by describing the acceptability and feasibility of a randomized controlled trial testing the efficacy of two psychotherapy interventions (Building Awareness of Minority Stressors [BAMS] and Trans Affirmative [TA] therapy) for TNG adult clients. The third presentation will describe the creation and implementation of an online toolkit intervention with digital storytelling, designed to support families with TNG adolescents. Finally, the fourth presentation will describe the design and outcomes from a randomized controlled trial testing the efficacy of an online intervention (Parent Support Program) aimed at increasing trans supportive behaviors among parents of TNG adolescents and young adults.

Mini - Symposium: Community Engagement

TUE-9C-M1: COMMUNITY DRIVEN, PATIENT-CENTERED RESEARCH IN GENITAL GENDER AFFIRMING SURGERY: PRELIMINARY RESULTS AND NEW DIRECTIONS

Gaines Blasdel[1], Jae Downing[2], Ina Amarillo[3], Cris Avery[4], Geolani Dy[5]
[1]New York University Langone Medical Center, New York, NY, USA, [2]Oregon Health & Science University - Portland State University, Portland, OR, USA, [3]Washington University in St. Louis, Saint Louis, MO, USA, [4]Trans(forming), Atlanta, GA, USA, [5]Oregon Health & Science University, Portland, OR, USA

Presented by: Gaines Blasdel, Jae Downing, Ina Amarillo, Cris Avery, Geolani Dy

Statement of Significance: Context sensitive, patient-centered outcomes of gender affirming surgery have been identified as a research priority by WPATH leadership. Community samples to longitudinally query pre-surgical goals and post-surgical outcomes have not previously been available, and significant historical and contemporary power imbalances may impact clinically collected data on subjective patient experience. We will review previously established practices for research with transgender and nonbinary populations and apply these principles to genital gender affirming surgery (GGAS). We share the results of community-initiated, patient-centered online surveys on GGAS, including complication rates, communication with medical providers, access barriers, and research priorities. Finally, we discuss efforts funded by the Patient Centered Outcome Research Institute to re-center patient perspectives in GGAS research as a way forward to integrate patient-centered research in the clinical setting.

Learning Objective 1: To recount historical conditions that have created barriers and gaps in patient-centered research in genital gender affirming surgery.

Learning Objective 2: To contrast complication rates observed in clinical and nonclinical samples and discuss reasons for similarities and differences observed.

Learning Objective 3: To recommend patient-centered practice guidelines, including ethical and methodological considerations, for application in genital gender affirming surgery research

Method to Achieve Learning Objectives: We will begin by briefly translating foundational texts from transgender theory (Stone, 1992; Spade, 2003) which discuss the impact of power dynamics between patients and providers on the clinical epistemology of transgender surgical outcomes in the historical record and today (15 minutes). We will continue by discussing Adams et al. (2017) and other ethical and methodological commentaries on research with transgender and nonbinary participants, summarizing recommendations provided (10 minutes). We will then provide practical utility to various forms of GGAS research by reviewing these recommendations applied to two projects. The first is a community-driven online survey on penile reconstruction surgeries wherein complication rates (types and degrees) observed in this sample and clinical samples will be contrasted, and ancillary data collected regarding demographics, access barriers, research priorities, and communication with medical providers will be utilized to describe the differences observed between clinical and non-clinical samples (20 minutes). We will conclude with lessons learned and methodological adjustments made while undertaking a community-based survey on vaginal reconstruction surgery (5 minutes). The second is a PCORI-funded initiative to provide patient-centered perspectives on GGAS research, the Transgender and Non-Binary Surgery – Allied Research Collective (TRANS-ARC) scheduled for Spring 2021. We will outline how this project aims to address previous barriers and integrate patient-centered research into the clinical setting for GGAS (20 minutes). We will then take questions and comments from the audience (15 minutes).

Mini - Symposium: Law, Policy, and Ethics

TUE-7D-M1: LINKING PROVINCIAL HEALTH POLICIES, IDENTIFICATION DOCUMENTS, AND GENDER AFFIRMING HEALTH CARE TO CANADIAN TRANS AND/OR NON-BINARY YOUTH HEALTH

Elizabeth Saewyc, Ashley Taylor, Ace Chan
University of British Columbia, Vancouver, BC, Canada

Presented by: Elizabeth Saewyc, Ashley Taylor, Ace Chan

Statement of Significance: In Canada, policies exist to theoretically protect trans and/or non-binary youth (TNB) and to decrease barriers they may have interacting with governmental systems. The Canadian Human Rights Act, for instance, protects TNB people from discrimination when accessing health care services, although which services are covered varies from province to province. Recently, some provinces have also made amendments to ID policies, making it easier for people to have an ID that matches their gender. These policies are important because experiences of discrimination, societal stigma, and systemic oppression of TNB youth have been linked to negative health outcomes such as mental health challenges. Despite these policies being in place, limited research has explored the relationship between health outcomes of TNB youth and access to gender congruent identification documents (ID), access to a primary healthcare providers (PCP), youth comfort with PCPs, or the relationship between provincial health policies and access to gender affirming care. Emerging research from the USA suggests that access to gender congruent ID is associated with lower reports of depression, anxiety, and psychological distress. In addition, a recent Canadian study found that while 83% of TNB people had a PCP, about half of these participants were not comfortable with discussing trans-related health conditions with their PCP. Because policies around ID changes health care vary by province, this variation affects TNB youth across Canada.

Learning Objective 1: How is access to gender congruent ID related to mental health outcomes?

Learning Objective 2: Does having a PCP increase access to gender affirming care and does this access change depending on the level of comfort towards the PCP?

Learning Objective 3: What is the link between Canadian provincial health services policy and access to gender affirming care?

Method to Achieve Learning Objectives: We will provide results from analyses of our 2019 Canadian Trans Youth Health Survey, using a policy lens to shape the findings into an informative and engaging symposia. Our cross-sectional data included 1,519 youth ages 14-25 years old who identify as TNB from across Canada. We asked youth about whether 8 different ID's and were congruent with their current gender identity, and compared their odds of various mental health measures, including self-reported mental health, general health and psychological distress. We compared youth with access to a primary care provider and their likelihood of referral for or access to an assessment for gender affirming surgery, prescribed pubertal blockers or gender-affirming hormones. We will also compare provincial differences in ID and health care policies how they affect TNB youth across Canada. Our results will illustrate the importance of supportive government policies for trans and non-binary youth.

3:00pm - 4:15pm ET

Oral Abstracts: Disadvantaged Groups (Underserved Groups/Populations)

TUE-6A-T: Seeking the Narrative: A Qualitative Review of Transgender and Autistic Autobiography

Noah Adams
University of Toronto, Ontario Institute for Studies in Sexuality, Toronto, ON, Canada

Presented by: Noah Adams

Introduction/Background: Research on individuals who are both transgender and autistic (transgender/autistic), while still a small area of focus, has grown consistently (Glidden et al., 2016). Little of this research explores this populations' own perspectives on their experiences with regards to transgender healthcare and gender identity (e.g. Davidson, & Tamas, 2016). This paper extends the exploration of transgender/autistic experiences to incorporate a qualitative systemic review of their autobiographies (e.g. Dale, 2019). It reflects on the iterative process, what Ian Hacking calls the looping effect, that takes place between autistics and the narratives about them (Hacking, 2007, 2009). That is, with regards to healthcare, each autobiography adds to and alters the existing autistic narrative and the manner that autistics are conceived of and treated.

Specific Aim: The aim of this paper is to present the first systematic review of transgender/autistic autobiography and thus to explore their experiences of gender identity formation and transgender healthcare.

Materials and Methods: I subject the existing transgender/autistic autobiographies to a qualitative systematic review (Mathias, & Smith, 2016). Texts are identified through web searchers, community networks, and publishers that commonly produce such narratives (e.g. Jessica Kingsley Publishers). The resulting texts are entered into and coded with NVivo. Narratives about experiences of gender identity formation and transgender healthcare are targeted for analysis.

Results: Transgender/autistic people are a heterogenous group with a multiplicity of experiences regarding gender identity formation and transgender healthcare goals and needs. Limitations of this research include its qualitative and therefore non-statistically generalizable nature and the fact that autobiographies are, by definition, written by people able to do so. Though it should be noted that autistic autobiographies have been written by autistic individuals that are non-verbal and designated as low-functioning (e.g. Mukhopadhyay, 2011), which serves as evidence for an expansion of notions of capacity.

Conclusion: Transgender/autistic voices, as expressed through their autobiographies, provide a wealth of information on this groups' experiences of gender identity formation and transgender healthcare. This information is critical for developing treatment protocols and for providing holistic and high-quality transgender healthcare to this population.

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TUE-7A-T: AN EXPLORATORY STUDY OF MULTIDIMENSIONAL SUPPORT AND GENDER AFFIRMATION FROM THE EGOCENTRIC NETWORKS OF TRANSGENDER WOMEN LIVING WITH HIV IN THE U.S

Miranda Hill[1], Dawn Robinson[2], Trace Kershaw[3], Eric Wright[4], Asa Radix[5], Tori Cooper[6], Nathan Hansen[2]
[1]University of California, San Francisco, San Francisco, CA, USA, [2]University of Georgia, Athens, GA, USA, [3]Yale University, New Haven, CT, USA, [4]Georgia State University, Atlanta, GA, USA, [5]Callen-Lorde Community Health Center, New York, NY, USA, [6]Advocates for Better Care (ABC Atlanta, LLC), Atlanta, GA, USA

Presented by: Miranda Hill

Introduction/Background: There is an imbalance of scholarship focused on HIV risks among transfeminine folks as opposed to that which focuses on community structure and resources among those living with HIV. The present study seeks to address this gap by exploring the structure, composition, and interconnectedness of the egocentric networks of trans women living with HIV, in addition to, exploring how the levels social support and gender affirmation provided by their social networks.

Specific Aim: 1) Estimate the average size and density (interconnectedness) of relationships within the personal networks of trans women living with HIV. 2) Assess the levels of social support and gender affirmation that trans women living with HIV perceive from their networks.

Materials and Methods: 231 trans women living with HIV in the US took a 20-30 minute survey asking them to describe the characteristics of up to 21 people within their social circles. Data collection via an online instrument took place from February to August 2019. Network data were divided according to the people with whom participants confided in about important, HIV, and gender-related issues. Descriptive statistics and bivariate analyses were used to characterize the types of people, resources, and relationships within each network, as well as, to enumerate the size and degree of interconnectedness of each network.

Results: Participants were a mean age of 32 and had been diagnosed for 5 years. The sample was fairly heterogenous -- most identified was white, were employed and stably housed. Yet, nearly a third identified as Black, were unemployed, and either lived with someone or were homeless.Overall, their networks consisted of an average of 5 people. Participants confided in about half of the people within their networks about multiple issues. In terms of gender identity, participants were significantly more likely to confide in cis males and trans feminine folks ($p = .02$) about multiple issues. Chosen family ($p<.01$), spouses ($p<.01$) and friends ($p<.01$) were also identified as salient confidants, whereas health providers ($p<.01$) were not). HIV disclosure, perceived support, and gender affirmation were high across all networks (≥70%, ~80%, ~70%), yet significantly greater support ($p < .01$) and affirmation ($p < .01$) were perceived from multiple confidants.

Conclusion: Findings indicate this sample of trans women living with HIV were embedded within diverse communities with many resources which have been previously associated with resilience, such as, support and affirmation. Notable differences between network members highlight potential change agents and supporters who may be pivotal to reducing population disparities and improving health outcomes. Additional research is needed to develop network-oriented interventions which capitalize on community strengths.

TUE-8A-T: THREE PILLARS TO ADDRESS RACIAL AND LGBTQ HEALTH CARE DISPARITIES: TECHNOLOGY, EDUCATION AND INSTITUTIONAL LEADERSHIP

Scott Jelinek, Nicole Ramsey, Rui Jiang, Betty Kolod, Genevieve Tuveson, Richard Silvera, Emily Hertzberg, Justin Gasper, Aaron Patterson, Brijen Shah, Barbara Warren
Icahn School of Medicine at Mount Sinai, New York, NY, USA

Presented by: Scott Jelinek

Introduction/Background: Eliminating health care disparities (HCD) is an institutional priority at the Mount Sinai Health System. Given the diverse communities we serve, discrete initiatives across the system existed previously, but there was little coordination and no strategic plan in place to maximize the work.

Specific Aim: Develop and align strategic goals and priorities to identify and eliminate differences and inequalities in the care delivered within the clinical learning environment (CLE) with specific focus on race/ethnicity and sexual orientation and gender identity (SOGI). Promote awareness and recognition of cultural humility across the CLE. Educate new clinicians to identify HCDs occurring in the CLE and patient populations at risk for health care disparities, which includes understanding health equity and the impact on health outcomes, patient safety, and patient experience.

Materials and Methods: The creation of an institutional-wide HCD Collaborative provided a framework of unification, opportunity to learn from other organizations, and resources to build a comprehensive strategic plan. An evaluation was conducted of current data infrastructure for its ability to display HCD with a focus on accuracy of self-reported SOGI and race/ethnicity data (RED). An assessment was conducted of trainee and faculty attitudes toward RED and SOGI data usage.

Results: We found over 50% of patients were listed as unknown or other for race/ethnicity and little data on SOGI was collected in our EMR (Figure 1). Our learner and faculty assessment showed that 70-75% of learners and faculty agreed that knowing a patient’s self-reported RED and SOGI is important for patient/provider relationship. However, 38-50% did not consider patients' RED or SOGI when making treatment plans. Over 50% of faculty agreed that education on how to approach RED and SOGI in the CLE is needed. As a result, the HCD Collaborative brought together content experts to create a curriculum on disparities, cultural humility, unconscious bias, and health equity; over 7,665 faculty, trainees and other employees participated in the trainings (Figure 2); HCD goals were incorporated into ambulatory QI projects; and changes were made within our IT systems to support the identification of HCD and incorporate RED/SOGI data into the design of our new safety event reporting system. 1,168 employees participated in the "Enhancing the Transgender Patient Experience" in person workshop and a post training survey found their knowledge about caring for transgender patients increased on average 2.2 points, rising from a 2.6 out of 5, to 4.8, with an overall course satisfaction of 4.65 out of 5. All these efforts generated a larger organizational conversation leading to the creation of the GME Healthcare Disparities strategic plan involving hospital quality, GME, Office of Diversity and Inclusion (ODI) and Health IT.

Conclusion: The collaborative work on HCD integrates well with MSHS focus on patient and staff experience as the sum of safety, quality, and operational efficiency. It allows us to connect existing resources with a developing community of engaged trainees and faculty and provides new meaning to quality and safety work, while revealing a blindspot in our current approach to QI and patient safety.

TUE-9A-T: INSURANCE COVERAGE OF FACIAL GENDER AFFIRMATION SURGERY- A POLICY REVIEW OF COMMERCIAL INSURANCES AND STATE MEDICAID POLICIES ACROSS THE U.S.

Enrique Gorbea[1], Sunder Gidumal[1], Aki Kozato[1], Joshua Safer[2], John Henry Pang[2], Joshua Rosenberg[1]
[1]Department of Otolaryngology–Head and Neck Surgery, Division of Facial Plastic Surgery, Icahn School of Medicine at Mount Sinai, New York, NY, USA, [2]Center for Transgender Medicine and Surgery, Mount Sinai Health System and Icahn School of Medicine at Mount Sinai, New York, NY, USA

Presented by: Enrique Gorbea

Introduction/Background: Historically, insurance coverage of gender affirming surgery was categorically denied based on the representation of these procedures as cosmetic as opposed to medically necessary. Since 2015, genital reconstruction and chest related procedures are more commonly understood as medically necessary for gender affirming surgeries. Nevertheless, head and neck procedures related to gender affirmation remain categorized as cosmetic despite significant evidence that these procedures have comparable quality of life effects on transgender and gender non-binary (TGNB) patients.

Specific Aim: To provide a portrait of gender affirmation surgery insurance coverage across the United States, with attention to those procedures of the head and neck.

Materials and Methods: The National Association of Insurance Commissioners Market Share report was used to identify the largest medical insurance companies in the US. The top 49 primary commercial medical insurance companies were assessed. Company websites were probed to identify each company's policy on gender affirming surgery in general and facial gender affirmation surgery (FGAS) in particular. State policies on transgender care for Medicaid insurance providers was also collected for all 50 states.

Results: 92% of commercial medical insurance providers had a published policy on the coverage of gender affirming surgery. Nearly all (93%) discussed coverage of FGAS, but 51% considered these procedures strictly cosmetic in nature. Across commercial insurances, thyroid chondroplasty was covered by (20%) of providers. Mandibular and frontal bone contouring, rhinoplasty, blepharoplasty, and facial rhytidectomy were each covered by 13% of the medical policies reviewed. Genioplasty (11%), brow lift (11%), cheek augmentation (9%), and cervical rhytidectomy/liposuction (9%), and voice modifying surgery (9%) were less often covered. Medicaid policy reviews found that while 18 states offer some level of transgender care coverage for their patients, only 3 include FGAS (17%). 13 states prohibit Medicaid coverage of all transgender surgery and 19 states have no published gender affirming medical care coverage policy.

Conclusion: While certain surgical aspects of gender affirming medical care are nearly ubiquitously covered by commercial insurances, FGAS is considered cosmetic by most commercial and Medicaid insurance providers, thus significantly limiting patient access.

Mini - Symposium: Surgery – Masculinizing

TUE-7B-M1: STRATEGIES TO APPROACH THE PHALLOPLASTY URETHRAL STRICTURE

Richard Santucci[1], Michael Safir[2], Min Jun[3], Lee Zhao[4]
[1]Crane Center for Transgender Surgery-Austin, Austin, TX, USA, [2]Crane Center for Transgender Surgery-SF, San Francisco, CA, USA, [3]Crane Center for Transgender Surgery, San Francisco, CA, USA, [4]NYU Langone Medical Center, New York, NY, USA

Presented by: Richard Santucci, Michael Safir, Min Jun, Lee Zhao

Statement of Significance: Phalloplasty with urethral lengthening is one of the most complex surgical procedures routinely performed in the world today. It has an extremely high all-cause morbidity rate and the highest proportion of complications come from the urethra (fistula and stricture). Urethral stricture is a troublesome source of ongoing morbidity, affecting an estimated 40% of patients. Optimized treatments of urethral stricture have only been well codified in cismales in recent years, and optimal treatment of phalloplasty strictures is currently unknown.

Learning Objective 1: 1. To understand the rate and characteristics of urethral stricture after phalloplasty.

Learning Objective 2: 2. To understand which surgical maneuvers have been proven to decrease complications.

Learning Objective 3: 3. To understand the armamentarium of urethral stricture treatments available.

Method to Achieve Learning Objectives: Scientific review of the published literature around urethral stricture, and techniques for decreasing them. Scientific review of the literature surrounding incidence, performance characteristics of described techniques, necessary modifications of classically described surgical techniques, and promising experimental concepts. Intraoperative photographs and source data will be presented whenever possible.

Mini - Symposium: Health Services and Systems Worldwide

TUE-10C-M1: ADVISING FROM AFAR: PERSPECTIVES FROM THE U.S. VETERANS AFFAIRS (VA) MULTIDISCIPLINARY TRANSGENDER E-CONSULTATION PROGRAM

Elizabeth Goldsmith[1,2], Rebecca Stinson[1], Jennifer Flynn[3,4], Mahendra Patel[3,4], Nersi Nikakhtar[1,2]
[1]Minneapolis Veterans Affairs Health Care System, Minneapolis, MN, USA, [2]University of Minnesota, Minneapolis, MN, USA, [3]Southern Arizona Veterans Affairs Health Care System, Tucson, AZ, USA, [4]University of Arizona, Tucson, AZ, USA

Presented by: Elizabeth Goldsmith, Rebecca Stinson, Jennifer Flynn, Mahendra Patel, Nersi Nikakhtar

Statement of Significance: Transgender people serve in the U.S. military at over twice the rate of the national population overall. Since 2011, Veterans Health Administration directives have mandated that transgender U.S. military veterans receive quality gender-appropriate health care at Veterans Affairs (VA) facilities. Many primary care providers, psychologists, and other health care providers, however, lack important training and education related to care for gender-diverse people. Providers are also often unaware of the many relevant resources available through in-person or telehealth care in VA, including hormone therapy, voice/speech therapy, prosthetics, support groups, and education for health professionals.

The VA's National Transgender E-Consultation Program offers electronic consultation guidance to VA providers caring for transgender and gender diverse veterans and has completed over 1,350 consults to over 320 facilities since the program's 2014 start. Based in Minneapolis, Minnesota and Tucson, Arizona, our two multidisciplinary teams of pharmacy, medicine, psychology and social work providers respond to consultation questions throughout the nationwide VA health system. Rather than taking over direct clinical care, we support primary medical teams and other providers in building skills and accessing resources for veterans. In a time when telehealth and other technologies to facilitate remote care are more essential than ever, our goal is to enable VA health professionals to provide quality evidence-based care for transgender and gender diverse veterans in any location nationwide. We hope our presentation will convey useful information for health professionals wishing to establish similar remote consultation infrastructure in their own health systems.

Learning Objective 1: Recognize common reasons why U.S. health professionals may seek consultation to improve care for transgender and gender diverse people

Learning Objective 2: Describe a multidisciplinary approach to remote case evaluation through chart review and team communication.

Learning Objective 3: Identify key methods of communicating remotely with nationwide health professionals seeking guidance in transgender and gender diverse care

Method to Achieve Learning Objectives: As foundational information, we will review the areas of transgender and gender diverse care in which providers often seek e-consultation from our teams, and will provide an overview of resources for transgender and gender diverse care within VA. We will then outline our approaches to evaluating common questions, informed by the perspectives of our different disciplines. Finally, through challenging case examples, we will demonstrate methods of communicating guidance to consulting providers, including eliciting underlying questions and concerns providers may have, determining the scope of our recommendations, and identifying locally relevant resources and training options.

Saturday, November 7, 2020

10:05am - 11:20am ET

Surgeon's Course - Oral: Surgeon's Course

SAT-1D-T: NEOVAGINOPLASTY WITH TILAPIA SKIN XENOGRAFT FOR MALE TO FEMALE GENDER AFFIRMING SURGERY

Alvaro Rodriguez[1], Edmar Lima Junior[2], Ana Paredes Moreno[1], Leonardo Pinheiro Sobreira Bezerra[2], Cesar Ramirez Salcedo[1]
[1]Centro Especializado en Cirugia Mamaria y Cirugia Transgenero, Cali, Colombia, [2]Universidade Federal do Ceara, Fortaleza, Brazil

Presented by: Alvaro Rodriguez

Introduction/Background: The lack of tissue to make the inner layer of the neo vaginal canal has been a problem for the surgeons since the first gender affirming surgery procedures. With the tilapia skin xenograft, the authors described a new technique that assures a vaginal canal that is smooth, elastic and moisture that is very similar to the cis gender vagina even at its histology.

Specific Aim: Describe the results of a new vaginoplasty technique

Materials and Methods: All patients must had completed Standards of Care for Gender Identity Disorders (SOC 2012) documentation as it is recommended the World Professional Association for Transgender Health (WPATH).
Coventional inversion vaginoplasty technique with a tilapia skin xenograft for lenght attached to the penile skin and the composite neovagina is then inverted This allows the neo vaginal canal to be deeper, wider and moisture the composited tube is packed with sponges impregnated with antibiotic ointment and chlorhexidine to be introduced at the dissected cavity forming the neovagina. The remaining part of the base of the penile skin is used to form the labia minora, which are sutured to the deepithelialized area of the neoclitoris and clitoral hood. The remaining scrotal skin is used to form the labia majora
Foley catheter is left until day 6 and Antibiotics (cephalosporins and metronidazole) are administered until 7 days postoperatively when vaginal packing is removed.
Patient is discharge from the hospital at day 5 - 7 with a written instruction on how to maintain hygiene and dilate the neovagina. Dilation is mandatory once a day for 6 months, with a vaginal dilation set of 19 cm in lengths and four different diameters ranging from 15 mm to 42 mm.

Results: Depth of 18 to 20 cm with a vaginal width between 40 mm and 45 mm. Histologic vaginal ephitelium , total epitelization of the new vagina at 4-6 months. very good sensitivity and orgasm during intercourse or masturbation on 100% of the cases. sexual activitu began at 2-3 months after surgery. Good to very good aesthetic

Conclusion: The Tilapia Skin Technique is showing to be a new options for vaginoplasty either for primary cases as for secondary cases, with less risk of complications and good aesthetic and fuctional results.

SAT-2D-T: PRIMARY MTF CONFIRMATION SURGERY WITH CUTANEOUS TECHNIQUE. 472 CASES.

Christian Gutierrez Vega, Javier Belinky
Durand Hospital. Guemes Clinic, Buenos Aires, Argentina

Presented by: Javier Belinky

Introduction/Background: feminizing genital surgery is continuously increasing worldwide. In Argentina, since the gender identity law in 2012, the demand has grown, but our casuistry begins years before law. Gender surgery is not a comsmetic surgery. You should achieve cosmetic , functional and sensitive results. Deep is very important but some patients wants a zero depth vaginoplasty. For this reasons a patient comunication is very important and this surgery need to be customize to each patient,

Specific Aim: Describe the experience with genital surgical management of female transgender patients.

Materials and Methods: Between December 2010 and March 2020, 472 female transgender patients underwent surgery. All underwent skin vaginoplasties as primary surgery. . In 81, it was made with anterior and posterior flaps, in 182 with penile inversion technique, in 48 with cutaneous segments as a free graft for the total vaginoplasty, in 161 the combination of penile inversion together with a free graft skin for the vaginal dome. The medical records were retrospectively analyzed and the cosmetic, functional and sensitive satisfaction were subjectively analyzed.

Results: The average age of the patients was 31 years (16-69). The average operative time 240 minutes (180-360), the mean bleeding 200 cc. 1.9% (9 patients) of the patients had to be transfused. Complications were: neovagina stenosis in 12 patients (2.5%), rectal injury in 8 patients (1.69%), urethral stenosis in 6 patients (1.27%), reversible nerve injury in one patient (0.21%), clitoral necrosis in one patient (0.21%) and minor skin complications in 41 patients (8.6%).
We obtained 99.3% of global cosmetic satisfaction, 100% of vaginal sensitivity and 82.6% of orgasms. The average depth achieved in patients without stenosis was 17cm (12-22 cm)

Conclusion: In our experience with more than 10 years practicing this surgery, we have obtained very good cosmetic, functional and sensitive results with cutaneous vaginoplasty. The complication rate is within the expectations for this type of surgery. Our results are comparable to the published world series.

SAT-3D-T: "SIGMA LEAD LEAD MALE TO FEMALE GENITAL SEX REASSIGNMENT SURGERY; BLENDING COSMESIS WITH FUNCTIONALITY"

Narendra Kaushik, Omi Jindal, Devendra Bhardwaj
Olmec Healthcare and The Premier Transgender Surgery Institute; Delhi India., Delhi, India

Presented by: Narendra Kaushik

Introduction/Background: Current Male-to-Female Sex-Reassignment-Surgery (SRS) techniques have not been fully successful to achieve the ideal objectives. The ordeal of multiple procedures, associated complications and suboptimal results lead to high rate of dissatisfaction. We have tried to overcome functional inadequacy as well as address the aesthetic issues for outer genitalia and vagina with our innovative "True shape Sigma Lead SRS: Kaushik's Technique", which has now become the technique of choice for MtF genital SRS for our patients.

Specific Aim: Aim of this study is to present the results of our innovative technique (Sigma lead Male to Female Genital Sex Reassignment Surgery) along with review of literature. Technique will be demonstrated in video.

Materials and Methods: Between April-2007 and April-2017, author performed 386 Sigma Lead SRS in MtF Transsexuals. Results were analyzed based on complications, re-surgeries, and aesthetic/functional outcome. Corrective SRS using rectosigmoid constituted 145 cases and is not a part of this study.

Results: Maximum follow-up was 7 years (average 34 months). Seventy-eight (20.2%) patients had complications, majority being minor(97.4%). Forty-four(11.4%) required re-surgeries, ten(2.6%) were corrective for introital stricture and mucosal prolapse while thirty-four(8.8%) opted for optional minor aesthetic enhancement. Overall satisfaction rate for cosmetic and functional outcome was 4.7 out of 5. In addition to review of literature, innovations in the technique have been explained.

Conclusion: Kaushik‘s Sigma-Lead MtF SRS technique is a step short to become the gold-standard of genital SRS because it has proven to be safe and reliable. It allows faster healing, minimal dilation, nearly natural cosmetic results in the form of clitoris/clitoral hood, labia minora, labia majora along with self-lubricating, fully-deep and sensate neovagina with orgasmic capabilities. This is perhaps the largest reported series of recto-sigmoid use in transsexuals carried out for primary vaginoplasty.

SAT-4D-T: THE SAFETY OF OUTPATIENT RECOVERY FOR PENILE INVERSION VAGINOPLASTY

Ian Nolan[1], Shane Morrison[2], Thomas Satterwhite[3]
[1]New York University, New York, NY, USA, [2]University of Michigan, Ann Arbor, MI, USA, [3]Align Surgical Associates Incorporated, San Francisco, CA, USA

Presented by: Ian Nolan

Introduction/Background: Penile-inversion vaginoplasty (PIV) is an effective surgical treatment for genital-related gender dysphoria in transfeminine patients. Typical postoperative care for PIV patients includes inpatient hospitalization for several days. However, there are several potential benefits to outpatient recovery after PIV, namely cost and comfort.

Specific Aim: The purpose of this study was to evaluate the safety of outpatient recovery from PIV.

Materials and Methods: This was a post-hoc analysis of a cohort 178 PIV patients from 2014 through 2019. Patients were chosen for outpatient recovery on the basis of health (American Society of Anesthesiologists Class 2 or less) and patient preference. Outpatient recovery consisted of a 23-hour hospital stay, then transfer to a nearby rehabilitation facility with 24-hour nursing care. After approximately 3 days in the rehabilitation facility, patients were discharged home with regular outpatient follow-up.

Results: Of 178 consecutive PIV patients, 22 recovered as outpatients. There were no statistically significant differences in any patient characteristics (age, BMI, tobacco use, or diabetes) or short-term complications (hematoma, infection, or wound breakdown). There was no difference in 90-day rates of DVT or inpatient psychiatric admission.

Conclusion: In this retrospective study, we demonstrate the safety of outpatient recovery after penile inversion vaginoplasty for transfeminine patients. It is important to note that in this context, ‘outpatient recovery’ does not mean discharge home without supervision, which the authors suspect would be ill-advised after a surgery of this magnitude. Patients undergoing outpatient recovery still have close surveillance and are carefully monitored for any complications that may arise. They remain under direct care for 23 hours after surgery, are closely monitored by nursing staff during the immediate postoperative period, and have regular follow-up appointments with the surgical team for months after surgery. Since outpatient recovery is likely more comfortable and cost-effective, it should be considered as an alternative to inpatient recovery for certain patients. However, limitations of this study include nonrandomized patient selection for outpatient recovery, which limits any claims about its safety for all patients. Higher-risk patients may benefit from longer postoperative surveillance under more robust hospital resources, and patient disposition should be considered on a per-patient basis.

SAT-5D-T: ROBOTIC ASSISTED SIGMOID VAGINOPLASTY IN MALE TO FEMALE TRANSFORMATION : A FUNCTIONAL AND AESTHETIC INNOVATION

Sanjay Pandey
Kokilaben Dhirubhai Ambani Hospital & Research institute, Mumbai, India

Presented by: Sanjay Pandey

Introduction/Background: Sigmoid vaginoplasty has established a unique place in the world of reconstructive genitoplasty. We describe the use of a robotic assisted sigmoid vaginoplasty in a Male to female Gender reassignment surgery as a primary indication towards aesthetic and functional undertaThe surgical methods used to create a vagina have advanced through the decades. Different dilation techniques have been described and are still used.In 1904, Baldwindescribed the use of a segment of small intestine. Another option is the sigmoid colon with improved results as described in Male to Female transition.

Specific Aim: a. To fulfill a capable vaginoplasty as a primary procedure by sigmoid colon pedicle flap b.Minimally invasive approach towards completing the segment of colon harvesting to creating the neovagina by 3 ports c.ability to harvest longer segment of colon towards distal placement and maintain complete blood supply of the pedicle d.Aesthetic appeal of completing an abdominal approach with 3 ports to a scar free abdomen thus leaving her scarfree

Materials and Methods: Surgery to construct a vagina is technically demanding with many challenges to produce functional and psychologic satisfaction. Possible causes include
mullerian duct failure, androgen insensitivity syndrome, congenital adrenal hyperplasia, and gonadal dysgenesis where we have been able to complete by minimally invasive approach.
A 26 -year case of Gender dysphoria desirous of Male to female transformation by primary Sigmoid vaginoplasty was evaluated and counselled
Patient was successfully managed by the use of robot-isolated sigmoid colon segment for creation of the neovagina and intracorporeal stapled colo-colic anastomosis by intraabdominal route .The perineal component of the surgery was completed by Bilateral orchidectomy,Corporectomy creation of the neoclitoris by glans penis and labia majora and minora by the Peno-scrotal skin that had undergone laser depilation.The sigmoid segment of 15 cm was brought into retroprostatic cavity created from above with two vascular pedicles and anastomosed to exterior of cruciate incision in the perineum creating a capacious vaginal Introitus by spatulated anastomosis to the skin outside.A follow-up was done at 3 and 6 months by colposcopy , which revealed a large capacious vagina with lubrication even without self-dilatation.The technique is presented stepwise as a video of intraoperative technique and post operative follow up colposcopy

Results: She had satisfactory length of 15 cm of sigmoid segment vagina that was aligned to the vertical axis of the Retroprostatic placement , thus amenable to self calibration and coitus (beginning from 8 weeks of the surgery) ; the mucus discharge reduced significantly to minimal levels by 6- 8 months , with satisfactory self lubrication,length achieved and results she had promising fulfilment of the surgery

Conclusion:
When the sigmoid colon is used, there is less strain on the pedicle to reach the pelvic floor. The robotic approach is feasible and can produce satisfying postoperative outcomes and might be a minimally invasive technique in future vaginoplasty surgery 4 patients operated for primary vaginoplasty had satisfactory aesthetic results in intermediate term of 6 to 14 months follow up . It could be a minimally invasive method of choice towards redo vaginoplasty failing skin flap vaginoplasty failures.

SAT-6D-T: Metaidoioplasty, surgical innovation using the IDEAL framework

Müjde Özer, Sterre Mokken, Wouter van der Sluis, Margriet Mullender
Amsterdam UMC - Location VUmc, Amsterdam, Netherlands

Presented by: Müjde Özer

Introduction/Background: The number of treatment-seeking individuals with gender incongruence has grown rapidly worldwide. Although, the ideal method for achieving the ideal male genitals, capable of substituting erectile, fascial, and urethral tissue, is yet to be discovered.
A metaidoioplasty maintains erotic sensations and erections, plus the use of local tissue prevents donor site problems. To lower complication risks even more, men may opt for a metaidoioplasty without urethral lengthening. Given the benefits of this procedure, we have optimized this technique in order to minimize the drawbacks.

Specific Aim: The aim of this study is to present the adapted metaidoioplasty technique according to the IDEAL frame work, and evaluate the surgical method, by studying the surgical results, complications, and the patient satisfaction.

Materials and Methods: This new metaidoioplasty technique is studied according to the IDEAL framework, describing the need for surgical innovation, the patient population, the surgical method, short- and long-term complications and patient satisfaction. Demographic, surgical and outcome data were collected prospectively. Patient satisfaction was digitally assessed using a self-developed PROM with the use of a cloud-based clinical data platform (Castor).

Results: This study presents the results regarding 12 men who underwent metaidoioplasty following the new technique. All gave informed consent to participate in this study. The results showed more penile length and grid. Erogenous sensation was unchanged after surgery as well as erectile function and orgasm capacity. Satisfaction with the result was seen in all, with a rise in sexual wellbeing after surgery.

Conclusion: The new metaidoioplasty technique is a safe method with promising results, with more penile length and grid, unchanged erogenous sensation, erectile function and orgasm capacity and a rise in sexual wellbeing after surgery.

SAT-7D-T: SURGICAL OUTCOMES FOLLOWING GENDER-AFFIRMING PENILE RECONSTRUCTION

Isabel Robinson, Gaines Blasdel, Oriana Cohen, Lee Zhao, Rachel Bluebond-Langner
NYU Langone Health, New York, NY, USA

Presented by: Isabel Robinson

Introduction/Background: Current literature on surgical outcomes after gender affirming genital surgery is limited by small sample sizes and patient homogeneity.

Specific Aim: The purpose of this study is to examine phalloplasty and metoidioplasty outcomes as reported by a large, diversely-recruited, inter-continental cohort of transmasculine patients.

Materials and Methods: A detailed survey of transmasculine peoples' experience was constructed and reviewed by an advisory body of community leaders of phalloplasty and metoidioplasty support groups. IRB exemption status was obtained prior to data collection. Data collected included patient age, preoperative comorbidities, genital surgery history including complications and revisions, pre- and post-operative genital sensation, urinary, and sexual function, and genital self-image. All complication data was based on patient report. Data was compared to preoperative survey participants interested in genital confirmation surgery.

Results: Of the 1,212 patients completing the survey, 129 patients underwent genital confirmation surgery. Of these, 79 patients (61 percent) underwent phalloplasty only, 32 patients (25 percent) underwent metoidioplasty only, and 18 patients (14 percent) underwent metoidioplasty followed by phalloplasty. In total the patients experienced 276 complications, with 62 patients (48 percent) experiencing more than 1 complication and 31 patients (24 percent) experiencing no complications. The most common complications were urethrocutaneous fistula (*n* = 45, 35 percent), urethral stricture (*n* = 34, 26 percent), and worsened mental health problems (*n* = 25, 19 percent). Patients underwent a total of 136 revision surgeries, with 60 patients (47 percent) undergoing multiple revisions and 62 patients (48 percent) undergoing no revisions. The most common surgical revisions were urethral stricture repair (*n* = 32, 25 percent), urethrocutaneous fistula repair (*n* = 28, 22 percent), and glansplasty revision (*n* = 22, 17 percent). The average erect neophallus after phalloplasty was 14.1cm long; after metoidioplasty the average erect length was 5.5cm (p<0.00001). When rating their ability to feel erotic sensation in their neophallus, metoidioplasty patients report 4.8 out of 5 sensation, compared to 3.4 out of 5 for phalloplasty patients and 2.8 out of 5 for patients undergoing both surgeries (p<0.00001). The average postoperative patient score on the MGSIS-7 scale for genital self-image was 20.29 compared with 13.04 for preoperative patients interested in genital surgery ($p<0.00001$) and 21.97 for a cisgender male cohort ($p=0.0004$).

Conclusion: Complication rates, particularly urinary, remain high for phalloplasty and metoidioplasty. Postoperative patients report improved genital self-image relative to their preoperative counterparts, although self-image scores remain lower than cisgender males.

SAT-8D-T: MASCULINIZING GENITAL CONFIRMATION SURGERY. NOT EVERYTHING IS FOREARM

Javier Belinky
Durand Hospital. Guemes Clinic, Buenos Aires, Argentina

Presented by: Javier Belinky

Introduction/Background: Genital masculinizing gender rehabilitation surgery, unlike feminizing surgery, offers many surgical alternatives with different techniques, different options regarding functionality and different complications. On the one hand, there are clitoral elongation techniques for patients who want highly sensitive micropenises, but for patients who require adequate penile size for penetration, there are other alternatives. The abdominal flap technique offers an excellent alternative to making a good-sized phallus that supports a future penile prosthesis.

Specific Aim: Describe our experience with abdominal flap phalloplasty

Materials and Methods: Our casuistry with suprapubic abdominal flap, complication rate, cosmetic and functional satisfaction is described.

Results: Between April 2011 and February 2020, 78 masculinizing genital surgeries were performed in patients with transgender identity, of which 63 (80.7%) had supra-pubic flaps.
The average age was 37.3 years (20-51). 63 suprapubic randomized flaps were performed. In 80% (51) of the supra pubic flaps, surgery was combined with an annexed hysterectomy by the same route.
. Bilateral testicular prostheses were implanted in the same act in 96.8% of the patients associated with scrotal plasty.
Total cordectomy was performed in the same act in 96% of the patients. Urethra developed in 2 of the flaps, one with the tube-on-tube technique and the other with a vaginal mucosa graft.
In all patients, the clitoral structure was mobilized for implantation at the base of the phallus.
The average phallus length was 15 cm (13-17).
The cosmetic satisfaction rate was 85%.
Penile prostheses were implanted in 47 of the 63 patients (74%).
In patients implanted with prostheses to date 45 of 47, 32 patients use it for penetration (71%), 25 being satisfied with it (78%).
In all patients with clitoral mobilization, a highly sensitive area was generated at the base of the penis.

Conclusion: The phallopalsty technique with suprapubic abdominal flap is presented as a simple, low-morbidity, easy-to-learn technique that provides good penile size, without the option of urethral development in a first surgery, by the same approach allows the annex hysterectomy, high satisfaction cosmetic and medium functional satisfaction.

11:25am - 12:40pm ET

SAT-9D-T: DO STAGING AND FLAP TYPE AFFECT URETHRAL COMPLICATIONS OF GENDER AFFIRMING PHALLOPLASTY? A SYSTEMATIC REVIEW

Catherine Wu[1], Divya Jolly[2], Elizabeth Boskey[2], Oren Ganor[1,2]
[1]Harvard Medical School, Boston, MA, USA, [2]Boston Children's Hospital, Boston, MA, USA

Presented by: Catherine Wu

Introduction/Background: As demand for gender-affirming surgeries increases and phalloplasty becomes more routinely performed, there is a growing need for an evidence base to guide surgical decision-making. While radial forearm free flap phalloplasty is the current gold standard, there are a wide variety of flaps used and there is currently no ideal surgical technique which reliably produces an aesthetic and functional phallus with minimal complications. Urethral complications are the most common complications arising from phalloplasty, with reported rates in excess of 30%. Recent reviews have suggested that flap type and number of stages may affected the high rates of urethral complications seen with phalloplasty, but no rigorous comparison of both staging and flap has been performed.

Specific Aim: To evaluate the effects of flap type and number of stages on urethral complications in gender-affirming phalloplasty.

Materials and Methods: A systematic review was conducted across PubMed, Google Scholar, and ScienceDirect (PROSPERO# 158722). All included studies examined urethral complications following gender-affirming phalloplasty in transgender men. Data were extracted in line with PRISMA guidelines. Quality of evidence was assessed using the GRADE system. All searches, extractions, and grading were completed by two authors.

Results: A total of 25 studies were included with a total of 1674 patients. Identified flap types included radial forearm, anterolateral thigh, abdominal, and fibular flaps. Surgical techniques varied widely within flap types. Number of stages ranged from 1-4. Stricture and fistula were most the frequently reported complications. Complication rates varied greatly across studies. Preliminary investigation for meta-analysis demonstrated unacceptably high heterogeneity, even when examined in subgroups by flap and number of stages. Strictures occurred in 9.5 to 67.9 percent of radial forearm flaps, 22.0 to 47.4 percent of ALT flaps, 0 to 93.8 percent of abdominal flaps, and 14.6 to 40.0 percent of fibular flaps. Fistulas occurred in 9.5 to 67.9 percent of radial forearm flaps, 10.5 to 20.3 percent of ALT flaps, 0 to 93.8 percent of abdominal flaps, and 0 to 21.9 percent of fibular flaps. There were no clear differences in rates of stricture and fistula for different flap types. There was limited evidence suggesting increasing the number of stages reduced rates of fistula and stricture in abdominal phalloplasty. There were no other demonstrable differences for staging across other flap types. The quality of included studies was poor, with all studies receiving a GRADE of low or very low. Reporting of parameters was highly inconsistent across studies.

Conclusion: Our results suggest that differences in reported rates of fistula and stricture are not clearly attributable to flap type or staging. Thus, choice of flap type and staging of the procedure should take into consideration other factors including patient and surgeon preference, anesthetic safety, and resource availability. Inconsistent reporting of techniques, complications, and confounding factors make drawing firm conclusions a challenge. As the field grows, it is crucial to develop standard reporting parameters to facilitate rigorous comparison between studies. Further research is needed to determine the impact of other potential factors affecting complications of gender-affirming phalloplasty.

SAT-10D-T: Use of the Deep Inferior Epigastric Vessels (DIEV) for Arterial-Venous Anastomosis with Free-Flap Phallo-urethroplasty: Technique, Key Points, and Lessons Learned

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Presented by: Nance Yuan

Introduction/Background:
Most descriptions of gender-affirming free-flap phalloplasty utilize the femoral vessels as recipient vessels. Use of the deep inferior epigastric vessels (DIEV) as recipient vessels has previously been reported,but a detailed description of technique, advantages, and pitfalls has not been reported. We

review our experience with this technique in a series of 27 cases.

Specific Aim: Discuss use of DIEV as recipient vessels in free-flap phalloplasty, including specific technique, advantages, and pitfalls

Materials and Methods: Retrospective review on consecutive patients undergoing free-flap phalloplasty at a single institution from 9/2017 to 2/2020 was performed. In all cases, the DIEV were used as recipient vessels for microsurgical anastomosis. The DIEV pedicle was dissected via a 6-cm skin incision and a 5-cm incision through the low abdominal wall fascia just medial to the DIEV beneath the inguinal ligament. Demographics, surgical details, and outcomes were recorded.

Results: 27 patients underwent flaps anastomosed to the DIEV. Mean age(range) was 39(22-75)years; mean BMI was 27.2, and mean follow-up was 11.6 months. 25/27 patients underwent phalloplasty (19 radial forearm free flap, 6 anterolateral thigh (ALT) free flap), and 2 patients underwent radial-artery flap urethroplasty.
No femoral vessels or interposition grafts were used.

In 26 patients, there were two *venae-comitantes* suitable for anastomosis using venous-couplers (range: 1.5-3mm diameter). In 25 patients, 2 veins were coupled. The remaining two patients had one and three veins coupled, respectively.

In 25/27 patients, the DIEV pedicle was passed without tension through an approximately 7-10 mm-wide opening created in the center of the external inguinal ring (EIR) to reach the recipient site without tension. All healed with no complications.

Two patients experienced complications:
Patient 1 had an incidentally found ipsilateral femoral hernia that was repaired using biological graft (Flex-HD). We created a “key-hole” opening through the graft near the EIR for the DIEV. This patient subsequently developed cellulitis and significant edema causing dehiscence of the neourethral-tube (but preservation of neourethra flap viability).
The EIR was located aberrantly laterally and inferiorly, causing the trajectory of the DIEV to the recipient site to be unfavorable. A 1-cm opening was made through the abdominal wall fascia for the pedicle to pass through. Despite initially strong doppler signals though POD 2-3, at POD 3 the patient began to develop venous congestion and weaker Doppler signals. He experienced total flap loss.

Conclusion: Advantages associated with use of the DIEV versus femoral vessels include better donor-recipient vessel size-match, elimination of risks of arterialized and interposed veins (including aneurysm or blow-out from high-pressure flow), reliable dissection anatomy, and significantly decreased visible scar. Tethering along the pedicle suture line that pulls the phallus off-center, as can occur with use of femoral vessels, is generally avoided. Potential pitfalls include poor pedicle reach (we had only one case), and any factors that could compress the pedicle veins. In such cases, we recommend a low-threshold to use local or femoral veins for anastomosis.

SAT-11D-T: PENILE PROSTHESIS IN PHALLOPLASTY FOR GENDER DYSPHORIA :LEARNINGS FROM KDAH TECHNIQUE AND RESULTS

Sanjay Pandey
Kokilaben Dhirubhai Ambani Hospital & Research Institute, Mumbai, India

Presented by: Sanjay Pandey

Introduction/Background: Staged phalloplasty towards aesthetic and functional neophallus entails creation of the organ that has satisfactory penetrative capability in completing the journey of continued milestones for the individual with gender dysphoria in a female to male transition.In reconstructive

journey, placement of a penile prosthesis in a neophallus gives the much needed rigidity towards the capability of this organ.
We demonstrate technique of placing semi rigid prosthesis in pedicled flap phalloplasty and evolution of the technique in our series of 27 cases

Specific Aim: a.Presenting the innovation of placing the semi-rigid prosthesis of correct dimension b.Strategically implant on dorsal aspect of the Neophallus ,leaving the ventral aspect towards pedicled urethroplasty c. Anchoring the prosthesis to the pubic symphysis thus preventing migration,creating the specific rigidity and penopubic angle d.Assessing the evolution of the current technique, assessing explantation - spontaneous extrusion rates and acceptibility of the innovation.

Materials and Methods: Implanting semirigid prosthesis as a single piece stabilises the shaft and creates the much needed rigidity of the neophallus. Incision along the root of the shaft contralateral to the pedicle side is deepened till the periosteum of pubic symphysis, appropriate length prosthesis fitting the shaft is implanted on the dorsal aspect along the length,leaving an inch of the tip under antibiotic cover irrigation as the space is created with adequate dilatation.The shaft is stabilised at the base with cuff created by the prolene mesh towards preventing migration The intricate dilatation and placement dorsally helps planning future neourethra on the ventral location.Each step of placement is covered under most strict sterile precautions and antibiotic irrigiation cover and incision site and the shaft is dressed with gentle compression dressing towards preventing haematoma formation resulting from dilatation.

Results: In our series of staged phalloplasty, twenty seven patients with pedicled rotation flap done 3 months to 4 years ago have undergone semirigid prosthesis implantation by a single semirigid rod implantation.In early days 3 prosthesis have been explanted due to migration and tip necrosis , and one resulting from infection at the base from Prolene mesh .22 patients have been stable with satisfactory capable results .One patient didnt use the shaft towards any penetrative coitus but for upright voiding.In later series of 15 cases we have been able to anchor the prosthesis to the periosteum with minimal anchorage needed of the collar created by prolene mesh

Conclusion: Semirigid single rod prosthesis fulfills the needs of rigidity in the Neophallus giving lasting physical and psychological satisfaction in gender reassigned individuals as we evolve to an ideal state by continued innovations and patients feedbacks.

SAT-12D-T: STAGED SCIP FLAP PHALLOPLASTY COULD BE A STANDARD OF CARE IN GENDER REASSIGNMENT SURGERY : KOKILABEN HOSPITAL TECHNIQUE

Sanjay Pandey
Kokilaben Dhirubhai Ambani Hospital & Research Institute, Mumbai, India

Presented by: Sanjay Pandey

Introduction/Background: Gender reaffirmation phalloplasty is a complex surgical undertaking. Successful creation of the neophallus must meet cosmetic and functional thresholds and expectations .The ideal neophallus should be sensate, hairless, and similar in color to the surrounding skin. It should have an inconspicuous scar, maintain rigidity for sexual intercourse and allow for micturition upon standing with minimum donor site morbidity.
We demonstrate our technique of using a SCIP flap for the same and its evolution over a period of 32 cases in 5 years

Specific Aim: Phalloplasty towards aesthetic and functional results from minimal scar at the hip joint line to be able to create a sufficient Phallic size of approx 14-15 cm without any donor sit morbidity. The phallus is capable of accepting a pedicled flap urethroplasty by contralateral SCIP flap at a later stage and single rod penile prosthesis towards completion of the staged technique with satisfactory results

Materials and Methods: After appropriate psychiatric and endocrine evaluation, patients were counselled for surgery.

(Concomitant mastectomies/vaginectomies were also done when feasible)
The technical considerations of the surgery are demonstrated in the video where a 14 -15 cm flap designed on the superficial circumflex iliac artery perforator is harvested over the pedicle and rotated towards placement without stretch in the strategic location.The flap with continued vascularity check is then folded into shape and closed with ventral suture line and nursed in non dependent posture.The donor site is closed with adequate mobilisation and semi flexed hip joint towards adequate healing.
The SCIP phalloplasty was the first part of a three stage process that involved Labial flap urethroplasty , vaginectomy at a later stage incorporated ventrally as a tube inlay staged flap procedure followed by insertion of a penile prostheses

Results: The mean age of our patients was 26 years (21-39). Two cases in our series had complete and immediate graft loss due to vascular compromise ; two patients had to be debrided towards distal shaft amputation by 1. to 3 cm as the vascularity was hampered because of a narrow vessel or obesity. All urethra at the next stage were reated over 16 Fr silicone catheter and tunneled to the tip of the shaft ; In 6 patients the urethra fell short of the tip directly repated to tissue length mismatch contributing to the urethra . All patients continued calibration of their neourethra untill 6 months post 4 th week catheter removal and close follow up.

Conclusion: The free radial forearm flap though established itself over time, has major problems like donor-site morbidity with large depressive scar after skin grafting, urethral fistulas, and need for microvascular anastomosis. A SCIP flap has the advantage of minimal donor-site morbidity with a concealed donor scar without need for an anastomosis. The aesthetic and functional results have increased to acceptable levels being a staged procedure with needed minor corrections over the next stage as ingrained in the counselling and towards satisfactory healing ; Hence our advocacy for the same.

SAT-13D-T: PARTIAL FLAP LOSS IN GENDER PHALLOPLASTY: INCIDENCE, ETIOLOGY, MITIGATION AND MANAGEMENT

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Oregon Health and Science University - Section of Plastic and Reconstructive Surgery, Portland, OR, USA

Presented by: Blair Peters

Introduction/Background: Flaps used in phalloplasty are much larger in dimension than traditionally described for other areas of reconstruction. Design often includes a tube-within-tube (TWT) to allow for creation of a vascularized urethra. This places excess strain on tissue vascularity unique to flap use in phalloplasty. While the incidence of total flap loss is low, current literature regarding partial flap loss (PFL) is lacking.

Specific Aim: The purpose of this study was to review a single surgeon's experience with PFL when performing phalloplasty as part of gender affirming surgery and review the current literature on PFL.

Materials and Methods: This was a retrospective cohort study of all patients who underwent phalloplasty for gender affirming care by a single surgeon at a single institution between 2016 to 2020. PFL was assessed as defined by any patient requiring sharp excision of necrotic tissue. If secondary reconstruction was required, surgical methods used were recorded. Patient variables including age and BMI, flap variables including design and donor site and additional complications of total flap loss and urologic sequelae were noted. A systematic review of the literature was completed to summarize available data on PFL.

Results: 70 phalloplasties were identified. 5 patients suffered PFL (7.1%). 4/5 were radial forearm TWT and 1/5 was a pedicled ALT TWT. 2/5 cases of PFL occurred following a post-operative day 1 flap take-back due to macrovascular venous congestion. 3/5 occurred in the subacute period due to microvascular arterial ischemia. Of the 4 cases of PFL in radial forearm TWT, 3 involved the distal radial border of the flap, 1 involved the entire radial border. All 4 of these cases were treated with excision and full thickness skin grafting +/- integra. The ALT TWT had PFL at the proximal urethral extension requiring excision of the necrotic segment and marsupialization of the urethra proximally. Review of the literature gave an overall PFL rate of 4.5% for radial forearm and 7.1% for ALT flap phalloplasty (6.7% overall).

Conclusion: Overall rates of PFL following phalloplasty both in this case series and in the literature are around 7%. Higher rates of PFL appear in tube within tube phalloplasty designs compared to shaft only. PFL in the immediate post-operative period most commonly appears to be due to macrovascular issues with venous congestion and PFL in the subacute period typically appears to be due to microvascular arterial ischemia.

SAT-14D-T: SURGICAL AND FUNCTIONAL OUTCOMES OF ANTEROLATERAL THIGH FLAP PHALLOPLASTY FOR GENDER AFFIRMATION SURGERY

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Presented by: Kelvin Adasonla

Introduction/Background: The radial forearm free flap phalloplasty is the most commonly used flap for penile reconstruction. The anterolateral thigh (ALT) free flap was proposed in 2006 as an alternative due to the twin advantages of a more easily hidden scar and improved flexibility in the length of the flap. A pedicled variant of the ALT flap was proposed the same year thus offering greater security of vascular supply for suitable patients. The pedicled ALT flap was first offered at the tertiary referral centre in London, United Kingdom from 2009.

Specific Aim: To report the surgical outcomes of the complete cohort of patients. In addition, functional outcomes of the ALT flap phalloplasty are being reported for the first time.

Materials and Methods: All patients undergoing ALT flap phalloplasty in the United Kingdom were included in the study. Data were extracted from a comprehensive prospective database and the medical records. Functional outcomes were assessed by non-validated questionnaire.

Results: Fifty-nine patients underwent ALT flap phalloplasty between August 2009 and January 2020 with a mean follow-up of 37 months (SEM ± 3.28). Median age of the patients was 35 (IQR 26 – 49) and mean body mass index was 24 (SEM ± 0.67). A significant minority had a previous failed phalloplasty (22%). In addition, 7% of patients had other co-morbidities including diabetes and peripheral vascular disease. Half of all flaps (n=29) were designed with an integrated urethra and 5% (n=3) required free flap transfer. The average length of stay was 7 days (SEM ± 0.56). Post-surgery, two (3.51%) patients experienced total phallic loss, with a further three (5.26%) experiencing partial loss. Urethral complications were common with 11 of 29 (37.9%) patients with integrated urethra developing fistulae and two (6.9%) developing strictures in the phallic urethra. Thirty-eight (64.4%) patients completed the functional outcomes questionnaire. Thirty-three (86.8%) said they were generally satisfied with their phalloplasty, while twenty-six (70.3%) felt they had a good cosmetic outcome. Twenty (53%) had sensation in at least half of their phallus. Five patients (8%) experienced troublesome post-micturition dribbling

Conclusion: Presented is one of the largest cohort of patients following genital gender affirmation surgery using the ALT flap phalloplasty. Half of all patients successfully had an integrated urethra in the flap (gold standard for urethral reconstruction). Functional outcomes (an important determinant for the choice of a flap) are reported for the first time showing 86.8% of patients are satisfied despite a challenging cohort with almost a quarter of patients undergoing salvage surgery following previous failed phalloplasty.

SAT-15D-T: METOIDIOPLASTY USING LABIAL ADVANCEMENT FLAPS FOR URETHROPLASTY

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Presented by: Nick Esmonde

Introduction/Background: A variation of the ring metoidioplasty has been performed by the senior surgeon since 2010. It does not require buccal grafts or vaginal wall flaps. An excisional vaginectomy was completed in all patients. We sought to evaluate the urologic outcomes and complications for this technique. Further, we provide a detailed technical description of the technique, including ancillary masculinizing procedures.

Specific Aim: To describe a novel technique for metoidioplasty

Materials and Methods: This is a retrospective, single surgeon chart review of all patients undergoing metoidioplasty from 2010 - 2020. Demographics, outcomes, and complications are reported. A self-reported patient questionnaire provided data on patient-perceived urologic outcomes.

Results: Ninety-one patients were included in the study, with 80 (87.9%) patients reporting ability to stand and void with a strong stream. We observed 5 strictures (5.5%) and 1 fistula (1%). Scrotoplasty with tissue expanders and testicular implants were performed in 75 (82.4%) patients, while monsplasty was performed in 54 (59%) of patients.

Conclusion: Our technique has a low complication rate and patients report a strong urinary stream and the ability to stand in a large majority of cases. Ancillary masculinizing procedures are common. The limitations of metoidioplasty, in general, still persist which is the small phallus size and variable ability to clear the zipper without lowering the pants to void.

Poster: Community Engagement

Poster #1: Community Co-design of a Transgender Health Information Resource Using Virtual Engagement Methods

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Presented by: Bradley Morse

Introduction/Background: The purpose of this presentation is to describe a community-centered design of a Transgender Health information Resource (TGHIR) using complementary virtual focus group and user-centered design sessions to gain key community insights. A credible health information resource (HIR) is crucial to address the health disparities facing Transgender (TG) individuals today. Remote engagement is imperative at this time due to the Coronavirus pandemic which has impeded face-to-face data collection efforts. For our project, we leveraged established relations in our local community to generate online interest in our virtual focus groups and design sessions. These two methods were used in combination to establish an understanding of the community's needs and technological preferences

Specific Aim: We hypothesized that running complementary virtual focus groups and design sessions would refine understanding of the TG community's need and lead to key insights that would inform the development of a HIR.

Materials and Methods: Focus group interactions provided high-level (macro) conceptual insights into the lived experience and needs of Transgender persons seeking health information. These insights were then distilled for discussion in design sessions to learn about the technical functions and requirements (micro) when searching for online transgender health information. Additionally, discoveries from the design sessions informed the themes of the focus groups. Virtual focus groups were conducted using Zoom. A suite of virtual tools was used to host participants in seamless virtual design sessions, including Mural.co, Justinmind, REDCap online survey, and Zoom video conferencing.

Results: Preliminary findings from the focus groups suggest themes around policies and practices that create barriers to equitable care, historic mistrust of health care providers, and limited access to mental health. The rich, descriptive qualitative data has guided the team's design decisions in a manner that honors the needs and preferences of the Transgender community. The interactive design sessions provided insights on participant's likes and dislikes about mobile apps, experiences with online health information resources, and produced a list of 23 desired features for the TGHIR mobile application. Using the Kano Model of customer satisfaction, participants helped to identify the importance of features to potential end-users of the app and how to prioritize them for development. In the next design sessions, participants will co-design the user interface. Informed design decisions are intended to present HIRs in an efficient and culturally relevant manner. As an example, the systemic barriers to healthcare information informed the identification of an application feature that allows users to search for health information that is aligned with gender identity categories. Moreover, the complementary and iterative nature of the focus groups and design sessions has allowed our results to be validated and explored in greater detail.

Conclusion: Each focus group and design session meaningfully engaged community members in virtual interactions. The complementary sequence of focus groups and design sessions allowed the researchers weave macro lived experiences (focus groups) and micro health-information seeking behavior and preferences (design groups) in a manner that informs the development of a HIR prototype for the Transgender community.

Poster: Disadvantaged Groups (Underserved Groups/Populations)

Poster #2: HEREDITARY BREAST AND OVARIAN GENETIC RISK: SCREENING AND TREATMENT AMONG TRANSGENDER AND GENDER-DIVERSE PATIENTS

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Presented by: Maia Sakradse

Introduction/Background: Hereditary cancer syndromes, including hereditary breast and ovarian cancer (HBOC) and Lynch syndromes, place patients at a significantly increased risk for various cancers and their associated morbidity and mortality. While screening, surveillance, and prophylactic treatment strategies are recommended for at-risk populations, the at-risk transgender and gender-diverse (TGD) population may receive differential care due to lack of standardized protocols for screening in this population. Unique risk factors include hormone therapy and gender affirming surgery, and a lack of education among providers.

Specific Aim: Among TGD patients with a hereditary cancer syndrome diagnosis, to evaluate what level of screening, counseling, and prophylactic treatment they are receiving within an integrated healthcare system.

Materials and Methods: A case-series of TGD patients with a diagnosis of HBOC, lynch syndrome, or a known mutation in BRAC1, BRAC2, MLH1, MSH2, PMS2, EPCM, PTEN, or TP53 genes receiving care within Kaiser Permanente Northern California between 2009 and 2019. Electronic medical reviews were conducted to confirm patients' gender status, clinical information, and screening patterns.

Results: Of the 11 patients meeting inclusion criteria, nine were identified to carry a diagnosis of HBOC and two were diagnosed with Lynch syndrome. Seven patients were currently using hormone therapy. All 11 patients were counseled about their risk of cancer and prophylactic options. Six of the 11 patients underwent a gender affirming surgery. Seven of the 11 patients underwent a risk reducing procedure. Of the nine patients with HBOC eight required breast cancer screening. Two of the eight did not receive any screening. Only one patient had complete breast cancer screening prior to risk reducing mastectomy. All others received inconsistent breast cancer screening. Four of the nine patients met criteria for ovarian cancer screening. Two received some screening and none had complete ovarian cancer screening. Among the two patients with Lynch syndrome both had colonoscopies within one year of diagnosis. One of the two patients met criteria for ovarian cancer and endometrial cancer screening but did not receive any.

Conclusion: Within an integrated healthcare system, counseling and prophylactic procedures were consistently performed for TGD patients with hereditary cancer syndromes. Though most patients also received some form of recommended cancer screening, relatively few completed all the recommended screenings based on their clinical risk factors. These findings can help to inform further efforts to improve screening in this high-risk population. Further research should be done to assess the screening and outreach of this patient population.

Poster #3: A QUALITATIVE STUDY OF TRANSGENDER ELDERS' PERSPECTIVES ON AGING: VISIBILITY IS A DOUBLE-EDGED SWORD

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Presented by: Matthew Adan

Introduction/Background: While LGBTQ elders face a multitude of barriers to successful and healthy aging, efforts to understand these needs and barriers have focused primarily on LGBTQ people as a whole, without particular emphasis on any of the subsets within this diverse population. What is known about the aging transgender population suggests that it faces many challenges to self-perceived successful aging, which exist at the individual, community and institutional levels. The special and generic needs of the elderly transgender population requires further study, in order to adequately address these needs.

Specific Aim: Through qualitative methods, we aim to explore the perspectives of transgender individuals age 65 and older on health care, aging, nursing homes, end-of-life care and advice for young transgender people.

Materials and Methods: Nineteen individuals who identify as transgender and are age 65+ were recruited via a combination of convenience and snowball sampling: 10 transwomen and 9 transmen. We performed semi-structured interviews with each participant and gathered demographic data through a pre-interview questionnaire. We generated and selected salient themes via thematic analysis of interview transcripts.

Results: We identified 7 major themes that exemplify the concerns and experiences of this sample of the aging transgender community. These themes include fear of mistreatment in elder care, isolation and loneliness due to trans identity, embracing self-truth as a path to fulfillment, perceived lack of agency, health care system and provider inclusivity, giving back to one's community, and increased vulnerability to social, emotional, and financial stressors. Almost all participants spoke of fear of mistreatment in elder care, including misgendering, neglect and physical violence. Several participants saw visibility as a "double-edged sword"; while self-acceptance and living authentically in their trans identity was freeing and fulfilling, this was accompanied by fears of having to suppress that identity to receive proper treatment and avoid discrimination. They worried that entering a nursing home could mean losing control over their own narrative and identity. Participants also acknowledged that a general loss of agency and dementia may result in further loss of control over their gender expression and end of life care. This fear was compounded by having small support networks and few allies to advocate for them. Some expressed loneliness, isolation, shame and negative appraisal of self, leading to inability to connect even with others in the trans community. Advice for young trans people emphasized the importance of building diverse social networks, saving money in early adulthood, and having the courage to be one's authentic self.

Conclusion: This study sheds light on many concerns, fears and perceived barriers to healthy aging experienced by transgender elders. While some of these concerns, such as fear of mistreatment, are not unique to transgender elders, they are likely heightened in this population due to overlapping areas of stigma, as both transgender and elderly. Those who may be involved in supporting trans elders, such as health care providers, nursing home staff and social workers, must be sensitized to these needs and fears in order to provide appropriate, sensitive and respectful care.

Poster #4: Transgender Youth Support Group in Hong Kong: Experiences of Chinese Transgender Youth Leaders

Diana Kwok[1], Barry Lee[1], Liam Mak[2], Janice Lee[2], Ashley Lee[2], Zephyrus Tsang[2], Ming Yan Chan[2]
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Presented by: Diana Kwok

Introduction/Background: Transgender or trans youth experience genderism and developmental challenges that impact their mental health or wellbeing. However, the research on trans youth not often includes the personal perspectives of trans youth, especially on the process of forming peer supports in facing these challenges. To address this gap, we collaborated with trans youth group to document their peer support experiences. Peer support groups in Hong Kong Chinese trans communities are mostly targeting adult population. Compared to their adult counterparts, transgender teenagers are facing challenges characterized by the intersection of puberty, gender, mental health, peers, school, and family. Although there are several local organizations providing transgender support, none of them is doing so specifically for the younger generation. Quarks is the first emergent program/organization, forming in 2020, targeting at trans youth in Hong Kong, with the aims of providing peer support to the younger local trans community, and promoting the visibility of the transgender community to the general public. Founded by a group of trans youth, the goal of Quarks is to provide a safe and encouraging space for trans youth to freely express themselves. With peers having similar life experience, members from Quarks believe trans youths will be understood, and build strong connections with each other. This will empower younger generation in the Chinese trans communities to face their personal and social challenges.

Specific Aim: This presentation will document critical events leading to the emergence of Quarks, and the experiences of trans youth leaders in the process of engaging and supporting trans peers through diverse mutual help strategies, from the perspectives of trans youth.

Materials and Methods: Ethnographic observation, document analysis, and focus group discussion are the strategies used to understand the experiences of the founding members of Quarks, and the critical events surrounding the emergence of Quarks, the first trans youth support group in Hong Kong.

Results: Theme 1: Critical events surrounding the emergence of Quarks: personal experiences of seeking supports; Experiencing challenges characterized by the intersection of genderism, puberty, mental health, peers, school, and family; Participating in adult peer support groups; Self-empowerment through public education and LGBQ+/trans community events. Theme 2: Sharing personal experience through social media. Theme 3: Engaging trans peers through diverse strategies. Theme 4: Forming a community of supports through mutual help experiences. Theme 5: Emergence of Quarks: discussing group names, setting goals, organizing meetings, facing challenges, and finally forming consensus. Theme 6: Reaching out to the trans youth community through mutual supports and empowerment.

Conclusion: Findings provide important implications for practitioners working with transgender youth. Additionally, providing opportunities for transgender youth to participate in research as the experts and share their perspectives may also help promoting community/group empowerment.

Poster #5: PATTERNS OF HEALTHCARE ACCESS AND UTILIZATION AMONG NON-URBAN TRANSGENDER AND NONBINARY PATIENTS AT A LARGE SAFETY NET HEALTH SYSTEM IN COLORADO

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Presented by: Corey Walsh

Introduction/Background: Current U.S. research characterizing transgender and nonbinary (TNB) communities focuses on coastal, urban centers and inadequately recognizes intersections of geography and gender identity. While prior research shows it is common for TNB populations to travel to nearby metropolitan areas or outside countries to find gender-affirming providers, evidence regarding utilization patterns and travel distance to care is limited in the U.S. context.

Specific Aim: In order to better characterize and describe healthcare utilization patterns of TNB Coloradans who travel for gender-affirming health care, we systematically evaluated demographic characteristics, health insurance, substance use, mental health diagnoses, distance to care, and types of care accessed through the use of electronic medical record (EMR) data and chart review for a large cohort of TNB individuals traveling from in and outside the Denver metro area accessing care at the county safety net hospital.

Materials and Methods: This study uses EMR data to evaluate a cohort of non-urban and urban TNB patients (n=1,230) accessing gender-affirming care at a large, safety net health system in Denver, CO. Characteristics of age, race/ethnicity, sex assigned at birth, gender identity, insurance, residence ZIP code, alcohol use, tobacco use, marijuana use, depression, and anxiety were extracted. Chart review further characterized utilization patterns among non-Denver TNB patients (n=232).

Results: Denver TNB patients were more likely to have the following characteristics ($p<0.05$): black or Hispanic identity, marijuana use, private commercial insurance, depression, anxiety; comparatively, non-Denver TNB patients were more likely to be white and have public coverage (Medicaid). The non-Denver cohort traveled an average one-way distance of 82.5 miles (SD 54.4) compared to 11.4 miles (SD 9.1) for Denver TNB patients. Our TNB patient cohort density by 3-digit ZIP code is graphically represented in the attached figure. Non-Denver patients accessed gender-affirming (99%), hormone-related (81%), preventive (78%), primary (69%), and surgical transition (23%) care based on individual chart review.

Conclusion: The number of non-Denver TNB traveling for healthcare likely reflects a lack of accessibility to local gender-affirming care, which should prompt non-urban medical providers to seek training to meet this need. Lower rates of anxiety, depression, and regular marijuana use among non-Denver TNB patients compared to Denver TNB may be due to this cohort representing a subset of patients with higher functional levels of mental health that allow them to travel long distances to access gender-affirming care. Alternatively, these non-Denver patients may withhold mental health diagnoses or drug use due to fear of historic gatekeeping behaviors by medical providers. While access to gender-affirming care may have been the primary motivation to seek care at our institution for patients living outside of the Denver metropolitan area, the study site's decentralized model of access to this care embedded within primary care allowed TNB patients to engage in chronic disease management and preventive care at their visits, which was reflected in a majority of patients in the cohort. More research is needed to evaluate different models of comprehensive care delivery for TNB communities. This study should serve as a call for medical educators to improve teaching on gender-affirming healthcare, particularly for rural educational tracks.

Poster #6: DISCONFIRMATORY EVIDENCE OF ASEXUALITY-RELATED MENTAL DISTRESS: IMPLICATIONS FOR RESEARCH AND PRACTICE

Jared Boot
Michigan School of Psychology, Farmington Hills, MI, USA

Presented by: Jared Boot

Introduction/Background: Researchers have found that those whose gender identity is female report higher levels of anxiety and depression than those whose gender identity is male (Altemus, Sarvaiya & Epperson, 2014). Researchers have also found that people with emerging sexual identities, including those who identify as asexual, report greater depression and anxiety than those claiming traditional identities (Borgogna et al., 2018). Because a larger percentage of transgender and gender nonconforming persons identify as asexual than the general population, findings related to the interaction between gender identity and sexual orientation on depression and anxiety is particularly relevant to those who work with transgender and gender nonconforming patients (James et al., 2016; Poston & Baumle, 2010).

Specific Aim: Two hypotheses were tested to replicate past findings. The first hypothesis was that those whose gender identity is female would report higher anxiety and depression than those whose gender identity is male. The second hypothesis was that those who identify as asexual would report more anxiety and depression than people who identify as allosexual (measured as LGB and heterosexual). The possibility of interaction effects (gender identity X sexual orientation) was also considered.

Materials and Methods: A total of 635 people provided useable data through the completion of an online survey. The survey, which was administered via online groups/listservs (e.g., AVEN, Reddit), included GAD-7, PHQ-2, and demographic items. Most participants identified as White (86%) and asexual (62%).

The sample was composed of subjects whose gender identity was male (27%) and those whose gender identity was female (73%). Approximately half of the respondents had some college or less as the highest education.

Results: Consistent with past findings, a difference in GAD-7 scores was observed between subjects whose gender identity was male (M=6.88 SD=5.19) and subjects whose gender identity was female (M= 7.93 SD=5.14), F=4.96, p=.03. However, no difference in PHQ-2 scores was found between subjects whose gender identity was male (M= 1.93 SD=1.82) and subjects whose gender identity was female (M= 2.07 SD=1.91), F=0.08, p=.79. Results partially support hypothesis 1. In contradiction to past research, no difference in GAD-7 scores based on sexual orientation (asexual M=7.55 SD=5.14, LGB M=7.64 SD=5.34, heterosexual M= 8.04 SD=5.03), F=0.57, p=0.57 was observed. Similarly, no difference in PHQ-2 scores based on sexual orientation (asexual M= 2.10 SD=1.87, LGB M=1.95 SD=1.92, Heterosexual M=1.86 SD=1.91), F=0.36, p= .70 was noted. Additionally, there was no interaction effect between gender identity and sexual orientation on PHQ-2 scores, F=0.42, p=.66, or on GAD-7 scores, F=0.29, p=.75.

Conclusion: This study shows that although there was a difference in anxiety scores based on gender identity, there were no significant differences for asexual-identified individuals relative to heterosexual and LGB individuals. This contradicts Borgogna et al. (2018)'s findings. This may be because online communities where samples were collected validated the experience of asexuals (Brotto & Yule, 2009). Although not as extreme as past research, the limitations of this study include education and racial biases. Additional limitations include a lack of data for those identified as genderqueer, agender, and gender non-binary. Implications will be further considered in the presentation.

Poster: Education

Poster #7: Factors which affect choices in screening, diagnosis, treatment of prostate cancer in male-to-female (MtF) transpeople

Mariana Bertoncelli Tanaka[1,2], Ruairidh Crawford[2], Helena Gresty[2], Feargus Hosking-Jervis[2], Muhammad Junejo[2], Kirpal Sahota[2], Kathryn Bell[2], Uma Walters[2], Akash Dusoye[2], Charlie Dunford[2], Laurel Tuckey[2], Nishant Bedi[2], Pieterjan Eyskens[2], Rachel Oliver[2], Tina Rashid[1,2]
[1]Imperial College Healthcare NHS Trust, London, United Kingdom, [2]Gender Research Collaborative, London, United Kingdom

Presented by: Mariana Bertoncelli Tanaka

Introduction/Background: The prevalence of gender dysphoria is increasing. Urologists are likely to encounter male to female (MtF) trans people with prostate cancer. Diagnosis and treatment options may be different to those of the cis-male population depending on where they are in their transition (i.e. pre-hormones, on hormones and pre-vaginoplasty, on hormones and post-vaginoplasty). Urologists who treat prostate cancer should be cognoscente of such factors in order to counsel their patients appropriately.

Specific Aim: Share knowledge on prostate cancer in transgender population.

Materials and Methods: Following a non-systematic review of limited literature, we discuss factors which may influence decision-making in diagnosis and treatment of prostate cancer in MtF trans people.

Results: The literature base regarding prostate cancer in MtF trans people comprises eight case reports. They all relay conflicting messages to Urologists responsible for managing them. Whilst a retrospective cohort study found an incidence of 0.04% in a transgender population studied for 31 years, another study suggests that MtF trans people when diagnosed have higher grade and more aggressive disease.

Conclusion: There is a very small evidence base to draw on when considering prostate cancer in MtF trans people. This growing population is vulnerable to marginalisation and whilst incidence is assumed to be low, they are at potentially higher risk of developing more aggressive disease. Their stage of transition and desire (or not) for genital surgery may affect their cancer treatment choices. Large cohort studies with long-term follow-up are required to address questions regarding screening, diagnosis and treatment of prostate cancer in MtF trans people.

Poster #8: TRANSGENDER NURSING CARE: AN EVOLUTIONARY APPROACH CONCEPT ANALYSIS

Sara Kimmel
University of Missouri - Kansas City, Kansas City, MO, USA

Presented by: Sara Kimmel

Introduction/Background: Transgender individuals report marginalized health care experiences when interacting with healthcare providers who fail to demonstrate knowledge about transgender nursing care. While most nursing care provided to the people who identify as transgender may not differ entirely from the care provided to other individuals, particular components of nursing care could be individualized. Evidence shows that the use of inappropriate terminology and a lack of knowledge about transition medications, protocols, and procedures may result in the perception among transgender persons of uncaring, contemptuous nurses. Clarification of the concept of transgender nursing care would give nurses a better basis for meeting the care needs of transgender people.

Specific Aim: To explore and clarify the key elements of the concept of transgender nursing care as it applies to nursing and healthcare.

Materials and Methods: Rodgers's evolutionary approach was applied to examine transgender nursing care for its meaning in modern western culture and specifically in the context of nursing. An electronic database search of CINAHL, Medline, and PubMed was conducted. Of the 168 articles that were identified in the search, fifty-eight articles met the inclusion criteria of published 2015-2020, written in English, and a definition or discussion of transgender nursing care. After review, 12 articles were retained for analysis. Attributes of transgender nursing care were extracted along with antecedents and consequences of the concept.

Results: During the core phase of the concept analysis, the most prominent attributes, antecedents, and consequences of transgender nursing care were identified. Transgender nursing care has the defining attributes of appropriate, communication, empathy, and respect. Transgender nursing care is preceded by personal comfort and knowledge. The results of culturally competent transgender nursing include a positive experience and an establishment of trust between those involved. The formulation of a conceptual definition and the construction of an exemplar case illustrate the concept in a real-world situation.

Conclusion: Transgender nursing care is an emerging concept that has been scarcely explored in the context of nursing. To clarify and delineate the term transgender nursing care, I reviewed literature that discussed, defined, or in some way incorporated the topic. Following Rodgers' evolutionary method of concept analysis, I synthesized a definition based on current uses of the concept in the literature. A strong conceptual definition of transgender nursing care provides a starting point for nurses to develop positive interactions with transgender patients in practice and encourage future studies to develop strategies for teaching and implementing transgender nursing care.

Poster #9: Transgender Care in the Medical Home: Multi-Discipline ECHO Project Providing Regional Transgender Education for Rural Primary Care Providers

Kathy Mariani
University of Vermont Larner School of Medicine, Burlington, VT, USA

Presented by: Kathy Mariani

Introduction/Background: Access to transgender health can be challenging with multiple barriers to competent, compassionate and quality care. Certified medical homes are an aspect of transformative primary care that provides patients with a full spectrum of resources in a setting that is familiar and safe. The medical home model provides patients with access to timely, equitable quality health care. However, many primary care providers are not trained or competent in providing either hormonal therapy or even basic preventative services specific to the needs of transgender patients. Care can be inaccessible and siloed.

This project helps to educate primary care providers and creates a culture of collaboration amongst health care providers. The Project ECHO model™ was utilized as the format. Project ECHO® (Extension for Community Healthcare Outcomes) is an evidence-based interactive distance-learning method developed by researchers at the University of New Mexico. The ECHO model™ links teams of interdisciplinary specialists with primary care clinicians. During teleECHO™ sessions, experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care practice teams to treat patients with complex conditions in their own communities. The ECHO model is an “amplification” of knowledge to a primary care network and is ideal way to educate primary care providers about transgender health care. ECHO sessions enable providers to learn from each other’s cases in a consultative environment from the faculty. In addition, the model creates a community and network between specialists and primary care that facilities care of transgender patients.

Specific Aim: The aim of this project is to increase the competence and confidence of primary care providers across the region especially in rural areas.

Materials and Methods: project follows the ECHO model which includes a 20-minute didactic session followed by a 30-40 min case presentation and discussion. The faculty included a gynecologist, a psychiatrist, a pediatrician who staffs our trans youth clinic, family physician who is the director of a trans clinic, a naturopath and representatives from PRIDE and Outright. Participants included social workers, pediatricians, internal medicine and family medicine physicians. An endocrinologist participated as a guest faculty member.

There was no charge to participants and faculty were voluntary.

Results: Participants rated the program very highly across a number of survey questions. There was a broad range of backgrounds and level of experience amongst the participants which provided rich discussion.

Conclusion: The ECHO model is an ideal format to expand expertise amongst primary care providers in a large rural region without great expense or need to travel. We advocate for the duplication of this model broadly with the goal to decrease health care inequity to trans community and increase competence of primary care providers.

Poster #10: ENVIRONMENTAL INFLUENCES ON PHYSICAL ACTIVITY IN TRANSGENDER YOUTH

Alexandria Ferrey
Teachers College Columbia University, New York, NY, USA

Presented by: Alexandria Ferrey

Introduction/Background: Background: Physical Activity Guidelines for Americans suggest that youth should participate in at least one hour of age appropriate PA per day. Yet, fewer than 30% of high school students participate in at least 60 minutes of PA every day; ethnic minority youth report even less. Within the transgender community, students were less likely to be physically active, due to safety concerns which is mostly related to a sedentary adult. Transphobia is highest in the school setting, where youth spend most of their day. Students experience victimization from their peers, harassment by their teachers, and tend to frequently transfer schools. School-based victimization has been shown to have lasting effects on minority students, such as those that identify as LGBTQ.

Specific Aim: Specific Aim: To investigate the barriers and facilitators transgender adults faced when they were adolescents and experiencing PA environments (e.g. physical education, sport teams).

Materials and Methods: Methods: A sample of convenience was used to recruit 12 transgender participants (18-24), using open-ended questions to describe their PA experiences. A content analysis was conducted to create themes from qualitative responses.

Results: Results: Results indicate that there is transphobic behavior present in a physical activity environment influenced by peers, family, and coaches. Facilities and its lack of safety prevented participants from participating in physical activity. Resulting in participants indicating that if the environment was safe and if they felt accepted as their gender, they would have participated more in a physical culture.

Conclusion: Conclusion: The current study aimed to identify the barriers and facilitators transgender people have faced in physical activity environments as youth; physical education, sport, and recreation. The findings of this study contribute to the missing literature regarding the physical activity experiences of transgender people and can be used to facilitate ways to increase PA in young transgender adults.

Poster #11: Respecting Diversities: Themes Identified for Transgender Inclusive Social Work Education in Hong Kong

Diana Kwok
The Education University of Hong Kong, Hong Kong, Hong Kong

Presented by: Diana Kwok

Introduction/Background: Working to combat prejudice against socially excluded populations is a concern for social work educators in the global and local context, especially in establishing culturally competent course materials and curriculum for professional training, which is recognized as one of the most effective means in combating prejudice against trans people. The inclusion of transgender/ trans students is considered a very challenging task in Hong Kong school social services when it comes to the issue of social justice and achieving equal opportunities for minority students. Previous studies on social workers' attitudes to gender and sexual minority students often focused on sexual minority students, such as lesbian, gay and bisexual students. Very few studies have exclusively examined trans students' experiences, especially in the Hong Kong Chinese cultural context, where trans equality has been a heated debate in recent few years, with the government releasing a consultation paper on gender recognition act, and prejudice towards this invisible population persists. Attention paid to gender and sexual minority students appeared to be very limited, discrimination and hostility against trans students remains a significant issue without legal protections, such as the anti-discrimination ordinance based on gender identity or the Gender Recognition Act. Gender diversity is not a pressing training theme for social service agencies or government training agenda.

Specific Aim: This is a pilot project to explore trans people's experiences in the community, school, and families. Parts of the research results were used to inform social work training curriculum.

Materials and Methods: The researcher was invited to conduct professional training workshop for social workers and school counsellors on sexuality education, especially on sexual and gender diversity with students. After the workshop, stakeholders' view in curriculum themes and strategies targeting social work training were collected: 1) Social workers and school counsellors completed sexuality education workshops provided reflective logs on a) how they understand gender diversity issues and b) what are the relevant themes to address needs of transgender students. 2) interviews with trans students on their experiences in receiving social services in the communities were also arranged.

Results: Initial preliminary themes found that there was a gap between the transgender and social work informants on the interpretation of diversities within trans communities in Hong Kong, where culturally competent and intersectionality perspective were absent in the social work training curriculum, especially in understanding diverse sexual and gender identities/expressions of trans youth in Hong Kong. Specifically, trans people with non-binary and disability identities were mostly invisible and marginalized in social work training curriculum. Cultural and religious forces in Hong Kong also create dilemma and barriers for social workers to openly support transgender students.

Conclusion: Findings provide important implications for practitioners working with transgender students. Additionally, providing opportunities for transgender service users or students to voice out their perspectives on transgender related curriculum themes may also help to enrich the curriculum from a culturally relevant and transgender affirmative perspective.

Poster #12: AFFIRMATIVE TRAINING RELATION TO MENTAL HEALTH GRADUATE STUDENTS TRANSGENDER COUNSELING COMPETENCIES

Shakuntala Ramdas, Joseph Franco, Angela Legg, Ross Robak
Pace University, Pleasantville, NY, USA

Presented by: Shakuntala Ramdas

Introduction/Background: This poster presentation is based on my dissertation research findings. According to the literature, mental health graduate programs with an affirmative stance provide students with information on perceived transgender counseling competencies. These perceived competencies aim to help students develop clinical skills that best support their transgender clients. However, graduate programs don't include actual transgender counseling competencies outlined by WPATH and ACA in their curriculum. Thus, this study explored the influence that affirmative counseling training has on mental health graduate students' transgender counseling competencies, actual and perceived.

Specific Aim: Mental health graduate programs with an affirmative stance currently provide students perceived transgender counseling competencies. This study explored the influence that affirmative counseling training has on mental health graduate students' transgender counseling competencies and knowledge.

Materials and Methods: Methods:
217 graduate mental health counseling students from five universities throughout New York State participated in this study.

Materials:
To assess students' perceived transgender counseling competencies, the Lesbian, Gay, Bisexual, and Transgender-Development of Clinical Skills Scale (LGBT-DOCSS; Bidell, 2017) was used. It is an 18-item scale created to assess graduate and doctoral level counseling student's LGBT competencies. To assess actual counseling competencies, the Transgender Questionnaire. It is a 12-item questionnaire developed for this particular study to assess counseling students' current knowledge and awareness of WPATH's stand for transgender clients (Coleman et al., 2012) and ACA (Burnes et al., 2010). To assess students' affirmative training, the Affirmative Training Inventory (ATI; Carlson et al, 2013) was used. It is a 9- item scale that assesses both program and classroom affirmative training practices.

Results: The results of this qualitative study indicated that students' affirmative counseling training correlates with their perceived and actual transgender competencies. In particular, there was an inverse relationship between actual knowledge and affirmative training.
In addition, 78.6 % of participants reported social contact with the transgender community and 58.1% reported being aware of issues transgender individuals experience being a part of sexual minority clients.

Conclusion: Participants indicate that they more education they had the more affirmative training they received, therefore programs are providing students with affirmative training throughout graduate school.Participants also self-reported that they learned about some of these issues from friends that identify as being transgender. Direct contact with transgender individuals does provide students the opportunity to learn more about these clients needs and builds students clinical competencies (Dillon & Worthington, 2003).

Thus this study advocates for academic institutions to continue including transgender competencies throughout their curriculum.Since it will directly provide transgender clients better quality of care when their counselor has specific competencies for their community.

Poster #13: EXPERIENCES OF TRANSGENDER AND NONBINARY PHYSICIANS DURING MEDICAL RESIDENCY APPLICATION IN THE U.S.

Elizabeth Kvach[1,2], Jamie Weinand[3], Ryan O'Connell[1,2]
[1]University of Colorado-Denver, Denver, CO, USA, [2]Denver Health and Hospital Authority, Denver, CO, USA, [3]University of Arizona College of Medicine, Tucson, AZ, USA

Presented by: Elizabeth Kvach

Introduction/Background: Transgender and nonbinary (TNB) people increasingly seek careers in medicine but little is known about their experiences and the impact of their gender identity during application to residency programs.

Specific Aim: This project sought to evaluate the experiences and identify the needs of TNB individuals during the residency application and match process in order to inform the practice of residency programs.

Materials and Methods: An online survey was distributed in August-October 2019 via social media, professional groups, and snowball sampling to TNB persons, who were current residents or recent graduates (within the past 3 years) of a U.S. residency program. Respondents were given a $10 gift card for survey completion. Twenty-nine questions, including free-text responses, evaluated demographic characteristics, and questions specific to experiences as a TNB person during residency application and training including year, specialty, setting, timing of gender transition, identity disclosure, climate, and factors important in residency selection. No directly identifying information was collected, and questions that could be indirectly identifying (e.g. subspecialty, demographics, program) were optional and/or omitted in reporting of findings. Free-text responses were categorized into themes utilizing qualitative analysis methods. This study was approved by the Memorial Medical Center Institutional Review Board in Las Cruces, NM and the Colorado Multiple Institutional Review Board in Denver, CO.

Results: Twenty-six eligible respondents from ten medical specialties completed the survey. Eighteen (69.2%) respondents did not feel safe disclosing their gender identity or discussing it during interviews some or all of the time due to fear of discrimination and how it might impact their match; 26.9% (n=7) felt they were ranked lower than their qualifications due to gender identity. Twelve (46.2%) were misnamed or misgendered some or all of the time during interviews through use of incorrect name and pronouns. Respondents' recommendations for programs included: 1) adopt gender affirming practices, 2) offer gender affirming health benefits, 3) advertise nondiscrimination policies, 4) understand experiences of discrimination during medical training and 5) value resident gender diversity.

Conclusion: Experiences of discrimination based on gender identity are common among TNB applicants to medical residency. Programs should take steps to address this, and have a responsibility to be aware of unique experiences and needs of TNB applicants. Additional research is needed, inclusion of gender identity questions in surveys, and qualitative studies to further evaluate and understand experiences of TNB physicians during medical training to inform best practice recommendations for training programs.

Poster #14: USING THE ECHO MODEL TO BUILD PROVIDER CAPACITY AND INCREASE ACCESS TO GENDER AFFIRMING HEALTHCARE

Carrie Lawford[1,2], Leah Keating[1], Nina Vitopoulos[1], Victoria Bond[1], Allison Crawford[1,2], Allison Lou[2,3,4], Catherine Maser[5], Christina Yager[1], Eva Serhal[1], Jane Taylor[1,2], Jenny Hardy[1], Jordan Goodridge[2,3,4], Terri Rodak[1], Wayne Baici[1,2]
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Presented by: Carrie Lawford

Introduction/Background: Transgender and gender-expansive people have been identified as being underserved in healthcare. Equitable access to transition-related care is contingent upon access to healthcare providers capable of providing high quality, evidence-informed care. In Ontario, trans and gender-expansive people face multiple barriers to gender-affirming healthcare, including being referred to programs and services that are beyond their geographical region and with lengthy waitlists.

Specific Aim: Demonstrate how projects such as Project Extension for Community Healthcare Outcomes- Ontario Trans and Gender Diverse Health Care (ECHO-TGDH) can increase effective knowledge translation and capacity building opportunities for front-line care providers in order to improve transgender clients' access to healthcare

Materials and Methods: ECHO-TGDH is a collaboration between the Centre for Addiction and Mental Health (CAMH), Sick Kids Hospital, and Sherbourne Health. This capacity building, educational model uses an interactive multi-point video-conferencing platform to connect healthcare providers (“Spokes”) across Ontario with an interprofessional specialist team (“Hub”) to build a community of practice. Weekly 90 minute sessions are comprised of a didactic presentation informed by best practices in gender affirming healthcare, participant needs assessment, as well as provider expertise. This is followed by an anonymized case presentation by a spoke participant. The community of practice (i.e., the spokes and the hub) generates recommendations to support client care.
To evaluate the program’s impact, data on participation, participant satisfaction, and change in participants’ self-efficacy were collected and analyzed. A five-point Likert scale measuring participant satisfaction was completed each week online. Participants rated their confidence in core program competencies (i.e., self-efficacy) pre and post participation. Participants also completed a post program questionnaire, where they were asked to indicate whether or not their practice had changed as a result of ECHO participation, and if so, to describe how.

Results: The past cycle of ECHO-TGDH had 53 providers from 49 organizations across Ontario participate. Average attendance was 38 participants per session, with 9 as the median number of sessions attended. A 92% retention rate was observed over the course of the ECHO-TGDH cycle. Mean participant satisfaction ratings were consistently high (4.42) for: reduced professional isolation, enhanced knowledge, addressed learning needs, and overall satisfaction. Analysis of pre-post self-efficacy scores demonstrated statistically significant improvements in confidence from 35% to 70% (p <0.001). Pre-post knowledge scores also displayed statistically significant improvements from 51% to 72% (p <0.001). Additionally, 88% of participants indicated that they had changed their practice post ECHO participation. Participants noted incorporating gender into intake procedures, completing surgery referrals, and acting as a professional support in their communities as examples of practice change.

Conclusion: High participant satisfaction, increased self-efficacy and knowledge, and a high rate of change in practice suggest the ECHO model is useful in supporting clinicians to build capacity in working with transgender clients, thereby contributing to greater access to gender-affirming services.

Poster #15: Review of Literature in Transgender Health Education

Gail Knudson[1], Lin Fraser[2], Jamie Feldman[3], Paula Niera[4], Jamison Green[5], Jamie Veale[6], Terri Reed[7]
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[5]Jamison Green and Associates, Vancouver, WA, USA, [6]The University of Waikato, Hamilton, New Zealand, [7]GIRES, London, United Kingdom

Presented by: Gail Knudson

Introduction/Background: The field of transgender health is fast growing, interdisciplinary, and global. The education needs of providers are also growing to keep apace of this expanding discipline. Scant education on transgender health is available in undergraduate and resident curricula, or continuing medical education.

Specific Aim: The aim of this study was to determine if educational interventions in transgender health resulted in long-term (> 6 months) change either in increased likelihood of serving transgender patients/clients, sustained cultural or clinical competency, or specifically providing gender affirming interventions.

Materials and Methods: searches were conducted in the Medline, EMBASE, CINAHL, and PsychINFO databases utilizing subject headings and keywords for the concepts of transgender or LGBT+ and education and health outcomes [on May 26, 2020]. *EMBASE and Medline were also searched for literature concerning marginalized populations and professional education and health outcomes [on May 28, 2020].* Gray literature was also searched. Articles that did not focus on training, curriculum, and competencies in transgender health, or educational studies with outcome measures were excluded from review.

Results: Results will be reported across three broad categories as listed below:

1) By Population – results are sorted into papers discussing health outcomes for primarily transgender persons, LGBT+ persons without a focus in transgender persons, and non-LGBT+ persons who hold a marginalized position in society.
2) By Length of Observation – results are sorted by the longest length of follow-up utilized in the study
3) Medical Student or Curriculum Development – results are sorted into papers discussing health outcomes for primarily transgender persons, LGBT+ persons without a focus in transgender persons, and non-LGBT+ persons who hold a marginalized position in society, but are focused on outcomes primarily in medical students or on the development and trial of curriculum more so than health outcomes results

Conclusion: Studies do exist where transgender health has been introduced into the medical education curriculum. However, these studies have been small in size, focus on short term outcomes, such as knowledge gain, confidence or attitude change. No studies have long term follow up (> 6 months), demonstrating increased likelihood of serving transgender patients/clients, sustained cultural or clinical competency, or specifically providing gender affirming interventions.

Poster #16: MEDICAL PROVIDER AWARENESS OF PATIENT GENDER IDENTITY AND ASSIGNED SEX AT BIRTH, AND INFLUENCE ON CLINICAL DECISION-MAKING: A QUALITY IMPROVEMENT STUDY

Diane Bruessow[1,2,3], Timothy McCall[3,4], Kim Zuber[5]
[1]Yale University, School of Medicine, PAO Program, New Haven, CT, USA, [2]Healthy Transitions, LLC, Montclair, NJ, USA, [3]American Academy of PAs, Alexandria, VA, USA, [4]George Washington University, Washington, DC, USA, [5]American Academy of Nephrology PAs, St. Petersburg, FL, USA

Presented by: Diane Bruessow

Introduction/Background: Health outcomes for gender minorities are influenced by the common and predictable systemic biases and judgment tendencies resulting from assumptions that patients are cisgender. Although the US instituted meaningful use criteria for electronic health records requiring fields for gender identity in addition to sex in 2015, and awareness of gender diversity is increasing, effects on medical professional's awareness of patient gender identity (GI) and sex assigned at birth (ASAB) is unknown. Also unknown is whether improvements in awareness may affect practice, specifically involving documentation and clinical decision-making.

Specific Aim: The present study examined practice issues related to GI and ASAB at the system level and individual participant level. The study investigated whether participant's system-level patient intake process included a 2-question approach to identifying ASAB and GI. At the individual participant practice level, the study examined the frequency of awareness of patient GI and ASAB prior to and 30-days following an educational intervention, and whether clinical decision making was informed by that information. The study explored whether system-level patient intake influenced patient-level outcomes.

Materials and Methods: A national sample of clinically practicing Physician Assistant (PA) participants (N=181) based in the US (37 states and Washington, DC) were identified via convenience sample and completed a repeated measure chart review pre- and post-intervention at a 30-day interval. Interventions involved education on terminology and awareness of where GI and ASAB matter most in healthcare. Paired-sample analyses were conducted on pre- and post-intervention responses. Significance testing and Cohen's d were calculated for each effect. An additional system-level survey explored whether patient intake used a 2-question approach to gender identity and ASAB. A mixed measures analysis of variance with measurement time (pre- or post-intervention) as within-subjects factor and a system-level patient intake process was also studied. Open-ended responses were collected but lacked specificity preventing a systematic thematic analysis. The study took place over 29 months concluding on December 31, 2019.

Results: A 2-question, system-level procedure for patient-intake that identified GI and ASAB separately was reported among 33.1% of the cohort. However, participants were only able to identify GI and ASAB in 9.89% of charts reviewed. At 30-days post-intervention, the study identified statistically significant and large practice improvements in awareness (9.89%, 35.86%, a 25.97% improvement) and clinical decision making (7.35%, 20.00%, a 12.65% improvement). (Figure 2)
Pre-intervention scores differed significantly between participants based on system-level intake process. (Figure 3)
Qualitative data identified a lack of participant awareness of the available fields for GI and ASAB within EHRs, and difficulty introducing these topics into the patient encounter, while some participants reported their questions were poorly received by patients.

Conclusion: Simple educational interventions can result in significant improvements in participant's professional behavior regarding GI and ASAB awareness, documentation, and associated clinical decision-making.
Even with large-sized practice improvements in each category, less than one-half of the post-intervention charts contained documentation of GI and ASAB. Although best practice includes awareness of patient GI and ASAB, participant reports of difficulty introducing the topic and poor reception from patients all suggest a need for enhanced educational interventions.

Poster #17: TRANSLINE: AN ONLINE CONSULTATION SERVICE FOR MEDICAL PROVIDERS

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Presented by: JM Jaffe

Introduction/Background: TransLine is a national e-consultation service established in 2012 by Lyon-Martin Health Services to increase clinician competence and confidence in the provision of care to trans communities. TransLine addresses the need for time-sensitive clinical support by facilitating rapid-response provider-to-provider "curbside consultation" online. Modeled after the UCSF HIV warmline, questions are submitted online, distributed to the "on-call" provider, and answered within 48 hours. Our national collaborative of consultants includes acclaimed trans health experts at FQHCs such as Lyon-Martin, Fenway Health, Chase Brexton, Howard Brown, and Whitman-Walker.

Collaborating with clinicians across sites illuminated the wide range of clinical practice in the trans health field. We found it necessary to reconcile disparate protocols, published literature, and provider experience to reach consensus on consistent recommendations. In 2017, created the TransLine WorkGroup to achieve this goal. Adding experts at Callen-Lorde, the LA LGBT Center, Legacy Health, and Care Resource, together, we developed a tool to guide our consultation answers and a method of updating them regularly as new publications are released. In 2019, we published the TransLine Hormone Therapy Prescriber Guidelines, a living, breathing tool available online.

Specific Aim: In this presentation, we will review how to access and use the TransLine e-consultation service, the last 8 years of utilization data, and the Prescriber Guidelines.

Materials and Methods: TransLine is configured to pull programmed data automatically every 6 months.

Results: -In the month of December 2019 alone, the TransLine website resources were accessed over 15,500 times.
-Most of the consultation requests come from clinicians working in FQHC/CHC/HCH/RHC programs in urban areas.
-The consultation service is useful for clinicians regardless of the number of transgender patients in their practice; most requests come from those with small practice sizes, but clinicians with more than 100 transgender patients in their practices also request consults.
-Over time, breadth of geographical reach has increased to 44 of 50 states with concentrated “hubs” of repeat users now existing in 20 states.
-36% of engaged users asked more than one question, indicating that the TransLine can be used as a continued learning tool.
-The most common questions centered around the provision of hormones, with increasing complexity over time. It is likely that clinicians are utilizing the TransLine not just to build competence, but also as back up support to increase their confidence in providing care and medical decision-making in more complex cases.
-We have observed increased involvement and participation in the TransLine Work Group from trans health expert FQHCs and independent providers each year.

Conclusion: -An e-consultation service utilizing expert partners from across the country works effectively as a model to support clinicians in providing care to transgender patients.
-A WorkGroup model with consensus based decision-making works as a collaborative method to bring together experts from many different clinics, regions, and practice settings to share knowledge and resources, exchange ideas, and, together, create a reconciled protocol that harmonizes and makes practical sense of various disparate protocols, published data and clinical practice into one, fairly simple and straight forward tool.

Poster: Endocrinology/Hormone Therapy – Adult

Poster #18: ASSESSING EXPERIENCE, COMFORT WITH, AND KNOWLEDGE OF PRESCRIBING HORMONE THERAPY TO TRANSGENDER INDIVIDUALS LIVING WITH HIV: A SURVEY OF HIV PRACTITIONERS

Sophie M Cannon[1], Donna M Jacobsen[2], Michelle T Valderama[2], Jordan Silva[1], Laramie R Smith[1], Jill Blumenthal[1]
[1]University of California, San Diego, San Diego, CA, USA, [2]International Antiviral Society-USA, San Francisco, CA, USA

Presented by: Sophie M Cannon

Introduction/Background: Approximately 22 to 28% of transgender women in the United States are living with HIV. Studies have shown that when HIV practitioners prescribe hormone therapy to their transgender patients with HIV, these patients are more likely to be virally suppressed and retained in care.

Specific Aim: To assess practitioner experience, comfort with, and knowledge of prescribing hormone therapy to transgender individuals living with HIV.

Materials and Methods: We conducted an online survey that was sent to 2,570 practitioners who attended an International Antiviral Society-USA (IAS-USA) CME activity (in-person course or webinar) in the last 3 years. The survey included 18 questions on demographics, transgender health care training, and hormone prescribing experiences as well as 4 knowledge-based questions (knowledge score 0=low-4=high). Three-hundred and eighty-five individuals completed the survey. Surveys were excluded from analysis if participants did not answer at least 3 questions excluding demographics (n=34) and if participants did not care for at least one HIV infected patient in the outpatient setting (n=27).

Results: Of 324 respondents with completed surveys, mean age was 50 years old (SD=12.5) with 176 respondents identifying as female (54%), 134 as male (41%), and 5 as transgender or nonbinary (1.5%). Two-hundred and thirty-eight respondents were White (74%), 36 were Black (11%), and 23 were Asian (7%) with 86% identifying as non-Hispanic. The majority were MD/DOs (60%) and 35% were NP/PAs with most practicing in the Northeastern (36%) and Southeastern (18%) United States. Respondents were mainly Primary Care (49%) and Infectious Disease (42%) practitioners and had been practicing for >20 years (36%) or had been practicing 0-5 years (24%). Seventy-three respondents (23%) received general training in transgender health in medical school, residency, or fellowship with only 7% reporting formal training in prescribing gender-affirming hormone therapy. Two hundred and twenty-five (70%) worked in clinics that offer gender-affirming hormone therapy to transgender patients with HIV infection with nearly 90% of those working in these clinics personally prescribing hormone therapy. The majority of respondents reported being either very comfortable or comfortable prescribing (63%) and 23% were not comfortable prescribing hormones. Primary barriers to providing gender-affirming hormone therapy to transgender patients with HIV included lack of training (33%), lack of transgender patients with HIV in practice (18%), and a lack of available qualified mental health professionals (15%). Most felt it would be beneficial to have formal training in gender-affirming hormone therapy practices during residency or fellowship (83%) or as continuing medical education after completion of training (88%). Overall, 75% felt very or somewhat knowledgeable about the unique healthcare needs of transgender patients with a mean knowledge score of 2.2 (SD=1.17).

Conclusion: To our knowledge, this survey is the first of its kind to assess experience, comfort, and knowledge providing gender-affirming care using hormone therapy among HIV practitioners from across the United States. Although the majority of respondents prescribed hormone therapy, most never received education during training and had only moderate knowledge scores. Implementing formal education for the provision of gender-affirming hormone therapy to transgender individuals may be a necessary addition to the evolving practice of HIV care.

Poster: Endocrinology/Hormone Therapy – Child and Adolescent

Poster #19: GROWTH RATES IN TRANSGENDER/GENDER-DIVERSE YOUTH IN THE FIRST YEAR OF TREATMENT WITH GONADOTROPIN-RELEASING HORMONE AGONISTS

Caroline Schulmeister[1], Kate Millington[2], Misha Kaufman[1], Stephen Rosenthal[1], Robert Garofalo[3], Johanna Olson-Kennedy[4], Courtney Finlayson[3]
[1]University of California, San Francisco, San Francisco, CA, USA, [2]Boston Children's Hospital, Boston, MA, USA, [3]Laurie Children's Hospital, Chicago, IL, USA, [4]Children's Hospital Los Angeles, Los Angeles, CA, USA

Presented by: Caroline Schulmeister

Introduction/Background: Peak skeletal growth in adolescence is driven by the increase in sex hormones that occurs during puberty. Transgender and gender-diverse (TGD) youth may be treated with gonadotropin-releasing hormone agonists (GnRHa) at the onset of puberty to halt the further development of secondary sex characteristics discordant with the youth's identified gender. This treatment has the potential to change an individual's growth velocity and ultimately alter their adult height.

Studies have explored the impact of GnRHa on growth in individuals with central precocious puberty and idiopathic short stature, but there have been no large studies exploring how gender-affirming treatment alters growth velocity in TGD youth.

Specific Aim: To describe the growth velocity of TGD youth after starting GnRHa for medical gender transition

Materials and Methods: Participants were recruited prior to GnRHa initiation from four clinics which specialize in the care of TGD youth. Anthropometric and laboratory data were abstracted from the medical record. Height velocity was calculated after 12 months of GnRHa treatment and compared to a previously published group of prepubertal, presumed cisgender youth from the Bone Mineral Density in Childhood Study (BMDCS). Variables were analyzed via Student's t-test and linear regression.

Results: Sixty-four TGD youth with a mean ± standard deviation age of 11.5 ± 1.3 years were recruited before pubertal suppression, of whom 29 (45%) were designated male at birth and 35 (55%) were designated female at birth. The growth velocity over the approximately 12 months after starting pubertal suppression was 4.64 ± 1.69 cm/year. When controlled for age, individuals on GnRHa had a statistically insignificant 0.08 ± 0.21 cm/year lower mean growth velocity ($p = 0.69$) compared to pre-pubertal youth in the BMDCS. Later Tanner stage at the time of starting the GnRHa was associated with slower growth velocity (5.20 ± 0.25 cm/year for Tanner 2, 4.47 ± 0.41 cm/year for Tanner 3, 2.64 ± 0.59 cm/year for Tanner 4; $p < 0.001$; Figure 1). The mean ± standard deviation growth velocity for individuals designated female at birth was lower than that for individuals designated male at birth (4.26 ± 1.56 vs. 5.10 ± 1.76 cm/year, $p = 0.049$).

Conclusion: Early pubertal transgender youth treated with GnRHa for pubertal blockade have growth rates comparable to pre-pubertal reference ranges. TGD youth started on GnRHa further into puberty had slower height velocities; this may represent catch-down growth, i.e., decreased height velocity following a growth spurt. Ongoing follow-up of this cohort will determine if individuals attain catch-up growth with the initiation of GAH and will ultimately delineate the effects of gender affirming treatment on adult height.

Poster #20: FERTILITY PRESERVATION IS LOW IN TRANSFEMININE, TRANSMASCULINE, AND NONBINARY ADOLESCENTS

Holly Cooper, Tandy Aye
Lucile Packard Children's Hospital, Palo Alto, CA, USA

Presented by: Holly Cooper

Introduction/Background: Although 37.5-51% of transgender and gender expansive (TGE) adults state that they would have considered freezing gametes before gender affirming hormone (GAH) therapy had it been offered, less than 5% of TGE adolescents have opted to undergo fertility preservation (FP) in multiple prior studies.

Specific Aim: We sought to assess whether FP utilization increased when services were offered as part of a multidisciplinary adolescent gender clinic team.

Materials and Methods: A retrospective review was conducted of patients seen in the Stanford Pediatric & Adolescent Gender Clinic from October 2015 through March 2019 who were >10 years of age at time of initial visit.

Results: Of the 184 eligible patients, 132 met inclusion criteria. While all individuals underwent counseling regarding fertility as part of written informed consent for GAH therapy and were offered referral for FP, only 24% of patients accepted a referral for formal consultation. Of these individuals, only 50% ultimately made and were seen for an appointment. A total of 7 patients ultimately underwent fertility preservation (2 oocyte and 5 sperm), making the overall rate 5.3%. FP rates were higher for transfeminine individuals compared to transmasculine and NB adolescents (11.1% vs. 2.3% and 9.1%, respectively). Although only one NB individual underwent FP, several more expressed interest in FP with 36% accepting referral and 27% being seen in consultation. Reasons cited for declining fertility preservation were similar to those documented in prior studies.

Conclusion: Despite offering FP with designated members of the Gender Clinic team, utilization remains low in TGE adolescents. Furthermore, this study demonstrates that NB adolescents and their families are interested in FP and referrals should be offered to these individuals. Further studies and advocacy are required to continue to address the specialized fertility needs of TGE adolescents.

Poster: Global Perspectives on Medical Delivery

Poster #21: ENDING THE PSYCHIATRIZATION OF TRANSGENDER PEOPLE IN ICD-11: A FRENCH STUDY

Marie de la Cheneliere
ANT (Association Nationale Transgenre - Transgender National Association), Nancy, France

Presented by: Marie de la Cheneliere

Introduction/Background: For the 11th version of the International Classification of Diseases, the WHO issued a recommendation to rename transgender identities as “gender incongruence”, remove it from the chapter of mental and behavioral disorders, and to place it in a new category titled “Conditions related to sexual health”. The study was entrusted by WHO to the WHOCC (WHO Collaborating Center) of Lille and conducted at the Maison Dispersée de Santé de Lille which is a primary care center in France. This research was published in European Psychiatry 59 (2019) 8-14 under the title :"WHY AND HOW TO SUPPORT DEPSYCHIATRIZATION OF ADULT TRANS IDENTITIES IN ICD-11: A FRENCH STUDY"

Specific Aim: To reduce stigmatization while maintaining access to medical care: One argument in favor of depsychiatrization is to demonstrate that essential features of gender dysphoria, namely psychological distress and functional impairment, are not necessarily reported by every transgender person, and may result from social rejection and violence rather than dysphoria itself. Initially confirmed in Robles’ study in Mexico (2016), these hypotheses were tested in a specific French medical context, where access to care does not require any prior mental health evaluation or diagnosis

Materials and Methods: In 2017, 72 transgender persons completed retrospective interviews which focused on the period when they became aware that they might be transgender and perhaps would need to move towards transition. All participants were on hormone therapy and over 18 years of age.

Results: As observed in Robles’ study, results showed that psychological distress and functional impairment were not reported by every participant. They may result from rejection and violence, and especially from rejection and violence coming from coworkers and schoolmates. Additional data showed that the use of health services for medical transition did not necessarily depend on distress and impairment . Finally, participants showed a marked preference for the terms “transgender” or “transidentité” (“trans identity”) to the proposed ICD-11 term “gender incongruence”. Labelling and defining the diagnosis should also take into account human rights and cultural, linguistic, legal and social perspectives

Conclusion: Results support the depsychiatrization of transgender identities. They are discussed in terms of medical, ethical, legal, and social added values and implications of depsychiatrization. The study was an opportunity to show that medical care of transgender people can be offered without requiring a psychiatric diagnosis.

Poster #22: ETHICAL ISSUES ENCOUNTERED BY PHYSICIANS WHEN PRESCRIBING GENDER AFFIRMATION HORMONES TO NON-BINARY ADOLESCENTS AND YOUNG ADULTS

Raphaël Wahlen[1,2], Annie Pullen Sanfaçon[3], Denise Medico[4,5], Shuvo Ghosh[1,5]
[1]McGill University, montréal, QC, Canada, [2]Université de Lausanne, Lausanne, Switzerland, [3]University of Montreal, Montréal, QC, Canada, [4]Université du Québec à Montréal, Montréal, QC, Canada, [5]Meraki center, Montréal, QC, Canada

Presented by: Raphaël Wahlen

Introduction/Background: Non-binary adolescents and young adults are increasingly being seen in medical consultations. They present specific challenges in access to care and in the need for hormone therapy. However, physicians have little scientific data and no specific treatment protocol to address these issues.

Specific Aim: The purpose of this study is to explore physicians' experiences with non-binary adolescents and young adults in the context of a request for hormonal therapy. The identification of specific ethical issues in the management of non-binary patients and the management of medical decision-making led us to propose a critical perspective on the bioethical framework usually prevailing in medical decision-making.

Materials and Methods: Qualitative study by anchored theory conducted in 2018-2019 among 14 physicians with experience in prescribing hormone therapy to non-binary adolescents and young adults. The participants came from different disciplinary fields (pediatrics, endocrinology, general medicine) and were recruited by convenience sampling and snowball technique. Data were collected by semi-structured interviews and processed with the help of MAXQDA software.

Results: Hormone therapy requests from non-binary patients may be out of the ordinary for the physicians used to prescribing hormones according to the usual protocols for binary type transitions. The lack of a protocol, the limited data available, and the non-binarity itself are factors of uncertainty that force the physician to review his or her role and reflect on the ethical framework necessary for decision making. The bioethical framework is challenged by the many uncertainties and the lack of control of the physician over the results of his or her treatment, which leads to difficulty in applying its principles and frequent dilemmas. Conversely, physicians who seem most comfortable in prescribing and adapting treatments base their decisions on the model of shared decision making and informed consent.

Conclusion: In order to respond to the demands for hormone therapy of non-binary adolescents and young adults, a broader ethical framework using shared decision making and informed consent seems to be the best way for both patient and physician to move through the decision-making process in accordance with their own values and expertise.

Poster: Health Services and Systems Worldwide

Poster #23: SYSTEMATIC REVIEW AND QUALITY ASSESSMENT OF INTERNATIONAL CLINICAL PRACTICE GUIDELINES FOR GENDER MINORITY/TRANSGENDER PEOPLE.

Dean Connolly[1,2], Sara Dahlen[1], Isra Arif[1], Muhammad Junejo[3], Susan Bewley[1], Catherine Meads[4]
[1]King's College London, London, United Kingdom, [2]Barts Health NHS Trust, London, United Kingdom, [3]Chelsea and Westminster Hospital NHS Foundation Trust, London, United Kingdom, [4]Anglia Ruskin University, Cambridge, United Kingdom

Presented by: Dean Connolly

Introduction/Background: The published guidelines for healthcare practitioners treating gender dysphoria should guide best practice on the basis of the best available evidence. Guidelines intended to optimise the health of gender minority/transgender (trans) people in areas of clinical practice beyond transition related interventions should also meet the same high-quality criteria. However, some of these guidelines may not be of the highest currently accepted standards. This project identified and critically appraised published international clinical practice guidelines for the assessment and care specific to all healthcare needs of gender minority/trans people.

Specific Aim: To identify, appraise and compare all international clinical practice guidelines which offer guidance on any aspect of gender minority/trans health.

Materials and Methods: Searches were made in Medline, Embase, PsychINFO, Cinahl, Web of Science and international guideline libraries for any relevant clinical guidelines published between 2010 and 2020. Three specialist journals were hand searched, 22 key opinion leaders were approached and searches on Google were performed. All titles, abstracts and potentially relevant full texts were read by two independent appraisers. After piloting, six reviewers, trained in AGREE II methodology, conducted guideline appraisal using the AGREE II instrument. Nineteen UK stakeholders and the investigating team undertook a prioritisation exercise to determine the most and least valued AGREE II domains for each group.

Results: Eleven international guidelines were included, originating from the World Health Organisation (n=3), WPATH (n=2), professional societies (n=4) and groups of experts (n=2). Guideline designs included full (n=5), partial (n=3) or no (n=3) use of prior systematic reviews. Guideline quality varied from very good to very poor. No international guidelines were found that addressed primary care, psychological support or mental health interventions, or general medical care (such as cardiovascular, cancer or elderly care).

Conclusion: Currently, international guidelines do not cover the full health needs of gender minority/trans populations. Of those that do exist, some are of poor quality. Although some use systematic reviews, the primary research currently available is insufficient to guide best quality care. Guideline developers should commission primary research in key areas needed for determining optimal healthcare.

Poster #24: GENDER GUIDANCE CLINIC – A TRANS-FRIENDLY INITIATIVE AT A GOVERNMENT TERTIARY CARE HOSPITAL IN TAMIL NADU, INDIA

Abhijith Jose
National Health Mission Tamil Nadu, Chennai, India

Presented by: Abhijith Jose

Introduction/Background: As per population Census 2011, Tamil Nadu, a federal State in Republic of India has 22,364 transgenders but unofficial estimates amounts to about 44,000 most of them living below poverty lines. Inorder to deliver trans-inclusive and trans-friendly healthcare and to provide hormone-therapy and Sex-Reassignment Surgeries free of cost, a 'Multi-Specialty Transgender Clinic' was established at a Government tertiary care hospital in the state under the aegis of National Health Mission Tamil Nadu.

Specific Aim: To present the Transgender Health Care model adopted by the state so that similar model can be emulated in other LMICs (Low and Middle Income Countries).

The aim of the clinic is to help the transgender persons to achieve the level of gender transition they desire for.

Materials and Methods: The 'Multi-Specialty Transgender Clinic' is branded as 'Gender Guidance Clinic' to sound non-discriminatory and comprises of a Consultation room, Examination room, Waiting area and a gender-neutral toilet and Inpatient beds earmarked in Plastic Surgery ward.

The services of Psychiatrist, Dermatologist/ Venereologist, Endocrinologist and Plastic Surgeon are brought to the Clinic for the convenience of transgender persons and the Clinic runs once a week.

Further, the clinic assures a package of 7 medical services, 11 surgical services and 4 support services.

The clinic follows standard protocols while attending to Transgender patients.

To express solidarity with the issues faced by Transgender individuals, the tertiary care hospital has adopted a ‘Gender inclusive policy’.

The Clinic was established by reorganizing existing facilities of the hospital as well as with additional financial support from National Health Mission Tamil Nadu.

Results: About 220 Transgender persons have registered in the clinic between June 2019 to December 2019 which amounts to about 10 percent of the Transgender persons in the catchment area of the tertiary hospital.

Five Sex-Reassignment Surgeries have been conducted so far free of cost.

Conclusion: In India, facilities for Sex-Reassignment Surgeries are limited to a handful of hospitals; mostly in private sector due to which Transgender individuals have to incur heavy OOPE.

The Gender Guidance Clinic have brought together four important medical specialties at a single place so that the Transgender individuals are not unwantedly shuttled or discriminated.

The success of this model and feedback from Transgender community has inspired to emulate similar model to another 4 Tertiary care hospitals in the state.

Poster #25: The experiences of transgender young people and their parents in accessing healthcare service in Hong Kong

Diana Kwok
The Education University of Hong Kong, Hong Kong, Hong Kong

Presented by: Diana Kwok

Introduction/Background: Transgender and trans young people benefit from gender affirming care and health care support. Without these supports, trans youth can have considerable negative mental health outcomes. In addition, previous research has found that community and health care supports are important protective factor. However, trans young people and their parents in Hong Kong are facing barriers to access health and medical services across a range of healthcare settings. The inclusion of transgender/ trans people is considered a very challenging task in Hong Kong when it comes to the issue of social justice and achieving equal opportunities for them. Previous studies often focused on sexual minorities’ health care concerns, such as lesbian, gay and bisexual service users. Very few studies have exclusively examined trans people and their parents’ experience, especially in the Hong Kong Chinese cultural context, where trans equality has been a heated debate in recent few years, with the government releasing a consultation paper on gender recognition act, and prejudice towards this invisible population persists. Attention paid to trans equality appeared to be very limited, prejudice and hostility against trans people remains a significant issue without legal protections, such as the anti-discrimination ordinance based on gender identity or the Gender Recognition Act. Health services in Hong Kong for trans young people are not keeping pace with other countries where trans people are protected under the anti-discrimination law.

Specific Aim: This study aims to draw on the experiences of transgender and trans young people and their parents in Hong Kong in order to investigate their experiences in health care setting, and to identity some areas for improvement.

Materials and Methods: Informants were recruited from various community settings, such as transgender support groups, online transgender forum, school social services, and youth community service centers. Five parents and ten transgender and gender non-binary young people attended individual interviews. Their interview transcripts were coded through NVivo. Qualitative thematic analysis was used to address the research question and related literature.

Results: The following themes were identified: 1) mental health of trans young people and their parents was being overlooked; 2) genderism and binary gender assumptions were found in the health care system; 3) anxiety and distress of trans youth caused by excessive waiting time and gender dysphoria; 4) parent and trans youth's voices were not being heard, particularly there is a need related to school experiences and where a trans youth had a other special needs, such as intellectual disability, autism, and special learning difficulties.

Conclusion: Findings provide important implications for practitioners working with transgender youth in health care settings. Additionally, the results point towards a need for healthcare providers to take further steps to involve the voices of trans youth and their families into their research and their practice; to recognize them as experts, to live on their own lives.

Poster #27: "STUCK IN THE SYSTEM": AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF TRANSMASCULINE EXPERIENCES OF GENDER TRANSITION IN THE UK

Tyler Mills, Kirstie Riddell, David Smith, Liz Price
University of Hull, Hull, United Kingdom

Presented by: Tyler Mills

Introduction/Background: Currently in the UK, access to transition-related treatment necessitates a diagnosis of Gender Dysphoria (GD). This diagnostic model of transgender identity has been criticised by both activists and academics as pathologizing and 'gatekeeping' transgender identities. The need for a diagnosis of GD can be viewed as a barrier by those it tries to assist and this may be due in part to disparate definitions between service-users and clinicians regarding the routes and goals of transition.

Specific Aim: The aim of this study was to examine transmasculine experiences of medical transition in the UK, with a focus on exploring the barriers they encounter throughout the transition process.

Materials and Methods: Twelve transmasculine individuals took part in this study. Three participants were interviewed individually, followed by a focus group of nine participants. Interpretative Phenomenological Analysis (IPA) was used to analyse all interview and focus group transcripts. This analysis produced three overall themes: (1) "Conceptualising the Process of Transition", (2) "NHS Communication and Support" and (3) "Medicalisation, Power, and Non-disclosure".

Results: The theme "Conceptualising the Process of Transition" captures the participants' view of transition that, while it is a personal journey toward their authentic self, it is only truly accessible within the strict confines of NHS funding and Gender Identity Services (GIS) protocol. Participants emphasised that while a transition may be marked by 'stages' these are non-linear and are unique to everyone. Accessing transition healthcare was most often framed as an intrusive challenge, whereby patients must convince healthcare professionals of the legitimacy of their transgender identity.

The theme "NHS Communication and Support" addresses some of the major barriers transmasculine individuals face when attempting to access healthcare. All participants expressed that their transgender status was a barrier to accessing *all* types of healthcare. Participants described how they felt dismissed, misunderstood, and poorly supported by both their GP and mental health services. Referral times far exceeded NHS guidelines, and combined with a lack of communication or support from either their GP or GIS, participants were left feeling anxious and ignored.

The theme "Medicalisation, Power, and Non-disclosure" discusses the power inequalities inherent in the current diagnostic framework of GD in the UK. Participants conceptualised healthcare providers as "gatekeepers" who force them to "assimilate". As such, numerous strategies to cope with this lack of autonomy were employed, including non-disclosure. Non-disclosure of gender non-conformity, non-binary identity, and mental health symptoms were common, due to the perceived risk of being denied transition-related treatment that they required.

Conclusion: The results of this study suggest that trans individuals in the UK encounter many barriers when trying to access healthcare. It is proposed that the Informed Consent Model would ameliorate many of these barriers, as it would empower service-users to make informed choices in collaboration with healthcare professionals. Furthermore, it is suggested that increased contact and support from GPs and GIS, particularly during long waiting periods, is essential to alleviating the feelings of isolation and dehumanisation which are consistently reported by this community.

Poster: Intersex/DSD

Poster #28: SUPPORTING INTERSEX PEOPLE: EFFECTIVE ACADEMIC AND CAREER COUNSELING

Jack Simons, Melissa Ramdas
Mercy College, Dobbs Ferry, NY, USA

Presented by: Jack Simons

Introduction/Background: Current best practices in mental health indicate that counselors should be advocates for LGBTQ people; however, intersex people are rarely included in the dialogue. There is also a dearth of existing information about the school and career experiences of intersex students. Neither the American School Counselor Association nor the National Career Development Association explicitly mention intersex people in any of the ethics codes or position statements.

Specific Aim: The aim was to understand how intersex people made meaning of their retrospective school and career experiences in order to learn from their direct experiences and interpretations of those school-age and adult experiences.

Materials and Methods: Ten people who identified as intersex were interviewed.The first part of the interview focused on school experiences. The second part focused on career experiences. The third part of the interview was a focus group in which participants further clarified their responses and discussed what it was like to participate in the study. A digital recorder was used to record each interview that was subsequently transcribed. Thereafter, because application of a conventional phenomenological approach required time to define codes strictly from the data (i.e., codes were not derived from theory or prior relevant research findings), team members met to compare individual definitions of codes and keywords. Weekly meetings were held to discuss our findings to achieve consensus for the interviews until all were coded.

Results: This phenomenological study explored the academic and career experiences of 10 intersex people who may or may not have had knowledge of their intersex condition growing up. Diversity reported included 46, XY; chordee; Turner syndrome; androgen insensitivity syndrome; and congenital adrenal hyperplasia. Five findings were uncovered: (a) coping as intersex, (b) range of feelings, (c) gender identity development, (d) bullying at school and work, and (e) body problems. Coping was the most frequent theme, related to working through gender identity development or dealing with being bullied in various forms. In addition to speaking about coping in the past and present in regard to dealing with gender identity development and bullying in school and at work, discussion of affect tied to gender identity development was important to participants. They also shared about challenges related to body problems such as not maturing as expected and menstruating while experiencing gender dysphoria. The career experiences of intersex people were often fraught with turmoil, lack of support, and job changes. In some cases, participants were invalidated or bullied in their work settings as well as at home by family members which led to strained familial relationships.

Conclusion: The authors hope that more counselors will develop the confidence and skills needed to more effectively advocate for intersex people. School counselors, in particular, must inform school stakeholders about the existence of intersex students. Each intersex student's situation should be evaluated by counselors independent of other intersex students' situations. Counselors should also teach students about intersex role models and be provided with resources on intersexuality. We also recommend including intersex and gender non-conforming students in shared decision making as part of multidisciplinary care teams.

Poster: Law, Policy, and Ethics

Poster #29: Paternalism in gynaecology: Gender diverse individuals denied access to permanent sterilisation

Shannon Lovell Greene
Launceston General Hospital, Launceston, Australia

Presented by: Shannon Lovell Greene

Introduction/Background: There is a burgeoning literature on the aetiology, performance and consequences of paternalism in gynaecology when it applies to limiting gender diverse individuals' rights to permanent sterilisation. Transmasculine and gender diverse individuals often face significant challenges accessing sterilisation services, based on perceived regret and paternalistic desire to protect them from harm.

I draw on contemporary ethical research to assess whether it ever ethically justifiable to employ selective paternalism to deny individual's access to permanent sterilisation procedures.

While elective sterilisation is a contentious subject, especially when requested by individuals who have a healthy and capable body but are seeking permanent sterilisation for reasons such as medical transition or a desire to remain childless, I maintain that reproductive autonomy should be universal, whether it is the right to reproduce of the right to remain childless.

Specific Aim: Raise awareness of the inherent paternalistic structures faced by gender diverse individuals when attempting to access sterilisation services.

Materials and Methods: Literature review and analysis of services and inherent barriers faced by gender diverse individuals wanting permanent sterilisation options. Looking at contemporary ethical and social research papers to assess whether it ever ethically justifiable to employ selective paternalism to deny gender diverse individual's access to permanent sterilisation procedures.

Results: While elective sterilisation is a contentious subject, especially when requested by individuals who have a healthy and capable body but are seeking permanent sterilisation for reasons such as medical transition, gender dysphoria, and a desire to remain childless, I maintain that reproductive autonomy should be universal, whether it is the right to reproduce of the right to remain childless.

Conclusion: Ultimately, clinicians must balance a dual role; protective on the one hand and autonomy-promoting on the other. The ambiguity around defining the boundaries of the protective role rest on contextual factors specific to each patient. The current practice of focusing on clinician's desire to spare their patient's regret and preserve their fertility while ignoring or demeaning the patient's autonomous wishes is paternalistic and patronising. Age and gender expression do not preclude capacity and with informed consent these individuals have the right to bodily autonomy. If care is taken to advise, information is exchanged with regards to potential complications and risks, including that of regret, then it is unethical to employ selective paternalism to deny gender diverse individual's access to permanent sterilisation procedures. Reproductive autonomy should be universal, whether it is the right to reproduce of the right to remain childless.

Poster #30: ACKNOWLEDGEMENT OF GENDER IDENTITY AS A HUMAN RIGHT, ITS INTERPRETATION AND EMBODIMENT IN THE CHILEAN LEGAL SYSTEM, PARTICULARY THE LAW 21120

José Carrillo[1], Javi Orellana[1,2]
[1]ONG COLECTIVA TRANSFORMA, CONCEPCION, Chile, [2]NGO Colectiva TransForma, Concepcion, Chile

Presented by: José Carrillo

Introduction/Background:
In Chile, the gender recognition and protection law (the 21120 law), has come into effect since December 2019. The gender recognition and protection law allows not married and over 18 years old people to change their gender identity and name in their national identity card in a very simple administrative procedure in the civil registration office. For the first time in Chile, gender identity is defined as a legal concept.

Specific Aim:
Analyze the gender identity recognition in the Chilean legal system. Based on gender identity as an essential human right.

Materials and Methods:
Bibliographic review of national and international legal instruments regarding gender identity recognition. Analysis of how Chilean and Argentinian legal-administrative documents have influenced in the bases of the Chilean gender recognition and protection law.

Results:
Prior to the enactment of the law, Chilean jurisprudence had recognized the right to gender identity on the basis of international legal instruments.
International principles are made explicit in the Chilean gender recognition and protection law.

Conclusion:
There was a recognition of gender identity in Chile before the enactment of the law, based on international rights and the Chilean Constitution interpretation.
Chilean gender recognition and protection law, defines explicitly what must be understood as the gender identity right
The gender recognition and protection law stablishes legal principles. These principles have a general and mandatory nature in the Chilean legal and justice system.

Poster #31: THE CHILEAN GENDER RECOGNITION AND PROTECTION LAW: PRINCIPLE OF NON PATHOLOGIZATION AND THE INFLUENCE ON THE HEALTH SERVICES FOR TRANS PEOPLE.

José Carrillo, Javi Orellana
NGO Colectiva Transforma, Concepción, Chile

Presented by: Javi Orellana

Introduction/Background: In Chile, the gender recognition and protection law (the 21120 law) has been into effect since December 2019. Among the principles of this law, there is the principle of non pathologization. This principle states the prohibition of treating trans people as people with a disease. The elimination of “transsexuality” in CIE-11 manual from WHO had a big influence in the Chilean legislative process of the gender recognition and protection law.

Specific Aim: The main objective of this work is to analyze how the legal principle of non pathologization of gender identity in trans people is crucial to change and update the medical, psychological and psychiatric procedures required nowadays whenever trans people start with their hormone treatment and/or surgeries.

Materials and Methods: Analysis of the Chilean gender recognition and protection law from a legal perspective.

Bibliographic analysis of International human rights instruments and international laws that recognize gender identity of trans people.
Review of current protocols of gender identity health centers in Chile

Results: The Chilean health law, has the inform concent as a legal tool that respects the principle of non-pathologization.
Clinical pathway for body adaptation in people with incongruence between physical sex and gender identity, by the Chilean Ministry of Health pathologizes and demands obligatory attention by psychiatrist. There are a few local clinical protocols in different hospitals, most of which require psychiatric or psychological certification prior to referral to endocrinology.

Conclusion: The proposal is that according to the gender recognition and protection law, included in the Chilean health legislation, only the inform consent must be required to start hormone replacement therapy. Mandatory psychiatric and psychological evaluations must be forbidden.

Poster: Mental Health – Adult

Poster #32: MENTAL HEALTH AND ACCESS TO GENDER-AFFIRMING CARE AMONG TRANS MASCULINITIES AND NON-BINARY PEOPLE: A DESCRIPTIVE STUDY FROM ARGENTINA

Ines Aristegui[1,2], Pablo Radusky[1,3], Virginia Zalazar[1], Emilia Frontini[1], Omar Sued[1]
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Presented by: Ines Aristegui

Introduction/Background: Social stigma associated to transgender identities is known to have a detrimental effect on transgender people´s mental health. Additionally, lack of access to healthcare and gender-affirming therapies may worsen this situation. Worldwide, data on trans masculinities and non-binary people is limited and it is scarce in Argentina.

Specific Aim: The objective of this study was to describe the prevalence of indicators of mental health and access to healthcare and gender-affirming therapies among trans masculinities and non-binary people.

Materials and Methods: Data was gathered between May and September 2019 through an online national survey for transgender masculinities. The questionnaire was informed by the results of focus groups with trans masculine participants, designed and reviewed cooperatively with activists and disseminated by a trans NGO through social media. Descriptive statistics were used to summarize data.

Results: From a total of 415 participants, half of the sample (50.1%) identified themselves as transgender men, 20.7% as men, 15.4% as non-binary/gender fluid and 13.7% as trans-masculine. The median age was 23 (IQR: 19–27), 7.5% were foreign-born, 74.2% completed high school or higher education and 61.6% had health insurance. Regarding access to healthcare, 36.9% had a gynecologist appointment last year (30.6% previously). In relation to gender-affirming procedures, 54.7% were using hormones (23.6% plan to use them in the future), 31.4% had mastectomy (56.9% plan for the future) and 1.8% had accessed genital surgery (e.g., hysterectomy, phalloplasty). Among those who have not had genital surgery yet, 42.9% would like to have a hysterectomy and 25.2%, a phalloplasty in the future. Regarding mental health, 47% reported receiving a mental health diagnosis in their lifetime, being the most frequent: depression (35.9%), anxiety (33.7%), and posttraumatic stress disorder (10.4%). Reported lifetime prevalence of non-suicidal self-injury behaviour (cuts, burns) and suicidal attempts were high: 65.1% and 49.2% respectively. In the last year, 30.3% engaged in self-injury behaviour and 19.8%, in suicide attempts. Sexual abuse was also substantial, 51.8% of participants experienced it at some point: 28.9% in childhood and 25.8% in adolescence.

Conclusion: Trans masculinities and non-binary people report high prevalence of mental health issues, self-harm behaviour and abuse, current and in their lifetime. Although access to education, health insurance and gender-affirming procedures is high, trans masculinities continue to experience an elevated prevalence of negative mental health outcomes, that may partially be explained by social stigma. Engagement in medical gender-affirming procedures seems to be below participants' expectations. This gap might also contribute to the negative outcomes in mental health. These results highlight the importance of scaling up access to gender-affirming and mental health care and of training these professionals to provide care according to the specific needs of this population.

Poster: Mental Health – Child and Adolescent

Poster #33: Lost in Gender: A Scoping Review of Parents' Acceptance of Gender Nonconformity in Prepubertal Children

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Indiana University Purdue University of Indianapolis (IUPUI), Indianapolis, IN, USA

Presented by: Mark Flener

Introduction/Background: Young children (3-12 years) expressing gender nonconformity (GNC) are at greater risks for family rejection and psychological trauma. Parental rejection toward GNC has been shown to predict higher rates of suicide attempts among children. The purpose of this review was to examine the influences of parents' acceptance toward young children exploring GNC.

Specific Aim: The study aims were: 1) synthesize empirical evidence to understand individual experiences of gender nonconforming children and their parents; 2) describe relationship patterns between the children's expression and parents' acceptance of GNC; and 3) describe gender affirming behaviors that improve the child/parent relationship.

Materials and Methods: An Arksey and O'Malley scoping review was conducted utilizing the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews: (PRISMA-ScR) Checklist. Fifteen articles met inclusion/exclusion criteria.

Results: The following key findings supported our proposed aims:
Aim 1: Children experience higher levels of stress related to parents' rejection, while parents' acceptance promoted better psychosocial health. Children experienced stress when required to use bath-rooms, locker rooms, or play activities that divided boys and girls. Parents' concerns on GNC were associated to internalized transphobia, societal acceptance, and children's safety. Parents experienced a loss/grieving process before they accepted children's GNC.
Aim 2: In relationship patterns, mothers are the emotional caretaker of the child's gender role. Fathers had greater discomfort toward GNC than mothers and specifically toward natal boys. Fathers were shown to be physically and verbally aggressive toward natal boys expressing GNC, while both parents showed minimal concern toward GNC in natal girls. Concerns over GNC dissipated when children were allowed to socially transition to the affirmed gender.
Aim 3: Parents and children experienced higher levels of happiness after the social transition. Affirming gender identity was essential to children's social transition and was demonstrated through the use of preferred names, pronouns, dress, and peer socialization. Additionally, parents played a significant role in the social transition through advocacy for children's affirmed identity among peers, schools and society.

Conclusion: Findings show that there is a correlation between parental acceptance of gender nonconforming behaviors and securing a child's gender affirmation. Parental rejection can adversely affect children's gender identity development. Early implementation of social affirmation can reduce psychological distress for parents and children, while securing a safe pathway to children's happiness and mental well-being. Future research should explore differences in acceptance by parent role and examine specific risk factors and mechanisms that contribute to fathers' rejection of gender nonconformity.

Poster #34: An Examination into Actual Feelings Involved with Experiences of Living a Transgender Life in Japanese Contexts

Naoto Machida
Kyoto University, Kyoto, Japan

Presented by: Naoto Machida

Introduction/Background: Previous studies on transgender issues have revealed certain demographic trends as a group, such as estimations of transgender population size, or relationships with mental disease or problematic behaviors. However, few studies have taken a qualitative approach to investigate the experiences of transgender life as lived. Additionally, they have tried to remove the researcher's "subjectivity" and have avoided analyzing the researcher's feeling of intersubjectivity and intercorporeality experienced during the interview process.

Specific Aim: The presenter attempts to explore transgender experiences using the concepts that adequately reflect their actual feelings.

Materials and Methods: Adopting the In-Depth Talking interview approach, the presenter analyzed four interview sessions with one transwoman. In-Depth Talking approach is a qualitative research method which emphasizes a prelinguistic felt sense. To make conversation smooth, questions items were adopted following Shojima (2008). The author asked their basic information, life story, coming-out to others, medical treatment, their future plan, and necessary supports. The presenter went through meta-observation process of the approach and analyzed narratives of the participant.

Results: On the basis of the interview results, various aspects of her actual feelings (bodily senses), such as the feeling of bated breath, the feeling of guilt, and the feeling of getting involved through a single wall were described. It was found that the structure underlying these feelings required living according to societal gender roles (woman/man). This was named "mimicry," and specific bodily senses of transgender individuals were discussed.

Conclusion: This study examined aspects of the actual feelings involved in living transgender lives that have been overlooked in previous studies. Of course, for the bodily senses discussed above, it is possible that they will feel little or nothing after the transition to the desired gender if they are comfortable with being woman/man or if they spend time in an environment where there is an assumption that they are transgender. However, even if they are currently accustomed to acting as a woman/man, it is not hard to imagine that they have experienced trying to fit in with gender roles that did not accord with their own natural ways. Therefore, at some point in time, all the feelings brought about by mimicry are the same for all transgender people. The structure named "mimicry" that was identified by one participant can serve to reveal aspects of the experiences of all transgender people.

Poster #35: "I TRADED EMOTIONAL PAIN FOR PHYSICAL PAIN": A MIXED METHODS EXAMINATION OF TRANSGENDER YOUTHS' USE OF NON-MEDICAL BODY MODIFICATIONS

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University of Rochester Medical Center, Rochester, NY, USA

Presented by: Mai-Anh Tran Ngoc

Introduction/Background: Non-medical body modifications (Body-Mods) are a type of social transition method used by transgender and gender diverse (TGD) individuals to change their body shape in order to express their gender identity. These methods include chest binding or padding, tucking or packing to modify groin contour, hair removal, and diet and exercise. The frequency of use of specific methods among Body-Mod users and the perceived risks and benefits associated with their use have not been studied. The purpose of this descriptive study is to explore these two topics from the perspective of TGD youth.

Specific Aim: To gather data from TGD youth, including quantitative data on utilization of specific Body-Mods and qualitative data on their experiences using Body-Mods.

Materials and Methods: TGD youth between 15-25 years were recruited from the community and gender health clinics. They completed an anonymous, secure online survey that elicited both quantitative data on socio-demographic characteristics and their use of specific Body-Mods. Participants selected the Body-Mods they had used from 8 categories. They used a Likert scale to rate the helpfulness of Body-Mods at improving their comfort about their appearance. In addition, they answered open-ended questions about the perceived benefits and drawbacks of specific methods. Quantitative data were described using means and frequencies; qualitative data were evaluated using thematic analytic methods.

Results: A total of 74 respondents reported using at least 1 Body-Mod. Among transmasculine youth, 93% used binding, nearly all with a commercial binder. Among transfeminine youth, tucking with tight underwear/gaff was the most common (86%). Most Body-Mods were considered helpful at improving participants' comfort about their appearance. They said that Body-Mods increased their emotional wellness by changing their physical appearance, decreasing gender dysphoria, and enabling them to do gender-affirming activities. However, a few shared that these methods worsened their internalized stigma by reminding them that their bodies were inherently different from their gender identities. Based on their needs and circumstances, TGD youth chose a method by weighing its emotional and physical impact and its accessibility, as well as their ability to protect their privacy when using the method.

Conclusion: Body-Mods have both positive and negative emotional, physical, and psychosocial impacts on the lives of TGD youth. Participants described a complex decision-making process around whether to use Body-Mods and which method to use. Body-Mods are a social transition method that is self-directed and provides agency to TGD youth. Understanding the experiences of TGD youth who use Body-Mods will help those who care for and support them to give them better informed care.

Poster #36: Protective Factors for Gender Minority Youth Experiencing Suicidality: A Systematic Review of the literature

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Presented by: Reese Imhof

Introduction/Background: Transgender and gender non-binary people experience suicidal ideation and suicide attempts at significantly higher rates than their cisgender peers (Price-Feeney et al. 2020).

Specific Aim: The present study aims to determine protective factors for adolescents experiencing suicidality and gender dysphoria.

Materials and Methods: The literature was searched for concepts related to suicide in the transgender population. The search strategies were created using a combination of keywords and standardized index terms. Searches were run in February 2020 in Ovid EBM Reviews, Ovid Embase (1974+), Ovid Medline (1946+ including epub ahead of print, in-process & other non-indexed citations), Ovid PsycINFO (1806+), Scopus (1970+) and Web of Science (1975+). Results were limited to English language and journal articles from 2000+. All results were exported to Endnote where obvious duplicates were removed leaving 910 citations. Inclusion criteria included, but were not limited to: age 24 and younger, with suicidality, interventions that benefit this population either by preventing adverse effects/morbidity or decreasing completed suicides in this population. Three authors reviewed 910 articles and a consensus was reached regarding inclusion or exclusion

Results: A total of 582 articles were initially excluded. A number of thematic findings emerged when reviewing the included articles. Overall studies often report that transgender and gender non-binary youth have higher rates of suicidality. Factors that have been reported as risk factors for suicidal ideation and suicide attempt include bullying victimization, family conflict (including parental verbal and physical abuse), homelessness, low social support, history of physical or sexual abuse, mental health diagnoses, depressive symptoms, lower body esteem including dissatisfaction with weight, relationship violence, safety issues at school, academic difficulties, and substance use. Reported protective factors include chosen name use, family support, peer support, and school support.

Conclusion: Suicidality is a major concern among transgender and gender non-binary youth. Interventions that have been suggested in the literature to decrease rates of suicide in transgender and gender non-binary youth include public health interventions that address bullying victimization and discrimination in schools, increasing access to healthcare services, family support, promoting safe and inclusive school environments and implementing school-based programs that are inclusive of gender diversity in students. Additional interventions to consider based on the reported risk factors and protective factors supported by the literature include access to mental health providers, support groups, family therapy, and interdisciplinary gender clinic.

Poster: Obstetrics, Gynecology and Reproductive Health Sciences

Poster #37: TRANSGENDER AND GENDER DIVERSE ADOLESCENTS' FERTILITY AND PARENTHOOD GOALS IN THE CONTEXT OF FAMILY PRESSURE AND GENDER AFFIRMATION

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Presented by: Adam Hunter

Introduction/Background: Recent studies have demonstrated that one- to two-thirds of transgender and gender diverse (TGD) youth desire children in the future, and the tensions among fertility preservation invasiveness, expense, gender dysphoria, and prioritization of gender affirmation therapy shape family building plans (Baram, Myers, Yee, & Librach, 2019). Less is known about the effects of familial pressure to preserve fertility and have biological children on TGD youths’ fertility goals.

Specific Aim: 1) To clarify parenthood and fertility goals of TGD youth. 2) To quantify and describe familial pressure and the impact of prioritizing gender affirmation on TGD youths’ decisions about fertility preservation.

Materials and Methods: Demographics of TGD adolescent participants (n=29) are displayed in Figure 1. Mixed methods data were collected through one-on-one semi-structured interviews and a survey with the Transgender Youth Fertility Attitudes Questionnaire (TYFAQ; Strang et al., 2017). Qualitative interview coding was conducted in Dedoose by three independent coders. A thematic analysis approach (Braun & Clark, 2006) was used to identify major themes. Responses to selected TYFAQ questions pertaining to fertility goals and familial pressure to have biological children and/or undergo fertility preservation are in Figure 2. This study was approved by the Boston Children’s Hospital IRB.

Results: Data from the TYFAQ (see Figure 2) show that on average, TGD youth responded either “Agree” or “I don’t know” to a question assessing desire to have children someday. Four agreed and one strongly agreed that having biological children was important. Although two participants reported feeling pressure from caregivers to have biological children, most participants disagreed or strongly disagreed that they felt such pressure from their families. Two trans girls underwent fertility preservation (sperm banking), but neither experienced familial pressure to do so. There was less consensus in the sample regarding desire for fertility preservation. In qualitative interviews, most TGD youth favored adoption and/or partner carriage/delivery of biological children. Some TGD youth who wanted biological children cited barriers related to cost, concerns about the physical experience and gender dysphoria associated with biological parenthood (including pregnancy and fertility preservation), and expressed that parenthood might be inconsistent with their TGD identities. The study was limited geographically (participants hailed exclusively from New England) and demographically (22 of 29 participants identified as white, and only one participant identified as nonbinary but assigned male at birth).

Conclusion: Most TGD youth in this study desire to become parents someday, and they favor adoption or co-parenting with partners who can biologically carry and deliver. Although most TGD youth did not face familial pressure to become parents, a minority of participants endorsed pressure to have biological children and preserve fertility. Barriers to fertility preservation, including gender dysphoria, expense, and the physical experience of gamete collection may inform decisions about parenthood; these factors should be explored further. Developing fertility technology to inexpensively and non-invasively collect gametes and tissues will be important to help TGD youth and their families navigate fertility goals and gender affirmation. Until then, streamlining pathways to adoption both socio-politically and financially will allow TGD youth to achieve their stated parenthood goals.

Poster #38: COMMUNICATION AND PERCEIVED SOCIAL SUPPORT FOR FUTURE PARENTING DESIRES IN FAMILIES WITH TRANSGENDER AND GENDER DIVERSE ADOLESCENTS

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Presented by: Shea Nagle

Introduction/Background: Transgender and gender diverse (TGD) youth and their caregivers face medical decisions that can affect future fertility and family building options. This study examined the role that communication and social support play in TGD youths' fertility goals as well as their decisions regarding future parenthood.

Specific Aim: To describe how communication and perceived social support influence TGD adolescents' future parenting desires and decisions.

Materials and Methods: TGD adolescents (n=29) completed one-on-one semi-structured interviews and surveys at two time-points, six months apart. Table 1 describes participant demographics. Qualitative coding and thematic analysis were used to identify themes from interview responses. The survey component included the Transgender Youth Fertility Attitudes Questionnaire (TYFAQ) to assess fertility attitudes and the Multidimensional Scale of Perceived Social Support (MSPSS) to assess perceived social support among TGD youth. Survey data were used for descriptive purposes to provide context for qualitative findings. This study was approved by the Boston Children's Hospital IRB.

Results: In this study, 65.9% of TGD youth wanted to have children someday, 19.5% did not want to have children, and 14.6% were unsure. Most participants (85.4%) reported that they felt that they had someone to talk to about having biological children. The MSPSS scores of TGD youth averaged 70.3±8.5 (range:52-84). MSPSS scores for questions assessing familial support averaged 23.0±4.0 (range:15-28).

Four key themes were identified from participants' narratives reflecting factors impacting TGD youths' perceptions of support in their future family building desires: 1) communication, 2) resource utilization, 3) autonomy, and 4) perceived concordance of fertility and parenthood goals between TGD youth and family members (See Table 2). TGD adolescents who reported feeling well-supported in their future family building plans and desires also described: having conversations with family, friends, and medical providers about their desires; seeking relevant information from providers as well as online and community resources; and concordance between themselves and family members regarding their future parenthood desires. Participants who felt supported also discussed autonomy as an important contextual factor for future family building decisions. TGD adolescents who did not feel supported in their future family building plans and desires described: fewer conversations with family members and medical providers, lower utilization of medical resources, and lower perceived concordance between family members compared to TGD adolescents who felt well-supported.

Conclusion: Communication with caregivers and medical providers is critical to TGD adolescents feeling supported in their desires for and decisions about future parenthood. While average MSPSS scores for this cohort reflected a high level of perceived social support among participants, the qualitative data demonstrate that TGD youth have diverse experiences with engaging in discussions and seeking out supportive resources regarding their future parenting desires. TGD adolescents highlighted that communication among family members and others about future family building varies greatly between families and individuals. Thus, health care providers should engage in developmentally appropriate conversations with TGD youth and their caregivers about fertility preservation and future family building. Conversations should occur early and often to ensure that families have multiple opportunities to discuss future family building desires and seek out supportive resources.

Poster #39: BARRIERS AND FACILITATORS TO CERVICAL CANCER SCREENING AMONG TRANSGENDER MEN AND NON-BINARY PEOPLE.

Dean Connolly[1,2], Xan Hughes[3], Alison Berner[4,5]
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Presented by: Dean Connolly

Introduction/Background: Cervical cancer screening in the United Kingdom (UK) involves sampling and examining cells from the ectocervix with concomitant human papillomavirus testing to aid with triaging abnormal results. The widespread uptake of screening for cervical cancer in the UK is associated with a significant decrease in associated mortality in the last decade. However, patients with a male gender marker on their electronic health records are not automatically invited for screening, creating one of several barriers to screening for transgender people.

Specific Aim: To understand the barriers and facilitators to a successful cervical cancer screening programme for transgender people in the UK.

Materials and Methods: A broad search was conducted across Embase, Medline, PsycInfo and Global Health databases to 3rd January 2020. All titles and abstracts and full texts of potentially relevant records were read by two reviewers. Data extraction forms and bespoke quality assessment tools were designed prior to searching and were completed by two independent reviewers. Extracted data were then synthesised into a narrative to address the research aim.

Results: The search identified 679 unique records. Twenty-seven high quality studies were included in the final synthesis. While there was no UK-based data, findings from the United States suggest that transgender people have lower odds of lifetime and up-to-date cervical cancer screening, relative to cisgender counterparts. Both patients and providers reported that a lack of knowledge surrounding the cervical cancer risk and specific screening needs of transgender people contributes to a disparity in uptake. Testosterone-induced changes to vaginal mucosa and cervical tissue exacerbate this disparity by contributing to increased odds of inadequate samples and repeated, technically difficult Papanicolaou tests. Self- or provider- administered vaginal swabbing for high-risk human papillomavirus (HPV) was a favourable option for many participants who cited an increased sense of agency with a less invasive test. However, other participants reported anxiety surrounding reliability in the absence of a visual examination. A major theme among qualitative studies was the imbalance of power that exists between vulnerable patients and their service providers. Providers are able to increase a patient's likelihood of screening by empowering them to correctly gender the consultation and choose from the abovementioned screening techniques.

Conclusion: Providers should take a patient-centred approach, avoiding assumptions and empowering patients to lead the cervical cancer screening consultation. They should be competent in a variety of techniques to maximise patient autonomy and minimise any gender dysphoria or pain during screening. There is an urgent need for UK-based research to determine the extent to which these findings apply to a UK population. A cross-sectional study of UK-based transgender men and non-binary people's attitude towards cervical screening and their technique preference is underway.

Poster #40: INTEREST IN AND UTILIZATION OF FERTILITY PRESERVATION SERVICES IN AN ADULT TRANSGENDER POPULATION

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Michigan Medicine, Ann Arbor, MI, USA

Presented by: Kathleen O'Brien

Introduction/Background: Gender affirming hormone treatment (GAHT) has an uncertain impact on the fertility of transgender individuals. According to WPATH, individuals should be offered fertility preservation (FP) prior to the initiation of GAHT. While research demonstrates that the transgender population supports this counseling and to have FP services available, emerging research suggests that the utilization of FP in the adolescent and young adult population is low. There is insufficient data surrounding such utilization in adults.

Specific Aim: The aim of this study was to determine the rate of referral for FP among adult new gender patients and the rate at which transgender individuals ultimately underwent FP. The study also aimed to investigate factors correlated with referral for and eventual completion of FP among transgender adults.

Materials and Methods: This is a retrospective chart review of adult transgender patients who presented for an initial visit for GAHT at Michigan Medicine in the Department of OB/GYN between 2015 and 2019. Inclusion criteria were >/ 18 years of age, documented evidence of counseling regarding effects of GAHT on fertility, presumed fertility (for AFAB, <45 years old), no previous gonadectomy, not currently being treated with GAHT, and did not previously access FP services. Data were abstracted from chart review, including: age, gender identity, sexual orientation, insurance status, employment, relationship status, interest in bottom surgery, referral for FP, eventual completion of FP, and reasons for declining FP referral. Data analyses were performed using SPSS Statistics. Descriptive statistics were used to summarize characteristics of the study sample.
Results:

Results: 518 individuals met inclusion criteria. 49.7% identified as trans men, 44.7% trans women, 2.5% nonbinary, 2.3% genderfluid/genderqueer, and 0.4% agender. 71 (13.4%) patients were referred for FP. 18/71 (25.4%) ultimately underwent FP for a total of 3.4% of the study population. Of those who underwent FP, 17/18 were assigned male at birth. 16/17 identified as trans women, and 1/17 identified as genderqueer. 1/18 was assigned female at birth and identified as a trans man. 1/18 had Medicaid for insurance, and the remainder had private insurance. None of the individuals who underwent FP were already parenting. The average age was 25.9. 44.4% were partnered or married, and the remaining 55.6% were single. 55.6% were employed, and 27.8% were students. Reasons for declining referral for FP included: not interested in having biological children (41.4%), not interested in parenting (7.9%), financial barriers (6.2%), family being complete (4.8%), planning to adopt (4.0%), and not wanting to delay medical transitioning (3.5%).

Conclusion: Our study demonstrated a low overall rate of accessing FP services among transgender adults who presented for initiation of GAHT. Of those who underwent FP, the majority were young trans women who were single, employed, and with private insurance coverage. This discrepancy may be due to significant differences in level of invasiveness, cost, and time involved in undergoing sperm banking compared to oocyte retrieval.

Poster: Primary Care – Adult

Poster #41: THE ASSOCIATION BETWEEN GENDER-RELATED CHARACTERISTICS, INTERACTION ANXIETY, AND MEDICAL MISTRUST ON TRANSGENDER PATIENTS' COMFORT OF HAVING A MEDICAL CHAPERONE PRESENT DURING SENSITIVE PHYSICAL EXAMINATIONS

Katharine Linder[1], Tyson Pankey[2], Nicole Imhof[2], Katie Ubl[2], Dagoberto Heredia, Jr.[2], Caroline Davidge-Pitts[2], Todd Nippoldt[2], Alice Chang[2], Eileen Anderson[2], Cesar Gonzalez[2]
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Presented by: Katharine Linder

Introduction/Background: Transgender individuals experience significant health disparities. A contributing factor is anticipatory discomfort in healthcare engagement. One emerging strategy used in cisgender populations towards promoting patient comfort is the use of a medical chaperone (MC), defined as a staff member of a clinic who is present in the exam room with a medical provider when there is a sensitive physical examination.

Specific Aim: 1) Describe preferences toward MCs among transgender individuals; 2) Examine the associations between demographic characteristics, gender-related anatomical dysphoria, interaction anxiety, and medical mistrust on preferences toward MCs.

Materials and Methods: This study used a prospective cross-sectional survey that randomly sampled patients who received care at a gender clinic in the Midwest, USA. A total of 420 self-identified transgender adults with a diagnosis of gender dysphoria were mailed a survey that included questions on general demographics; Group-Based Medical Mistrust Scale; Interaction Anxiousness Scale; gender-related anatomical dysphoria using subscales of the Gender Congruence and Life Satisfaction Scale; and attitudes and preferences towards MCs. Participants were asked to return surveys by mail or electronically.

Results: A total of 152 surveys were returned (response rate = 36%). The majority of participants self-identified as White (*n*=134, 89.3%). The average age for the total sample was 41.62 years (*SD*=16.25). Based on sex assigned at birth and gender identity, 68.2% of participants were categorized as trans-feminine (*n*= 101), 20.9% as trans-masculine (*n*= 31) and 10.8% as nonbinary (*n*= 16). Forty-seven percent of participants (*n* = 64) reported that they would like to be *offered* a MC, while 50% (*n*=67) reported that they would *feel comfortable* with a MC during a sensitive exam. There were significant differences regarding gender preferences ($p < .001$) of a MC during sensitive exams, with the majority of participants (*n* = 86; 56.8%), regardless of gender, indicating a specific preference for a *female* MC during a sensitive exam performed by a *male* medical provider. Conversely, the majority of participants (*n* = 72; 47.6%) indicated *no gender preference* for an MC during a sensitive exam performed by a *female* medical provider. Participants who reported a) greater time living in their affirmed gender ($p = .02$); b) less gender-related anatomical dysphoria ($p = .01$); c) a history of having a MC ($p = .01$), and d) greater medical mistrust (p = .02) reported greater likelihood for positive attitudes and preferences toward MC during a sensitive exam. Sex assigned at birth, gender identity, general demographics, history of gender-affirming medical or surgical care, and interaction anxiety were not associated with preference for having an MC present during sensitive physical examinations.

Conclusion: The majority of transgender patients reported comfort with the concept of being offered a MC. Our results suggest that transgender patients' preferences for the gender of an MC is not influenced by their sex assigned at birth or gender identity. Our results may inform clinic policies in regards to offering MCs to transgender patients. Future studies should evaluate the impact of MCs on patient engagement and satisfaction and their effects on healthcare utilization and engagement.

Poster #42: ASSESSMENT OF KNOWLEDGE, ATTITUDES, AND SKILLS WORKING WITH TRANSGENDER CLIENTS OF SASKATCHEWAN FAMILY PHYSICIANS, FAMILY MEDICINE RESIDENTS, AND NURSE PRACTITIONERS

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Presented by: Lisette Christopherson

Introduction/Background: People who are trans and gender diverse (TGD) often report suboptimal care from healthcare providers. The literature highlights healthcare providers' lack of knowledge and comfort with providing culturally safe care to individuals who are TGD.

Specific Aim: In our rural Canadian province, we aimed to discover Saskatchewan's practicing and training primary care providers' experiences, knowledge, attitudes, and interested in education in providing trans-related and non-trans-related care to patients who are TGD.

Materials and Methods: In consultation with community partners at the Saskatchewan Trans Health Coalition, we designed a survey to assess the knowledge, attitudes, and skills of FPs, FMRs, and NPs in Saskatchewan with regard to working with TGD patients. Online surveys were distributed by professional associations. Analyses included descriptive statistics and Analyses of Variance (ANOVAs).

Results: Of 188 participants (response rate 13.5%), 30.3% (n=57) reported comfort providing transition-related medical care (hormone therapy, trans-related surgical referrals) to patients who are TGD. The majority (95.8%, n=180) of participants reported comfort providing non-transition-related medical care to patients who are TGD. Interest in further training in providing transition-related medical care (75.6%, n=142) and cultural safety (67.1%, n=126) was high. No statistically significant differences between provider groups were observed.

Conclusion: Almost all participants felt comfortable providing non-transition related care to patients who are TGD, but only a small portion reported comfort in providing transition-related care. Interest in further training was high. Based on our results, provincial training initiatives will be undertaken.

Poster: Surgery – Feminizing

Poster #43: SIGMOID VAGINOPLASTY AS GENDER CONFIRMATION SURGERY

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Presented by: Javier Belinky

Introduction/Background: surgery for female confirmation surgery is a growing surgical practice in our environment, complex, requiring multiple care maneuvers both intraoperatively as well as postoperative care for its maintenance. In turn, it is not without complications. One of them, neovaginal stenosis is one of the least desirable and can happen secondary to a lack of development of the neovaginal cavity during vaginoplasty or due to lack of dilatation exercises in a postoperative instance. When this complication occurs, its resolution requires a genital and abdominal approach in most cases. At the same time, there are patients who prefer a primary vaginoplasty as primary surgery as primary surgery and with the aim of less dilatation exercises in the postoperative period and natural lubrication.

Specific Aim: to present our experience in the surgical management of 9 patients underwent vaginoplasty with use of the sigmoid colon

Materials and Methods: Between 2012 and February 2020, our series involved two patients who requested sigmoid vaginoplasty as primary surgery and 7 patients who presented as a complication of their cutaneous neovagina stenosis. Complications and cosmetic and functional satisfaction were assessed with an unvalidated visual and analog scale (VAS).

Results: : The cosmetic and functional EVA was 9/10 and 10/10 in both cases respectively. The isolated intestinal segment was on average 17 cm and the mean final vaginal depth was 15 cm (14-19). As the only complication, two patients evolved with postoperative ileus that required digestive rest for 3 days. Both patients presented good evolution. One patient presented with a mucosa slough that required debridement under local anesthesia without subsequent non-functional clinical repercussions.

Conclusion: sigmoid vaginoplasty is a surgery with excellent results for performing wet vaginoplasty and useful both for the resolution of cutaneous vaginoplasty stenosis and for its primary surgery. Postoperative complications were mild and expected for this type of surgery.
The laparoscopic route offers technical, cosmetic, functional and quick recovery advantages.

Poster #44: History of male to female gender affirming surgery in the UK

Akash Dusoye[1], Charlotte Dunford[2], Feargus Hosking-Jervis[3], Heléna Gresty[4], Kathryn Bell[5], Kirpal Sahota[6], Mariana Bertoncelli Tanaka[7], Muhammad Junejo[8], Nishant Bedi[8], Pieter Jan Eyskens[1], Rachel Oliver[9], Ruairidh Crawford[10], Tina Rashid[7], Uma Walters[8]
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Presented by: Akash Dusoye

Introduction/Background: The history of male to female gender affirming surgery has been well documented, but there is a lack of reporting of the significant contributions from the UK which has one of the most well-established and highest volume (per surgeon) services in the world. In this poster we highlight the significant contributions to male to female gender affirming surgery, specifically vaginoplasty, from the UK.

Specific Aim: To highlight the contributions of surgeons in the UK to male to female gender affirming surgery.

Materials and Methods: A review of academic and historical literature was undertaken through sources such as PubMed, historical websites, archived newspapers and transgender history books. Interviews with the current UK surgeons were undertaken to ascertain their contributions to modern techniques and the current service in the UK.

Results: Whilst there have been a limited number of surgeons in the UK since the inception of this service, they have all made valuable contributions to this surgery from evolving the technique resulting in improved outcomes to advancing research, training and education.

Conclusion: We call attention to the contributions made by surgeons in the UK to the field of male-to-female gender affirming surgery, from advancing very early techniques of vaginoplasty, to ensuring that current patients in the UK receive world-class care.

Poster #45: Chronic seminal vesicle collection presenting as persistent neovaginal discharge following feminising vaginoplasty: a report of two cases

Rachel Oliver[1], Nishant Bedi[2], James Burn[3], Mariana Bertoncelli Tanaka[3], Uma Walters[2], Pieter Eyskens[4], Akash Dusoye[4], Charlotte Dunford[5], Feargus Hosking-Jervis[6], Heléna Gresty[7], Kathryn Bell[8], Muhammad Junejo[2], Ruairidh Crawford[9], Kirpal Sahota[10], Tina Rashid[3,11]

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Presented by: Rachel Oliver

Introduction/Background: Neovaginoplasty is often performed in trans women seeking surgery for feminine genitalia. The procedure typically involves orchidectomy, penile disassembly, urethroplasty, clitoroplasty and labiaplasty. Penile Skin Inversion Vaginoplasty (PSIV) is the gold-standard technique with creation of a neovaginal cavity between the rectum, prostate and bladder lined by the inverted skin of the penile shaft. Intestinal segment vaginoplasty is less frequently performed, usually where there is insufficient penile skin or as revision surgery. This involves utilising a segment of bowel, usually sigmoid colon or ileum, on its vascular pedicle and mobilising it to line the neovaginal cavity. Reported complications of both procedures include bleeding & haematomas, infection or abscess formation, urethral stricture and enteric & urinary fistulas. In addition there may be chronic pain, neovaginal stenosis, vault prolapse and formation of granulation tissue. However, there are no reports in the literature of abscess or fistula formation involving the seminal vesicles.

Specific Aim: In our UK tertiary referral centre for neovaginoplasty we encountered two patients with persistent neovaginal discharge due to seminal vesicle collection fistulating with the neovagina. Our aim is to report our experiences with diagnosis and management of this previously unreported complication.

Materials and Methods: Case notes, pathology and radiology results were reviewed retrospectively by a doctor not directly involved with either patient’s care. A literature search was performed to asses for prior reports of the complication.

Results: We describe two cases of trans women who underwent feminising vaginoplasty more than 10 years ago, presenting with chronic neovaginal discharge. Initial examination under anaesthetic in both patients revealed no evidence of fistula, granulation or collection. In both patients, cross-sectional imaging revealed a collection arising from the seminal vesicles, close to the neovaginal vault. Whilst fistulation of the collection to the vault was not confirmed radiologically in both cases, it was suspected that this was the cause of the discharge. Both patients underwent drainage of their collections and are under regular follow-up.

Conclusion: Chronic seminal vesicle collection with neovaginal fistulisation post-feminising vaginoplasty may present with recurrent neovaginal discharge. Whilst contrast-enhanced CT and MRI may show a collection, fistulisation is not reliably seen and signs of this on examination under anaesthetic are often subtle. Drainage may be best performed using radiological guidance, but may need to be repeated to provide resolution of symptoms. The threshold for further investigation of persistent neovaginal discharge with cross-sectional imaging should be low.

Poster #46: SIGMOID COLON AS A PRIMARY OPTION FOR VAGINOPLASTY IN TRANSWOMEN

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Belgrade Center for Urogenital Reconstructive Surgery, Belgrade, Serbia

Presented by: Marta Bizic

Introduction/Background: Creation of the vagina is crucial in genital gender affirmation surgeries (GGAS) in transwomen. There are many described surgical techniques for neovaginal substitute, and none is ideal. Intestinal vaginoplasty is a great surgical option in transwomen with inadequate length of penile skin or failed penile inversion vaginoplasty. The two mostly used bowel segments are ileal and sigmoid segment.

Specific Aim: We aimed to present our results of sigmoid vaginoplasty as a primary vaginoplasty in transwomen with inadequate genital skin availability.

Materials and Methods: Between March 2015 and November 2019 we surgically treated 67 patients who requested vaginoplasty as a form of GGAS. In all patients sigmoid vaginoplasty was performed as first option for vaginal reconstruction. Out of 67 patients, 19 were radically circumcised previously in the childhood, 2 patients had lichen sclerosus, and 46 had underdeveloped genitals because of puberty blockers that were initiated before genital growth. The surgery was performed with a simultaneous abdominal and perineal approach after bilateral orchiectomy and total penectomy were performed. The length of the sigmoid colon segment varied between 10 and 13cm (mean 11cm) in order to avoid excessive mucus production. Segment was harvested based on sigmoidal arteries or superior haemorrhoidal vessels, depending on patient's anatomy. Precise dissection must be done to avoid injury of rectum, bladder and urethra. Labia minora were created usiing available penile and preputial skin, while labia maiora were created using scrotal folds. Clitors was created by penile glans reduction using the dorsal portion together with the neurovascular bundle. Available penile skin was used to create the irregular flaps to make the anastomosis with the bowel to avoid circumferential anastomosis. The main goal was to prevent purse string scarring with subsequent vaginal stenosis and to achieve good cosmetically appearance by avoiding vaginal prolapse.

Results: The mean follow-up was 27 months (6-63 months). During the follow-up period majority of patients reported reduced mucus production after 2.5 months postoperatively (2-6 months). None of the patients reported stenosis of the neovagina. All of our patients engaged into sexual intercourse with the ability of orgasm. All patients reported high satisfaction with lubrication of their neovaginas. In 5 patients we performed revision surgeries: in 3 posterior fourchette and in two scar repair at labia maiora.

Conclusion: Sigmoid colon as a pedicled flap enables excellent blood supply that can prevent postoperative shrinkage or narrowing of the neovagina. This technique results in a good sized, self-lubricating neovagina, which does not require prolonged postoperative dilatation. Majority of patients are satisfied with the achieved outcomes. Complication rate after sigmoid vaginoplasty is low, so it can be considered as a very safe procedure.

Poster #47: AFTERCARE NEEDS FOLLOWING GENDER-AFFIRMING SURGERIES: FINDINGS FROM THE ENIGI MULTICENTER EUROPEAN FOLLOW-UP STUDY

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Presented by: Iris de Brouwer

Introduction/Background: Gender-affirming surgeries (GAS) are a cornerstone in improving quality of life to many transgender individuals experiencing gender incongruence. While much emphasis has been put on GAS approaches and their effectiveness, little is known of the period after completion of these interventions. Community sample studies indicate that the majority of transgender individuals express a wish for post-GAS aftercare.

Individuals who went through the process of both GAS and aftercare, can inform clinicians how to improve this aftercare. Good aftercare may increase physical recovery, adaptation and long-term outcomes.

Specific Aim: The aim of this study was to assess aftercare needs using a mixed-model approach and relate aftercare needs to participant characteristics.

Materials and Methods: Data was collected 5 years after admission for gender-affirming treatments in three high-volume clinics (as part of the ENIGI initiative). Only participants that had received GAS were included for analyses. Data was collected on sociodemographic characteristics, GAS received, surgical complications and satisfaction, further (surgical) treatment wishes, and psychological symptoms (SCL-90). Also, participants rated whether they experienced (predefined) aftercare needs and further elaborated in an open-ended question. Aftercare needs were analyzed as freqencies and associated with participant characteristics through binary logistic regression analysis. Answers to open-ended questions were categorised through thematic analysis.

Results: A total of 260 individuals participated (122 trans masculine, 119 trans feminine, 16 other), from the Netherlands (n=149), Belgium (n=72) and Germany (n=39). The most frequently mentioned aftercare need was assistance in surgery recovery (47%), followed by consultation with a psychologist/psychiatrist (36%) and physiotherapy for the pelvic floor (20%). The need for (more) assistance in surgical recovery was associated with a higher SCL-90 score (OR=1.65), genital surgery (OR=2.55) and lower surgical satisfaction (OR=0.61). Higher SCL-90 score and lower surgical satisfaction were also associated with the need for postoperative consulation with a psychologist/psychiatrist. The need for postoperative pelvic floor therapy was associated with a higher SCL-90 score too, as well as with genital surgery. Thematic analysis reveals five domains regarding aftercare: surgical technical care (eg, scar care), psychological care (eg, psychological support regarding identity), provision of care (eg, compassion), organisational (eg, access to care) and other.

Conclusion: Care after receiving GAS is a understudied topic in transgender medicine. These results underline widely experienced need for aftercare and the specific needs it should entail. Personalised aftercare can be ensured by taking both sociodemographic and clinical characteristics into account.

Poster #48: CHARACTERIZING THE EFFECTS OF FEMINIZING HORMONE THERAPY ON GENITAL TISSUE ESTROGEN/ANDROGEN RECEPTOR CONTENT

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Presented by: Alexis Wang

Introduction/Background: In individuals who undergo gender-affirming feminizing hormone therapy, patterns of estrogen and androgen receptor location and concentration are unknown.
We hope to understand the effects of androgen deprivation and estrogen/progesterone therapy on the presence of hormone receptors in scrotal and perineal skin. This surgery represents a unique opportunity to study these tissues histologically.

Specific Aim: To examine the effects of androgen deprivation and estrogen therapy on scrotal and perineal skin that is otherwise discarded at the time of gender-affirming vaginoplasty.

Materials and Methods: We collected the excess genital tissue of 12 patients who underwent gender affirming vaginoplasty between 2017-2019. Demographics of age, race, BMI and duration of preoperative hormone therapy was obtained. Tissue was harvested and stored in formalin, processed, and embedded in paraffin then cut in 5 micrometer sections. A Leica Bond-Max Autostainer was used for de-waxing, antigen retrieval, and staining. Anti-AR (Dako M3562) was used in a 1:100 and anti-ER (Thermo Scientific RM9101) in a 1:200 dilution and DAB amplification.

Results: The median age of patients in this study was 31 years (21-63) with an average BMI of 26.05 kg/m^2. All patients had received hormone therapy in the form of androgen deprivation and/or estrogen/progesterone for a minimum of 1 year prior to surgery. Androgen and estrogen receptors were identified on all samples, predominantly in the epidermis. The intensity of each receptor was homogenous among individual samples. Age, BMI, duration of hormone therapy and time in formalin did not appear to influence receptor density.

Conclusion: In gender affirming vaginoplasty, estrogen and androgen receptors were identified in genital skin used for creation of the neovagina. Hormone receptor density was independent of age, BMI, duration of preoperative hormone therapy and time in formalin.

Poster #49: POST VAGINOPLASTY URINARY TRACT FUNCTION AND DESCRIPTION OF A URETHRAL NEO MEATUS TECHNIQUE: INITIAL EXPERIENCE IN A PUBLIC CHILEAN HOSPITAL

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Presented by: Melissa Cifuentes

Introduction/Background: The transition process towards an expression of gender according to the identity of each person is a unique and individual process. When a transgender woman requests genital surgery, one of her expectations would be to have adequate urinary function, equivalent to a cis woman. The position and conformation of the urethral neo meatus are key to avoid symptoms of the urinary tract.

Specific Aim: To describe the urinary tract function after vaginoplasty.

Materials and Methods: Retrospective study of all transgender women undergoing feminizing genitoplasty in a Chilean Public Hospital between 2018-2019, who met WPATH requirements. We report AUA-QoL urinary symptom questionnaire, Uroflowmetry, post-void residual and urinary tract complications. This study had the approval of the respective ethics committee.

Results: The urethral neo meatus technique included: resection of penile urethra, mobilization and ventral sagittal opening of the spongy tissue and the proximal bulbar urethra, with partial resection of spongy tissue and hemostasis with bilateral sutures to sectioned roots of the corpora cavernosa. We then create a spatulated neo meatus with 5 or 6 muco-cutaneous Donati-type stitches, as described by Dr MacMillan.
10 transgender women who underwent feminizing genitoplasty were included. The average age was 30.6 years (42-20); 5 were smokers, 4 had HIV. The average hormone therapy was 3.1 years. The average follow-up was 5.2 months (1.6-9). Nine patients answered surveys: results of the urinary tract function evaluation are shown in table 1.

Conclusion: Despite the short follow-up and the small series, the described technique achieves physiological repositioning of the urethral meatus with very few complications. Although urinary symptoms appear, they do not affect the quality of life of the patients.

Poster #50: SEXUAL AND AESTHETIC RESULTS OF VAGINOPLASTY AND DESCRIPTION OF A NEO CLITORIS - LABIA MINORA TECHNIQUE: INITIAL EXPERIENCE IN A PUBLIC CHILEAN HOSPITAL

Melissa Cifuentes, Javiera Barros, Jose Bernal
Hospital Sotero del Rio, Santiago, Chile

Presented by: Melissa Cifuentes

Introduction/Background: Some transgender women, during transition process, require genitoplasty. Vaginal depth, aesthetic appearance of the vulva and the ability to achieve orgasm are paramount goals.

Specific Aim: To describe aesthetic and sexual functional results on an initial series of transgender women.

Materials and Methods: Retrospective study of consecutive women who underwent feminizing genitoplasty in a Public Hospital in 2018-2019, who fulfilled WPATH requirements. The Technique described by Suporn / MacMillan was used for the clitoral-labial complex using the deep dorsal neurovascular bundle of the penis with an albuginea strip, with a glans segment and the preputial mucosa. Female Genital Self-Image Scale (FSIS) and Female Sexual Function Index (FSFI) questionnaires were applied. This study had the approval of the respective ethics committee.

Results: Ten transgender women undergoing feminizing genitoplasty were identified; average age 30.6 years (42-20). Average BMI of 24.9 (19-28). The vaginal depth achieved intraoperatively was 14cm (13-15) and width 32mm (28-35). The follow-up was 5.2 months (1.6-9) with a final vaginal width of 34.7mm (34-35) and length of 13.7cm (5-16). One patient abandoned dilations presenting neo-vaginal stenosis (depth 5 cm), the rest had an average depth of 14.6 cm.
Questionnaires were answered by 9 patients: all of them had clitoral sensitivity, 5 had had neovaginal sexual intercourse, all of them and their partners reported satisfaction with vaginal function.
Patient satisfaction was 88% with neovaginal width and 66% with vaginal depth. The unsatisfied (33%) have an average of 11.3cm (5-16). They would all recommend surgery and have it done again. FSFI overall average was 16.5 and in the sexually active 25.4. FGSIS the average was 24.5. Most were dysfunctional because they were not sexually active, although all had a high genital self-image. The questions "improvement in quality of life", "happiness with surgery" and "aesthetic conformity" scored 9, 9 and 9 (maximum 10), respectively.

Conclusion: The studied group is very satisfied with the sexual function and aesthetic results. Adequate validated questionnaires are required for this population.

Poster: Surgery – Masculinizing

Poster #51: Gender-affirming chest surgery and gynecologic surgery in transmasculine and non-binary patients: an assessment of concomitant versus staged surgical approach

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Presented by: Rosanna Galzote

Introduction/Background: Transmasculine and gender non-binary patients often seek gender-affirming chest and gynecologic surgeries. Undergoing these procedures on the same day may be beneficial for patients in achieving goals sooner. Limited data exists comparing concomitant chest and gynecologic surgery against a staged approach.

Specific Aim: To compare surgical complications and operative time in concomitant versus separate chest and gynecologic surgeries in transmasculine and non-binary patients.

Materials and Methods: We identified all transmasculine and non-binary patients who underwent masculinizing chest surgery from May 1, 2012 to December 31, 2017 at our institution. We determined who had gynecologic surgery either concomitantly (Group 1) or on a separate date (Group 2). Analysis was performed using Chi-square, Student's T-test, and significance was defined at $p<0.05$.

Results: A total of 693 patients underwent masculinizing chest surgery. Of these, 21 had concomitant gynecologic surgery (Group 1), and 119 had gynecologic surgery separately (Group 2). Groups 1 and 2 demonstrated comparable mean age (30.3 vs. 29.7, p=0.79), BMI (27.4 vs. 29.0, p=0.27), ASA category (1.8 vs. 1.7, p=0.26), and weight of chest tissue excised (723g vs. 990g, p=0.09).

The majority had hysterectomy with bilateral salpingo-oophorectomy (76.1% vs. 80.7% in groups 1 and 2, respectively , p=0.64), with the remainder undergoing hysterectomy without oophorectomy. The route of gynecologic surgery between group 1 versus group 2 were: vaginal in 23.8% vs. 3.4%, open in 4.7% vs. 1.7%, laparoscopic in 71.4% vs 92.4%, and robotic in 0% vs. 2.5% (p=.003). Abnormal benign uterine pathology was noted in 19% of specimens in group 1 and 30% in group 2 (p=0.31), with the most common pathology being fibroids. Of those who had separate procedures, 72% had chest surgery before gynecologic surgery. The median time between the two surgeries was 13 months (range 0-45) if chest surgery was done first, and 12 months (range 0-60) if gynecologic surgery was done first.

Median operative time in group 1 was longer than the combined operative times for the two surgeries in group 2 (291 vs. 229 minutes, p=0.01). Estimated blood loss was similar in the two groups (123.3 vs. 101.8 mL, p=0.45). Major complications (0% vs. 5.8%, p=0.60), minor complications (23.8% vs. 9.2%, p= 0.07), chest revisions (48% vs. 27%, p=0.07) and overall complications (23.8% vs 16.0%, p=0.36) did not have statistically significant differences.

Conclusion: Compared to having separate procedures, combined chest surgery with hysterectomy had longer operating times, but no statistical difference in complications or blood loss. Thus, concomitant gender-affirming surgeries are reasonable to offer patients.

Poster #52: URETHRAL LENGTHENING USING LABIA MINORA FLAPS IN TOTAL PHALLOPLASTY FOR TRANSMEN

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Belgrade Center for Urogenital Reconstructive Surgery, Belgrade, Serbia

Presented by: Borko Stojanovic

Introduction/Background: Urethral lengthening still presents the big challenge in gender affirmation surgery for transmen, with significant rate of complications. We evaluated urethral lengthening using labia minora flaps in gender affirmation total phalloplasty.

Specific Aim: To present results of urethroplasty using pedicled labia minora flaps in total phalloplasty.

Materials and Methods: Between January 2015 and January 2020, 65 transmen underwent total phalloplasty as a primary procedure (57 with musculocutaneous latissimus dorsi free flap, 6 with abdominal flap and 2 with anterolateral thigh flap). Simultaneously, urethral lengthening was done using both labia minora flaps, combined with dorsal clitoral skin flap in around 50% of cases. Both labia minora and available clitoral skin were dissected with long pedicle and used for urethral tubularization. This way, new urethral opening is placed as far as possible into the neophallus, minimizing the requests for additional stage of urethroplasty.

Results: Mean follow-up was 29 months (ranged from 6 to 66 months). Length of new urethra ranged from 14.5 to 21 cm (mean 17 cm). Location of the new meatus was in the middle, proximal or the distal third of the neophallus in 35, 18 and 12 cases, respectively. In 8 cases anastomosis of the neourethra and native meatus is left for the second stage. Forty-six patients reported voiding in standing position, without need for second stage urethroplasty. Urethral fistula occurred in 11 patients and healed spontaneously in 4 or closed by minor repair in 7 cases. Urethral stricture occurred in 6 cases and all were solved by surgical repair.

Conclusion: Labia minora flaps present a good choice for urethral lengthening in transmen with total phalloplasty. This option enables voiding in standing position in most cases, with acceptable complication rate and minimizing requests for additional stage of urethral reconstruction.

Poster: Voice and Communication

Poster #53: ACOUSTIC AND PERCEPTUAL EFFECTS OF ARTICULATION EXERCISES IN TRANSGENDER WOMEN

Clara Leyns[1], Paul Corthals[1], Marjan Cosyns[1,2], Dominique Morsomme[3], John Van Borsel[1], Guy T'Sjoen[1,4], Tine Papeleu[1], Evelien D'haeseleer[1,4]

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Presented by: Clara Leyns

Introduction/Background: Differences in formant frequencies contribute to gender perception and are therefore targeted in speech therapy for transgender persons. The vowel space (/a/, /i/, /u/) in Dutch is larger in female speakers. Articulation exercises using a cork between the front teeth enlarges articulation movements and hypothetically results in a larger vowel space. Articulation exercises for lip spreading hypothetically result in changes in the vowel formants.

Specific Aim: This study measured the impact of articulation exercises using a cork and articulation exercises for lip spreading on the formant frequencies of vowels and listener perceptions of femininity in transgender women.

Materials and Methods: Thirteen transgender women were recorded before and after the cork exercise and before and after the lip spreading exercise. Speech samples included continuous speech during reading and were analyzed using Praat software. Vowel formant frequencies (F1, F2, F3, F4, F5) and vowel space were determined. A listening experiment was organized using naïve cisgender women and cisgender men rating audio samples of continuous speech. Masculinity/femininity, vocal quality and age were rated, using a visual analogue scale (VAS).

Results: Concerning vowel formant frequencies, F2 /a/ and F5 /u/ significantly increased after the lip spreading exercise, as well as F3 /a/, F3 /u/ and F4 /a/ after the cork exercise. The lip spreading exercise had more impact on the F2 /a/ than the cork exercise. Vowel space did not change after the exercises. The fundamental frequency (f_o) increased simultaneously during both exercises. Both articulation exercises were associated with significantly increased listener perceptions of femininity of the voice.

Conclusion: Subtle changes in formant frequencies can be observed after performing articulation exercises, but not in every formant frequency or vowel. Cisgender listeners rated the speech of the transgender women more feminine after the exercises. Further research with a more extensive therapy program and listening experiment is needed to examine these preliminary findings.