

GENDER-AFFIRMING CARE GUIDE





More Gender-Affirming Care Services:

Stop Stigma, Start Healing

No one has to be alone. Find your community in one of our many support groups. Join online or in person. Heal together.

For a list of support groups, visit EquitasHealth.com/starthealing.



MoZAIC

A wellness program and community space created by and for transgender, gender non-conforming, and gender non-binary people ages 13-29. Learn more at MozaicOhio.org.

For more information, email mozaic@equitashealth.com or call **(614) 340-6731**.

Equitas Health Institute

The education and research arm of Equitas Health. We teach others how to build affirming spaces for LGBTQ+ patients, clients, staff, and students. Contact us at equitashealthinstitute@equitashealth.com.

Program and training topics include:

- LGBTQ+ 101
- What's in the Plus?
- Beyond the LGBTQ Basics
- Transitioning in the Workplace
- Cultural Humility & Health Equity

For more information, visit EquitasHealthInstitute.com.

Name & Gender Change Legal Clinic

in partnership with TransOhio and Equality Ohio

A free legal clinic to help you change your name and gender on your identification. Get one-on-one counseling with a trained lawyer. Learn about the gender marker and name-changing steps for people living in Ohio.

Sign up for one of our clinics at EquitasHealth.com/LegalClinic.

For more information, email legalclinics@equitashealth.com or call **(614) 987-5291**.

Table of Contents

3-5

Welcome to Gender-Affirming Care at Equitas Health

6-8

Self-Affirmation Strategies

9-11

Hormone Therapy
Testosterone-Masculine

12-14

Hormone Therapy
Estrogen-Feminine

15-16

Hormone Treatment

17-18

Hormone Injection
Intramuscular (IM) Guide

19-21

Hormone Injection
Subcutaneous (SubQ) Guide
& Tips Disposal

22-27

Patient Resources

Welcome to Equitas Health Gender-Affirming Care

We are honored that you have chosen to partner with Equitas Health for your gender-affirming care. Our mission is to be the gateway to good health for those at risk of, or affected by HIV, for the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) community, and for those seeking a welcoming healthcare home.

Our model for gender-affirming care is based upon each patient's individual goals. This Goals of Care Model allows our providers to spend more time with patients, giving each the opportunity to listen, ask questions and build a relationship. We practice with informed consent, based upon the standards of the World Professional Association for Transgender Health (WPATH). We utilize guidelines based treatment to optimize the safety of our patients. We will work with each patient toward gender affirmation and toward their optimal health and potential as a human being.

In the following pages you will find a number of resources we have carefully put together to assist you on your journey. Whether you are considering medical affirmation for your genderqueer/non-binary identity, feminization, or masculinization, we hope you will find the information in this guide helpful.



YOUR CLINICAL PATHWAY YOUR JOURNEY. YOUR GOALS.

Each person's clinical pathway to gender affirmation is unique and navigated by setting and achieving personal goals. Talk to your provider about local options for voice therapy, laser hair removal and electrolysis, surgical intervention, and mental health support.

A message to the non-binary and gender queer community

We are proud to offer affirming services for people who identify outside of the gender binary. While our informed consent paperwork is specific to feminization and masculinization, please consider these general guidelines. We do not intend them to define your clinical pathway to gender affirmation. We work with individuals on pathways that do not include hormones. Surgery is often available for non-binary identity affirmation.

Gender affirming surgical procedures

Typically, you will need to fulfill several requirements to receive a referral for a gender affirming surgical procedure. WPATH Guidelines stipulate that people seeking gender-affirming surgeries obtain letters of support and share them with their surgeon. Health insurers often have additional requirements. We understand that these barriers add stress to the transition process, and we are committed to helping you navigate them if you pursue surgery. We work with a number of gender affirming surgeons and gladly assist with referrals and consultations.

Smoking cessation

LGBTQ+ folks are at increased risk of addiction to smoking due to the stress caused by stigma and isolation and the

tobacco industry's aggressive marketing techniques. Since smoking can be a significant health risk, particularly if you decide to have any gender-affirming surgical procedures, we recommend everyone seeking medical gender affirmation quit smoking.

Please ask your health care provider how to get started on your quit-smoking journey. A number of medications and nicotine delivery systems available can help. Additionally, the Centers for Disease Control and Prevention (CDC) offers a comprehensive and interactive online experience.

cdc.gov/tobacco/campaign/tips/quit-smoking

Mental health information

Equitas Health's patient-centered model of whole person healthcare includes your full range of mental and emotional well-being. Our psychiatry, individual psychotherapy, and support groups are an important part of our holistic approach to care. We treat the mind and body in the same comprehensive, caring, and sensitive manner.

We offer all of the resources at our disposal to support your pursuit of a long and healthy life. We do not believe in a one-size-fits-all approach. We start by listening and work with you to develop a plan that fits your life and gender-affirming goals. That plan could include talk therapy, a support group, or medication. It could even mean a yoga class.

We also have relationships with a number of affirming providers in the community if you would like a referral.

Family Planning

Each person is unique, and the decision to have a child is yours alone.

Planning for having, or not having, children is a part of everyone's life. If you decide to start a family, you have many options: pregnancy, adoption, fertility preservation, or surrogacy. As part of your gender affirmation plan, we will discuss the fertility preservation options available to you and work with you to achieve your family planning goals, providing referrals as needed.

FERTILITY & YOU

- Transfeminine people can have a baby.
- If you are a transfeminine person who might want a child someday, you have options:
 - You can use your own sperm to have a baby. If you are still making sperm, you can get a partner pregnant.
 - You can use your sperm and find a surrogate who can carry the baby for you.
 - You can save your sperm at a sperm bank until you are ready to have a baby.
 - You can also foster or adopt a child.

If you are currently taking hormones, you may need to stop for 3–6 months to make enough sperm.

Transmasculine people can have a baby.

If you are a transmasculine person who might want a child someday, you have options:

- You can save your eggs to use when you are ready to have a baby. If you choose to remove your ovaries and uterus, you can do this prior to surgery.
- You can choose a surrogate – a partner with a uterus, family member, or friend – who is willing to carry the baby for you.
- You can choose to have your baby. If you still have a uterus and ovaries, you could use your own eggs and carry your child.
- You can also foster or adopt a child.

Prevent STIs and Protect Your Fertility

Having unprotected oral, anal, and vaginal sex can put you at risk for an STI. Untreated STI's can cause fertility problems.

Protect yourself by:

- Using a condom or a dental dam.
- Get tested regularly for STI's. Ask your provider how often.
- If you have an STI, get treated right away.

Preventing Unplanned Pregnancies

As a transfeminine person, you may still make enough sperm to start a pregnancy.

As a transmasculine person, you can still get pregnant even if you are taking hormones and not having a period.

To prevent pregnancy:

- Use a condom or another birth control method.
- You can use birth control that does not have hormones, though hormonal birth control options do not affect masculinization.

If you have sex without birth control with someone who makes sperm, you might want to take emergency contraception (EC), also known as the 'morning after pill,' to prevent pregnancy. It is best to take EC right after having sex. You must take it within 3 days for it to work.

Ask your provider about getting emergency contraception at an Equitas Health Pharmacy.

Additional resources:

Center of Excellence for Transgender Health
transhealth.ucsf.edu

National Center for Transgender Equality
transequality.org

Transgender Law Center
transgenderlawcenter.org

National Center for Lesbian Rights
nclrights.org



Self-Affirmation Strategies

SAFER BINDING

What is binding?

Binding, or chest binding, is any technique used to make the breasts appear smaller and flatter.

Why do some people bind?

- To feel better about their bodies
- To make wearing some shirts, jackets, and vests more comfortable
- To help them appear how they want to be seen, which can make certain situations safer

Binding Methods



Layering Shirts

Wear a tight-fitting shirt as the innermost layer. Each shirt should get looser as you layer. While layering is less restrictive, it can become hot.

Tips

- Try moisture-wicking fabric for cooling comfort.
- Button-up shirts work well as a final layer.



Sports Bras

Wear a sports bra under one shirt or make it the foundation under layered shirts. Sports bras come in many varieties.

Tips

- Try them on at a sporting goods store for the best fit.
- More Lycra = more compression.



Athletic Compression Shirts

Designed for athletes to aid in muscle recovery, they are usually made of Spandex or Lycra and absorb sweat away from the body. Popular brands include Nike, Under Armour, and Sweat It Out.

Tips

- Typically work better for folks with less chest tissue.
- Those with larger chest might consider a medical compression shirt or binder

FTM Binder/Medical Compression Shirts

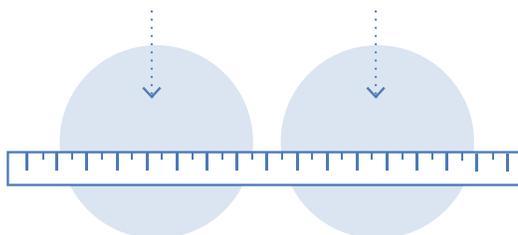


This method offers the most compression. Often designed for women recovering from chest tissue surgery, there are now companies who design binders specifically for FTM and GNC folks. Sold by Underworks, The Tool Shed, Morris Designs, NouVelle, T-Kingdom of Taiwan, The Double T, Esha, and Danae. For more information about these companies, their products, and links to their website, please visit ftmguide.org/binding.html.

CHOOSING THE RIGHT FIT

Chest size

Using a tape measure, measure across the fullest area of your chest (see diagram below) and around your back, meeting where you started.



Binder Size

Refer to the Size Chart on the brand's website when selecting your binder. If you fall between sizes, most people are more comfortable going up a size.

| SIZE | CHEST (Inches) | CHEST (Centimetres) |
|------|----------------|---------------------|
| XS | 29-31 | 74-79 |
| S | 32-34 | 81-88 |
| M | 35-39 | 89-99 |
| L | 40-43 | 102-110 |
| XL | 44-47 | 112-119 |
| 2X | 48-51 | 122-130 |
| 3X | 52-55 | 132-142 |
| 4X | 56-59 | 142-50 |

Sample Size Chart from underworks.com
Sizes vary by brand.

Binder cost assistance programs

The following programs offer binders free or at a reduced cost.

FTM Garage Sale

ftmgaragesale.livejournal.com

Tumblr Transgender Clothing Exchange

transclothesexchange.tumblr.com

Point of Pride

pointofpride.org/chest-binder-donations

Comfort Tips

- Avoid using duct tape and ace bandages. They can cut into the skin, restrict breathing, and damage or even break ribs.
- Give your body a break. Try to wear for 8-12 hours at a time and only when awake. Binding while you sleep can further crush chest tissue and restrict breathing.
- Smaller is not better. Binders are tight by design. Getting one that is too small can cause injury and discomfort.

- Air it out. Sweating under binders can lead to rashes, sores, and chafing. Try wearing a thin undershirt or non-irritating body powder (like Gold Bond) underneath to control moisture.
- Regular washing and air-drying binders helps prevent irritation.
- If your binder rolls up around the waist, try sewing a piece of fabric along the bottom to tuck into your pants.

More info on safer binding strategies

Hudson's Guide: FTM Binding

ftmguide.org/binding.html

Chest Binding 101

transguys.com/features/chest-binding

Chest Binder Reviews

chestbinders.wordpress.com



Self-Affirmation Strategies

SAFER TUCKING

What is tucking?

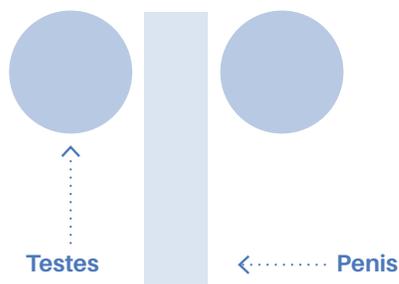
The goal of tucking is to make the underwear area look smoother. There are multiple ways to tuck.

Why do some people tuck?

- To feel better about their bodies
- To make wearing some shorts, skirts, and pants more comfortable
- To help them appear how they want to be seen, which can make certain situations safer

So where does it* all go?

*We will use anatomical terms in this section for clarity



There are spaces in your pelvis (called inguinal canals) right above your external genitalia (penis and testes) that you can use to make your underwear area look flatter. You can push the testes (balls) up into these spaces and pull the penis back.

For patients undergoing hormone therapy, your genitals will shrink, making tucking more comfortable.

You can use either medical tape or various clothing options to secure your tuck.

Securing Your Tuck

Control Briefs



Often marketed for “tummy control”, control briefs (like SPANX) are made of strong, elastic material. After you complete your tuck, pull the control briefs up snugly. You may have to readjust throughout the day.

Tips

- Consider buying a size smaller for increased hold.
- Another option? Cut the legs off a pair of panty hose and wear them like control briefs.



Layering Undies

Wearing multiple pairs of cotton undies, can help secure your tuck and provide increased smoothness. Pull each pair up snugly after completing your tuck.

Tips

- Layering spandex undies might cause irritation.
- Low waist/“hipster” styles do not work as well.



Gaffs

Gaffs are worn like underwear. They are made of strong, elastic material to hold your tuck in place.



Vee String

Vee Strings are shaped like a gaff made out of latex rubber. The outside looks like a vagina.



Taping

We never recommend taping. If you decide to tape, **avoid using duct tape.** While medical tape will not stick when wet, it removes less painfully. If you are tucking your testes into the inguinal canals, do that first. Next, wrap medical tape around your penis. Then pull the penis down and toward the back. Use more tape to secure in place.

Special Taping Comfort Tips

- **We do not recommend duct tape.** It can tear hair and skin, causing rashes and irritation. If you do choose to use duct tape, remember to shave so that the tape does not pull hair. Do not shave right before taping, as this may also cause irritation. When removing duct tape, soak in a warm bath first to make the tape less sticky.
- It is not possible to urinate while taped. Try to relieve yourself before and after taping. Sitting may also be uncomfortable while taped.
- Remaining taped for longer than 4-8 hours causes irritation, discomfort, and possible pain while urinating. Take breaks from tucking whenever possible.
- Trimming or shaving pubic hair usually makes taping and tucking easier.

Hormone Therapy Testosterone-Masculine

Information on Testosterone Hormone Therapy

Given the stress caused by gender dysphoria many people are eager for hormonal changes to take place rapidly. It is very important to remember that the extent of, and rate at which your changes take place, depend on many factors. These factors include your genetics, the age at which you start taking hormones, and your overall state of health.

It may be helpful to consider the effects of hormone therapy as a second puberty, recognizing that it normally takes several years for the full effects of puberty to be seen. The same is true for hormone therapy. Taking higher doses of hormones will not necessarily bring about faster changes, but it could endanger your health. And because everyone is different, your medicines or dosages may vary widely from those of your friends, or what you may have read in books or online.

There are four areas where you can expect changes to occur as your hormone therapy progresses: physical, emotional, sexual, and reproductive.

Physical impacts of hormone therapy:

The first changes you will probably notice are that your skin will become a bit thicker and more oily. Your pores will become larger and there will be more oil production. You may develop acne, which in some cases can be bothersome or severe, but can be managed with good skin care practices and common acne treatments. You'll also notice that the odors of your sweat and urine will change and that you may sweat more overall. All of these changes are normal.

When you touch things, they may “feel different” and you may perceive pain and temperature differently.

Your breasts will not change much during transition, though you may notice some breast pain, or a slight decrease in size. For this reason, some breast surgeons recommend that those considering chest reconstructive surgery wait at least six months after the start of testosterone therapy.

Your body will begin to redistribute your weight. Fat will diminish somewhat around your hips and thighs. Your arms and legs will develop more muscle definition, and a slightly rougher appearance, as the fat just beneath the skin becomes a bit thinner. You may also gain fat around your abdomen, otherwise known as your “gut.”

Your eyes and face will begin to develop a more angular, masculine appearance as facial fat decreases and shifts. Please note that it's not likely your bone structure will change, though some people in their late teens or early twenties may see some subtle bone changes. It may take 2 or more years to see the final result of the facial changes.

Your muscle mass will increase, as will your strength, although this will depend on a variety of factors including diet and exercise. Overall, you may gain or lose weight once you begin hormone therapy, depending on your diet, lifestyle, genetics and muscle mass.

Testosterone will cause a thickening of the vocal chords, which will result in a more “male-sounding” voice. Not all transmasuline folks (including trans men) will experience a full or desired deepening of their voice with testosterone alone. Some may find that practicing various vocal techniques or



Hormone Therapy Testosterone-Masculine

working with a speech therapist may help them develop a voice that feels more comfortable and fitting. Voice changes may begin within just a few weeks of beginning testosterone, first with a scratchy sensation in the throat or feeling like you are hoarse. Next your voice may break a bit as it finds its new tone and quality.

Let's talk about hair. The hair on your body, including your chest, back and arms will increase in thickness, become darker and will grow at a faster rate. You may expect to develop a pattern of body hair similar to other men in your family—just remember, though, everyone is different and it can take 5 or more years to see the final results.

Regarding the hair on your head: most transmasculine folks notice some degree of frontal scalp balding, especially in the area of your temples. Depending on your age and family history, you may develop thinning hair, male pattern baldness or even complete hair loss.

Lastly, everyone is curious to know about facial hair. Beards vary from person to person. Some people develop a thick beard quite rapidly, others take several years, and some never develop a full or thick beard. This is a result of genetics and the age at which you start testosterone therapy. Cisgender men have varying degrees of facial hair thickness and develop it at varying ages, just as with transmasculine people.

Emotional impacts of hormone therapy:

Puberty is a roller coaster of emotions and the second puberty that you will experience during your transition is no exception. You may find that you have access to a narrower range of emotions or feelings, or have different interests, tastes or pastimes, or behave differently in relationships with people.

Psychotherapy is not for everyone, but most people in transition will benefit from counseling that helps them get to know their changing body and self while exploring their changing thoughts and feelings.

Sexual impacts of hormone therapy:

Soon after beginning hormone treatment, you will likely notice a change in your libido. Quite rapidly, your clitoris will begin to grow and become even larger when you are aroused. You may find that different sex acts or different parts of your body bring you erotic pleasure. Your orgasms will feel different, with perhaps more peak intensity and a greater focus on your genitals rather than a whole body experience. Some people may experience changes in sexual attraction when taking testosterone; it is best to explore these new feelings rather than keep them bottled up.

Don't be afraid to explore and experiment with your new sexual sensations through masturbation and with sex toys. Communicate with your sexual partner if you have one.

Reproductive impacts of hormone therapy:

You may notice at first that your periods become lighter, arrive later, or are shorter in duration, though some may notice

heavier or longer lasting periods for a few cycles before they stop altogether.

Testosterone greatly reduces your ability to become pregnant but it does not completely eliminate the risk of pregnancy. If you engage in penis-in-vagina sex acts while on testosterone, you should always use a method of birth control to prevent unwanted pregnancy.

If you suspect you may have become pregnant, discontinue testosterone treatment and see your provider as soon as possible, to determine what next steps are best for you, as testosterone can endanger the fetus.

If you do want to have a pregnancy, you'll have to stop testosterone treatment. Your provider will monitor your testosterone level and tell you when it's safe to begin trying to conceive.

It's also important to know that, depending on how long you've been on testosterone therapy, it may become difficult for your ovaries to release eggs. If you desire to become pregnant, you may need to use fertility drugs or expensive techniques such as in vitro fertilization to do so. It is also possible testosterone therapy may have caused you to completely lose the ability to become pregnant. Freezing fertilized eggs is a possibility but is very expensive and not always effective.

Let's talk about some of the risks associated with testosterone therapy:

If you miss a dose of testosterone or change your dosage, you may experience a small amount of spotting or bleeding. However, if your periods have stopped, be sure to report any return of bleeding or spotting to your provider, who may request an ultrasound to be certain the bleeding isn't a symptom of an imbalance of the lining of the uterus. Sometimes such an imbalance could lead to a precancerous condition, although this is extremely rare in transmasculine people. Some people on testosterone therapy may experience a return of spotting or heavier bleeding after months or even years of testosterone treatment. In most cases this represents changes in the body's metabolism over time. To be safe, always discuss any new or changes in bleeding patterns with your provider.

It is currently unclear if testosterone treatment causes an increased risk of ovarian cancer. Ovarian cancer is difficult to screen for, and most cases of ovarian cancer are discovered after it is too late to be treated. A periodic pelvic examination, where your provider uses a gloved hand to examine your vagina, uterus and ovaries is recommended to help detect this condition.

Your risk of cervical cancer, or HPV, relates to your past and current sexual practices, but even people who have never had a penis in contact with their vagina may still contract an HPV infection. The HPV vaccine, can greatly reduce your risk of cervical cancer, and you may want to discuss this with your provider. Pap smears are used to detect cervical cancer or precancerous conditions such as an HPV infection. Your provider will make a recommendation as to how often you

should have a pap smear. It is currently unclear if testosterone therapy plays any role in HPV infections or cervical cancer.

Some experts recommend a full hysterectomy (removal of the uterus, ovaries, and fallopian tubes) 5-10 years after beginning testosterone treatment to minimize the risk of cancer and eliminate the need for screening. Ask your provider to learn more about this option.

Testosterone treatment does not seem to significantly increase the risk of breast cancer, but there's not currently enough research to be certain. It is still important to receive periodic mammograms or other screening procedures as recommended by your provider. After breast removal surgery, there is still a small amount of breast tissue left behind. It may be difficult to screen this small amount of tissue for breast cancer, though there are almost no cases of breast cancer in transmasculine folks after chest reconstruction surgery. Visit mamm.equitashealth.org for recommended chest screenings.

As a result of your testosterone treatment, your overall health risk profile will change to one closer to that of a cis man. That means your risk of heart disease, diabetes, high blood pressure, and high cholesterol may go up, though these risks may still be less than a cis man's risks. Since men on average live about 5 years less than women, you could theoretically be shortening your lifespan, though there is not enough research data to know for sure. Fortunately, since you do not have a prostate, you have no risk of prostate cancer, and there is no need to screen for this condition.

There are a few other risks associated with testosterone therapy that you should know about:

Testosterone can make your blood become too thick, otherwise known as having a high hematocrit count, which can cause a stroke, heart attack or other conditions. This can be a particular problem if you are taking a dose that is too high for your body's metabolism. Your cholesterol could potentially increase when taking testosterone. Your provider will perform periodic tests of your blood count, cholesterol, kidney functions, and liver functions, and a diabetes screening test in order to closely monitor your therapy for signs of these risks. Though it's not necessary to routinely check your testosterone level, which is an expensive process, your provider may choose to check it for a variety of reasons – usually if you are having unpleasant symptoms or ongoing bleeding.

Some of the effects of hormone therapy are reversible if you stop taking testosterone. The degree to which they can be reversed depends on how long you have been taking testosterone. Clitoral growth, facial hair growth, voice changes and male-pattern baldness are not reversible.

If you have had your ovaries removed, it is important to remain on at least a low dose of hormones post-op until you're at least 50 and perhaps older to prevent a weakening of the bones, otherwise known as osteoporosis.

Those are many of the risks for you to consider and discuss with your provider should you have any questions.

What does testosterone hormone therapy include?

Testosterone comes in several forms. Most transmasculine people use an injectable form to start. Some choose to begin on a lower dose and increase slowly, while others choose to begin at a standard dose. Both approaches have their pros and cons; you should discuss with your provider the best option for you. Testosterone levels tend to be most even, over time, when the injections are given weekly.

In addition to injections, there are also transdermal forms of testosterone, including patches, gels, and creams. For some transmasculine patients these forms cause changes to progress at a slower pace.

Regardless of the type of testosterone you are taking, it's important to know that taking more testosterone than you are prescribed will not make your changes progress more quickly and could cause serious health complications. Excess testosterone can be converted to estrogen, which may increase your risks of uterine imbalance or cancer. It can also make you feel anxious or agitated, and cause your cholesterol or blood count to get too high.

In conclusion, please be patient and remember that all of the changes associated with the puberty you're about to experience can take years to develop.



Hormone Therapy Estrogen-Feminine

Information on Estrogen Hormone Therapy

Given the stress caused by gender dysphoria many people are eager for hormonal changes to take place rapidly. It is very important to remember that the extent of, and rate at which your changes take place, depend on many factors. These factors include your genetics, the age at which you start taking hormones, and your overall state of health.

It may be helpful to consider the effects of hormone therapy as a second puberty, recognizing that it normally takes several years for the full effects of puberty to be seen. The same is true for hormone therapy. Taking higher doses of hormones will not necessarily bring about faster changes, but it could endanger your health. And because everyone is different, your medicines or dosages may vary widely from those of your friends, or what you may have read in books or online.

There are four areas where you can expect changes to occur as your hormone therapy progresses: physical, emotional, sexual, and reproductive.

Physical impacts of hormone therapy:

The first changes you will probably notice are that your skin will become a bit drier and thinner. Your pores will become smaller and there will be less oil production. You may become more prone to bruising or cuts, and in the first few weeks you'll notice that the odors of your sweat and urine will change. It's also likely that you'll sweat less. All of these changes are normal.

When you touch things, they may "feel different" and you may perceive pain and temperature differently.

Probably within a few weeks you'll begin to develop small

"buds" beneath your nipples. These may be slightly painful, especially to the touch and the right and left side may be uneven. This is the normal course of breast development and whatever pain you experience will diminish significantly over the course of several months.

It's important to note that breast development varies from person to person. Not everyone develops at the same rate and most transfeminine folks (including trans women), even after many years of hormone therapy, can only expect to develop an "A" cup or perhaps a small "B" cup. Like cis women, the breasts of transfeminine people vary in size and shape and will sometimes be uneven with each other.

Your body will begin to redistribute your weight. Fat will begin to collect around your hips and thighs and the muscles in your arms and legs will become less defined and have a smoother appearance as the fat just below your skin becomes a bit thicker. Hormones will not have a significant effect on the fat in your abdomen, also known as your "gut." You can also expect your muscle mass and strength to decrease significantly. To maintain muscle tone, and for your general health, we recommend you exercise. Overall, you may gain or lose weight once you begin hormone therapy, depending on your diet, lifestyle, genetics and muscle mass.

Your eyes and face will begin to develop a more feminine appearance as the fat under the skin increases and shifts. Because it can take two or more years for these changes to fully develop, you should wait at least that long before considering any drastic facial feminization procedures. What won't change is your bone structure, including your hips, arms, hands, legs and feet.



Let's talk about hair. The hair on your body, including your chest, back and arms, will decrease in thickness and grow at a slower rate. But it may not go away all together. If you wish for it to go away completely, you might want to consider electrolysis or laser treatment. Remember that all women have some body hair and that this is normal. Your facial hair may thin a bit and grow slower but it will rarely go away entirely without electrolysis or laser treatments. If you have had any scalp balding, hormone therapy should slow or stop it, but how much of it will grow back is unknown.

Some people may notice minor changes in shoe size or height. This is not due to bone changes, but due to changes in the ligaments and muscles of your feet.

Emotional impacts of hormone therapy:

Your overall emotional state may or may not change, this varies from person to person. Puberty is a roller coaster of emotions, and the second puberty that you will experience during your transition is no exception. You may find that you have access to a wider range of emotions or feelings, or have different interests, tastes or pastimes, or behave differently in relationships with other people. While psychotherapy is not for everyone, most people would benefit from a course of supportive psychotherapy while in transition to help you explore these new thoughts and feelings, and get to know your new body and self.

Sexual impacts of hormone therapy:

Soon after beginning hormone treatment, you will notice a decrease in the number of erections you have. And when you do have one, you may lose the ability to penetrate, because it won't be as firm or last as long. You will, however, still have erotic sensations and be able to orgasm.

You may find that you get erotic pleasure from different sex acts and different parts of your body. Your orgasms will feel like more of a "whole body" experience and last longer, but with less peak intensity. You may experience ejaculation of a small amount of clear or white fluid, or perhaps no fluid. Don't be afraid to explore and experiment with your new sexual sensations through masturbation and with sex toys such as dildos and vibrators. Communicate with your sexual partner if you have one.

Though your testicles will shrink to less than half their original size, most experts agree that the amount of scrotal skin available for future genital surgery won't be affected.

Reproductive impacts of hormone therapy:

Within a few months of beginning hormone therapy, you must assume that you will become permanently and irreversibly sterile. Some people may maintain a sperm count on hormone therapy, or have their sperm count return after stopping hormone therapy, but you must assume that won't be the case for you.

If there's any chance you may want to conceive a child from your own sperm, you should speak to your provider about

preserving your sperm in a sperm bank. This process generally takes 2-4 weeks and costs roughly \$2,000-\$3,000. Your sperm should be stored before beginning hormone therapy. All too often, transfeminine people decide later in life that they would like to conceive a child using their own sperm but are unable to do so because they did not take the steps to preserve sperm before beginning hormone treatment.

Also, if you are on hormones but remaining sexually active with a person who is able to become pregnant, you should always continue to use a birth control method to prevent unwanted pregnancy.

Many of the effects of hormone therapy are reversible if you stop taking estrogen. The degree to which they can be reversed depends on how long you have been taking them. Breast growth and possibly sterility are not reversible. If you have an orchiectomy, which is removal of the testicles, or genital reassignment surgery, you will be able to take a lower dose of hormones but should remain on hormones until you're at least 50 to prevent weakening of the bones, otherwise known as osteoporosis.

What does estrogen hormone therapy include?

Cross gender hormone therapy for transfeminine folks may include three different kinds of medicines: Estrogen, testosterone blockers and progesterone.

Estrogen is the hormone responsible for most female characteristics. It causes the physical changes of transition and many of the emotional changes. Estrogen may be given as a pill, by injection, or by a number of skin preparations such as a cream, gel, spray or a patch.

Pills are convenient, cheap and effective, but are less safe if you smoke or are older than 35. Patches can be very effective and safe, but they need to be worn at all times. They could also irritate your skin.

Many transfeminine people are interested in receiving estrogen through injection. It's important to know that estrogen injections tend to cause very high and fluctuating estrogen levels, which can cause mood swings, weight gain, hot flashes, anxiety or migraines. Additionally, little is known about the long term effects of these high-level estrogen injections. If injections are used, it should be at a low dose and with an understanding that there may be uncomfortable side effects, and that switching off of injections to other forms may cause mood swings or hot flashes.

Contrary to what many may have heard, you can achieve the maximum desired effect of your transition with relatively small doses of estrogen. Taking high doses does not necessarily make changes happen more quickly; it could, however, endanger your health. Further, if you choose to have genital surgery or orchiectomy—removal of the testicles—your estrogen dose will be lowered. Without your testicles you need less estrogen to maintain your desired feminine characteristics and overall health.

Hormone Therapy Estrogen-Feminine

To monitor your health while on estrogen, your provider will periodically check your liver functions and cholesterol and screen you for diabetes.

Testosterone blockers:

There are a number of medicines that can block testosterone and they fall into two categories: those that block the action of testosterone in your body and those that prevent the production of it. Most testosterone blockers are very safe, but they can have side effects.

The blocker most commonly used, spironolactone, can cause you to urinate excessively and feel dizzy or lightheaded, especially when you first start taking it. It's important to drink plenty of fluids with this medication. Because spironolactone can be dangerous for people with kidney problems, and because it interacts with some blood pressure medicines, it's essential you share with your provider your full medical history and the names of all the medications you're taking. A rare but potentially dangerous side effect of spironolactone is a large increase in the production of potassium, which could cause your heart to stop, so while on this medication it is necessary to have your potassium levels checked periodically.

Finasteride and Dutasteride are medicines which prevent the production of dihydro-testosterone, a specific form of testosterone that has action on the skin, hair, and prostate. These medicines are weaker testosterone blockers than spironolactone but have fewer side effects, and are useful for those who cannot tolerate spironolactone. It is unclear if there is any added benefit to taking one of these medicines at the same time as spironolactone.

Let's talk about Progesterone:

Progesterone is a source of constant debate among both trans women and providers. Though it's commonly believed to have a number of benefits, including: improved mood and libido, enhanced energy, and better breast development and body fat redistribution, there is very little scientific evidence to support these claims. Nevertheless, some trans women say they experience some or all of these benefits from progesterone. Progesterone may be taken as a pill or applied as a cream.

Let's talk about some of the risks associated with estrogen therapy:

The risk of things like blood clots, strokes and cancer are minimal, but may be elevated. There is not much scientific evidence regarding the risks of cancer in people on feminizing hormones. We believe your risk of prostate cancer will go down, but we can't be sure, so you should follow standard testing guidelines for someone your age. Your risk of breast cancer may increase slightly, but you'll still be at less of a risk than a cis woman. When you've been on hormones for at least 2-3 years, we recommend you begin breast cancer screenings depending on your age and risk factors after discussion with your provider. Since there is not a lot of research on the use of estrogen in transfeminine people at this time, there may be

other risks that we won't know about, especially for those who have used estrogen for many years. Because there are still so many unknowns, it is important to stay linked to care and maintain regular check-ups and screenings recommended by your provider.

In conclusion, please be patient and remember that all of the changes associated with the puberty you're about to experience can take years to develop.

Thank you for reading and for taking an active role in your health.



Hormone Therapy information provided by

Center of Excellence for Transgender Health

- Research
- Education
- Capacity Building
- HIV Prevention
- Transgender Health Summit
- UCSF Transgender Care & Treatment Guidelines

Director, UCSF Transgender Care

UCSF Transgender Care Navigation Program

2356 Sutter St, 4th Floor
San Francisco, CA 94143
TransCare@ucsf.edu
Phone: (415) 885-7770
Fax: (415) 353-2494

National Center of Excellence in Women's Health

Maddie Deutsch, MD MPH
Primary Care & Hormone Therapy

Hormone Treatment Timeline

| TESTOSTERONE | | | |
|--|----------------|-------------------------|-------------------------|
| Effect | Expected Onset | Expected Maximum Effect | Reversible or Permanent |
| Increased Body Hair and Facial Hair Growth | 1-6 months | 1-2 years | Permanent |
| Deepened Voice | 3-12 months | 1-2 years | Permanent |
| Clitoral Enlargement (by 1-3cm) | 3-6 months | 1-2 years | Permanent |
| Male Pattern Baldness (hair loss at temples and crown of head highly dependent on age and inheritance) | +12 months | Variable | Permanent |
| Increased Muscle Mass and Strength (dependent on amount of exercise) | 6-12 months | 2-5 years | Reversible |
| Cessation of Menstrual Periods | 2-6 months | N/A | Reversible |
| Body Fat Redistribution (decreased on buttocks/hipsthighs; increased in abdomen) | 3-6 months | 2-5 years | Reversible |
| Skin Oiliness/Acne (may be severe) | 1-6 months | 1-2 years | Reversible |
| Vaginal Atrophy (drying) | 3-6 months | 1-2 years | Reversible |
| Increased Libido (sex drive) | Variable | Variable | Reversible |
| ESTROGEN | | | |
| Effect | Expected Onset | Expected Maximum Effect | Reversible or Permanent |
| Breast Growth | 3-6 months | 2-3 years | Permanent |
| Decreased Sperm Production/Maturation, Reduced Fertility | Variable | Variable | Possibly Permanent |
| Decreased Testicular Volume/Size by 25-50% | 3-6 months | 2-3 years | Probably Permanent |
| Thinning/Slowed Growth of Body and Facial Hair | 6-12 months | +3 years | Reversible |
| Softening of Skin/Decreased Oiliness | 3-6 months | Unknown | Reversible |
| Body Fat Redistribution to more Feminine Pattern | 3-6 months | 2-5 years | Reversible |
| Decreased Muscle Mass and Strength | 3-6 months | 1-2 years | Reversible |
| Decreased Libido (sex drive) | 1-3 months | 1-2 years | Reversible |
| Decreased Spontaneous and/or Morning Erections | 1-3 months | 3-6 months | Reversible |
| Male Sexual Dysfunction (ex. erections not as firm) | Variable | Variable | Reversible |
| Cessation of Male Pattern Balding (no regrowth, but loss stops) | 1-3 months | 1-2 years | Reversible |

Hormone Treatment Facts

Testosterone

Testosterone should not be used by anyone who is Pregnant or has uncontrolled Coronary Artery Disease. It should be used with caution and only after a full discussion of risk by anyone who:

- Has acne
- Has family history of Heart Disease or Breast Cancer
- Has a blood clot
- Has High Cholesterol
- Has Liver Disease
- Has a high Red-Blood Cell count
- Is Obese
- Smoke cigarettes (Ask provider about Smoking Cessations)

NOTE: You can talk with your Provider about Fertility options, as well as resources available if you would like at the time of your appointment.

Permanent Changes with Testosterone:

- Changes to the Clitoris
- Lower voice
- More facial hair and body hair
- Male pattern baldness

Non-Permanent Changes with Testosterone:

- More muscle mass
- No more menstrual periods
- More physical energy
- Increased sex drive
- Protection against bone thinning (Osteoporosis)

Risk Factors of Using Testosterone:

Testosterone should be taken as prescribed by your medical provider. You should never take more than what is prescribed by your Clinician. There is an increased risk to using Testosterone:

- Acne (which may cause permanent scarring)
- Blood Clots (Thrombophlebitis)
- Emotional changes, that may include aggression
- Headaches
- High Blood Pressure
- Increased Red-Blood Cell count
- Inflamed liver
- Increased risk of Heart Disease
- Interacting with certain medication for Diabetes and Blood Thinners such as:
 - Coumadin
 - Warfarin
- Increased risk of Heart Disease
- Swelling of hands, feet, and legs
- Weight gain

NOTE: Heart disease is higher in those who have a family history of heart disease, overweight or smoke. It is important to get heart health check-ups during the duration of use of Testosterone.

Estrogen

Estrogen should be used with caution and only after a full discussion of risk by anyone who:

- Has a strong family history of Breast Cancer or other Cancers that grow quicker with Estrogen
- Has Diabetes
- Has eye problems such as Retinopathy
- Has Heart Disease, Heart Valve problems, or a tendency to have easily clotted blood
- Has Hepatitis
- Has High Cholesterol
- Has Kidney or Liver Disease
- Has Migraines or Seizures
- Is Obese
- Smokes Cigarettes (Ask provider about Smoking Cessations)

NOTE: You can talk with your Provider about Fertility options, as well as resources available if you would like at the time of your appointment.

Permanent Changes with Estrogen:

While being on Estrogen you will begin to develop Breast Tissue:

- It may take several years' breasts to develop to their full size.
- The breast tissue will remain, even if Estrogen is stopped
- Newly developed breasts should be examined regularly, by you and your clinician at time of visits.

Non-Permanent Changes with Estrogen:

- Decreased Erectile Function
- Body shape change
- Body hair decrease
- Fertility

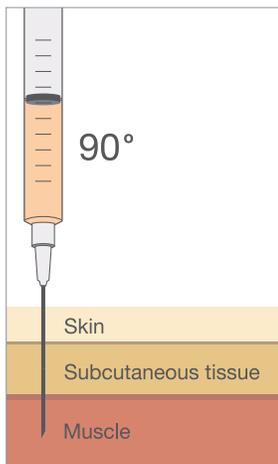
Risk Factors of Taking Estrogen:

When taking Estrogen for Hormone Therapy there are increased risks for:

- Chronic problems with veins in the legs
- Gallstones
- Heart Attack
- Pulmonary Embolism (blood clot of the lungs). This may cause permanent lung damage or death
- Stroke, may cause permanent brain damage

NOTE: Cigarette smoking increases the risk for blood clots, especially in those over the age of 40. Smoking also limits Breast development, and decreases effectiveness of Estrogen in the body. The danger of this is very high. It is highly encouraged to begin the process of quitting smoking before starting Estrogen. If you need assistance with quitting, please ask your Provider on options for Smoking Cessation.

Hormone Injection Intramuscular (IM)



What is an Intramuscular Injection?

An intramuscular injection, delivers medication deep into the muscle tissue. This allows the medication to be quickly absorbed into the bloodstream.

Intramuscular shots are given at a 90° angle, in other words, the needle is going straight through the skin into the muscle.

Needles for IM injections can be 22-23 Gauge, 1-1.5 inches in length, adjusted for thickness of site.

NEVER REUSE OR SHARE SYRINGES OR NEEDLES.

If you need needles or syringes and cannot afford to get them from your doctor or pharmacy, please visit a local needle exchange.

Step 1: Setting Up the Injection

Find a comfortable, well lit working place and inject at the same time of day each time.

- Clean your work area and assemble supplies:
 - Medication in a vial
 - Disposable syringe and two needles—one 18 G needle (to draw up medication) and one injection needle (22-23 G; 1-1.5 inch)
 - Alcohol swabs, two (one for vial, one for skin)
 - Puncture proof needle/sharps
 - Disposal container
- Check the expiration date on the medication vial. Do not use a medication with visible particles, medication that is discolored, or is expired.
- Wash your hands. Hand washing is one of the most important things you can do to prevent infection.

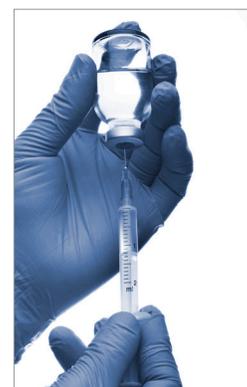
Step 2: Preparing the Injection Dose

- Take the cap off the vial. Clean the rubber stopper with one alcohol swab, and then allow it to air dry.
- Check the package containing the syringe. If the package has been opened or damaged, do not use the syringe.
- Pull the 18 G needle cover straight off the syringe. Then, pull back the plunger and draw air into the syringe. The amount of air drawn into the syringe should be the same amount (mL or cc) as the dose of medication that your doctor prescribed.
- **Do not let the needle touch any surfaces.**
- Keep the vial on your flat working surface and insert the needle straight down through the center of the rubber stopper into the bottle.

- Push the plunger of the syringe down and push the air from the syringe into the vial.
- Keeping the needle in the vial, turn the vial upside down.
- Position the needle so the liquid is covering the tip of the needle.
- Keeping the vial upside down, slowly pull back on the plunger to fill the syringe with the medication to the number (mL or cc) that matches the dose your doctor ordered. (figure 2)
- Keeping the needle in the vial, check for air bubbles in the syringe. If there are air bubbles, gently tap the syringe with your fingers until the air bubbles rise to the top of the syringe. Then slowly push the plunger up to force the air bubbles out of the syringe without removing the needle from the bottle. (figure 3)
- After air bubbles are gone, pull the plunger back to the number (mL or cc) marking on the syringe that matches your dose.
- Pull the syringe with needle out of the bottle, remove the 18 G needle (discarding it into the sharps container, without recapping it), and place a new IM injection needle securely on the syringe. Remove the protective cap from the injecting needle.
- Check to make sure that you have the correct dose in the syringe. It is VERY important that you use the exact dose prescribed by your doctor. (figure 4)



(figure 1)



(figure 2)



(figure 3)

Step 3: Selecting and Preparing the Injection Site

Vastus lateralis muscle in the thigh

The upper thigh is a good site if you are injecting yourself.

- Look at the top of your thigh, and imagine dividing it into a three by three grid.
- The injection will go into the outer middle third.



(figure 4)

Hormone Injection

Intramuscular (IM)

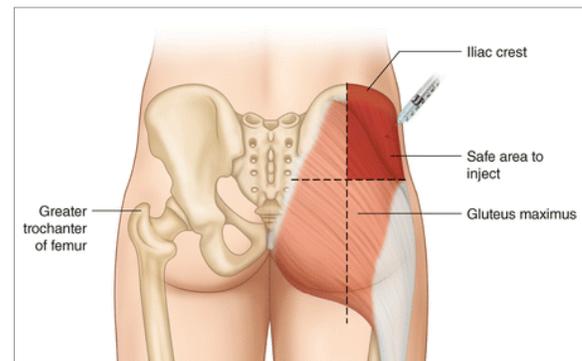
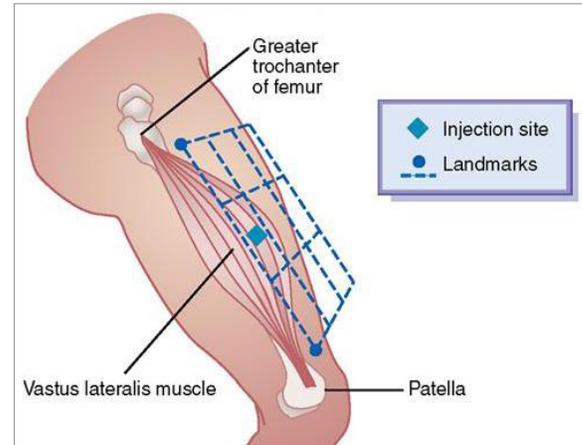
Gluteus Maximus muscle in the buttocks

To find the correct location for injecting into the Gluteus maximus muscle:

- Expose the buttocks and imagine dividing each buttock into four parts.
- Aim the injection into the upper, outer quarter of the buttock towards the hip bone (Approximately at the top of where a pants pocket would be.)

Step 4: Give the Injection

- Clean the injection site skin with a new alcohol swab; let the skin air dry.
- Hold the skin around the injection site by pinching up a section of tissue about an inch wide.
- (The portion of skin between your fingers will be the injection site.)
- Insert the IM needle into the muscle at a 90 degree angle with one quick and firm motion.
- After inserting the needle into the muscle, lift your hand away from where it is holding the skin.
- Gently pull back on the plunger of the syringe to check for blood.
 - If you see blood in the syringe, do not inject the medicine, and remove the needle immediately. Replace the IM needle and try again at a different site.
 - If you do not see any blood in the syringe, you can complete the injection by pushing the medicine slowly into the muscle.
- You may feel some burning or pressure as the medication enters the muscle.
- After the medication has been injected, pull back on the syringe to remove the needle from your skin. Dispose of the syringe and needle properly, using a sharps container.
- Gently press an alcohol swab on the injection site. Hold pressure on the site until there is no bleeding. You can use a band aid if needed.



Hormone Injection Subcutaneous (SubQ)

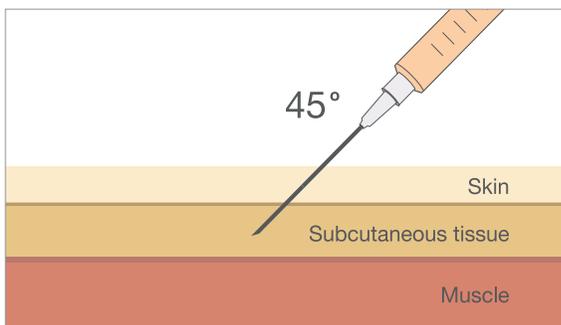
What is a Subcutaneous Injection?

A subcutaneous injection, delivers medication into the subcutaneous layer of tissue that is directly under the skin.

Medication delivered this way is more slowly absorbed into the bloodstream than medication that is directly injected into the muscle.

Needle for SubQ injections are usually 23-25 Gauge and 5/8" (inch) in length. Medication should never be drawn up through these needles. Use a separate drawing up needle.

Step 1: Setting Up the Injection



Find a comfortable, well lit working place and inject at the same time of day each time.

- Clean your work area and assemble supplies:
 - Medication in a vial
 - Disposable syringe and two needles—one 18 G needle (to draw up medication) and one injection needle (23 -25 G; 1-1.5 inch)
 - Alcohol swabs, two (one for vial, one for skin)
 - Puncture proof needle/sharps
 - Disposal container
- Check the expiration date on the medication vial. Do not use a medication with visible particles, medication that is discolored, or is expired.
- Wash your hands. Hand washing is one of the most important things you can do to prevent infection.

Step 2: Preparing the Injection Dose

- Take the cap off the vial. Clean the rubber stopper with one alcohol swab, and then allow it to air dry.
- Check the package containing the syringe. If the package has been opened or damaged, do not use the syringe.

NEVER REUSE OR SHARE SYRINGES OR NEEDLES.

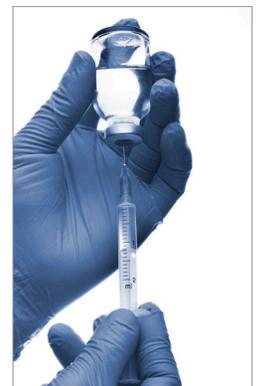
If you need needles or syringes and cannot afford to get them from your doctor or pharmacy, please visit a local needle exchange.

- Pull the 18 G needle cover straight off the syringe. Then, pull back the plunger and draw air into the syringe. The amount of air drawn into the syringe should be the same amount (mL or cc) as the dose of medication that your doctor prescribed.



(figure 1)

- **Do not let the needle touch any surfaces.**
- Keep the vial on your flat working surface and insert the needle straight down through the center of the rubber stopper into the bottle.



(figure 2)

- Push the plunger of the syringe down and push the air from the syringe into the vial.
- Keeping the needle in the vial, turn the vial upside down.
- Position the needle so the liquid is covering the tip of the needle.
- Keeping the vial upside down, slowly pull back on the plunger to fill the syringe with the medication to the number (mL or cc) that matches the dose your doctor ordered. (figure 2)



(figure 3)

- Keeping the needle in the vial, check for air bubbles in the syringe. If there are air bubbles, gently tap the syringe with your fingers until the air bubbles rise to the top of the syringe. Then slowly push the plunger up to force the air bubbles out of the syringe without removing the needle from the bottle. (figure 3)
- After air bubbles are gone, pull the plunger back to the number (mL or cc) marking on the syringe that matches your dose.

- Pull the syringe with needle out of the bottle, remove the 18 G needle (discarding it into the sharps container, without recapping it), and place a new subcutaneous needle securely on the syringe. Remove the protective cap from the injecting needle.



(figure 4)

- Check to make sure that you have the correct dose in the syringe. It is VERY important that you use the exact dose prescribed by your doctor. (figure 4)

Hormone Injection Tips and Disposal



Tips for Reducing Injection Pain

- Never reuse needles.
- Use separate drawing up and injecting needles.
- Let the skin dry fully from the alcohol wipe before beginning the injection.
- Keep the muscles in the injection area warm and relaxed.
- Inject medicine that is at room temperature.
- Break through the skin quickly with the needle.
- Insert the needle straight into the skin, and pull it straight out again without changing direction or wiggling the syringe.

Instructions for Disposing of “Sharps”

Improper disposal of syringes, needles, and other sharp objects can pose a health risk and damage the environment. To dispose of medical sharps, first place them in a sealable, puncture-resistant container. You can purchase a home sharps container from most pharmacies. Alternatively, you can use a plastic container, such as a liquid-detergent bottle or milk jug, sealed with tape, to transport used sharps. Place in a sealed trash bag and place in trash can.

The Columbus Department of Public Health and local public health departments have established a network of community drop-off collection stations for used sharps.

To learn more, or find the disposal location nearest you, visit: columbus.gov/publichealth/programs/Alcohol-and-Drug-Abuse/Safe-Needle-Disposal/

These instructions were adapted from Fenway Health. fenwayhealth.org/wp-content/uploads/2015/07/COM-1880-trans-health_injection-guide_small_v2.pdf

To learn more about our treatment protocols:

UCSF Center of Excellence for Trans Health
transhealth.ucsf.edu

Primary Care Protocols
bit.ly/28LDN7h

Feminizing Therapy
Info: bit.ly/2rqvaTj
Video: bit.ly/2qwiRWg

Masculinizing Therapy
Info: bit.ly/2qrYtrl
Video: bit.ly/2reUtv6

Patient Resources Community



Black Trans Advocacy Coalition

blacktrans.org

Established in 2011, The National Black Trans Advocacy Coalition is a social justice organization led by Black trans people to collectively address the inequities faced in the Black transgender human experience.

Black Transmen, Inc.

blacktransmen.org

Since 2011, Black Transmen, Inc. has been at the forefront of organizing the modern national movement for Black trans equality. (855) 454-9310

BRAVO

(Buckeye Region Anti- Violence Organization)

bravo-ohio.org

If you or anyone you know has experienced any form of hate and bias violence, we encourage you to contact BRAVO for support and assistance.

Gatlyn Dame Group, Inc.

gatlyndamegroup.com

The Mission of the Gatlyn Dame Group is to raise awareness and provide education and an outlet for transgender and gender non-conforming people and their allies.

Heartland Trans Wellness

facebook.com/heartland.transwellness

Provides resources, referrals, support groups for individuals and their families, and social events for people of all ages

Kaleidoscope Youth Center

kycohoio.org

Kaleidoscope Youth Center is the only organization in Ohio solely dedicated to supporting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and their allies.

Mozaic

MozaicOhio.org

Mozaic is a wellness program and community space serving transgender, gender non-conforming, and gender non-binary people ages 13-29.

National Center for Transgender Equality

transequality.org

The National Center for Transgender Equality advocates to change policies and society to increase understanding and acceptance of transgender people.

RAD Remedy

radremedy.org

RAD Remedy is dedicated to connecting trans, gender non-conforming, intersex, and queer folks to accurate, safe, respectful, and comprehensive care. Find providers and the right resources in your area to fulfill your needs.

Trans Lifeline

translifeline.org

Provides peer support for the trans community. Run by and for trans people. (877) 565-8860

TransOhio

transohio.org

TransOhio serves the Ohio transgender and ally communities by providing services, education, support, and advocacy,

Patient Resources

Terminology and Definitions

A detailed discussion of terminology in the context of the great diversity of transgender and gender nonconforming people encountered across cultures and languages is beyond the scope of these Guidelines. Below are definitions for some commonly encountered terms, which will be used throughout these Guidelines as indicated.

Gender Identity: A person's internal sense of self and how they fit into the world, from the perspective of gender. No one knows an individual's gender identity better than the individual themselves.

Sex: Historically has referred to the sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language, "sex" is often used interchangeably with gender, however there are differences, which are especially important in the context of transgender and gender non-conforming people and their healthcare.

Gender expression: The outward cues, mannerisms, behaviors, and appearances that individuals use to express or display gender or that others interpret as a display of gender. These expressions may or may not be intentional and can include clothing, hairstyle, speech and mannerisms. Gender identity and gender expression may differ; for example a woman (transgender or cisgender) may have an androgynous appearance, or a man (transgender or non-transgender) may have a feminine form of self-expression. These expressions should not be used to make assumptions about a person's sex or gender identity.

Transgender: An adjective that describes a person whose gender identity differs from the sex that was assigned to them at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex. A non-transgender person may be referred to as cisgender (cis=same side in Latin). A gender nonconforming or genderqueer person may or may not identify with a label of trans/transgender. Note that transgender does not have an "ed" at the end.

Gender nonconforming: A person whose gender identity differs from that which was assigned at birth, but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender person. Genderqueer is another term used by some with this range of identities.

Nonbinary: Transgender or gender nonconforming person who identifies as neither male nor female.

Trans-masculine/trans-feminine: Terms to describe gender nonconforming or nonbinary persons, based on the directionality of their gender identity. A trans-masculine person typically has a masculine spectrum gender identity, with the sex of female listed on their original birth certificate. A trans-feminine person has a feminine spectrum gender identity, the sex of male listed on their original birth certificate.

They/Them/Their: Neutral pronouns used by some people who have a nonbinary or nonconforming gender identity.

Transsexual: A more clinical term which had historically been used to describe those transgender people who sought medical intervention (hormones, surgery) for gender affirmation. This term is less commonly used in present day, however some individuals and communities maintain a strong and affirmative connection to this term.

Cis(gender): Adjective that means "identifies as their sex assigned at birth." A cisgender/cis person is not transgender. "Cisgender" does not indicate biology, gender expression, or sexuality/sexual orientation. In discussions regarding trans issues, one would differentiate between women who are trans and women who aren't by saying trans women and cis women. Cis is not a "fake" word and is not a slur. Note that cisgender does not have an "ed" at the end.

Cross dresser / drag queen / drag king: These terms generally refer to those who wear the clothing typically associated with a gender that differs from the sex which they were assigned at birth for entertainment, self-expression, or sexual pleasure. Dressing in drag is not the same thing as having a transgender identity, though some cross dressers and people who dress in drag may identify as trans, transgender, or gender nonconforming. The term transvestite is no longer used in the English language and is considered pejorative.

Sexual orientation: Describes sexual attraction only and is not directly related to gender identity. Transgender people often describe their sexual orientation based on the lived gender, for example a transgender woman attracted to other women would be a lesbian, and a transgender man attracted to other men would be a gay man. That being said, a person's sexual identity labels are personal, varied, and should not be assumed.

Courtesy of the Center of Excellence for Transgender Health transhealth.ucsf.edu



Breast Cancer Prevention for Trans Men, Trans Women, and Non-Binary People

You Deserve Respectful Access to Breast/Chest Care.

The Equitas Health Institute is training mammography staff across Ohio to provide culturally competent services to LGBTQ+ folks. Visit mamm.equitashealth.org for LGBTQ+ affirming mammography and primary care providers.

Breast/Chest Care Who? What? When?

Beginning at Age 25

Trans Men, Trans Women, and Non-Binary people with Breast Tissue

Know Your Body: Conduct monthly breast/chest self-exams.

Attend Regular Physicals: Attend a well-check appointment with your doctor or nurse practitioner every year.

Asses Your Risk: Talk to your doctor or nurse practitioner about your breast cancer risk. They may recommend you start mammograms before age 40.

Beginning at Age 40*

Trans Men and Non-Binary Folks with Breast Tissue

Those who have had breast reduction top surgery or no top surgery
Mammogram recommended every year.*

Those who have had chest reconstruction top surgery

Physical with your doctor or nurse practitioner, including a chest & axillary exam, recommended every year.

Beginning at Age 50* | Trans Women who have had 5 or more years of HRT

Mammogram recommended every year.*

*PLEASE NOTE: Screening guidelines are for those of normal or average risk for breast cancer.



BREAK THE CYCLE

For mammography guidelines specific to Lesbian, Bisexual, Trans, and Non-Binary people, please visit mamm.equitashealth.org

Navigating OB/GYN Care for Transmasculine Patients

If you have a uterus and cervix (the opening of the uterus), it's important for you to **seek regular testing** to lower your chances of getting cervical cancer. Protect your health by regularly visiting your OB/GYN provider.



Set the expectations.

OB/GYN care does not have to be gendered. Tell your provider the pronouns and terms you would like yourself and your body parts to be called.



Seek support.

Bringing a support person can help with stress and anxiety. Your support person can talk you through any discomfort and advocate for you if needed.



Ask what to expect.

Your OB/GYN can explain the steps of their care process. Discuss what you can do to be more comfortable, like only undressing certain body parts or having your support person in the room.

What could I discuss with my OB/GYN provider?

- Interest in gender-affirming care.** You can discuss your options, including binding, hormone therapy, and gender-affirming surgery with your provider.
- Birth control use.** If you have a uterus and ovaries, you can still become pregnant even after starting testosterone. If you're not interested in becoming pregnant, there are birth control options you can discuss with your provider that will not interact with testosterone.
- Pregnancy or future plans to become pregnant.** Many trans men and transmasculine people choose to become pregnant. If you're trying to become pregnant, talk with your provider about fertility and stopping testosterone use.
- STI testing, pap smears, and mammograms.** These regular tests can prevent cancer and protect your health.
- Sexual satisfaction.** If you are on testosterone, you may notice changes to how your body feels during sex.

Finally: after your appointment, **de-stress!** Chat with your support person, listen to music, or spend time outside. Celebrate this **huge step** in caring for your body.





EquitasHealth.com