## Adapted Melodic Intonation Therapy can raise trans women’s singing and speaking fundamental frequencies

### Authors

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### Abstract

**Background**

Laryngeal differences, among other factors, lead to easily appreciable dissimilarities between women’s and men’s voices. As oestrogen therapy does not yield a shift in voice characteristics, those wishing to transition to the female gender can instead undergo voice therapy to achieve a more female-sounding voice.

**Method**

We employed an adaptation of Melodic Intonation Therapy (MIT), originally used to restore propositional speech in patients with non-fluent aphasia, to help trans women raise their average fundamental frequency. A total of 11 trans women took part in two therapy sessions, four weeks apart.

**Results**

Results pointed to a statistically significant rise in both their singing and speaking fundamental frequencies following the adapted MIT therapy sessions. Participants were also successful in imitating upward pitch contours when singing and in producing them independently in the speech modality.

**Conclusion**

These findings point to considerable benefits of MIT exercises beyond rehabilitation of language production.

## Decision-making approaches in transgender healthcare: conceptual analysis and ethical implications

### Authors

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### Abstract

**Background**

Over the past decades, great strides have been made to professionalize and increase access to transgender medicine. As the (biomedical) evidence base grows and conceptualizations regarding gender dysphoria/gender incongruence evolve, so too do ideas as to what constitutes good treatment and decision-making in transgender healthcare. Against this background, differing care models arose, including the ‘Standards of Care’ (SoC) and the so-called ‘Informed Consent Model’ (ICM). In these care models, conceptual and ethical notions such as ‘decision-making’ and ‘autonomy’ are often referred to, but left unsubstantiated. This not only transpires into the consultation room where stakeholders are confronted with many different ethical challenges in decision-making, but also hampers a more explicit discussion of what good decision-making in transgender medicine should be comprised of. The aim of this paper is to elucidate conceptual and normative assumptions regarding decision-making and client autonomy in the SoC7 and ICM for adult transgender healthcare.

**Methods**

Conceptual analysis based on a theoretical framework of decision-making models and corresponding notions of client autonomy.

**Results**

Our analysis lays bare distinct normative assumptions and ambiguities regarding decision-making and client autonomy inherent in both care models. In the SoC7, the tension between mental health professionals’ assessorial and supportive tasks indicates a tension between weak paternalistic and deliberative assumptions in decision-making and conflicting conceptions of client autonomy. This tension gives rise to a role conflict on part of the clinician which is often met with apprehension, mistrust and selective information exchange on part of the client. Frustrating the clinical partnership in effect, both mental health professional and client may be hindered in arriving at a properly deliberated and attuned medical decision, and ultimately in realizing good care. The ICM, on the other hand, shows a strong commitment to an informative decision-making model rooted in a legalistic and narrow interpretation of informed consent and client autonomy. We illustrate how these normative assumptions run the risk of hampering collaborative decision-making and the ability to attune to the individual needs of transgender clients. Furthermore, how the normative ambiguity of ‘informed consent’ and ‘client autonomy’ could veil clinicians’ paternalistic duties potentially undermining the ICM’s very project.

**Conclusions**

Our analysis suggests that moral and normative dimensions are inherent to decision-making in transgender healthcare. This makes for that ethical challenges regarding what good decision-making is, are arguably inevitable. Rather than devising or debating care models seeking to resolve these ethical challenges, we hold that the first steps towards a good decision-making process in transgender medicine are the acknowledgement of and dialogue about these inherent moral and normative dimensions amongst stakeholders.

## A multi-method study exploring mental health challenges that young (16-25) trans and gender diverse people in the UK experience during the Covid-19 pandemic

### Authors

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### Abstract

**Background**

The psychologically distressing nature of the Covid-19 has been linked with reduced wellbeing and increased stress and anxiety. However, the impact of the pandemic is not experienced equally across communities. Marginalised populations are thought to be particularly vulnerable to poor health outcomes associated with the pandemic but despite this, young trans and gender diverse people have received little empirical attention. This population are thought to be vulnerable to poor pandemic-related mental health outcomes due to the social challenges, gender dissonance and, mental ill-health they experience. Furthermore, the social distancing measures impose several unique social and help-seeking challenges which may further contribute to the worsening of mental health.

**Aims**

To explore the perceived mental health impact of Covid-19 on the lives of young trans and gender diverse people and, understand factors that may be associated with poor mental health.

**Method**

In total, 243 people aged between 16-25 (*M*=20; *SD*=2.68) took part in a multi-method online survey between May and July in 2020. Eighty-two people were removed due to providing insufficient data. The analysed dataset therefore comprised of 161 responses. Participants were asked to describe how social distancing measures had impact on their social lives, mental health and access to health services in open-response questions. They were also asked to complete validated measures of anxiety and depression.

**Results**

This study found that those who experienced a greater impact of the Covid-19 outbreak and its associated social distancing measures, reported more server symptoms of anxiety and depression. Lack of social support, negative interpersonal interactions, unsupportive and non-affirming living environments and the inability to access mental health support and gender-affirming interventions were all factors that were associated with elevated anxiety and depression levels.

**Conclusion**

The findings help clinicians understand the challenges resulting from the pandemic that this population may experience over the coming years. The findings support the need for timely trans healthcare and provide specific direction for the tailoring of mental health service delivery to this population, noting the need for private, safe spaces in which young people can feel supported and have their gender identity affirmed.

## On Waiting: interruptions in access to gender transition related healthcare during the COVID-19 pandemic

### Authors

Jack Lopez - University of Bradford

### Abstract

**Background**

This paper draws from exploratory ethnographic research that prioritises the voices of the adult trans and non-binary (NB) population of the UK and the implications of the ongoing COVID-19 pandemic on access to transition related healthcare. Transition related healthcare is considered essential treatment under UK NHS guidelines, yet waiting times are the longest of any specialist NHS care (currently between 2-7yrs). This waiting times have increased to an unknown quantity since the COVID-19 pandemic temporarily closed or paused many public services. Adults across the UK awaiting assessments, hormone treatment or surgery are left in a void of miscommunication and paralysis of transition related treatment, to which they know no end.

**Methods**

Between June 2020 – Feb 2021 I carried out 11 in depth narrative interviews with adults in receipt of or waiting for transition related healthcare. In addition, online ethnographic analysis of trans peer support networks was completed.

**Results**

Initial findings include: severe impact on mental health and wellbeing, increased anxiety levels, the loss of vital support networks during lockdown, experienced or perceived barriers to accessing hormone medication and long awaited surgeries cancelled indefinitely. Despite this, online peer support networks focused have increased during the pandemic and are providing much needed exchange of information and comfort to the UK trans population.

**Conclusions.**

These findings and pose questions relating to the access to healthcare and Human Rights framework for health, the worsening of public gender service provision in the UK and the widening of inequalities. The role of health system expertise within the adult trans and non-binary community in addressing aspects of transition related healthcare should be considered in strengthening healthcare systems. The ethics of providing peer level mental health support needs to be explored further. The positive and negative dynamics of waiting, from the perspective of trans individuals is worthy of ethnographic attention.

## Gender affirmation surgery consultations during the COVID-19 pandemic: virtual consultations as a single unit response

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### Abstract

**Background**: Our unit is one of the largest in UK, offering FtM top surgery in the NHS to more than 200 persons every year. In March 2020 the waiting time for an operation after an initial consultation was 34 weeks. At that point all elective surgery in the NHS was halted until the beginning of August 2020. During this period our waiting times have risen to 55 weeks and that is still the case up to January 2021.

Although NHS considers trans top surgery elective, as a specialist surgeons we do not share the same opinion. The moral distress we faced lead us in transforming almost entirely our consultation pathway in order to continue offering our clinical services by: updating our IT infrastructure, creating a flexible pathway and switching all clinical consultations to virtual ones - with the exception of a pre-operative assessment.   
We managed to resume our operative service only in August 2020 and carried on ever since (the winter wave did not affect us), as we had put in place a contingency plan, anticipating a second wave. This was achieved with co-operation with the private sector and significant flexibility observed by the lead surgeon. 

**Methods**: A questionnaire was designed and sent to all the service users that were reviewed virtually from April until the end of 2020. We have received the completed feedback in 30% of cases (60 questionnaires). Overall the feedback was positive (>90%), however certain elements were highlighted and reflected upon.  
The questionnaire explored the comparison of virtual vs face to face (F2F) clinics in terms of: financial impact, convenience, quality of the consultation (technically and practically), engagement. Throughout this period all virtual clinics (>50 in number involving >200 persons) were conducted by the unit's lead surgeon.  Anonymity was ensured as the questionnaires and responses were handled by the audit department. Consent was obtained at the end of each consultation.

**Results and conclusions:** There  was an overall positive response to virtual clinics. The financial benefits were overwhelming. All comments were reviewed and reflected upon.

92% found the process engaging and that the surgeon was able to address any concerns only by visual inspection. 72% of participants would chose a virtual consultation over a traditional one if given the choice.  
There were significant benefits from saving travel time (mean=16.14 hours) and money (37% more than 100 pounds).

There is a learning curve regarding virtual clinics efficiency. Special considerations need to be in place to ensure that they conducted in a safe and effective way. These include technological support and clinician adaptation. Virtual clinics are not suitable for everyone and ultimately our users should be offered an option between traditional and virtual consultations as this was highlighted in their answers too.

## The principle of subsidiarity in pediatric transgender healthcare

### Authors

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### Abstract

In December 2020, the High Court of England and Wales held that court approval must be sought before initiating puberty blocking medication for transgender youth below the age of 16. In this article, I draw on the principle of subsidiarity to argue that medical decision-making authority should not lie in courts because, regardless of patients’ capacity, they are worst positioned to make medical decisions that go to the heart of an individual’s identity. According to the principle of subsidiarity, decision-making authority should be devolved to the lower level decisionmaker (e.g. patients instead of families, families instead of courts) capable of addressing the issue. I argue that decision-making authority should only be held by a higher level decisionmaker if (1) lower level decisionmakers are incapable of satisfactorily addressing the issue even with support and (2) the higher level decisionmaker is better positioned to satisfactorily address the issue than all lower level decisionmakers. Because gender uniquely pertains to personal identity, it differs from typical healthcare in which higher level decisionmakers are often best (albeit still imperfectly) positioned to make difficult medical decisions. Even if transgender youths do not have the competence necessary to provide adequate informed consent, decision-making authority should not be held by courts since courts are worse positioned to make decisions that go to the heart of the patient’s identity. Only trans youths know whether transition-related care is in their best interest. Instead of taking away trans youth’s authority over their healthcare decisions, we should focus on supporting their ability to take the best possible decision for themselves.

## Clinical guidelines for reversal of genital surgery in transgender de-transition

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### Abstract

**Background**

Transgender regret and de-transition is rare and outcome data suggests high satisfaction with gender affirmative surgery and good outcomes. However with rising number of individuals seeking to transition medically there may be those who regret genital surgery and fewer still who request reversal of gender affirmative surgery. Surgical techniques for reversal of gender affirmative surgery is presented by leading surgeons and expert gender specialists.

**Objectives**

Based on extensive experience of consultant psychiatrists and Consultant Urology surgeons following completion of a de-transition audit at a Gender Identity Clinic in London, we present clinical approaches to those who seek reversal surgery.

**Topics**

* Mental health evaluation of de -transition patients
* Framework for decision making in complex cases
* Ethical and legal considerations
* Clinical pathway for reversal of medical transition
* Surgical evaluation and preparation of the patient
* Surgical techniques and risks

**Discussion and Conclusion**

A complex decision aid to support both patients and clinicians respond to requests for reversal surgery is presented. A frame work for assessment of regret, de transition, re-transition is presented with suggestions for surgical approaches to gender affirmation surgery reversal. Techniques to reverse genital surgery in patients with surgical approaches, risks, outcomes and patient evaluation is presented.

## Inflatable and semirigid penile prosthesis insertion after musculocutaneous latissimus dorsi total phalloplasty: outcomes and complications

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### Abstract

**Background:** One of the main goals following phalloplasty in transmen is erectile function with the possibility to engage in penetrative sexual intercourse. To facilitate full rigidity of the neophallus either inflatable or semirigid penile prostheses are used. Our objective was to evaluate outcomes of penile prosthesis insertion (PPI) after total musculocutaneous latissimus dorsi (MLD) phalloplasty in our series of transmen.

**Methods:** During the period of 10 years (January 2010-January 2020), we performed PPI in 71 transmen, who previously underwent total MLD phalloplasty. There was a mean period of 16 months (range: 13-28 months) between phalloplasty and PPI. In all patients two cylinders of the penile prostheses were used. Cylinders of the three-component inflatable prosthesis were inserted using dorsal approach. Pump was placed in the proper scrotal sac at opposite side from microvascular anastomosis, while the reservoir was placed retrovesically using the inguinal approach. Semirigid penile prostheses were inserted into the neophallus using dorsal and/or phalloscrotal approach. The proximal end of the each cylinder was fixed to the pubic symphysis preventing their displacement. All patients were evaluated by either a psychologist or a psychiatrist after complete healing.

**Results and conclusions:** Follow-up ranged from 12 to 132 months (mean 44 months). Inflatable and semirigid penile prostheses were implanted in 24 and 47 patients, respectively. Good functioning with full rigidity was reported in 15 and 37 patients. Rejection of penile prostheses due to an infection was noted in 7 patients (inflatable prosthesis) and 3 patients (semirigid prosthesis), respectively. Inflatable prosthesis was replaced by a semirigid prosthesis in 3 patients, due to malfunctioning i.e. migration of cylinders with subsequent rigidity of only proximal part of the neophallus and inability to engage the intercourse. Three patients reported no utilization of the inflatable implants. Semirigid prosthesis was replaced in two patients because it was broken due to trauma. All patients who engaged in sexual intercourse reported satisfying penetration. Transmen who desire penetrative sexual intercourse require penile prosthesis implantation. Second stage of gender affirmation surgery with PPI represents complex procedure with possible complications, like rejection or malfunctioning. Musculocutaneous latissimus dorsi phalloplasty provides neophallus of good volume and dimensions, offering simple and safe insertion of penile prosthesis with both cylinders.

## Laparoscopy assisted peritoneal pull-through vaginoplasty in trans women – our experience

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### Abstract

**Background:** Penile inversion vaginoplasty still presents the gold standard in genital gender affirming surgeries (GGAS) in trans women. In cases where penoscrotal skin complex is lacking, other options must be offered to the patients. In this study we evaluated the use of peritoneal flaps in combination with penile skin flap in vaginoplasty for trans women.

**Methods:** Between March 2018 and June 2020, we performed primary peritoneal pull-through vaginoplasties in 47 patients. The surgery included total penectomy in all patients with bilateral orchiectomy (5 patients had undergone prior bilateral orchiectomy elsewhere), clitoroplasty, vulvoplasty, urethroplasty and vaginoplasty using peritoneal flaps in combination with inverted penile skin flap. Two peritoneal flaps were dissected from the posterior aspect of the bladder and anterior aspect of the rectum in about 5 cm in width and about 7 cm in length and anastomosed with interrupted sutures with asymmetrically fashioned penile skin flap in order to prevent neovaginal stenosis. Vaginal packing is placed for the period of 5 days postoperatively, together with two drains. Urinary catheter is placed for urine derivation for 2 weeks. Compressive dressing is applied.

**Results and conclusions:** Follow-up ranged from 6 to 23 months. All patients were instructed to perform regular dilations of their neovagina for the first 12 months postoperatively by a pelvic floor physiotherapist. Even though peritoneum was found to produce some lubrication, patients were advised to use the lubricant during the sexual intercourse. Complications occurred in 5 of our patients: 3 had prolonged hematoma of the labia majora, one had neovaginal introitus dehiscence and one had superficial necrosis of the left labia majora. None of the complications required additional surgeries. The depth of the neovagina at the control check-up in 6 months after surgery was 14.7 ± 0.5 cm, while width was about 3.4 ± 0.4 cm. Majority of patients (≈96%) were satisfied with the new genitals, sensitivity, lubrication and possibility of engaging in sexual intercourse according to self-reports. One patient required reduction of the size of her clitoris because of hypersensitivity and the other one requested laser treatment of the incisional scars. Although known for decades in vaginal reconstruction for cis-women suffering for vaginal agenesis and other conditions of vaginal absence, peritoneal pull-through vaginoplasty offers promising results in transwomen GGAS that will provide self-lubricating neovagina, with minimal scarring and complications and high rate of patient’s satisfaction.

## Requirements for total phalloplasty after metoidioplasty in trans men

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### Abstract

**Background:** Creation of male genitals is of essential importance in gender affirmation (GA) for trans men. In some settings, trans men decide to undergo metoidioplasty as their first or final genital gender affirmation surgery (GGAS). According to the available literature data, between 12 and 20% of trans men who had their metoidioplasty, decide to have one of the available phalloplasty procedures, in order to obtain an adult size phallus which will enable them to engage in penetrative sexual intercourse.

**Methods:** Between March 2015 and February 2020, we performed total phalloplasty for 27 trans men who had metoidioplasty as their GGAS. Out of 27 patients, 20 were patients from our Center (group A) who had their metoidioplasty about 24 months before they applied for phalloplasty, while 7 patients (group B) had metoidioplasty elsewhere. In patients, musculocutaneous latissimus dorsi (MLD) flap phalloplasty was performed. Surgery included harvesting of the flap of desired dimensions from nondominant side and its anastomosis with the saphenous vein and femoral artery and fixation of the neophallus to the pubic region above the metoidioplastic phallus. As the patients from our center had already gone complete urethral and scrotal reconstruction with testicular prostheses implantation, no further surgeries were taken in this group during the first stage of phalloplasty. In 3 patients from group B, scrotoplasty with insertion of bilateral testicular implants was performed simultaneously. Second stage included urethral lengthening using available hairless vascularized tissue in combination with buccal mucosa graft, clitoral covering and glansplasty. Third stage included implantation of semirigid penile prosthesis in 3 patients.

**Results and conclusions:**

Follow-up ranged between 12 and 60 months. The majority of patients were satisfied with the new look of their genitals. IN patients who completed all stages voiding in standing position was possible as well as penetration during the sexual intercourse with the ability of orgasm. Urethral fistula occurred in 11 patients and required surgical repair in 5, while stricture of the urethral neomeatus occurred in 3 patients and was solved by self-dilations. Delayed healing of the donor site was seen in 4 patients, in whom donor site was closed using the free skin graft. Testicular implants displacement and rejection was seen in 2 and one patient, respectively. Bladder overactivity occurred in 4 patients and solved by oxybutynin therapy. Transient paresthesia of the thigh where blood vessel anastomosis was preformed was present in 3 patients who also had prolonged seroma that required punction. Total phalloplasty using one of the available techniques is possible to be done as a second stage in GGAS in those trans men who require an adult size phallus, and yet underwent metoidioplasty for various reasons.

## A new requirement for genital gender affirmation in transgender women – no-depth vaginoplasty

### Authors

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### Abstract

**Background:**  
Genital gender affirmation surgery (GGAS) for transgender women includes total penectomy, bilateral orchiectomy, clitoroplasty, urethroplasty, labioplasty and vaginoplasty. In recent years there are increased requirements for no-depth vaginoplasty ie. gender confirming vulvoplasty (GCV) by transgender women.

**Methods:** Eight patients underwent gender confirming vulvoplasty in our center with the median age of 49 years (range 25 to 63) between September 2017 and December 2019. All patients underwent one-stage surgery that included total penectomy, bilateral orchiectomy, clitoroplasty, urethroplasty and labioplasty without vaginal canal reconstruction. The desire to undergo GCV was personally requested by each patient and reasons were the following: no desire for penetrative sexual intercourse (7), fear of intraoperative injury of bowel and/or bladder (2), no stimulation for prolonged need for neovaginal dilation (3)

**Results and conclusions:** Follow-up ranged from 12 to 28 months (mean 18 months). Good aesthetic result was achieved in all 8 cases according to patient’s report. All patients reported an adequate clitoral sensation and adequate urinary function. Minor aesthetic revision of labia majora was performed in one patient because of wound dehiscence. Two patients had prolonged perineal hematoma, which resolved spontaneously. No-depth vaginoplasty ie. gender confirming vulvoplasty can be considered as acceptable form of GGAS in selected patients who do not wish to have penetrative vaginal sexual intercourse. The lack of this study is a small sample and short follow-up with no standardized questionnaires available for this type of GGAS. Further studies are needed to obtain detailed and specific indications for this type of GGAS.

## Barriers to care for trans, non-binary, and gender diverse survivors of sexual violence

### Authors

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### Abstract

Research indicates that trans, non-binary, and gender diverse people are exposed to high levels of sexual violence, including sexual assault, rape, and childhood sexual assault. However, trans people report that access to care and support - including from healthcare professionals, law enforcement, and even friends or family - is riddled with gaps and challenges.   
  
This research presents experiences of trans, gender diverse, and non-binary people in seeking help after experiences of sexual violence.  
  
The research is based on an online survey of trans, gender diverse, and non-binary people exposed to sexual violence, conducted in several languages - including Arabic, Bahasa Indonesian, Chinese, English, French, Russian, Spanish, Swahili, and Vietnamese. The survey used multiple choice, multiple mark, short answer, and long answer questions to explore who survivors approached for help, what happened during those encounters, and what survivors would recommend to make the experiences better. It also investigates who perpetrated the violence. Respondents were given the option of support during completion of the survey by volunteers. All components of the survey, including design, translation, and analysis, were conducted by trans and non-binary people. This research was conducted by Trans Survivors Network, an international organisation working on issues of sexual violence and rape committed against trans, non-binary, and gender diverse people.  
  
  
The survey reveals that around half of survivors have experienced multiple incidents of sexual violence, and the majority were exposed to sexual violence in childhood and adulthood. The majority of perpetrators were romantic or sexual partners of the survivor, though a sizeable number of friends, acquaintances, and strangers perpetrated the violence as well. Very small fractions of survivors sought help from healthcare practitioners or law enforcement, and for those who did, transphobia, retraumatisation, disbelief, and even harassment were commonplace. Experiences with mental health professionals were both more common and more supportive. Many respondents, when reflecting on their experiences seeking help, expressed that they wished they had never sought help in the first place.  
  
There are significant gaps and barriers in care for trans, non-binary, and gender diverse people exposed to sexual violence. There is a significant need for trauma-informed training for LGBTI and trans community support services, and for trans awareness and sensitivity training for those tasked with providing help to survivors.

## Metoidioplasty followed by secondary phalloplasty: the way to fewer complications?

### Authors

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### Abstract

**Background**

Metoidioplasty can be a definitive reconstruction option in transmen, but can also be an intermediate step towards phalloplasty. During the metoidioplasty, the vagina is excised (in most cases), scrotum and perineum are reconstructed, and the urethra is lengthened. As these steps have already been performed in case of prior metoidioplasty, staged phalloplasty might be associated with less urethral and flap-related complications compared to immediate (all-in-one) phalloplasty. This hypothesis was evaluated in this retrospective study.

**Methods**

Between 2006 and 2019, 27 patients underwent phalloplasty after prior metoidioplasty (staged phalloplasty). These patients were matched for type of flap and time period with a cohort of 27 patients who underwent immediate phalloplasty (group 2). Phalloplasty was performed with a radial forearm free flap and pedicled anterolateral thigh flap in 36 and 18 patients respectively. There were no significant differences for age, body mass index and smoking habits between both groups. Vaginectomy was performed in 23 (85%) and 20 patients (74%) in the staged and immediate phalloplasty group, respectively (p=0.31). In case of staged phalloplasty, the phalloplasty was performed after a median of 11 months (range: 4-42) after metoidioplasty.

**Results**

Median follow-up after phalloplasty was respectively 32 and 33 months for staged and immediate phalloplasty (p=0.99).

For staged phalloplasty, metoidioplasty required a median operation time of 125 minutes, a median hospital stay of 5 days (range: 3-12) and a median catheter stay of 16 days. Respectively 1 (3.7%) and 2 patients (7.4%) required subsequent surgery because of respectively a perineal fistula and stricture before phalloplasty.

For staged and immediate phalloplasty, median operation time was 396 and 410 minutes (p=0.6), median hospital stay was 16 and 17 days (p=0.5) with a median catheter stay of 19 and 20 days (p=0.9), respectively. In both groups, 16 patients (59%) needed at least one additional surgical procedure for postoperative complications, urethral complications (stricture, fistula) and/or flap-related complications (partial/total flap necrosis). For staged phalloplasty, additional surgery was needed because of urethral complications only, flap-related complications only, both urethral and flap-related complications, postoperative hematoma and combined urethral complications with postoperative hematoma in respectively 4 (15%), 1(3.7%), 8 (30%), 2 (7.4%) and 1 patients (3.7%), whereas this was respectively the case in 5 (19%), 3 (11%), 6 (22%), 2 (7.4%) and 0 patients who underwent immediate phalloplasty (p=0.9).

**Conclusions**

Postoperative complications are not reduced in case metoidioplasty has been performed prior to phalloplasty. In case metoidioplasty is considered as a step towards phalloplasty, the separate morbidity of metoidioplasty must be taken into account.

## Predictors for complications after metoidioplasty prior to definitive phalloplasty

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### Abstract

**Background**

In trans men, metoidioplasty is one of the options in gender affirming surgery. Although some trans men will accept metoidioplasty as definitive reconstruction, others will consider this a temporary step towards definitive phalloplasty. During metoidioplasty, the fixed part of the urethra is created and urological complications mainly include urinary fistula and urethral stricture. As the urethra needs further lengthening during subsequent phalloplasty, it is of utmost importance to keep these complications as low as possible. Against this background, this study aims to identify predictors for urological complications in a population of trans men who underwent metoidioplasty as a temporary step towards definitive phalloplasty.

**Methods**

A retrospective database was created incorporating data of all trans men who underwent metoidioplasty prior to phalloplasty between 2006 and 2019. None of these patients had diabetes mellitus nor cardiovascular comorbidities or took oral corticosteroids. All patients received testosterone therapy at least one year prior to metoidioplasty. These patients were evaluated for urological complications including temporary fistula (closed without surgical intervention within 3 months), permanent fistula (not closed after 3 months) and urethral stricture. In all patients, the fixed part of the neo-urethra was constructed by tubularizing the vestibular mucosa up to the clitoris. In some patients, additional lengthening of the neo-urethra was obtained through a preputial transverse island flap. Patients suffering from urological complications were compared to those without complications for patient’s age, Body Mass Index (BMI), smoking and additional urethral lengthening.

**Results**

Twenty-seven transmen were identified who underwent metoidioplasty prior to phalloplasty. Overall, 15 patients (56%) had no urethral complications, whereas 5 (19%), 3 (11%), 2 (7,4%) and 2 (7,4%) transmen suffered respectively from a temporary fistula, a permanent fistula, a stricture and a stricture with fistula. Median age (24 versus 25 years) and median BMI (25 versus 24) were not significantly different for patients with or without complications. In active smokers (n=7), 4 patients(57%) suffered from a urologic complications versus 8 out of 20 non-smokers (40%) (p=0.7). However, active smokers had significantly more permanent fistulas compared to non-smokers (43% versus 0%; p=0.012). Additional urethral lengthening with transverse island flap was associated with more urologic complications (88 versus 26%; p=0.008). Especially strictures were more frequent in case of additional urethral lengthening (50% versus 0%; p= 0.004).

**Conclusions**

Urological complications (fistula and/or strictures) are frequent after metoidioplasty. Active smoking exhibits a risk to develop a permanent urethral fistula whereas additional urethral lengthening is a risk to develop a stricture at the fixed part prior to definitive phalloplasty.

## Indigo Gender Service: a pilot and new model of primary care led transgender healthcare in the NHS

### Authors

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### Abstract

**Background**

There are very long waiting times for all adult gender identity clinics across England with an average of 24 months for a first appointment. There has been a 240% increase in referrals in the last 5 years. Indigo Gender Service is an NHS England commissioned 2 year pilot which is primary care led delivering a new model of care in transgender health for Greater Manchester, UK. Indigo is a collaborative and co-produced service with trans and non-binary communities.

Current eligibility criteria into the service are;

* Aged 17 and over
* Registered with a Greater Manchester GP
* On a waiting list for one of the existing gender identity clinics but not yet had their first appointment.

Indigo launched on the 2nd December 2020 and over 650 patients were eligible for transfer into the service with the longest patient waiting almost 4 years. Those waiting the longest were offered an appointment first.

Due to the significant waiting times it became apparent that many people had accessed hormones or surgery that they were eligible for on the NHS via various alternative routes.

**Method**

The medical records of the first 30 patients within the service were retrospectively reviewed for evidence of starting hormones or having gender affirmative surgery prior to an NHS assessment via a gender clinic.

**Results**

3 patients were excluded. 2 were non-binary and not wanting any hormones or surgery and 1 patient was intersex and revision surgery was planned via another NHS pathway.

Of the 27 remaining patients, 15 (56%) had already commenced hormones. 12 (80%) were started by private providers of gender services. 1 (7%) was buying hormones from the internet.

Of those on hormones, 10 (67%) were trans women all on oestrogen with a various anti-androgens used including GnRH analogous, spironolactone, finasteride and cyproterone. 5 (33%) are trans men on various preparations of testosterone.

5 (19%) patients had already had gender affirmative surgery. All of these were trans men having chest reconstructive (top) surgery.

**Conclusions**

Despite a small sample size it is clear that many trans people are accessing private treatment that they are eligible for on the NHS due to current waiting lists. This comes at considerable cost, risks sub-optimal monitoring and adverse effects. This number would likely be higher if people could afford private care.

New models of care are needed to help reduce current waiting lists and provide safe, gender affirmative and supportive care. Primary care clinicians are ideally situated to provide trans healthcare for a significant proportion of people without complex or additional needs. Indigo Gender Service provides a local, holistic model of care where every patient is supported by a care navigator who can give advice and support throughout their journey.

Additional NHS providers of gender care within England will hopefully reduce waiting list times. Therefore, patients will be able access the care they are entitled to within the NHS without having to use private providers with its potential associated risks to patient’s physical and mental health.

## The effect of transdermal gender-affirming hormone therapy on markers of inflammation and hemostasis

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### Abstract

**Background**  
Cardiovascular risk is increased in transgender persons, especially in trans women, using gender-affirming hormone therapy. To gain insight into the mechanism by which sex hormones affect cardiovascular risk in transgender persons, we investigated the effect of hormone therapy on markers of inflammation and hemostasis.

**Methods**

48 trans women using estradiol patches plus cyproterone acetate and 47 trans men using testosterone gel were included. They were between 18 and 50 years old and did not have a history of cardiovascular events. Measurements were performed before and after 3 and 12 months of hormone therapy.

**Results and Conclusions**

After 12 months, in trans women, systemic and endothelial inflammatory markers decreased (hs-CRP -66%, (95% CI -76 ; -53), VCAM-1 -12%, (95% CI -16 ; -8)), while platelet activation markers increased (β-thromboglobulin +13%, (95% CI 2 ; 24)). The coagulation marker fibrinogen increased transiently, after 3 months (+15%, (95% CI 1 ; 32)). In trans men, hs-CRP increased (+71%, (95% CI 19 ; 145); platelet activation and coagulation markers were not altered. In both trans women and trans men, leptin and adiponectin changed towards reference values of the experienced gender. Concluding, platelet activation and coagulation markers increased in trans women using transdermal estradiol plus CPA, but not in trans men using testosterone. Also, hormone therapy decreased inflammatory markers in trans women, but increased hs-CRP in trans men. Our results indicate that hemostasis and specifically increased platelet activity may play a role in the association between hormone therapy and cardiovascular risk in trans women.

## Individual treatment progress predicts satisfaction with transition-related care for adolescents diagnosed with gender dysphoria: a prospective clinical cohort study

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### Abstract

**Background:**

The number of adolescents presenting with gender dysphoria (GD) in health care services has increased significantly yet specialized services offering transition-related care (TRC) for trans adolescents is lacking. The aim of the present study was to investigate satisfaction with TRC, regret, and reasons for (dis)satisfaction with transition-related medical interventions (TRMI) in trans adolescents who had presented to the Hamburg Gender Identity Service for children and adolescents (Hamburg GIS).

**Methods:**

Data were collected from a clinical cohort sample of 75 adolescents diagnosed with GD (81% assigned female at birth) aged 11 to 21 years (M = 17.4) at baseline and follow-up (on a spectrum of ongoing care on average two years after initial consultation). To determine progress of the adolescents' medical transitions, an individual treatment progress score (ITPS) was calculated based on number of desired vs. received TRMI. Main outcome measures were satisfaction with TRC (using the Client Satisfaction Questionnaire ZUF-8), ITPS, social support (using the Perceived Social Support Questionnaire F-SozU), reasons for regret and termination of TRC, and (dis)satisfaction with TRMI (using survey questions).

**Results & Conclusion:** Participants underwent different stages of TRMI, such as gender affirming hormone treatment or surgeries, and showed overall high satisfaction with TRC received at the Hamburg GIS. Regression analysis indicated that a higher ITPS (i.e., advanced individual transition treatment stage) was predictive of higher satisfaction. Sex assigned at birth, age, and time since initial consultation at the clinic showed no significant effects for satisfaction with TRC, while degree of social support showed a trend, but no significant effect. No adolescent regretted undergoing treatment at follow-up. Additional analysis of free-text answers highlighted satisfaction with the physical results of TRMI.

This study is one of the first to report on treatment satisfaction among youth with GD from Europe. The ITPS allowed for a more detailed evaluation of TRMI wishes and experiences in relation to satisfaction with TRC and may close a gap in research on these treatments on adolescent populations. The study highlights the role of individual treatment progress for the adolescents' overall high satisfaction with TRC received at the Hamburg GIS.

## Unexpected impact of sex hormones on antibody-producing B-cells in trans- and cis-gendered healthy young people

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### Abstract

**Background**

It is generally accepted that cis-gendered females will mount stronger immune responses to invading pathogens than cis-gendered males, leading to lower infectious disease burden and a more robust response to vaccination. However, this is also associated with increased risk of developing autoimmune disorders- where the immune system becomes overactive, mistakenly attacking the self. Very little is known about the immunophenotypes of transgendered individuals on gender-affirming hormonal treatment, despite the growing evidence that hormones influence the immune system.

“B-cells” are white blood cells responsible for producing antibodies. There are several “classes” of antibody- IgD, IgM, IgA, IgG and IgE, each serving different functions within the body. The early, non-specific immune response is dominated by IgM antibodies, but B-cells can undergo a process known as “class-switching”, where they switch antibody production to IgA, IgG or IgE. These “switched” classes- notably IgG- are important in the adaptive immune response to pathogens or vaccinations, but also play a significant role in the development of autoimmune disorders such as Lupus. “T follicular helper cells” (Tfh) provide vital assistance to B-cells in the class-switching process.

This study sought to investigate the impact of a person’s chromosomal complement and hormonal milieu on the process of class-switching in B-cells. In testing samples from healthy cis- and trans-gendered individuals, an *in vivo,* age-adjusted model of these effects was created.

**Methods**

Peripheral blood samples were collected with informed consent from cis-gendered male (n=35) and female (n=53) post-pubertal volunteers (14-28 years), and trans-gendered male (on testosterone and/or GnRH analogue (“puberty blocker”); n=25) and female (on oestradiol and/or GnRHa; n=19) volunteers (16-19 years). In-depth phenotyping of peripheral blood mononuclear cells was performed using multiparameter flow cytometry. GraphPad Prism was used for statistical testing appropriate to the data distribution and number of groups (unpaired t-test/Mann-Whitney U, one-way ANOVA/ Kruskal-Wallis).

**Results**

Cis-females had greater percentages of class-switched B-cells than cis-males. In trans-males, just treatment with GnRHa was sufficient to also significantly decrease the levels of class-switched B-cells, and the addition of testosterone treatment saw no further decrease.

Treatment with GnRHa, with or without oestradiol in trans-females, however, was not associated with the increase seen in cis-females. Indeed, trans-females had the lowest percentage of class-switched B-cells of all groups.

These patterns were replicated when B-cells were stained for specific immunoglobulin “switched” (IgA and IgG) and “un-switched” (IgD and IgM) classes.

Cis-females and -males had similar levels of Tfh cells (critical to the class-switching process). Both trans-females and trans-males however, trended toward comparatively lower levels of Tfh cells, with little distinction between those on GnRHa versus gender-affirming hormones.

**Conclusions**

Sex hormones may differentially affect the humoral immune responses of those assigned female at birth versus those assigned male. Whilst trans-males followed the same decreased class-switching pattern as cis-males, a surprising and significant decrease was seen in trans-females, that did not mirror the immune phenotype of cis-females. These data support the need for further research into the interactions between hormones and chromosomal sex, as immunological outcomes in trans-gender people may differ from those in cis-gendered individuals.

## Service development pilot study of nurses working as a ‘lead clinician’ in a UK transgender health centre

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### Abstract

**Background and Objectives**

The NHS England service specifications for a ‘Gender Dysphoria Clinic’ state that assessment and diagnosis of clinical aspects of gender incongruence, distinguishing co-existing mental health problems from gender incongruence, and assessment of capacity for gender affirming medical treatment can only be done by a medical doctor or psychologist and only these two disciplines can hold the title of ‘lead clinician’[1]. The WPATH SOC-72 guidelines state that this role can be undertaken by a health professional with an associated Masters degree. A pilot study has been developed in Nottingham to investigate if a Clinical Nurse Specialist (CNS) is able to undertake the role of Lead clinician.

This pilot study will run for 2 years and will train a CNS within the centre to undertake the role of a Lead Clinician to meet the current NHS England service specification. They will also complete a PG diploma in Gender Identity Healthcare Practice simultaneously.

**Aim**

To pilot whether it is possible to train a CNS to work in the role of a ‘Lead Clinician’ in UK transgender health service.

**Training**

Clinical and educational supervisors were identified.

Approval was sought from NHS England and from NHS England Clinical Reference Group to allow pilot deviation from NHS England GDC service specification for ‘Lead Clinicians’

Individual Personal Development Plans and job plan adjustments were developed incorporating the advanced competencies and identifying learning and training needs using outcome focused criteria.

The CNS will work alongside a lead clinician for 5 hours observing the assessment process for treatments. They are then observed for 10 hours. If deemed ready the CNS will work independently under clinical supervision assessing patients for treatments, to gain 100 hours of assessing for hormone treatment and 100 hours of surgical referral assessment.

**Tools**

Advanced nurse competencies were developed to cover all aspects of the Lead Clinician role including the ability to assess and diagnose clinical aspects of Gender Incongruence HA60 (ICD11) and readiness for treatments

Workplace Based Assessments

Personal portfolio

Process

Following each assessment, the CNS will record the clinical outcomes. They will engage in clinical and educational supervision.

**Results**

The pilot has just started and so results are limited but early indicators show that the outcomes identified will provide us with sufficient information to assess if it is possible to train a CNS to be a lead clinician. So far, the observations have been successfully completed and the clinical outcomes from these assessments have been recorded and the initial results will be ready for the conference.

**Conclusions**

This pilot is the first of its kind with transgender healthcare in the UK and its outcomes may inform service provision and capacity, professional progression, and service specifications in the future.

References:

1. **https://www.england.nhs.uk/wp-content/uploads/2019/07/service-specification-gender-dysphoria-services-non-surgical-june-2019.pdf**
2. **https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf?\_t=1605186324**

## Transgender specific problem situations experienced during transition: development of a transgender coping questionnaire part 1

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### Abstract

**Background**

Transgender people experience specific problems during transition and part of their wellbeing depends on the way they cope with transition-related problems (Budge, Chin, & Minero, 2017). Budge et al. (2018) noticed that the unique experiences of transgender people are hardly mentioned in literature and Mizock et al. (2017) mentioned the absence of a scale to measure coping with transgender and mental health related stigma. Therefore a transgender coping instrument, is lacking. It is vital for care providers to understand the coping behavior of transgender people in subsequent stages of transition to be able to help them adequately. We inventoried the specific transgender problem situations during transition for the development of a Transgender Coping Questionnaire (TRACQ).

**Method**

A focus group of transgender people (9), practitioners (3) and a transgender expert were asked to name as many transgender related problems as possible that transgender people can experience during transition and formed statements, according to the Concept Mapping method (Kane & Trochim, 2006). During this session a two-dimensional concept map was made clustering concepts and their importance for the participants, using the software program Ariadne 3.0 (Severens, 2015).

**Results**

Seventy-four problems, specifically experienced by transgender people during transition, were formulated. The concept map revealed five clusters, in order of importance:

**Problems arising from the healthcare process** (15 statements) about practical matters concerning the healthcare system such as: waiting time for treatment, dependence of care providers and consequences concerning the medical process.

**Financial consequences of the transition** (1 statement)

**Consequences of the transition in relation to yourself** (17 statements) about the effects of the transition on the transgender person, for instance worrying about a loss of sexual desire, or fear for future surgery.

**Consequences of the transition in relation to (near) others** (11 statements) concerning ‘what to wear’, reactions of friends, and the fear of participating in an activity.

**Problems arising from society** (30 statements) the most important were job loss and being laughed at on the street.

**Conclusion**

In the questionnaire these statements are combined with the four coping strategies Baumstarck et al. (2017) distinguished based on the Brief Cope (Carver, 1997): Social support, Problem solving, Avoidance and Positive thinking, for example: If I am uncertain about the consequences of medical interventions, then ... I assume everything will be fine (Positive thinking).

Transgender specific problem situations and coping strategies are currently tested in an online survey to develop and validate the TRACQ. This questionnaire can be used by practitioners to discuss the ways transgender people deal with transgender specific situations during the transition process

## Assessment of personality traits and the cognitive styles of persons diagnosed with gender incongruence

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### Abstract

**Background:** There are still scant data about characteristic personality traits and cognitive styles of persons diagnosed with Gender Incongruence (GI). The aim of the study is to determine personality traits and cognitive styles of transmen (TransM) and transwomen (transW), as well as with the regard to the degree of expressed gender identity.

**Methods:** Nineteen persons diagnosed with GI (transF), 26persons diagnosed with GI (transM) and 90 cisgender control groups of both sexes underwent testing with the Hexaco Personality Inventory-Revised Test, the Mental rotation test, the Arithmetic test of the Weksler’s Individual Intelligence Test, the Identification of emotion expressions of composite faces and the Masculinity and Femininity scales of the Personal Attributes Questionnaire.

**Results**: Personality traits congruent with the gender identity are present only in a subgroup of transF scoring higher than cisgender men on the Emotionality and Openness to experience dimensions, while the subgroup of transM did not differ from neither cisgender males nor females with respect to most of the personality traits assessed. The degree of gender identity did not significantly differentiate personality traits of transM, but did significantly affect a subgroup of transF (cisgender women have higher scores than cisgender men on the Honesty/Humility and Extraversion dimension). Both subgroups showed some personality dimensions that were not similar to neither their sex assigned at birth, nor gender identity. At some measures of cognitive styles, transF had similar results as did cisgender females (the Arithmetic Test), and transM did not differ from cisgender males with respect to their answers to the Mental Rotation Test. The degree of congruence with gender identity did not have an important impact on distinguishing achievements on cognitive measures.

**Conclusion:** TransF are more congruent than the transM with respect to personality traits related to gender identity. Both subgroups displayed results on certain markers of cognitive tests that make them closer to their gender identity.

## Postoperative outcome after genital surgery: comparison of the penile inversion vaginoplasty with the combined method

### Authors

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### Abstract

Background

Penile inversion vaginoplasty (PI) is considered the standard approach in male-to-female (MtF) genital affirming surgery (GAS). The so-called "combined method" (CM) uses a combination of penile shaft skin, a free scrotal skin graft and the longitudinally spatulated urethra to line the vaginal canal. The rationale for using a urethral segment is to provide a moisture environment that mimics the natural vaginal flora. So far, there exists no direct comparison between both techniques in a single center setting.

Methods

In the present retrospective study, both techniques for inversion vaginoplasty performed at our department were analysed with regard to intra- and postoperative complications as well as functional results. Furthermore, duration of surgery, duration of hospital stay, perioperative blood loss and postoperative inflammatory lab values, occurrence of wound healing disorders, changes in urinary stream and micturition were studied. In group 1, GAS was performed by means of PI and in group 2 according to CM. A total of 125 trans\* women were included (n=71 PI; n=54 CM). Women could choose which method to use. Peri- and postoperative standards did not differ between both groups. Surgery was performed in both groups in a planned two stage procedure (GAS I and GAS II) by the same surgeon.

Results

Comparing both groups, there were no significant differences for postoperative bleeding (0=0.16), postoperative formation of haematoma (p=0.12), vaginal depth and width (p=0.93 and p=0.66), ability to penetrate the neovaginal canal (p=0.18), postoperative urinary stream and micturition (p=0.88), sensitivity of the neoclitoris (p=1.0), and ability to achieve an orgasm (p=0.88). The total OR-time was not different (p=0.31) and patients` median hospital stay after GAS I was comparable (11.6 vs. 12.3 days, p=0.062). After the first stage procedure, there was a significantly greater rise of leukocyte levels in the CM-group (p<0.01). However increase of C-reactive protein did not differ significantly (p=1.0). Postoperative incontinence was not observed after either procedure. With CM significantly fewer local wound healing disorders (GAS I p<0.02; GAS II p<0.001) occurred compared to PI.

Conclusions

In our cohort the two methods of inversion vaginoplasty were not significantly different with regard to most parameters. Despite the additional use of the well-perfused, vulnerable urethral tissue and the more complex surgical procedure, there was no more formation of haematoma. At present, CM is more frequently requested by patients, regardless of the surgical aspects.

## Project: case management

### Authors

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### Abstract

**EPATH 2021**

**The Centre of Expertise for Gender Dysphoria, Amsterdam UMC, Amsterdam, the Netherlands**

**Project: case management.**

**January 2021**

**Workgroup project** **participant :**

Nurse consultants: Huub Boekhoudt, Marlotte van der Zaan, Femke Nieuwint & Ilona Voorn de Warem

Background:

The Centre has recently experienced an increased demand for complex care provision from both patients and partner care providers. We believe that patients with complex care requirements including for example psychological (psychiatric?) co-morbidity and/or social economic factors will benefit from a single point of contact – the Nursing Consultant performing the role of Case Manager. The role of the Case Manager will be to help the patient better understand their medical path and to support their special needs.

Methods:

The goal of this project is the presentation of a proposal to expand our role as nursing consultants with the addition of case management. The aim of case management for the Centre is to improve the care chain for all gender patients with complex care requirements. As Case Managers for the outpatient gender team, our aim is to provide specialised care for those patients who are in the treatment process (hormone, surgical and aftercare phases) where there is a medical indication.

This includes patients facing additional challenges within the following criteria target groups:

1. Psychiatric co-morbidity

2. Social / economic challenges / issues

Co-ordination by the Nursing Consultant (Case Manager), provides transparency of care for the patient and all care providers involved. The Case Manager ensures continuity and quality improvement in the guidance and the optimization of the care for complex gender patients.

Results:

We ran a pilot case management study for 6 months from March to September 2020, during the COVID period.

The aim of the pilot was to gain an initial impression of the possible added value of applying (indicating) case management for patients with complex care issues and to subsequently be able to implement this in the care process for all complex, high risk gendered patients.

Given the time limit of the pilot, we wanted to limit it to a specific number of patients (approximately four per case manager). We began with four nursing consultants as Case Managers supporting patients who were already linked to the Nursing Consultants. The pilot was evaluated at the end of the six months (September 2020). After the evaluation, we made adjustments to the project case management. As a result of the insights gained during this pilot all of our Nurse Consultants have now been assigned as Case Managers.

Conclusion:

As a result of our pilot program, the one outstanding piece of evidence gleamed is that patients thrived when they had one consistent point of contact throughout their treatment. A consistent Case Manager is best suited to ensure specific attention is paid to the needs and requests of those in their care. By assigning a Case Manager to patients with co-morbidity we found we were able to increase the quality of care for our patients at the Center for Gender Dysphoria. we

## Can mentalizing contribute to decrease depressive symptomatology in gender diverse adolescents? A pilot study

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### Abstract

**Background.** Gender diverse adolescents experience a greater risk of mental health issues compared to their cisgender peers. Researchers found elevated rates of depression, non-suicidal self-injury (NSSI), suicidal ideation and suicide attempts among this population. This alarming situation calls for implementing research on protective factors of mental health in TGNC adolescents. Studies on general adolescent population showed the protective role of mentalizing against depression, NSSI and suicidal ideation and attempts. This pilot study aimed at (1) describing the rates of suicide attempts, suicidal ideation, NSSI and depressive symptomatology in a group of gender diverse adolescents; and (2) to test the association of mentalizing with these variables.

**Methods.** We collected data about sociodemographic characteristics, suicide attempts, suicidal ideation, non-suicidal self-injury (NSSI) and psychosocial adjustment of 34 gender diverse adolescents (GD group, aged 13-18), referred to our outpatient service. We compared these data with those of 34 adolescents (aged 13-17) recruited in the Child and Adolescent Neuropsychiatry Ward at the Regina Margherita Hospital (inpatient group: IP group). *Measures*: we used data from clinical records, the Italian adaptation of the Mentalization Questionnaire (MZQ; Ponti, Stefanini, Gori e Smorti, 2019) and of the Youth Self Report (YSR; Achenbach and Rescorla, 2001). Demographic characteristics of participants, differences between the two groups and association between variables were examined through descriptive and multivariate statistics (SPSS.26). The role of mentalizing was tested through a multiple linear regression model.

**Results.** As expected, suicide attempts were significantly more prevalent in the IP (47.1%) compared to the GD group (14.7%), χ2(1) = 8.34, *p* =.004. The difference between groups did not reach statistical significance neither for suicidal ideation (38.2% in the GD vs 55.9% in the IP group), nor for NSSI (44.1% in the GD vs 58.8% in the IP group). The T scores of the YSR subscale “Anxious/Depressed”, were significantly (*t* = -2.09, *p*= .041) higher in the IP group (M = 67.79) compared to the GD group (M = 62.26). The MZQ scores were associated with the YSR subscale “Anxious/Depressed” both in the GD (*r* = -.427 , *p* = .012) and in the IP group (*r* = -.548 , *p* = .001). The association between MZQ scores and NSSI, suicidal ideation and suicide attempts was not significant. Such result could be due to the small sample size. In order to examine the specific contribution of mentalizing to the Anxious/Depressed scores, we tested a multiple linear regression model on the whole group of participants, using as predictors the group (GD and IP), and the MZQ scores. Although both the variables predicted the Anxious/Depressed scale scores, the group (GP/IP) predictor didn’t remain significant once the MZQ was added to the model.

**Conclusions.** Results indicate the dramatic prevalence of suicidal ideation and NSSI in the GD group, and a possible protective role of mentalizing against depressive and anxiety issues in gender diverse adolescents. Data on greater samples and longitudinal design are needed in order to widen and confirm these findings. Implications on research and clinical practice will be discussed.

## Trans health professionals working with trans youth and youth who discontinue their transition : who are they?

### Authors

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### Abstract

Objectives: This presentation aims to explore the characteristics of the professionals in trans youth health care and their practice, as well as to described their experience of youth who discontinue a transition in their caseload.

Method: We invited professionals specialized in trans health care who works with trans youth internationally to participate in an online survey available between september 2020 and january 2021. Participant were recruited through an electronic invitation on various listserv forum (e.g. WPATH, WAS) as well as on different facebook groups such as the International transgender health, and Professionnel.le.s en santé trans. The survey was composed of 21 questions on the professional practice, perspectives, experience and values in working with trans youth, as well as their experiences of discontinuation in their caseload. Descriptive analysis was done with SPSS.

Results: A total of 147 professionals participated in the survey. 61 completed more than 60%, and answered the question on discontinuation and 55 completed all the survey. Participants came from north America, Europe, UK, and Oceania regions. 64% responded in English, and 36% in French. Most respondent worked in private (38%) or public services (38%) and came from a range of discipline, such as medicine (25%), psychology (44%) and other disciplines such as social work, youth work and sexology (31%). 77% described working according to the trans affirming perspective, 7% according to wait and see, or and 16% to other perspectives. 54% of the participants had more than 5 years of experience, and 44% of them had worked with more than 51 youth. Nearly 36% stated that they had no youth who discontinued in their caseload, 8% were unsure and 56% (n=39) had some. Among them 83% had between 1 to 5 youth, 8% between 6 to10 youth, 2% had between 11 to 20 and 8% had more than 21 youth .

Discussion: Preliminary data highlights that practitioners working with trans youth are experienced and that most work according to the trans affirming model. Preliminary results also highlight that over a third of them never had a youth who discontinued in their caseload, and that those who had encountered less than 5 times. Practitioners who disclosed having the highest number of discontinuation seem to be working according to the "wait and see" or another model than the trans affirming approach.

Key words: Professional working with transyouth, trans, transitioning, discontinuation, detrans

Conflict of interest and disclosure: None

Source of funding: Social Science and Humanities Research Council of Canada

## That wasn’t my story with sex: the discovery of sexuality from a non-cisgender standpoint

### Authors

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### Abstract

Objective: Preliminary results from our study aimed at understanding sexual and romantic experiences and their implications for well-being in trans and non-binary (TNB) young adults will be presented. Current literature on the sexual experiences of TNB young adults is limited, particularly as it pertains to relationships, experiences of embodiment, emotion, and identity formation.

Method: Open-ended interviews were conducted based on a convenience sample of twenty 18-to-25-year-old trans individuals who identified mainly as non-binary (n=8), agender (n=1), male (n=9) and female (n=2). Interviews were transcribed verbatim and analyzed using an interpretative phenomenological analysis.

Results: Four preliminary results were drawn from our analysis: 1) TNB young adults sexual and romantic trajectories appear to be delayed compared to cisgender persons and are often associated with multiple traumas; 2) stable romantic relationships seem to foster resilience and gender affirmation; 3) narratives on past and current sexual experiences and gender identities cannot be reconciled with the current terminologies used to describe sexuality and identity; 4) the narratives on cisgender men drawn from past sexual experiences are prevailingly negative and are often used for purposes of counter-self-identification.

Conclusion: Conventional notions of sexual orientation, gender identity, so-called typical sexual scripts and trajectories ought to be reconciled with current trans-affirmative research and clinical practice.

key words: trans youth, sexuality, sexual trajectories, romantic relationship

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## Follow-up of individuals with gender dysphoria: experience of a pediatric endocrinology clinic in a tertiary center

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### Abstract

**Background:** Gender dysphoria (GD) is a condition, which is characterized by incongruence between the experienced gender and the natal sex, which also affects every part of daily life. After psychiatric evaluations, medical treatment for adolescents with GD consists of 3 phases. The first phase is the suppression of puberty with GnRH analogues, which may be considered to be supporting the diagnostic process. In the second phase, cross-sex steroid hormones are added toGnRH analogues treatment. The final phase is surgical procedures after the age of consent, 18-years, and keeping sex hormone levels in normal ranges. In this study, it was aimed to raise awareness for individuals with GD, by presenting the clinical features and follow-ups of transgender adolescents in our clinic.

**Method:** 14 transfemale (male-to-female, MTF) and 15 transmale (female-to-male, FTM) adolescents who were referred between the years 2016 and 2021 to our GD-outpatient clinic were enrolled in our study. The complaints, clinical findings, and follow-ups of individuals who received treatment were evaluated. All measurements were expressed as standard deviation score (SDS) according to age and birth-registered sex appropriate to national standards. Pubertal development was assessed using the Tanner-Marshall scale.The pubertal suppression therapy consisted of  injections of the GnRHa triptorelin acetate 3.75 mg/month or leuprolide acetate 3.75 mg/month-11.25 mg/3 months. Female and male puberty was induced by administering transdermal estradiol and intramuscular injections of testosterone, respectively.

**Results:**At the referral, the mean age was 15.8-years (min. 10.8, max. 18.0) in MTFs, it was 17.0-years (min. 14.4, max. 21.6) in FTMs. 10.8 years old and 13.8 years old transfemales were in stage 2 and 4 puberty, respectively, while remaining subjects were in stage 5 puberty. All subjects had appropriate sex characteristics of the sex assigned at birth.The vast majority of subjects (n=22) were uncomfortable by their natal sex since early ages (<10 years) and their discomfort had increased especially during puberty, in remaining subjects (n=7), this discontentment had started at pubertal ages (>10 years). While 22 of subjects were referred by a mental health professional, the remaining 7 were brought regarding suspicions of hormonal disorders. At referral time, 4 FTM had PCOS and they refused PCOS-treatment.  GnRH analogue (3.75 mg/month-11.25mg/3months) was started in 13 adolescents (7 MTF, 6 FTM) at a mean age of 16.6-years (min. 15.4, max. 17.6). In 2 MTF, the dose  was required to be increased to 7.5 mg/month. The gender affirming therapy was started in 7 adolescents (5 MTF, 3FTM) at a mean age of 17.3 years (min. 16, max. 18.1).During medical intervention, no serious complications were observed. The legal documents required for sex reassignment surgery were completed in 5 adolescents.An FTM adolescent had gender reassignment surgery at the age of 20.

**Conclusion:** This is the first study conducted in a pediatric endocrinology clinic in Turkey evaluating transgender adolescents who received medical intervention. All treatments were well tolerated. With our increasing clinical experience, we are trying to assist these individuals medically and also support them on the way of increasing the quality and satisfaction of their lives.

## Dramaturgical accounts of trans persons: impression management in the presentation of self to specialist gender services

### Authors

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### Abstract

**Background:** Demand for specialist gender services has markedly increased over the past decade and become a contested medical issue. Access to gender-affirming treatments is challenging for most people, with some having to navigate multiple health services and systems.  For individuals living with gender and bodily diversity, much is at stake. Little is known about the specific needs, challenges and coping strategies of these individuals. We examined the experiences of gender diverse adolescents and adults.

**Method:** In-depth unstructured interviews with 26 people with a gender dysphoria diagnosis attending specialist gender services and 14 gender diverse people either waiting for an appointment at specialist gender services or who have not been referred to services.

**Results:** Persons diagnosed with gender dysphoria distrust clinical services and describe considerable anxiety in sustaining their impression-management strategies to obtain gender affirming treatments. An *authentic presentation* is regarded by some individuals, especially non-binary individuals as inauthentic and emotionally difficult.

**Conclusions:** Impression management strategies show only partial success in accessing gender affirming treatments. The presentation of idealised selves may result in unmet mental health needs of individuals, and the receipt of interventions incongruent with their authentic selves.

## Regional Center for Gender incongruence (RCGi) in Norway

### Authors

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### Abstract

**Background**

In October 2020, Norway’s first Regional Center for Gender Incongruence (RCGi) opened in Vestfold. RCGi aim for better treatment of the Transgender and Gender Non-confirming (TGNC) population.

The background for the establishment of RCGi came from a growing dissatisfaction among this patient group. In 2013, the Norwegian Directorate of Health gathered a group of experts to evaluate the patients’ needs and to suggest solutions. Their report, “Right to right gender” (2015), verified a requirement for regional treatment services with focus on building resilience against minority stress and offering hormonal and surgical treatment. In 2020, WHOs ICD-10 performed a national revision in Norway, relocating the diagnosis F64.0 Transsexualism to Z76.8X Gender incongruence. Subsequently, National Treatment Guidelines for Gender incongruence was developed.

The TNGC-population have a higher risk of developing psychological problems and committing suicide, than the population at large. RCGi have held informative, educational, and therapy groups for the TGNC-population exploring gender incongruence, gender affirming treatment, and minority stress. The Covid-19 pandemic required use of both physical and digital platforms.

**Methods**

We have collaborated with patient organizations, communal treatment facilities, and national organization relevant for this patient group. We offer guidance and demonstration of aids for reducing gender dysphoria. Our health personnel have expertise and experience with the TGNC-population. The treatment at RCGi aims to be in accordance with the World Professional Association for Transgender Health (WPATH) SoC.RCGi also aims to establish a data registry to perform research, to improve the treatment of the TGNC-population. This involves translation of relevant tools and gathering of clinical data.

**Conclusions**

Our experience is a high and increasing rate of patient referrals to RCGi, and a high satisfaction rate from the TGNC-population**.**We hope to lead forward as an example that leads to further development of additional regional centers for gender incongruence in Norway.

## Talking with youth who said they are detrans

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### Abstract

**Objectives:** To gain insight on the experience of youth who discontinue a gender transition and the reasons behind their decision.

**Method:** Semi-structured interviews were conducted in fall 2020 by video calls with 20 youth aged from 16 to 25, who lived in Canada, USA, France, Belgium, Finland, Indonesia and Scotland. The interviews focused on their stories of gender exploration, how they started and experienced a transition, how they decided to stop it and what is their present perspective on their journey. Youth were recruited through an advert posted on different social media groups (Facebook, Twitter, Reddit), including trans and non binary youth groups and support group for youth who identify as detrans, such as Post Trans. Data was analysed according to inductive thematic analysis (Braun et Clark, 2006).

**Results:** Despite efforts to constitute a diversity sample, 19 of the 20 participants were assigned female at birth. They described their current gender identity ranging from ‘no gender’, ‘nonbinary’ or ‘gender non-conforming woman’ to ‘lesbian’, ‘detrans woman’ or ‘female’. In the sample, some youth expressed regrets, while some other stated that it was part of the process of becoming who they are now. Many did not want to return to a cis female identity. Access to support in the central theme that emerge.

**Discussion:** Our sample highlight some gender disparity in the detrans community : most of them are AFAB. Their personal experiences or gender exploration are rarely lived as failures, instead it seems to be part of a process of redefining what gender is and what it means to them. Increasing the availability of non constraining support and therapeutic accompaniment to youth, without linking it to formal assessment or gatekeeping seems to be important in accompanying youth who explore their gender.

## Associations between speaking fundamental frequency, formant frequency, and listener perceptions of speaker gender

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### Abstract

**Background:** The aim of voice feminisation and masculinisation training is to assist trans and gender diverse individuals develop communication patterns more congruent with their desired gender expression and/or gender identity. Goal-setting for such training is often based on aspects of speech and voice that contribute to listener perceptions of speaker gender. In a recent systematic review, auditory-perceptual and acoustic measures of pitch, resonance, loudness, articulation, and intonation were identified to be associated with listener perceptions of speaker gender. Pitch, as measured by speaking fundamental frequency (*f*os), and vocal resonance, as measured by vowel formant frequency (*F*), have been the two most widely studied measures. However, mixed findings likely attributable to the risk of bias in the research methods of previous studies makes their relative contribution to listener perceptions of speaker gender unclear. Methodological shortcomings included poor external validity of the speech samples and a conflation of findings from studies in which different auditory-perceptual rating tools were used. Statistical issues included lack of interpretation of effect size from statistical tests, small sample sizes of speech stimuli, influences of multicollinearity between *f*os and *F*, and bimodal frequency distributions for *f*os which influence the meaningfulness of the widely used arithmetic mean as a measure of central tendency. The aim of the present study was to redress these risks of bias to examine the associations between *f*os, *F*, and listener perceptions of speaker gender using two different auditory-perceptual scales.

**Methods:** An exploratory study was undertaken to examine associations between *f*os, *F*1–3, listener perceptions of speaker gender (nominal scale) and vocal femininity-masculinity (visual-analogue scale). For 379 speakers of Australian English aged 18–60 years, *f*os mode and *F*1–3 (12 monophthongs; total of 36 *F*) were analysed on a standard reading passage. Seventeen listeners rated speaker gender and vocal femininity-masculinity on randomised audio recordings of these speakers.

**Results:** Model building using principal component analysis (PCA) suggested the 36 *F* could be succinctly represented by seven principal components (PCs). Generalized structural equation modelling (with the seven PCs of *F* and *f*os as predictors) suggested that only *F*2 and *f*os predicted listener perceptions of speaker gender (*male*, *female*, *unable to decide*). However, listener perceptions of vocal femininity-masculinity were predicted by *F*1*–*3, the contrast between monophthongs at the extremities of the *F*1 acoustic vowel space, and *f*os.

**Conclusions:** Adjusted odds ratios highlighted the substantially larger contribution of *F* to listener perceptions of speaker gender and vocal femininity-masculinity relative to *f*os than has previously been reported. Reported relationships between vocal tract configuration and formant frequencies can potentially be used in tandem with the findings of the present study to assist in goal-setting for trans and gender diverse individuals who wish to develop a voice more congruent with their desired gender expression and/or gender identity.

## Four illustrative cases and kinds of regret after gender affirming treatment

### Authors

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### Abstract

In many societies around the world, we see a rising number of individuals seeking affirmative care for their gendered talents. This has given rise to worry amongst professionals who work in institutions that offer health care to individuals who experience gender incongruence. There are as of yet no indication that the percentwise number of individuals who regret has risen, nevertheless societies are informed by professionals in a way that many people believe the number of regrets to be far greater than it actually is: approximately 1%

Background: The author of this paper who has worked with and performed research into this group since 1985 and professionally met more than thousand trans-talented individuals, have done some clinical observations over all these years.

Material: One such observation concerns the few that regret/desist. They divide into four groups illustrated in the presentation by real, anonymous cases:

Conclusion:

Cases 1: The ones that after few months come to the conclusion that they were mistaken about themselves. Those are the cases of true regret since it concerns their sense of gender identity itself. Genital surgery in this group is rare.

Cases 2: Those who for years struggle with poor surgical results and regret that they ever received that part of the gender affirming package.

Cases 3: Those for whom the price to pay was too high. They have not changed their interoceptive sense of their gender identity, but lost spouse, family, cultural belongings, job etc. They may or may not have had genital surgery.

Cases 4: Those who over time adjust their view of themselves and in that realisation change or adjust their treatment, without regretting any of the previous ones. They may or may not have had genital surgery.

## Perceived barriers by transgender and gender diverse individuals in contacting the GP: a mixed-method study

### Authors

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### Abstract

**Background:** The transgender and gender diverse (TGGD) population is a growing population in which somatic and psychological problems are more prevalent than in lesbian, gay, bisexual (LGB) and cisgender heterosexual (cishet) populations. Previous studies show that TGGD people commonly report negative healthcare experiences and often avoid seeking healthcare. International research has shown that TGGD individuals experience barriers in their contact with primary care. However, little is known about the perceived barriers by TGGD people, and whether differences in appreciation for the general practitioner (GP) exist between TGGD, LGB and cishet persons, when contacting the GP in The Netherlands.

**Aim:** The aim of this study is to analyze differences in the extent of appreciation for the GP by TGGD, LGB, and cishet individuals. Additionally, we explore which barriers TGGD individuals experience in contacting the Dutch primary care.

**Method:** We used data from two surveys that asked about participants’ experiences in the contact with their GP in Dutch primary care. The participants were recruited online through amongst others social media targeted at the lesbian, gay, bisexual, transgender community. To analyze differences in the degree of appreciation between TGGD, LGB and cishet populations, we applied one-way ANOVA and Chi-square tests. To identify perceived barriers by TGGD participants, we applied qualitative content analysis to analyze the answers to the open-ended questions in the surveys.

**Results:** The first survey was completed by 1,201 participants (N=169 TGGD; 14.1%) and the second survey by 998 participants (N=66 TGGD; 6.6%). TGGD participants visited the GP more often than cishet and LGB participants (17.9% TGGD, 6.8% LGB, 6.7% cishet participants visited the GP more than 10 times per year, *p*<0.001). No statistically significant difference was found between cishet, LGB and TGGD participants in the appreciation for their GP. However, TGGD participants reported amongst others to feel less at ease with their GP (23.0% TGGD, 15.7% LGB, 15.0% cishet feel not at ease), and to feel less often understood (30.9% TGGD, 26.3% LGB, 22.0% cishet feel misunderstood). We identified eleven themes related to perceived barriers by TGGD participants in contact with their GP: (1) lack of trans-related knowledge and education; (2) inadequacies in the healthcare system; (3) lack of gender sensitivity and correctness; (4) misconceptions and misperceptions; (5) lack of respect for the personal boundaries; (6) inadequate care; (7) lack of understanding and empathy; (8) discomfort and embarrassment; (9) anticipated negative experience; (10) lack of a safe and welcoming environment; (11) personal characteristics of the GP, such as gender, religion, belief and sexual orientation.

**Conclusion:** These findings show that TGGD individuals experience multiple barriers in contacting their GP but still visit the GP more frequently compared to LGB and cishet individuals. Based on the findings, GPs are advised to be aware of perceived barriers by TGGD individuals in their contact with the GP, and to be aware of gender-sensitive and gender-correct attitudes and communication. Possibly, more attention could be directed towards the needs and barriers in the care of TGGD people in the medical curriculum and further training activities.

## Preoperative differences between gender mastectomy and penile inversion vaginoplasty in a single-center prospective study on gender affirming surgery

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### Abstract

**Background:**

Several studies have noted that transgender women are much less likely to pursue gender-affirming surgery (GAS) as compared to transgender men (28% vs 42-54%). This disparity is often theorized to be secondary to differences in surgical availability and capability, but few prospective studies exist to examine these differences in detail. In this single-center study, we report key differences between these patient populations undergoing GAS.

**Methods**:

Transgender patients were enrolled in either the gender mastectomy (GM) or penile inversion vaginoplasty (PIV) prospective study in concordance with their desired surgery. Patients were administered a preoperative survey within thirty days of surgery assessing demographic characteristics, PHQ-9, GAD-7, and several other validated measures to assess body image, psychosocial, and sexual functioning.

**Results**:

The PIV study is ongoing as surgical frequency at our center is much lower than gender mastectomy. A total of 130 patients underwent gender mastectomy, and 24 patients have had PIV, to date. The majority of individuals in both studies identified as white (91.7% PIV vs 88.1% GM); however, those patients pursuing PIV were considerably older than those seeking GM (43.9 vs 26.0, p=1.2E-16). Individuals undergoing PIV surgery were more likely to hold a college degree or higher (p=0.033), but were much more likely to be unemployed or disabled (p=0.007) as compared to those who received GM. Despite these demographic differences, patients in both groups had similar PHQ-9 scores (PIV: 6.92+/-4.94 vs GM: 8.14+/-5.6; p=0.16) and GAD-7 scores (PIV: 7.75+/-5.26 vs GM: 7.85+/-5.69; p=0.47).

**Conclusions**:

 In comparison to transgender men, transgender women pursuing penile inversion vaginoplasty are more likely to be older in age, pursue higher levels of education, and have higher rates of unemployment and disability. Although demographic differences exist between transgender women and men pursuing GAS, it is unclear if these factors play a significant role in the decision to ultimately pursue surgery and the resultant gender disparity. This prospective study is still an ongoing investigation, but these preoperative differences emphasize the need for further evaluation in a multi-center consortium.

## Transition in retrospect. Experiences of trans women over 50 years of age after their medical transition prior to 2014

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### Abstract

**Background**  
Most research on the effects of gender-affirming medical treatment (GAMT) describes the period during, or shortly after GAMT. Little research is done on long-term wellbeing and need for care (Dhejne et al., 2011). Older trans individuals are described to be extra vulnerable, but their situation is not well studied (Kreukels, 2013). Older trans individuals are at an increased risk for the effects of stigmatization, because they transitioned in a period when transitioning was rare and social acceptation of gender diversity less. Effects could be shame, guilt and social withdrawal leading to less social support and worse mental- and physical health outcomes than cisgenders of the same age (Fredriksen-Goldsen et al., 2017). With the results of this study we hope to improve care to trans individuals and to support them in successful ageing.

**Method**  
This qualitative study explores the narrative experiences of twenty trans women of fifty years and older who started their GAMT before 2014 in the University Medical Center Groningen (UMCG). An expert panel chose seven important topics for an interview, that was applied in a semi-structured fashion. Elements of the Grounded Theory Method were used to systematically collect and analyse qualitative data and to subdivide the data in relevant categories (Charmaz, 2017). After each interview thematic analysation was performed until saturation was reached. All participants, aged 51 to 85, are patients of the UMCG and were approached by their practitioner. This study was ethically approved by the ethical commission of the UMCG.

**Results**  
No participant expressed regrets about their GAMT. All participants reported an improved mental wellbeing after GAMT. Most participants currently feel relatively healthy, despite side effects of hormone therapy and complications after gender affirming treatment. Of the 20 participants 11 did not experience the burden of stigmatization anymore after transition. This seems to be influenced by coping strategies and passability. Although most participants have a social network, more than half of them report feelings of loneliness. This is influenced by ageing, COVID measures and psychological problems. Several participants mentioned religion and spirituality as both a supportive factor and as a barrier during coming out, transitioning and in current daily life. 9 participants had a partner before GAMT, the relation has ended afterwards for 5 of them. Most participants no longer had sexual intercourse with a partner, mostly due to loss of sexual desire. Participants mentioned on the topic ageing as a trans person: fear of decay of their appearance and long term complications of gender-affirming treatment. Participants offered several advices to help improve medical and psychological

**Conclusions**

Participants in this study reported to feel better and less vulnerable after GAMT than suggested in the literature. Negative experiences before and during transition are seen in a more positive perspective afterwards.  
Further quantitative research on trans women is recommended to validate and quantify the outcomes of this study. Similar research could be done with trans men. Also, it is recommended to do further research on sexuality of trans individuals and on physical long-term effects of gender-affirming treatments.

## Socioeconomic status in Danish transgender persons. A nationwide register-based cohort study

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### Abstract

**Background:** Gender dysphoria could be associated with low socioeconomic status (SES). SES could be modified by age, ethnic background, and medical morbidity.

**Aim:** To determine SES in a national study population including transgender persons in Denmark.

**Methods:** National register-based cohort study in Danish transgender persons and matched controls. The transgender study cohort included persons with ICD-10 diagnosis code of “gender identity disorder” and/or persons with legal sex-change after the age of 18 years. Included persons fulfilled the inclusion criteria during 2000-2018. Five age-matched controls of the same sex at birth and five age-matched controls of the other sex at birth were drawn from the Danish Civil registration system.

**Outcomes:** The main outcome measure was SES including personal income, occupational status, and education.

**Results:** The cohort included 2,770 transgender persons and 27,700 controls. In the transgender study cohort, 1,437 were assigned male at birth (AMAB), median age (interquartile range, IQR) 26.0 (17.3) years and 1,333 were assigned female at birth (AFAB), median age 22.5 (10.3) years. Adjusting for age and sex, the relative risk ratio (RRR) of low vs high personal income was 5.6 (95% CI: 4.9; 6.3) in transgender persons compared to controls. The RRR of low vs high income was 6.9 (5.8; 8.3) in persons AMAB compared to control males and 4.7 (3.9; 5.6) in persons AFAB compared to control females. Ethnic status was Danish or descendant in 58.2% transgender persons and 89.0% in the controls. The RRR of low vs high income was 3.7 (3.2; 4.3) in transgender persons of Danish origin compared to controls. The Charlson Comorbidity Index was comparable in transgender persons vs controls.

**Clinical implications:** SES should be a focus point of transgender care.

**Strengths and limitations:** The study was nationwide and included transgender persons with and without contact to a clinic of transgender care. The study does not allow us to conclude on relevant solutions for low SES in transgender persons.

**Conclusions**: Being transgender was negatively associated with SES. In transgender persons, the RRR of low vs high income was more pronounced in persons AMAB and transgender persons of foreign origin.

## Effects of testosterone therapy on constructs related to aggression in transgender men: A systematic review

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### Abstract

Background: Transgender men are assigned female sex at birth, but identify as men. The anabolic and androgenic sex hormone testosterone has been positively associated with aggression. Therefore, transgender men are warned of increasing aggression when initiating testosterone therapy. Aim: To explore the literature regarding the effects of testosterone therapy on aggression-related constructs in transgender men.

Methods: Following PRISMA-guidelines, PsycINFO, MEDLINE®, EMBASE, and PubMed® were searched in November 2019. Risk of bias was analyzed using the Newcastle-Ottawa-Scale, and result-synthesis was grouped by aggression-outcome.

Results and Conclusions: Seven prospective cohort studies investigating aggression-dimensions pre- and post-testosterone therapy, reporting on data from 664 transgender men, were eligible. The studies had moderate to high risk of bias due to non-randomization, lack of appropriate control groups, and reliance on self-report. The behavioral tendency to react aggressively increased in three studies out of four (at three months follow-up), whereas only one study out of five found angry emotions to increase (at seven months follow-up). In contrast, one out of three studies reported a decrease in hostility after initiation of testosterone therapy. The remaining studies found no change in aggressive behavior, anger or hostility during hormone therapy. In all studies reporting changes, the follow-up period was less than 12 months, indicating that gender-affirming testosterone therapy could have a short-term impact on aggression-related constructs. However, the available studies carried a risk of bias, which indicates a need for further research.

## Masculinizing testosterone treatment and effects on preclinical cardiovascular disease, muscle strength and power, aggression, physical fitness and respiratory function in transgender men: Protocol for a ten-year, prospective, cohort study in Denmark

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### Abstract

**Introduction:** The number of individuals with gender dysphoria seeking gender-affirming treatment is increasing. The short- and long-term effects of masculinizing treatment with testosterone are debated as serum testosterone increases up to twenty-fold compared to cisgender women. We will investigate short- and long-term effects of masculinizing testosterone treatment on preclinical and clinical coronary disease, muscle strength and power, VO2 max, cardiac and respiratory function and quality of life including aggression in transgender men.

**Methods and analyses:** Prospective, single-center, observational cohort study at the Body Identity Clinic, Odense University Hospital, Denmark. Investigations are performed at inclusion and following one, three, five and ten years of testosterone therapy.

Non-calcified coronary plaque volume and calcium score are estimated by coronary computed tomography angiography. CT is only performed at inclusion and following one and ten years. Upper body muscle strength and power are measured by a “Low Row” weight stack resisted exercise machine. Evaluation of aggression and quality of life is assessed by questionnaires, VO2 max is estimated by maximal testing on bike ergometer, and cardiac and respiratory functions are measured by echocardiography and spirometry, respectively. Markers of cardiovascular risk and inflammation and also cortisol and cortisone are assessed in blood, diurnal urine and/or hair samples. Our cohort (BIC), including dropouts, will be an embedded sub-cohort in a future national registry study in all individuals with gender dysphoria and controls. Data are available on International Statistical Classification of Diseases and Related Health Problems (ICD-10) diagnostic codes, prescriptions, socioeconomics and causes of death.

An overview of the the study and preliminary results will be presented.

## Primary and postponed glans reconstruction (Norfolk technique) in musculocutaneous latissimus dorsi phalloplasty: a comparative study

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### Abstract

Introduction and Objective: Glansplasty, as is a part of neophalloplasty, is a surgical procedure used to create the coronal sulcus and ridge in order to give proper appearance to the neophallus. Few different techniques were described but none of them gave permanent results. The “Norfolk” technique presents one of most common procedures for creation of appropriately shaped coronal ridge with free skin graft to form the coronal sulcus. Main dilemma is the timing of the procedure, should it be done in the first or second stage of phalloplasty. In the present study, we evaluate outcomes of glansplasty using “Norfolk” technique as a part of gender affirmation surgery, comparing two approaches: in the first and second stage of phalloplasty.

Methods: Between January 2016 and April 2020 “Norfolk” glansplasty was done in 73 transmen who underwent MLD phalloplasty. In 26 patients reconstruction of the glans was done as a part of first stage neophalloplasty, while in remaining 47 glansplasty was performed 6 to 12 months (mean 8 months) after phallic reconstruction, as a part of the second stage. The technique was based on the original method: circumferential incision is placed at the base of planned glans, distal skin is undermined and inverted to create a appropriately shaped coronal ridge. Skin defect created after skin dissection is covered with a free skin graft. The result was characterized as satisfactory or dissatisfactory, according to patients self-reported outcome.

Results: Follow up period was between 10 and 61 months (mean 37 months). In the first group satisfactory aesthetical result was obtained in 15 patients (57.69%). In the second group with postponed glans reconstruction 4 patients reported dissatisfaction with aesthetical appearance (8.51%). In all unsatisfactory cases another glansplasty was done with good and acceptable outcome. The difference was statistically significant regarding the acceptable results between two groups (p<0.001).

Conclusion: Glans reconstruction in phalloplasty presents one of the main esthetical points. This procedure is recommended as the second stage surgery, since the new glans is best implemented when the phallus gets its final appearance and form, which is expected few months after primary surgery.

Key words: transmen, glansplasty, Norfolk technique

## Autism trait prevalence in treatment seeking

### Authors

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### Abstract

Background. To assess the prevalence of autism traits in individuals seeking gender affirming treatments, we conducted a cross-sectional survey in the regional specialist gender services in Northern Ireland.

Methods. One hundred and twenty-three individuals (38 adolescents and 69 adults) currently attending or who previously attended specialist gender services in Northern Ireland were recruited. Fifty-six individuals assigned male at birth (AMAB) and 66 individuals assigned female at birth (AFAB) took part in the study.

Main outcome measures: Autism Quotient (AQ), Cambridge Behavior Scale (EQ), and RAADS-14.

Results. Autism trait prevalence rates of 19.5% (AQ); 25.4% (RAADS-14); and 35.8% (poorempathy traits). A combined measure comprising all three provided a prevalence of 17.2%.

There were no mean differences in the scores between AMAB (assigned male at birth) individuals and AFAB (assigned female at birth) individuals.

Conclusions. Autism traits present additional challenges during the treatment of persons diagnosed with gender dysphoria. Autism screening tools can aid in the identification of individuals with additional needs.

## Idiopathic Intracranial Hypertension (IIH) in transgender people: case report and best practice

### Authors

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### Abstract

**Introduction:**

Delayed diagnosis of idiopathic intracranial hypertension (IIH) can lead to permanent visual loss. IIH is usually associated with obesity and female gender. There have however been cases reported in association with hyperandrogenism. There are also reports of IIH in transmasculine people on testosterone therapy. As IIH headache semiology may overlap with migraine, it should be excluded when headaches occur in transgender people, especially in transmasculine patients. People undergoing gender transition may be at higher risk of IIH; awareness of this is important as gender reassignment is increasing.

**Case Study:**

We present a case of a 25-year-old transmasculine person who had been on testosterone injections subsequently diagnosed with IIH, presenting with papilloedema and visual impairment. Weight loss and using testosterone gel rather than injections resolved his IIH.

**Implications of Practice:**

As IIH can have debilitating chronic effects, it is important to recognise early symptoms. Prevention of IIH in transgender people can be facilitated by 6-12 monthly examinations of vision and optic disc, and a high index of suspicion if new or worsening headaches, or visual symptoms, develop. Patients should optimally be on testosterone treatment that does not induce a concentration peak. The most significant prevention and treatment method for IIH is maintaining healthy BMI. Though there is little specific evidence for the use of acetazolamide or topiramate in transgender people, we recommend the use as per IIH guidelines. Generally transgender patients should remain on hormonal treatments to avoid prolongation or disruption of their gender transition, a crucial part of the patient’s life. High quality clinical treatment guidelines shaped by real lives remains a vital factor in preventing permanent losses to patients.

## People with a non-binary gender identity report higher incidence of trauma and ASD compared to people with a binary gender identity: A retrospective case analysis in a large single centre adult gender identity service

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### Abstract

**Background**

The comparative literature between people with a non-binary gender identity (NBGI), and binary gender identity (BGI) is very limited. This audit examines the rates of self-reported psychological morbidity in NBGI and matched BGI people at a single centre.

**Method**

A case-control audit 320 transgender people at a large single centre NHS gender clinic. 185 people self-identified with a NBGI. These were age and birth assigned gender matched to 185 people with BGI. The data was collected over a year via informatics search of the electronic records. Analysis was performed using SPSS utilising student T test for parametric data and chi-square analysis for nonparametric data. A p value of <0.05 was taken as significant.

**Results**

185 people with NBGI 140 were assigned female birth (AFAB), 45 were assigned male (AMAB) giving a ratio of 3.1: 1. The mean age at referral was 27.2+ 9.3 years. These were matched in the BGI group.

There was no statistical difference in reported depression (25.4v 20.8% p0.07), however anxiety (19.2 v12.7%, p0.015)and OCD (1.9v0%, p0.008) reports were higher in NBGI people.  Autistic spectrum differences was reported more in NBGI people (5.4v2.3%, p 0.018).  ADHD was reported more in NBGI people (1.6v0.0%, p 0.014), however the case number was small. There was no difference in the incidence of personality disorder or learning difficulty.

People with NBGI are more likely to report psychological trauma (10.5v1.4%. p<0.0001). NBGI people are not more likely to report maladaptive responses such as self-harm, substance use or suicidal ideation. People with NBGI are more likely to report a suicide attempt (6.8v0.0%, p <0.0001). People with NBGI were more likely to report an eating disorder (4.6v0.3%, p 0.0001).

**Discussion**

People with NBGI report more trauma. It is interesting that depression and maladaptive behaviours leading to harm are not increased in this population which could suggest strong psychological resilience. Suicide attempt however, was increased in NBGI people. One possible explanation for this is that people with a NBGI may have less bodily dysphoria and therefore not wish to harm the body however, may have increased societal dysphoria and therefore feel the need to remove themselves from society by suicide. The reasons for the increased report of suicide attempts could not be ascertained from this study.

People with NGBI are more likely to report a diagnosis of neuro atypicality. This is in comparison to the BGI population where new atypicality has already been reported to be higher than the general population. Of note in our study, the incidence of ASD was relatively low compared to previous reported studies.

The finding that eating disorder is more reported in people with NBGI is an interesting finding however, we have to be cautious in the data interpretation as the control group number was very small

**Conclusion**

People with NBGI report higher incidence of trauma and suicide attempts however, there was not an increase in maladaptive behaviours or depression. ASD may be reported more in people with a NBGI compared to people with  a BGI.

## Desire for alteration of physical attributes and desire for physical interventions comparing people with a non-binary gender identity and a binary gender identity at a large single centre UK adult gender identity service.

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### Abstract

The comparative literature between people with non-binary gender identity (NBGI), and binary gender identity (BGI) is very limited. This study examines the reported desire of NBGI people to alter their physical attributes and also which physical interventions they wished to use to achieve this alteration.

A case-control audit of 320 transgender people at a large single centre NHS gender clinic. 185 people self-identified with a NBGI. These were age and birth assigned gender matched to 185 BGI people. The data was collected over a year via informatics search of the clinic’s records. Analysis was performed using SPSS utilising student T test for parametric data and chi-square analysis for nonparametric data. A p value of <0.05 was taken as significant.

Results

193 NBGI individuals were identified however, 8 subsequently redefined their gender identity as binary and so 185 people were used for analysis and matched to a BGI control. 140 were assigned female birth (AFAB) 45 were assigned male at birth (AMAB) giving a ratio of 3.1: 1.

People with NBGI are more likely to wish to change their body shape (33.8v23.5%, p <0.001), retain scalp hair (9.7v2.4%, p 0.0001), and alter their voice (28.6v24.9%, p 0.001). People with NBGI are less likely to wish to alter chest appearance (38.4v40.8%, p <0.001), alter body hair (17.3v23.5%, p<0.001), or alter their genitalia (14.1v 31.45, p<0.001)

People with NBGI are more likely to request menstrual suppression (30.7%v22.9%, p<0,0001). People with NBGI are less likely to request hormone therapy (35.1 v49.7%, p<0.001), take hormone therapy before attending a clinic (9.7v16.8%, p<0.0001), request gamete storage (5.9v10.8%, p< 0.0001). People with NBGI are also less likely to request surgical interventions to the chest (35.1v14.4%, p<0.0001), genitalia (4.9v26.5%. p,0.0001) and hysterectomy (7.7v10.8%, p<0.0001).

Discussion

These data suggest people with NBGI are less likely to request physical interventions than people with BGI. They suggest that people with NBGI are less focused on changing primary sexual characteristics such as genitalia or chest but more likely to wish to change body shape, scalp hair, and voice which have more impact on social gender presentation. Although people with NGBI are less likely to wish to change their chest contour the difference between the groups was only 2%, and one third of people with a NBGI do wish to change their chest.

More people with NBGI request menstrual suppression, possibly reflecting the fact that using low-dose or no cross gender hormone therapy will not suppress menstruation, whereas cross gender hormone therapy for binary masculine transition will usually suppress menstruation without additional agents.

Only a small number of people with NBGI request fertility preservation. Although the majority of people with NBGI do not wish to preserve fertility it is still very important to discuss all fertility options with people having physical interventions.

Conclusion

People with NBGI are less likely than people with BGI to wish to change their physical appearance. Consequently people with NBGI are less likely to request physical interventions even at a gender service where they are available without cost.

## Determining the best interests of gender diverse youth: the problem with judicial interpretations of regret

### Authors

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### Abstract

Despite clinical guidelines being based on expert clinical opinion, and published evidence, the provision of medical treatment for gender diverse children and adolescents is controversial. One significant concern is that medical interventions made in childhood may be regretted later in adult life. This concern was presented as a Judicial Review Application to the English High Court in 2020, *R (on the application of) Quincy Bell and A v Tavistock and Portman NHS Trust and others*. The Court subsequently ruled that gender diverse children and adolescents were highly unlikely to be competent to provide valid and lawful consent to Puberty Blockers (PBs), although in *AB v CD and Ors* [2021] parental consent was accepted as being a valid alternative. An integral part of the decision in *Bell* was that the use of PBs would almost always mean going onto partially or fully irreversible gender-affirming interventions, thus this had to be considered in respect of a decision to receive PBs. In considering longer term future implications, the Court highlighted the issues of fertility and sexual function as being something that children and adolescents may not properly consider. The decision has been criticised from professional transgender health organisations, including EPATH, as misinterpreting current evidence and imposing barriers to vital health care for this population. We support this criticism but highlight a particular ethical and legal problem in respect of regret as a risk for gender diverse children and adolescents. We argue that regret framed within cis-normative and heteronormative expectations is problematic as it questionably overextends the remit of the court’s inherent jurisdiction. It is not that we disregard issues of future fertility and sexual function as being important considerations but acknowledge that these issues are a focus within decision-making models for gender care. In fact, we argue that potential future regret contextualised in this way should not outweigh presenting and actual psychological distress that may cause a young person harm. We therefore suggest that regret itself has been misconstrued by the Court as something that either exists or does not, rather than something that can co-exist with satisfaction of earlier decisions made, particularly in the case of therapeutic interventions. The concern we have for UK clinicians is that the judgement in *Bell* promotes an unattainable and definitive assessment of future satisfaction. The reality is that determining the best interests of a child or adolescent is a carefully balanced decision, involving the individual, their family or carers and the clinicians themselves, using a robust assessment approach outlined by the UN Committee on the Rights of the Child in its General Comment No.14. As part of this, clinicians recognise that potential regret is an integral part of decision-making, just as it is in many other medical treatments and is not unique to this area of healthcare. By drawing on the therapeutic context of gender care, we argue that by understanding how regret should be contextualised in gender care, clinicians rather than the Court are best placed to consider the best interests of gender diverse youth.

## Multidisciplinary dialogue: how should we go about adolescents diagnosed with gender dysphoria who are not eligible for medical treatment due to obesity?

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### Abstract

**Background**

The current Dutch clinical guidelines stipulate that body mass index (BMI) for gender affirming surgeries (GAS) has to be between 18 and 35 for chest surgery and 18 and 30 for genital surgery. Given the prevalence of obesity in adolescents diagnosed with gender dysphoria, this prompts several ethical challenges in working with this population. For example, although cross-sex hormone therapy (CSH) and GAS are regarded as distinct treatment modalities, in practice they are often intertwined and initiated sequentially. No BMI criteria, however, are formulated for cross-sex hormone treatment. Consequently, clinicians struggle with moral challenges: is it is ethically permissible to start CSH in youth, who, due their BMI, might not be eligible for GAS in the future? Who should decide? The mental health professional, hormone provider, adolescent, or their caretaker? More generally: how should we provide good medical gender affirming care for adolescents with obesity?

**Methods**

Multidisciplinary round table in which ethical dilemmas of working with transgender youth with obesity are presented as case studies requiring further deliberation. How do other professionals deal with these ethical dilemmas and what can we learn from each other?

In the round table our careful deliberations and dilemmas per case will be discussed with the attendants. Our aim is to focus on the ethical aspects, differences between countries and the perspectives on decision making from different specialisms (pediatrics, psychology and plastic surgery). We share our experiences in working with gender non-confirming youth with obesity and present an example of *best practices* we developed in the Centre of Expertise on Gender Dysphoria.

Results and Conclusions

Complex cases are common and careful multidisciplinary deliberation and decision-making is challenging. Through this round table we share some of our ethical dilemmas in working with adolescents with gender dysphoria and their parents. By discussing these complex cases we wish to share experiences, gain new insights and formulate guidelines to inform best practices among health care providers working with gender non-conforming youth with obesity.

## Surgical outcomes and proposal for a treatment algorithm for urethral strictures in transgender men

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### Abstract

**Background**

For some transgender men, genital gender-affirming surgery is the last step in the complex and multidisciplinary treatment of gender dysphoria. Genital gender-affirming surgery typically offered to them are phalloplasty or metoidioplasty, both of which can be performed with urethral lengthening. Despite changes in the surgical algorithm of genital gender-affirming surgery with urethral lengthening, postoperative urethral strictures still occur frequently, with incidence rates of 22-75%. Surgical modalities for urethral strictures in transgender men are derived from treatment options in cisgender men, and the choice of treatment is based on stricture characteristics and surgeon’s expertise. The aim of this study was to assess our results of multiple surgical treatment options for urethral strictures in transgender men after genital gender-affirming surgery with urethral lengthening, and to provide a surgical treatment algorithm.

**Methods**

A single center, retrospective cohort study was conducted with transgender men who underwent surgical correction of their urethral stricture(s) between January 2013 and March 2020. The medical charts of 72 transgender men with 147 urethral strictures were reviewed. Participant demographics, perioperative data, and stricture specific data were collected. The primary outcomes were the success and recurrence rates after surgical treatment for urethral strictures, with success defined as ‘satisfactory micturition in standing position without obstructive voiding symptoms or the need for further surgical treatment’.

**Results**

At last follow-up (median of 61 (IQR 25-202) months), 50/72 (69%) were able to void while standing (after one (60%), two (20%), three (6%), four (8%), five (4%), or seven (2%) procedures), 10/72 (14%) awaited further treatment for an urethral stricture, 2/72 (3%) sat to void in spite of good urodynamic function, and 10/72 (14%) had a definitive urethrostomy.

Of 104 surgical treatments included in separate success rate analysis, 65 (63%) were successful (43/75 (57%) after phalloplasty, 22/29 (76%) after metoidioplasty). The success rate after treatment of initial urethral strictures was comparable with the success rate after subsequent interventions (38/56 (68%) vs 27/48 (56%), resp., *p*=0.22). Highest success rates in short urethral strictures were seen after Heineke-Mikulicz procedure (6/7, 86%), and in longer or more complicated urethral strictures after two-stage with graft (4/6, 67%), two-stage without graft (10/12, 83%), pedicled flap (11/15, 73%), and single-stage graft (7/7, 100%) urethroplasties. Grafts used were buccal mucosa or full-thickness skin grafts. Success rates improved over time, with success rates of 38% and 36% in 2013 and 2014, to 71% and 73% in 2018 and 2019, respectively. We concluded with a surgical treatment algorithm based on previous literature, stricture characteristics, and our surgical outcomes.

**Conclusions**

Highest success rates were observed after Heineke-Mikulicz procedure in short urethral strictures, and after graft, pedicled flap, or two-stage urethroplasties in longer or more complicated urethral strictures. Finally, the majority of transgender men were able to void while standing, though in some multiple surgical procedures were necessary to accomplish this.

## Ambiguous loss and coping by parents of transgender children: a qualitative study

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### Abstract

**Background**

When parents realize that their child’s gender identity doesn’t correspond with the assumed gender, feelings of ambiguous loss can arise (Wahlig, 2015; Coolhart, Ritenour, & Grodzinski, 2018). Ambiguous loss is a feeling of loss experienced in a situation of not knowing whether a loved one is here or gone, dead or alive (Boss, 1999). It is important to note that the person in question is still alive. Even though the child is clearly alive, parents of transgender children can experience loss and mourning as if their assumed son or daughter has ‘died’.

Boss (2016) found that ambiguous loss can be difficult for families since the ambiguity of the situation can lead to lack of clarity both within and between family members. Parents of transgender children for instance might find it hard to accept the situation and find themselves judging their feelings of mourning. Differences between family members in the perception of the situation can cause additional problems.

Ambiguous loss and its additional effects might lead to several negative outcomes for both the transgender children and their family.

**Methods**

We conducted a qualitative study using in-depth interviews with parents of 20 transgender children. The recruitment of participants took place through social media, and in treatment of transgender individuals specialized psychologists practices. The inclusion criterion was that the intended children were fully living in the desired gender role. The interviews were held according to semi-structured protocol and generally took 1 ½ hour each.

**Results**

Preliminary results show that a lot of parents reported an initial sense of loss varying from the feeling their child is no longer here, to grieving about the loss of their gender normative expectations. Some parents had difficulty to accept these feelings, because it did not match their wish to support their child. Finally, some parents report no feelings of ambiguous loss. Most parents reported that, despite of their own feelings, the increased visibility of happiness of their child after the coming-out and social transition subordinated their feelings.

Many parents reported differences in perception caused by factors like change in gender roles or differences between family members in degree of concern or in pace in their process.

Parents who experience feelings of ambiguous loss, often cope with this feeling by using an emotion-focused coping style like crying or talking to their loved ones. Besides emotion-focused coping, some of them use a more passive coping style like ignoring their feelings or avoiding the situation.

**Conclusion**

A lot of participants experienced feelings of ambiguous loss in different grades of intensity or duration. The qualitative outcomes of this study can be used for more quantitative research into the causes, effects and coping styles in relation to ambiguous loss. More information can lead to insights in what makes parents experience this process differently and how to empower the parents in their own process.

## Short-term acoustic effects of speech therapy in transgender women

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### Abstract

**Background:** The role of a speech language pathologist is to help transgender clients in developing a healthy, gender-congruent communication. Since hormone treatment does not affect the voice in transgender women (trans women), speech therapy helps to develop a more feminine communication. Speech feminization for trans women generally focuses on speech characteristics that contribute the most to female gender perception, such as pitch and resonance. This study measured and compared the acoustic and perceptual short-term effects of pitch elevation and articulation-resonance training in transgender women using a randomized sham-controlled trial.

**Methods:** A randomized controlled study with a cross-over design was used. 20 trans women were included and received 14 weeks of speech training (one hour per week). All participants started with 4 weeks of sham training, after which they were randomly assigned to one of two groups: one group continued with pitch elevation training (5 weeks), followed by articulation resonance training (5 weeks) and the second group received both trainings in the opposite order. Participants were recorded 4 times during the study, in between the training blocks: pre, post 1 (after sham), post 2 (after training 1) and post 3 (after training 2). Speech samples included continuous speech during reading and were analyzed using Praat software. Fundamental frequency, vowel formant frequencies (/a/-/i/-/u/) and vowel space were determined.

**Results and Conclusions:** Preliminary results (n = 6) showed a mean increase of the fundamental frequency of 27 Hz and subtle increases of F1, F2 and F3 in all three vowels during reading, after the whole training program. Data analyses will be completed after finishing data collection in July 2021 and will be ready to present at the conference in August 2021.

## Perceptual effects of articulation exercises in transgender women: a listening experiment

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### Abstract

**Background:** Higher formant frequencies contribute to the perception of a female speaker and are therefore targeted in speech therapy for transgender persons. The vowel space (/a/, /i/, /u/) in Dutch is larger in female speakers. Articulation exercises using a cork between the front teeth enlarges articulation movements and hypothetically results in a larger vowel space. Articulation exercises for lip spreading hypothetically result in changes in the vowel formants. Therefore, both lip spreading and cork exercises would hypothetically result in a more feminine perception of the speaker gender. This study measured the impact of articulation exercises using a cork and articulation exercises for lip spreading on the listener perceptions of femininity in transgender women.

**Methods**: Thirteen transgender women were recorded before and after the cork exercise and before and after the lip spreading exercise. Speech samples included continuous speech during reading. A listening experiment was conducted in a quiet room using a Dell Latitude 5590 laptop running Windows 10, E-Prime software and Marshall Monitor over-ear headphones. Twenty speech samples of cisgender men and women were incorporated to distract the listeners from the objective of the study in order to avoid biased answers. Twenty-two naïve cisgender listeners rated the samples in a random order and were instructed to rate the samples for femininity/masculinity on a visual analogue scale using the anchors ‘very masculine’ (left side), ‘very feminine’ (right side), and ‘neutral’ in the middle. To distract them from the objective and avoid biased answers, vocal quality and age were also rated on a visual analogue scale. Inter-rater reliability was calculated by means of two-way mixed ICCs, type consistency (single measures).

**Results and Conclusions**: Both the lip spreading and cork exercises were associated with significantly increased listener perceptions of femininity of the voice. Listeners rated the speech of the transgender women more feminine after the exercises. Inter-rater reliability of the naïve listeners during the listening experiment was found to be good. The results of this study suggest that both articulation exercises using a cork and lip spreading might be effective exercises to feminize speech.

## Has poor social acceptance an impact on psychological wellbeing in gender diverse individuals?

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### Abstract

**Background**. In the last few years, gender binarism has been questioned, highlighting the existence of gender diverse people, who identify as neither (exclusively) male nor female. The literature describes difficulties regarding social acceptance of those individuals, which may be related to the development of psychopathologies. The present study evaluated the possible differences in terms of psychological well-being between binary and gender diverse transgender individuals, as well as the role of perceived discrimination and humiliation as possible mediators of psychopathology in gender diverse people. Furthermore, the diversity of gender-affirming hormonal treatment requests according to gender identification was investigated.

**Methods**. A sample of 563 transgender persons aged 18 to 70, referring to several Italian gender clinics, was enrolled (n=264 assigned female at birth, AFAB and n=299 assigned male at birth, AMAB). Several psychometric and socio-demographic data, as well as information regarding requests of gender-affirming treatments, were extrapolated from the clinical interview at the time of first referral.

**Results and conclusions**. Gender diverse transgender individuals showed significant less intense gender dysphoria and higher levels of depression and anxiety, as compared to binary ones; gender diverse participants showed lower levels of religious fundamentalism. The depressive symptomatology in gender diverse trans people was partially mediated by the perceived discrimination and humiliation. Moreover, gender diverse AMAB trans people showed seeking a non-standard hormonal treatment more often than the binary counterpart. In conclusion, the present study evaluated whether and how perceived discrimination may affect mental health in gender diverse trans people. Also, this study highlighted the relevance of transgender individuals’ health care needs; thus, it underlined the importance for transgender health professionals, when planning a gender-affirming hormonal treatment, to explore each single request and the underlying reasons, and to offer flexible interventions, tailored on the patient’s needs and goals.

## Mentalization and perceived parental mirroring in a group of Italian trans people

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### Abstract

**Background**: Within an attachment and mentalizing perspective, experiencing rejection during childhood might be considered an impactful risk factor to develop an insecure attachment and impairments in mentalizing. Early traumatic experiences may determine a greater likelihood of developing insecure attachments also in trans population. According to Lemma (2012, 2013), trans people are exposed to critical situation due to their experience of gender incongruence, as well as their parents may present difficulties in mirroring the mental states of their children related to such incongruence. This might lead to an unbearable feeling of ‘not be seen’ that may contribute to develop problems in mentalizing. No previous studies have empirically assessed mentalization (i.e., reflective functioning; RF) in trans people. The current study was aimed at assessing RF in a group of trans people, differences in the way mirroring processes were experienced, and potential relationships between attachment, RF, and mirroring processes.

**Methods**: Twenty-eight Adult Attachment Interviews (AAI) previously coded with regard to the attachment styles were analyzed through the Reflective Functioning Scale. Furthermore, a qualitative analysis of the AAIs was performed in order to identify different qualities of the mirroring process (i.e., Mirroring Process Analysis Grid).

**Results and Conclusions**: The main findings were: (1) most of participants showed a low RF (67.9%); (2) the type of caregiver reaction and the presence of significant others contributed to distinguish diverse pathways, outlining three different types of mirroring process (i.e., *suppressing*, *avoiding*, and *pretending* the gender incongruity); (3) both attachment patterns and mirroring experiences influence RF, but independently; (4) beyond trans individuals with an insecure attachment pattern, even those with a secure attachment pattern perceived mirroring failures; and (5) the more the trans individuals perceived positive mirroring by their caregivers, the higher the RF was. Clinical implications of these findings are discussed.

## Gender diverse people between stigma, resources, and health: the case of Neapolitan “Femminielli”

### Authors

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### Abstract

**Background**: This presentation will address the phenomenon of *Neapolitan femminielli*, a particular form of subjectivity linked to the Neapolitan culture (Southern Italy) which can be included within the trans universe and which, despite some significant socio-cultural differences, recall the phenomenon of Indian Hijras and Mexican Muxes. *Femminielli* experience a diverse gender, which integrates and combines characteristics of both male and female genders, even if not identifying with either one or the other. The identity of *femminielli* is characterized as a social identity closely linked to the historical context in which it is rooted, reflecting in some way its peculiarities: Naples is a European city locating within the Mediterranean basin, symbol of what is “halfway”, between archaic stratifications and postmodern drives.

**Methods**: After an historical reconstruction of *femminielli*, 15 of them were interviewed and the text was analyzed through the Reinert methodology and factorial analysis with the software ALCESTE. Interviews were semi-structured, and questions represented the product of a reflexive comparisons between researchers.

**Results and Conclusions**: The overall corpus was divided into 6 stable classes of words: (1) Conflict with respect to the gender reassignment surgery; (2) relationship with the district; (3) relationship with family; (4) life at the margin; (5) childhood; and (6) construction of the gender identity. Then, two main factors were found, named “Identity” and “Crisis”. Findings of the current study highlight the existence of a “third gender” in the Neapolitan culture. Socio-cultural implications will be discussed.

## Prevalence and correlates of sexually transmitted infections in transgender people: an Italian multicentric evaluation

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### Abstract

**Background**. The burden of sexually transmitted infections (STIs) in transgender population remains an underestimated issue. The study aims are to evaluate the prevalence of either referred and serological STIs and to describe STIs correlates in a large sample of transgender people.

**Methods**. A consecutive series of 705 transgender individuals (AMAB n=377, AFAB n=328) referring to six Italian gender clinics were included. Sociodemographic and clinical information was collected at the beginning of the first visit. In a subsample of 126 individuals prevalence of STIs (HIV, HCV, HBV and syphilis) were evaluated through serology tests.

**Results and conclusions**. The referred prevalence of HIV, HBV, HCV and syphilis infection in the total sample were 3.4%, 1.6%, 2.6% and 2.0%, respectively. In the subsample who underwent serological tests, higher rates of serological prevalence were found (9.5%, 4.0%, 5.6% and 7.9% for HIV, HBV, HCV and syphilis, respectively). When comparing transgender people with or without STIs, unemployment, justice problems, previous incarceration and sex work resulted more frequent in the first group (p< 0.03 for all). Moreover, we observed higher rates of lifetime substance abuse and psychiatric morbidities – particularly depression and personality disorder – in trans people with at least one reported STI (p<0.05).

To conclude, the prevalence of STIs , especially HIV, exceeded that reported in general population. Furthermore, STIs correlates underline the importance of stigma and discrimination as determinants of transgender health. Thus, our findings highlight the need for social, medical, and psychological support for transgender people in order to promote sanitary education and appropriate screening for those at risk of STIs.

## Does gender-affirming hormonal treatment affect 30-year cardiovascular risk in transgender people? A two-year prospective European study (ENIGI)

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### Abstract

**Background.** Cardiovascular (CV) implications of long-term gender affirming hormonal treatment (GAHT) in transgender people still remain largely unknown. The aim of the present study is to evaluate changes in the 30-year Framingham cardiovascular disease (CVD) risk in a large cohort of transgender people after the start of GAHT.

**Methods**. In a multicenter prospective study, a consecutive series of 309 participants (n=165 AFAB; n=144 AMAB) was evaluated during a 2-year follow-up. Prospectively, after the start of GAHT a physical examination was performed and blood samples were drawn. CVD risk was calculated for each person, according to the Framingham 30-year CVD risk estimate.

**Results and conclusions**. In trans AMAB people a significant decrease in triglycerides, total cholesterol and LDL-cholesterol was observed during the 2-year follow-up (p<0.05), whereas no significant changes were found in HDL-cholesterol levels. In trans AFAB people unfavourable lipid changes – such as increased total cholesterol, triglycerides, and LDL cholesterol levels and decreased HDL cholesterol levels (p< 0.05)- occurred after the start of GAHT. At baseline transgender people showed an estimated 30-year risk of general and hard CVD events significantly higher than the optimal ones based on age and gender (p< 0.0001). In trans AFAB people unfavourable changes in risk factors led to an increase in the risk of general and hard CVD events based on lipid profile over time (p=0.001 and p=0.005, respectively). No significant changes in general and hard CVD risk based on lipid profile were observed in trans AMAB people over time.

In conclusion, our findings confirmed the unfavourable lipid changes in trans AFAB individuals after the start of GAHT even during a longer follow-up, empathizing the potential clinical impact of these modifications on individual long-term CVD risk.

## Hormonal Treatment Effect on Sexual Distress in Transgender Persons: 2-Year Follow-Up Data.

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### Abstract

**Introduction**: As far as we know, no studies to date have investigated the psychobiological correlates of sexual distress (SD) nor the impact of hormonal treatment (HT) on SD in transgender persons. The aims of our study are to evaluate the psychobiological correlates of SD and assess the effects of HT on SD in transgender persons without gender-affirming surgery.

**Methods**: A consecutive series of 301 transgender persons (n=160 trans AMAB people and n=141 trans AFAB people) was considered for the cross-sectional study, and a subset of 72 subjects was studied in a 2-year follow-up. A physical examination was performed. Blood samples were drawn for determination of cortisol levels. Subjects completed psychometric measures. During 2 years of HT, the evaluation of SD was prospectively repeated.

**Results and conclusions**. SD showed a positive correlation with body uneasiness (P < 0.0001) and with dissatisfaction toward gender-related body parts or shapes (all P<0.05). In addition, SD correlated positively with general psychopathology (P < 0.0001), alexithymia, social anxiety, and humiliation scales (all P < 0.05). In trans AFAB people, SD was positively associated with autism levels (P<0.005), as well as with cortisol levels (P<0.02). A significant correlation between SD and perceived discrimination was observed in trans AMAB people (P < 0.05). In trans AMAB people, SD was positively associated with hair density and negatively with breast growth (both P < 0.05). Finally, in trans AFAB people, a negative correlation was found between SD and hair density (P<0.05). When the impact of HT on SD was evaluated, a significant reduction of SD was observed across time in both trans AMAB and AFAB individuals (P = 0.001 and P = 0.01, respectively).

The present results support the efficacy of HT in reducing SD in transgender persons. Knowing how hormonal treatment influence SD will help care providers when counselling transgender people.

## Neural correlates of gender face perception in transgender people

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### Abstract

**Background.** To date, MRI studies focused on brain sexual dimorphism have not explored the presence of specific neural patterns in transgender people using gender discrimination tasks. Considering the central role of body image in Gender Incongruence (GI) and Gender Dysphoria (GD), the present study aims to evaluate brain activation patterns related to face gender discrimination in a sample of hormone-naïve transgender and cisgender individuals by using fMRI.

**Methods**. Forty subjects, namely 20 cisgender persons (10 cismen, 10 ciswomen) and 20 transgender individuals (10 transmen, 10 transwomen) of similar age took part in the experiment. Participants underwent a 3T-scanner functional MRI (fMRI) during the completion of a gender face discrimination task in order to evaluate brain activation patterns. Additionally, all the subjects were asked to complete psychometric measures.

**Results and conclusions.** The between-group analysis of average blood oxygenation level dependent (BOLD) activations of female vs. male face contrast showed a significant positive cluster in the bilateral precuneus in transmen when compared to the ciswomen. In addition, the transwomen group compared to the cismen showed higher activations also in the precuneus, as well as in the posterior cingulate gyrus, the angular gyrus and the lateral occipital cortices. Moreover, the activation of precuneus, angular gyrus, lateral occipital cortices and posterior cingulate gyrus was significantly associated with higher levels of body uneasiness. To coclude, these results show for the first time the existence of possible specific neural patterns during gender face identity perception in transgender individuals.

## Perceived gender and client satisfaction in transgender voice work: comparing self and listener rating scales across a training program

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### Abstract

**Background:** In the field of gender affirming voice and communication training for transgender and gender diverse individuals, perceptual rating scales which ask a listener how they perceive the gender of a speaker are commonly used to gain insight into whether clients have met goals that relate to listener perceptions. These scales are also widely used in more general research investigating the relationship between vocal characteristics and listener perceptions of speaker gender. However, comparison of past research is complicated by variation in the design of scales used to collect ratings. Additionally, questions remain regarding the relationship between transgender participant self-ratings and listener-ratings, the relationship between these perceptual ratings and transgender participants’ satisfaction with their voice, and whether these relationships are influenced by transgender participants’ participation in voice training. **Methods:** A group of 34 transgender participants were asked to rate their voices before and after participating in gender affirming voice training. Transgender participant voice samples from before and after training were also presented to a group of 30 listeners for rating. Perceptual ratings were made on three scales: 1) VAS with anchors ‘very feminine/very masculine’; 2) VAS with anchors ‘very female/very male’; 3) 5-point Likert scale with responses ‘very female/somewhat female/gender neutral/somewhat male/very male’. Transgender participants also rated their satisfaction with their current voice on a VAS with anchors ‘very satisfied/very unsatisfied’. Correlation coefficients were calculated to investigate the relationship between collected ratings. **Results:** Different rater groups were found to produce similar ratings of perceived gender based on voice regardless of scale design. Transgender participant self-ratings were found to correlate with listener ratings, but this correlation was not of high strength and trans participant self-ratings had a consistently stronger relationship with their self-rated vocal satisfaction. The study contributed new findings that these differences may be more pronounced after transgender participants have completed voice training.**Conclusion:** This study suggests that past research investigating ratings of gender perception based on voice is suitable to compare despite the variation in scales used throughout the literature. Results from this study also indicate that while transgender participant self-ratings and listener-ratings of trans participant voices do correlate with one another, they may also provide unique insights and may benefit from independent inclusion as outcome measures in research and clinical practice if they are relevant to the research aims or goals of transgender participants. These results also highlight the importance of considering the potential impact exposure to training may have on transgender participants’ self-perceptions of their own voices, including that these self-perceptions have the potential to change independently of listener perceptions and are likely to provide the most insight into whether a transgender client is satisfied with their voice regardless of their training goals.

## The experiences of trans and gender diverse clients in an intensive voice training program: a mixed-Methodological study

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### Abstract

**Background:** Intensive schedules in behavioural voice therapy and training have been proposed to have a range of positive benefits including theoretically enhanced outcomes, high client and clinician satisfaction, and reduced client attrition. In the sub-field of gender affirming behavioural voice training for transgender and gender diverse clients, intensive schedules may also present a means increasing service access opportunities for this vulnerable population. Despite these proposed benefits and the fact that intensive schedules are currently used in this area of practice, there has been limited research investigating the experiences and satisfaction levels of clients within these programs. There has also been limited research investigating the feasibility of these intensive programs in practice a an alternatives to traditionally scheduled training models.

**Methods:** This study used a mixed methodological approach to compare participant experiences in an intensively scheduled (three 45-minute sessions per week, over four weeks) versus a traditionally scheduled (one 45-minute session per week, over twelve weeks) voice training program for trans and gender diverse individuals who were aiming to develop a perceptually feminine-sounding voice. Participant experiences were compared using a satisfaction questionnaire delivered to both training groups. Participant experiences in the intensive training group were also explored through thematic analysis of semi-structured interview transcripts. Both the experience questionnaire and semi-structured interviews investigated participant experiences and satisfaction levels across a range of specific domains including motivation levels, perception of training workload, perceived strength of the client-clinician relationship, and satisfaction with voice training outcomes.

**Results:** Thematic analysis of participant interviews indicated that individuals in the intensive training program had both positive and negative experiences related to the intensive schedule, but all viewed the program favourably and expressed that they would choose an intensive over a traditional voice training schedule in future based on their experiences. However, thematic analysis also suggested that these experiences may have been have been mediated by individual client preferences, personalities, and behavioral characteristics including a predisposition towards enjoying high intensity activities. In addition, responses on the participant experience questionnaire indicated that participant satisfaction did not differ significantly between the intensive and traditional training groups in any of the domains investigated. Participant interviews also revealed that many of the factors that contributed positively to participant satisfaction related more broadly to the training program's content and delivery and were unrelated to the training schedule.

**Conclusion:** This study found that intensive and traditional schedules can produce comparably high levels of satisfaction from trans and gender diverse clients undertaking gender affirming voice training. These findings suggest that both models are suitable for use in clinical practice. Findings from this study also suggest that individual client-specific factors such as personalities, preferences, and behavioural tendencies have the potential to influence experiences in differently scheduled training training programs and for some trans clients seeking voice training an intensive model may be preferred.

## Gender incongruence in Denmark, a quantitative assessment

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### Abstract

**Abstract**

**Introduction.** The number of persons with gender incongruence referred to health care is increasing, but national data on the incidence of gender incongruence are lacking. The aim of this study was to quantify the development in number of individuals with gender incongruence over time and to estimate the national incidence in Denmark.

**Material and methods:** Historical descriptive cohort study. Persons older than 18 years with legal sex-change in their person registration number were achieved from Statistics Denmark, and the National Health Register provided data on contact diagnoses related to gender identity conditions. By merging these two data sources, we made estimates on incidence and incidence rates for individuals with gender incongruence in Denmark through a 41-year period 1980-2020.

**Results:** Through 1980-2020, the annual number of legal sex-changes increased in individuals assigned female at birth (AFAB) from 5 to approximately 170 and among individuals assigned male at birth (AMAB) from 10 to approximately 150. The cumulated number of legal sex-changes at end of 2019 were 1,275 AFAB and 1,422 AMAB and 66% were in individuals below 30 years. Correspondingly, the annual number of contacts to the health care system due to gender identity related conditions increased from 30 during 1990-1999 to around 500 in 2017 (both genders combined), a 10-fold increase since 2010.

**Conclusions:** The number of legal sex-changes and health care contacts due to gender identity related diagnoses increased substantially over the latest 40 years with a more than 10-fold increase during the latest decade. This calls for research on possible explanations for this increase, for research on the short- and long-term health consequences of hormonal and surgical treatment regimens and for ensuring adequate health care facilities.

**Abbreviations**: AFAB = Assigned Female At Birth, AMAB = Assigned Male At Birth

## Short-form 36 to assess the impact of gender-affirming chest contouring surgery on health-related quality of life

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### Abstract

**Background**

For complete assessment of an intervention it is essential to provide evidence of the impact on the individual in terms of health status and health related quality of life (HRQoL). No studies have quantified the direct impact of gender-affirming chest contouring surgery (CCS) using an overall HRQoL measure. There are currently no treatment-specific, standardised, validated tools for assessing HRQoL in this group.

The Short form 36v2 (SF-36) is a generic measure of HRQoL, has been validated in many diverse patient-groups, and has the discriminatory power to assess change in HRQoL.

**Aims**

The primary aim of this study was to utilise the SF-36 to assess the impact of CCS on HRQoL for Trans Male people. The secondary aim was to evaluate the participant-perceived relevance of this tool to their physical and emotional health.

**Methods**

All consecutive patients listed for primary CCS in a seven-month period were invited to this ethically-approved, longitudinal, prospective study. Data collection included age, BMI, surgical technique, weight of tissue excised and SF-36 scores pre-operatively, 2-4 weeks post-operatively and 6-9 months post-operatively. At each questionnaire, participants graded their perceived relevance of the questions to their physical and mental health.

**Results**

All 33 eligible individuals consented to participate. Pre and early post-operative data was obtained for 26 participants with pre and late post-operative data for 28. The mean age was 23.5 years (SD: 3.97) and BMI: 24.4 (SD: 3.17).

23 (74%) had dermal flap technique, 6 (19%) periareolar and 2 (7%) nipple-grafting. The median unilateral weight of breast tissue excised was 283g (IQR: 186).

At 2-4 weeks post-operatively, statistically significant improvements (paired t-test all p<0.05) were observed in five of the eight SF-36 domains (General Health, Social Functioning, Vitality, Role emotional and Mental Health) and in the aggregate mental component summary score (MCS). No statistically significant change was observed in physical functioning, bodily pain, role emotional or the aggregate physical component summary score. At a median of 227 days post-op, statistically significant improvements (paired t-test all <0.05)  were seen in all eight domains and the MCS.

No correlation was observed between age, weight of tissue excised, BMI or surgical technique, and change in the domain or summary scores. The majority strongly or slightly agreed that the questions were relevant to their physical and emotional health in the preceding week (79% and 83% respectively).

**Conclusions**

These findings indicate that changes in HRQoL in Trans Male people undergoing CCS can be detected using SF-36. It demonstrates surgery to be associated with overall improvement in HRQoL in both the early and late post-operative period. It also indicates respondents to perceive the questions in the tool to be relevant to their individual HRQoL.

Whilst the authors acknowledge that a generic tool may not have the precision to elucidate change in this specific group, the established validity of the SF-36 in varied patient groups gives these results credibility. Further study is required both to examine the long-term endurance of these improvements in scores and to fully establish the validity of this tool.

## Growth and growth reduction in trans girls

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### Abstract

**Introduction:** Little is known about the effects of puberty suppression (PS) and hormone therapy (HT) on growth and adult height in transgender adolescents. These are topics of interest since height differs between sexes and some transgirls wish to limit their growth. In this longitudinal cohort study, we investigated the influence of PS and HT on growth and the efficacy of growth reduction therapy in transgender girls.

**Methods**: 88 transgirls who were treated with gonadotropin-releasing hormone agonists (GnRHa) and estradiol, with a bone age ≤ 16 at start PS and who had reached adult height were included. Height, parental height and bone age were recorded. Adult height was compared to predicted adult height (PAH, using bone age according to B&P) at start PS, and to target height (calculated with parental height). Outcomes were compared between transgirls treated with a regular estradiol dose (regular increase up to adult dose of 2 mg) and high dose estradiol to reduce growth (fast increase up to 6 mg).

**Results:** Transgirls treated with a regular estradiol dose (n=47) had a mean (±SD) age of 13.8 ± 1.0 years at the start of PS and 16.2 ± 0.5 years at the start of HT. Median (IQR) Tanner G stage at start PS was 4 (3 to 5). These subjects reached an adult height of 180.8 ± 5.4 cm (male height SDS -0.51 ± 0.77; female height SDS +1.51 ± 0.88). Adult height was 0.5 ± 4.1 cm above target height and 3.3 ± 4.7 cm below PAH at start PS. Transgirls treated with a high dose estradiol (n=20) were 13.0 ± 1.0 years at the start of PS and 15.3 ± 0.8 years at the start of HT. Tanner G stage at the start of PS was 3 (2 to 3). Their adult height was 184.9 ± 5.7 cm (male height SDS +0.20 ± 0.81; female height SDS +2.30 ± 0.91). Adult height was 0.2 ± 6.9 cm below target height and 4.5 ± 5.5 cm below PAH. The distance between target height and adult height or between PAH and adult height was not significantly different between adolescents treated with regular versus high dose estradiol, respectively 0.8 cm (95% CI -2.4 to 4.0) and 1.2 cm (95% CI -1.7 to 4.1).

**Conclusion:** Mean adult height was close to target height in subjects treated with a high dose and in the regular dose group but adult height was lower than PAH in both treatment groups. This indicates that treatment with GnRHa and estradiol might have an impact on adult height. Alternatively, prediction formulas might overestimate adult height in transgirls. Remarkably, treatment with high dose estradiol did not result in a significant growth reduction compared to the regular dose. The effect of timing and duration of PS and estradiol treatment on growth deserves further study. In addition, further research is needed to establish if high dose ethinyl estradiol results in more effective growth reduction.

## Gender dysphoria in twins: a register-based population study

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### Abstract

**Background**

Both genetic and environmental influences have been proposed to contribute to the variance of gender identity and development of gender dysphoria (GD), albeit the magnitude of the effect of each component remains unsure. We aimed to examine the prevalence of GD among same- and different-sex twins and non-twin siblings of subjects with GD, derived from a large register-based population in Sweden during the period 2001-2016.

**Methods**

Register data was collected from Statistics Sweden and the National Board of Health and Welfare. The outcome of interest was defined as at least four diagnoses of GD or at least one diagnosis followed by gender-affirming treatment.

**Results**

A total of 2606 full siblings to GD cases were registered, of which 67 were twins; age at first GD diagnosis for the probands ranged from 11.2 to 64.2 years. No same-sex twins both presenting with GD were identified during the study period. The proportion of different-sex twins both presenting with GD was higher than in both same-sex twins (Fisher-exact p-value < 0.001), as well as than that in non-twin sibling pairs.

**Conclusions**

Beyond any potential biases, the present findings suggest that familial factors, mainly confined to shared environmental influences during the intrauterine period, seem to contribute to the development of GD. Future mechanistic studies are deemed necessary to shed light into the potentially relevant molecular pathways that underlie these associations.

## Sexual self-concept in binary transgender and non-binary/gender queer identifying individuals

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### Abstract

**Background** Sexual responding in transgender people has typically been investigated from a medical and functional perspective. Aligning with the biopsychosocial model, it is however equally important to consider psychological aspects of sexuality. We propose that the Sexual Self-Concept (SSC) theory and Self-Concept Discrepancy theory offer a valuable framework to understand (sexual) wellbeing in transgender people. In short, SSC entails all the ideas, thoughts and feelings a person has about themselves as a sexual person. Self-Concept Discrepancy theory, on the other hand, formulates how discrepancies between a person’s actual and ideal or actual and ought self can contribute to feelings of distress and maladaptive behavior, and could offer an explanation of the mechanisms underlying negative SSCs related to gender dysphoria. To our knowledge, this framework has not been applied to transgender people so far, despite its clear heuristic value.

**Methods** We investigated differences in SSC (consisting of sexual esteem, sexual attitudes, and sexual self-efficacy) in 197 binary transgender individuals, 78 non-binary/genderqueer (NBGQ) identifying individuals and 205 cisgender individuals using an online survey. We explored the mediating role of actual/ideal and actual/ought SSC discrepancies in explaining the relation between gender dysphoria and SSC.

**Results** The three groups differed significantly on all four components related to Sexual Esteem (Behavior, Conduct, Body Perception, and Attractiveness), on two components related to Sexual Attitudes (Anxiety and Commitment), and on one component related to Sexual Self-Efficacy (Precautions). Post-hoc comparisons revealed that for all but two components, there was no difference between binary transgender individuals and NBGQ individuals, while these two groups both differed from cisgender individuals. This pattern was different for the Sexual Esteem – Behavior component (on which binary transgender individuals scored lower than NBGQ and cisgender individuals, and NBGQ individuals scored lower than cisgender individuals) and the Sexual Attitudes – Commitment component (on which binary transgender individuals scored higher than NBGQ and cisgender individuals, and the latter two did not differ). For binary transgender individuals, actual/ideal SSC discrepancies mediated the relation between gender dysphoria and four components (Sexual Esteem – Body Perception, Attractiveness, and Conduct, and Sexual Attitudes – Anxiety). Contrary to our hypothesis, there was no significant correlation between gender dysphoria and any of the SSC components in the NBGQ group, precluding us from testing any mediation models.

**Conclusion** Overall, binary transgender and NBGQ identifying individuals show a more negative Sexual Self-Concept than cisgender individuals. For most components, there is no difference between binary transgender or NBGQ identifying individuals. For the binary transgender group, actual/ideal SSC discrepancies explain the relation between gender dysphoria and several SSC components, indicating that these discrepancies could be a valuable treatment target in this group. In the NBGQ group, however, gender dysphoria was not related to any of the SSC components. This indicates that for this group, the current framework focusing on gender congruence fails to capture the most important factors at play to (negatively) influence NBGQ individuals’ sexuality. Future studies should investigate how other (possibly social) factors influence this group’s sexuality.

## How tight undergarment and tucking can affect semen quality: a prospective cohort study in transgender women

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### Abstract

Background: Transgender women can choose to cryopreserve semen prior to their medical transition, to retain the possibility to parent genetically related offspring later in life. Our previous retrospective study showed that semen quality in transgender women is decreased compared to the general population. The etiology of this impaired semen quality remains largely unknown, but might be related to habitual behavior more typically observed in transgender women, e.g. the desire to hide their testicles due to genital dysphoria. Therefore, we decided to conduct a consecutive study on semen quality in transgender women with prospectively obtained data on behavior and lifestyle.

Methods: Between May 2018 and September 2020, transgender women were included at time of fertility counseling at our gender identity clinic, prior to the start of hormonal treatment. After obtaining informed consent, data were collected on: demographics, lifestyle factors (including tucking, wearing of tight undergarment, ejaculation frequency), medical history, endocrine laboratory results, and semen parameters. Semen parameters were categorized using reference values for human semen of the World Health Organization (WHO) and compared with semen quality in the general population. Odds ratios (OR) with 95% confidence intervals (95% CI) were calculated using logistic regression analyses to assess the effect of factors, known to have a negative impact on semen quality in the general population, on the different semen parameters in our cohort. Subsequently, a multivariate logistic regression analysis was performed to assess the impact of tucking, wearing tight undergarment, and a low ejaculation frequency, on semen quality, correcting for potential confounders.

Results: In total, 113 transgender women completed the semen cryopreservation process of whom the mean age at time of fertility preservation was 24.3 (SD 5.8) years. Tucking was performed by 23.0% of participants and tight undergarment was worn always or only sometimes in 31.9% and 17.7%, respectively. The median ejaculation frequency was 10.0 (IQR 5.0-15.0) times per month. Median semen parameters were all significantly decreased compared to those in the general population. Crude logistic regression analyses showed an association between always wearing tight undergarment (OR 3.06, 95% CI 1.11-8.49), and extensive tucking (OR 6.09, 95% CI1.54-24.01), on having a total motile sperm count below 5 million. The association with tucking (OR 7.95, 95% CI 1.66-37.99) was independent of demographic factors, lifestyle factors and medical history. Ejaculation frequency did not influence total motile sperm count.

Conclusions: Semen quality in transgender women is often already impaired at time of fertility preservation. With this prospective cohort study, we are the first to report a negative impact of wearing tight undergarment and tucking on semen quality in transgender women. These results provide for a better understanding of the etiology of impaired semen quality in transgender women and it enables optimization of fertility counseling on how to adjust lifestyle before pursuing semen cryopreservation to improve future reproductive options.

## Evaluation of early medical treatment for gender dysphoria in adolescence: a long term follow-up study into adulthood

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### Abstract

**Background**

Our gender identity clinic was the first to start gender-affirming hormone treatment of transgender adolescents in 1989. From 2000 onwards, a new treatment protocol was established consisting of gonadotropin-releasing hormone agonist when entering early puberty (Tanner Stage 2). When gender dysphoria persists and the person is at least 16 years of age, additional gender-affirming hormone treatment is started. Studies evaluating the effect of early medical treatment in transgender adolescents, showed that gender dysphoria was alleviated and well-being was similar to that of peers.[1, 2] While these results are promising, the long-term outcomes of treatment in transgender adolescents are still unknown. The aim of this study is to assess the long-term effect and safety of early medical treatment in transgender adolescents.

**Methods**

The study is a collaboration between the children- and adolescent psychiatry, endocrinology, and gynaecology departments of the Center of Expertise on Gender Dysphoria in Amsterdam. Transgender adolescents who started medical treatment at our clinic between 1989 and 2000 and were treated with gender-affirming hormone treatment are recruited for participation in this study, as well as transgender adolescents who received gonadotropin-releasing hormone agonist and subsequently started gender-affirming hormone treatment at least 9 years ago. All participants are asked to complete an online survey on experienced gender dysphoria, psychological functioning , sexuality, fertility and on how they reflect on their treatment. Ambiguities are clarified in a subsequent telephonic interview. In addition, people who were treated with gonadotropin-releasing hormone agonist prior to gender-affirming hormone treatment are invited for an endocrine consultation where data are collected on physical health, including blood analysis and bone mineral density. Following this consultation, participants are invited to participate in a semi-structured interview discussing their view on their iatrogenic infertility.

Inclusions and analyses for this study are still ongoing and set to be complete by July 2021.

**Preliminary results**

Currently, 83 of 208 potential participants completed the online survey. 73.5% of participants were trans men, and 26.5% were trans women. Furthermore, 11 trans men and 10 trans women participated in the semi-structured interviews about their iatrogenic infertility. We intend to present the results of the mental health, sexuality and fertility questionnaires, as well as the semi-structured interviews at the symposium. Unfortunately, endocrine analyses will not be completed in time for participation in this symposium.

**Conclusions**

We expect that with the results of this study, we will gain insight on the long-term effects of early treatment in transgender adolescents. With these insights we aim to contribute to further improvement of care for transgender adolescents.

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## Cost-effectiveness of gender transition medical interventions for adult transgender individuals in Sweden

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### Abstract

**Background:** Coverage of gender transition medical interventions (GTMI), such as hormone-replacement treatment (HRT) and sex-reassignment surgeries (SRS), is a contested topic in many countries. Despite the intrinsically economic nature of the issue, insights from health economics are rarely used. To date, only one study in the USA addresses cost-effectiveness of trans-specific healthcare (Padula et al., 2016), necessitating an analysis in a European context. The aim of the present study is to estimate cost-effectiveness of these procedures in Sweden which is among European countries which provide coverage for them.

**Methods:** A cost-effectiveness analysis (CEA) employs a decision tree with “treatment” and “no treatment” arms. Following a systematic search, two eligible studies were included to assess effectiveness of GTMI. Naeimi et al. (2019) studied a clinical sample of 42 trans men in Iran, with health-related quality of life (HRQoL) reported prior and 6 months post-surgery. Lindqvist et al. (2017) examined HRQoL among 190 trans women in Sweden, prior and 1, 3, 5 years post-surgery. Both studies reported HRQoL in 36-item Short Form Health Survey (SF-36). Pre- and post-surgery scores were converted to the EuroQol instrument (EQ-5D) and used to calculate Quality-adjusted life years (QALY). The costs for surgeries in Sweden were taken from literature. The lack of reliable data prevented us from including indirect outcomes, such as risks of HIV, depression, drug abuse and suicide, in the model. Both a base-case analysis and sensitivity analysis with Monte Carlo simulation were performed.

**Results:** A base-case analysis produced incremental cost-effectiveness ratios (ICER) of 43,270 SEK/QALY for trans men and 250,361 SEK/QALY for trans women. If compared to the willingness-to-pay (WTP) threshold of 500,000 SEK/QALY, both interventions are cost-effective. A sensitivity analysis shows that 100% of simulated ICERs for a combination of mastectomy and hysterectomy lie below the WTP threshold, making these interventions cost-effective. However, for vaginoplasty, only 50.9% of simulated ICERs lie below the WTP line, meaning that these surgeries are on the verge of being not cost-effective.

**Conclusion:** Mastectomy and hysterectomy are probably cost-effective, while vaginoplasty is probably not. The analysis demonstrates severe limitations in epidemiological data and suggests directions for further research.

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## Trans and gender diverse people’s experiences and evaluations with general and trans-specific healthcare services: a cross-sectional survey

### Authors

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### Abstract

**Background**Research into access to and experiences with healthcare services of gender diverse and trans individuals remains scarce. In this paper, self-reported experiences with general and trans-specific healthcare services were analyzed for differences between gender diverse people, trans men and trans women, using data from a five country survey.

**Methods**Logistic regression and ANCOVA was used to model the relation between different dependent variables and the gender identity groups (transgender versus gender diverse), taking into account different control variables (age, educational level, socioeconomic status (SES), belonging to an ethnic, religious, sexual or disability minority group, and sex assigned at birth (SAAB)).

**Results** More than half of all respondents indicated they had delayed general healthcare services at least once because of their gender identity (56.2%). After adjusting for the different control variables a small significant association between trans and gender diverse identity groups could be detected. Respondents belonging to the gender binary group, those belonging to a sexual and disability minority group, respondents with a female SAAB, and respondents who had more difficulty with making ends meet, reported significantly more delay before seeking help. Most reported to have delayed healthcare out of fear of being treated badly (62.8%). Almost one in four participants felt personally discriminated against in general healthcare services within the previous year (24.9%). Also, the odds of having experienced discrimination in the past 12 months was higher among respondents with an advanced educational level, respondents belonging to a disability minority group, younger respondents, and respondents with more difficulty to make ends meet. Discrimination was not significantly more often reported by one of the gender identity groups. However, within the trans group, significantly more trans men (28.0%) reported experiences of discrimination within healthcare in the last 12 months, compared to trans women (19.6%). Gender diverse people had significantly less experiences with seeking trans-specific healthcare. However, 40.0% of gender diverse people had accessed trans-specific healthcare. Also, respondents with a basic educational level were less likely to have sought trans-specific help than respondents with an advanced educational level. Gender diverse people gave significantly worse evaluations of trans-specific healthcare services (in general as well as for specific types of trans-specific healthcare). When trans-specific healthcare in general was assessed and the different control variables were included in a model along with the gender identity groups, an additive effect of a poor SES, and of belonging to a sexual minority group was found. Gender diverse respondents also indicated different barriers when seeking access to healthcare (more fear of prejudice from healthcare providers, not having confidence in the services provided, not knowing where to go). Significantly more gender diverse respondents indicated that they do not know where to go and that they do not know what to expect/are not familiar with the procedures.

**Conclusions**The results indicate that gender diverse people are less informed about the possibilities of trans-specific care. Interventions should therefore not only focus on knowledge of healthcare providers to meet the needs of gender diverse individuals.

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## The BODY-Q chest module: ability to detect change following gender-affirming chest contouring surgery

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### Abstract

**Background:**

For female-to-male transgender (FTM) patients, chest masculinization is often the first surgery undergone for addressing gender dysphoria. A valid and responsive patient-reported outcome measure (PROM) specific to the transgender population is needed to understand the patient perspective of chest appearance and to inform patient decision making. The BODY-Q Chest Module was designed for use with patients undergoing chest masculinization surgery, and consists of 2 scales that measure satisfaction with the appearance of chest and nipples. Scores range from 0 to 100 (higher scores represent greater satisfaction with appearance). For this PROM to be used appropriately in clinical research and practice, it is important that its ability to detect change, responsiveness, is examined. The aim of this study is to evaluate this psychometric property in a sample of FTM patients undergoing chest masculinization surgery.

**Methods:**

Adults seeking chest masculinization surgery were recruited from McLean Clinic, Mississauga, Canada. The data collection took place between September 2017 and April 2019 using paper booklets as well as online using a secure web-based Research Electronic Data Capture (REDCap). Patients completed the BODY-Q Chest Module scales preoperatively, and at 6 weeks and 6 months postoperatively. Relevant clinical and demographic characteristics were obtained from the patient records. Outcome variables were tested for normality using Kolmogorov-Smirnov and non-parametric tests were used where appropriate. Responsiveness of the chest and nipples scales was assessed from the perspectives of significance and validity of the change scores. Significance of change was determined using the Friedman test. Post-hoc tests for significant results were performed using Mann-Whitney U test. Effect sizes were calculated as both Cohen’s D.

**Results:**

A total of 120 participants were approached for the study with 115 participants consenting and completing at least one assessment. A participant who did not complete the preoperative assessment was excluded from the study, leaving 114 participants aged 26±7 years for analyses. Non-parametric tests were applied for all analyses due to the data not being normally distributed (p<0.001). Using Friedman’s test, differences between the three time points were observed for the chest (χ2=97.0; p<0.001) and nipples (χ2=77.6, p<0.001) scales. A post-hoc test using Wilcoxon-Signed Rank Test found that mean ranks were greater in the postoperative assessments than in the preoperative assessment for the chest (Z=-7.28, p<0.001; Z=-7.83, p<0.001) and nipples (Z=-7.32, p<0.001; Z=-6.73, p<0.001) scales. There was no difference between the 6-week and 6-month scores for either scale (p=1.00), therefore these data were merged to create a single postoperative assessment. Significant improvement was observed between preoperative and postoperative scores. There was a mean increase of 77.7 for the chest scale (n=94) and 55.3 for the nipples scale (n=83) (p<0.001). The Cohen’s D for the chest scale and nipples scale was 5.21 and 3.08, respectively.

**Conclusion:** The Body-Q Chest Module scales were responsive to measuring clinical change associated with chest contouring surgery and demonstrated an ability to capture changes in patient perception of chest and nipples appearance overtime.

## Effects of speech therapy for transgender women: A systematic review

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### Abstract

**Background:** For transgender women, communication and speech characteristics might not be congruent with their gender expressions. This can have a major influence on their psychosocial functioning. Higher quality of life scores were observed the more their voice was perceived as feminine. Speech language pathologists may play an important role in this, as the gender affirming hormone treatment for transgender women does not affect the voice. The aim of this systematic review was to give an overview of the existing literature concerning effects of speech therapy in transgender women in terms of acoustic and perceptual outcomes.

**Methods:** Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was used for reporting this systematic review. The Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (using the PubMed interface) and Embase (using the embase.com interface) were used as electronic databases. All individual studies which measured the effects of speech therapy in transgender women were evaluated with a risk of bias assessment tool. Relevant data were extracted from these studies and a narrative synthesis was performed.

**Results and Conclusions:** 14 studies were identified through the databases and other sources. These studies show positive outcome results concerning pitch elevation, oral resonance, self-perception and listener perception. However, methodological issues contribute to problems with generalization and reproducibility of the studies. There is an urgent need for effectiveness studies using RCT designs, larger sample sizes, multidimensional voice assessments, well-described therapy programs, investigators blinded to study process, and longer-term follow-up data. Speech and language pathologists who work with transgender women may find these results essential for defining therapy goals.

## Body composition measurement by bioimpedance: a simple tool for tailoring gender-affirming care in transgender adolescents

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### Abstract

**Background**: The Endocrine Society Clinical Practice Guidelines for the treatment of Gender-Dysphoric/Gender-Incongruent persons recommend that the induction of feminine physical characteristics is based on body weight, whereas the induction of masculine physical characteristics is based on body surface area. The goal of treatment is to mimic physiologic hormone levels of the desired gender. Sexual dimorphism has been described in the dose-response to testosterone and 17-beta estradiol; testosterone dose requirements in transgender males are associated with increased BMI whereas in transgender females the effect of BMI on estradiol concentrations and dose requirements are inconclusive. Personalized medicine tailors the medical treatment to the individual characteristics of each subject. Body composition assessment may provide a more nuanced approach to customize gender-affirming hormone care. The aim of this study was to explore the relationship between body composition parameters and hormone levels in transgender adolescents on gender-affirming hormone therapy.

**Methods**: A single center, observational study of 79 transgender adolescents (54 male and 25 females, median age 17 years) treated with gender-affirming hormone therapy in the Israeli Pediatric Gender Dysphoria Clinic. Body composition was assessed by bioelectrical impedance analysis (BIA, Tanita MC-780 MA and GMON Professional Software). Anthropometric measurements, treatment dose of Per os 17-beta estradiol (Estrofem, Novo Nordisk LTD, Israel) and Intramuscular (IM) testosterone enanthate 250 mg/mL (Testoviron Depot; Bayer Israel Ltd.) and hormone levels (LH, FSH, estradiol and testosterone), were extracted from the medical files. Testosterone peak levels were measured in all participants on day 3-5 after IM injection, through levels were measured right before an IM injection. Outcome measures: estradiol and testosterone levels in correlation with indices of adiposity (fat percentage, truncal fat percentage) and muscle (muscle-to-fat ratio and sarcopenic index).

**Results**: Sixty percent of transgender adolescent males had normal weight status, 18% were overweight, 15% were obese and 7% were underweight. Forty percent of transgender adolescent females had normal weight status, 24% were overweight, 4% were obese, and 32% were underweight. Testosterone peak and trough levels in transgender males were negatively correlated with total body fat percentage (r=-0.59, p<0.001, r=-0.52, p=0.002, respectively) and truncal fat percentage (r=-0.55, p<0.001, r=-0.41, p<0.001, respectively), and positively correlated with muscle-to-fat ratio (r=0.41, p=0.007, r=0.43 p=0.002, respectively). Linear regression model confirmed that higher fat percentage, higher sarcopenic index and lower muscle-to-fat ratio significantly predicted lower testosterone levels after adjustment for testosterone dose. In transgender females, estradiol levels did not significantly correlate with body composition parameters.

**Conclusion**: Body fat and the balance between muscle and fat, as demonstrated by BIA, may predict testosterone levels in transgender male adolescents on gender-affirming hormonal treatment and may help refine dose adjustment. This is of particular importance as weight status and body composition varies greatly in this population.

## Experiences of discrimination of trans\* adolescents in the German healthcare system

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### Abstract

**Background:**

Trans\* youth often seek specialized healthcare treatment in addition to everyday medical care (e.g., pediatricians, dentists). Current research indicates that discriminatory behaviors and a lack of sensitivity on the part of treatment providers and healthcare professionals can occur when dealing with trans\* individuals. These experiences might increase the likelihood of avoiding healthcare visits, even when they are necessary. Subsequently, these behaviors can lead to an increased risk of mental illness. In Germany, it is known that the number of youths who present to the healthcare system under the aspect of trans\* is increasing. However, little is known at this time about the current healthcare situation. Therefore, the aim of this exploratory study, which is part of the research project "TRANS\*KIDS" funded by the German Federal Ministry of Health, is to investigate the experiences of trans\* youth in the healthcare system in Germany as well as wishes, challenges and supportive factors.

**Methods:**

Participants were recruited via self-help groups throughout Germany and through postings on social media. Guided interviews with trans\* youth (N=10) were conducted at several locations in Germany and by telephone. Youth and young adults between the ages of 13 and 21 were included. A balance in terms of geographic location of family residence and age of the youth was observed. The interviews were analyzed using the principles of qualitative content analysis according to P. Mayring.

**Results:**

Preliminary categories that can be summarized from the materials transcribed and analyzed thus far are a) experiences in healthcare b) wishes/concerns about healthcare c) barriers and challenges d) supportive factors.  At this point in time, a heterogeneity of both discriminatory / aversive and positive / appropriate experiences emerges with regard to youth' experiences in the healthcare system. The respondents wish to be taken seriously and to be treated at eye level. Insensitive acting on part of the healthcare professionals seems to be the main barrier reported by the youth. It becomes clear that different factors, such as support or peer groups, the support of the family or also the openness of treating persons towards the topic trans\*, positively influence the experiences in the healthcare system.

**Conclusions:**

The data situation regarding the experiences of trans\* youth in the healthcare system in Germany is very limited at the present time. There is a lack of comprehensive understanding of the needs and wants. The results of this exploratory study provide an initial real-life impression of the experiences of trans\*youth in the healthcare system and thus enable an improvement of treatment and counseling services.

## A UK-based Study of Attitudes to Cervical Cancer Screening in Trans Men and Non-binary People

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### Abstract

Background

Cervical cancer is the fourth most common cancer worldwide in those who were assigned female at birth but deaths have been reduced by the introduction of cervical cancer screening. Recent literature suggests that, compared with cisgender women, transgender men are less likely to have ever undergone cervical screening, as well as being less likely to be up-to-date with cervical screening tests, which could put them at greater risk.

To assess the views and experiences of a sample of UK transgender men and non-binary people towards cervical cancer screening in order to determine the best way of providing screening information and services.

Methods

We carried out a descriptive questionnaire-based study, recruiting patients from a UK gender identity clinic and a UK specialist transgender sexual health clinic. Inclusion criteria were; being assigned female at birth, identifying as masculine or non-binary, aged over 18, and resident in the UK. Participants were excluded if they were in prison or secure psychiatric facilities, or lacked capacity to consent. Participants were invited by email to participate in the online questionnaire which remained open for one month. Categorical responses were quantitatively analysed using the R package, with chi-squared and Fisher’s Exact tests used to compare between subgroups. A thematic analysis was performed of free-text responses.

Results and Conclusions

Of 141 participants who consented, 75% identified as male and 18% as non-binary, with the remaining having another identity. Seventy-two percent were taking hormones and 7% had undergone hysterectomy. The modal age group was 18-24 and 26% had ever been for cervical screening. Forty-six percent stated they did not have sufficient information regarding cervical screening and what it might mean for them. Of the 65 participants of an age eligible for screening, 57% had ever attended. When asked their preferred place of screening, 64% preferred a trans specific health clinic, with 7% preferring their General Practice/Practitioner. Of those who had previously attended screening, 31% reported any previous negative experience of screening. However, previous attenders were still significantly more likely to state that they would attend if called now compared to those who had never attended (45% vs 23%, p=0.02).

Thematic analysis identified the main barriers to screening as having a male gender marker, lack of provider understanding of transgender health, female-centred materials, dysphoria and discrimination. Facilitators were transgender specialist services and accommodating healthcare providers.

Fifty-three percent wanted the option to self-sample using a swab, while 35% wanted further information. Respondents felt self-sampling would improve privacy and for some would reduce dysphoria while for others there were concerns over increased dysphoria and test accuracy.

These results suggest several areas of unmet need for transgender men and non-binary people eligible for cervical screening that if tackled could improve uptake, particularly in those approaching screening age. These areas include patient and provider education, gender-neutral materials and spaces, and more specialist transgender health clinics. Dysphoria is a major barrier and may be lessened by self-sampling but this is not acceptable to all patients, highlighting the need for individualised care and information.

## Attitudes to gynaecological healthcare in transgender men and non-binary people

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### Abstract

**Background**

There is increasing awareness of the importance of culturally competent gynaecological healthcare for transgender men and non-binary people who were assigned female at birth. Literature has focused mostly on cervical screening, though there are myriad other conditions which may require diagnosis and follow-up. Attitudes of this population to engaging with genital anatomy can vary greatly between individuals and according to country, being affected by cultures and healthcare systems. We aimed to assess the attitudes of transgender men and non-binary people who were assigned female at birth in the UK towards gynaecological healthcare.

**Methods**

Findings were drawn from a descriptive questionnaire-based study on attitudes to cervical screening in the UK, which also posed questions on gynaecological healthcare. We recruited patients from a UK gender identity clinic and a UK specialist transgender sexual health clinic. Inclusion criteria were; being assigned female at birth, identifying as masculine or non-binary, aged over 18, and resident in the UK. Participants were excluded if they were in prison or secure psychiatric facilities or lacked capacity to consent. Participants were invited by email to participate in the online questionnaire which remained open for one month. Categorical responses were quantitatively analysed using the R package. A thematic analysis was performed on free-text responses.

**Results and Conclusions**

There were 141 participants with a modal age group 18-24 years. Seventy five percent were male, 18% non-binary and 7% identified in another way. Twenty-four respondents (18%) reported having a gynaecological condition, and 23% reported a family history of one. Polycystic ovarian syndrome was the most common condition (6 respondents). No participants reported cervical cancer, though 7% reported a family history. 19% of participants felt comfortable attending their general practitioner for gynaecological issues. The acceptability of attending sexual health services for these issues was marginally higher (27%). Nearly all participants (92%) had considered a hysterectomy and 7% had undergone one. Of the remaining participants, 50% were planning a hysterectomy in the future, 39% were still considering this option and 11% had decided against surgery. The most common reason for hysterectomy was cancer prevention, followed by masculinisation and avoiding the need for gynaecological appointments or screening.

Thematic analysis revealed that transgender specialist services were important to respondents, many of whom made reference to specific clinics and clinicians. Some respondents also praised non-specialist services; although anticipated discrimination was a persistent theme and made it very difficult for some respondents to engage with healthcare professionals.

Our results suggest that barriers to accessing gynaecological care persist for transgender men and non-binary people who were assigned female at birth in the UK. There is a lack of comfort in seeking care from non-specialist General Practitioners and this may play a role in decision making around hysterectomy. Improved access to transgender specialist services and additional training for general practice, sexual health, and gynaecology practitioners to support patients in attending for gynaecological care are important. This may allow people to choose gender-affirming treatments that are congruent with their identity rather than due to dysphoria around accessing gynaecological care.

## The prevalence of eating disorders among transgender individuals: a systematic review and meta-analysis

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### Abstract

Background: Study results points to an increased prevalence of eating disorder (ED) among transgender individuals. Furthermore, study findings indicate that gender-affirming treatment may reduce the risk of ED. EDs are serious illnesses that can have major somatic and psychological consequences for a person's life and health. Thus, reducing ED symptoms is central and of great importance. The body of research on the subject is however extremely limited. The aim of this systematic review and meta-analyses is to assess the prevalence of ED in transgender individuals, and to investigate the impact of gender-affirming treatment on the prevalence of ED. Methods: The literature search was performed by a systematic search in various online databases in order to identify relevant studies. The literature search was set up in collaboration with The Medical Library at Aalborg University Hospital, Denmark, which is a professional health science library with staff trained to assist and guide research. The PRISMA statement guideline was followed by using pre-developed inclusion and exclusion criteria. The systematic review included quantitative studies with transgender individuals and ED according to ICD or DSM. Rayyan, which is a professional screening tool, was used for processing the studies. All studies were reviewed independently by three authors (SMR, MP and MR) and subsequently combined to assess and ensure the quality of the selection process. In case of any disagreement about the studies agreement was reached by discussion. This study is conducted in collaboration with Center for Gender Identity, Aalborg University Hospital. Results and conclusion**:** Full text screening of the included studies has been conducted. The final results and conclusion for this study will be presented at *the 4th EPATH Hybrid Conference: Reconnecting and Redefining Transgender Health,* whereof the paper is also expected to be submitted.

## Transgender pioneers of the fifties: a secret history

### Authors

Alex Bakker - freelance

### Abstract

The fifties of the 20th century can be regarded as a kind of birthplace of modern trans identity. In December 1952 a media hype was born: Christine Jorgensen had had sex reassignment surgery in Denmark. Jorgensen was the first transgender woman to receive such elaborate attention from the press, and the first to get both hormone treatment and surgical correction. Christine’s story was sensationally exploited, however, for transgender people all over the world it was a landmark.

It marked the beginning of a time in which those transgender people (mostly trans women) who wanted to make a full transition, started searching for the right help. Prescribing cross-sex hormones or performing transgender surgery were actions that almost no doctors were willing to undertake. Those who were, quickly became central to the lives and well being of trans people.

The Danish clinic where Jorgensen was treated received hundreds of applications from trans people, so many, that the Danish government banned helping foreigners. In most countries, among others the USA, sex reassignment surgery was officially prohibited. Through a network of pioneering international doctors, the Netherlands temporarily became the secret place of refuge for American and European trans women, until the handful of medical care givers - lacking support by their superiors - could no longer sustain it.

In my presentation I will reconstruct this specific international network of the fifties and show how the liaisons between transgender persons and professionals developed, how international relations were organized, which medical procedures were carried out and which were nót, what the role of secrecy and privacy was, the difficulties these transgender pioneers had to overcome to and how the health professionals evaluated and screened the applications. The emphasis in screening was pointed towards having SRS, being the topic that made the doctors nervous and anxious of making a mistake and being liable. High value was placed on the potential of ‘passing’: people who were allowed to go through surgery should be able to live convincingly in the desired sex role afterwards and disappear anonymously into the realms of society.

I will also shed some light on the general societal status of transgender persons in the fifties. As long as one’s identification did not match one’s gender identity or gender expression, trans individuals were subject to arrest in countries, including the United States, Germany, and the Netherlands, where cross-dressing could be prosecuted under various laws against “masquerading” or hiding one’s identity.

## Predictors of gender affirming hormone treatment in transgender people: Data Mental health and life satisfaction outcomes from based on a longitudinal study

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### Abstract

**Background**

Longitudinal studies investigating the role of gender affirming medical treatment (GAMT) in trans people are now emerging. However, the role of pre-treatment factors as predictors of GAMT outcomes has not been explored. Cross-sectional studies show that life satisfaction of transgender people wishing GAMT is positively associated with young age, social support, lack of mental health problems and receiving GAMT. However, no studies have investigated the role of these factors and pre-GAMT mental health symptomatology as predictors of treatment outcome.

**Objectives**

Using a retrospective longitudinal methodology, this study investigated the role of sex assigned at birth, age, social and family support, and mental health symptomatology as predictors of treatment outcome (defined as gender congruence and life satisfaction) following 18 months of GAHT.

**Materials and Methods**

Participants (n=137) completed a socio-demographic questionnaire, the Hospital Anxiety and Depression Scale (HADS), and the Multidimensional Scale of Perceived Social Support (MSPSS) at pre-assessment (T0); and Gender Congruence and Life satisfaction (GCLS) at 18 months after initiation of GAHT (T1). The subscales of the GCLS will be used as outcome measures.

**Results**

Linear regressions examining life satisfaction and Gender Congruence showed that Gender Congruence explained a significant variance in life satisfaction (F(1,115)=38.378,p<0.001,R2=.250). The regression coefficient (B=.631, 95% CI [.429, .833]) indicated an increase in gender congruence scores corresponded to an increase in life satisfaction scores.

Multiple regressions with five predictor variables were conducted to explore the predictors of Gender Congruence and life satisfaction separately. These predictors were age, assigned sex at birth, MSPSS score, HADS-A score, and HADS-D score at T0.

Multiple regression analysis for Gender Congruence showed that overall the model was significant (F(5,115)=9.813,p=.002), with an explained variance of 38.6% (R2 = .386). MSPSS scores were found to be predictors to Gender Congruence.

Multiple regression analysis for life satisfaction was not significant (F(5,114)=1.380,p=0.237) with an explained variance of life satisfaction scores of 5.7% (R2 = .057). No predictors included in the regression were significant predictors of life satisfaction scores.

**Discussion**

The data showed that none of the variables taken prior to receipt of GAHT could be used to predict the level of reported life satisfaction a participant experienced after receiving 18 months of GAHT, including symptoms of anxiety and depression.

The only variable that showed a relationship with reported life satisfaction at T1 was that of reported gender congruence at T1 which showed a strong significant relationship. An increase in gender congruence was accompanied by a similar increase in reported life satisfaction.

Prior research demonstrates a clear positive impact of GAHT on the mental health of treatment-seeking trans people. The lack of associations between pre-treatment mental health symptoms found in this study indicate that these factors should not constitute as barriers to access to GAMT.

**Conclusions**

These results highlight the fact that mental health symptoms pre-GAMT should not be a barrier to treatment for trans people wishing GAMT, instead they point towards the importance of the experience of gender congruence for trans people and its association with life satisfaction.

## Sexual pleasure in transgender persons using the Amsterdam Sexual Pleasure Index. Findings from the European Network for the Investigation of Gender Incongruence (ENIGI)

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### Abstract

**Background:** Research on positive sexuality is lacking in transgender persons. Accumulating evidence shows the fundamental role of sexual pleasure for physical and mental health. This creates a demand for applicable research tools to assess sexual pleasure in transgender persons. Recently, the Amsterdam Sexual Pleasure Index trait Vol 0.1 Trait (ASPI) was introduced in a cisgender population. This gender- and genital-neutral questionnaire assesses the tendency to experience sexual pleasure.

**Aim:** The aims of this study were threefold. First, we aimed to perform exploratory scale validation analyses of the ASPI in transgender persons during and after treatment (four to six years after their first clinical contact). Secondly, we compared sexual pleasure scores between transgender and cisgender persons. Finally, we identified factors associated with sexual pleasure in transgender persons.

**Methods:** In the European Network for the Investigation of Gender Incongruence (ENIGI) follow-up study, online questionnaires were distributed to individuals who had applied for gender-affirming interventions in clinics in Amsterdam, Ghent or Hamburg four to six years earlier. Participants were eligible for inclusion regardless of having pursued gender-affirming therapy. Among the distributed questionnaires was the ASPI. The ASPI had 52-items and uses a 6-point scale (from 1 “completely disagree” to 6 “completely agree”) on five sub-domains of sexual pleasure: *arousal enjoyment*, *partner-related pleasure*, *sexual self-efficacy*, *sexual and body confidence,* and *intimacy and connection*. Internal consistency was measured by calculating McDonald’s omega (ωt) for the entire questionnaire and per subdomain. ASPI scores were compared to scores from the cisgender population using a t-test and regressions were conducted to study associations with clinical characteristics, psychological wellbeing, body image, life satisfaction and sexual function.

**Results:** In total, 325 persons filled out the ASPI. For both the entire group as well as for transfeminine and transmasculine persons separately, the total score showed excellent overall internal consistency (McDonald’s omega (ωt), all: 0.97; transfeminine: 0.97, transmasculine: 0.97). Compared to the reference data from cisgender persons, transgender participants had significantly lower total ASPI scores (transgender vs. cisgender, mean(SD): 4.13(0.94) vs. 4.71(0.61). Among transgender persons, total ASPI scores did not differ significantly between gender groups (transfeminine vs. transmasculine, mean(SD): 4.09(0.98) vs. 4.19(0.89)). Determinants of sexual pleasure will be discussed.

**Conclusion & discussion:**Four to six years after applying for gender-affirming interventions, our participants reported less sexual pleasure compared to cisgender persons. Our findings highlight transgender-specific factors affecting sexual pleasure such as genital self-image, but also show that sexual pleasure is mediated by similar factors as in cisgender persons. The ASPI is an applicable research tool for the assessment of sexual pleasure in transgender persons as well. To further our understanding of the promotion of transgender health and wellbeing, it is time to adopt a positive approach to sexuality in research.

## Understanding factors that affect well-being in trans people “later on” in transition: A qualitative study

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### Abstract

**Background**

In comparison to the general cisgender population trans people have been identified by previous research as having a poorer quality of life (QoL). While prior research has focused on the wellbeing of transgender people prior to initiating Gender Affirming Medial Treatment (GAMT) or 12-18 months after initiation of GAMT, little qualitative research has been carried out to examine the factors that impact transgender peoples life satisfaction and wellbeing after this stage.

**Objective**

Using semi-structured interviews analysed through grounded theory and thematic analysis, this study investigated factors that impacted upon the wellbeing of transgender people who had initiated Gender Affirming Medical Treatment 5 or more years ago.

**Materials and Methods**

This study used semi-structured one-on-one interviews to investigate the factors that impact upon the wellbeing of trans people who had initiated Gender Affirming Medical Treatment (GAMT) 5 or more years ago. A group (n=23) of eligible participants were recruited through social media and transgender support organizations. Participation eligibility criteria was being 18 years old or over and having initiated GAMT five or more years ago.

The content of the interviews was analysed with an inductive, grounded theory approach to identify common relevant themes within the interviews.

**Results**

The six themes identified include some concurrent with cisgender populations (while being viewed through the lens of trans experience), as well as those more specific to the trans experience. Together these themes included; work and finance, the positive impact of transition, social support, experiences of media and social media, healthcare, and societal acceptance. Each of the themes identifies a factor which participants highlighted as impacting either positively or negatively on their wellbeing.

**Discussion**

Within the factors identified in this study that impact the wellbeing of transgender people, the presence or lack of appropriate support for trans people is prevalent. This support can be seen in various contexts ranging from knowledgeable healthcare specialists and legislation to social support.

**Conclusions**

These results highlight the importance of the positive impact of third party support organizations, protective legislations, awareness in the general public, and the provision of recommendations and guidance for specialist and non-specialist healthcare providers. These factors could be used for guidance in how best to provide additional services and care for transgender people who are undergoing GAMT. It is important to consider that these positive influences are already afforded to many cisgender people.

## The importance of self designation of gender identity in research, care and advocacy

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### Abstract

The symposium brings together teams that have been involved in the international project "Trans health and citizenship" for the last ten years. It intends to systematically explore the forms and languages of self-designation of gender identity, highlighting the diversity of gender identifications in different sociocultural contexts in Europe and Latin America. The different papers aim to explore the implications of the use of gender identifications in the fields of research, analysis of care and gender affirmation, sexuality and, more generally, gender expression within a specific culture. It argues for the relevance of including gender identity in the different fields. By solely taking into consideration the assigned sex at birth as variable in the design of the study and data-analysis, as well as in clinical practice, there is a risk of oversimplification, of overlooking the multitudes of real-world gender diverse identities and expressions, and of reducing the complexity of gender identifications. This can render many gender diverse individuals and individual needs invisible and unrepresented in research and healthcare policy. Maria Lucia Pop will present the evolution of gender identification based on an analysis of the generation stratification and sex assigned at birth; Esben Esther Pirelli will expose the interest of using a gender identity map in clinical practice; Silje-Havard Bolstad will study the interest of using gender identity for the exploration of sexuality; Jaime Barrientos, will explore gender identity correlations in the field of mental health; Paolo Valerio proposes a fascinating journey in the subculture of femminielli in Napoli; Alain Giami will present a comparative anthropological approach of self-designation of gender identities in different countries. The symposium presents a possible alternative that, ultimately, aims to fill more of the gap between researchers, care providers, policy makers and the individuals they all work in service of.

## Smoking incidence amongst patients at the Charing Cross NHS Gender Identity Clinic

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### Abstract

**Background:** The Charing Cross Gender Identity Clinic (GIC) is the largest and oldest gender clinic in the UK. It has been operating since 1966 and accepts referrals from all over the UK for adults with issues related to gender. Clinical experience suggests that hormone therapy is by far the most frequently sought treatment by trans and non-binary people accessing the clinic. We further know that smoking tobacco is contraindicated when undergoing hormone replacement therapy. According to the latest United Kingdom’s Office for National Statistics (ONS) (2018) data, 14.9% of adults in England are current smokers.

Studies looking at feminising hormones report an increased risk of venous thromboembolism disease in smokers undertaking oestrogen treatment (Seal, 2016). Furthermore, studies looking at cisgender women who are taking the contraceptive pill found that there is an approximately 2-fold increase in the incidence of clotting in smokers (Pomp, Rosendaal & Doggen, 2008). Research looking at the effects of masculinising hormones report an increased risk in polycythaemia in smokers undergoing testosterone treatment (Ohlander, Varghese, & Pastuszak, 2018). It has been reported that more red blood cells, as the result of increased testosterone, thickens the blood (Ohlander, Varghese, & Pastuszak, 2018).

**Objectives:** Undertake an audit to identify smoking prevalence in patients presenting for an initial assessment at the GIC from January 2020 – December 2020, and incidence by age, sex assigned at birth, and gender identity.

**Rationale:** A better understanding of smoking incidence in our patient population can improve the ways in which smoking cessation initiatives are targeted, ultimately improving health outcomes while undergoing hormone therapy.

**Method:** Data will be extracted from initial clinical assessment reports over a one-year period.

**Analysis:** Using the data generated the aim is to identify, by birth assigned sex and gender identity, the percentage of patients currently smoking. In addition, the data will be broken down by age band, as the ONS do, for smoking prevalence in the general adult population to compare the difference between the GIC patient population and the general population.

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## Transgender and autism

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### Abstract

**Background:**

Multiple international studies have identified a significant over-representation of autism among transgender/gender diverse individuals. Estimates suggest for example that between 9.6% (de Vries et al., 2010) and 22.5% (Strauss et al., 2017) of transgender adolescents are autistic. While initial clinical guidelines highlight that an autism diagnosis or autism characteristics should not be an exclusion criterion for gender affirmative care, providers have reported that the clinical assessment and treatment of autistic transgender individuals can be more complex, yet empirical evidence concerning gender-affirming interventions is scarce. In addition, little research has been conducted to understand primary needs, risks, and resilience factors using community-based participatory research approaches in this population.

**Methods:**

This cross-country state-of-the-art symposium will consist of three different parts with interdisciplinary contributions from both medical doctors, psychologists, and expert-stakeholders: 1) Providing a short **overview** on the co-occurrence of transgender and autism and presenting data on the **clinical prevalence** of autism and its **implications for gender-affirming treatment** in a German specialized Gender Identity Service for children and adolescents (Hamburg GIS); 2) In participatory research, researchers partner with members within a particular community to conduct research that is pertinent to the community in question in terms of inclusive care and policy. In the case of transgender research there is an **underrepresentation of participatory research** involving transgender individuals. In addition, there is little precedent on how to effectively represent the population of autistic transgender individuals as self-advocate key stakeholder and research partners. A process how to identify those partners will be discussed; and 3) Using input from **24 expert key-stakeholders**, key questions and topics will be presented to learn about the experiences and needs of autistic gender diverse people. The state-of-the-art symposium ends with an online Q&A.

**Results and Conclusions:**

For each presentation, the results and conclusions will be discussed: 1) The clinical prevalence of co-occurring autism diagnoses in different studies ranges between 4.7 and 26%. At the Hamburg GIS, the clinical prevalence was estimated at 3.1%. Transgender youth with co-occurring autism had significantly higher rates of suspected (vs. confirmed) GD diagnoses and started significantly less often with gender-affirming medical interventions than youth without ASD diagnosis. The results will be discussed in the light of clinical decision-making regarding gender-affirming medical interventions. 2) Different search strategies to include different stake-holders representing the breadth and depth of expertise on the intersection of gender diversity and autism will be discussed along with summary characteristics of 24 world-wide expert stakeholders. 3) Using a participatory-based research approach with the 24 expert key-stakeholders, key topics for a clinical questionnaire including access to care, identity, and resilience factors will be discussed.

## Moral dilemmas around the decision-making capacity of transgender and gender diverse adolescents: an ethics support tool for the care provider

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### Abstract

**Background**

When adolescents with gender non-conforming feelings enter healthcare for medical affirming treatment, one of the things that healthcare professionals do during the diagnostic trajectory is to assess their decision-making capacity: to what extent are these children (or adolescents) able to participate in the decision-making process? This might be challenging as some of these ‘adolescents’ are very young (in birth assigned girls, puberty may start as young as age 9 or 10) and decisions might have a lifelong impact on (for instance) their fertility. This raises moral dilemmas, not only about the question *if* the young adolescent is sufficiently competent to make a decision, but also on how to balance the long and short term effects; or about how to adequately involve the parents in these existential decisions.

In order to support transgender care providers, we started a practice-oriented study to develop a tool to help to understand and weigh moral dilemmas around the decision-making capacity of transgender youth when starting puberty-blocking treatment.

**Methods**

The tool was developed in co-creation with the transgender care providers. We interviewed 9 professionals from various disciplines and of several specialized transgender care clinics, long existing as well as recently founded, in the Netherlands about their needs for and expectations of a tool. A first draft was discussed with them again in two focus group meetings for further refinement. Besides, an expert panel was formed with experts in child decision-making competence, medical ethics and transgender youth care, for periodical meetings for advice and feedback. After a small pilot-test with professionals, the tool was presented for all transgender care providers involved in the assessment and treatment of adolescents with gender incongruence. Implementation of the tool will be monitored and evaluated in the first months after its launch.

**RESULTS**

The interviews revealed that transgender care providers often struggled with the interpretation of (criteria for) assessments of decision-making capacity, and that they both were looking for information on what decision-making capacity entails and tips on how to assess it adequately. Furthermore, they emphasized various morally challenging issues: discussing long-term effects (like fertility), how to involve parents, dealing with psychiatric conditions (like autism) etc. Interviewees preferred a stepwise tool or flowchart to consider and clarify these issues.

The final tool became an interactive infographic and includes four steps: 1) Clarify information; 2) Identify doubts and moral questions; 3) Guides for the conversations and 4) Conclusions and next steps. The tool can be used individually or as a group; notes can be made in the document.

**DISCUSSION**

The tool can now help healthcare professionals when dealing with morally challenging situations around the decision-making processes of transgender and gender diverse adolescents. It does not *solve* the dilemmas however but helps to pay attention for the need to further clarify and investigate these issues.

## A fight for mental health in a cisnormative world: gender dysphoria and coping resources among transgender people in Serbia

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### Abstract

**Background**

Transgender people struggle with various difficulties with mental health (Valentine & Shipherd, 2018, Robles et al., 2016), including gender dysphoria, and use different forms of coping mechanisms and resources, both individual and community-based (Bockting et al., 2013, Meyer, 2015). This paper explores experiences of gender dysphoria and internal and external coping resources available to transgender participants from Serbia.

**Methods**

The results are based on semi-structured interviews with 12 adult transgender participants from Serbia (8 men, 4 women, age span: 23-48). We used interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009) to identify relevant themes related to mental health.

**Results and conclusions**

In the domain of mental health, we identified two main themes: Gender dysphoria and Struggle to live an authentic life. Gender dysphoria was described as a feeling of “being drowned, being suffocated“, as “something permanent, placed on me”, “something that happens unexpectedly, and that you can’t comprehend“. Our participants differentiate between bodily dysphoria (including genital/sexual dysphoria) and social dysphoria, with individual differences in significance attributed to different forms of dysphoria. The main arena of the struggle to live an authentic life is relationships with parents. Parents fail to provide support, they wait for this “phase“ to pass (“Mother, this will not go away”), and pressure their transgender children to hide their identity even after the medical transition (“If I want to keep in touch with my parents, I have to take a step backward”). Also, our participants draw a connection between difficulties with mental health (e.g., panic attacks and agoraphobia) and experienced rejection by family and immediate environment.

When it comes to available coping resources, we identified several themes: Friends and Family, Community resources, Internal resources, and the Overall importance of acceptance and support. Among community resources, participants especially emphasized trans support group as a place where they can not only receive credible information on medical transition but also find understanding (“They understand me without saying“, unlike their cisgender peers), feeling of belonging (including mirroring during the process of medical transition: “We don’t see each other for a week, and then say: ’Bro, you’ve changed so much!’“) and healthy role models (e.g. support group facilitator – „I saw myself in him, he is what I will become in the future“). Among internal resources, they emphasized creativity and love of life („I am a survivor (…), and I’ve always maintained a love of life“) and determination to reach financial independence as soon as possible.

Our results indicate the complex understanding and experiences of gender dysphoria and external and internal resources available to transgender people in our sample. Participants emphasized the importance of being accepted in their identity by their immediate environment and broader society and stress the importance of external support for their wellbeing. Community support is recognized as an essential resource, both through friendship with other trans people and in a more structured form, through a support group.

## Experiences of stigmatization in transgender population from Serbia: public institutions as contexts of gender-based violence

### Authors

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### Abstract

**Background**

Transgender people are exposed to different forms of stigmatization, which has a negative impact on their quality of life and mental and physical health. This paper aims to address both commonly recognized forms of stigma in transgender participants from Serbia: structural or institutional stigma (e.g. inadequate procedures regulating medical gender confirmation process and LGR) and stigma on the individual level: enacted, anticipated, and self-stigma.

**Methods**

Results are based on semi-structured interviews with 12 adult transgender persons from Serbia (8 men, 4 women, age span: 23-48). We used interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009) to identify main themes related to experiences of stigmatization.

**Results and conclusions**

Our participants were exposed to various experiences of stigmatization in their childhood, adolescence, and adult life. We identified two primary contexts in which stigmatization occurs: schools and health care facilities. While participants mainly recall their early childhood as a period of freedom, when gender differences were not prominent, starting school marks the entrance into the world of sharp gender differences and different forms of violence. Besides verbal abuse in the form of insults (“They were insulting me, excluding me from activities, from socializing…”) or stigmatizing comments (“My classroom was at the third floor, and I had to walk through the first floor, the second floor… and comments like: ‘Wow, is that a boy or a girl?’ or “What is that?’ (…) you can’t just not hear that”), participants were exposed to physical abuse (“Other kid took me off the bus, they ripped me off the bus to call me names, to see what I have in my pants”; “It was some sort of lynch (…) the most depressing period of my life”). However, perpetrators were not just their peers, but also teachers – while some of them failed to react to cease the violence, others incited it or took an active part (“She /the teacher/ would start imitating my voice or something like that, and then the whole class would laugh at me, while I was standing in front of the board”). Participants also reported difficulties stemming from the inability to change their gender during high school and faculty legally, which only prolonged their vulnerable status and made them exposed to stigmatization in an educational context.

Stigmatization in the medical context is mainly related to the process of gender affirmation, mainly through different forms of gatekeeping (including outdated requirements for HRT) and overt medical violence (requiring a person to be photographed naked and publishing their pictures without consent, performing other surgical procedures than expected, unnecessary gynecological procedures as a requirement for GCS), etc.

Our results indicate the need for urgent action in these two domains: efficient implementation of the obligatory protocols against violence in schools and training on gender-affirmative approach; and ensuring that all medical team members are working in accordance with the standards of ethics, as well as creating preconditions for the decentralization of the trans-specific health care.

## Cardiovascular outcomes in transgender individuals in Sweden

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### Abstract

**Background:** Evidence suggests that transgender individuals may experience adverse health conditions during their lifetime potentially due to gender-affirming hormonal therapy (GAHT). Several studies have examined the association of GAHT with surrogates of cardiovascular disease (CVD), such as blood pressure, lipid concentrations and hemoglobin levels, albeit with inconclusive results. Thus, we leveraged population-based data and compared incidence rates of CVD outcomes in transgender participants under GAHT to the rates observed in cisgender individuals from the general population. We further examined the incidence rates of cardiovascular events in a cohort of transgender individuals with four or more diagnoses of gender dysphoria (GD), but without receiving GAHT.

**Methods:** Information was obtained on all individuals older than 10 years with a diagnosis of GD registered at the Swedish National Patient Register and linked to the Prescribed Drugs Register during the period 2006-2016. For each exposed individual, two groups of 10 non-exposed controls without GD or GAHT were randomly selected from the general population, and were matched on age, county and birth-assigned sex (first reference group), and on age, county and opposite birth-assigned sex (second reference group), respectively. The study cohort included 1838 transgender individuals of which 804 were transfeminine (43.7%) and 1034 transmasculine (56.3%) persons with at least one GD diagnosis and under GAHT. Crude incidence rates (IR) were calculated as the number of cases per 1000 person-years. Kaplan-Meier curves were also constructed and Cox proportional hazards models (hazard ratios [HR] and 95% confidence intervals [CI]) were fitted.

**Results:** The transmasculine participants had 8 CVD events since the index date: 2 major adverse cardiovascular events (MACE), 5 conduction disorders and 1 cerebrovascular event. In the transfeminine cohort, 25 events, namely 4 MACE, 10 conduction disorders, 4 cerebrovascular events, 3 thrombotic events and 4 CVD-related deaths occurred.In the transmasculine cohort, the incidence of any CVD event was estimated at approximately 5 per 1000 person-years (IR: 4.9, 95% CI: 2.3, 10.3), reaching 6 per 1000 person-years in participants older than 25 years (IR: 6.1, 95% CI: 2.3, 16.2). For specific CVD outcomes, the increased incidence was mainly confined to conduction disorders, where the IR was 3.5 per 1000 person-years (95% CI: 1.5, 8.4) vs 1.2 (95% CI: 0.9, 1.7) in the non-exposed. The transfeminine cohort also showed an even higher incidence of any CVD event (IR: 8.2, 95% CI: 5.0, 13.4) compared to either cisgender cohort. Particularly, the hazard risk of any CVD event was increased by 2-2.6 times in trans women compared to either cisgender men (HR: 2.0, 95%CI: 1.2-3.5) or cisgender women (HR: 2.6, 95%CI: 1.5-4.5).

**Conclusions:** An increase in CVD rates among transgender participants was observed compared to cisgender persons, even though the absolute risks were relatively low and in most cases the events were non-fatal. Because of the strong possibility for confounding, further research is needed to explore if any causal links underlie these associations, as well as possible effect modification from comorbidity patterns.

## "I didn’t have the language then": A qualitative examination of terminology in the development of identities outside of exclusively male and female

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### Abstract

**Background**

Identities that lay outside of exclusively male and female have become increasingly more prevalent and visible within recent years. Increasingly referred to as *gender diverse,* this group constitutes a growing part of the transgender community worldwide but have only recently started to appear within research. Existing developmental theories relating to gender often centre language as a key component. An individual’s ability to declare themselves as either *male* or *female* is a key moment in the development of gender identity. However, in a world that widely acknowledges *two and only two* genders, how does a gender diverse individual come to know themselves as something other than exclusively male or female? This study explores the words gender diverse people use to describe their identity, where they encountered the words and how they came to identify with them.

**Methods**

This study used qualitative methods to explore the research question. The theoretical framework used is thematic analysis and an inductive approach was taken when analysing the data. A total of 16 participants took part in the research and all of them identified as a gender other than exclusively male or female.

**Results**

The analysis uncovered several key themes and sub-themes relating to terminology choice, encountering new terms and the process of identifying with new terminology as well as becoming visible and understood by others.

**Conclusions**

Participants generally discovered new terminology either via the internet or their LGBTQ+ friendship group. For many, there was not an immediate *click* moment, but a slow realisation that their own identity was not within the gender binary. Some participants later found the word *trans* was also an accurate way to describe their identity while others felt the term was not one they had *earned.* Participants also found terminology was key to making their identity visible to others and most of the participants chose *non-binary* as their main identifier as they felt this was the term most people outside of the trans community were aware of. However, many of the participants also said *non-binary* was not the ideal term for them. With the sample of this study being a mainly white, highly educated group of participants, future research could look at the implications of language on a more diverse selection of participants.

## Body image in non-binary identifying adults referred for gender affirming medical treatment

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### Abstract

Background:

Experiencing dissatisfaction with one’s body image is one of the main reasons for gender diverse individuals to seek gender affirming medical treatment. Body image describes a multifaceted construct, which refers to the perceptions, thoughts, and feelings individuals have about their body and bodily experiences. Gender affirming medical interventions, such as gender affirming hormones and surgery, can improve body satisfaction in adults with GI. Individuals who seek gender affirming medical interventions identify in various ways. Besides binary (trans)gender identification, individuals report other gender diverse identities such as non-binary or genderqueer. These individuals do not solely identify as male or female but empathize with both feminine and masculine characteristics at the same time, alternate these characteristics over time or reject characteristics of any gender. The body image of individuals with non-binary gender identities has rarely been studied. More insight in body image in these individuals might help to better tailor treatment protocols to the diversity of the population referred for gender affirming medical interventions.

Methods:

Self-report measures on body satisfaction and gender identity were obtained from 417 adults (M age: 28.1, 17-68) that were referred to the Center of Expertise on Gender Dysphoria at the Amsterdam University Medical Centers, location VUmc, between 2018 and 2020. Body satisfaction was measured using the six body area subscales of the Body Image Scale (social & hair, head & neck, muscularity & posture, hip, chest, and genitals). First, a general description of body satisfaction in binary (N= 364, 87.3%) and non-binary (N= 53, 12.7%) individuals is provided based on gender assigned at birth. Second, gender identity was measured with the Gender Queer Identity Scale, a continuous instrument assessing gender identity on a binary to non-binary spectrum. The association between the degree of non-binary identification and body satisfaction with different areas of the body is examined using multiple linear regression analyses.

Results:

Non-binary identifying individuals reported significant lower levels of body dissatisfaction than binary identifying individuals (t (469) = 4.903, p < .001). An identity at the non-binary end of the spectrum in adults assigned male is associated with less overall body dissatisfaction (β= -.132, p= .035), and less dissatisfaction with the genital area (β= -.486, p < .001) compared to binary identifying individuals. In individuals assigned female at birth, a gender identity at the non-binary end of the spectrum is associated with less overall body (β= -.120, p = .019), genital (β= -.172, p = .008), and chest dissatisfaction (β= -.493, p < .001) compared to binary identifying individuals. No other significant associations were observed between a non-binary gender identity and the level of body dissatisfaction on other body areas in individuals assigned male at birth as well as individuals assigned female at birth.

Conclusion:

These results indicate that individuals with a non-binary identity have a different body image compared to binary identifying individuals and potentially a different gender affirming treatment path. These findings highlight the importance of an individualized approach in discussing the needs of gender diverse adults referred for gender affirming medical treatment.

## Investigating the relationship barriers between cisgender and transgender women

### Authors

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### Abstract

**Background**

**Introduction:** Research has shown that marginalised and dominant groups have different concerns when interacting with one another, which may go on to shape their social interactions. This can have important implications for the social health of transgender individuals as past research has shown that transgender people may experience more barriers to their social relationship formation with cisgender people due to anticipated stigma arising from internalised transphobia. If relationships between these groups are hindered by barriers then this could potentially lead to negative physical and psychological outcomes for transgender people as the health risk linked to social isolation has been suggested to be on a par with other mortality risks such as smoking.

**Objective:** This research aimed to explore concerns of cisgender and transgender women when imagining interactions with one another. We hypothesized that transgender women would report higher concerns due to expectations of stigma and internalised transphobia. Cisgender women were expected to have mainly specific concerns about language use.

**Methods**

A total of 303 cisgender women and 101 transgender women participated in the current study. Participants were randomly assigned to read one of two vignettes that described either a cisgender or transgender office mate who identified as a woman. Participants reported the concerns they would have when interacting with this person regarding gender sensitivity, respect, liking, comfort, physical interaction in shared spaces, language use, self-disclosure of personal histories, mental health, dominance, and empathising with one another.

**Results**

Transgender-women reported significantly higher concerns about interacting with a cisgender vs. a transgender woman regarding: Gender sensitivity, comfort, physical interaction in shared spaces, language use, pronoun use, self-disclosure of personal histories, and mental health. Cisgender women reported higher concerns about the correct use of pronouns when imagining interacting with a transgender vs a cisgender woman. Surprisingly cisgender women also reported higher concerns about comfort, physical interaction in shared spaces, physical presentation, and self-disclosure of personal histories when imagining interacting with a cisgender woman rather than with a transgender woman. When imagining interacting with a cisgender woman, transgender women reported higher concerns with physical presentation and femininity than did cisgender women.

**Conclusions**

In line with hypotheses, transgender women reported a significantly higher range of concerns when imagining interacting with a cisgender woman; also, cisgender women reported significantly higher concerns about the correct use of pronouns when imagining interacting with a transgender woman than when imagining interacting with a cisgender woman. However, whereas we expected transgender women to report the highest levels of interaction concerns, this was not the case, with cisgender women reporting comparable levels of concerns to transgender women when interacting with cisgender women on certain concerns e.g., dominance and language. These results show that there are specific interaction concerns that need to be taken into consideration when investigating social relationships and health in transgender populations. Greater understanding of these dynamics can lead to better relationship interventions in the future which could serve to improve the health of marginalised people and their relational partners.

## Robot-assisted laparoscopic colpectomy and vaginal colpectomy in transgender men: comparison of surgical outcomes of a retrospective double-arm cohort study

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### Abstract

**Background:** Colpectomy entails the surgical removal of the vaginal mucosa. It may be performed in transgender men to reduce gender dysphoric feelings, vaginal discharge or preparatory to future phalloplasty or metoidioplasty with urethral lengthening to reduce the risk of fistula formation. Vaginal colpectomy (VC) is a complex procedure with potentially severe complications. As alternative, robot-assisted laparoscopic colpectomy combined with robot-assisted laparoscopic hysterectomy and bilateral salpingo-oophorectomy (RaLC+) as a single-step procedure can be performed. The objective of this study was to compare intra- and postoperative outcomes of RaLC+ with VC in female-to-male transgender patients.

**Methods:** A single-center retrospective cohort study included 310 transgender men who underwent either VC (n=170) or RaLC+ (n=140) between January 2006 and December 2019. Surgical details and clinical outcomes were collected from all patients. Peri-operative complications were assessed using the Clavien-Dindo classification (CD).

**Results:** Patients in the vaginal group were significantly older than in the RaLC+ group (median age 32 Vs. 23 years) and were less often smokers (18% Vs. 30.7%). In the vaginal group 94.7% of the patients had undergone previous surgery, such as hysterectomy and/or metoidioplasty, compared to 13.5% in the RaLC+ group (p<0.01). The median operating time of VC was 114 minutes (89-141) and RaLC+ 176 minutes (153 – 257) (p<0.01). The median blood loss during the procedure was 300 mL (200 – 450) in VC and 100 mL (50 – 200) in RaLC+ (p<0.01). The median duration of hospital stay was 3 days (2 – 4) for the vaginal group and 2 days (1 – 2) for patients of the RaLC+ group (p<0.01). In the vaginal group 93 (54.7%) peri-operative complications were reported, compared to 63 (45%) in the RaLC+ group (p 0.04). More specifically, the number of complications graded 3a and higher was significantly higher in the vaginal group (18.2%) than in the RaLC+ group (7.1%, p<0.01). The main difference was found in intra-operative complications (VC 10.6% Vs. RaLC+ 0.7%). Postoperative complications were considerably high, but comparable in both groups (VC 44% Vs. RaLC+ 44.3%). Postoperative infections requiring antibiotics occurred more often in the RaLC+ group (7.9%) than in the vaginal group (0.6%, p <0.01). The number of postoperative grade 3B complications was higher after VC than after RaLC+, 19 (11.2%) and 7 (5%) respectively (p<0.03).

**Conclusion:** We compared surgical outcomes of vaginal colpectomy with robot-assisted laparoscopic colpectomy combined with hysterectomy and bilateral salpingo-oophorectomy as a single-step procedure. Although RaLC+ entailed a more extensive and complicated procedure, intra-operative blood loss was less, hospital stay shorter and less (severe) peri-operative complications occurred. However given the retrospective design selection bias cannot be excluded. Randomized studies are needed to prevent selection bias.

## Engaging with and negotiating the social responses to a gender diverse identity

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### Abstract

**Background**

In the majority of the world, gender is divided into a binary system of just two identities – male and female. Increasingly, some individuals have come to identify as something other than exclusively male and female. Often termed *gender diverse*, these individuals have to live in a world where socially and legally, their gender identity is not recognised. In addition, gender diverse individuals often experience disbelief or opposition to their identity. This in turn may lead to increased mental health issues including anxiety and depression. This study examines how individuals With this in mind, this study aims to explore how gender diverse individuals engage with the social responses to their gender identity and negotiate living as a gender diverse person in a binary gendered society.

**Methods**

This study used qualitative interviews with 16 self-selecting participants. Thematic analysis was used to analyse the data. Themes and subthemes were identified from the transcripts of the interviews.

**Results**

Several themes emerged from the data – avoiding conflict, explaining the meaning of gender diverse, suffering through being misgendered and resigning to the fact some people will never accept their gender. The results show that participants mostly used an emotion-focused coping strategy where they avoided conflict as well as people and places where they could face opposition to their identity. While they found being misgendered painful, many of the participants did not correct people and were avoidant of asking for the correct pronouns. These results suggest that while having their gender identity affirmed with the correct language and the acceptance of others, this did not always happen. Participants instead chose to have a close group of LGBTQ+ friends who affirmed their identity while also accepting that other people close to them, such as their family, were not going to ever use correct language or accept their identity. This study suggests that a societal shift away from the 'two and only two' system of gender would leave room for gender diverse people to be accepted and affirmed.

## Understanding the support needs of partners of transgender individuals: A qualitative study

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### Abstract

**Background**

The level of support needed in order to help partners cope with the challenges of sustaining and adapting their relationships with their trans partner following transition is unknown. Evidence has demonstrated the importance of support in trans people’s wellbeing and improving trans people’s mental health and the outcome of gender affirming medical treatment should be a priority for the health services. Therefore, it is imperative to support partners to help them continue supporting their trans partner and protect against any detrimental impact on their own wellbeing whilst providing this support. In light of this, the aim of this study is to gain an in-depth understanding of the support needs of partners of trans individuals and their perceptions of the support structures currently available to them.

**Methods**

A qualitative methodology was adopted to achieve the study aim. Semi-structured interviews were conducted with 15 current partners of trans individuals where questions were focused on current support and what further support is required. Eleven participants identified as a cis woman, 3 identified as a cis man, and 1 participant identified as non-binary. Participants were recruited through social media (e.g. Facebook, Twitter) and trans support organisations. Thematic analysis was employed to analyse the interviews.

**Results**

All participants discussed their need for support as their partner transitions and the difficulties they currently face accessing appropriate support. Thematic analysis produced three main themes with a number of sub-themes: (1) Improvements required in professional support, (2) Need to talk to others with similar experiences, (3) Adequate and appropriate information required.

**Conclusions**

The findings highlight the importance in supporting partners and the current gaps in the support resources available for partners of trans individuals. Based on the findings, recommendations for the future support resources include the need to acknowledge the partner role in the medical transition, creation of partner only support groups to share experiences, production of psychoeducation tools, and training professionals to ensure partners are able to access their own individual support without taking on the educator role.

## Relationship satisfaction : A comparative study between trans and cis people

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### Abstract

**Background**

Romantic relationships are often a significant area of an individual’s life. Having a highly satisfying relationship has been found to be associated with higher wellbeing and lower levels of mental health symptomology in the general population. Limited research suggests a bi-directional relationship between transition, relationship quality and wellbeing, however the impact of transition specifically on relationship satisfaction for trans individuals remains fairly unknown. In light of this, the aim of this study is to compare the level of relationship satisfaction between trans individuals and cis individuals.

**Methods**

Participants were recruited from trans support groups and cis participants were recruited through advertising on social media. A total of 159 people participated in this study (60 trans individuals and 99 cis individuals) and analysis is ongoing. Participants completed a series of online questionnaires containing demographic questions, along with measures assessing relationship satisfaction (The Couple Satisfaction Index), attachment style (Relationship Questionnaire) and overall physical and mental health (The Short Form Health Survey).

**Results**

Preliminary analysis suggests no difference in the level of relationship satisfaction between trans and cis individuals. Further analysis focused on the predictors of relationship satisfaction for trans individuals will occur once recruitment is complete.

**Conclusions**

This study is the first of its kind to compare the level of relationship satisfaction for trans and cis individuals. By providing a comparison, the findings will provide a true understanding of the level of relationship satisfaction for trans individuals. With a general expectation within society that relationships will end upon the commencement of social or medical transition, these preliminary findings help to show relationship satisfaction does not differ for trans individuals and, as such, their relationships should not be viewed differently. With high relationship satisfaction related to better wellbeing and lower mental health symptomology for the general population, the preliminary findings from the current study suggest that other factors may play a part in this association and these will also be discussed.

## Low feasibility of in vitro matured oocytes originating from cumulus complexes found during ovarian tissue preparation at the moment of gender confirmation surgery and during testosterone treatment for fertility preservation in transgender men

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### Abstract

Objective. To study the feasibility of ovarian tissue oocyte in-vitro maturation (OTO-IVM) for fertility preservation in transgender men on testosterone treatment.

Design. Cross-sectional study.

Setting. Ghent University Hospital.

Patients. 83 transgender men enrolled during November 2015–January 2019.

Interventions. IVM of cumulus-oocyte-complexes (COCs) harvested at the time of gender confirmation surgery, fertilization and fertilization through ICSI.

Main outcome measures. IVM rate, fertilization and blastulation rates; comparison of morphokinetics with vitrified-warmed oocytes (VITO); analysis of genetic profiles of embryos. Secondary outcomes: association between serum hormone levels; COCs’ morphological characteristics and vitrification rate.

Results. All participants were on testosterone treatment for a median of 83.0 (64.0(Q1); 113.2(Q2)) weeks. 1,903 COCs (mean per participant:23±15.8) were collected. IVM rate was 23.8%, vitrification rate 21.5%, and survival rate after warming 72.6%(n=151). ICSI was performed in 139 oocytes. 2PN rate was 34.5% and 25(52.1%) embryos reached day 3. One blastocyst was achieved on day 5. Aberrant cleavage patterns and early embryo arrest were observed in 22(45.8%) and 44(91.7%) zygotes, respectively. Compared to VITO, a delay was observed in tPNf and t2 timings and in CC1 and S3 time intervals. Forty-two percent embryos showed normal genetic pattern. The proportion of vitrified oocytes was negatively associated with progesterone (OR0.76;P = 0.03) and positively with AMH serum levels (OR1.23;P <0.001). The highest vitrification rate was achieved by the morphological characteristic 344 at day 0 and by 433 at day 2.

Conclusion. Ovarian tissue oocytes in-vitro matured (OTO-IVM) show low developmental capacity in transgender men when collected under testosterone treatment.

## A case series and early outcomes following 400 feminising Genital Reconstructive Surgeries performed by a single British urological surgeon

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### Abstract

Background: Genital reconstructive surgery (GRS) is one of the highest volume surgical services provided by the NHS in the UK, with a year on year rise in demand. There are limited large, prospective, surgical outcome data for feminising genital reconstructive surgery (fGRS) at present. We report the early surgical outcomes of 400 fGRS operations performed by a single UK urological surgeon.

Methods: A retrospective case note review collected data following fGRS (i.e. vaginoplasties and labioplasties) performed from September 2014 - March 2020 by a single urological surgeon, as part of gender affirming care for transgender women. Bowel segment vaginoplasties were excluded. Eighteen data elements and outcomes relating to timing of appointments, patient demographics, intra-operative details and post-operative outcomes were collated and analysed. The chi-squared test was used for statistical analysis of the post-operative complication trends over time.

Results: There were 400 primary fGRS performed. The vaginoplasty techniques were: penile skin inversion (n=311), penoscrotal pedicled flap (n=22), penile skin inversion with additional free skin graft (n=19) and labioplasty (n=48). The mean age and body mass index was 36 years old and 25kg/m2, respectively. Intra-operative complications were rare (none in n=391 (98%)). The most common intra-operative complication was rectal injury requiring primary repair (n=4, 1%). The most common post-operative complication was urinary tract infection (n=45, 11%) and the least common was rectovaginal fistula (n=1, 0.25%). Mean follow-up time was 2 months (range 1 – 49 months). There was a significant reduction (p<0.05) in the following post-operative complications over the 6-year period; post-operative bleeding, urinary tract infection, neovaginal stenosis and urethral stenosis.

Conclusions: The results demonstrate that fGRS performed by a high-volume surgeon have a low incidence of significant complications. A defined data set with validated PROMs and prospective data collection, focusing on long-term surgical and functional outcomes has been commenced.

## Recommended maximum laryngeal prominence size in adult females: a cross-sectional study proposing a laryngeal prominence size standard for chondrolaryngoplasty in male-to-female transgender individuals

### Authors

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### Abstract

“Recommended maximum laryngeal prominence size in adult females: a cross-sectional study proposing a laryngeal prominence size standard for chondrolaryngoplasty in male-to-female transgender individuals.”

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**Abstract**

**Background**

Although the World Professional Association for Transgender Health has provided international, multidisciplinary, evidence-based standards of care for various aspects of transgender health care, there is a lack of evidence-based guidelines for facial feminization surgery, including chondrolaryngoplasty. The aim of this study was to define the recommended maximum laryngeal prominence size in adult females to propose an evidence-based laryngeal prominence size standard for chondrolaryngoplasty in male-to-female transgender individuals.

**Methods**

This cross-sectional study was conducted at Amsterdam University Medical Centers – location VU University Medical Center, a tertiary care hospital in Amsterdam, the Netherlands, between January 2019 and May 2019. The study sample consisted of patients aged 18 to 60 years, without a history of surgery or radiotherapy in the head and neck area, who visited the Otolaryngology/Head and Neck Surgery outpatient clinic. Laryngeal prominence size data were collected using three-dimensional scanning of the head and neck area.

**Results and conclusions**

Seventy-nine participants, 43 males and 36 females, were included in data analysis. Laryngeal prominence size was larger in males (median = 0.16 mm; range = 9.40 mm) than in females (median = 0.00 mm; range = 1.24 mm) (*p* < 0.001). The proportion of participants with a laryngeal prominence size larger than 0 mm was greater in males (55.81%) than in females (22.22%) (*p* = 0.002).

To our knowledge, this is the first study assessing laryngeal prominence size in the general population. Our results suggest that 2 mm would be the recommended maximum laryngeal prominence size in females. Therefore, a laryngeal prominence size standard of 2 mm could be considered for chondrolaryngoplasty in male-to-female transgender individuals.

Reference:

Van Rossem AP, Meijer BA, Rinkel RNPM (in press). Recommended maximum laryngeal prominence size in adult females: a cross-sectional study proposing a laryngeal prominence size standard for chondrolaryngoplasty in male-to-female transgender individuals. Plast Reconstr Surg.

## Ideas of time in the Gender Recognition Act’s reforms in the UK: a Foucauldian discourse analysis

### Authors

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### Abstract

The Gender Recognition Act (2004) approval was a tremendous development for transgender rights in the UK. The law banned compulsory sterilisation of trans people, a human rights violation still in place until then. However, the law also has many limitations in terms of age, gender binary, marriage rights, and pathologisation. Trans movements have been claiming for its reform towards self-determination.

As a late and necessary response, two consultations took place in 2018, one regarding Scotland, and another one for the whole UK. Their findings highlighted and reaffirmed those limitations, which go against international recommendations and current laws in many European countries. Participants addressed many problems, including the age limit (18-years old), the proof of living in the opposite gender before applying for a gender recognition certificate (at least 2 years), and the oath for living in the opposite gender until death.

Following a Foucauldian inspiration in Discourse Analysis, we understand governmental discourses regulate how people can live, being subjected. We choose the time as a privileged category for this analysis, for three reasons. A time marker restricts who can apply (minimum age). Accumulated time shapes conditions experience (lived experience). A decision points for a linear future (oath).

The Scottish Government presented a reform proposal, intending to reduce the minimum age (to 16-years old) and the lived experience to 6 months (3 before applying plus 3 during the application process). The British report, on the other hand, states that there will not be a reduction in the minimum age, and the lived experience could be reduced but not removed. Both governments intend to keep the oath for life. Therefore, time regulations are still requirements for gender recognition, even with reforms.

Gender and time, therefore, are related. Theoretical discussions in Queer Theory present some useful insights on that. The idea of time as a linear and developmental process matches with the representation of gender as static and essentialised. In a developmental scheme, any person would follow a path: from childhood (instability and experimentation) to adulthood (stability and maturity). Linearity expects that following any other path is a deviance, which might be marked as a failure and/or a pathology. Essentialism argues for internal truth, biological and/or cultural in its origin, to be revealed once and for all. Gender would follow the path of development during ageing, aiming stability, which would prove its truth and, therefore, the right for recognition. This is the narrative established by those discourses. The side effect of it, however, is the idea of waiting: one person requesting a gender recognition certificate should wait for achieving adulthood, for having enough lived experience, and for the rest of their life.

This paper analyses those power relations and regulatory systems, criticising some restrictions in legal proposals. That does not mean a refusal but recognising that not everyone can – or should – wait for recognition rights. Since the reforms are frozen (due to the Covid-19 pandemic and political crisis), this might be a strategic time for reorganising resistance discourses and practices.

## Gender dysphoria and body dissatisfaction of transgender adolescents over the course of treatment

### Authors

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### Abstract

**Background**

Transgender adolescents suffer from gender dysphoria and a negative body image. The gender dysphoria and low satisfaction with their body has a great negative impact on the well-being of transgender youths. In our study, we aim to follow transgender adolescents in Switzerland to examine about their development of gender dysphoria and body image over the course of treatment.

**Method**

N=129 adolescents (76.7% trans girls, 23.3% trans boys) of a consecutive sample of the transgender clinic of the Child and Adolescent Department of the Psychiatric University Clinic of Zurich have been examined with questionnaires related to gender dysphoria (Utrecht Gender Dysphoria Scale UGDS), body satisfaction (Body Image Scale BIS), and psychopathology (Youth Self Report YSR). In a follow up study (T1) we contacted all 81 patients with a referral more than 12 months ago and used the same questionnaires as well as a treatment satisfaction scale. A second follow-up 12 months after the first follow-up (T2) was administered in the same way to all 44 patients that had been treated for 2 years. Between the different time intervals (T0, T1 and T2) the patients’ progress was individual and interventions such as social transition, hormonal therapy and gender-affirming surgery were inquired. The number of participants declined from T0 to T2 as this is an ongoing study and not all patients had reached the point of two years after referral. Data analysis was performed using SPSS 25 software by computing mean problem scores using analysis of variance as well as by comparing between T0, T1 and T2 using regression analysis with covariates (assigned gender at birth, social transition, gender assigning hormonal therapy and surgery).

**Results**

The study confirms high rates of gender dysphoria and body dissatisfaction in transgender adolescents. Before treatment start trans boys showed significantly higher rates of gender dysphoria measured by using the UGDS than trans girls. There was no difference between trans boys and trans girls in the generally high rates of body dissatisfaction measured with the BIS at T0. At T1 there was a tendency of improvement of UGDS scores in trans girls but not in trans boys. At T2 UGDS scores in trans girls did not significantly improve but trans boys showed significant improvement. BIS scores significantly improved between T0, T1 and T2. In T1 improvement of BIS scores in trans boys correlated with gender confirming mastectomy and with gender affirming hormone therapy. The tendency of improvement in correlation to the hormone therapy and mastectomy was still apparent in T2, but not significantly. Results showed a correlation of BIS scores with psychopathology over the course of treatment.

**Conclusion**

Gender dysphoria and body dissatisfaction are grievous problems for transgender adolescents and have an impact on their psychopathology and quality of life. Gender dysphoria might be stronger in trans boys than in trans girls in this clinical sample and seems to improve in the course of treatment rather slowly. Body dissatisfaction seems to improve over time depending on treatment with hormone therapy and mastectomy.

## What happens to young people who move from a child and adolescent gender identity development service (GIDS) to an adult gender service: A cross-sectional look at treatment choices, satisfaction levels, decision-making, and longer-term outcomes

### Authors

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### Abstract

**Background**

Over the past decade, there has been a dramatic rise in the number of referrals to child and adolescent gender identity services worldwide. In the UK there is a dearth of research on the experiences and longer-term outcomes of the substantial number of young people who move from child and adolescent gender services to adult gender services. Measurement of people’s experiences of trans-healthcare provides opportunity for reflection and improvement of care and outcomes. Therefore, it’s important that we understand more about the treatment choices, satisfaction with treatment decisions and the decision-making process, and longer-term outcomes of the young people who are referred from England’s only NHS child and adolescent Gender Identity Development Service (GIDS) to an adult gender service (GIC).

**Methods**

All attendees of GIDS who were referred to the London GIC between 2011 and 2016 were invited to participate in an online questionnaire (N = 351), asking about gender affirming treatment choices, factors influencing treatment decisions, satisfaction with the process (decisions made, involvement in the process, whether any decisions would be different if made ‘today’, satisfaction with the timing/length of process), and feelings about body-image and wellbeing.

**Results**

Of the 351 ex-GIDS young people who were invited to participate in the study, 82 responded (response rate 24.0%); of these, 72 completed the questionnaire (those assigned female at birth [AFB] = 56; those assigned male at birth [AMB] = 14). Mean age of the sample was 20.0 years; age range 18-24 years. The top three factors influencing decisions about physical treatments were weighing up risks and benefits, information found online, and information provided by staff at GIDS. A high proportion of people AFB and AMB were taking gender affirming hormones (or intended to in the future), and a very high majority were satisfied with their decision to take gender affirming hormones. A high proportion of people AFB had had top surgery (or intended to in the future), with all those having had top surgery satisfied with their decision. 32.1% of people AFB and 66.5% of people AMB had undergone lower surgery or intended to in the future, all of whom were satisfied with their decision. Some areas of dissatisfaction were identified; treatments were considered too late and the process too long. A majority reported being somewhere between very dissatisfied and neutral regarding their body image, and a majority reported being somewhere between satisfied and very satisfied with their gender identity. The majority of the participants scored in the average range for psychological wellbeing, which is comparable to wellbeing levels in the general population.

**Conclusion**

Although the response rate was low, making this a highly selected sample, the study shows that a high number of the sample did go on to pursue (or intend to pursue) physical treatments, such as gender affirming hormones and surgeries. And the vast majority of those that did, were satisfied with their decisions and the treatment process. However there are areas that require improvement, such as long waiting times, and delayed access to treatment.

## Novel classification of urethral complications in transmasculine gender affirmation surgery

### Authors

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### Abstract

**Background:**

 The use of free flap microsurgical neophallus construction with integrated urethra have improved outcomes for transmasculine gender affirmation surgery (GAS) but there is no accepted gold standard. Many authors have described urethral complications but only in heterogenous cohorts and without a standardised classification system. Nomenclature is also confusing. We propose a classification system for urethral complications to improve reporting, classification and management of this common adverse outcome.

**Methods:**

All transmasculine individuals undergoing any phalloplasty including a free flap urethroplasty, with staged urethral lengthening, in the United Kingdom over five consecutive years (2014 – 2019) were retrospectively included. Metoidioplasty was excluded. The incidence, timing and management of urethral complications were extracted from a prospective database. Statistical analysis was by Chi-squared test.

**Results:**

Three hundred and seventeen individuals with median follow-up of 4.3 years (interquartile range 3.6– 5.0 years) were included. Types of phalloplasty include forearm flap, anterolateral thigh flap and abdominal flap with or without free flap urethroplasty. Almost half (43.5%) developed a urethral complication (fistula, stricture, severe post-micturition dribbling or urethral hair/stone); most commonly fistulas (49%) followed by strictures (37.6%). Forty-four individuals (12.4%) developed more than one complication. The location was in the phallus (flap-related) (72.2%) followed by scrotal and perineal urethra. Repairs before and during routine second stage urethral lengthening were mostly for phallus (88.4%) complications comprising fistulas and strictures (99.1%). The location was more evenly distributed following urethral lengthening. Strictures were more common than fistulas in contrast to individuals before urethral lengthening (p<0.001). Staging the urethral lengthening allowed 60% of individuals to be asymptomatic while awaiting routine repair. Vaginectomy did not reduce the risk of urethral fistula.

**Conclusions:**

The largest series to date suggests that urethral complications continue to be common following phalloplasty and are mostly phallus or flap related. We show that the nature of urethral complications in phalloplasty change depending on the stage of genital GAS and should be classified based on type, location and timing of occurrence. This classification standardises reporting and will help guide the approach for surgical correction. For example, complications in the phallus urethra relate to an issue with the free flap and therefore require a different approach compared to complications following urethral lengthening that are more likely in the scrotal or perineal urethra. A majority of complications occur prior to urethral lengthening and can be repaired routinely at the time. Furthermore, we propose that the urethral segments are renamed the phallus, scrotal and native urethra.

## Impact of gender-affirming mastectomy on depression, anxiety, and body image in trans men

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### Abstract

**Purpose:** The number of gender affirmation surgeries has grown significantly over the past decade. Although anecdotally patients and physicians have experienced the profound impact of these operations on patient’s lives, the specific impact on mental health continues to be poorly articulated in the medical literature. There are few prospective studies examining GAS with validated instruments. In this study, we report the effect of gender mastectomy on anxiety, depression, body image, and psychosocial functioning in a prospective manner with instruments validated in the general population.

**Methods:** Patients undergoing gender-affirming mastectomy at the University of Michigan were administered the PHQ-9, GAD-7, Body Image Quality of Life Index (BIQLI), BREAST-Q Psychosocial and Sexual Functioning subscales, and the BODY-Q Nipple and Chest subscales preoperatively and six-months postoperatively. In addition, the BREAST-Q Satisfaction with Outcome subscale was administered postoperatively. Wilcoxon rank-sum tests were utilized for analysis.

**Results**: A total of 70 individuals successfully completed the study. The mean PHQ-9 score preoperatively was 7.8 and postoperatively was 5.4 (p=0.001). The mean preoperative and postoperative GAD-7 scores were 7.6 and 4.6 respectively (p<0.001). There were significant improvements in both psychosocial and sexual functioning related to chest appearance as measured by the BREAST-Q (psychosocial functioning= 35 to 79.2, p<0.001, sexual functioning= 33.9 to 67.2, p<0.001). Global psychosocial functioning as measured by the BIQLI significantly improved (-15.6 to +32.0, p<.001). Satisfaction with chest contour and nipples as measured by the BODY-Q significantly improved (chest appearance=14.3 to 93.8, p<0.001, nipple appearance= 29.3 to 85.9, p<0.001). Patients had a mean satisfaction with outcome score of 93.1. There was no significant difference in improvement in scores when controlling for complications or existing mental health conditions.

**Conclusions:** Trans men undergoing gender-affirming mastectomy had significant reductions in levels of anxiety and depression, as well as improvements in body image and psychosocial functioning. Patients were extremely satisfied with their decisions to undergo surgery. Although this study is limited by sample size and its single-center nature, the results suggest significant benefits with gender-affirming mastectomy and highlight the need for further evaluation in a multi-center consortium.

## Finding your voice through voice & mannerism coaching: a new approach to transgender vocal care

### Authors

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### Abstract

Many people take for granted having a voice that represents their identity. Unwelcome hormones and social pressures can leave transgender individuals with a voice that misrepresents the core of who they are. They must therefore *find* their true voice. Waitlists to engage with speech language pathologists in Canada can be as long as 3 years. But many transgender individuals, in needing their voice to "pass", do not have a pathology that needs to be corrected. They simply need to engage their current vocal instrument in a new way. This can be done efficiently, safely and even joyfully using the skills and techniques of vocal performers: actors, singers and voice artists whose tools have been developed over centuries. Performance-based vocal coaches could be trained to modify their tools in such a way as to specifically address vocal dysphoria. This would be a new, personalized and effective approach to helping transgender individuals find their voices. It would provide timely support, lessen waitlists and allow access for those requiring the specific expertise of an SLP. This presentation reports the initial evaluation of such an approach.

The approach is based on the realization that our bodies and voices are already programmed to perform in multiple ways. Voice and mannerism coaching through performance skills teaches how to control this existing vocal and physical skill set, just like professional singers and actors do when creating a believable persona. The approach involves examining what makes you ‘you’ and how one's phonation and physicalization can represent that authentically. It involves gaining awareness of how the voice functions and of its relationship to the body in which it is housed. It provides vocal and physical warm-up techniques to prime the instrument for healthy manipulation. In addition to the necessary altering of pitch, it addresses balancing resonance to ensure the voice is representative of the individual speaker. Finally, it requires tracking physical sensation and stimulus to recreate and repeat desirable sound, focusing on enabling the participant to speak freely and with ease; to laugh, project, yell and communicate with fullness. Training is catered to individual cognitive, vocal and physical abilities. The approach is cathartic, personalized and, as many participants have attested, surprisingly fun.

Between August 2020 and June 2021 a total of 81 clients underwent this approach in 1-hour weekly coaching sessions over a 4 to 6 week period. A survey of these participants revealed that 93.5% of responding clients reported their vocal and, where applicable physical, goals had been achieved and 95.7% felt they possessed the tools needed to continue on their vocal/physical transformation journey. The time required to develop their true voice varied among individuals. Some people found their voice in minutes while others required weeks. Participants reported in follow-up sessions that, with daily practice, vocal consistency and full control had taken a matter of months. This success and the inherent possibility for increasing timely access to support suggest this approach has the potential to redefine current transgender vocal care.

## Are all referred transgender adolescents the same? Mental health evaluation of younger and older presenters to a large transgender clinic

### Authors

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### Abstract

*Background*  
Between 2000-2018 an uneven age distribution of referrals is observed in the Amsterdam clinic, with the largest number of assessed adolescents presenting either at age 11-12 or at age 16-17 (de Rooy, 2020). The present study aims to investigate whether differences exist between younger and older presenting adolescents regarding emotional and behavioral problems, as well as autistic traits.

*Methods*  
The study sample consisted of 1487 consecutively assessed adolescents at the Center of Expertise on Gender Dysphoria in Amsterdam. The sample was divided into two groups: those presenting before the age of 14 (younger presenters) and those presenting at 14 or older (older presenters) (de Rooy, 2020). Younger and older presenters were compared on demographics using t-tests and chi square tests. Outcomes on the Child Behavior Checklist, the Youth Self Report and the Social Responsiveness Scale were analyzed using regression analyses (Verhulst, 2013; Constantino, 2003).

*Results*  
The mean age of younger presenters was 12.0 years (range 8.9-13.9) and of older presenters 16.2 years (range 14.0 – 18.4). In older presenters 70.2 % was assigned female at birth compared to 58.9% in younger presenters (Χ2(1, N=1487)=19.69, *p*<0.001). Of younger presenters 85.1% continued with medical treatment, compared to 73% of older presenters (Χ2(1, N=1487)=29.16, *p*<0.001). Older presenters had significantly higher *T* scores on the Child Behavior Checklist Total problem scale (*M* = 61.23, *SD* = 9.94 vs. *M* = 58.96, *SD* = 10.53; *p*<0.001, CI 0.533 to 2.969) and Internalizing problems scale (*M* = 63.85, *SD* = 10.65 vs. *M* = 59.00, *SD* = 11.25; *p*<0.001, CI 3.125 to 5.740). Moreover, older presenters had significantly higher scores on the Youth Self Report Total (*M* = 58.51, *SD* = 9.68 vs. *M* = 54.12, *SD* = 9.73; *p*<0.001, CI 2.987 to 5.402) and Internalizing problems scale (*M*= 60.54, *SD* = 11.38 vs. *M* = 54.15, *SD* = 10.81; *p*<0.001, CI 5.313 to 8.068).  
Analyses on the outcomes on the Social Responsiveness Scale are still ongoing, but will be presented in this presentation.

*Conclusion*  
We have observed that demographic differences exist between younger and older presenters. Moreover, older presenters presented with more behavioral and emotional difficulties compared to younger presenters. This could indicate that different subgroups, with possibly different developmental pathways, might exist within transgender adolescents. It is key to further understand these possible subgroups to help develop care to better suit the needs of adolescents and offer more individualized transgender care.

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Verhulst FC, van der Ende J. Handleiding ASEBA-Vragenlijsten voor leeftijden 6 t/m 18 jaar: CBCL/6-18, YSR en TRF, ASEBA, Rotterdam. 2013.

## Mapping the community to set up an HIV prevalence study in a representative sample of transgender and non-binary persons in Flanders (Belgium)

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### Abstract

**Background**

Globally, HIV prevalence has been estimated high for transgender persons, especially transgender women. However, several researchers have criticized the limited sampling methods resulting in high risk samples, as well as the complete absence of European prevalence data.

This study is part of the formative phase of a cross-sectional study investigating HIV prevalence in transgender and non-binary persons (TGNB) in Flanders, Belgium. To obtain a representative sample of TGNB persons, including hidden groups such as those who do not need medical assistance or are not involved in an LGBT+ organization, we opt for Time Location Sampling (TLS), which takes advantage of the fact that some hard-to-reach groups tend to gather at certain (online) settings. This study aims at mapping these community settings, in order to set up a sampling frame from which a two-stage cluster sample will be selected to study the prevalence of HIV and associated factors, using oral fluid testing.

**Methods**

Qualitative and ethnographic methods are used to map community settings, using participant observation and informal conversations at different settings, as well as semi-structured in-depth interviews with key informants to collect data. Key informants include TGNB community members as well as other persons affiliated with the community, such as healthcare workers, social workers or persons affiliated with LGBT+ organizations. A snowball sampling method is used starting from a diverse convenience sample of key informants (seeds) in terms of gender identity, ethnicity, age and sexual orientation.

Settings are defined as public, private or online digital settings attended by TGNB persons for any purposes, including (but not limited to) medical, mental health and social services, pride events, bars, discussion groups, social media groups, online fora,…

**Results and conclusions**

Data collection for this study is currently still ongoing. Preliminary results show that often, the same persons are found in a wide range of different settings, whereas other groups remain more hidden and will not be found in any of the settings. Furthermore, some TGNB persons do not identify with the label ‘transgender’ (anymore), for example passable trans persons years after transition, non-binary persons and people of color. This complicates including these groups in the study. A lot of (young) TGNB persons tend to gather online but also actively seek contact with ‘ TGNB influencers’ who are well known in the community via social media. The possibility to include these influencers as settings (clusters) in the study design should be explored. For some specific groups, collaborating with field organizations (e.g. organizations providing services to sex workers) will be necessary. Overall, a flexible, community-based approach which actively involves TGNB persons during all study phases and tailors data collection methods to specific TGNB subgroups will be necessary to achieve the study objectives.

## Serum inhibin B but not Anti-Müllerian hormone reflects germ cell presence in trans\* women on the day of gender confirming surgery

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### Abstract

**Background**

Trans\*women take anti-androgens and estrogens as gender confirming hormone therapy (GCHT), which leads to regression of steroidogenesis and spermatogenesis. Hence, preserving fertility as early as possible is crucial. Different types of fertility preservation methods include cryopreservation of sperm from the ejaculate or the testicular tissue through microsurgical testicular sperm extraction and experimental techniques like cryopreservation of spermatogonial stem cells. Identification of markers reflecting the presence of germ cells is of particular relevance in order to offer individualized fertility preservation methods. Anti-Müllerian hormone (AMH) and inhibin B are produced by Sertoli cells and might be potential markers. AMH secretion indicates an immature Sertoli cell state, whereas inhibin B is a known markers of mature Sertoli cells and associated with fertility.

**Aim**

We correlated serum and intratesticular AMH and inhibin B values with clinical features, endocrine values and germ cell numbers in trans\*women on the day of gender confirming surgery thereby checking for their potential value as marker of germ cell presence.

**Material and methods**

22 trans\*women from 3 clinics were included after receiving written informed consent. The clinics acted differently with regard to discontinuation of GCHT before gender confirming surgery. GCHT consisted of 10–12.5 mg of cyproterone acetate plus estrogens. Height, weight, age, medication and duration of treatment were requested by questionnaires. Serum LH, FSH, testosterone and estradiol were measured by immuno-assays (ARCHITECT i1000SR). Serum and intratesticular AMH and inhibin B were measured by commercially available ELISAs. Spermatogonia were quantified as spermatogonia/mm3 testicular tissue applying a morphometric analysis of two independent testicular cross-sections per individual after MAGEA4 immunostaining.

**Results**

No differences were seen in serum inhibin B and AMH levels with regard to presurgical treatment. Serum AMH did not correlate with spermatogonial numbers. Persons with low AMH levels had significantly higher testosterone levels (\*p < 0.1) and higher FSH levels (\*p < 0.1). Patients with high inhibin B levels presented with a significantly higher number of spermatogonia (\*p < 0.1). Furthermore, mean serum inhibin B significantly correlated with lower age (\*p < 0.1), low FSH (\*p < 0.1) and low testosterone (\*p < 0.1). Intratesticular AMH levels were higher the longer GCHT was administered (\*p < 0.1). High intratesticular inhibin B correlated with high LH (\*p < 0.1), high FSH (\*\*p<0.01) and high testosterone levels (\*\*p < 0.01). Mean intratesticular AMH levels were significantly higher when GCHT was continued until surgery (\* p < 0.1). No significant differnces were seen in intratesticular inhibin B levels with regard to presurgical treatment.

**Discussion & Conclusion**

Fertiliy counselling should be done as early as possible. However, serum inhibin B levels mark the presence of spermatogonia and should be used in clinical counselling, whereas AMH does not mark germ cell abundance reliably. We suggest that the intratesticular AMH rise is a sign of testicular regression.

## Outcomes of oocyte vitrification for fertility preservation in transgender men.

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### Abstract

**Background**

The desire to parent genetic offspring is a relevant topic in the lives of many transgender men(assigned female at birth). To preserve their fertility prior to gender affirming hormone treatment or –surgeries, fertility preservation should be discussed by healthcare providers. Few studies have been performed describing the experience of the transgender men and even fewer studies have described the objective outcomes of this fertility preservation treatment. It is important to describe outcomes of this fertility preservation treatment to identify minority specific healthcare needs.

**Methods**

This retrospective cohort study was performed at the Center of Expertise on Gender at the Amsterdam UMC. All transgender men, referred to our fertility clinic for fertility preservation where approached for participation. Following informed consent, demographic characteristics and data were retrieved from the medical records. Subjective data of the treatment were collected by an online survey. Inclusions for this study are expected to be complete by June 2021.

**Preliminary results**

Currently 14/25 transgender men have provided informed consent. All participants completed the online survey.

So far nine participants (64.3%) were treated following a standard long agonist hormone protocol. Four participants (28.5%) were treated following an ultra-long agonist scheme. After a median of 11.5 stimulation days (IQR 10.8 – 12.0), the HCG trigger was administered. The mean highest serum estradiol (E2) measured prior to ovum pickup (OPU) was 13.321 pmol/L (SD 5236.7). There were no complications during OPU and a median of 20 oocytes (IQR 16 – 24.5) were found. A median of 18 oocytes (IQR 13.5 – 20.5) were vitrified. 5 participants (35.7%) developed an ovarian hyper stimulation syndrome (OHSS). Two (14.3%) of which were classified as severe and required hospital admission to administer adequate intravenous fluids. When completing inclusions, we plan to compare the outcomes of transgender men with and without prior testosterone use.

The strongest motivation to pursue fertility preservation was ‘a strong desire for a (future) biological child’ in 50% of cases and ‘to be sure’ in 44% of cases. 44% of participants were most anxious for the internal examination prior to starting fertility treatment. Interestingly, only 13% of participant described the internal examination as most strenuous of the fertility treatment afterwards. 31% of participants perceived the hormone injections the most strenuous part of the fertility treatment. Contradictory, 25% of participants also described the hormone injections as the least strenuous part. The vast majority of participants were (very) satisfied with their treatment, number of frozen oocytes and provided care. Only 13% of participants would not pursue fertility preservation again, and non would advise other transgender men against pursuing fertility preservation.

**Conclusions**

Transgender men show a normal response to ovarian stimulation for fertility preservation. The effect of prior testosterone use is to be determined by authors when performing final analyses. OHSS is a common complication following ovarian stimulation in this cohort. Following final analyses, current stimulation protocols may need to be revised to reduce the risk of OHSS. The vast majority of transgender men is positive about their fertility preservation treatment and outcome.

## Connecting care, community & society - The contribution of information and support centers in gender clinics

### Authors

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### Abstract

This Round Table aims to exchange experiences and views about the role of in-hospital information and support centers for anyone with transgender related questions. We present two models of good practice: ‘Transgender Infopunt’ (Belgium, started in 2014) and ‘Steunpunt Gendervragen’ (The Netherlands, started in 2021). What makes these centers unique is their localization in a university hospital, close to a gender team. This is particularly interesting because of the opportunities to cooperate with care providers and scientific researchers. At the same time, although being located in a hospital, the centers work neutrally and independent of the gender team.

These centers are important and relevant for various reasons. Firstly, to offer free information and anonymous support for anyone who has transgender or gender nonconforming related questions. Secondly, to help the increasing number of trans persons (and others involved) looking for transgender care, practical assistance or community contact groups in a growing and complex field of healthcare providers and transgender-specific services. Thirdly, to increase awareness of the importance of including patient perspectives in the innovation of transgender care. From our experiences, we found that our centers can make connections between care providers, care users, community organizations and society at large.

With this Round Table we want to inform, inspire and exchange experiences. We will present the background, successes, challenges and future plans of the centers in Amsterdam and Ghent. These centers are country specific and have originated from different needs. That’s why we will highlight similarities as well as differences between the two centers and will reflect on the lessons learned from our experiences. In the discussion part, we wish to exchange views and experiences on success factors and challenges, as well as other approaches to establish these kind of services in (close cooperation with) a gender clinic.

***Transgender Infopunt****(Belgium) offers information and personal support - free and anonymous – in person, by phone, e-mail, chat, Facebook and Instagram. It shares information by an extensive website, news posts & calendar, care map and is a recognized discrimination complaint office. Also it shares expertise by consultancy, education and research.*

***Steunpunt Gendervragen****(The Netherlands) supplies confidential support and neutral information at the hospital location, by phone or e-mail, offered by expert members of the trans community. Frequently heard questions and concerns about the transgender care are shared with the gender team in order to contribute to improvements from client perspectives.*

## An exploration of the experiences of transgender people in Belgian prisons

### Authors

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### Abstract

**Problem:** Penitentiary institutions are one of the most gender-segregated institutions worldwide. Imprisoned persons are either assigned to a male or female prison. American and British research shows that incarceration can pose unique challenges for transgender people. In general, there is a lack of research on this topic, especially in Europe. This study aims to explore the experiences of (former) transgender prisoners and perceptions of prison directors and extern health care providers in order to gain insight into the daily issues of transgender people in Belgian prisons. Unlike Malta, Scotland and the UK, Belgium has no published prison policy, guidelines or regulations about the treatment of transgender prisoners.

**Method**: Qualitative in-depth interviews were performed. Perceptions and experiences are analysed on the basis of semi-structured in-depth interviews with (former) transgender prisoners (6), a prison director (1) and care providers (not) working in prison (6). The collected data will be analysed per theme: (1) the prison placement method (on the basis of which criteria were they classified in a male/female section), (2) daily management (including access to personal items and use of preferred name), (3) access to specialised transgender care, and (4) experiences with micro aggression, violence and discrimination. Based on the analysis of the lived experiences suggestions are formulated for achieving a transgender inclusive prison policy that takes into account gender diversity.

**Results**: The results show that regarding the placement behind gender binary walls, transgender people whose gender registration is incongruent with their gender identity have the option of being placed according to their gender identity, but it is the local prison management who ultimately decides in which section the person will be placed. Second, the results show how transgender prisoners experience difficulties in various areas of (prison) life, and they often have to deal with everyday microaggressions, such as being addressed with their birth name or incorrect gender terms, inappropriate curiosity and transphobic (re)actions. Third, access to trans-specific care is very limited. For transgender people who have already started a transgender care process, the (extern) psychotherapeutic guidance is often paused. Gender-affirming hormone therapy can be continued from prison if prisoners can prove their treatment through legitimate prescriptions and/or a diagnostic report of gender dysphoria. However, trans people seem to wait until after their detention period for gender-affirming surgery. Forth, transgender prisoners have also experienced forms of physical violence and sexual intimidation from both fellow prisoners and/or security personnel. In this regard, physical body searches are an important topic. In conclusion, the prison environment is described as intolerant to sexual and gender minorities by both trans respondents and health care providers, making ‘coming out’ as a trans person in a prison context unsafe. The necessity of a clear and transparent prison policy for transgender prisoners becomes apparent.

## Guideline-recommended antiandrogens for feminizing gender-affirming hormone therapy in adults: The what, the why and the future

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### Abstract

**Background**

The 2017 Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline and the 2012 World Professional Association for Transgender Health, Standards of Care, Version 7, include cyproterone acetate (CPA), spironolactone and gonadotropin-releasing hormone agonist (GnRHa) as antiandrogen options for adults taking feminizing gender-affirming hormone therapy. These medications have various mechanisms of action resulting in reduced serum testosterone levels and, together with estrogen, can decrease gender dysphoria and promote feminization. While all three medications are listed in the guidelines, availability and cost may limit their use in states and countries around the world. Recently, groups in Europe and Australia studied CPA vs. spironolactone and/or GnRHa to compare their efficacy for lowering testosterone and inducing feminization while monitoring for potential adverse effects. More research is needed to better characterize these outcomes. Additional studies may help increase access to these medications around the world to broaden the armamentarium we can offer adults desiring feminizing gender-affirming hormone therapy.

**Methods**

The structure of the 50-minute mini-symposium will be as follows:

1. Introduction of medications: CPA, spironolactone and GnRHa. An overview of mechanisms of action and availability of these medication will be provided by Dr. Defreyne (~5 minutes)
2. Research summary: Dr. Cheung will discuss CPA vs. spironolactone (~10 minutes)
3. Research summary: Dr. Meriggiola will discuss CPA vs. GnRHa (~10 minutes)
4. Research summary: Dr. Greenman will discuss CPA vs. spironolactone vs. GnRHa (~10 minutes)
5. Closing: Dr. Iwamoto will highlight additional medications with antiandrogen action that are used as alternatives to guideline-recommended antiandrogens (~5 minutes)
6. Q&A: Live and attended by all speakers (~10 minutes)

**Results and Conclusions**

At the end of this multinational, multidisciplinary mini-symposium, attendees will be able to summarize the mechanisms of action and outcomes of recent studies comparing CPA to spironolactone and/or GnRHa. We will conclude with a call for more research on antiandrogens and highlight additional medications with antiandrogen properties about which colleagues and patients ask.

## Motives for voice modification reported by transgender clients

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### Abstract

**Background**: Within speech-language pathology (SLP), gender affirming voice therapy aims at assisting the transgender clients in modifying their vocal expression, for a better alignment with their gender identity. Traditionally, gender affirming voice therapy has implied a rather binary view on voice, supported by studies using listener assessments for defining aspects in voice as either feminine or masculine, or belonging to a man/woman. In accordance with the discussion in trans communities that highlight diversity instead of binarity thinking, more recent studies on transgender voice have questioned the assumption that client satisfaction is best achieved when the voice align with a universal and predominately binary understanding of femininity and masculinity in the voice. Moreover, there can be other important motives for voice modification than just being read in accordance with the gender identity. Such motives, as well as hopes, fears and individual experiences related to one’s voice, can be assumed to influence the prerequisites for voice therapy and implementation of therapy results into conversations in daily life, and therefore be of importance for SLPs to be aware of during voice therapy. The present study aims at offering an increased understanding of motivational as well as restraining factors possibly influencing the result of voice therapy, opening into an enhanced communication between SLP and client when setting goals and planning voice therapy.

**Methods**: The study is based on fifteen interviews with transgender voice clients diagnosed with gender dysphoria and referred to SLP clinics at three hospitals in Sweden. Interviews were carried out in Swedish, and are analyzed with Qualitative content analysis.

**Results and conclusions**: The preliminary analysis show a range of individual motives for wanting to modify the voice, as expressed by the participants. The relationship between the subjective perception of the voice and emotional well-being was often expressed, related to the goal of reaching a voice that feels like a natural part of oneself. Other motives for voice modification included taking control over the voice, where learning to control the voice is seen as the key to being able to choose when and how to use the voice in different ways. Participants also emphasized the voice as relational and part of a social context, where a modified voice is thought to result in acceptance and assurance that you are being listened to. The presentation will further elaborate on different motives for voice modification, as well as fears and possible disadvantages of voice therapy, as expressed by the participants.

Significance: The study will provide new knowledge that can guide SLPs in providing a more individualized and patient-centered gender-affirming voice therapy.

## Transitioning together: The experiences and care needs of partners of transgender and gender diverse individuals

### Authors

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### Abstract

Background

In recent years there has been a rise in research on the experiences of transgender and gender diverse individuals. The experiences of their intimate partners, however, have remained largely unstudied. Knowledge on the impact of disclosure of the gender identity and the gender transition on intimate partners and the intimate relationship is limited. The little evidence available suggests that partners, as well as the relationship, face unique challenges. It is yet unclear which care needs partners have and what role mental health professionals can play at this time. This study explored the unique experiences of intimate partners and their perspective on professional and social support in the context of the gender transition of their partner. We aimed to expand the current scientific knowledge on people who partner with transgender and gender diverse individuals as well as examine the care needs of this population.

Methods

To provide an in-depth understanding of the current topic, a qualitative research design was chosen. Through convenience sampling, a total of nine intimate partners of transgender people were recruited for this study. A semi-structured interview was used to explore the experiences and care needs of the nine participants. After transcription of the interviews, the method of thematic analysis was used to analyse the data.

Results and conclusions

Based on the interviews, three main themes, with three subthemes each, were identified: (1) intrapersonal process, with (1a) process of acceptance, (1b) concerns surrounding the medical transition, and (1c) impact on sexual identity as subthemes; (2) dyadic process, with (2a) the importance of mutual commitment, (2b) experiences regarding intimacy, and (2c) relational growth as subthemes; and (3) perception of support, with (3a) need for support, (3b) the importance of support, and (3c) evaluation of support as subthemes. The results suggest that simultaneous with the gender transition, both the intimate partner and the intimate relationship go through a unique process. The gender transition can be very intense for the partner and pose specific challenges for them and the relationship. Within the intrapersonal process many of the participants in this study underwent a process of acceptance in which their feelings towards their partner’s gender identity and wish to transition evolved positively. Unique challenges partners seem to face are concerns related to the medical transition, as well as doubt about their sexual identity. A dyadic challenge participants reported being confronted with, was redefining intimacy in their relationship. We found that mutual commitment between the partners as well as professional and social support can be helpful to navigate these processes. Furthermore, partners in this study indicated that they experience a need for support. They reported, however, that the necessary support couldn’t always be found and experienced specific shortcomings in the available professional mental health care in Belgium.

## Outcome measures reported following feminising genital reconstructive surgery for gender affirmation in transgender women and gender diverse individuals: A systematic review

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### Abstract

**Background:** Feminising genital reconstructive surgery (vaginoplasty, labiaplasty, clitoroplasty and other feminising genital gender affirming procedures) may be sought by transgender women and gender diverse individuals as part of their gender affirmation process. The comparison of different published methods of feminising genital surgery is expected to be confounded by variable outcome reporting and the use of inconsistent outcomes and definitions.

This systematic review examined all outcomes reported in published studies of feminising genital reconstructive surgery in transgender women and gender diverse individuals. It also assessed whether these outcomes were formally defined and what those definitions were.

**Methods:** Candidate studies were sourced via an electronic, multi-database literature search performed using a search strategy developed with the assistance of an information search specialist. Search terms were kept broad to maximise capture of feminising genital reconstructive surgery procedures. All primary, clinical research studies published from the date of inception of each database, up until the date of the database search in November 2020; were included. Paired researchers screened each study for inclusion and performed data extraction independently, before cross-checking of all data to verify its accuracy. Data extracted included: the outcomes reported by each study, whether these outcomes were defined and the definitions used, and the specified primary outcome of each study.

**Results:** A total of 1225 studies were screened. 93 studies were eligible for full data extraction; consisting of 68 case series, 22 cohort studies, and 3 cross-sectional studies. The majority of these studies had been published within the last decade (n=57). These studies provided data from 7681 patients who had undergone feminising genital reconstructive surgery. There were 2621 separate individual outcomes reported, an average of 28 outcomes per study. Just 857 outcomes (32.7%) were sufficiently defined to be replicable in future studies. The declaration of a primary outcome took place in 6 studies only. Outcomes reported varied widely, as did the definitions used to define them. Outcomes that featured most commonly were from outcome domains relating to the “Reproductive system” and the “Need for further intervention”.

**Conclusions:** Outcomes reported following feminising genital reconstructive surgery in transgender women and gender diverse individuals were heterogenous and incompletely defined. The definitions used for similar outcomes were also highly varied. This makes the comparison of similar studies challenging, thus confounding the fair comparison of feminising genital reconstructive surgery success rates, complications and patient satisfaction. Primary outcomes were infrequently declared, exposing the studies to the risks of outcome reporting bias.

Improved outcome definitions and the adoption of a consistent Core Outcome Set will aid the fair comparison of futures studies evaluating the outcomes of feminising genital reconstructive surgery. This may in turn contribute to the improvement of the care of transgender women undergoing such procedures. This review is the first step in the process of developing such a Core Outcome Set.

## Effects of the COVID-19 pandemic on transgender adolescents’ mental health

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### Abstract

**Background**

The coronavirus disease 2019 (COVID-19) outbreak and its development into a worldwide pandemic profoundly affected many lives and became an international public health emergency. Given the pandemic’s contiguous nature, measures of social distancing, isolation, home quarantine and economic shutdown were implemented in most countries. These restrictions, along with health concerns and economic uncertainty, are risk factors for psychopathology especially among developmental populations and vulnerable subgroups, that are at greater risk of adverse psychological outcomes. We assessed the effects of the COVID-19 pandemic and lockdown on the mental health of transgender youths compared to their cisgender peers.

**Methods**

Eighteen transgender males, 29 cisgender males, and 29 cisgender females and their caregivers were recruited through social media and participated in an online study in Israel. Coronavirus Health Impact Survey baseline and follow-up questionnaires measuring specific effects of the COVID19 pandemic on youths were used. The Emotion Regulation Questionnaire assessed general tendencies to regulate emotions. The two time points of the baseline survey were 3 months before the outbreak and the peak outbreak. Participants completed a follow-up survey two weeks later.

**Results**

There were no group differences in demographic variables and exposure to COVID-19. Youth self-reports on anxiety and depression yielded a main effect of time point (*p* ≤ .001) and of group (*p* < .001), indicating increased anxiety and depression following the outbreak among all groups. Cisgender males (*p* < .001) and cisgender females (*p* < .001) used more reappraisal than suppression emotion regulation strategies, while transgender males did not differ in their use (*p* = .695). Transgender males showed a decrease in cognitive reappraisal when levels of anxiety and depression increased (*ps ≤* .001).

**Conclusions**

The results of this pilot study to assess mental health in transgender adolescents during the COVID-19 pandemic lockdown indicate that the lockdown affected transgender and cisgender youth similarly. The transgender group demonstrated elevated levels of symptomatology and fewer adaptive emotional regulation strategies than the cisgender groups.

## Sexual desire in transgender people after the initiation of gender affirming hormonal therapy: differences observed between generation groups

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### Abstract

*Background*

Sexual health is an important element of general health, although often underexposed. Previous research from our group described higher sexual desire in assigned female at birth transgender people (AFAB) after the initiation of hormone treatment (HT), returning to scores comparable to baseline after 3 years of HT. In assigned male at birth transgender people (AMAB), sexual desire initially decreased after the initiation of HT, but increased compared to baseline scores after 3 years. One factor that was not accounted for in our previous research was the mean age difference between AFAB and AMAB people included in our study. Research in cisgender people generally shows a decline in sexual desire with advancing age. The current research aims to investigate the difference in sexual desire between AFAB and AMAB generation groups.

*Methods*

This prospective cohort study was part of the European Network for the Investigation of Gender Incongruence​ (ENIGI). Sexual desire was prospectively assessed in 1058 participants (501 AFAB and 557 AMAB people), by Sexual Desire Inventory (SDI) during a one-year follow-up period, starting at the initiation of HT. AFAB and AMAB people were subdivided by generation groups: the baby boomer generation (°1946-1964), generation X (°1965-1969), the pragmatic generation (°1970-1985), generation Y (°1986 – 1995) and generation Z (°1996 – 2010). Data were analyzed prospectively.

*Results*

Data on generation groups was available in 464 AFAB and 493 AMAB transgender people. AFAB people were younger than AMAB people, with 140 people (30.2%) from generation Z, 214 (46.1%) from generation Y, 81 (17.5%) from the pragmatic generation, 26 (5.6%) from generation X and 3 (0.6%) from the baby boomer generation. Within the AMAB group, 71 (14.4%) were from generation Z, 214 (46.1%) from generation Y, 129 (39.4%) from the pragmatic generation, 84 (17.0%) from generation X and 15 (3.0%) from the baby boomer generation.

Within the AMAB transgender people, total and solitary SDI scores decreased more over the first year in the pragmatic generation, compared to generation Z (total: mean delta -6.40, 95%CI -12.80 – -0.01 vs. mean delta +6.85, 95% CI +0.28 – +13.42, P=0.014, solitary: mean delta -3.98, 95% CI -5.39 – -2.57 vs. mean delta -1.53, 95% CI -3.38 – +0.31). Within the AFAB group, no significant differences were seen.

*Conclusions*

This study highlights the importance of one’s view on sexual desire and sexuality, which may be influenced by the generation in which a person is born. Although further in-depth research on sexuality in different groups of transgender people, also including generation groups, is necessary, these findings may indicate the need for a tailored approach when discussing sexuality with transgender people from different generation groups.

## Efficacy and safety of puberty suppression and gender-affirming hormonal treatment in the clinical management of adolescents with gender dysphoria: a prospective follow-up study

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### Abstract

**Introduction.** Current guidelines recommend the use of gonadotropin-releasing hormone agonists (GnRHas) as the treatment of choice to suppress puberty in adolescents with GI, followed by gender-affirming hormonal treatment (GAHT) in adolescents with appropriate age. To date, there are no studies about efficacy and safety of gender-affirming treatment in Italian adolescents with GI.

**Aims**. The present study aims to assess the efficacy of GnRHas and GAHT in terms of psychological functioning as well as in physical changes in a sample of adolescents with GI assessed at the Florence Gender Incongruence Unit.

**Methods**. Thirty-one adolescents with GI (18 assigned Female at birth or AFAB and 13 assigned male at birth or AMAB) were evaluated at first referral (T0), shortly before the start of GnRHa (triptorelin 3,75 mg every 28 days, T1) and after an average follow-up of 6.8+- 3.2 months (T2). In addition, a subgroup of seventeen adolescents (11 AFAB and 6 AMAB) was evaluated after six months (T3) of GAHT. Physical and biochemical examinations were performed at each time point. Psychological functioning, suicidal risk, gender dysphoria and body image were measured at each time point trough validated questionnaires (i.e. Youth Self Report, YSR, Beck Depression Inventory, BDI; Multi-Attitude Suicide Tendency Scale (MAST), Gender Identity Questionnaire for Adolescents and Adults (GIDYQ-AA) and Body Uneasiness Test (BUT).

**Results and conclusions.** Average age of adolescents at T1 was 14.5+-2.15 years old. A significant reduction in gonadotropins levels, sex steroids (both estradiol and testosterone) and Tanner stage were observed at T2 compared to T1 in both genders (all p<0.02), in line with what could be expected according to to the current guidelines. Body mass index (BMI) showed a significant increase in all adolescents treated with GnRHa (p<0.02), with no differences in terms of waist circumference and mean arterial blood pressure in both genders. In addition, transgirls showed a significant reduction of hair growth (FG score; p<0.02). No impact on BMI and mean arterial blood pressure was observed during GAHT. Psychological support alone resulted in a significant worsening of psychological functioning (T0 vs. T1; p<0.001), whereas a significant improvement was observed with GnRHa treatment together with psychological support (YRS total T-score 59 at T3, p<0.05). In addition, during puberty suppression body uneasiness and depression showed a significant reduction (T1 vs. T2; both p<0.05), whereas attraction to life (MAST) significantly increased (p<0.001). Depressive symptoms progressively decreased at T2 and at T3 and gender dysphoria (GIDYQ-AA) significantly increased during GnRHa, while a decrease was observed during GAHT (p<0.05).

This is the first study simultaneously evaluating the effects of puberty suppression and of GAHT on both psychological functioning and body-changes in a sample of Italian transgender adolescents. These preliminary data show that GnRHa and GAHT did not affect blood pressure in treated adolescents. Also, puberty suppression together with psychological support showed efficacy in decreasing depressive symptoms and suicidal risk, as well as improving psychological functioning. GAHT was effective also in reducing depressive symptomatology and GD levels.

## The effect of gender affirming hormone therapy on chronotype and sleep duration in a transgender population

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### Abstract

**Background**

Sleep is important for physical and mental health. Individuals with gender dysphoria (GD) have a high prevalence of sleep problems, including short sleep and problems with falling and remaining asleep. There are significant differences in sleep patterns between cisgender men and women. We speculated that this sex difference may be due to sex hormones. Therefore it is important to understand the effects of gender affirming hormone therapy on sleep health.  
Chronotype describes an individual’s preference for earlier or later sleep timing. There is significant variation between individuals in chronotype, typically people can be divided into morning people (“larks”), who prefer to go to bed and wake up early, and evening people (“owls”), who prefer to go to bed and wake up late. Sex differences explain a substantial proportion of this variation in chronotype; late chronotype is more common in men than in women. The aim of this study is to investigate the effect of gender affirming hormone therapy on chronotype and sleep duration in the transgender population.

**Methods**

From January 2020 transgender individuals starting gender affirming hormone therapy are invited to participate in this study, and inclusion of participants is still ongoing. The Munich Chronotype Questionnaire (MCTQ) is used to asses chronotype and sleep duration on work days and free days. The participants are asked to complete the questionnaire before the start of hormone therapy and three months thereafter. Chronotype is measured as mid-point of sleep on free days corrected for sleep debt (MSFsc). In this preliminary analysis, chronotype and sleep duration on work and free days after three months of hormone therapy were compared to baseline in both trans women and trans men.

**Results and Conclusions**

**Results** The results presented here are preliminary results, since participants are still being included. In August we expect to present updated results with more inclusions. For this preliminary analysis five trans women and nine trans men completed the MCTQ at baseline and after three months of hormone therapy. For trans women, mean sleep duration on work days after three months of hormone therapy (8h42min ± 1h12min ) was significantly longer (1h12min ± 40min) compared to baseline (7h30min ± 58min) (p<0.05). On free days there was no significant difference in sleep duration between before (8h15min ± 40min) and after hormone therapy (9h ± 56min). For trans men, sleep duration on both work days and free days was not affected after three months of hormone therapy (work: 7h43min ± 1h7min, free: 9h11min ± 45min) compared to baseline (work: 7h55min ± 1h40min, free: 8h53min ± 1h30min). Chronotype was not affected by hormone therapy in both transwomen (MSFsc 05:26±1:20 h vs 05:13±1:19 h) and transmen (MSFsc 04:50±1:28 h vs 04:53±1:28 h).

**Conclusion** These preliminary results suggest an effect of hormone therapy on sleep duration in trans women.

## What's new in trans health care in Poland? Reshaping the professional landscape despite hostile political rhetoric

### Authors

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### Abstract

The lecture is planned as a continuation of my previous speech at the 2019 EPATH Conference in Rome, which targeted social, political, legal and organisational contexts and challenges to clinical care addressed at trans and non-binary patients and clients.

In this speech I will first present an update on shifting political sands in Poland which inevitably influence trans and non-binary community and also clinicians working in the field. Then I will present progress that has been made ever since, i.e., e.g., the Polish translation of WPATH SOC 7, the issue of the first modern comprehensive clinical guide on GD/GI titled ‘Gender dysphoria and incongruence. A compendium for practitioners”, and especially the Recommendations of the Polish Sexological Society on medical care in transgender adults. This is the first publication of the kind in the country which attempts to order the process of assessment and preparation for trans affirmative clinical interventions and legal gender recognition. I will present its basic premises and its relations to the existing models of care.

In the end I will refer to other initiatives in broadly defined trans health and prospects for the future.

## How sensitive is the neo-phallus? Post-phalloplasty experienced and objective sensitivity in transmasculine persons.

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### Abstract

**Introduction:** Tactile and erogenous sensitivity of the neo-phallus after phalloplasty are assumed to affect the sexual well-being of transmasculine persons and, ultimately, their quality of life. The experienced and objective sensation of the neo-phallus and their association are largely unknown.

**Aim:** This study evaluated experienced tactile and erotic sensation of the neo-phallus in transmasculine persons and investigated how this was related to objective tactile sensitivity.

**Methods:** Between August 2017 and January 2020, 59 transmasculine persons who underwent phalloplasty were recruited to participate in a prospective follow-up study. Tactile sensitivity of the neo-phallus and donor-site were measured (Semmes-Weinstein Monofilament test) and compared, and participants were asked to fill out a questionnaire about experienced sensation of the neo-phallus and sexual wellbeing.

**Main outcome measures:** Experienced and objective sensation of the neo-phallus were measured by using a questionnaire and Semmes-Weinstein Monofilament scores.

**Results:** Neo-phallic tactile sensitivity was significantly reduced compared to the donor-site (n=44), with the proximal part being more sensitive than the distal part (median follow-up of 1.8 years, range 1.0-7.2)). Sensitivity of the neo-phallus was not significantly associated with the surgical flap used, yet increased significantly with follow-up time. The questionnaire was completed by 26 participants of which 24 (92.3%) experienced (some degree of) tactile sensitivity in their neo-phallus. Erogenous sensation was experienced by 23 (88.5%). Experienced and objectified tactile sensitivity were not significantly correlated (Spearmans’s rho=0.23, p=0.26). Answers to open-ended questions showed that results often do not match expectations.

**Conclusion:** Tactile sensation of the neo-phallus was reduced in most transmasculine persons and improved slowly over time. A significant association between subjective and objective measures could not be detected. Although experienced sensitivity varied between individuals, the vast majority reported to have tactile and erotic sensitivity in the neo-phallus.Transmasculine persons should be informed that sensitivity of the neo-phallus will likely be reduced.

## Sexual habits among Italian transgender adolescents: a cross-sectional study

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### Abstract

**Background.** Recent studies showed that transgender (TGN) adolescents are more at risk of negative sexual outcomes than their peers. However, little is known about the psychopathological and sociodemographic correlates of sexual-related experiences in TGN adolescents. This cross-sectional study aimed at overcoming this limitation describing this association in a sample of 18 transgirls and 32 transboys recruited at the Gender Clinic of the University of Florence between 2015 and 2020.

**Methods**. Clinical, sociodemographic, and sexual-related features were collected through a face-to-face interview and anamnestic forms. Self-report questionnaires were administered to evaluate gender dysphoria (Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults), emotional and behavioral problems (Youth Self Report), and body uneasiness (Body Uneasiness Test).

**Results and conclusions.** The percentage of subjects reporting to have had at least one romantic relationship in life was 62.5% among transboys and 16.7% in transgirls (ORsex = 8.65, p < 0.01), whereas 28.1% of transboys and 5.6% of transgirls were sexually active (ORsex = 6.63, p > 0.05). A worse psychological functioning and risk-taking behaviors were associated with being sexually active (p < 0.05). These results underline the deep interconnection between psychological vulnerability and sexual-related features in TGN adolescents, confirming the importance of developing gender inclusive sex education programs to prevent negative sexual outcomes in this population.

## Health, living situation, and access to care during the COVID-19 pandemic in transgender people engaged in sex work

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### Abstract

**Background**

Research has investigated the detrimental impact of the coronavirus as well as the impact of the wide range of measures taken by governments to control this pandemic on transgender persons. Studies confirm that transgender persons might suffer under the pandemic even more than the general population (Koehler et al., 2020). Few studies have looked into the specific health risks for transgender people engaged in sex work. Research on sex workers has documented that they face harsh consequences of COVID-19 measures. A lot of countries have prohibited sex work since the start of the pandemic, and as sex work is not a legal job in most countries, sex workers generally do not have access to income substitution or other social benefits. This study looks into the living situation, health, and access to care during the COVID-19 pandemic for transgender people ever involved in sex work.

**Methods**

Data of the online TransCareCovid-19 survey (April –November 2020) is used to investigate differences in mental and physical health, access to care, financial status, and housing during the COVID-pandemic between transgender people ever engaged in sex work and those who were never engaged in sex work.

**Results**

10% of all respondents (N=5310) reported to ever have been engaged in sex work. Those of color, with a disability, and those without citizenship or valid residence permit in the country they live in, were more frequently ever involved in sex work.

Those ever involved in sex work report significantly more often health conditions and chronic illness, and 28,5% report to have no health insurance. For 32.6% of the people engaged in sex work, access to hormones was restricted due to the COVID-19 outbreak. 45.4% would avoid COVID-19 related care. They also report significantly more often experiences with actual discrimination and mistreatment when looking for COVID-19 testing of care.

Almost 20% had to change the place they usually live because of the COVID-19 outbreak, and 55.9% said their living situation caused them distress. 41.6% of the people involved in sex work state that the COVID-19 outbreak has influenced their engagement in sex work. State-enforced prohibition to engage in sex work, decreased demand, having to move in with relatives, and fear of infection are frequently cited. However, some also state having moved their sex work online.

**Conclusions**

Transgender people whose access to the labor market is limited because of racism, disability status, or citizenship status are more frequently involved in sex work. Transgender people involved in sex work report significantly more health conditions and, as such, are at even greater risk for a severe course of COVID-19 infection, compared to transgender people not involved in sex work. Even more, almost half of them report they would avoid COVID-19 related care. The results show that the situation of transgender people ever involved in sex work was already worse before the pandemic, and the pandemic has enlarged this inequality to a greater extend.

## The effects of waiting for gender-affirming care: a mixed-methods population study from the Netherlands

### Authors

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### Abstract

**Background**

Gender-affirming care has been proven repeatedly to be a cornerstone in the improvement of quality of life of transgender and gender non-conforming (TGNC) individuals. Due to many factors, access to care may be limited however. In case of limited clinical facilities and/or reimbursement, TGNC may be confronted with long waiting lists before accessing gender-affirming care, likely jeopardizing this group’s well-being. This study aimed to assess the duration of waiting for gender-affirming care as well as the effects on life in the Netherlands.

**Methods**

In 2019, a cross-sectional online survey was open to all TGNC individuals from the Netherlands with gender-affirming healthcare experiences in the prior three years (incl. applying for care). Adolescents and adults, as well as parents of minors could participate in this study that was jointly designed by the Dutch transgender support organization, a consultancy firm and scientists. Data collection included background and treatment data, two multiple choice questions on waiting lists for each treatment modality (ie, the duration of waiting, and the degree of suffering from waiting (from no negative effect to very negative effect)), and lastly an open question on the effects of waiting on the participant’s life. Waiting duration (median) and effects (frequencies) were computed per treatment modality, and treatment requests were associated with background characteristics. Open-text answers were analyzed through thematic analysis.

**Results**

A total of 975 participants was included for analysis. When correcting for participants with completed medical transition and no request for medical transition, 431 (53.1%) participants were waiting for some gender-affirming treatment at time of participation. Non-binary participant more frequently reported not requiring medical care or not having applied yet. The largest number of participants waited for initial intake (n=188), mastectomy (n=110) and hormone treatment (n=157), whereas the longest waiting time was reported for initial intake, hormone treatment, puberty suppression, masculinizing genital surgery and Adam’s apple surgery (all median > 1.5 years). The effects of waiting were experienced as (very) negative for most procedures. Open answers showed that waiting for care resulted in: (1) more intensive care and poorer anticipated outcomes (eg, due to progressing pubertal development or worsening mental health problems), (2) increased inequalities, (3) negative effects on a large range of areas of life, and (4) for some it provided time to prepare better for surgical procedures.

**Conclusions**

Waiting for gender-affirming care is common for TGNC individuals in the Netherlands, both before and during medical transition. Excessive waiting has (very) negative health and social consequences for this group and seems to produce avoidable clinical and social problems.

## Metoidioplasty without urethral lengthening in a transgender male patient

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### Abstract

**Introduction and objectives**

Metoidioplasty is a type of gender affirming surgery performed in female-to-male transgender men. Genital gender reaffirming surgery with urethral lengthening is associated with a high risk of urethral complications, such as urethral stricture and fistula. In order to decrease the risk of complications, some patients prefer not to have urethral lengthening performed. If the patient has no particular wish for voiding in a standing position, it could be a good solution to construct a primary perineostomy. The aim of our study was to report our approach of a modified metoidioplasty without urethral lengthening. This video demonstrates the different steps of our technique.

**Materials and Methods**

A 23-year-old female-to-male transgender patient underwent metoidioplasty and scrotoplasty without urethral lengthening. His past surgical history included trans-areolar mastectomy and hysterectomy with oophorectomy one year earlier.

The patient had no wish to be able to void while standing and therefore, a urethral lengthening was not performed. Instead, the urethral meatus was repositioned by means of a perineostomy. As the patient wished metoidioplasty as a final surgery, maximal penile lengthening was pursued.

The patient was placed in lithotomy position. Subtotal vaginectomy is performed in the standard fashion after hydro-dissection of the anterior vesico-vaginal wall. The urethral meatus is dissected away from the vestibular part of the clitoris. All other mucosal tissue underneath the clitoral corona, including the labia minora is excised. The neo-penoscrotal angle is constructed at the original lowest point of the clitoris.

Scrotoplasty is performed by posterior release of the labia majora up to the point of the penoscrotal angle. The posterior edges are brought anteriorly and fixed to the midpoint of the penoscrotal angle according to the Ghent scrotoplasty technique.

The urethral meatus is anchored underneath the scrotum and sutured to the skin after ventral spatulation, creating a perineostomy. The perineal defect is closed up to the point of the perineal urethrostomy.

We plan second stage scrotoplasty with ventral release of the labia majora to further increase the size of the neo-scrotum and create a more anatomical position of the penis and the scrotum.

**Results**

We present our modified metoidioplasty technique in a step-by-step-video guide. The technique results in the construction of a perineostomy just below the perineal scrotal transition, an advanced neo-scrotum and a maximally lengthened neo-phallus.

**Conclusion**

Metoidioplasty as gender affirming surgery for female to male transgender patients remains a complex procedure with high risk of urethral complications. In patients who are not keen on being able to void while standing, the construction of a perineostomy be a good solution to avoid these urethral complications.

## Thinking time, shifting goalposts, and ticking time bombs: Experiences of waiting on the Gender Identity Development Service waiting list

### Authors

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### Abstract

**Background**

The Longitudinal Outcomes of Gender Identity in Children (LOGIC) Study is a programme of mixed methods research investigating the experiences and outcomes of families referred to the UK Gender Identity Development Service (GIDS). LOGIC-Q is the qualitative longitudinal study, findings from which are the focus of this presentation. The waiting list for GIDS is currently in excess of two years. This presentation explores the experiences of waiting on such a long waiting list and the ways in which parents, children, and young people access support during this critical time.

**Methods**

Thirty-nine families were purposively sampled from the wider LOGIC Study in order to include a broad range of ages, genders, transition stages, ethnicities, geographic locations, and socio-economic statuses. While LOGIC-Q will eventually involve interviews at three time-points with the families, this presentation will focus on findings from the first interviews. Semi-structured interviews were undertaken between July 2019 and June 2020, a period that encompassed the first COVID-19 lockdown in the UK. Prior to lockdown, 27 interviews were in person; afterwards, 11 interviews were conducted over zoom and one by phone. In total, parents and children/young people chose to talk together in 28 families and spoke separately in 11 families. Analysis of the anonymised interview transcripts has been informed by both narrative and thematic approaches. While this presentation is only focusing on the first interviews, this analytical approach allows for mapping change over time and in multiple directions. Using reflective practice, as well as collaborating with a co-investigator with lived experience of accessing GIDS and a PPI group, the analysis has been consistently grounded in the lived experiences of the participating parents, children, and young people.

**Results and conclusions**

Children were aged between 5 and 15 years at the time of the first interview, and had been on the GIDS waiting list between 4-24 months; only one family had attended their first appointment at GIDS. Three main themes were identified: 1. Positive experiences attached to waiting; 2. Feelings of distress and stuckness; and, 3. Suggestions for support while waiting. Positive experiences were most commonly found among families with younger children, where there remained the possibility for the child to receive care from GIDS before puberty. However, while children were not currently worried, some parents expressed future-facing anxiety about their child’s wellbeing if they were not seen by GIDS before then. Feelings of distress and stuckness were most prominent in the narratives of young people close to or already experiencing puberty and who had not yet had a GIDS appointment. They struggled to see a future beyond being able to access the support they wanted at GIDS and this caused significant distress. Younger children (5-10 years of age) did not talk about the waiting list as it was something they did not fully understand. Finally, families’ narratives pointed to practical ways that GIDS could help them while on the waiting list. Families’ needs for support were intensified during lockdown when accessing any help became even more difficult.

## Long-Term Changes in free nipple graft morphology in gender-affirming mastectomies

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### Abstract

**Background:** After gender-affirming mastectomies with free nipple grafts, satisfaction with nipples tends to fall short behind chest outcomes. This might be related to changes in nipple configuration over time. Therefore, the aim of this study is to objectively establish the long-term morphological changes in nipple areolar complexes (NAC) and compare these outcomes to cisgender male NAC outcomes.

**Materials and methods:** An observational, cross-sectional study was performed. Data from two prospective cohorts were collected; (1) transgender men whom had received a double incision mastectomy with free nipple grafts and (2) cisgender men (norm sample). Baseline demographics and 3-D images were collected for both groups. NAC-measurements were performed on the 3-D images, at 4 time points (7-, 30-, 90- and 365-days post-operative) in transgender men and once in cisgender men.

**Results:** In total, 67 transgender and 150 cisgender men were included in the study. Respectively, NAC width and height in trans men changed from 21.5mm (±2.7) to 23.8mm (±3.9) and 16.2mm (±2.5) to 14.7mm (±3.0) within the year follow-up. Furthermore, on average, the NACs increasingly rotated to a mean 21 degrees in the latero-caudal direction. The mean NAC width and height in cisgender men were 28.1mm (±5) and 20.7mm (±4), being significantly larger than in transgender men.

**Conclusion:** The morphology of the NACs in transgender men significantly changes over time and NAC grafts are generally transplanted too small in this group. Understanding and incorporating these differences into pre-operative counseling and surgical planning might help increase patient satisfaction.

## An external validation of a novel predictive algorithm for male nipple-areolar positioning: an improvement to current practice through a multicenter endeavor

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### Abstract

**Background**

Achieving a natural-appearing male chest is imperative in the treatment of transgender men. Nevertheless, correct positioning of nipple-areolar complexes (NAC) during gender-affirming mastectomies remains challenging. Recently, a Dutch two-step algorithm was proposed predicting the most ideal NAC position. We aimed to externally validate this algorithm in a Belgian cohort.

**Method**

The Belgian validation cohort consisted of cisgender male participants. The algorithms predict nipple-nipple distance (NN) and sternal-notch-to-nipple distance (SNN) based on anthropometric data. Predictions were externally validated using the performance measures: R2-value, means squared error (MSE) and mean absolute percentage error (MAPE). Additionally, data were collected from a Belgian and Dutch cohort of transgender men having undergone mastectomy with free nipple grafts. The observed NN and SNN of these cohorts were compared to the predicted SNN and NN, and the inter-center variability in standard of practice was assessed.

**Results**

A total of 51 cisgender and 25 transgender men were included in Belgium, as well as 150 cisgender and 96 transgender men in the Netherlands. When externally validating the algorithm on the Belgian cisgender male population, the R2-value, MSE and MAPE were 0.315, 2.35 (95%CI:0–6.9), 4.9% (95%CI:3.8-6.1) in the model for NN and 0.423, 1.51 (95%CI:0–4.02), 4.73% (95%CI:3.7–5.7) in the model for SNN. When applying the cisgender-based algorithm to both transgender cohorts, the predicted SNN was found to be larger in both Dutch (17.1measured(**±**1.7) vs 18.7predicted(**±**1.4), p=<0.001) and Belgian (16.2measured(**±**1.8) vs 18.4predicted(**±**1.5), p=<0.001) transgender men, whereas NN was too long in the Belgian (22.0measured(**±**2.6) vs 21.2predicted(**±**1.6), p=0.025) and too short in the Dutch transgender male cohort (19.8measured(**±**1.8) vs 20.7predicted(**±**1.9), p=0.001).

**Conclusion**

Both models performed well in external validation. This indicates that a two-step algorithm may aid as a reproducible and accurate clinical tool in determining the most ideal NAC position in transgender men seeking gender-affirming chest surgery.

## Voice and communication situation self-evaluation tool for gender diverse people presumed female at birth (PFAB)

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### Abstract

**Background:**

Codes of ethics, professional standards and best practice guidelines for health care professions across the world increasingly include the requirement to provide culturally responsive, person-centred care. In this approach, the clinician and the client perspectives are given equal consideration and clients are positioned as participants in (rather than recipients of) their own health care whose perspective shapes every aspect of clinical practice.

Since the early 2000s, researchers have begun to develop self-evaluation questionnaires to explore gender diverse people’s perspectives on their voice and communication-related quality of life. Meanwhile, questionnaires have been developed and validated for gender diverse people who identify as female (“Trans Woman Voice Questionnaire” (*TWVQ*), Dacakis et al., 2013) and for those who identify as non-binary (“Voice-related experiences of non-binary individuals” (*VENI*), Shevcik & Tsai, 2021).

Currently, a reliable and validated tool is lacking for gender diverse people presumed female at birth (GD people PFAB) that takes into account all possible identifications in terms of gender and intersections with other aspects of human diversity.

The purpose of our study was to develop and evaluate a self-evaluation tool for GD people PFAB to explore their perspectives on their voice and communication function, sociocultural positioning, and communication-related wellbeing and to draw conclusions for professional support in the areas of voice, communication, and wellbeing.

**Methods:**

We developed the *tool* based on the available research literature pertaining to the voice and communication situation of GD people PFAB. This literature indicates that members of this population might experience difficulties with voice and communication function, with communicating their sense of sociocultural belonging in everyday encounters and with their wellbeing in response to these difficulties. We created draft versions of the tool in English, Swedish and German. These drafts contained questions that allowed participants to: indicate which categories of sociocultural belonging were important aspects of their identity and which aspects of their identity they wished to communicate to others; rate how frequently they experienced difficulties with voice function, with presenting their sense of sociocultural belonging to others, and with being misunderstood by others; and evaluate the degree to which they perceived each of the listed difficulties as a problem.

To evaluate the face validity of the three draft versions of the tool and to receive feedback on the content and the format, community-led focus groups with GD people PFAB were held in Sweden (3 groups, n=14), Germany (2 groups, n=5) and in the USA (3 groups, n=12). The transcripts of the focus groups are currently in the process of being analyzed using a consensus approach to qualitative content analysis.

**Results and conclusions:**

Preliminary results from the US support use of the 3 areas in the questionnaire, and more detailed analyses of transcripts for suggested terminology edits and cross-cultural adaptations are currently underway and will be presented.

## Appearent autistic traits in transgender people: a prospective study of the impact of gender-affirming hormonal treatment

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### Abstract

**Background.**In recent years there has been a strong and growing interest in the co-occurrence of Gender Dysphoria/Gender Incongruence (GD/GI) and Autism Spectrum Disorder (ASD). The nature of this association is currently matter of debate and clinically relevant because of its implications in the management of both conditions. To date, literature has been mostly focused on children and adolescents and therefore there are few data regarding autistic traits in adults with GD/GI. Moreover, prospective studies assessing the effects of gender-affirming hormonal treatment (GAHT) on autistic traits are lacking. The aims of our study are: to evaluate autistic traits in adult transgender persons by assessing differences in terms of Autism Spectrum Quotient (AQ) scores between a sample of hormone-naïve transgender people and a group of cisgender individuals age-adjusted; to assess the possible impact of GAHT on AQ scores across time; to evaluate the role of alexithymia and social anxiety as possible mediators of changes in AQ scores.

**Methods.** We performed a double-design study with a cross-sectional comparison between cisgender and transgender people at baseline (before GAHT) and a prospective study on the possible effects of GAHT over time. Transgender and cisgender people were asked to complete several psychometric tests, such as the Autism Spectrum Quotient (AQ), the Body Uneasiness Test (BUT), the Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA), the Toronto Alexithymia Scale (TAS), the Liebowitz Social Anxiety Scale (LSAS) and the Symptom Checklist 90 revised (SCL-90-R).  A total sample of 789 persons (n=229 cismen; n=172 ciswomen; n=206 transmen and n=182 transwomen) referring to the Florence and Rome Gender Clinics was enrolled. Of these, a subsample of 59 participants referring to the Florence Gender Clinic was evaluated  in a prospective study at the time of inclusion (T0) and 12 months after the GAHT prescription (T12).

**Results and conclusions**. Groups showed significant differences in terms of autistic traits (according to AQ scores, p<0.001). In particular, ciswomen showed significant lower scores of AQ compared to all other groups, while cismen reported significant higher scores of AQ than all other groups. Both transwomen and transmen showed significantly higher body uneasiness levels (BUT GSI) than the rest of the entire sample (p<0.001).  Furthermore, the transgender group showed significantly lower GIDYQ-AA scores, indicating higher levels of gender dysphoria when compared to cisgender ones (p<0.001). Considering alexithymia (TAS) and social anxiety (LSAS), transgender individuals scored significantly higher when compared to cisgender one (p<0.001 and p<0.05 respectively). No significant differences were found between groups (p=0.61) in terms of general psychopathology (SCL-90-R GSI). Across time, in the sample enrolled in the prospective study, both transmen and transwomen showed a significant reduction in AQ scores (p<0.002). These results suggest that the autistic traits measured in our sample may represent an epiphenomenon of GD/ GI rather than being part of an ASD condition, since they significantly decreased after 12 months of GAHT.

## Sociodemographic and clinical features of individuals who consulted a psychiatric liaison service for gender dysphoria over a ten-year period (2010 – 2020)

### Authors

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Friedrich Stiefel - CHUV - Lausanne University Hospital / Liaison Psychiatry Service

### Abstract

**Background**

The Lausanne University Hospital (CHUV) is one of the two university hospitals of the French speaking part of Switzerland, which have a multidisciplinary gender dysphoria consultation consisting of liaison psychiatrists, endocrinologists, surgeons, primary care physicians etc.

Like other gender services across Western Europe and America, we have witnessed these past five years an increase of the number of referrals and new appointments, as well as a decrease of the mean age of consulting persons; non-binary gender identifications also emerged during this period, especially in young adults.

The aim of this study is to provide a description of some sociodemographic features and co-occurring psychiatric disorders of adult individuals consulting for gender dysphoria.

**Methods**

An existing data set collected for clinical purposes was anonymised and used to assess sociodemographic characteristics (gender self-identification, sex assigned at birth, age) and coexisting mental health conditions.

**Results**

1. Data was collected on a sample of 98 patients aged between 18 to 72 years (mean age: 30,5): 50 transwomen (49 AMAB, one DSD), 40 transmen (all AFAB), 6 non-binary (3 AFAB, 3 AMAB), one cis-woman and one cis-man;
2. All patients have been evaluated by psychiatrists experienced in the clinical work with adults with gender dysphoria. Ten patients didn’t meet DSM-5 criteria for gender dysphoria, of which: 4 transwoman, 4 non-binary, 2 cisgenders;
3. About half of the population (N = 53; *54%*) was aged between 18 and 25 years;
4. About one quarter of our population (N= 27; *27,5%*) had no psychiatric conditions;
5. Co-occurring psychiatric diagnosis were personality disorders (N = 32; *32,6%*, mainly cluster B), neurodevelopmental conditions (N = 16; *16,3%*, such as autistic spectrum disorders, ADHD and intellectual disability), anxiety disorders (N = 15; *15,3%*), schizophrenia spectrum disorders (N = 12; *12,2%)*, affective disorders (N = 12; *12,2%*), substance abuse disorders (N= 4; *4,1%*) and eating disorders (N= 2; *2%*).

**Conclusion**

Since an unknown percentage of transgender and gender diverse people in our region undergo gender affirmative treatments in the private health care setting and given the important prevalence of co-occurring psychiatric conditions in our sample, it seems that this population is not representative of the entire transgender and gender diverse community in the French speaking part of Switzerland. Despite its limitations, this study provides relevant clinical features of individuals who identify as transgender or gender diverse and who seek gender affirmative care in a public university hospital. The study raises questions with regard to the high prevalence of psychiatric morbidity and underlines the specific health needs of our population. Further research should address the relations between gender dysphoria and psychiatric morbidity and its evolution over time.

## Parenting adolescents across the gender spectrum: the experience of parents whose adolescents identify as gender variant or transgender

### Authors

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### Abstract

The study explored the understanding and meaning-making process of the parents whose adolescents identify as gender variant or transgender. This is considered to be an under-researched area since most research focuses on the experiences of the trans adolescent or adult. This qualitative study adopted an Interpretative Phenomenological Approach and online interviews using Skype were conducted with each of the six parents living in the United Kingdom who have a gender variant adolescent aged between 14 and 19 years. The emerging themes unearthed the trans affirmative narratives of the six parents, as well as the complex interconnections between the parental individual experience with their social environment and the global movements around affirmation and/or rejection, and vice versa.

From a systemic perspective, this bi-directional process suggests that parents of gender variant adolescents have a voice towards sustaining a social affirmative stance with respect to gender diversity. On the other hand, the findings also highlight the challenges that parents encountered and the importance of both informal and formal support from their peers and support services throughout their transition process. The findings were interpreted through a systemic conceptual framework, including a social constructionist and norm critical approach. This study emphasises that the more parents are open to diversity and are critical of the dominant cisnormative discourse and gender norms, the better they would fare in their journey with their gender variant adolescent.

## Data gathering methods for gender identity: good practices and challenges

### Authors

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Pavlou Miltos - European Union Agency for Fundamental Rights

Karel Fric - European Union Agency for Fundamental Rights

### Abstract

Multiple studies and monitoring efforts have included gender identity as a variable of interest. The exact operationalization of ‘gender identity’ differs greatly, and there is no ‘golden standard’ yet for measuring gender identity. The proposed ‘best practices’ depend among others on the design of the research, the target group, age of participants, and the specific languages and terminology in the country of interest.

In this round table we gather researchers with experiences in methods regarding measuring gender in quantitative surveys. Three speakers will discuss their experiences with measuring gender identity, each from a different perspective:

1. Karel Fric from the Fundamental Rights Agency (FRA) will focus on challenges when gender identity is measured **in LGBTI+ research**. They will address the challenges faced and solutions adopted in large-scale and policy-driven surveys. They will do so while focusing on the context and the limitations of the trans ‘umbrella’ term and on the need to identify and survey in a reliable manner intersectional discrimination and life experiences of respondents with multiple and multi-layered SOGI identities.
2. Maxim Dierckens will focus on measuring gender identity in **children and youth** in a nationwide health survey. He will present results from a pilot study conducted in Flanders (Belgium) that aimed to test the validity and reliability, among which the understandability, answerability and acceptability, of items on gender identity.
3. Aisa Burgwal will focus on measuring **gender identity as a continuous scale in general population samples**. She will present her research of comparing measurement of gender identity with a 5- or 7-point Likert scale or even other, less frequently used scales such as the fuzzy scale. The operationalization clearly influences the results and each approach has its (dis)advantages, which will be presented.

The aim of this round table is to exchange experiences and good practices, learn from our own successes and mistakes, and provide future researchers with methodological options and good practices.

Here the link to the Advisory Note mentioned in the Round Table Discussion (only available in Dutch):   
https://transgenderinfo.be/wp-content/uploads/Adviesnota\_Motmans\_Burgwal\_Dierckx\_2020.pdf

## Return-to-work of trans people: a systematic review through the blender of occupational health

### Authors

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Joz Motmans - Ghent University Hospital

Dominique Van de Velde - Ghent University

Lutgart Braeckman - Ghent University

### Abstract

**Background and objectives**

Return-to-work (RTW) is nowadays a major research domain, but clear information of job re-entry of trans peoples during or after their transition and chosen steps in gender affirming care, is lacking. The objective is to examine several RTW-outcomes (RTW-rate, time-to-RTW, sick days, RTW-experiences) and -experiences of trans people in existing literature.

**Methods & sample**

Databases concerning health, psychosocial publications as well as grey literature were explored systematically (Pubmed, Embase, EBSCOhost, Proquest, CINAHL, Scopus, Epistemonikus and Web of Science). Studies, from 2006 to March 1st 2021, reporting quantitative and qualitative data of adult trans people combined with (return to) work outcomes were eligible for inclusion. A synthesis of the objective data was performed along with a thematic analysis of (return to) work experiences from an occupational narrative. This review was registered on PROSPERO (CRD42019128395) on April 30th 2019.

**Results**

Database searches identified 14,592 records, from which 97 full text articles were screened which resulted in 20 articles as our final sample. Objective RTW outcomes were lacking, wherefore other relevant work outcomes such as employment rate and status, turnover (TO), age of transition were reported. Trans populations experienced more economic distress (9-21% unemployment, majority having precarious work or being on benefits) than the general population; this distress which was also reflected in a general trend of later transitioning of trans women (5-7 years). Whereas TO in sector or jobs was noted probably due to a slow changing socio-political landscape. Research on subjective (return to) work experiences was highlighted by the importance of disclosure (and its sequence), the perception of trans friendly organisations, support from especially managers and colleagues which acted as a mediator, personal coping skills, and a transition plan along with work accommodations. Negative outcomes such as demotion, lay-offs and discrimination were often prominent together with a lack of knowledge of trans issues in companies in general.

**Conclusion & recommendations**

To the best of our knowledge, this is the first review to evaluate return to work in the trans people which showed a clear gap of knowledge and exact numbers of RTW outcomes. Going back to work is a dynamic process along with transition in itself, which should be tailored with the help of a transition plan, work accommodations and job crafting elicited with the help of third party experts. Future studies should entail more occupational information and report RTW outcomes to enhance our knowledge in the guidance of trans persons and make way for interventional studies. This systematic review will serve as a foundation for a mixed methods project examining the barriers/facilitators of RTW in trans employees and to provide preventive tools for tailored reintegration in service of occupational physicians and enterprises.

## A systematic review of research on psychosocial functioning changes after gender-affirming hormone therapy

### Authors

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### Abstract

**Background**

**Introduction:** The most common form of medical intervention sought by transgender people, and sometimes the only form of treatment sought, is gender-affirming hormone therapy. Despite the large and growing prevalence of gender-affirming hormone therapy across Europe, there has been no systematic examination of potential psychosocial implications of such treatments. Psychosocial functioning is a critical facet of human life that shapes how people relate to others and the quality of their social relationships. Psychosocial functioning refers to a variety of traits, characteristics and dispositions that have been broadly classified as (1) *well-being* (e.g., self-acceptance, positive mood, satisfaction with life), (2) *self-mastery* (e.g., self-control, low aggression and impulsivity), and (3) *interpersonal functioning* (e.g., trust, secure attachment, empathy).

**Objective:** In this systematic review, we aimed to assess the current state and quality of evidence for effects of gender-affirming hormone therapy on psychosocial functioning in transgender people.

**Methods**

We followed PRISMA guidelines in carrying out the search strategy for this systematic review. PubMed, PsycNET and Web of Science databases were searched for publications between the years 1980 and 2021. Additionally, the reference lists of selected articles as well as key readings were searched to identify further relevant papers.

**Results**

From an initial pool of 1287, we identified a total of 36 relevant papers in the current review (including a total of 7337 transgender participants). Many of these (*n* = 15, 42%) reported evidence from cross-sectional studies, usually comparing transgender people on hormone therapy to transgender people not on hormone therapy (*n* = 12), but also sometimes comparing to matched cisgender control groups (*n* = 2) or both (*n* = 1). Results from these cross-sectional studies suggested that gender-affirming hormone therapy improves psychosocial functioning, with the most consistent improvements in *well-being* (particularly reduced depression and anxiety). We identified 5 (14%) qualitative analyses (including 4 semi-structured interviews and 1 mixed-methods report), which predominantly focused on transfeminine experiences and generally reported themes related to improvements in psychosocial functioning (particularly *well-being*), but also themes related to psychosocial risks, such as mood swings and increased aggression. The highest-quality quantitative evidence came from prospective cohort studies (*n* = 16, 44%). While 13 of these studies focused on *well-being* (the majority of studies focused on depression, anxiety and psychological distress), only 5 included measures relevant to *self-mastery* (typically measures of anger/aggression) and only 4 included measures relevant to *interpersonal functioning*. Despite pre-/post-hormone therapy designs, these studies showed substantial risk of bias related to confounding (e.g., by satisfaction with appearance and self-presentation or exposure to social stigma).

**Conclusions**

There is some evidence that gender-affirming hormone therapy may be related to better psychosocial functioning for transgender people, but this is primarily increased *well-being* rather than *self-mastery* or *interpersonal functioning*(with patterns across these dimensions that may diverge for those on masculinizing versus feminizing hormone therapies). Given the paramount importance of social relationships to health and well-being, high quality evidence for psychosocial effects of gender-affirming hormone therapy is vital to ensuring health equity for transgender people.

## Return to work of trans and gender divers people: a mixed methods study

### Authors

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Lutgart Braeckman - Ghent University

### Abstract

**Background and objectives**

The last decade a lot of attention has been given to ‘return to work’ (RTW) research within several psychological and medical settings. Work can be considered as one of the determinants of self-worth and a means of social participation and fulfilment. As absenteeism, precarious work, unemployment and economic distress is growing, it is important that trans\* employees are being supported in sustainable work retention

The objective is to examine several RTW-outcomes (sick days, RTW rate), -experiences and facilitators/barriers to going back to work.

**Methods**

This three year research project has been developed by Ghent University and the Flemish transgender information centre (Transgender Infopunt). In the first phase (October 2020- July 2021), a mixed method approach is used based on grounded theory (GT). Participants are being recruited through our research website (www.rtwoftransgenderpersons.com), social media, by distributing flyers and by digital promotions through major organisations, LGBTQIA+ networks and newsletters. Adult Belgian trans participants, with a minimum of five year work experience, are able to fill out an online and/or take part in online video semi-structured interviews. They are compensated financially for their time and effort. Quantitative data is analysed in SPSS by way of descriptive statistics and mixed method regression analyses. Qualitative data is imported in Nvivo whereby thematic coding based on GT and descriptive statistics of interviewees is performed. Integration of data will be provided by importing SPSS analyses in NVIVO and by triangulation.

**Results**

Our first 32 respondents of the questionnaire show an average age of 39 years with 12 people identifying as (trans) men, fourteen as (trans) women and six as non-binary or genderqueer or genderfluid. Most are highly educated and 88% are employed (50% full-time) with 50% having a social profession. Chosen steps in gender affirming care led to 51 episodes of work absences followed by 71% RTW. Almost half (44%) of the participants were absent from work for a month or more in the last year and 40% consulted their occupational physician during gender transition at work. Participants indicated receiving the most support from their colleagues and supervisors while support from HR or others was low or their services were not consulted.

Preliminary results from our first 5 interviewees show mixed experiences of transitioning at work, whereby the sequence of disclosure followed either the hierarchy of an organisation or remained unspoken general knowledge. Most matters of gender transition were discussed without a formal structure, guidelines or formal agreements and without any external help. Participants did view the existence of a transition plan and accessible multidisciplinary help from external parties as promising for the support of trans employees.

Further results from our ongoing data collection, -analysis and integration will be shared at the conference.

**Conclusion & recommendations**

To the best of our knowledge this is the first study to investigate RTW of trans and gender divers people. Based on our project results we aim to develop a tool for a tailored guidance of job re-entry for occupational physicians and all actors involved in work retention.

## Group treatment approaches to TGNC persons – our experiences at Regional Center for Gender Incongruence (RSKI) in Vestfold, Norway

### Authors

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### Abstract

**Key words**: group treatment approaches, belonging, information, positiv affirmation

The TGNC population is a heterogenous group with different needs for care. Individuals with various gender identities find themselves at different stages on their gender journey. Nevertheless clinical experience shows that the population has much in common. Quite a few share the experience of being misunderstood, pathologized and denied access to health care. Some have internalized hostile responses from their environment and developed health problems as anxiety or depression (1). Group treatment approaches can be an effective way to give a sense of belonging, equal information and positive affirmation. Group approaches can help the members to explore and consolidate their own identity in relation with others, in addition to therapeutical factors (2) that work in almost all group settings, such as universality, altruisme, or interpersonal learning.

The new national guidelines for gender incongruence (3) recommend holistic, decentralized and differentiated health care for TGNC patients. At the RSKI we operationalize that recommandation with different group approaches; introduction meetings, fysical exercise, psycodynamic therapy, strenght based CBT (4) and sexological counselling. During the pandemic we have gathered some experience in digital group meetings as a good alternative to keep connected.

In doing so we adress the common need to gather, get information, to master mental health issues, to strengthen resilience and to initiate positive feelings related to sexuality (5).

Knowing how important social support (6) is for positive health outcome, our next goal is to establish a group approach for care givers of younger TGNC persons. Care givers need their own place to ask questions, to work through difficult feelings related to their childrens gender journey (7) and to find ways to support their child in exchange with other care givers.

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## QTc prolongation in transgender female adolescents receiving gonadotropin-releasing hormone agonist: preliminary data

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### Abstract

**Background:** The QT interval of the electrocardiogram (ECG), corrected for heart rate (QTc), is a measure of the duration of ventricular repolarization and is a widely used marker of ventricular arrhythmia risk. Testosterone has a shortening effect on QTc length, and the QTc interval in cisgender males is shorter than in cisgender females after the onset of puberty. Transgender female adolescents are treated with GnRH agonists (GnRHa) that suppress gonadotrophins and endogenous testosterone secretion, and thus, might prolong the QT interval and increase the risk for malignant ventricular arrhythmia. However, little is known regarding the effect of hormonal therapy on QTc interval in transgender female adolescents.  
The aim of this pilot study was to analyze QTc interval in transgender female adolescents before and after receiving GnRHa and after adding estrogen treatment.

**Methods:** This was a prospective single center study between May 2017 to June 2020. QTc interval was analyzed, in 20 transgender female adolescents who started treatment at Tanner stage 4/5 of puberty, before and after GnRHa treatment initiation and after adding estrogen treatment. QTc intervals of 12-leaded ECG were measured manually, using the Hodges formula (rather than the Bazette formula) to correct for heart rate. Prolonged QTc was considered as greater than >450 milliseconds (ms). Data on psychiatric medications and hormone levels were obtained from medical records.

**Results:** 20 patients were included: Ten participants initiated GNRHa alone, while 10 participants initiated GNRHa and estrogen simultaneously. Of those 10 participants initiated GNRHa alone, treatment was started at a mean age of 15.7±1.4 years and QTc was measured after 3.7±1.3 months. QTc according to Hodges formula (thus corrected for heart rate) was significantly prolonged compared to baseline (381.9 ±17.71 vs 404.48 ± 22.19\_ms, respectively, p =0.015), but did not increase>450 ms. Of these 10 participants, 7 continued to estrogen affirming treatment at a mean age of 16.7 ± 1.7 years. Using RM-ANOVA, QTc was observed to increase after GnRHa treatment and decrease back after adding estrogen treatment for 6.1± 2.4 months (386.4±19.8 vs 413.7±19.9 vs 402.0±23.5 ms, respectively, p=0.05). QTc did not increase significantly in 17 participants treated with both GNRHa and estrogen compared to baseline. Nine patients were on one or more psychiatric medications known to increase QT interval. One participant, who was on 2 medications, was noticed to have a prolonged QTc (451.5 ms) after estrogen treatment. During the course of treatment, psychiatric medications was changed in 2 patients. These changes did not affect the results of the study. 

**Conclusion:** Our preliminary data suggest that QTc interval may prolong after GnRHa treatment in Tanner 4-5 transgender female adolescents, while estrogen and GnRHa combined treatment may not affect QTc length.This may be of further concern, as incidence of mental health conditions requiring psychopharmacotherapy is high in transgender youth, with many psychiatric medications known to prolong the QT interval. Larger prospective studies are required to further understand the effects of GnRHa and estrogen treatment on QTc interval.

## Redefining care for transgender and gender diverse adolescents: standards of care 8th edition update

### Authors

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Ren Massey - WPATH Global Education Institute Co-Chair

### Abstract

**Background**

The WPATH Standards of Care have been in existence since 1979. The current SOC revision committee has nearly 100 members representing countries from across the globe. Statements that are ultimately published in the SOC will have gone through a consensus voting process, known as the Delphi procedure, requiring 80% support for a particular statement. Therefore as a result, for the first time in the history of WPATH, the Standards of Care will result in a product that reflects collaboration among professionals with significant diverse geographic and discipline representation.

As it relates to adolescents, the field of transgender health is fraught with controversies. In some countries, legal efforts have been introduced to ban or create unnecessary barriers to gender affirming medical treatments for young people, going against the recommendations of mainstream professional associations. Critics suggest that adolescents are not old enough to make decisions regarding pubertal suppression, gender affirming hormones, and gender affirming surgery. Even among gender affirming health professionals, there is variation regarding the approach to assessment of decision-making capacity for these young people. The need for an updated version of the WPATH Standards of Care is crucial.

**Methods**

Presenters will provide an overview of the statements that have passed the Delphi process for the upcoming Standards of Care 8th edition revision. Statements were developed through literature review and expert consensus from a committee of mental health and medical professionals with experience caring for transgender and gender diverse youth, in addition to a community stakeholder. All of the authors are members of the new chapter entitled *Assessment, Support, and Therapeutic Approaches of Adolescents with Gender Diversity/Dysphoria* for the Standards of Care revision committee, including the two co-chairpersons, Annelou de Vries, MD PhD and Scott Leibowitz, MD.

**Results**

Issues related to adolescent identity development, decision-making capacity, reproductive health, and caregiver involvement are all factors involved in the approach to transgender and gender diverse adolescents. Gender affirming healthcare providers should be familiar with the evidence available to support individualized decision-making with adolescents and their parents seeking gender affirming treatments. Providers should also be aware of research gaps, such as the need for prospective longitudinal studies of gender diverse adolescents.

**Conclusions**

The new chapter on *Assessment, Support, and Therapeutic Approaches of Adolescents with Gender Diversity/Dysphoria* will provide a framework for health professionals across the globe to approach transgender and gender diverse youth and their families with sensitivity and compassion using the available evidence.

## Fat grafting for forehead contouring in facial feminization

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### Abstract

**Purpose:**Facial feminization surgery has been demonstrated to significantly improve quality of life outcomes for gender-diverse patients. In contrast to changes in secondary sex characteristics of the face following testosterone therapy, the feminizing effect of estrogens and testosterone-lowering therapies alone are often inadequate for relief of gender incongruence of the face. Feminization of the upper third of the face often includes several techniques applied in combination. This report describes our experience with use of fat grafting to forehead in combination with reduction of the anterior table of the frontal sinus and supraorbital rim to create a more convex, feminizing facial appearance.

**Methods:**In this case series, preoperative maxillofacial CT were obtained to evaluate the thickness of the anterior wall of the frontal sinus and determine its location. A pretrichial flap is raised in a subperiosteal fashion between the temporalis muscles and just deep to the superficial surface of the deep temporal fascia over the temporalis. The flap is raised along the lateral orbit to the zygomaticofrontal suture and midline to the nasal radix. A burr was used on the supraorbital rims, frontal bone and anterior table of the frontal sinus to create a smooth contour without violation of the sinus. Fat is harvested from the abdomen or flanks using the Coleman technique and transferred into the forehead using blunt cannulas. A total of 11cc (Case 1) and 12cc (Case 2) were added in a subcutaneous fashion to improve contour. A fanning technique with small aliquots was administered to give the forehead a more feminized convex appearance. Following this, hairline advancement can be performed.

**Results**: We have now performed fat grafting as an adjunct to frontal bone burring in two patients. Overall, there is improved brow shape and forehead contour when fat grafting was used to create a more feminizing forehead contour.

**Conclusion:** In combination with reduction of the anterior table of the frontal sinus and supraorbital rim via burring, fat grafting to forehead is a safe and effective technique to further enhance anatomical convexity to produce a more feminizing facial appearance. This technique also avoids the morbidity with accessing the frontal sinus and use of hardware to resecure the anterior table. As the upper third of the face offers significant cues about one’s gender to others, techniques to create rounder facial characteristics that reduce morbidity and are less technically demanding than frontal sinus setback are necessary to allow robust adoption and transfeminine women to “pass” with greater success and reduced gender dysphoria.

## Development and initial psychometric evaluation of the self-efficacy scale for voice modification

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### Abstract

***Background***Women presumed male at birth (trans women) who choose to modify their voice with the support of a speech pathologist, undergo a program of behavioural voice feminisation training (BVFT) that requires strict adherence to attendance, daily vocal exercises and generalisation of the modified voice to everyday situations. There is a growing body of evidence that BVFT can achieve targeted voice change, however, results vary and there is little evidence regarding predictors of training outcomes. Self-efficacy refers to the individual’s belief in their ability to execute behaviours successfully. A high level of self-efficacy is associated with behaviour initiation, effort and persistence and is widely acknowledged as a strong predictor of health-related behaviours. Self-efficacy has more recently been considered in the management of voice disorders for cisgender people. There are no published self-efficacy scales (SES) specific to voice modification for trans women to inform current practice, the Self-efficacy Scale for Voice Modification (SES-VM) fills this gap.

***Research Aims*** To develop a SES for trans women who seek voice modification from speech pathologists and to undertake initial psychometric evaluation of the SES-VM.

***Study Design*** The study was undertaken in two phases. Phase 1: Development of the SES-VM. Phase 2: Classical test theory was applied to examine the internal consistency and test-retest reliability of the scale.

***Method*** Phase 1: An expert panel consisting of two speech pathologists from La Trobe University, Australia and two from the Karolinska Institutet, Sweden collaborated on the selection of items to be included in a SES. Scale development was based on the theoretical framework and guidelines for scale development of Bandura (1997, 2006). The pre-final scale was completed by two trans women to ensure clarity of the items. The panel reached consensus on the final items and wording. Phase 2: Thirty-one Australian and twenty-seven Swedish trans women completed the SES-VM on two occasions with an intervening period 3-6 weeks. Initial psychometric evaluation of the scale was undertaken.

***Results*** Phase1: The SES-VM, consisting of 19 items was developed. Phase 2: Internal consistency was measured by establishing Cronbach’s alpha and item-total correlation. At time point 1, the internal consistency coefficient was α = .857 and at time point 2, α = .864. The item-total correlation (ITC) calculated for each item at time point 1 ranged from 0.29 to 0.62. These results demonstrate that the SES-VM has a high level of internal consistency i.e., that the items are measuring a similar construct. Test-retest reliability of the SES-VM was examined using the intraclass correlation (ICC)(Model 3). The ICC average measure = .839 (95% confidence level = .728 - .905) indicating excellent stability over time.

***Conclusions*** The SES-VM provides a measure of the confidence an individual brings to their voice modification program. This measure can be used to examine the impact of self-efficacy on adherence to BVFT and whether self-efficacy is a predictor of outcome. Results

## Effects of sex hormone use on sleep: Changes in sleep problems, insomnia symptoms and sleep duration in the first year of gender affirming hormone use.

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### Abstract

**Background**

Many transgender persons choose to use sex hormones as a part of their gender transition process. Although sleep problems are very prevalent in transgender persons (Auer et al., 2017) there have not been any large-scale studies examining the sleep quality in transgender individuals throughout the hormonal transition.

Sex hormones are associated with sleeping problems. Endogenous fluctuations of estrogen in cisgender menopausal women are often accompanied by sleep problems, and endogenous low testosterone levels in cisgender men are associated with sleeping badly. Sex hormone use could affect transgender persons’ sleep quality, but in what extent these two are associated is not yet clear. Therefore, our study aims to examine the effects of exogenous sex hormone use on sleep quality, insomnia symptoms and sleep duration in the first year of gender affirming hormone therapy (GAHT).

**Methods**

We assessed sleep quality and insomnia symptoms in trans persons who started hormone use as part of the multicenter European Network for the Investigation of Gender Incongruence (ENIGI) study. At the participating centers, participants were included when they started using sex hormones, and were prospectively followed up after 3, 6, 9 and 12 months. Sleep quality was assessed with the Pittsburgh Sleep Quality Index (PSQI) and insomnia symptoms with the Insomnia Severity Index (ISI). This data was combined with patient characteristics and clinical data and analyzed using linear mixed models.

**Results and discussion**

291 participants from three participating medical centers (Ghent University Hospital in Belgium, University Hospital of Florence in Italy and the Amsterdam University Medical Centre in the Netherlands) contributed survey questionnaire data on their sleep quality and insomnia symptoms, as well as on sleep apnea symptoms and hot flashes.

Preliminary analyses from the first 56 participants indicate that at the start of GAHT, 47% of participants who were assigned female at birth (AFAB) and 25% of participants who were assigned male at birth (AMAB) met criteria for subclinical insomnia. After 3 months of GAHT, mean insomnia scores seem to remain stable in AFAB participants (mean ISI score 7.5 (SD 4.7) at baseline, mean 7.8 (SD 4.9) at 3 months) as well as in AMAB participants (mean ISI score 5.5 (SD 4.1) at baseline, mean 5.3 (SD 5.3) at 3 months), although these are only preliminary results. Analyses on the full sample should further show effects of 3 and 12 months of hormone use on sleep quality, sleep duration and insomnia.

Our results indicate that sleep problems are very prevalent in trans persons, especially trans persons who are assigned female at birth. Our full results on the effect of sex hormone use can equip trans persons and healthcare professionals with more information about the effects of exogenous sex hormones on sleep quality, which contributes to a better informed decision making process in gender affirming treatment.

## The development of value clarification exercises for masculinizing genital surgery in trans men

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### Abstract

Background

Options for masculinizing genital surgery have increased over the last years. Consequently, the number of people with gender incongruence who seek medical treatment for a better quality of life has grown rapidly in recent years. In response, a decision aid for genital surgery in trans men (DA-GST) was developed to inform transgender individuals about the different treatment options to improve shared decision making (SDM) in the clinical context. However, the clarification of personal values and their role in decision making was lacking in the previously developed decision aid (DA). The first aim of this study was to develop an interactive tool that clarifies the personal values of transgender individuals, contributing to their decision-making process towards undergoing masculinizing genital surgery. The secondary aim is to instigate the development and testing of interactive decisional tools in elective surgical and clinical care.

Methods

This was a qualitative study that used descriptive analyses. This study included four phases. The first phase was to organize a focus group for healthcare professionals (HCP’s) that aimed to determine all potential attributes to be included. The second phase was to organize a focus group for trans men to determine the most important attributes. The third phase was to set up pairwise comparisons with the most important attributes in order to calculate the attribute weights and performance scores. Additionally, the level weights of each attribute were calculated from the data of both focus groups. The last phase was the initial usability testing to check of the results of the attribute weights and performance score corresponded with the personal values of the trans men.

Results

In total, nine HCP’s and nine trans men participated in this study. The thirty-eight attributes selected by the focus group of HCP’s were grouped and sorted in eleven main attributes by the researchers. These were then, ranked by the trans men focus group in order to determine five most important attributes. The attributes included (1) penile size, (2) tactile sensitivity, (3) ability to perform sexual penetration, (4) voiding standing up, and (5) physical and mental burden. After determining the attributes, the pairwise comparisons were developed. With the initial usability testing, we confirm the decision of each trans man with their personal values.

Conclusion

This study describes the development one of the first interactive clinical decisional tools in elective surgical care. The tool succeeds in clarifying the personal values of transgender individuals to be used to assist in the decision-making process towards masculinizing genital surgery. The resulting tool can be used to support SDM between trans men and HCP’s during their consultation. Using this tool, it is expected that trans men will have increased confidence and satisfaction in their decision regarding masculinizing genital surgery. In the future, effectiveness should be investigated further with a larger study population in order to validate the VCE tool.

## The effect of testosterone on endometrial ultrasound characteristics in transgender men.

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### Abstract

**Background**

Testosterone is used in transgender men as gender affirming hormone treatment(HT). Even though HT is generally considered safe, the question regarding risk of endometrial cancer remains[1, 2]. It is theorized the aromatization of testosterone to estradiol, may induce proliferation of the endometrium. And endometrial exposure to estradiol, unopposed by progesterone, is a known risk factor for endometrial cancer[3]. Moreover, testosterone has been shown to be involved in the regulation of sex hormone receptor expression in the endometrium and may therefore influence endometrial proliferation and differentiation[4] and androgen receptors have also been detected in endometrial carcinomas[5].

With a possible increased risk of endometrial pathology and the increase of transgender men retaining their reproductive organs, a screening strategy for endometrial cancer needs to be developed. The cornerstone for endometrial pathology screening, is ultrasound examination and endometrial biopsy when exceeding a certain endometrial thickness on ultrasound.

Very few studies have been performed describing ultrasound imaging in transgender men exposed to testosterone. The objective of this study was to describe the ultrasound characteristics of endometrium exposed to testosterone compared to a cis-female(assigned-female-at-birth and identify as such) population to determine if an ultrasound is a useful tool in identifying persons at risk for endometrial pathology.

**Methods**

This single centre, prospective, observational case-control study was performed at the Centre of Expertise on Gender Dysphoria in Amsterdam during 2014 and 2015. The following participants were excluded; disorders of sexual development, endocrine pathology including PCOS, excessive smoking, alcohol and/or drug abuse and the use of hormonal contraceptives The subjects underwent transvaginal ultrasound (TVU) at the time of GAS, under general anaesthesia. Controls underwent the same TVU measurements in an outpatient clinical setting (cycle days 2–5).

**Results**

51 transgender men and 77 controls were included. The mean time on testosterone for the subjects was 31 months. Endometrial thickness was significantly thinner in transgender men compared to cis-gender women: median 3.9mm (IQR 2.8 – 5.1) and 4.9(IQR 4.0 – 6.3), respectively, p< 0.001. After correcting for confounding factors (current GnRH-analogue use), this difference was still significant, p= 0.01.

**Conclusions**

Endometrium thickness in transgender men exposed to testosterone, is not thicker compared to cis-female persons. These results suggest no increased risk for developing endometrial pathology. Structural ultrasound screening in asymptomatic transgender men may therefore be unnecessary.

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## Applicability and outcomes of peritoneal vaginoplasty in transgender people

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### Abstract

**Objectives:** The main objective of this study was to review the application, efficacy and outcomes of this novel surgical technique in gender affirming surgery. Specific outcome parameters include (1) healing time (2) depth of cavity achieved (3) alleviation of dysphoria (4) morbidity of surgery. Based on the review, suggestions and recommendations are made for best clinical practice in the transwomen population.

**Mode of research:** Systematic Review

**Study design:** For this systematic review, data source, synthesis and analysis were performed according to the PRISMA statement. Inclusion and exclusion were predetermined, PROSPERO registration was also obtained prior to commencement.

**Data sources:** A structured yet broad literature search was performed in OVID MEDLINE and EMBASE, Willey Online library and PubMed for peritoneal pull-through vaginoplasty amongst transgender women using keywords and Boolean operators. Dedicated searches of specialty related journals were completed, and reference lists of relevant articles were manually searched. The search was expanded to include grey literature.

**Data synthesis:** The initial search identified 476 potentially relevant articles. Following screening, 12 articles were included in further analysis.

## Negative media coverage on transgender health care associated with decreased referrals to child and adolescent Gender Identity Development Services

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### Abstract

Background: Increasing numbers of children and adolescents have been referred to Gender Identity Services (GIDSs) the past decade, and previous studies suggest that increased media attention may influence care seeking behaviour in this group. The aim of this study was to investigate whether the number of referrals to child and adolescent GIDSs is associated with positive and negative media coverage about gender dysphoria and transgender specific healthcare.

Methods: Data on number of referrals between January 2017 and December 2019 to all Swedish GIDSs treating children and adolescents was collected along with information about date, birth assigned sex and birth year. Changes in referral counts were then analysed together with three media events that were given extensive attention; two television documentaries on transgender health care and one public announcement about transgender identity made by a well-known sports person. One of the events was categorized as positive and two as negative media coverage. Chi-square tests and negative binomial regression were used to examine the association between referral counts and positive/negative media coverage. The moderating effect of birth assigned sex and age was examined with stratified analyses.

Results: Referrals decreased by 25.2% (χ2=6.41, p=0.01) over a three months period following one of the negative media events. Among birth assigned females, referrals decreased by 32.2% (χ2=5.77, p=0.02) and by 25.2% in the age category of 13-18 years (χ2=5.37, p=0.02). Referrals for birth assigned males and children <13 years remained mostly unaltered. For the other two media events, no change in referral counts was observed.

Conclusion: Negative media coverage on transgender specific health care may negatively influence access to healthcare for transgender children and adolescents, hence nuanced and accurate media coverage as well as increased awareness of these mechanisms among key stakeholders is essential.

## Prevention of breast cancer in trans men: review of the literature and risk management approach

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### Abstract

*Background*

Breast cancer is the most common type of cancer in the cis female population. Regarding trans men, breast cancer has been an area of increased interest; in fact, 27 cases of breast cancer in trans men have been reported in the scientific literature so far. Due to the lack of knowledge about longstanding effects of cross sex hormone therapy, and the fact that many trans men are undergoing mastectomy procedures, both the pre-op and post-op trans male population might not carry the same risk of breast cancer as for the cis female population. Therefore, its real incidence in unknown. Furthermore, the incidence of gender dysphoria has increased in the past decade, and many trans men patients might not follow regular paths for breast cancer screening, either because healthcare systems might fail to call for screening patients that changed gender or personal identification number, or physicians might simply assume that post-mastectomy trans men might have lower risk for breast cancer, if compared to their pre-op status, or the same post-op trans men might disappear at follow-up and not follow local screening schemes, which have been designed specifically for cis females.

It follows that breast cancer in the trans male population is developing into a public health issue.

Primary aims of this literature review are: to assess the epidemiology of breast cancer in trans men pre- and post-mastectomy; to discuss the rationale of its screening; and to give indication whether a histopathological examination of removed breast tissue is required at the time the primary mastectomy performed for gender dysphoria.

*Methods*

This review encompasses a broad spectrum of subjects; hence, a narrative review format was chosen. The online databases PubMed, Scopus, and Google scholar have been scrutinised for articles covering: epidemiology of breast cancer in both cis and trans men; screening for breast cancer and its modalities in cis women, cis men, and trans men; histopathology following mastectomy in trans men, and reduction mammoplasty in cis women. All published cases of breast cancer in trans men are analysed. Furthermore, the Swiss cheese model for accident causation has been used for risk analysis and management.

*Results and Conclusions*

Breast cancer in trans men continues to be an issue of unknown magnitude. Thus, epidemiological studies are needed, especially those including older patients with a long history of cross-sex hormonal treatment. Guidelines on breast cancer screening in trans men are consistent pre-mastectomy, however, divergent post-mastectomy. Also, they are not evidence based, but instead based on guidelines developed for cis women. Screening modalities needs validation; and indications for histopathological examination at the time of mastectomy (for gender dysphoria) establishing.

Meanwhile, due to the lack of knowledge, a risk management approach to breast cancer in trans men is indicated; the Swiss cheese model for accident causation for risk analysis has identified weaknesses in the approach to breast cancer detection in trans men; this could also be used as a risk management tool for improving healthcare systems specifically for prevention of breast cancer in the trans male population.

## The role of developmental contexts as mediators between bullying victimization and well-being for adolescents: An analysis from the Gender Minority Stress model

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### Abstract

Background: Adolescents who belong to gender minorities tend to experience high rates of discrimination and violence in the different contexts where they live. For example, transgender adolescents deal with physical, verbal, or relational abuses in school more often than cisgender youths, so they are more likely to be victims of bullying in the school setting. Moreover, the effects of bullying can be especially severe for them, given the lack of support they usually perceive from their closest developmental contexts, such as their family and peers. Recently, international research is growing to better understand this phenomenon, but few large-sample national studies have examined this reality in Spain. Based on the gender minority stress model, the aim of this research was to explore the relationships among the perceived social support, bullying victimization, and well-being in transgender youth in Spain.

Methods: The original sample was comprised of 17,678 adolescents aged between 15-18 years who participated in the 2018 edition of the international study Health Behaviour in School-aged Children (HBSC) in Spain, and who answered two questions about sex and self-perceived gender identity. Out of the original sample, 303 adolescents were identified as transgender. Given the imbalanced comparison ratio between groups, resampling based on matching (ratio 1:3) was used to facilitate sample equalization. The final sample was comprised of 303 transgender adolescents and 909 cisgender adolescents with a comparable profile, taking into consideration age, country of birth, socioeconomic level, type of school, and type of habitat. The Multidimensional Scale of Perceived Social Support was employed to examine adolescents' perceived support from their family, friends, schoolmates, and teachers; and health-related quality of life was measured using the Kidscreen-10 scale. Finally, to identify episodes of bullying and the type of abuse, the Olweus Scale and two questions about the frequency of being bullied and cyberbullied in the last two months were employed. For the analysis, a total effect moderation model (model 59 in the PROCESS macro for SPSS) was performed. In this model, the effect of being a victim of bullying or cyberbullying on health-related quality of life, mediated by the effect of the support perceived from the developmental contexts was hypothesized to be conditional (or moderated) by the gender identity.

Results and conclusions: Overall, transgender adolescents scored lower in health-related quality of life, showed to perceive less support from their families, friends, and schoolmates (but no differences were found in social support perceived from teachers), and experienced higher rates of bullying and cyberbullying when compared with cisgender adolescents. Specifically, gender identity was found to moderate the effect of perceived social support of classmates on health-related quality of life, both in bullying and cyberbullying victimization. These findings highlighted the importance of considering the effect of the developmental context when the mental health of transgender people is analyzed. Creating a safe school climate and space for transgender people is an urgent need, therefore experts should design strategies and policies to foster a more tolerant attitude to gender diversity among adolescents.

## How do Spanish adolescents answer to a two-step method to measure gender identity?

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### Abstract

Background: Designing measures that allow participants to indicate their gender identity beyond the traditional sex/gender binary system in surveys constitutes one important strategy to incorporate the gender perspective in scientific research. There are some recommended options to measure gender identity, especially in adolescents’ surveys. The two-step approach (combining the responses of two questions: sex assigned at birth and current gender identity) has been identified by the majority of scholars and organizations as one of the best practices. However, most of the studies that support this method are conducted in English-speaking countries, and participants are recruited by using nonprobability sampling techniques (e.g., snowball sampling). Hence, the aim of this study was to explore the usefulness of a two-step approach in a large and nationally representative sample of Spanish adolescents.

Method: The study employed a cross-sectional, descriptive survey method. This research was based sample comprised of 17,678 adolescents (15-18 years old) who participated in the 2018 edition of the Health Behaviour in School-Aged Children (HBSC) study in Spain. The sample was selected using random multi-stage sampling stratified by conglomerates, taking into account the participants’ age, the type of habitat, and the type of school. Two items were crossed. First the mandatory item in the HBSC international network about the sex of the participants (“Are you a boy or a girl?”). Second, a question designed ad hoc to delve into the self-perceived gender, which offered three closed-response options (“I identify as a boy”; “I identify as a girl”; and “I identify neither boy nor girl”), and one open-ended option (“Other”). After combining data about sex and self-perceived gender and coding the answers to the open-ended, descriptive statistics were calculated.

Results and conclusions: Regarding the answers to the self-perceived gender identity question, results showed that 49.4% of adolescents identified themselves as a “girls”; 48.6% of them identified themselves as a “boys”; 1.0% of them answered “neither”; 0.6% of them selected the option “other” writing their responses; and 0.2% of them showed missing values. After the database cleaning and crossing the responses to the sex and gender measures, we found that 97.7% of participants considered their gender identity to be congruent with their sex assigned at birth (cisgender); 0.5% were identified as binary transgender; 1.2% did not identify themselves with the binary categories (non-binary transgender); and 0.4% of responses were irrelevant or incoherent. In the process of coding the open-ended responses, different kind of answers was found: thoughtful responses (“Queer theory helped me to understand my gender”); information about the sexual orientation (“I am bisexual”); or impolite and inconsistent responses (“I am an attack helicopter” or “I don’t have a mental disorder”). The inclusion of measures to explore the adolescent gender identity in large-population surveys has been recommended in order to better understand the reality of gender minorities. The two-step approach represents a valid measure to assess gender identity in adolescents’ surveys. However, results also highlighted the need of promoting sensitive sex and gender equity policies to empower and protect gender minorities.

## Vaginoclitorolabioplasty for trans women at Sahlgrenska University Hospital: surgical technique and results of first series of 101 patients

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### Abstract

**Background**

Since 2011, the Department of Plastic Surgery at Sahlgrenska University Hospital runs a Gender Program for providing care to trans women with Gender Dysphoria. Vaginoplasty-clitoro-labioplasty is currently performed on regular basis. The number of procedures per year has increased up to 19 in 2019.

**Methods**

To date, a total of 101 trans women underwent vagino-clitoro-labioplasty at our unit; 87 of them have already been followed up for longer than 1 year.

Our technique consists in a one-stage surgery, and it combines refinements as described separately by Bellrigner, Monstrey and Preecha.

Pre-operatively, a prostate MR is performed.

Key-points of the technique are: blunt or sharp methods for creation of the vaginal cavity (chosen case by case, depending upon the contingent easiness or difficulty to dissect the vaginal cavity); resection of corpus spongiosum; urethra spatulation, which is used for the construction of labia minora by suturing it to the tip of gland neurovascular flap, and its preputial wings; mini-scrotal-flap for the creation of the inferior fourchette; excision of the excess scrotal skin, and (eventually) advancement of skin from inguinal areas for creation of the labia majora.

Early and late complications, and parameters such as patients’ age, BMI, bleeding amount, operative time, have been extracted from patients’ records, and analysed retrospectively.

**Results** **and Conclusions**

Average surgical time was just less than 3 hours

8 cases only underwent a zero-depth vagino-clitoro-labioplasty.

10,9% of patients required transfusion post-operatively.

Two patients presented with recto-vaginal fistula one week after surgery. In both cases, the surgical procedure itself was uneventful, and a rectal damage was not detected intra-operatively; indeed, in any of the operated cases an intra-operative damage to the rectum occurred.

No patients reported urethra fistula.

In fact, complications reported are usually minor: grade 1-2 as according to the Clavien Dindo classification. More specifically, most common complications were: persistent granulation tissue (30,7%), excessive labia majora (24,7%) and wound dehiscence (23,7%). Still, all of the patients with wound dehiscence healed by secondary intention in few weeks, and without any cosmetic sequelae.

## Gender-confirming chest surgery in trans men: introducing the inferior-pedicle mastectomy

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### Abstract

**Introduction:**

Chest surgery is an important step in the gender transition process for trans men. The free nipple graft technique is considered the golden standard for the subcutaneous mastectomy (i.e., FTG-mastectomy). However, pre-existent erogenous nipple sensation may then be lost. We introduce the inferior pedicle mastectomy (IP-mastectomy), where the nipple and nipple-areola complex (NAC) remain vascularized on their original pedicle. The aim of this study was to evaluate post-operative complications and satisfaction with chest and nipples.

**Methods:**

All patients were included who had undergone IP-mastectomy or FTG-mastectomy between 2016 and 2020, at our tertiary referral center for transgender surgery, with at least 12 months follow-up. Post-operative complications were compared between the two techniques after matching patients by mastectomy resection weight. Patients were eligible for the IP technique if they had small to medium size, non-ptotic breasts, where the pre-operative nipple position was already close to the ideal position. Blood flow to the nipple and NAC remained intact using an inferior pedicle, after which nipples were re-positioned to the desired height, after removal of breast tissue and excess skin using a standard incision at the lower border of the pectoralis major muscle. Both groups will be sent the BODY-Q Chest Module to evaluate patient-reported satisfaction with chest and nipples.

**Results**

Of 478 patients included in this study (109 IP-mastectomies and 369 FTG-mastectomies), 50 IP-mastectomy recipients were resection weight-matched with 50 FTG-mastectomy recipients. Median age was 20 years (IP) versus 22 years (FTG). Mean resection weight was 196 grams (IP) versus 200 grams (FTG). Hematoma requiring re-operation occurred in 16% after IP-mastectomy, and 10% after FTG-mastectomy. Complete nipple or graft loss occurred in 0% (IP) vs 5% (FTG). Secondary corrections were performed in 34% (IP) vs 18% (FTG). We aim to present results from a larger sample, including preliminary patient-reported outcomes, at the conference.

**Conclusion:**

For patients with a desire to keep their biological vascularized nipple, IP-mastectomy is an acceptable alternative to FTG-mastectomy, if patients accept the higher risk of acute and long-term revision surgery. Those risks should be discussed during shared-decision making conversations, including patient-reported nipple sensation and satisfaction data (which will become available after completion of this study).

## Inconsistency in preoperative recommendations for gender affirming surgery

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### Abstract

**Abstract**

Inconsistency in preoperative recommendations for gender affirming surgery

**Background**

Concerns about venous thromboembolism (VTE) risk, delayed wound healing and other complications have led to implementation of multiple preoperative recommendations for transgender and gender diverse (TGD) individuals undergoing gender affirming surgeries (GAS). These include recommended limits for body mass index (BMI), requirements for tobacco cessation and discontinuation of hormone use preoperatively. The purpose of this study was to investigate the current scope of preoperative recommendations and to evaluate whether consensus exists among experts in the field.

**Methods**

Between August-November 2020 we conducted a cross-sectional online survey of surgeons, physicians and other medical providers responsible for optimizing health of TGD patients before GAS. We asked 36 questions that included practice parameters (specialty, medical/surgical training, experience, country of practice) and recommendations, if any, for BMI restrictions, tobacco cessation, perioperative management of hormone therapy for phalloplasty, metoidioplasty, vaginoplasty, facial feminization surgeries, breast augmentation and mastectomy. We also inquired as to the use of surgical risk calculators, cancer screening and HIV testing.

**Results**

135 respondents initiated the survey, from 12 countries. The data included in this abstract are from 88 (65%) who completed the survey. Average length of time in clinical practice was 10.62 years (1-35). 61% were surgeons, predominately plastic surgeons (68%). BMI restrictions were more common for genital surgeries. However marked heterogeneity existed when providers had BMIs restrictions, with a mean (range) for the upper limit of BMI of 34.3 (25-46) for vaginoplasty, 32.2 (30-40) for phalloplasty, 37.2 (30-50) for mastectomy and 36.6 (30-45) for breast augmentation. Reasons for BMI restrictions included avoidance of complications, technical difficulty of surgery, wound healing and suboptimal aesthetic results. No consistency was noted for cessation of hormones preoperatively for any surgeries, although estrogens were more likely to be stopped than testosterone, and cessation was more common for genital surgeries. When hormones were stopped, the duration of time before surgery ranged from 1 - >8 weeks. 70.6% of clinicians advocated discontinuation of estrogen before vaginoplasty, with 2 weeks cessation being most common. The most common reason for hormone cessation was avoidance of VTE. Tobacco cessation was highly recommended for all surgeries (>90%) with the majority requesting 4-8 weeks of abstinence. The primary reasons given included avoidance of VTE, cardiovascular complications, avoidance of wound healing problems and better cosmetic results. Of the 19.4% of clinicians who used surgical risk calculators, 32% used calculators without a sex indicator, 18% used assigned birth sex in the calculation, 14% used affirmed gender, 28% calculated risk using both assigned birth sex and gender, and either estimated risk to be in the middle or chose the highest risk.

**Conclusions**

A lack of consensus exists for preoperative management of TGD people undergoing GAS. Although new data have indicated that the continuance of estrogens preoperatively does not lead to higher rates of VTE, this information may not yet influence clinicians’ practice patterns. There is an urgent need to establish uniform guidance for clinicians to follow regarding preoperative management, based on available research and expert opinion.

## Gender Identity and civic behaviours: direct and indirect effects on health-related quality of life of the transgender adolescents in Spain

### Authors

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Sara Luna - University of Seville

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### Abstract

Background: Belonging to minority groups, such as the LGBTQ+ community, could represent a risk factor for physical, psychological, or relational health and well-being due to the contextual pressures that their members might experience. Activism and engagement in community issues constitute ways to cope with the discrimination. Currently, scientific research shows that different forms of activism, civic engagement, or social commitment help to define a sense of agency and to develop personal resources as resilience and hope. Therefore, all these factors might buffer the negative effect of violence, discrimination, or harassment on health. However, little is known about the protective effect of civic engagement on transgender adolescents’ health. Thus, the aim of this research was to analyze how civic engagement and active participation in the society can affect the well-being of transgender adolescents.

Method: Two samples were analyzed. The first was composed of 303 transgender adolescents and 909 cisgender adolescents between 15-18 years’ old who participated in the 2018 Health Behaviour in School-Aged Children (HBSC) study in Spain. The second sample included 71 transgender adolescents and 2,186 cisgender adolescents between 15-18 years’ old who collaborated in the OPINA Barometer in Spain, a UNICEF’s project which goal was to know the opinions and worries of children and adolescents related to politics and society. Social self-efficacy and sense of unity scales were employed to evaluate competence for civic action, and health-related quality of life (as well-being indicator) was measured using the Kidscreen-10 scale. The relationship between gender identity and health-related quality of life, as well as the mediation effects of the civic behaviours, was examined using PROCESS macro for SPSS (model 4) and the Baron and Kenny's method.

Results and conclusions: Preliminary outcomes showed significant differences in the direct effect of gender identity on well-being: health-related quality of life was lower for transgender adolescents compared to their cisgender peers. Furthermore, sense of unity and social self-efficacy indirectly mediated the relationship between gender identity and health-related quality of life. Some ways of commitment with the society (for example, the psychological sense of unity or feeling that they have proactive and social skills) have an impact on health.

## Acoustic quantification of the spectrum of perceived gender in voice: a study overview

### Authors

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### Abstract

Within Speech-language pathology (SLP), gender-affirming voice therapy for trans people diagnosed with gender dysphoria is primarily based on studies attempting to clarify which aspects of voice have the most significant influence on the perception of voices as feminine and masculine, respectively. Usually, one or a few acoustic measures have been focused on at a time, and the listeners against which the acoustic measurements are compared are either cis persons or SLPs. We observe three potential issues with the previous approaches that may influence SLPs' ability to guide clients towards the desired speech treatment outcome.

First, previous studies have relied on a binary view of vocal gender in their discussion on treatment target and the client’s starting point at the onset of treatment, with femininity and masculinity in voice presented as endpoints of a single scale. The perception of femininity and masculinity in a voice is likely more complex than this view would allow, and shoe-horning the perception of all parties involved will, therefore, risk reducing client satisfaction with treatment.

Second, listener assessments of trans persons' voices have in previous studies been performed only by cis-persons (naïve listeners) or SLPs. To our knowledge, there are no studies in which trans persons have participated as listeners in rating voices. The inclusion of trans persons as listeners would strengthen the ecological validity of findings and the efficacy of treatments based on them.

Third, in addition to not incorporating a non-binary view of gender in the voice, previous studies have focused on just a few cues at a time in their investigations of the acoustic markers of perceived vocal gender. While using a piece-wise approach like that allow us to assess which acoustic features may be used by listeners when perceiving femininity and masculinity, we cannot determine the relative strength of these acoustic cues and how they interact to guide listeners’ perceptions of a voice, based on the results obtained using this research design.

In this presentation, we will describe the design of an ongoing research project that allows for a non-binary view of the perception of femininity and masculinity in a person's voice and includes trans persons' perception of the level of femininity and masculinity. The perceptual outcomes will be matched with multidimensional models incorporating previously discovered acoustic cues but reduced to their smallest functional state using statistical feature selection procedures. One hundred thirty participants have to date been recruited. Voices have in a pilot investigation been assessed perceptually by naïve cis listeners in terms of perceived level of femininity and masculinity in a blinded and randomized procedure. Once expanded to include trans persons and additional cis listeners, and combined with acoustic models, the project will be well placed to provide insight into what determines the perceived level of femininity and masculinity in the voice, if trans persons' and cis persons' perception of the voice are comparable or if they differ in some aspect, and what acoustic cues may be relied upon to guide treatment towards an increased treatment satisfaction for the client.

## Correlation between ar and er polymorphism, hormone levels, blood cells count and pelvic organs in trans afab people during testosterone administration

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### Abstract

**Backgrounds:** Gender Incongruence (GI) is a non-congruence between the sex assigned at birth and the gender identity. In trans assigned female at birth (AFAB) people who want to undergo gender affirming hormonal therapy (GAHT), androgens can induce variable phenotypical changes (depending on several factors, including genetics-e.g. androgen and estrogen receptor activity). The aim of this study is to evaluate the correlation between *AR* and *ER*β polymorphism and clinical outcomes in trans AFAB people before (T0) and after six (T6) and 12 months (T12) of GAHT.

**Methods:** We recruited 52 Transgender Male (mean age 24.8±8.6 years). The exclusion criteria were: previous hysterectomy, previous hormonal treatments, insufficient compliance to follow-up visits. Every patient underwent blood tests (total testosterone, estradiol and blood cell count evaluation, *AR/ERβ* sequencing) and suprapubic ultrasonography (US) evaluation at every time. Prescribed treatment was intramuscular Testosterone enanthate 250 mg every 28 days.

**Results:** Baseline blood tests showed that all 52 subjects had hormones within the biological range. *Blood cells count*: haemoglobin (Hb) levels and haematocrit (Hct) were significantly higher at T6, with no further modifications at T12 (Hct 40.1±3.4% vs 43.4±2.8%,  p<0.001, T0 vs T6; Hb 13.3±1.2 g/dL vs 14.3±1.1 p< 0.001, T0 vs T6).

*Hormone profile:* we detected a significant increase of total testosterone (TT) and a significant decrease of Estradiol (TT 1.38±0.97 vs 12.69±5.5, T0 vs T6 p<0.001; E2 96.7 ± 21.3 vs 52.0±33.4, T0 vs T6 p<0.001 ), and these modifications were stable at T12.

*Pelvic US* - Our data showed a significant decrease of uterus, ovarian volume and endometrial thickness at T6 (Uterine volume: 50.9±19.2 cc vs 41.9±18.5 cc, T0 vs T6, p< 0.001; right ovarian volume 6.5±4.7cc, 3.8±4.5, T0 vs T6, p< 0.001; left ovarian volume 6.9±5.6 cc vs 3.2±1.8 cc, T0 vs T6, p<0.001; endometrial thickness 5.1±3.2 cc vs 2.7±2.1 cc, T0 vs T6, p< 0.001).  These modifications were stable at T12.

*AR/ERb* *Polymorphisms* - All patients were heterozygous for *AR* polymorphism (CAG repetition number range: 12 – 28); the X inactivation percentage was random in 94.2% (49/52) of the population and a skewed inactivation profile was found in only 3 subjects. Regarding *ERβ* polymorphism, the CA repetition number was between 17 and 26 and only 53.8% of the population were homozygous. As to measured clinical outcomes, we found that uterine volume decrease during treatment was significantly associated with a lower number of CAG repeats of the *AR* gene and with a higher number of CA repeats of the *ERβ* gene (p<0.001).

**Conclusions:**

This pilot study represents the first evaluation of the association between CAG/CA polymorphism and clinical outcomes of the GAHT. Although we detected a significant effect of these genetic polymorphisms, evaluation on a larger cohort to define the possibility of a genotype-tailored treatment is needed.

## On the rough – taking on trans homelessness in Europe

### Authors

Dinah Bons - Trans United Europe/ BPOC Trans Network

Farah Abdi - TGEU

### Abstract

Homelessness or sleeping rough is an experience many trans people have made at some point in their lives. Particularly young people are at risk to be kicked out of their homes and find themselves on the street. This is further worsened by the inaccessibility of housing: 17% of trans respondents to the EU LGBTI Survey (2019) reported discrimination when looking for housing in the 12 months preceding the survey. During the COVID-pandemic the socio-economic situation of trans people has further detoriated and thus the ability to rent or remain in housing. Particularly for further marginalized groups, such as sex workers, youth, and Black and persons of colour, are affected in their ability to have safe homes.

Notwithstanding its prevalence, trans people’s experiences with homelessness is grossly under researched. Mainstream service providers do not cater to this vulnerable group and policy-making has so far at large ignored this burning issue.

This roundtable brings a conversation on community-led initiatives led by trans people of colour, migrant/refugee sex workers and other marginalised groups on their experiences and lessons learnt from servicing homeless trans people. It will explore why trans people experiencing further intersecting discrimination are more at risk for homelessness; what the repercussions are for their healthcare; main take-aways from the work with trans homeless people, and policy changes necessary on the national and EU-level to end trans homelessness.

**Panelists**:

Dinah Bons, Co-chair Trans United Europe/ BPOC Trans Network

Richard Köhler, Senior Policy officer, TGEU

## The effects of testosterone therapy in adult trans men on the development of acne and the relationship with clinical parameters: A 3 year follow up study

### Authors

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### Abstract

**Background:** Transgender men (birth assigned female, male gender identity) are treated with testosterone. Besides the desired effects of virilization, an often reported side effect  is an increase in acne. Previous studies showed a prevalence of acne of 62-82%, with 20% being moderate to severe.

**Methods:** We used the ENIGI database to define determinants for the occurrence of moderate to severe acne in transgender men. Investigated determinants were: age at initiation of hormone therapy, BMI, testosterone administration type, the use of lynestrenol, alcohol use and laboratory testosterone levels. For acne severity we used a self-reported four-point scale (0=no acne, 1=mild acne, 2= moderate acne, 3=severe acne).

**Results and conclusion:** A total of 323 transgender men were included. The prevalence of moderate to severe acne increased from 11.8% at baseline to 39.1% after one year of testosterone therapy. Multilevel analyses showed Body Mass Index [BMI] >25 kg/m2 (OR 1.99; 95%CI 1.13-3.53) compared to BMI 18.5kg/m2-25kg/m2, age between 18-25 years (OR 3.76; 95%CI 1.19-11.92) compared to age >40 years, higher testosterone concentrations (>10-35 nmol/L) (OR 3.00; 95%CI 1.47-6.13) and the presence of acne at baseline (OR 4.58; 95%CI 2.37-8.87) as determinants for moderate to severe acne. When looking at testosterone administration type, the use of short-acting esters gave lower odds for developing moderate to severe acne (OR 0.4 (95% CI 0.2-0.9)) compared to testosterone gel. Other investigated determinants, which did not show higher odds for moderate to severe acne were alcohol use and the use of lynestrenol. Transgender men who did not have acne at initiation of testosterone therapy developed a higher acne score over time. However, transgender men who did have acne before initiation of testosterone therapy the acne score remained similar as before initiation of testosterone therapy. Conclusion: Determinants that influence the occurrence of self-reported moderate to severe acne in testosterone treated transgender men are high BMI, a younger age at initiation of testosterone therapy, the use of testosterone gel compared to short acting injections and higher testosterone levels. This should be taken in consideration when counselling transgender men when starting testosterone therapy.

## Lipidic and metabolic profile, body mass index evaluation in amab trans people before and after one year of gender affirming hormone therapy

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### Abstract

**Background:** Gender Incongruence (GI) is a non-congruence between an individual’s assigned gender and the perceived gender identity. Whenever this generates significant distress and/or social functioning problems (gender dysphoria), trans people may start gender affirming hormone therapy (GAHT). In AMAB trans people, GAHT goals may include feminilization and de-masculinization (with a variable decrease in sexual desire, spontaneous erections, facial and body hair, oiliness of skin and increase in breast tissue growth, and fat mass redistribution, etc.). Evidences on the effects of estrogen treatment on lipid and glucose metabolism, body composition/weight changes in transgender females are limited. Thus, the aim of our study is to evaluate BMI, lipidic and metabolic profile modifications in AMAB trans people before (T0) and after 6 (T6) and 12 months (T12) of GAHT.

**Methods:** We selected transgender Women referred to the Ambulatory of Endocrinology and Andrology of the Department of Experimental Medicine, sent by the mental health specialists with confirmed diagnosis of gender dysphoria who never underwent previous hormone treatment (including anti-androgens and feminizing therapy). After baseline evaluation, every patient started GAHT with oral Cyproterone acetate (50 mg/day) and oral Estradiol valerate (2 mg/day). Blood test for glycol-lipidic profile, transaminase and hormones (LH, total testosterone and estradiol) were performed at baseline (T0), 6 (T6) and 12 (T12) months after start of GAHT.

**Results:** We recruited 46 subjects (mean age 27.3 ± 8,9 years, BMI 20.2 ± 1.9). Baseline evaluation showed hormone within normal biological range and normal glycolipid profile. At follow up we did not detect significant modifications of blood glucose and HbA1c. Lipid profile evaluation showed a significant reduction of total cholesterol and LDL at T6 and T12 (p <0.001 and p = 0.012, respectively), while HDL increased significantly only at T12 (50.5 ± 11.2 vs 52.7 ± 5.7 mg/dl - p = 0.024. T0 vs T12); similarly, triglycerides reduced significantly only at T12 (99.5 ± 34.4 vs 90.8 ± 26.6 mg/dl - p = 0.024. T0 vs T12). Total testosterone and LH significantly decreased at both T6 and T12 compared to T0 (p <0.001), while estradiol levels increased at T6 (p < 0.001) and remained stable at T12. In particular, univariate models showed that HDL increase was significantly associated with the reduction of LH/TT ratio (p = 0.021) even after adjustment for BMI.

**Conclusions:** we detected a significant lipid profile change in AMAB trans people after GAHT. In particular, HDL increase and LDL decrease could determine a cardiovascular protective phenotype. Further investigations are warranted to determine the influence of the GATH on lipid changes and cardiovascular health.

## Intonation parameters in gender diverse people

### Authors

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### Abstract

**Background:** Literature shows that intonation is a prosodic component that contributes to gender perception. However, it is not clear to what extent frequency changes in intonation patterns improve the gender congruence of the speech. Although intonation is commonly addressed in speech training for gender diverse people, the relation between gender perception and intonation remains unclear. The purpose of this study is to obtain speech samples of gender diverse people in order to explore intonation parameters. Secondly, the relation between acoustic intonation parameters of cis-, transgender and non-binary speakers and listener perceptions of speaker gender will be investigated using a Visual Analogue Scale.

**Methods:** Transgender, non-binary and cisgender people were invited to participate in the study (n=22, study is still ongoing). Semi-structured voice samples of connected speech are elicited using a prosody protocol. An objective acoustic analysis using PRAAT will be performed to determine and compare intonation parameters [general intonation shift (Hz,ERB), general pitch range (Hz, ERB), final intonation shift (Hz, ERB), pitch variation index (Hz/s and ERB/s)] between transgender, non-binary and cisgender people. Correlational research will be used to examine the relation between the acoustic intonation parameters and ratings of speaker gender using a listening experiment. The intra- and interrater reliability of the ratings will be calculated using the Intraclass Correlation Coefficient (ICC).

**Results and Conclusions:** Data analyses will be completed after finishing data collection in June 2021 and will be ready to present at the conference in August 2021.

## The cisnormative blindspot explained: healthcare experiences of trans men and non-binary persons and the accessibility to inclusive sexual & reproductive healthcare

### Authors

Megan Norris - Dalarna University

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### Abstract

**Background:**Trans men and non-binary persons assigned female at birth (AFAB) often encounter resistance and reluctance in attending to their healthcare needs. As a result of patriarchal-based decision-making and cis-heteronormativity ideologies, this population is routinely left out of representation in research, education, and healthcare. Exclusive language, microaggressions, and structural violence have resulted in a barrier in accessing inclusive care for trans men and non-binary persons, resulting in ignored reproductive desires, enduring ongoing pains, mental discomforts, or potential cancers in favour of avoiding a negative experience with unsupportive healthcare professionals.

**Problem Statement:**From a global perspective, trans and gender diverse health is not prioritized in the same way it is for the cisgender population. More specifically, Sweden should be in line with UNFPA’s stance; however, the treatment received by this population does not promote nor enable safe and inclusive spaces for trans men or non-binary persons who wish to carry a birth to term. Sweden should be setting a clear example of proper standards of care, not falling behind due to arbitrarily internalized cis-heteronormative regulations, views, and laws. It was necessary to use this review to explore and reconceptualize our understanding of the interwoven struggle of power dynamics strongly dictated by gender norms in everyday healthcare settings that negatively impact marginalized communities like the trans and gender diverse population.

**Objectives:**This integrative literature review describes the experiences of trans men and (AFAB) non-binary persons in healthcare interactions, their sexual and reproductive healthcare needs, and reconceptualizes the barriers to achieving universal, inclusive care.

**Methods:** This integrative literature review reached saturation in analyzing, synthesizing, and reconceptualizing 32 research papers. An inductive analysis was used while reading the full text of each article and formulating concepts through open coding and abstraction. Deductive analysis was used in incorporation with a transfeminist and intersectional lens to develop a conceptual matrix.

Eligibility criteria were as follows: all English-written peer-reviewed research methods/designs published since 2016 were considered. Studies solely speaking to the experiences of trans men were included, as could still be relative to non-binary persons. General healthcare experience studies and those specific to reproductive and family planning units were used to produce a diverse picture of events that occur in any setting. Studies only including trans women or non-binary persons AMAB, solely generalized the LGBTQIA+ community, or did not pass JBI appraisal checklists, were excluded.

**Findings:** Two broader concepts emerged with five sub-concepts displaying underlying *barriers to care* (primed with fear, self-advocacy, and call for competence) and *internalized ideologies* (pregnancy incompatibility and presumptive care). The conceptual matrix was termed as *the cisnormative blindspot*.

**Conclusion:** A multidisciplinary approach is essential to employ in implementing efforts involving improved standards of care and achieving desired family planning. As this is not as linear as addressing a knowledge gap, but one of deeper set intrinsic ideologies, instruction on the necessary positive impact of unlearning bias with continued education and peer learning in the context of in-group dynamics can help the efficiency of designated change agents within the health care systems themselves.

## The framing of trans healthcare in the media: a case study

### Authors

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### Abstract

In 2020, the Radboud University Medical Center (Radboudumc) in Nijmegen, the Netherlands, opened a specialized health care centre for transgender and intersex persons – the third gender identity clinic at an academic hospital in the Netherlands. This state funded centre of expertise was founded in an effort to reduce waiting times for transgender persons to enter a health care trajectory for gender affirming hormone and/or surgical treatments. Following the initial start of care for children and youth in 2020, in 2021 care for grown-ups was picked up as well. Both occasions were covered by local and national media, online as well in print, and followed by public reactions in comment sections of various media outlets.

In this presentation, we investigate the media coverage of the opening of this new centre of expertise and its reception. The opening provides an interesting occasion to zoom in on current debates concerning trans care in the Netherlands: Like in other Western-European countries, the waiting lists for access to specialized care are ever growing, and (access to) trans care has become a recurring topic for political debate. While more political attention highlights the necessity for adequate and timely care for trans persons, and media attention to trans topics increases the awareness among the general public, trans care remains a contested domain.

We situate the opening in the broader Dutch context and debates on trans and intersex care and examine the ways in which these debates are traceable in the media coverage surrounding the opening. In our analysis, we identify different frames and discourses in the media items as well as in public reactions and comment sections in online media. The analysis includes an investigation of the Radboudumc’s framing in their own press releases, the dominant focus on the waiting lists, the framing of care for minors and a focus on the presence and absence of transgender rights and civil society voices. Our article contributes towards gaining more in-depth insight into current debates and conflicting discourses on transgender care in the Netherlands.

## Understanding the normative changes underlying the creation of Cuban trans care institutions

### Authors

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### Abstract

The Cuban state fully funds gender-affirming care since 2008. However, Cuban policy approaches addressing gender and sexual diversity were not always supportive and positive for trans people. In fact, in this country, the State views and actions regarding gender diversity have evolved enormously since the communist revolution. It went from a dark period characterized by the violence of the communist state transphobia to creating institutions focused on developing national sex education programs against transphobia and homophobia, social research promotion, and the protection against discrimination at the workplace and the provision of care for trans people. Moreover, the country became one of the first to declare sexual and gender self-determination as fundamental human rights, aligning to the international political agenda for de-pathologizing trans care.

How can we explain such a radical normative change in the Cuban institutions? To answer this puzzling question, this paper examines the dynamics underpinning the emergence and development of trans issues in Cuba from its beginning until today. By critically analyzing the framings articulating the trans health care problems that the Cuban policies intend to solve, the actions taken to effect these solutions and the actors engaged in the debates, this paper aims to contribute to the theoretical body of norm diffusion in Political Sciences. This study's preliminary findings show that conventional norm diffusion causal models that focus on state's economic interests, coercion from international organizations, or state's wealth as a predictor of progressive domestic changes do not help explain the changes of Cuban trans norms and trans health care policies. This piece develops from secondary sources on the history of trans care in Cuba and primary sources such as data extracted from social media, reports from institutions and organizations and local and international news outlets. Finally, to supplement the analysis, the paper includes data from personal communications held with actors playing essential roles in the provision of trans care in Cuba.

## I am ready to introduce myself, prepare yourself

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### Abstract

**Background**

Transgender individuals face significant societal stigma and discrimination. Hence that disclosure of transgender identity is one of the most challenging step for the personally important pronouncements that a transgendered individual can share with others. The purpose of this study is to examine the factors which are facilitate or complicate of transgender identity disclosure.

**Method**

Participants were recruited from the Gender Dysphoria Clinic in Marmara University Pendik Research and Training Hospital in June 2020- April 2021. Participants were asked to fill out the sociodemographic data form, questionnaire regarding disclosure experiences and violence which were prepared by researchers.

**Results**

The present sample based on the data 75 treatment seeking individuals with gender dysphoria (66 sex assigned at birth females, 9 sex assigned at birth males). They were between 18-39 years of age with a mean of 25.40 ± 5.16. 98.7% had picked names conforming to their gender-identity (12% were unisex names). Among 43 participants (57%) who had an actual job, 12 (27.9%) had introduced themselves to their colleagues according to their biological-gender. 56% of them were high-school, and 36% were university graduates. The majority of the participants reported that they first realized their gender dysphoria during childhood (mean age = 10.87 ± 4.13) , with the most common topics of discomfort being gender-specific clothing, joining peer groups, and physical appearance. The average age to disclose their trans status to others was 16.29 ± 3.93. It ranged from 0 to 20 years, with a mean of 5.62 ± 4.59 years. 58.7% of them first disclosed their trans identity to a friend, whereas 40% shared it with a family member. 96% of the participants reported that their families were actually aware of their trans status (80% of the families were informed by the participants, whereas 14.7% had noticed it themselves). Upon disclosure, only 21.3% of the families had exhibited supportive attitude against the participants’ gender transitions, whereas the remainders had presented with heterogeneous and complex reactions including disappointment, anger, confusion, violence, etc.

54.7% reported to have experienced emotional/verbal violence in varying frequencies, whereas 16% reported exposure to physical and 6.7% to sexual violence from their families. 22.3% reported to have experienced psychological pressure/intimidation in terms of economic capabilities, 57.3% in terms of gender conformity, and 14.7% in terms of working rights and circumstances. 33.3% of the participants had a history of leaving home in early age, 29.3% reported to have been forced to undergo "treatment" for gender nonconformity, and 50.7% reported to have been criticized for deliberately preferring to be transgender person. Two thirds of the participants reported to have had suicidal thoughts at least at some point in their life, whereas 17.3% had a history of suicide attempt.

**Conclusion**

As a result, it has been observed the duration between noticing gender dysphoria and the disclosure was long. The most important factor postponing the disclosure was social pressure, especially from the family members. Combatting discrimination and oppression based on gender identity, there is a need for awareness-raising activities in society and families.

## Longitudinal outcomes of gender identity in children: LOGIC study protocol

### Authors

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### Abstract

**Background**

Gender identity development services (GIDS) for children and young people (CYP) have experienced a significant rise in referrals over recent years. Large scale studies assessing outcomes over time for these CYP are lacking, and longitudinal research is needed to further inform clinical practice. A number of longitudinal studies are currently underway internationally and we will describe the protocol for one such longitudinal study, the UK National Institute for Health Research funded LOGIC (Longitudinal Outcomes of Gender Identity in Children) study.

**Methods**

Participants will be CYP referred to the UK GIDS when aged ≤14 years, and on the referral waiting list at baseline data collection. CYP and their parent/caregiver will complete a range of measures and assessments of: gender identity and gender dysphoria; social transition; mental health and wellbeing; autism; self-evaluation of puberty stage, height and weight; quality of life; peer and family relationships; at three time points, each 12 months apart. Depending on the age of the CYP and participant preference, assessments will be carried out either in a face-to-face, video call or telephone interview format with a research assistant (this method will primarily be used with children <12 years and/or those with neurodevelopmental conditions), or via a self-report questionnaire in a paper or electronic format. Participants will be able to remain part of the study whether they go on to attend the GID service or not.

**Results and Conclusions**

This poster presentation will present the protocol for this study funded by the UK National Institute for Health Research and involving a collaboration between the NHS, University College London and the Universities of Liverpool and Cambridge. The study aims to improve understanding of the outcomes of CYP referred to the UK GIDS, specifically regarding gender identity, mental health and wellbeing, physical health and quality of life. The UK GIDS is one of the largest specialist gender services for CYP in the world and is therefore an ideal service from which to recruit. This is the largest longitudinal study to assess outcomes of CYP referred to gender services in the UK and is novel in terms of recruiting families who are on the waitlist for the GIDS at baseline, the inclusion of a cohort of CYP who were ≤14 years at the time of referral and the commitment to follow up over time, regardless of whether families actually attend the service.

## Benign breast biopsies in transgender men

### Authors

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### Abstract

**Background**

The effects of testosterone on breast tissue in transgender men (male gender identity, female sex assigned at birth) are still poorly understood. It is assumed that androgens increase the amount of fibrous connective tissue and reduce the glandular tissue. But, evidence to support this assumption is limited. Thus, there is a need for more study of breast tissue in transgender men to understand the physiological processes. This study aimed to study benign breast biopsies of mastectomy specimens from transgender men.

**Methods**

Medical files of 1326 transgender men who underwent a mastectomy were retrospectively examined. To gain data on the histopathological examinations we linked our cohort to the national pathology database (PALGA).

**Results**

Our preliminary results show that the most common finding was atrophy of the breast (n=294). Furthermore, we found 197 cases of sclerosis (n=197). The most common breast lesions were cysts (n=46), gynaecomastia (n=34), fibroadenomas (n=15), and infections (n=6).

**Conclusions**

Our findings support the theory that androgens increase the fibrous connective tissue and reduce the glandular tissue of the breast, since atrophy and sclerosis of the breast specimens were common findings.

## Changes in haematological and biochemical markers and the prevalence of polycythaemia in transgender males receiving testosterone treatment at a tertiary care centre

### Authors

Joanna Mantio - University of Nottingham

Kaustubh Nisal - Nottingham Centre for Transgender Health - NHS Gender Identity Clinic

### Abstract

**Aims:** To investigate the effects of testosterone therapy on blood analytes (red blood cell count (RBC), haematocrit, serum testosterone, alkaline phosphatase (ALP), alanine aminotransferase (ALT) and albumin) within the first year of treatment and identify cases of polycythaemia in transgender males.

**Methods:** Retrospective analysis of all referrals within a calendar year were initially screened for eligibility in this project. Patient notes were examined to extract information about them, their treatment and blood test result data. Data was collected for haematological and biochemical parameters prior to starting treatment with testosterone, and at 3, 6 and 12 months after testosterone treatment was commenced. Data from 47 appropriate patients were analysed using a multi-level model.

**Results:** A statistically significant increase in the RBC, haematocrit, testosterone and ALP values were observed (p<0.05). There was no statistically significant difference in the ALT or albumin values. There were two reported cases of polycythaemia within the participant group, where polycythaemia was defined as a haematocrit value >0.52. Of note, one further individual excluded from the study also developed polycythaemia with a haematocrit of 0.52 and a testosterone level of 33.2nmol/L.

**Conclusions:** Within our cohort of patients, we found a significant elevation in RBC and haematocrit levels, but the increases were usually not sufficient to lead to polycythaemia, with the overall prevalence of polycythaemia being low within the first year of treatment. We also found a significant elevation in the ALP levels whilst the other measured liver parameters (albumin and ALT) were in the normal range indicating the need for further investigation to explain these findings. The small sample size limits this study and additional research is needed to assess for changes in trans-males receiving testosterone.

## Healthcare for minors under attack: Experiences from the UK and Hungary

### Authors

Lui Asquith - Mermaids

Leo Mulió Alvarez - Transgender Europe

Noémi Bordás - Semmelweis Hospital- Department of Urology, Kiskunhalas

### Abstract

In the last few years a number of countries in the European region have been witnessing growing attacks against the rights of women, LGBTI people and other marginalised minorities. Trans people's rights in particular are being threatened by different actors. These include conservative stakeholders, but also individuals and groups of feminist and progressive sectors. The protection of children and adolescents has become one of their main arguments in their attempt to manipulate and scare the general population, as if respecting trans peoples' rights would be harmful to minors.  Trans and gender diverse children and adolescents are suffering the consequences of these attacks.

The UK has a history of anti-trans narratives, including the rejection of trans minors access to healthcare. Last year, after a case brought against the Tavistock Centre, England’s only youth gender identity clinic and Portman NHS Foundation Trust, the High Court ruled that "minors under the age of 16 are unlikely to be able to give informed consent to take puberty blockers to begin the gender transition process". This decision has further hindered trans minors' access to trans-specific healthcare.

In Hungary there is very strong anti-trans and anti-LGBTI narratives. Legal recognition is not possible and promoting homosexuality and gender affirmative surgeries for minors is forbidden by law, and advertisements or even educational or supportive programmes for minors on these topics are also to be banned. Access to health care is problematic for the entire trans or even LGBTI communities.

In this round table, the panelists will share our perspectives about the situation in the UK and Hungary. They will speak from different positions; civil society, care providers and social movement.

## Methodology of research on cardiometabolic morbidity in transgender people receiving hormonal therapy: time to turn the page?

### Authors

Laurens Van de Bruaene - Department of Cardiology, Ghent University Hospital

Justine Defreyne - Department of Endocrinology – Center for Sexology and Gender, Ghent University Hospital

Guy T'Sjoen - Center for Sexology and Gender, Department of Endocrinology, Ghent University Hospital

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### Abstract

**Background**

Research on long(er) term effects of gender affirming hormonal therapy (HT) in transgender people is scarce and often inconclusive, especially regarding cardiometabolic morbidity and markers of cardiometabolic health. Previous research reported negative findings in relation to HT, but these were not corrected for possible confounders such as lifestyle factors. Many transgender persons experience chronic stress (‘minority stress’) due to internalized stigma, victimization and/or lack of social support. Also, previous research showed that transgender people more frequently smoke and consume alcohol, compared to cisgender people. All these factors can have deleterious effects on the vascular and metabolic system.

We hypothesize that transgender people with a higher conventional cardiometabolic risk (higher stress levels, higher body mass index, smoking and increased alcohol intake) experience detrimental effects on their cardiovascular and metabolic risk markers, unrelated to the effects of HT. The current abstract focusses on the methodology of research on cardiometabolic risk factors and morbidity in transgender people receiving HT.

**Methods**

An extensive literature review was conducted on PubMed, Embase and Google Scholar, identifying all previous research on cardiometabolic morbidity and risk in transgender people. The outcomes and confounders taken into account were investigated. Subsequently, 2 researchers (JD and LVDB) screened the methods of these papers.

**Results**

Fifty-two published manuscripts on cardiometabolic morbidity and risk in transgender people were identified. Results regarding cardiometabolic morbidity and risk were inconclusive and lacked long-term prospective follow-up. None of these manuscripts included questionnaires on minority stress. Data on lifestyle factors (smoking, alcohol use, etc.) was scarce, although most manuscripts reported participant’s BMI. Nevertheless, none of the manuscripts have used markers of stress or lifestyle factors to evaluate changes in cardiometabolic risk factors. Furthermore, none of these manuscripts reported on contemporary noninvasive risk stratification, for example by using coronary calcium score calculation.

**Conclusions**

Although cardiometabolic risk and morbidity have been a topic of interest in the field of transgender medicine, research often falls short methodologically. None of the manuscripts used a biopsychosocial model to incorporate possible confounders. Also, most data is observational and based on biochemical markers instead of more direct measures of cardiovascular damage. The current research therefore fails to explain the observed changes. We advocate for an integrated approach in this field of expertise, including questionnaires on both psychological stress and lifestyle factors (smoking, nutrition, alcohol use, etc) and noninvasive risk stratification measures when comparing large groups of transgender people with and without HT.

## Anti-gender movements and its impact on trans health

### Authors

Leo Mulió Alvarez - Transgender Europe

Cianán Russell - ILGA-Europe

Mauro Cabral Grinspan - GATE

Florence Ashley - University of Toronto

### Abstract

In the last few years a number of countries in the region have been witnessing growing attacks against the rights of women, LGBTI people and other marginalised minorities. Trans people's rights in particular are being threatened by different actors. These include conservative stakeholders, but also individuals and groups of feminist and progressive sectors. Removing or preventing depathologisation and therefore self-determination of gender is one the main targets of these actions against trans people. Countries who are in the way to improving access to healthcare and depathologising trans people's identities are either stuck or even taking steps back in their policies or in practice.

**Mauro Cabral**, as the Executive Director of GATE, **Cianán Russell** as senior policy officer in ILGA-Europe, **Florence Ashley** as Doctoral Candidate, University of Toronto, Faculty of Law and Joint Centre for Bioethics, and **Leo Mulió** as health policy officer in TGEU, will describe the current situation, including what anti-trans strategies and arguments look like, the impact those are having on trans communities' access to healthcare and what could be done to counter these movements. From the perspective of regional and international civil society organisations and academia, speakers will provide relevant information for those working in healthcare settings and will build the audience's capacity to face such attacks.

## The impact of discrimination on the self-esteem and mental health outcomes of trans people in Greece

### Authors

Filippos Paganis - Orlando LGBT+ Mental Health Beyond Stigma

### Abstract

**Background**

According to the minority stress model (Meyer, 1995; Hendricks & Testa, 2012) LGBT people are exposed to additional stress, which is related to their minority status and is different from other stressful life events. Existing research supports the minority stress model, highlighting the correlations between experiences of violence, discrimination and rejection and increased mental health challenges, such as suicidality and self-harm, anxiety disorders, depression and substance abuse (Goldblum et al., 2012, Nuttbrock et al. 2014, Bockting et al., 2013). 

However, although trans people face more stressful life events on the basis of their non-normative gender identity, it seems that many of them do not face increased mental health challenges and their well-being and adaptation are at a comparative level with those of cis people (Herrick et al., 2013, Meyer, 2015).

The fact that minority stress does not have a universal effect, is an indication that other factors exist that can play a protective role, halting the corrosive effect of discrimination and helping people develop their resilience. Existing research highlights the protective effect certain factors can have on the well-being of trans people, such as the connection with the LGBTQI community, the existence of a support network and the feeling of pride in their identity (Bauer et al., 2015, Testa et al., 2015, Singh, 2013).

Despite the growing number of research on the mental health of trans people, on the basis of the effect of discrimination and not a pathologising approach that interprets the mental health disparities as a result of the minority gender identity per se, there is a lack of relevant data for Greece. The aim of our research was to study the stressors, protective factors and mental health outcomes of trans people in Greece, on the basis of the minority stress model.

Our study focused on the effect of discrimination, victimisation, rejection expectation and non-affirmation of gender identity in the self-esteem and mental health of trans people, as well as on the effect the connection with the LGBTQI+ community, the existence of support networks and the sense of pride, in the presence of the above-mentioned stressors.

**Methods**

An online, anonymous, structured quantitative questionnaire was used to gather responses from trans individuals, between February and July 2019. Our sample consists of 129 trans people who live in Greece, with an age span between 16 and 66 years old.  
  
**Results & Conclusions**

Our results highlight the negative effect rejection expectation, discrimination, violence and non-affirmation of gender identity can have in the self-esteem and mental health of trans people, in agreement with existing data. Regarding the effect of protective factors, a connection with the community seems to have a significant positive effect on self-esteem, halting its decline in high victimisation and high rejection expectation circumstances. These results are in accordance with existing literature, regarding the positive effect connection with the community can have in the development of resilience. Furthermore, the sense of pride plays a protective role on the mental health of trans people, when facing high levels of violence.

## The SAGASF-M Questionnaire, at home or in the office? A validation study.

### Authors

Wietse Claeys - Ghent University

Guy Bronselaer - Ghent University

Piet Hoebeke - Ghent University

Anne-Françoise Spinoit - Ghent University

### Abstract

**Introduction**  
To date, information on self-perceived genital anatomy and sensitivity are not a part of long-term follow-up urogenital reconstructive procedures. This could be useful to specialists and patients involved in genital reconstructive surgery. This is especially the case for transgender patients in whom the invasive genital gender reaffirming surgery has a high risk of complications and is susceptible for redo procedures. Until shortly, no normative large sample of data on this subject existed in cisgender men. Nor is there a validated instrument available that can be used in a Dutch speaking population.

**Aims**  
This study aimed to validate the "Self-Assessment of Genital Anatomy and Sexual Functioning" (SAGASF-M) questionnaire within a Dutch speaking cisgender male population. We evaluated its’ psychometric properties in this different population, environment and healthcare system, as this could be a useful tool in assessing the postoperative changes in genital sensitivity and sexual function of transgender patients undergoing genital gender reaffirming surgery

**Methods**  
1367 cisgender men with no prior history of genital surgery other than circumcision completed an internet-based survey of whom 24 were invited two weeks later to fill in the questionnaire again together with a urological examination to correlate the answers to clinical practice.  
Psychometric criteria included are content validity, internal consistency and reproducibility. Given this population has not undergone any surgical procedures other than circumcision, floor and ceiling effects and responsiveness could not be evaluated.

**Main outcome measures**  
The SAGASF-M enables men to rate the sexual pleasure, discomfort, intensity of orgasm and effort required for achieving orgasm in eleven different detailed areas of the anatomical male genitalia using a 5-point Likert scale. Furthermore, the questionnaire assesses differences in genital anatomy. For the purpose of this study, cisgender men were asked to rate the sensory function in these same areas when pointed out by the urologist.

**Results**  
Functional scores of the SAGASF-M filled in at home and reassessed by the urologist corresponded highly on most anatomical areas (*p* < 0.05). The urologist’s anatomical ratings corresponded highly, except for penile size.

**Conclusion**  
The SAGASF-M questionnaire discriminates well between the different genital areas concerning erotic sensation. The ventral and lateral sides of the glans penis showed the most sensitive, which corresponds to the highest nerve density in this area. The Dutch version of the SAGASF-M questionnaire has adequate psychometric properties and is a valid instrument to assess genital anatomy and genital sensitivity as self-reported measures in cisgender males. This could be a first step in assessing the postoperative changes in genital sensitivity and sexual function of transgender patients undergoing genital gender reaffirming surgery.

## Healthcare for trans people in Eastern Europe and Central Asia

### Authors

Leo Mulió Alvarez - Transgender Europe

Yegor Burtsev - Trans Coalition

Daniyar Orsek - ECOM

Sanjar Kurmanov - TGEU

### Abstract

Countries in Eastern Europe and Central Asia are very diverse in regards to trans people's access to healthcare, including trans-specific services. However, they all face great difficulties. Activists in the region name a long number of barriers, such as trans people's violations of rights not being a priority on health organisations, the lack of research on the experiences of trans people, the exclusion of trans people and their experiences in HIV-related programs, or the lack of awareness and discrimination faced by trans people in healthcare settings. In addition, legislative gaps prevent the recognition of trans people's rights.

**Sanjar Kurmanov,** as TGEU's project manager in the region will facilitate a round table in which **Daniyar Orsekov**, as an active member of the Eurasian Coalition on Male Health (ECOM) and **Yegor Burtsev** from Trans\*Coalition will shed light on the current challenges in region, will describe the work that is being done and what still needs to occur in order from trans people to access appropriate and quality care. Their work and experience will inform and inspire the audience.

## A study of the future of gender in the era of digitization of social communication based on a survey of gender non-conforming and transgender persons

### Authors

Justyna Holka-Pokorska - The Third Psychiatric Department - Institute of Psychiatry and Neurology Warsaw

### Abstract

BACKGROUND

A growing awareness of transgender, gender non-conforming, nonbinary and transhuman issues is stimulating general debates around the world. This study aims to shed light on a debate about the future of gender, by taking into account the influence of the pandemic conditions where the remote communication mode severely reduced social interactions. The scarcity of “in-person” social interactions during the pandemic also limits the context in which the precise specification of the adopted gender characteristics is required. The specific question motivating this research was to understand to which extent the change in the specifics of the pandemic social interactions influenced the gender congruence and the wellbeing of transgender persons. We also assess the conclusions of our study on the future of gender in the context of pandemic conditions with reduced “in-person” social interactions.

METHODS

An online survey was distributed in the groups of transgender, gender non-conforming, and nonbinary members.

RESULTS AND CONCLUSIONS:

The results of the questionnaire, presented in this poster, summarize the findings of the analysis.

## Computer says no! Systematic reviews of gender affirming surgery from an actor-network point of view

### Authors

Ulrika Beckman - Sahlgrenska Academy, University of Gothenburg

### Abstract

Systematic reviews of gender affirming surgery (GAS) often reveals poor research quality, underpinning a low evidence-base. At the same time, the reviews tend to underline the good results and importance of GAS. This master thesis draws upon participatory observation of a systematic review assessing the current evidence of GAS. Describing the process from the inside, reveals how the methodology of systematic review covers up the heterogeneity and diversity of GAS procedures, promoting a research synthesis distant from patients’ and clinical perspectives.

**Background**

The systematic review is an important cornerstone of evidence-based medicine. Considered the platina standard of synthesizing research, the methodology has developed to a standard for objective, replicable and transparent reviewing of data. Earlier studies in the field of Science and Technology Studies has shown however that the presumed stability and objectivity is compromised by expert opinions and tinkering in order to make the reviewing work.

**Aim**

The aim of the study is better understanding of how the presumed platina standard methodologies of systematic reviews enacts on the field of GAS, characterised by particular patient priorities, heterogeneity and innovation.

**Method & materials**

Participating observation of a Health Technology Assessment of GAS in 2018 is analysed using actor-network theory. The selection of articles is described in order to reveal what choices are made, on what grounds and what are the consequences for the conclusion. The result of the HTA is further compared to other reviews of GAS in order to understand how the procedures interact with the material and for what purposes.

**Results**

The review process appears often to be an act of interpretation where particular interests moves and defines criterions and choices. The excluded material turns out to be an important asset in the analysis, as expressions of arbitrariness in criterions and flexibility of interpretation. The question of effect, as well as research quality, is framed as the most important goal, in compliance with the review methodology. Many other aspects also come into consideration and the somewhat peculiar conclusion of all the reviews - that the evidence-base is low but the surgical procedures as such are of good quality – seems to be made possible by the fact that the review methodology in practice turns out to be malleable and less constraining than presumed.

**Conclusion**

When taking on a systematic review in a field  known to be heterogeneous and the research design doesn’t match the standards of evidence-based medicine, one knows from the start that the review will conclude poor evidence. Despite the principles of constraint and objectivity, the methodology turns out to be a defining and constructing tool itself. Being somewhat less compliant towards the methodology, but reflecting on what’s excluded and why, and focusing more on synthetising rather than primarily assessing, it is possible to make a clinically relevant systematic review that actually says something about the state of the gender affirming surgery.

## Metaidoioplasty, surgical innovation using the IDEAL framework

### Authors

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### Abstract

**Introduction**

The number of treatment-seeking individuals with gender incongruence has grown rapidly worldwide. Although, the ideal method for achieving the ideal male genitals, capable of substituting erectile, fascial, and urethral tissue, is yet to be discovered. A metaidoioplasty maintains erotic sensations and erections, plus the use of local tissue prevents donor site problems. To lower complication risks even more, men may opt for a metaidoioplasty without urethral lengthening. Given the benefits of this procedure, we have optimized this technique in order to minimize the drawbacks.

**Specific Aim**

The aim of this study is to present the adapted metaidoioplasty technique according to the IDEAL frame work, and evaluate the surgical method, by studying the surgical results, complications, and the patient satisfaction.

**Materials and Methods**

This new metaidoioplasty technique is studied according to the IDEAL framework, describing the need for surgical innovation, the patient population, the surgical method, short- and long-term complications and patient satisfaction. Demographic, surgical and outcome data were collected prospectively. Patient satisfaction was digitally assessed using a self-developed PROM with the use of a cloud-based clinical data platform (Castor).

**Results**

This study presents the results regarding 17 men who underwent metaidoioplasty following the new technique. All gave informed consent to participate in this study. The results showed more penile length and grid. Erogenous sensation was unchanged after surgery as well as erectile function and orgasm capacity. Satisfaction with the result was seen in all, with a rise in sexual wellbeing after surgery.

**Conclusion**

The new metaidoioplasty technique is a safe method with promising results, with more penile length and grid, unchanged erogenous sensation, erectile function and orgasm capacity and a rise in sexual wellbeing after surgery.

## Sexual wellbeing defined by persons who experience gender incongruence

### Authors

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### Abstract

**Introduction**

Sexual wellbeing is recognized as an important aspect of the quality of life. We expect to gain a greater understanding of this aspect of quality of life in PGI from their own perspective, i.e. from an emic perspective. Causing better evaluation of the effect of gender affirming treatments, considering the diversity in sexual needs and perception of this target group. In addition, the knowledge gained will be useful for developing sex-positive care for PGI.

**Aim**

The aim of this study is to define sexual wellbeing form the emic perspective of PGI.

**Methods**

Through qualitative interviews, information will be obtained about sexual wellbeing, in the context of a sex-positive approach.

For the recruitment of the participants we choose convenience sampling. Recruitment occurred by two means: 1) from a clinical setting, and 2) from a patient organization for PGI. The only exclusion criterium was, when the participants had a doctor patient relationship with the interviewer.

The interviews were recorded, transcribed. Member checks were done by sending the summaries to the participants to enhance participant validation and affirm phenomenology. Based on data-driven coding, all interviews were consecutively open coded, axial coded and selective coded, following Thematic Analysis.

**Results**

Fifteen participants aged from 19 to 74 years old were interviewed, eight were Assigned Female At Birth (AFAB) and seven were Assigned Male At Birth (AMAB). Gender of the participants ranged from Male (n=3), Female (n=5), Transwomen (n=1), Transman (n=1), Queer/Boy (n=2), Male/Transman (n=2) to Male/Eunich (n=1).

The qualitative interviews resulted in very rich data. This abstract will focus on the definition of sexual wellbeing, covered by four themes: “given definition for sexual wellbeing”, “conditions for sexual wellbeing”, “sexual assumptions & sexual development” and “experienced sexual wellbeing”.

**Conclusions**

Our participants defined sexual wellbeing as a combination of feeling comfortable with their body and themselves, intimacy and positivity, acceptance was most the important requirement and sexual assumptions and sexual development influenced the experienced sexual wellbeing, which in or study group was characterized by satisfaction.

## WPATH Standards of Care Version 8: pre-pubescent children

### Authors

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Thomas Steensma - Amsterdam UMC

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### Abstract

**Introduction.** Gender diversity in children has been relatively unexplored both clinically and in research until relatively recently. This is partially due to a history of transgender youth interdisciplinary care evolving from the needs of adolescents identifying as transgender and presenting in academic medical centers seeking gender affirming medical interventions. Medical interventions are not appropriate for gender diverse younger children. Nevertheless, pre-pubescent children are a vulnerable group and families frequently seek professional guidance for themselves and on behalf of their transgender/gender diverse children. A lifespan approach to transgender care needs to establish standards for each life phase, including for the youngest children who may struggle to understand their diverse identities and/or gender expressions, and to be accepted in families and communities. In recognition of this need, the World Professional Association of Transgender Health (WPATH) planned for the newest Standards of Care (8th edition), for the first time, to include a chapter devoted to standards for gender diverse pre-pubescent children.

**Aims.** The goals of this presentation include: 1) presenting underlying foundational principles guiding the development of the child chapter SOC8 (e.g., gender diversity is not a mental health disorder); 2) presenting and describing the finalized practice statements; 3) elaborating on nuances related to each practice statement and the rationale for each.

This presentation will employ a primarily didactic approach, with time for question and answers.

**Methods.** Each chapter, including the child chapter, includes practice statements that have passed a Delphi procedure, accepting only those statements that passed with 80% consensus among the 100 multidisciplinary members of the revision taskforce. This process has been completed for the child chapter and a full draft of the entire chapter is now under review by three Standard of Care co-Chairs. The chapter collaborators include a range of specialists from Europe and the United States with deep expertise in clinical care, clinical research, and advocacy with gender diverse children and their families.

**Results and conclusions.**The practice statements provide specific guidance in a number of key areas relevant to practice standards, including: provider competencies, assessment, therapeutic care, social transition, and advocacy. One of the key clinical issues, and controversies, regarding gender diverse pre-pubescent children is the degree to which a social gender transition leads to short and long-term positive emotional/behavioral health outcomes, and standards for evaluating and support children and families during decision-making about social transition and/or during a social transition process. Others include ways for a mental health clinician to foster positive family dynamics, child quality of life, and resilience, as well as preparation for adolescence as puberty approaches.

## Making trans health care accessible through e-health: Empirical and clinical approaches from Germany and Italy

### Authors

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Alessandra Fisher - Department of Health Sciences, University of Florence

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Giovanni Castellini - Psychiatry Unit, Department of Neurological and Psychiatric Sciences, University of Florence, Florence, Italy

Jochen Hess - University Duisburg-Essen

### Abstract

Access to health care by trans-informed professionals has a critical impact on trans people's health and quality of life. However, trans people often face barriers such as long routes to specialised gender clinics and a lack of qualified health professionals. Thus, e-health services could specifically help with barrier reduction. The aim of this symposium is to present innovative e-health approaches from different disciplines, and to shed light on their potentials when implemented in transgender health care.

The first project is located in Germany, where trans people – similar to other countries in Europe – are often dependent on a few specialised clinics in metropolitan areas, such as the Interdisciplinary Transgender Health Care Centre Hamburg. In early 2020, the e-health project i²TransHealth which is conducted by researchers from the Institute for Sex Research, went online testing its online interventions for effectiveness in a randomised controlled trial (RCT). Compared with a waiting group, participants in the intervention group receive 4 months of support from mental health professionals via video consultation, as well as crisis intervention from nearby GPs and psychiatrists if needed. Until the end of March 2021, 94 participants are enrolled in the study. We expect i²TransHealth to reduce symptom burden (BSI-18; primary outcome) and to improve both quality of life (WHOQOL-BREF) and treatment satisfaction (mod. ZUF-8) as secondary outcomes.

Italy was one of the first countries in Europe to be severely affected by the occurrence of the COVID-19 pandemic. Therefore, researchers at the University of Florence performed a study on a sample of 80 trans people attending the clinic for gender dysphoria, before and during the lockdown for the COVID-19 pandemic. Trans people were asked for consequences of the lockdown in terms of psychopathology, quality of life, and interference with other treatments, such as endocrine care. Data were compared with those obtained from a group of 85 controls.

Since March 2020 a surgical unit from Essen University Hospital set up the possibility of video consultation for both preoperative consultation and postoperative monitoring. The video consultation was frequently requested, especially by those who have to travel a long way. However, some clients preferred personal face-to-face contact because they feared privacy issues. In addition, to overcome the difficulties in training medical students, we initiated an e-learning seminar with clinical case presentations together with our partners from Hannover Medical School. The results and experiences with this interdisciplinary format will be reported.

It is not only the aftermath of the COVID-19 pandemic that has given digitalisation a boost, also in the field of transgender healthcare. E-health approaches seem valuable for improving transgender healthcare, but their specific benefits need to be robustly proven both empirically and clinically.

## Modelling participatory transgender care in primary care: context, models and future of field experimentations in Lille, France

### Authors

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### Abstract

Because of psychopathologization of transgender people, care systems around the world are organized around specialized psychiatric services that control access to other parts of transition related-care. This organization has been criticized for many years by transgender people and human rights organizations, indicating a low level of satisfaction with current systems. In addition, recent social changes have highlighted a significant gap between needs and access to services. These elements make it possible to establish that today, the organization of transition-related care by specialized psychiatric services is no longer consistent with issues of rights, public health and participation of service users.

These elements are largely present in France where care pathways are almost exclusively under the control of a small number of specialized services. This organization has long been criticized by organizations as well as by French authorities involved in rights or health. Although we lack national data, requests and delays, as well as the appearance of numerous alternative forms of community-based organization, highlight that the health gap is present in France. Finally, organizing through psychiatry also complicates access to other systems of care, particularly sexual and reproductive health.

The depsychopathologization by the World Health Organization (WHO) of transgender persons in the eleventh revision of the International Classification of Diseases adds a new conceptual limit to previous systems and calls for a rethinking of care pathways based on primary care. Beyond the inertia of existing systems and political considerations, the necessary reorganization of care pathways is slowed down by the absence of a clearly defined and tested alternative model.

The European metropolis of Lille represents a catchment area of more than one million inhabitants and has seen the emergence of several field initiatives centered around the Maison Dispersée de Santé, a community primary care center. These initiatives, which were originally developed in a harm reduction framework, now include care pathways that are entirely based on primary care, as well as a significant community participation component through a mixed group that includes transgender organizations and recently the formalization of a Trans User Committee in collaboration with the regional health authority. This system, which has been in place for several years, now supports nearly 500 people in their transition process.

Our work, which is part of a doctoral thesis in public health, aims to document these field initiatives, to conceptualize and to integrate them into a global and graduated approach built on the community health model developed by the WHO and Wonca. The objectives of this approach are to present a plausible alternative to the psychiatric pathways and to identify areas of future improvement.

In this presentation, we propose to present the contexts in which these initiatives have been developed, their current models and future avenues for evaluation and development. We believe that these local elements can participate in and enrich a more global reflection on the transformation of care pathways. Finally, since its creation, our work has involved transgender persons as researchers, which we believe is a guarantee of conceptual relevance and applicability.

## A systematic review of brain imaging studies exploring emotional processing in transgender persons

### Authors

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### Abstract

**Introduction** Being loved and appreciated adds a positive value to the well-being of a person, while discrimination, and stigmatization increases negative but decreases positive mood. Transgender persons experience on average more negative situations, and exhibit higher rates of adverse mental health (dysregulated emotion, suicidal ideation) compared to cisgender controls. In addition, chronic stress has been associated with an excessively stimulated limbic system (e.g., amygdala, anterior cingulate cortex (ACC), angular gyrus), relevant for processing of emotionally charged stimuli. Studies also show increased activation in the precuneus relevant for self-awareness and affective functions. A systematic review on literature on activation levels of brain patterns in transgender individuals is timely.

**Methods** This review is conducted in accordance with the PRISMA guidelines. Inclusion criteria were adult participants who defined themselves as hormone naïve transgender, while the comparison groups consisted of cisgender persons. Selection focus was on studies triggering the neural systems responsible for emotional processing. Primary outcome was neural correlates extracted from fMRI studies. Bias assessment was done using the Newcastle-Ottawa Scale.

**Results** Based on inclusion criteria, the screening resulted in 5 fMRI studies out of 199 studies identified through database searching. Assessing for eligibility 14 articles remained relevant. Nine out of 14 studies were excluded. Out of 5 remaining studies, 2 studies included both transgender men (TM) and transgender women (TW), 1 study included TM only and 2 studies included TW only. Feusner et al. (2017) showed TM (n=27) a decreased connectivity of the anterior and posterior cingulate during default mode network relative to the controls (cis men (CM) n=27, cis women (CW) n=27). For TW (n=16), Junger et al. (2014) showed different patterns in brain activation (i.e., prefrontal gyrus, insula, and precuneus) relative to the cisgender group CM (n=20) and CW (n=19) while responding to male voices. Fisher et al. (2020) evaluated the activation patterns during a face perception task, showing increased activation of the precuneus in TM (n=10) compared to CW (n=10). However, TW (n=10) showed higher activation of the angular gyrus, posterior cingulate gyrus, and the precuneus compared to CM (n=10). Majid et al. (2020) showed that TM (n=14) and TW (n=16) and cisgender (CM n=15, CW n=15) participants activate similar self-referential networks involving the dorsomedial prefrontal cortex. Gizewski et al. (2009), showed that TW (n=12) had similar activation levels of erotic stimuli processing in brain areas (e.g. amygdala) compared to CW (n=12), but not as CM (n=12).

**Conclusion** Two studies showed activation level in brain areas similar to gender identity (3,5). One study showed a total different activation level based on the controls (1). A study revealed an opposite activation in brain areas relative to the controls (2). One study supports an intermediate position between CM and CW (4). However, based on the small number of available studies, conclusions should be made with precaution. The sample sizes of all included studies were low, were inconsistent in design, stimuli and examined brain regions. Studies were cross-sectional prohibiting causal inferences and family support should be taken into account in future research.

## Data-driven transgender healthcare: reconnecting personalized care and clinical research

### Authors

Martin Den Heijer - Amsterdam UMC, location VUmc

### Abstract

Transgender medicine is a relatively new loot to the tribe of medicine. Professional medical organizations, such as the Endocrine Society, have embraced this new loot, as illustrated by the publication of clinical practice guidelines. However, most of the available evidence comes from low-quality studies. Compared to other areas of healthcare, like diabetes, cardiovascular disease and osteoporosis there is a striking absence of well-developed clinical trials. Most of the evidence is based on expert opinion, case reports and small observational studies. In the past, pioneers in transgender hormonal treatment as Harry Benjamin and Louis Gooren, based their treatment choices on available evidence diverted from studies in hypogonadal men and women. This lack of specific transgender data prompted these pioneers to start clinical research in the realm of transgender treatment. Nowadays, several large cohort studies are ongoing, but clinical trials are still awaited.

In my presentation I will go into possible tensions between personalized health care and clinical research and show how these tensions might be overcome. Furthermore, I will go into new possibilities available with Electronic Health Record and the use of big data techniques in healthcare. I will argue that sensitive individual care, continuous quality assessment and clinical research have to go together to meet the medical needs of transgender people.

## How the COVID-19 pandemic affects transgender health care in Europe – Results of the TransCareCovid19 survey

### Authors

Timo O. Nieder - Interdisciplinary Transgender Health Care Center Hamburg, University Medical Center Hamburg-Eppendorf

Joz Motmans - Ghent University Hospital

Andreas Koehler - Interdisciplinary Transgender Health Care Center Hamburg, Institute for Sex Research, Sexual Medicine, and Forensic Psychiatry, University Medical Center Hamburg-Eppendorf

### Abstract

**Background**

Due to the COVID-19 pandemic, access to medical care was restricted for nearly all non-acute conditions. Transgender and gender-diverse people are assumed to be affected particularly severely by the restrictions caused by the COVID-19 pandemic. Research shows an over-representation of transgender and gender-diverse people in vulnerable socio-economic situations due to experiences with discrimination. At the same time, a majority of transgender and gender-diverse people depend to a certain extent on specialized transgender-specific health care.

**Methods**

As an ad hoc collaboration between researchers, clinicians, and 23 community organizations, we developed a web-based survey that was translated into 27 languages. Participants were recruited via community sources, social media channels, and snowball sampling since May 2020. We assessed demographical data, health problems, risk factors, COVID-19 data (e.g., contact history), and the influence of the COVID-19 pandemic on access to transgender health care services.

**Results**

4333 transgender and gender-diverse people from 43 European and Eurasian countries participated in the study. 41.9% were (trans) man, 33.1 % were (trans) woman, 20.7 % identified as non-binary. 40% of our participants experienced distress due to their current living situation in the COVID-19 pandemic; 10% even had to change their place of living. 33.5% had suicidal thoughts, 2.9% have attempted suicide since the beginning of the pandemic. 61.6% of our participants reported suffering from at least one acute or chronic condition currently. More than one-third of the participants reported a chronic or acute condition recognized as a risk factor for a severe course of a COVID-19 infection. 21.7% reported that they avoided or are going to avoid COVID-19 related health care due to the fear of discrimination or mistreatment, even in case they would show symptoms of a COVID-19 infection. Access to at least one transgender health care service was restricted for nearly 50% of the participants.

**Conclusion**

Transgender and gender-diverse people suffer under the severity of the pandemic due to the intersections between their status as a vulnerable social group, their high amount of medical risk factors, and their need for ongoing medical treatment. The COVID-19 pandemic might have potentiated these vulnerabilities, added new challenges for transgender and gender-diverse people, and, therefore, led to devastating consequences, like severe physical or mental health issues, self-harming behavior, and suicidality.

## How do we survive and thrive during the backlash?

### Authors

Jorge María Londoño - Transgender Europe

Jêran Rostam - RFSL Ungdom

### Abstract

We are seeing a backlash against trans people's rights in several areas right now. The threat comes from conservative right-wing extremists as well as trans-exclusionary radical feminists. On top of that we are in the midst of a deadly pandemic. All of this has built up and is threatening the right to access gender affirming health care.

In this keynote lecture Jêran and Jorge Maria speak about the necessity of organising for trans rights and what the movement's goals should be. The focus lies on the needs and wants of young trans people who are marginalized in several ways, as the speakers examine the faults in the health care systems of today. This keynote will start trying to shift focus: from working to contain our rights, to expanding what our rights should be. How we can move from a health care system that only alleviates pain to one where joy and pleasure can be in focus. The Agenda 2030 promise to leave no one behind needs to apply to gender affirming health care as well. We need to get rid of the scarcity mentality once and for all.

## Transgender healthcare in Sweden

### Authors

Attila Fazekas - University Hospital Lund

### Abstract

Sweden is a Nordic country in Europe, part of the European Union. The country has a surface of 450 295 square kilometers, a total population of 10,4 million and a low population density. Sweden is a constitutional monarchy and a parliamentary democracy. It is a unitary state, but divided into 21 counties, which have the responsibility for health care and local traffic. Sweden maintains a Nordic social welfare system that provides universal health care for all citizens.

Given the long distances across the country there are six units, where health care for transgender people is offered. The National Board of Health and Welfare has last year taken the initiative to reorganize the transgender health care, which is an ongoing process. We founded the Swedish Professional Association for Transgender Health (SPATH) in 2007, with the goal to provide equal health care for transgender people throughout the country. The board of the Association organizes an annual conference for education and exchange of experience.

The Gender Equality Act regulates the legal aspects of health care for transgender individuals in Sweden.

The country has separate standards of care for children and adolescents, than for adults. The National Board of Health and Welfare has decided to update both, and has worked on the guidelines for children and adolescents since last autumn.

## Transgender healthcare in Croatia

### Authors

Iva Zegura - University Psychiatric Hospital Vrapce

### Abstract

This key note lecture will address contemporary state of transgender health care in Croatia. The specific cultural background will be discussed and possible improvements will be given.

Within the health care system in Republic of Croatia there is no systemic care under specific gender clinic for transgender people. Hormonal treatment is partially covered by the health care insurance, and gender affirmation surgeries are not covered by the health care insurance at all. Up till now there is only so-called “Virtual national team for transgender health care” consisting of a few enthusiastic interdisciplinary professionals. Some of them are working in different clinical hospitals, mostly in capital city- Zagreb, and some of them are working in the private sector.

In 2008 Croatian Ministry of Health has adopted the first “Bylaw about appropriate collection of medical documentation, determination of conditions and presumptions for sex change,” that allowed only for those trans people with complete sex affirmation surgery done to change gender mark in personal documents. Due to the efforts of professionals and LGBT non-governmental organizations, the Croatian Parliament has adopted on the behalf of Ministry of Public Administration adopted “The law of national registers” in 2013, which among other, defines the change of personal name and surname and change of gender designation in personal documents. On the 27th of March 2014 Croatian Ministry of Health has adopted the “Bylaw about appropriate collection of medical documentation, determination of conditions and presumptions for sex change and/or life in other gender identity.” For the first time no surgical intervention for transgender individuals was needed as a condition for the change of gender mark in personal documents.

Apart from the new legal acts that regulate “life in lived gender identity” and “presumptions for sex affirmation”, in the field of medical and mental health care there are some insurmountable problems related to uncovered costs of gender affirmation process, lack of educated professionals and sensibility by the same legal system to ensure for each transgender person the time-appropriate treatment and legal protection. Current COVID- 19 pandemic represents huge obstacle as most of the hospitals are oriented on providing care for people with urgent medical conditions and COVID- 19 patients.

It would be in both the professionals’ and transgender people best interest if professional societies and chambers would implement, in their existing professional guidelines and ethical codes, specific paragraphs about comprehensive care of transgender people according to the Standards of care with respect to their human rights. That will allow for the transgender health care to be based on the up-to-date scientific knowledge and best practice recommendations, as to avoid the slightest possibility of prejudicially coloured belief system coming from the side of professional authority to interfere with practice. Minding the cultural background, the specific mark of harmfulness of so- called reparative therapy practices should be included. New round of discussion between professionals, transgender NGO’s, stakeholders and governmental representatives should be made in order to remove existing barriers of complete and affirmative transgender health care in Croatia.

## Transgender healthcare in Denmark

### Authors

Astrid Højgaard - Aalborg University Hospital

### Abstract

**Transgender Healthcare in Denmark: Fast Forward: Danish Experiences with a Non-Pathologizing Approach towards Treatment of Gender Incongruence – a Journey from 1930 to 2021 in 6 years**

In Denmark there has been a dramatic change of laws and guidelines regarding assessment and treatment of gender incongruence since 2014.

Before 2014 changing of legal gender required a psychiatric diagnosis of “transsexualism”. Only one clinic was entitled to put the diagnosis which was at the Sexological Clinic in Copenhagen that part of the psychiatric system in accordance with the belief that “transsexualism” was a psychiatric disorder. After assessment which averagely took 5.9 and 8.1 years for trans men and trans women the Ministry of Internal Affairs had to be applied for permission to castrate the patient before legal gender change was allowed. Married transgender persons must divorce as same sex marriages was not allowed (although they could opt for a registered partnership after 1989). In 2014 a new law enabled people to change legal sex by an online application without having to be “diagnosed” and no questions asked.

In January 1, 2017 after massive pressure from trans organizations and Amnesty and other NGO's, the diagnosis of ”Transsexualism” (DF 640) was removed from the psychiatric list of diagnoses by law from the Danish Parliament and the diagnosis was replaced by a contact code DZ768e1. “Contact due to gender incongruence” – which emphasizes that there is neither a morbidity nor a sexual problem.

In October 2nd 2017 the monopoly was abolished, and a new Center for Gender Identity was created in Aalborg as a separate unit at the somatic University Hospital in Aalborg. This was a strong marker of “de-psychiatrization” of transgender individuals.

All persons admitted to a CGI must be referred by a doctor. Treatment is for free except medication which only is partly reimbursed.

Each of the now three CGIs has a multidisciplinary team (MDT) consisting of gynecologists or endocrinologists, psychologists, psychiatrists, nurses and plastic surgeons. The team must agree on major steps in the transition. A somatic medical doctor is appointed as team leader for each patient ensuring a smooth path through the process and informed consent. Gender assigned males may have gamete cryopreservation to ensure a possibility for future (free) public fertility treatment. Facial hair removal and logopedic intervention are offered as well.

Treatment is individualized. At the CGI in Aalborg it is thus possible to removal of gonads without constructive surgery and mastectomy is a possibility without hormonal treatment for non-binary persons. Supportive consultations by psychologist / psychiatrist is offered but is not compulsory.

In my presentation I will give examples of a typical patient course, how the MDT works how the development in referrals has exploded since 2017. Finally I will describe the cooperation with relevant NGO organizations in development of a non-pathologizing approach at Center for Gender Identity at Aalborg University.

## Transgender healthcare in Hungary

### Authors

Noémi Bordás - Belgrade Center for Urogenital Reconstructive Surgery

### Abstract

Introduction: A proper treatment of gender dysphoria requires a multidisciplinary approach. There is a necessity for progress of transgender health-care in Hungary, since prevalence has been increasing significantly. Our aim is to present the results and trends in our institution in Hungary.

Materials and methods: From May 2014 until June 2021, totally 173 patients with gender dysphoria requested hormonal treatment in our institution. Among them 28 patients  aged 23 to 64 years (mean age: 32), underwent gender affirmative genital surgery and 23 patients (aged 18 to 41 years, mean age: 28 years) underwent gender affirmative top surgery. Preoperatively, complete psychiatric and psychological assessment was done, followed by proper endocrinological evaluation and treatment, according to WPATH Standards of Care. One-stage metoidioplasty was performed in 6 trans men, and included transvaginal hysterectomy, vaginectomy (colpocleisis), metoidioplasty with urethral lengthening, scrotoplasty and placement of testicular implants. Buccal mucosa graft combined with labia minora flap was used for urethral reconstruction in all cases. Penile inversion vaginoplasty, with clitoroplasty and introitoplasty was performed in 22 trans women and rectosigmoid colon vaginoplasty with intriotoplasty was performed in one case. Regarding top surgery, 4 breast augmentation and 19 subcutaneous mastectomy and chest reconstruction were performed.

Results: Follow-up period ranged from 2 to 85 months (mean 52 months). Mean postoperative hospital stay was 3 days (2-5 days) in connection with genital surgery, and one day (1-2 days) in connection with top surgery. Good postoperative outcome is achieved in all cases. In the metoidioplasty group, voiding in standing position and preserved sensation of the neophallus is achieved in all patients. In trans women, good depth of the neovagina and preserved sensitivity of the clitoris are achieved in all cases. Complications were two minor costmetic genital revision, one urethral stricture in vaginoplasty cases, two fistula in metoidioplasty cases, and 3 haematoma , and one partial necrosis of nipple, and one cosmetic revision in mastectomy patients. All patients reported satisfaction with the outcome and improved psychological conditions. They have all remained under continuous multidisciplinary follow-up.

Conclusion: Trends of gender affirming surgeries in Hungary is increasing. Successful treatment of gender dysphoria requires multidisciplinary approach of an experienced team.

Keywords: gender dysphoria, gender affirmation surgery, vaginoplasty, metoidioplasty, top surgery, hormonal therapy.

## The Year in Review: Mental health (adults)

### Authors

Christina Richards - NHS London Gender Identity Clinic

### Abstract

The mental health of gender diverse people remains poor compared to that of cisgender people. Studies differ in terms of the mental health of different groups of gender diverse people, especially non-binary people, trans women, and trans men. Further, the role of intersectionality inflects mental health outcomes, although further work is needed to clearly detail this. Physical management of gender dysphoria through the use of hormones and/or surgeries for appropriate people is of great assistance in alleviating mental distress. As always, discrimination and minority stress adversely affect mental health outcomes and point to the need for further society-level work to address prejudice, both explicit and implicit, against gender diverse people.

## The Year in Review: Mental health (children and adolescents)

### Authors

Riittakerttu Kaltiala - Tampere University Hospital

### Abstract

Background: The number of minors contacting specialized gender identity services has been on the increase throughout 2010’s, and research on child and adolescent gender dysphoria / transgender identity is also expanding. Mental health is an important aspect of this research.

Methods: This review focuses on mental health aspects of child and adolescent gender dysphoria and transgender identity in research published since spring 2019. A systematic search was carried out in Medline and Psychinfo databases. References used in selected publications and Google Scholar database were further searched to enrich material on emerging or controversial topics.

Results and Conclusions: It was known that minors presenting in gender identity services commonly display co-occurring mental disorders, particularly internalizing disorders. A few more studies presenting baseline characteristics with fairly similar findings have emerged. Follow-up studies that would have potential to demonstrate the impact of gender affirming treatments on mental health are only a few, have small numbers of participants, short follow-up times and other methodological limitations, and a limited array of mental health outcomes, and their outcomes as to mental health are mixed. Studies exploring mental health issues among transgender identifying adolescents in the population are cross-sectional and often based on selected populations, and thus they have limited potential for shedding light on any causal relationships. However they suggest firstly, that transgender identifying adolescents present with mental health problems more commonly than their cisgender peers, and secondly, that problems in relationships with parents, lack of parental support and peer problems such as bullying are important correlates of mental health problems in transgender identifying adolescents, as among children and adolescents at large. Transgender identifying adolescents in community samples appear to report both internalizing and externalizing problems more commonly than cisgender youth. A large bulk of literature comprises reviews and recommendations for various health care professionals, without presenting new research findings. Methodological limitations in the whole research field are considerable and should be kept in mind when making any causal assumptions.

## The Year in Review: Endocrinology

### Authors

Justine Defreyne - Ghent University Hospital

### Abstract

**Background**

As the number of people applying for gender affirming care keeps increasing at all European gender clinics, it is obvious that the demand for gender affirming care also continues to grow. Unfortunately, gender affirming endocrine care is still relatively scarce, as not all endocrinologists get involved. This may be due to limited data on gender affirming endocrine care.

**Aim(s)**

To identify important recent publications on endocrine aspects of transgender health.

**Methods**

A thorough PubMed, Embase and Google Scholar literature search was conducted. Articles on gender affirming endocrine care, published between January 1 2018 and April 1 2021 were analysed.

**Main Outcome Measures**

Publications included in the presentation were selected based on their novelty, importance and potential impact on gender affirming endocrine care.

**Results**

This review will highlight the main findings from key endocrine publications since the last EPATH conference.

## The Year in Review: Social and Political Sciences

### Authors

Zowie Davy - De Montfort University

### Abstract

**Introduction**

The overview of the research since the last EPATH Conference in Rome will be systematic narrative review. Using Scopus, I identified six substantive themes in the research being produced and I include another which are key studies informing health and wellbeing in trans populations.

**Methods**

Scopus data base was used to identify articles from Social and Political science disciplines and its contribution to trans health and wellbeing. Inclusion criteria was articles from Sept 2019-May 2021, European, written in English, peer reviewed, and understood by the speaker to be research contributing to the understanding of the social and political aspects of health and wellbeing for trans, non-binary and intersex people. 137 papers were found, with the keywords trans, transgender, non-binary, intersex. Each abstract was assessed by the speaker to be relevant to the social and political sciences. All commentaries, opinion pieces and letters to editors were removed from the review.

**Results**

74 papers were identified following reading of articles. This culminated in 6 themes: Anti-trans movements, Young trans and non-binary people and schooling, Fertility, fertility preservation technologies and experiences of pregnancy and parenthood, Sex and sexuality, Ageing and trans and non-binary populations and Sport and exercising. A final theme is included: Key studies informing health and wellbeing. This review highlights that trans, non-binary and intersex people continue to experience barriers to equitable health and wellbeing services.

## The Year in Review: Reproductive Health

### Authors

Norah Van Mello - Center of Expertise on Gender Dysphoria, Amsterdam University Medical Centre, location VUmc, De Boelelaan 1118, 1081 HZ, Amsterdam, The Netherlands

### Abstract

Background: The majority of transgender and gender diverse persons seeking medical care are of reproductive age. Gender affirming hormonal treatment and surgery adversely affect the future reproductive potential. According to international guidelines, fertility preservation should be discussed before any gender treatment. However the reproductive options and needs of transgender and gender diverse persons may ask for a specific approach. Evidence on gender specific reproductive health, fertility preservation options and outcome is scarce and a bit diffused. All the more important to provide an overview of the most relevant insights in this field.

Methods: PubMed, Embase and Google Scholar were searched to screen the literature. Mostly recent papers from 2019 onward on fertility, childwish and fertility preservation in gender population were included.

Results and Conclusions: This presentation will aim to cover the main findings from key publications on reproductive health in transgender people which have been published over the last years.

## The Year in Review: Voice and Communication

### Authors

Evelien D'haeseleer - Ghent University

### Abstract

**Background:** Transgender or gender diverse individuals may experience incongruence between their gender identity and the qualities of their voice and communication. Voice services for gender diverse people experiencing voice and communication difficulties is a growing specialty within speech-language pathology and laryngology. In the past, there was a considerable imbalance of voice research focusing on people assigned male at birth. However, a gradually increasing number of studies have been published regarding voice and communication in a gender diverse population. The purpose of this presentation is to provide an overview of the current literature regarding voice and communication in a gender diverse population from the past two years.

**Methods:** Three electronic databases were searched for literature between 2019 and July 1st, 2021: MEDLINE (PubMed), Embase and Web of Science. Two concepts (gender diverse and communication) were combined. After removing duplicates in Endnote, title and abstract screening was performed. Further data-extraction of the full-texts was completed and summarized in 8 themes: “theoretical framework”, “voice function”, “questionnaires and tools”, “laryngeal surgery”, “voice training”, “voice changes under gender affirming hormonal treatment”, “gender perception”, and “training, attitudes, knowledge of speech language pathologists”. The presentation focuses on the first 5 themes.

**Results and Conclusions:** In total, 2018 records were identified through the database search. After duplicate removal, title, abstract and full-text screening, 83 records were retained.

A new transdisciplinary theoretical model for vocology is proposed by Azul & Hancock, changing perspectives in the field. This model draws attention to the interactive process through which voice is constructed during communication, between material forces, speaker, listener, environment, interventions and socio-cultural context.

Recent research on voice function focuses on a more diverse population and shows that the prevalence of voice-gender incongruence is high in transgender, nonbinary and gender-nonconforming people. However, gender diverse clients, especially transmasculine people, experience a variety of barriers to access voice services. There is a need for questionnaires and tools investigating voice function, needs and experiences in a broader gender diverse population. The VENI (Voice-related Experiences of Nonbinary Individuals), developed in 2021, is the first assessment tool that measures self-perception of voice in nonbinary individuals. The Trans Women Voice Questionnaire (TWVQ) was renamed in July 2020 and has been translated and adapted in several languages.

For laryngeal surgery, new evidence for pitch lowering surgical techniques (thyroplasty type III and vocal fold injection augmentation) is found. For pitch raising surgery most recent studies focused on the outcome of glottoplasty. Computational models show that the optimal length of fixation is a compromise between pitch elevation and reduction in output acoustic power.

Evidence for voice training in transgender people is growing. Recent studies show a positive outcome for the use of biofeedback in speech feminization training. For speech masculinization training, group therapy and manual laryngeal therapy in a small group of transmasculine people was effective. In further research, there is a need for effectiveness studies using Randomized Control Trial designs with larger sample sizes and long-term follow-up to assess which techniques are most effective and to determine outcome predictors.

## The Year in Review: Surgery

### Authors

Susanne Krege - Evang. Kliniken Essen-Mitte

### Abstract

Gender surgery summarizes a variety of remodeling operations as feminizing or masculinizing genital reassignment, chest modification and facial surgery, which are the most common procedures, or modifications of the hands, up to now a less often used procedure. Concerning those different topics several methods have been described without having established standards up to now. This is an ambitious aim of a German guideline just in progress. Besides presenting the diversity of the surgical methods the guideline will point out indications or more important contraindications for surgery, inform about pre- and postoperative requirements and deal with trouble shooting.  
The lecture given will present some new trends and aspects concerning genital reassignment in the one and other direction including new literature and personal experience. The question about risk of prostate cancer in transgender women comes up. Full facial feminization, what is better, an all in one procedure or a 2-stage procedure? The current literature about modification of the hands will be presented.  
Perfect surgery without severe complications is what the surgeon aims at. But does this also reflect the patient’s point of view. Measurement of quality of life outcomes is of special interest. Another important aspect for patients‘ wellbeing are their psychosocial resources. Recently a new score concerning this topic has been developed and validated in Germany.

## The Year in Review: Law, Politics, and Ethics

### Authors

Simona Giordano - Centre for Social Ethics and Policy, School of Social Sciences, Law School, The University of Manchester

### Abstract

**Background:** Review of studies on the ethical issues around the clinical management of gender diverse and transgender children and adolescents.

**Methods:** key word search using Ingenta Connect, Pro/Quest Central UK/Ireland, PubMed Central, Springer Online Journals, Wiley Online Library Full Collection 2019 and Wiley Online Library All Journals, Springer Links Journals. Key words: ethics, puberty suppression; ethics transgender children

**Results and Conclusions:** The number of publications on the care of gender diverse young people has increased significantly in the last two years. Most of the papers do not provide an ethical analysis; they are clinical papers which present an ethical dilemma; this seems to indicate a need, on the part of the authors, at times explicitly acknowledged, to engage more directly with ethicists in the exploration of the ethical issues emerging in the care and treatment of gender diverse young people. Five thematic areas of concern emerge from the review of the literature:

1. Ethical issues in the provision of long-term GnRHa to non-binary adolescents;

2. Ethical issues in the provision of genital surgery to minors;

3. Ethical issues around consent and the role of the court (Bell v Tavistock; AB v CD);

4. Ethical issues around family involvement;

5. Ethics of puberty delay.

The recent legal ruling in England (December 2020 and March 2021) appear shaped by a number of long standing ethical concerns around the nature of gender treatment, the ability of adolescents to be competent decision-makers, and the long term potential risks of early medical intervention.

## Thrombophilia and hormonal therapy in transgender persons: a literature review and case series

### Authors

Marianne Kerrebrouck - Ghent University Hospital

Anna Vantilborgh - Ghent University Hospital

Sarah Collet - Department of Endocrinology and Center for Sexology and Gender, Ghent University Hospital

Guy T'Sjoen - Ghent University Hospital

### Abstract

Background:

Venous thromboembolism (VTE) is a rare side effect of hormonal therapy in transgender persons. For this reason, previous VTE and/or genetic thrombophilia are considered contraindications for hormonal treatment. However, the negative impact on a transgender person’s quality of life and future of such decision cannot be underestimated.

Methods:

We conducted a literature search through PubMed and Embase. We describe a case series of 16 transgender persons with a history of VTE and/or a known prothrombotic mutation. The cohort was selected by the endocrinologist (G.T.) from the gender team. All adult patients with gender dysphoria and a known prothrombotic genetic variant or history of VTE, were invited by letter to participate in this study.

Results:

For feminizing hormone therapy, type and route of administration influence exogenous estrogen’s association with VTE, but oral and (especially) transdermal 17β-estradiol /estradiol valerate, are considered safe. VTE risk in virilizing hormone therapy with testosterone is low and a causal link between testosterone and VTE remains a matter of debate. An additional VTE risk of cyproterone acetate and high dose progestins are suggested.

In our center, thrombophilia screening before start of hormonal treatment was restricted to those with a personal or family history of VTE. Our case series consisted of 10 trans women en 6 trans men, with (a single or a combination of) the following thrombophilias: Factor V Leiden mutation, high Factor VIII coagulant activity, protein C deficiency, prothrombin mutation, positive lupus anticoagulant, history of thrombosis or pulmonary lung embolism (PE).

Five trans women were treated with the combination of transdermal estrogens and anticoagulation. In two trans women estrogens were withheld and one trans woman (who’s PE was believed to be related to surgery and not to estrogens) continued oral estrogens without anticoagulation. No trans women experienced new thrombotic events during the follow up period (varying from 4 months to 33 years).

Five trans men were started on intramuscular testosterone without anticoagulation, none of them experienced VTE events during the follow up period (3-4 years). One trans man with a history of thrombosis and PE, was started on transdermal testosterone in combination with anticoagulation, he experienced a new PE 4 years after start, during a period of inadequate anticoagulation.

Recommendations/conclusions:

In trans women with a family history of VTE, we recommend a thrombophilia screening.

In trans men with an asymptomatic known thrombophilia, we do not recommend therapeutic anticoagulation when testosterone therapy is started. We do advise avoiding high dose progestins (in case of uterine bleeding).

In trans men and trans women with a personal history of VTE, and in trans women with an asymptomatic known thrombophilia, we recommend therapeutic anticoagulation when testosterone or estrogen therapy is started. For trans women, we advise transdermal over oral estrogens, and spironolactone or gonadotropin-releasing hormone agonists over CPA.

For all, we recommend smoking cessation, weight loss if overweight or obese.

## Body image in transgender people: influence of gender affirming hormonal therapy

### Authors

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### Abstract

Background

The effect of initiation of gender affirming hormone therapy (GAHT) on self-image, psychological well-being and quality of life in transgender people has been widely investigated. To date, the evolution of body image (BI) during the course of GAHT, as well as the specific concerned physical features subject to changes in BI have not been identified. In addition, the timing of occurrence of changes in BI and differences between transgender men (TM) and transgender women (TW) remain to be unraveled. Moreover, correlations with hormonal levels have not been investigated. The current study assessed the evolution of BI and associated hormone levels in transgender people prior to the initiation of GAHT and after 3, 12 and 24 months of follow-up.

Methods

This prospective multicenter cohort study was part of the European Network for the Investigation of Gender Incongruence (ENIGI). All participants receive a standardized GAHT including regular follow-up visits. GAHT was initiated at baseline: estrogens (oral or transdermal) and anti-androgens (cyproterone acetate 25-50 mg/day) in TW and intramuscular long-acting testosterone undecanoate (1000mg once every 12 weeks) in TM. Serum testosterone and estradiol levels were measured with liquid chromatography-tandem mass spectrometry. BI was surveyed by means of the 30-item body image scale (BIS). Data from 178, 139, 91 and 34 participants were analyzed at baseline, 3, 12 and 24 months of follow-up respectively. All participants were included at the Ghent, Belgium site.

Results

The greatest dissatisfaction at baseline concerns the genitals (scrotum/penis vs. vagina), gonads (testicles vs. ovaries/uterus), breast, voice and hair growth in both groups. BIS sum scores are highest at baseline, 3.27 ± 0.64 and 3.23 ± 0.52 in TW and TM respectively, and decrease during the course of GAHT to 2.83 ± 0.52 in TW and 2.72 ± 0.41 in TM. This reflects an improvement in total BI upon initiation of GAHT. At baseline, TW and TM’s BI differed with respect to 16 features (all p≤0.001). TW

were more dissatisfied with features involving face and hair growth, whereas those involved body shape and muscularity in TM. At 24 months of follow-up, no significant differences were assessed between TW and TM, demonstrating similar (dis)satisfaction in both groups. Sum BIS scores were correlated with estradiol levels in TW (ρ=-0.886; p=0.019) and TM (ρ =0. 552; p=0.027) after 24 months of GAHT.

Discussion

At 24 months of follow-up, higher estradiol levels were correlated with better BI in TW and inversely, lower estradiol levels were correlated with an improved in BI in TM. Surprisingly, no correlations with testosterone levels were found.

Conclusion

BI in TW and TM improves upon initiation of GAHT and differences in BI between groups disappear during transition. In general, the features subject to the most important improvement in BI are situated in the same body regions in TW and TM. Further investigations with respect to associations between BI and hormone levels further in follow-up need to be confirmed in greater cohorts.

## Welcome Address - EPATH President

### Authors

Guy T'Sjoen - Ghent University Hospital

### Abstract

Welcome Address - EPATH Board

## Welcome Address - Conference Host

### Authors

Attila Fazekas - University Hospital Lund

### Abstract

Welcome Address - Conference Host.

## Welcome Address - City of Gothenburg and Region Västra Göteland

### Authors

Håkan Eriksson - Deputy Lord Mayor

Per Tenggren - First Vice President of the Regional Council

### Abstract

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## Experiences of primary care in Sweden & the UK, and suggestions for making it more trans inclusive

### Authors

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### Abstract

In December of 2020, the Knowledge Centre for sexual health in Sweden published a report named "Only go if you absolutely must – transgender peoples experiences of primary health care in Västra Götalandsregionen". The report is based on various participatory methods in which transgender, both binary and nonbinary, people were asked about their experiences with primary health care. 56 binary and nonbinary transgender people aged 15-80 years of age participated. They shared both positive and negative experiences and also came up with suggestions on how primary health care can be made more accessible and inclusive for transgender patients. The report confirms much of the research regarding transgender people's health and experiences with health care. It also gives a unique insight of transgender people's experiences of a specific form of health care in a specific geographical region. None the less, we think that these results and suggestions are of interest both nationally and internationally with reference to the fact that they confirm what we know about the target groups health and lack of trust for health care. To include suggestions for change from the target group themselves is also unique.

In the UK, appropriate, competent and quality primary care services are understudied (Edmiston et al., 2016) and to our knowledge in the UK particularly scarce for trans and gender diverse children's healthcare. However, trans and gender diverse children's personalized, routine and gender related primary and secondary healthcare needs manifest varying quality experiences. Moreover, because of the service relationships inherent in caring for trans people - primary care, gender identity services, and Adolescent Mental Health Services (CAHMS) - quality healthcare must be understood through the conceptual framework of shared care. The quality of personalized, routine and gender related primary healthcare needs and shared cared requires more understanding. Through an online survey disseminated through Mermaids in the UK, we reached 127 parents/carers and 78 youth who were 12 to 19 years old. The following research questions were addressed: 1) What are the experiences of transgender children, young people and their families in relation to GP support? 2) How do patient's perceive GP's knowledge of gender identity and relevant medical pathways? 3) How do patient's perceive GP's attitude towards transgender patients? 4) What are the key areas for improvement within primary care in relation to gender related primary (and shared) care?

During this round table, Tanya Charif from the Knowledge Centre for Sexual Health, Västra Götalandsregionen, and Zowie Davy from De Montfort University will give a brief summary regarding their methods and results of the inquiries made, and on the participants' suggestions for change, with examples and explanations. They'll discuss what shared care is, and best practice on how this can look like.

## An investigation of self-medication among gender-diverse individuals: comparison between a clinical sample and a survey sample

### Authors

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### Abstract

**Background:**

The proportion of the Danish adult population self-identifying as gender diverse, is estimated to be 0.54%, according to the large population-survey Project Sexus (Frisch M. et al., 2019). Of these, a certain proportion seeks gender-affirming treatment including taking hormonal medications. This has been reported in the literature to also happen outside of the established national healthcare systems through self-medication for various reasons. The lack of medical supervision can become problematic because of possible health risks associated to the improper use of medication.

The extent to which Danish gender diverse individuals (GDI) self-medicate was unknown, so we have investigated the prevalence of the phenomenon in a clinical sample and a survey sample. Our objective was, moreover, to examine possible significant differences between the subgroup of GDI that seek assessment and gender-affirming treatment, and the general population of GDI, of whom some might seek treatment, and some might not.

**Methods:**

Data regarding the clinical sample (CS) were collected from records of all the GDI treated at our clinic in 2017. The survey sample (SS) comprised the GDI who answered the questions about self-medication in a larger group of respondents to an internet-based survey carried out in 2019.

**Results:**

Our CS included data collected from 115 individuals, while the number of individuals in the SS was 171. The rates of self-medication were 19.1% in the CS and 22.2% in the SS, with no statistically significant difference found. No significant differences were registered between the two samples in age (age ranging between 17-72, 26 being the median age in both samples). Neither was there any significant difference in the reported age at onset of the incongruence between assigned sex at birth and gender identity, as experienced by the individual (median age of 10, with the age-intervals ranging between 3-30 in the CS and 2-55 in the SS).

Among individuals who self-medicated, there was a majority of assigned male at birth (AMAB) in both samples (72.7% in CS v. 92.1% in SS, no statistically significant difference). No statistically significant differences were found in self-medication stratified by assigned sex at birth. The proportion of individuals assigned female at birth (AFAB) that self-medicated was 14% in the CS v. 4.3% in the SS. The proportion of self-medicating AMAB was 22.2% in the CS v. 34.7% in the SS.

There was a statistically significant difference concerning the source of self-medication. 9.5% in the CS v. 76.3% in the SS procured self-medication from the internet. Other common sources were foreign clinics, another GDI and the pharmacy.

Within the SS, 18.9% of those who self-medicated hadn´t gotten assessment for Gender Incongruence or any previously used diagnostic category. Only 3.8% of those who didn´t self-medicate hadn´t gotten the assessment either. This difference was statistically relevant. Around 93% of both subgroups reported to have completed the diagnostic assessment.

**Conclusions:**

While there are very few differences between the two samples, around a fifth of the GDI included have self-medicated. Overall, self-medication reflects an unmet need in the healthcare system.