Sexual Health for Trans and Gender Diverse People

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Disclosure

- I have no relevant financial, professional or personal relationships to disclose

- This presentation includes slides of genitalia & skin lesions
Learning Objectives

Upon completion of this presentation, learners should be better able to:

- Review terminology related to transgender health care
- Describe the epidemiology of STIs among transgender people
- Review diverse guidelines on how to apply gender- and anatomy-based recommendations to patients of transgender experience
Clinicians should assess STD- and HIV-related risks for their transgender patients based on current anatomy and sexual behaviors.
Case 1

26 year old Latina trans woman with intermittent vaginal bleeding/pain for 4 months

PMH: Estrogen therapy since age 20

PSH: penile inversion vaginoplasty age 21 (Thailand)

She works as a nanny, has no health insurance, not a legal resident
Exam: Watery discharge, dime sized white plaque noted
Questions

▪ What is your differential?
▪ What tests would you obtain?
▪ Why did she wait 4 months with bleeding and pain before seeing a provider?
Case 1 cont

Testing
- Vaginal swabs for GC/CT
- Vaginal swabs for trich, candida, HSV
- Wet mount
- RPR
- HIV screen
### Herpes Virus I/II DNA (Collection Date: 09/04/2018 17:07, Status: Final)

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<th>Units</th>
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<tr>
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<tr>
<td>HSV-2</td>
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<td>A</td>
<td>Negative</td>
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### Bacterial Vaginosis Screen, DNA - BD AFFIRM (Collection Date: 09/04/2018 17:07, Status: Final)

<table>
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<th>Result</th>
<th>Units</th>
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<tr>
<td>GARDNERELLA, DNA</td>
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<td></td>
<td>NEGATIVE</td>
</tr>
<tr>
<td>TRICHOMONAS, DNA</td>
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<td></td>
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<td>NEGATIVE</td>
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</tbody>
</table>
After treatment with valacyclovir
Transgender Women and STIs

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

STIs in Transgender People

- STD Surveillance Network (6 clinics with > 25 TG pts)
  - 506 TW, 120 TM
  - Low rates of extragenital testing (62% TW, 48% TM)

Pitasi et al, *STD* 2019
Patients’ Fears

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

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

Most people have moved past having just 5, but the “Ps” vary

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

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

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

- **Acknowledge barriers and offer solutions**
  - Stress of stigma and discrimination
  - Limitations of medical knowledge
Vaginoplasty
What Primary Care Providers Need to Know
Vaginoplasty Procedures

- Non-genital skin grafts (1938)
- Penile skin graft (1956)
- Intestinal graft (1974)
- Peritoneal graft (Davydov) 2018

Vaginoplasty Procedures

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Vaginoplasty

- Electrolysis or laser
  - Start 3-6 months before
  - Not within 2 weeks of surgery
- VTE prophylaxis
- Vaginal packing removed day 5-6
- Douching (saline or dilute povidone–iodine)
- Initiate dilations

FIG. 1. Approximate area of depilation for scrotoperineal flap.

Schecter, L. Transgender Health, 2016
Image: http://marcibowers.com/mtf/mtf-services/grs
Post-op Care

- Dilators 2-3 times daily for the first month
- Generally life-time
- Many (56%) use douches – iodine solution, low pH douch, tap water

Image: https://www.pelvicrelief.co.uk/product/soul-source-grs-vaginal-dilators-copy
Post-Vaginoplasty Complications

- **Recto-vaginal Fistula**
  - Occurs in up to 1/400 vaginoplasties
  - Anorectal USG/CT/MRI for confirmation
  - Requires surgical repair with skin grafts

- **Vaginal stenosis**
  - Often related to under-dilation
  - Can using xylocaine 2% jelly and gradually work up with the dilators.
  - Re-teach the correct method to use dilators, lubrication

- **Granulation tissue aggregation**
  - bleeding and discharge, odor
  - silver nitrate cauterization

- **Vaginal prolapse**

- **Wound dehiscence**
Primary care recommendations

- Comprehensive sexual health history
- Assess for symptoms
  - Comfort with dilation
  - Sensation
  - Depth
  - Coitus
  - Urinary control
  - Rectal sphincter control
  - Discharge/bleeding
  - Sexual activity (pain, bleeding, sensation, orgasm)
- Exam and STI screening
  - STIs frequently asymptomatic
  - Screen all exposed sites
Neovaginal exams – How should we do them?

Most TW think exams are important, but <5% routinely are examined after surgery

- Many (56%) use douches – iodine solution, low pH formulas, plain water
- One in 4 bad odor/discharge
- 25% will require smaller speculum (2cm width)
- May need to use anoscope

Neovaginal Exam

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

Illustration: Poteat & Radix, Transgender Individuals. In Sexually Transmitted Infections in HIV-Infected Adults and Special Populations. Laura Bachman (ed). 2017 Springer
Case 2

38 y/o African American transgender woman with 3 months of vaginal discharge
PMH: 2 years prior underwent penile inversion vaginoplasty in New York. Initially douched with betadine, then tap water daily. Dilates currently 2x week
Meds: estradiol 2mg daily

(Seen by gynecologist)
Exam: Profuse watery discharge, no lesions
Vaginal swabs – negative for GC/CT
Vaginal swabs negative trich, candida, HSV
Wet mount – no lactobacilli
Bacterial culture done...
**Organism #1:** Few colonies of *Enterococcus faecalis* are predictably susceptible to ampicillin, amoxicillin, ampicillin-sulbactam, amoxicillin-clavulanate, piperacillin, and piperacillin-tazobactam for non-B-lactamase-producing enterococci. Organisms that are susceptible to tetracycline are also considered susceptible to doxycycline and minocycline.

**Organism #2:** Heavy growth of Beta hemolytic Strep Group B for GBS, penicillin is surrogate for ampicillin, amoxicillin, amoxicillin-clavulanic acid, ampicillin-sulbactam, cefazolin, cefepime, ceftaroline, cephradine, cephalothin, cefotaxime, ceftriaxone, ceftizoxime, imipenem, ertapenem, and meropenem. Erythromycin and clindamycin are tested to detect inducible resistance to clindamycin (D-test), but only clindamycin should be reported.

**Organism #3:** Heavy growth of *E. coli*. Results of ampicillin testing can be used to predict results for amoxicillin. Cefazolin results predict results for the oral agents cefaclor, cefdinir, cepodoxime, ceftrozil, cefuroxime, cefpheadexin, and loracarbef. Organisms that are susceptible to tetracycline are also considered susceptible to doxycycline and minocycline.

### Enterococcus faecalis

<table>
<thead>
<tr>
<th>Drug</th>
<th>MIC</th>
<th>Interps</th>
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<th>MIC</th>
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<td>Gent. Synergy</td>
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<td>Linezolid</td>
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<td>Tigecycline</td>
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**Beta hemolytic Strep Group B (heavy growth)**, *E.*
Treatment Course

- Gynecologist placed patient on amoxicillin-clavulanate tablets, advised to resume betadine douches
- Symptoms continued, pt received 2 courses of quinolones after cultures persistently positive for E. coli and E. faecalis
- Referred to our clinic for “recurrent infection”

- When should you perform exams after surgery?
- What is the usual neovaginal microbiome?
- Does she need treatment?
Neovaginal Microbiome

- Average pH of the neovagina is pH 5.88 (5-7) cis women 4-4.5
- Lack of lactobacillus spp
- (Penile-inversion) Mixed microflora
  - >70 species of bacteria - Enterococcus faecalis, bacteroides, fusobacteria, staph strep & BV-associated bacteria (Atopobium vaginae, Gardnerella vaginalis, Mobiluncus curtisii)
- (Intestinal)
  - E. coli, Proteus, Providencia, Strep, Bacteroides, staph

Case 3

65 year old white transgender woman, sudden onset of vaginal bleeding with dilations. She is married to a cis-gender man. Never uses condoms. Vaginal sex only

PSH: 24 years before had vaginoplasty (intestinal)
Not sexually active
Dilates 4-5 times per week
Estradiol patches, 100 mcg/daily
Neovaginal Bleeding

- What is your differential? Could this be an STI?
- Should you do a vaginal exam?
- What testing should you do?
Neovagina, intestinal

## Differential diagnosis of bleeding after vaginoplasty

<table>
<thead>
<tr>
<th>Colo-vaginoplasty</th>
<th>Penile-inversion</th>
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<tbody>
<tr>
<td>Diversion colitis</td>
<td>STIs</td>
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<tr>
<td>Mucosal atrophy</td>
<td>Trauma</td>
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<tr>
<td>STIs</td>
<td>Squamous cell carcinoma</td>
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<td>Trauma</td>
<td>Post-operative bleeding</td>
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<td>Polyps</td>
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<td>Adenocarcinoma</td>
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<td>Inflammatory bowel disease</td>
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</tr>
<tr>
<td>Post-operative bleeding</td>
<td></td>
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</table>

Van der sluis, IJ STD AIDS 2015
Case 4

36 year old African-American transgender woman. New sexual partner, cis-male

- Increase in vaginal discharge and odor
- No condoms for sex

PSH: 4 years before had vaginoplasty (penile inversion) using peritoneal grafts (Davydov procedure)

She’s worried she might have STI
What factors might increase her risk for STIs?
What types of neovaginal STIs have been reported?
How should you screen for STIs?
How would you counsel her about STI prevention?
• Vaginal swab PCR positive *C. trachomatis*
• Repeat testing negative 4 weeks after treatment

Image: Callen-Lorde CHC 2017
Neovaginal STIs

- Condyloma acuminatum
- Neisseria gonorrhoeae (often asymptomatic)
- Chlamydia trachomatis
- HSV
- No case reports of Trichomoniasis

Conditions that can mimic STIs

- Fistulae
- Granulation tissue
- Folliculitis / retained hairs

STI Screening for Transgender Women

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

• Vaginoplasty
  - Speculum exam
  - NAAT testing GC/CT
Case 5

38 year old white transgender man presents with 4 days burning on urination and lower abdominal cramping “I was exposed to gonorrhea"

- Condomless sex with cis-male partner 4 days prior
- PSH:
  - Metoidioplasty in Serbia 5 years prior
  - Top surgery age 24
- PMH:
  - Socially transitioned at age 20, on hormones since age 22
  - Meds: transdermal testosterone
Case

- Urine and anal GC/CT, RPR
- HIV rapid negative
- Received ceftriaxone/azithromycin
Clinical Questions

- Does his surgery (metoidioplasty) change the clinical evaluation?
- What is the impact of testosterone on susceptibility of STIs? Fertility?
- How does testosterone administration impact preventive care recommendations (cervical screening)
- What other diagnostic tests should you consider?
Clinical Issues

- Ask client exactly what surgeries were performed “anatomic inventory”
- Uterus – is he pregnant?
- Cervix can be retained – cervical cancer screening according to standard guidelines
- STI screenings based on behavior/anatomy
Metoidioplasty (meta)

- Release of the clitoris/phallus from the labia minora
- May include urethroplasty (why is it important to know this?)
Other procedures

- Vaginectomy / colpoclesis
- Scrotoplasty with testicle implants
  - labia majora united into an approximation of a scrotum.
- Mons reduction
Phalloplasty

- Creation of phallus
- Radial forearm
- MLD (musculocutaneous latissimus dorsi flap from the back)
- ALT (anterior lateral thigh flap)
ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH
Penile Implants

- Non Inflatable or semi rigid
- Always firm
  - One or two bendable rods.
  - Bend into position, erect, flaccid
- Inexpensive, fewer moving parts
Penile Implants

- Inflatable Penile Implants
  - 2-piece, 3-piece (reservoir)
    - inflatable cylinders in the shaft of the penis, and a hydraulic pump providing an erection
    - pump and release valve in the scrotum
  - Expensive, 10-yr life span
Case 6

A 28-year-old transgender man comes to your clinic for a check up. He is sexually active with cis-gender women and cisgender men
No bottom (genital) surgeries
Meds: testosterone cypionate 100mg IM every week for 10 years
What do we know about cervical screening?
Fertility?
Pap Smears in Transgender Men

Based on study at Fenway Health, Boston

- Transgender men patients may avoid pelvic exams and be less likely to have cervical cancer screening (64% vs. 74%)

- were more likely to have an inadequate Pap, (10.8 % vs 1.3%)

- 20 % inadequate pap if on testosterone >6 months
  - Be sure to inform lab that patient is using testosterone and that it is indeed a cervical specimen
  - If amenorrhea present, indicate on lab requisition

Alternatives to Pap for Cervical Screening

- Allow self-collection of swabs, including HPV screen in place of cervical cytology specimen
- Perform external or bimanual exam, which may help patient become more comfortable with speculum exam in the future
Transmen and Pregnancy

- Study of 41 TGM
- Identity - 50% male, 24% transgender, 20% GNC
- 5 (20%) conceived while on testosterone
- 32% unplanned pregnancy

Discuss fertility:

Contraception (LARC: DMPA, IUD, implant)

STI Screening for TM after Bottom Surgery

- Metoidioplasty or phalloplasty
  - Did patient have vaginectomy?
  - Was there urethral lengthening (UL), aka urethral follow through?
- If UL, no vaginectomy
  - Vaginal swabs for GC/CT, Trich, BV
- If no UL – can use urine testing
Summary

- Create welcoming clinical sites that facilitate disclosure of gender identity/sexual orientation
- Ask name, gender and pronoun
- Think about language
- Understand diversity of sexual orientation and behaviors “no assumptions”
- Anatomic inventory “if you have it, check it”
- Outreach in transgender communities
- Appropriate prevention materials & resources
RESOURCES


RESOURCES

Fenway Health
www.fenwayhealth.org

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

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

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