


Practical Talks for Family Docs

June 20, 2023

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Faculty/Presenter Disclosure

Faculty: **Victor Ng**

- Paid Employee of the CFPC
- Assistant Dean and Associate Professor, Schulich School of Medicine and Dentistry

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Short Snappers for Pride Month:

Caring for 2SLGBTQ+ patients in primary care

Drs. Paul Fritsch, Edward Kucharski and Thea Weisdorf

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Faculty/Presenter Disclosure

Faculty: **Paul Fritsch**

- Relationships with financial sponsors: none
- GoFreddie (2019-2021): physician prescribing HIV PrEP through virtual platform; received no money, operated through provincial fee-for-service billing

Faculty: **Edward Kucharski**


- Relationship with financial sponsors: Casey House Hospital, Chief Medical Officer
- Editor of *Caring for LGBTQ2S People: A clinical guide second edition* for which he receives (very modest) royalties

Faculty: **Thea Weisdorf**

- Relationships with financial sponsors: none
- Will be receiving remuneration from the SMHAFHT's Points system for academic productivity
- Member of advisory board for Ontario Breast Screening Program

All three speakers will receive a stipend from the CFPC for this presentation.

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Learning Objectives

1. Recognize affirming approaches to providing primary care for transgender and gender diverse patients.
2. Describe recommended approaches to cancer screening for 2SLGBTQ+ people.
3. Describe the effective management of patients at high risk of acquiring HIV with pre-exposure prophylaxis (PrEP) medication.

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Affirming approaches

Thea Weisdorf, MD CCFP FCFP (she/her)

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Which of the following is the Transgender Flag?

A.



B.




C.



D.



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Transgender and Gender Diverse People

- TGD is broad term to describe individuals whose gender identities and expressions differ from the gender attributed to the sex assigned at birth
- Estimates worldwide range from 0.6% to 3%¹
- Canadian census 2021: 0.3% Canadians 15 years of age and older identify as Transgender or Non Binary²

1. Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. Int J Transgend Health. 2022;23(suppl 1):S1-S259. doi:10.1080/26895269.2022.2100644
 2. <https://www.statcan.gc.ca/en/census/census-engagement/community-supporter/sex-birth-gender>


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Gender Incongruence:
(have moved away from use of Gender Dysphoria and no longer considered a mental health disorder)

Definition: The term used to describe when your gender is different to when you were born

People with gender incongruence may describe themselves as transgender (trans) or gender diverse



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Which of the following is the Transgender Flag?

A. 

B. 

C. 

D. 

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SOC-8 Clinical Guidelines for Transgender and Gender Diverse People (TGD)¹

- Released September 2022
- Developed and funded by World Professional Association for Transgender Health (WPATH)
- Replaced the 2012 version
- Major recommendations addressing Primary Care, Assessment of TGD persons, Mental health, Medication and Surgery

1. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, E. Coleman, <https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644>

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Barriers to accessing medical care

- 2019 systemic review showed 27% (19%-40%) TGD persons had been denied care by a health professional³
- 2018 study of primary care clinicians found 85% willing to provide care for TGD persons but 52% were unfamiliar with guidelines⁴
- TGD persons self reported mean poor mental health of 14.8 days/mo compared with 6.0 for cisgender participants⁵

3. Scheim AI, Baker KE, Restar AJ, Sell RL. Health and health care among transgender adults in the United States. *Annu Rev Public Health.* 2022;43: 503-523. doi:10.1146/annurev-publhealth-052620-100313
4. Shires DA, Stroumsa D, Jaffee KD, Woodford MR. Primary care clinicians' willingness to care for transgender patients. *Ann Fam Med.* 2018;16(6): 555-558. doi:10.1370/afm.2298
5. Feldman JL, Luhrur WE, Herman JL, Poteat T, Meyer IH. Health and health care access in the US transgender population health (TransPop) survey. *Andrology.* 2021;9(6):1707-1718. doi:10.1111/andr.13052

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Language Pearls:

- “My pronouns today are she and her...if that changes I will tell you
- “What pronouns work best for you today?...please tell me if that changes”
- “What is your authentic name?”
- “Where is it OK to use that name?”

... Then DOCUMENT

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Language: Description of Body Parts/Clothing - It Matters

GENDERED TERMS

These terms may be uncomfortable or distressing for trans men to hear.

Breasts

Vulva
Vagina
Uterus, Ovaries
Pap smear
Bra, Panties
Period, Menstruation



LESS GENDERED TERMS

Try your best to use neutral and inclusive terminology to avoid patient discomfort. If you are unsure, ask what terms your client prefers.


Chest

External Pelvic Area
Genital Opening, Frontal Pelvic Opening, Internal Canals
Internal Organs
Cancer screening
Underwear
Bleeding

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SMHAFHT Gender-Affirming Tool Bar (GATB)

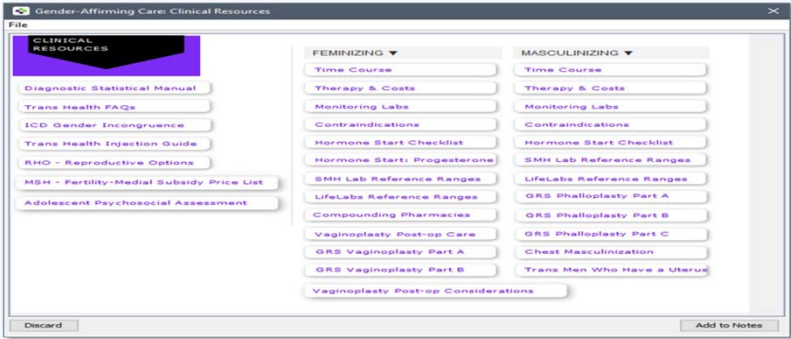


The main menu of the GATB is triggered to appear when there is a diagnosis of Transgender, Gender Non-Binary or Gender Diverse based on 302.85 (ICD-9). Each purple tab can be selected to access resources that can be appended to a patient's record. (Image split in two for visibility.)

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SMHAFHT Gender-Affirming Tool Bar: Example of an EMR Resource



Example window of the GATB when the "Clinical Resources" tab has been selected from the main menu

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Which of the following are things you can do to promote a welcoming environment for your TGD patients?

- a) Ensure office staff are familiar with using correct names, pronouns
- b) Put posters in waiting areas, offices promoting gender-affirming care
- c) Provide gender neutral washrooms in your clinic space
- d) If your EMR only allows name on Health Card which is not the name your patient identifies with, ensure visible area on EMR to write authentic name
- e) All of the above

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Resources:

- 1. Sherbourne Health website for 2S:LGBTQ Health
<https://sherbourne.on.ca/primary-and-family-health-care/2slgbtq-health/>
- 1. Guidelines for Gender Affirming Primary Care with Trans and Non Binary Patients. 2019:
www.rainbowhealthontario.ca/product/4th-edition-sherbornes-guidelines-for-gender-affirming-primary-care-with-trans-and-non-binary-patients/
- 1. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, E. Coleman et al.
<https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644>
- 1. Gender Affirming Care for Trans, Two-Spirit and Gender Diverse Patients in BC: Primary Care Toolkit. 2023
<http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf>

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2SLGBTQ+ Cancer Screening

Ed Kucharski, MD CCFP, FCFP

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But, before we get started:

- Communication
- Intersectionality
- Ever evolving language
- Double-edge sword = less access
- Let the tissue/organ system guide you!



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MSM:
Cancer
Prevention,
maybe
screening?

- Anal sex is a risk factor for HPV-related anal cancer
- MSM high prevalence of HPV-related anal & oral cancers
- HIV+ MSM have an even higher risk
- Increasing incidence of anal cancer seen due to treatment of HIV
- No widely accepted screening recommendations but some specialists recommend screening for all HIV+ MSM with cytology and DARE
- ANCHOR STUDY!
- Don't forget HPV vaccine (and others!)

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WSW:
Cancer
Screening
(and
Prevention?)

- Cervical cancer screening
- Breast Cancer Screening
- Other risk factors – smoking, obesity

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Screening for Trans and Nonbinary People

- Trans and nonbinary people face unique barriers when accessing cancer screening including:
 - Healthcare providers may not understand their needs¹
 - Absence of trans-specific cancer screening guidelines
 - System-level data infrastructure limitations
- These barriers can contribute to trans people being less up-to-date with breast cancer and cervical screening than cisgender women²⁻⁴

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Breast/Chest Screening for Trans and Nonbinary people

Average Risk

- Screen average risk ***transfeminine and nonbinary people*** with a history of 5 or more consecutive years of cross-sex hormone (CSH) use **AND** between the ages of 50 and 74 with mammography every 2 years
- Screen eligible average risk ***transmasculine and nonbinary people*** between the ages of 50 and 74 with mammography every 2 years

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Some points on Breast Cancer in Transfeminine women

- There have only been 21 recorded cases of breast cancer since 1968!
- Factors that may reduce the risk – less lifetime or cyclical hormone exposure, little or no progesterone exposure.
- Dutch and US Retrospective Studies

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Cervical Screening

- Screen average risk **transmasculine and nonbinary people** with a cervix between the ages of 25* and 69 with cytology every 3 years if sexually active
- Offer screening to eligible **transmasculine and nonbinary people** who are due for screening before removal of the cervix
- If appropriate for **transfeminine and nonbinary people**, clinicians should consider visual exam and/or vaginal cytology of the neovagina (in practice, this is seldom done)

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AND, don't forget lung
cancer screening and
colorectal cancer screening!

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Also don't
forget:

CARING FOR
LGBTQ2S
PEOPLE

A Clinical Guide
• SECOND EDITION •

EDITED BY
AMY BOURNS AND EDWARD KUCHARSKI
WITH ALLAN PETERKIN AND CATHY RISDON

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HIV PrEP: Approach and Clinical Pearls

Paul Fritsch, MD CCFP

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References

1. GUIDANCE FOR THE USE OF PRE-EXPOSURE PROPHYLAXIS (PrEP) FOR THE PREVENTION OF HIV ACQUISITION IN BRITISH COLUMBIA

(August 2019 - last updated June 2020). Retrieved June 5, 2023 from:

1. <https://www.bccfe.ca/publications/centre-documents/guidance-for-the-use-pre-exposure-prophylaxis-prep-prevention-hiv-acquisition>

****BC Centre for Excellence Resources****

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What is PrEP?

2 HIV meds (NRTIs) in single pill:

1. Tenofovir disoproxil fumarate / emtricitabine (TDF/FTC)

• *Truvada™*

OR

2. Tenofovir alafenamide / emetRICTABINE (TAF/FTC)

• *Descovy™*

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How is PrEP taken?

Daily PrEP

- Taken once daily to prevent HIV infection at any time

On-Demand PrEP (*off-label*)

- 2 pills taken 2-24h before sexual activity, then 1 pill 24h later, and another pill 24h after that
 - "2-1-1 method"
 - Only for anal sex
 - CANNOT be used if HBV co-infected
 - **Only approved for TDF/FTC version of PrEP (*Truvada™*)**

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Who is appropriate for PrEP?

- Cis and transgender MSM and TGW with:
 - Rectal bacterial STI or syphilis in last year
 - Repeated PEP use
 - **HIRI score ≥ 10**
 - HIV positive partner with detectable VL
- Heterosexuals with partner with detectable VL
- Sex workers should be assessed
- People who inject drugs should be assessed

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HIRI Score

Question Number	Question	Response	Score
1	How old are you today (years)	<18 years 18-28 29-40 41-48 ≥ 49	0 8 5 2 0
2	How many men have you had sex with in the last 6 months?	>10 6-10 0-5	7 4 0
3	How many of your male sex partners were HIV positive?	>1 positive partner 1 positive partner <1 positive partner	8 4 0
4	In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	≥ 1 time 0 times	10 0
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) with a man who was HIV positive?	5 or more times 0-4 times	6 0
6	In the last 6 months, have you used methamphetamines such as crystal or speed?	Yes No	5 0
7	In the last 6 months, have you used poppers (amyl nitrate)?	Yes No	3 0
		Total	

<https://www.albertahealthservices.ca/assets/info/hp/srh/if-hp-srh-hiv-prep-guidelines.pdf>

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PrEP side effects

- Generally well tolerated
- Most commonly reported side effect in studies is:
 - Nausea
 - Other GI side effects (at most for 4 weeks)
- Long term side-effects may include (mainly tenofovir):
 - Kidney injury (reversible)
 - Bone mineral density loss (?clinically significant)

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Lab work monitoring timeline

Baseline	30 days	Q90days thereafter
HIV testing	HIV testing	HIV testing
Syphilis serology	Creatinine	Syphilis serology
G+C (various sites)		G+C (various sites)
HepBsAg, HepBsAb, HepBcAb		Creatinine
Creatinine		
HAV		HCV q6-12months
HCV		
CBC		
Urinalysis / ACR		
+/- Pregnancy test		

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Resources from the CFPC

Visit our CFPC Pride webpage
www.cfpc.ca/pride to find:

- Podcasts
- Webinars
- *CFP* Pride-themed issue
- Useful links and more!

Interested in joining the 2SLGBTQ+ Health Member Interest Group? Email us at migs@cfpc.ca.





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