Advancing Transgender and Gender Diverse People’s Visibility and Inclusion towards Data Accuracy in Oncology

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Pronouns: she/her/hers

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Pronouns: they/them/their
Thank you

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• Wilmot Cancer Institute, Community Outreach and Engagement Pilot Funding Award, “Leveraging Rural/Urban Diversity to Identify a Molecular Role of Pesticides in Lymphomagenesis”
Objectives

• Describe the exclusion of transgender and gender diverse (TGD) people and the health sequelae of exclusion

• Describe conceptual frameworks (linguistic and systemic) to addressing health disparities by enhancing visibility and inclusion

• Identify some key steps for cancer centers to take towards inclusive care
Don’t Erase Trans People
What are the sequelae of erasure?

Nearly ½ of transgender people will attempt suicide in our lifetimes.

1 transgender person is murdered every 3 days.

Balzer, Preliminary results of a new trans murder monitoring project shows more than 200 reported cases of murdered trans people from January 2008 to June 2009. 2009.
Systemic oppression $\rightarrow$ Cancer disparities

Invisibility $\rightarrow$ Data inaccuracies & substandard care

Stigma $\rightarrow$ Poor experiences & outcomes
# Key Terminology

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ+</td>
<td>Lesbian, gay, bisexual, transgender, queer / questioning plus is often used as an umbrella term.</td>
</tr>
<tr>
<td>Sexual and Gender Minorities (SGM)</td>
<td>Similar to LGBTQ+, sexual and gender minorities is used as an umbrella term meant to encompass all people who are not heterosexual or cisgender (see below).</td>
</tr>
<tr>
<td>Transgender</td>
<td>Someone whose gender differs from that commonly associated with their sex-assigned-at-birth</td>
</tr>
<tr>
<td>Cisgender</td>
<td>Someone whose gender is the same as is commonly associated with their sex-assigned-at-birth</td>
</tr>
<tr>
<td>Transgender man</td>
<td>A man who is transgender</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>A woman who is transgender</td>
</tr>
<tr>
<td>Non-binary</td>
<td>A person who is not simply a man or a woman</td>
</tr>
</tbody>
</table>
Key Concepts: Sex, Gender, & Sexual Orientation

• **Sex-assigned-at-birth**: Identification made by viewing the external genitalia of a baby. (Often...midwife, nurse, physician)

• **Gender**: Someone’s sense of themselves as a man, woman, masculine, feminine, none of those, or more than one of them. This can include identity and expression.

• **Sexual Orientation**: Comprised of an individual’s sexual attraction, identity, and behavior which may or may not align. Some are: asexual, bisexual, pansexual, gay, lesbian, and straight among others.

    Sex-assigned-at-birth and gender are often mistakenly used interchangeably and inappropriately used to assume sexual orientation.
Epidemiology

• In the US: 7% of adults including 20% of Gen-Z are LGBTQ+, >20 million people
  • 4% are bisexual
  • 1% are gay
  • 1% are lesbian
  • 1% are transgender

LGBT Identification in U.S. Ticks Up to 7.1% (gallup.com)
Epidemiology

At least 1.8 million 1 in 50 are T (Gen Z)

TGD status is not unique to a particular age, race/ethnicity, income bracket, or education level.
Transgender people experience violence which may increase cancer morbidity and mortality

Drop out
Incarceration
Unemployment
Homelessness
Poverty
Violence

Decreased health care access
Participation in underground economy
HIV
Distress and mental illness

Transgender people face barriers to care including:

• 1 in 3 had **negative experiences** with physicians in the last year
• 1 in 4 avoided needed health care due to fear of mistreatment
• 1 in 3 could not afford health care

Jackson et al., Cancer Stage, Treatment, and Survival Among Transgender Patients in the U.S. JNCI, 2021
Guidelines Change Experiences and Outcomes

- Guidelines
- Research
- Clinical practice & institutional policies
- Improve experiences & outcomes
Creating Welcoming Spaces

Question is: How can you signal to TGD people that you are a safe person with whom they can see and disclose their identity and experience?

Consider in your practice:
What happens when patients come in the door?
What happens behind closed doors?
What happens between the doors?
What happens to open doors?

What patients are seeing, will they be protected?

Berrahou et al. Representation of Sexual and gender Minority People in Patient Nondiscrimination Policies of Cancer Centers in the U.S., JNCCN, 2022
What are the experiences of transgender people with and without cancer?
Oncology facilities may be exclusive

Alpert, et al, I’m not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021
Oncology facilities may be exclusive

Alpert, et al, What lesbian, gay, bisexual, transgender, queer, and intersex people want doctors to know and do, Journal of Homosexuality, 2017
Oncologists’ language may be exclusive

Alpert, et al. I’m not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021
Oncologists’ language may be exclusive

Oncologists may see anatomy & physiology as truth
Oncologists’ language (in documentation) may erode relationships with patients

Alpert et al, Experiences of transgender people reviewing their electronic health records: Insights to avoid harm and improve patient-clinician relationships, a qualitative study, JGIM, in press

Goddu et al, Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record JGIM, 2018
Oncologists’ actions may also worsen rapport

Alpert, et al, I'm not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021
Oncology May be Missing the Mark

Alpert, et al, I’m not putting on that floral gown: Enforcement and resistance of gender expectations for transgender people with cancer, Patient Education and Counseling, 2021
Does hormone therapy increase risk of breast cancer?

We don’t know but…

“Transgender women … have a 47-fold higher risk for developing breast cancer…”

But, compared to whom?
Does hormone therapy decrease risk of prostate cancer? **We don’t know but...**

"...the prostate cancer risk was considerably lower than in Dutch cis males (SIR 0.20, CI 0.08-0.42).” **One study doesn’t do it.**
Oncology May Be Missing the Mark: What are the lab targets for transgender people?

Research is often based on gender/sex

• Gender / sex are conflated for people assumed to be cisgender.

• Gender listed in patients’ charts is related to registration and other logistical factors.

Roberts et al, Interpreting laboratory results in transgender patients on hormone therapy, Am J Med. 2014

Alpert et al, Experiences of transgender people reviewing their electronic health records: Insights to avoid harm and improve patient-clinician relationships, a qualitative study, JGIM, in press
Oncology May Be Missing the Mark: How do we dose carboplatin?

- Carboplatin dosing is based on research done by sex/gender on people assumed to be cisgender.
- Unclear how pharmacokinetics translate to transgender people.

SoRelle et al, Impact of Hormone Therapy on Laboratory Values in Transgender Patients, Clin Chem. 2019
Are systems supporting or hindering care for TGD people?

Conceptual Frameworks – Individual Level

• Every person has a:
  • Set of organs
    • At birth
    • Currently
  • Gender identity
  • Sexual orientation

• Every person needs a consideration of:
  • PMH, PSH, Meds, Family Hx, Social Hx, Sexual Hx, OBGYN/Family Building
  • These impact prevention, diagnosis, survivorship
What are potential future steps we could take?

- Clinical Care
- Research
- Education
- Advocacy

### Neoadjuvant & Adjuvant Abiraterone Acetate & Apalutamide Prostate Cancer Undergoing Prostatectomy

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male ≥ 18 years of age</td>
<td>Prior hormone therapy for prostate cancer including orchietomy, antiandrogens, estrogens</td>
</tr>
<tr>
<td>Participants must agree to use a condom if having sex with a woman of childbearing potential</td>
<td>Current infection such as HIV</td>
</tr>
<tr>
<td>ECOG 0-1</td>
<td>Major surgery or radiation within 30 days</td>
</tr>
</tbody>
</table>

What is the meaning of "sex" and "woman"?

Who is being excluded?

What about estrogens for transition?

What about women?
NCCN Ovarian Cancer Guidelines

• The word “women” appears 100 times, 41 of which are in citations.

The concern for risk-reducing salpingectomy alone is that women are still at risk for developing ovarian cancer. In addition, in premenopausal women, oophorectomy reduces the risk of developing breast cancer but the magnitude is uncertain (p. 4).

• The word “female” appears 7 times, all of which are in citations. WHO Classification of Tumours of Female Reproductive Organs (p. 31)

Robert Eads, died of ovarian cancer, age 54
Prostate Cancer Guidelines

• The word “men” appears 472 times. “ADT is the gold standard for men with metastatic prostate cancer (p. 44).”

• The word “male” appears 12 times. “Researchers estimate prostate cancer will account for 10.4% of male cancer deaths in the United States in 2020… (p. 56)”

How do these guidelines and images influence screening and care for women like Sally?
Potential Practical Alternatives

The concern for risk-reducing salpingectomy alone is that women \textit{people with at least one ovary} are still at risk for developing ovarian cancer. In addition, in \textit{people who menstruate} \textit{premenopausal women}, oophorectomy reduces the risk of developing breast cancer but the magnitude is uncertain (p. 4).

\textit{ADT is the gold standard for men \textit{people} with metastatic prostate cancer} (p. 44).
Inclusive? Exclusive?
Think: race/ethnicity, skin color, age, gender, ability, size…

Those with ovaries
Those who can have children pregnancy test before starting Cancer treatment can hurt the or get pregnant during treatment. birth control to prevent pregna after treatment is recommended, so ask birth control may not be recommended, so ask your doctor about options.

Those with testicles
Cancer and cancer treatment can damage sperm. Therefore, use contraception (birth control) to prevent pregnancy during and after cancer treatment. If you think you want children in the future, talk to your doctor now. Sperm banking is an option.
Thought experiments in your setting

• What elements of the visuals in your clinical settings promote inclusion and in what domains? (race/ethnicity, skin color, age, gender, ability, size)

• What elements of images, decorations, signage etc. promote exclusion and in what domains? (race/ethnicity, skin color, age, gender, ability, size)
"As soon as [a transman I know] talked about his gender experience with his gynecologist, they were very careful to not use gendered language during the exam. It was all very matter of fact and they actively took steps to minimize any chest exposure, referring to the chest tissue as “breasts,” and things of that nature."

- Indigenous, queer, transgender man

Alpert et al, What Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Patients Say Doctors Should Know and Do: A Qualitative Study, J Homosex, 2017
Next Steps for Yale Cancer Center To Take?

- Provide SGM cultural humility training to oncology clinicians.
- Ensure non-discrimination policies cover gender identity.
- Make gender-neutral bathrooms available.
- Ensure gender-neutral clinics names, clothing, and wigs available
- Ensure patient-facing materials (educational pamphlets, website, etc) are gender-inclusive.
- Ensure clinical trial inclusion & exclusion criteria are inclusive
- Others???
EMR Best Practices

- Document name, gender, pronouns correctly and consistently.
- Avoid words like “preferred” or “identifies as” when describing a patient’s gender, pronouns, or name.
- Avoid words or phrases like “disturbed” or “hostile,” which may communicate stigma or blame.
- Avoid mentioning sex assignment or “biological sex.”

Alpert et al JGIM, in press
Some Next Immediate Steps for Individuals

1. Introduce yourself using your name, pronouns *(see homework slides, resources sheet)*
2. Use gender neutral terminology clinically *(e.g., person with breast cancer)*
3. Take some of these free trainings:
   - Fenway Institute  [https://www.lgbthealtheducation.org/](https://www.lgbthealtheducation.org/)
   - UCSF Center of Excellence for Transgender Health  [https://prevention.ucsf.edu/transhealth/education](https://prevention.ucsf.edu/transhealth/education)
   - Resources sheet
4. Examine your intake forms, note templates, and patient instructions:
   - change she/her → patient & - change women → people
   - use medically accurate terms, not “biological” mother versus, egg source/uterus source/sperm source (not “Father of the Baby”, “Husband”) *etc.*
5. Add your pronouns to your email signature
6. Take action in civic and political spaces, political influence health care and vice versa
Some Next Immediate Steps for Institutions

1. Board and Senior Management are Actively Engaged
2. Policies Reflect the Needs of SGM People
3. All Staff Receive Training on Culturally Affirming SGM Care
4. Processes & Forms Reflect the Diversity of SGM People & their Relationships
5. Data is Collected on Sexual Orientation & Gender Identity
6. All Patients Receive Routine Health Histories that reflect diversity in sexual orientation and gender identity
7. Clinical Care and Services Incorporate SGM Health Care Needs
8. The Physical Environment Welcomes and Includes SGM People
9. SGM Staff are Recruited and Retained
10. Outreach Efforts Engage SGM People in Your Community

National LGBT Health Education Center, Fenway Institute, Makadon, Webinar, 10 Things: Providing an Inclusive and Affirming Health Care Environment for LGBT People
Trainings & Resources

Colors Training: https://colorstraining.org
Welcoming Spaces: https://www.sgo.org/welcomingspaces
George Washington: https://cancercenter.gwu.edu/training-and-education/professional-education/team-together-equitable-accessible-meaningful
National LGBT Cancer Network: https://cancer-network.org/
Legislators in a record 34 states introduced 147 anti-transgender bills in 2021, focusing on discriminatory anti-equality measures to drive a wedge between their constituents and score short-term political points.

The Idaho House approved legislation 3/8/22 that makes it a felony for a doctor to provide age-appropriate, medically-necessary, best practice gender affirming care for transgender children. H.675 now heads to the Idaho Senate for further consideration.
The PRIDE Study

Population Research in Identity and Disparities for Equality

- National, online, longitudinal cohort study of LGBTQ+ people
- Designed for and by LGBT+Q people
- Web Based
- State-of-the-art participant management system
- 22,800+ participants since May 2017

www.pridestudy.org
Questions?
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Ash B. Alpert MD MFA: ash_alpert@brown.edu

Evaluation URL Link:
https://tinyurl.com/4z7zdbtr
Homework & Resources
Creating Welcoming Spaces
Create a Welcoming Interpersonal Environment

Welcoming Interpersonal Environment
• Use chosen name, respect pronouns*
• Hire SGM staff*
• Avoid assumptions*
• Use participants’ own terms
• Don’t ask questions out of curiosity
  • Sex life, gender-affirming surgery plans
• Don’t perform unnecessary examinations
• Explicitly give permission for participant to opt out of answering questions
• Acknowledge and apologize immediately for mistakes

* more detail on upcoming slides
We use pronouns every day to refer to others. Example pronoun sets:
he/him/his
she/her/hers
they/them/theirs

People use pronouns that may reflect their identities.

• Some use “they/them/theirs” because it does not have a typical feminine/masculine connotation like “hers” and “his.”

• Some choose to use no pronouns and instead use their name. *Example*: “When is Mitch’s birthday?” instead of “When is his birthday?”

• Pronouns are **not** the same as gender. Just because someone uses “he/him” pronouns doesn’t mean that he identifies as a man.
Pronouns and Chosen Name

Always use **chosen name** and **respect pronouns**.

Chosen name may differ from legal name - system should shift, not people.

Just because someone ‘looks’ like a man doesn’t mean they want to be addressed as “Mr. Gupta.”

Meet Andre: She is a dog owner. The dog loves playing catch with her. The dog is hers.

Meet Pat: He is a student. Schoolwork is interesting to him. Math is a favorite subject of his.

Meet Jessie: They are a doctor. Being a doctor is important to them. Pediatrics is a specialty of theirs.
Sharing YOUR Pronouns

Share your own pronouns, then invite others to share!

“Thank you for coming in to our clinic today. My name is Juno, and I’ll be helping you with registration today. I use the pronouns “she, her, and hers.” Which pronouns do you use?”

• Remember that not everyone may feel comfortable sharing
• Remember that not everyone may understand what you are asking

Other Ways to Share Your Pronouns

• Wear a pronoun sticker or button to show that pronouns matter
• Include pronouns in your introduction in meetings/conference calls
• Include pronouns in e-mail signature
Include SGM People on Staff
Things to Avoid

- Do not use the word “transgender” as a noun, it is an adjective.
  - She is a transgender woman.
    - **Not**: She is a transgender.

- Do not add “-ed” to “transgender.” (Adding -ed creates a participle, which can only be done to verbs; “transgender” is an adjective.)
  - She is a transgender woman.
    - **Not**: She is a transgendered woman.

- Do not use the pronouns that you think someone uses based on their name, physical appearance, etc.
  - Ask instead.

- While trying to be supportive, avoid exclamations of surprise when people come out to you.
  - “Oh! I never would have known!”
  - “My barber’s niece, I mean nephew, is also transgendered.”
  - “My cousin is transgender too!”
Things to Do

• **Thank** SGM people for expressing interest/participating in your clinic.

• Provide **comfort** to SGM people who may be struggling with their identity. Know about local SGM resources.

• **Recognize** the sensitive nature of conversations about sexual orientation and gender identity that may come up clinical.

  • People accompanying participants to a clinical visits may be partners, family, friends, etc.

  • Participants may disclose their gender identity to clinical or administrative staff that may be different from their gender expression.
Create a Welcoming **Physical** Environment

Welcoming Physical Environment

- Images
- Symbols of SGM communities
- SGM-competent forms
Represent the Communities in Images
SGM Symbols

LGBTQ+ Flag
Trans* Flag
Bisexual Flag
Asexual Flag

Pronoun Stickers

Pack 1
1 inch circle

SHE
HE
THEY
ASK

Pack 2
1.5 inch circle

SHE
HE
HER
HIS
THEY
THEIR
ASK
XE
XER
XYRS
ZHER
HIR

…and many more!
M, F or X? Added Option Makes States Rethink Nature of Gender

• The expansive conception of gender that many teenagers recognize is being scrutinized on a new scale.
• Bills to add a nonbinary marker to driver’s licenses are moving through multiple state legislatures in the U.S., bringing a fraught debate.

El Martinez, 17, at their home in Massachusetts. They wrote to their state representatives requesting a gender-neutral option for identity documents. Tony Luong for The New York Times
Culturally Competent Forms

Create Welcoming SGM forms

• Avoid using “gendered” terms
• Use blank for participants/patients to use their own words whenever possible
• Include items that will help you better interact with participants without damaging assumptions
  • What are your pronouns?
  • What name do you go by?
  • How would you like us to refer to you today?
Culturally Competent Forms and Information

Oops!
This form is “gendered.”
What about SGM people who don’t identify as a “woman” or “man”?*

Possible Solution
“These apply to everyone.”

---

*The slide contains a form with questions about gender identity and the Body Mass Index (BMI) groupings. The form is noted to be gendered, and the slide suggests a possible solution stating, “These apply to everyone.”
Create a Welcoming Telephone Environment

Welcoming Telephone Environment
• Similar to in-person interactions… but…
  • No forms to collect information
  • No body language
• Use chosen name and respect pronouns
• Avoid assumptions
• Do not use “ma’am” and “sir”
  • Especially based only on voice
• Ask how caller prefers to be called
• Acknowledge and apologize immediately for mistakes
• Harder to recognize mistakes
Use Pre-Written Scripts to…

- Provide a uniform experience for all
- Gather information that can make your setting more welcoming to SGM people
  - Chosen name
  - Pronouns
  - How they wish to be called
- Ask questions that you may be uncomfortable asking
Video

• One-minute video demonstrating a largely positive experience checking in at front desk
• While shown in a clinical setting (gynecology clinic), interaction principles of being welcoming, non-judgmental, and appropriate are applicable to other clinical and investigational settings.
• Efforts to make sure participant feels comfortable
• What factors contributed to the patient feeling welcomed by the receptionist?

• Are there other things that could have been done to make this patient feel welcomed?
Scenario 1: Misgendering

- A transgender woman named Michelle Smith comes in to enroll in your clinic.
- Michelle’s pronouns are she/her/hers.
- She has just started social transition. For her, this includes using the name Michelle and having a feminine gender expression (i.e., the way she appears).
- She has not changed any legal documents or her medical record at the clinic. These still refer to her by her old name and have her gender listed as “male.”
Scenario 1: Misgendering

- Sitting in the waiting room, the staff call out the name “Michael Smith.” Michelle is embarrassed and reluctantly stands up to follow the staff member to the exam room.
- On the way to the exam room, the staff member says to another, “I’m just gonna get him settled in a room and then I’ll return Dr. Pope’s call.”

Let’s debrief this scenario…
Discussion

• What are some possible reasons that Michelle felt embarrassed?

• What things could have been done to make this experience more welcoming for transgender participants?
In the exam room, Michelle reluctantly discloses that she is a transgender woman uses the name Michelle (not Michael), and her pronouns are she/her/hers.

• What should the staff member do now?
HOMEWORK
(So...how do you ask that?)
“Sex is what’s between your jeans/genes. Gender identity is what’s between your ears.”
Where to ask?

- In-person
  - Initial visit: getting to know the patient, living situation
  - Sexual history if appropriate to complaint
- Intake or Pre-appointment questionnaire
- Patient-reported into electronic health record

Particular Concerns to address?

- Should I Include it in the (electronic) medical record?
- Can I ensure confidentiality?
  - What if medical record is sent out to another facility?

Deutsch et al., J Am Med Inform Assoc. 2013; 20:700-3
Consider all the points where to ask.
How to ask? (1)

There is no CORRECT way to ask.
We provide only examples here.
Make NO assumptions.
Ask patient when/if appropriate.

Special Considerations
• Setting (e.g., inpatient, outpatient, ICU, home, SNFs)
• Acuity
• Age
• Condition
• Culture race/ethnicity
• Religion
• Family structure / third parties
• Institutional policies and state laws
Gender Identity
• “I also talk to my patients about their gender identity. Do you know what I mean by that?”
• “Some people may feel like their physical bodies do not match with the gender they most identify. Knowing your gender identity also will allow me to care best for you.”
• Ask about pronouns.

Documentation
• “Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the hospital.”
# Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
<td>She is speaking. I listened to her. The backpack is hers.</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
<td>He is speaking. I listened to him. The backpack is his.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>Themselves</td>
<td>They are speaking. I listened to them. The backpack is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir/Zir</td>
<td>Hirs/Zirs</td>
<td>Hirself/Zirself</td>
<td>Ze is speaking. I listened to hir. The backpack is zirs.</td>
</tr>
</tbody>
</table>

For more information, go to transstudent.org/graphics
How to ask? (4)

- Use **gender neutral** language.
- “Tell me a little about your living situation.” OR “Can you tell me a bit about your partner(s)?”
- “Are you in an intimate / sexual relationship?”
- Ask the patient how they would like to be referred to and/or how to refer to partner(s).
- Respect pronouns.
“Like the questions I asked about tobacco, alcohol, and other drugs, I would like to ask some more questions that I ask of all my patients. These ones are about your sexual activity, sexual health, and identity.”

“Are you sexually active?”

“Are your partners men, women, or both?” vs. “What genders are your partners?” (this is preferred)

“Knowing about your sexuality will help me better care for you…”
Closing

• “Do you have any concerns or questions today?”
### How to ask? Get comfortable with terms (6)

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Body Part</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Vulva</td>
<td>Cunnilingus (“eating out”)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Penis</td>
<td>Fellatio (“blow job”)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Anus</td>
<td>Anilingus (“rim job”)</td>
</tr>
<tr>
<td>Finger</td>
<td>Vagina</td>
<td>Fingering</td>
</tr>
<tr>
<td>Finger</td>
<td>Anus</td>
<td>Fingering</td>
</tr>
<tr>
<td>Vulva</td>
<td>Vulva</td>
<td>Scissoring (“polishing mirrors” “bumping fur”)</td>
</tr>
<tr>
<td>Penis</td>
<td>Vagina</td>
<td>Intercourse</td>
</tr>
<tr>
<td>Penis</td>
<td>Anus</td>
<td>Anal intercourse</td>
</tr>
</tbody>
</table>

... And many more... 😊
Specific Interview Tips

- Use language **free of assumptions**
  Instead of “How many I help you ma’am”, “How may I help you?”
  Instead of: “Do you have a husband” or “What birth control do you use?”
  - Try: “Are you in a relationship?”
  - “[A]re you interested in becoming a parent someday?”
  - “[H]ave you thought about how you would like to become a parent?”

- Ask about **specific sexual activities** in a direct, non-judgmental manner to assess for high-risk behavior.

- Normalize discussion of often **stigmatized** content
  (e.g., “atypical” sex practices, gender identity and expression)

- Encourage patients to obtain legal documents that **specify who can make medical and/or legal decisions** for them in accordance with state laws
Components of History Forms (1)

- What is your **current gender** (check all that apply):
  - Woman
  - Man
  - TransFemale / Trans woman
  - TransMale / Trans man
  - Genderqueer / gender non-binary
  - Additional category (please specify): ______________
  - Decline to State

- What **sex were you assigned** at birth:
  - Female
  - Male
  - Decline to State

- What is your **preferred name** and **what pronouns** do you prefer (e.g. she/her, he/him, they/their)?: ______________
• Please describe your **sexual orientation**? ___________

Or

• Do you **think of yourself** as:

  - Lesbian, gay or homosexual
  - Straight / heterosexual
  - Bisexual
  - Queer
  - Additional category (please specify): ____________
  - Decline to State

• Are you attracted to (check all that apply):
  __ Men  __Women  __Transgender Men  __Transgender Women  __Another (please describe)

• Have you had sexual contact with (in the last 12 months) (check all that apply):
  __ Men  __Women  __Transgender Men  __Transgender Women  __Another (please describe)

• Please describe any sexual concerns you may have. ________________
Components of History Forms (3)

- **When you have sexual contact, do you have (check all that apply):**
  - ___ Oral-Genital Contact  ___ Genital-Genital Contact
  - ___ Genital-Anal Contact  ___ Oral-Anal Contact

- Do you use protective barriers (eg. condoms or dental dams) in the following sexual contact situations? Write in yes (Y) / no (N) / not applicable (N/A):
  - ___ Oral-Genital Contact  ___ Genital-Genital Contact
  - ___ Genital-Anal Contact  ___ Oral-Anal Contact

- **What are the gender(s) of the people you are having sex with?**

- **How many sexual partners have you had in the last year?**
Transgender Healthcare Curriculum

Training Modules: Improving Ob/Gyn Care for Transgender and Non-Binary Individuals

Transgender, non-binary and gender non-conforming individuals often face discrimination in health care settings. Research shows that many are unable to find competent, knowledgeable and culturally-competent health care.

To assist faculty and staff, we created modules to prepare obstetricians and other providers to better care for transgender, non-binary and other gender diverse people.

These modules were developed and produced by Stephanie Stroumsa, in collaboration with physicians and activists across the country and with the support of Michigan Medicine and the Council on Resident Education in Obstetrics and Gynecology (CREOG). Dr. Stroumsa is a fellow in the National Clinician Scholars Program and in the department of Obstetrics and Gynecology at the University of Michigan.

1. Gender identity and care of transgender and gender non-conforming patients
2. Preventative care for transgender and gender non-conforming patients
3. Gender affirming treatment & transition related care
4. Addressing common gynecologic issues among transgender patients
5. Health records, billing, insurance, and legal documents in transgender medicine

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ACOG Resources:
Developed by Dr. Stroumsa
Five videos (~15 mins each)

About 1 hour and 15 minutes TOTAL
- Great for personal development
- Staff, faculty, trainees
1. Introduction to Gender Diversity
2. Mental Health for the Adult Transgender Patient
3. Mental Health for the Child and Adolescent Transgender Patient
4. Disorders of sexual Development
5. Hormone Treatment for the Adult Transgender Patient
6. Overview of Surgery for Transgender Patients
7. Facial Feminization Surgery and Facial Gender Confirming Surgery
8. Breast and Chest Surgery for Transgender Patients
9. Genital Gender Confirming Surgery for Patients Assigned Male at Birth
10. Genital Gender Confirming Surgery for Patients Assigned Female at Birth
11. Primary and Preventative Care for Transgender Patients
12. Gynecological Care for Transgender Patients
13. Hysterectomy for Transgender Men
Providing Affirmative Care for Patients with Non-binary Gender Identities

Understanding the Health Needs of LGBT People

March 2016

Stanford Medicine
The Fenway Institute has also produced “Why Gather Data on Sexual Orientation and Gender Identity in Clinical Settings” and “How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings”
Additional Resources
transhealth.ucsf.edu/video/story.html