## MidAtlantic AIDS Education and Training Center Trans Men - Health Screening Recommendations

In all primary care settings it is essential that patients are assured privacy in the clinical encounter. Introduce yourself as well as other clinicians and students who may be in the room. If the patient objects to others in the room, then respect their wishes.

The following screening activities are recommended for transgender men (sometimes referred to as FTM) and are based on the specific sexual organs present. This is important even if the patient is prescribed hormones for masculinizing hormone therapy.

### **STI and Hepatitis Screening**

The following screenings are recommended based on risk factors determined by asking the patient if they want to be tested, clinical history of multiple sexual partners, sexual partner(s) with STIs, and a high community prevalence of STIs.

### Screening considerations

- 1. Trans men who have sex with men may need more frequent screenings
- Perform multi-site (urethral, oral, rectal, etc.,) testing when appropriate based upon risk and organs present

## Chlamydia and Gonorrhea

 Screenings at least annually for patients 25 yrs or younger and those at increased risk

### **Syphilis**

Screenings at least annually for patients at increased risk

### **Hepatitis C**

 Screen those at increased risk and individuals born between 1945 and 1965 at least once in their lifetime





### **HIV Testing**

# All patients (ages 13-64) in primary care should be offered opt-out HIV testing

- Patient should be informed that HIV testing is offered to all patients
- Patient should be informed that the test will be performed (unless they decline)
- · A separate consent form is NOT required
- If a patient declines or agrees to an HIV test the decision should be documented in the medical record

### Pre-Exposure Prophylaxis (PrEP) for HIV

- FDA approved for individuals weighing at least 35kg
- Counsel patients who are at high risk of HIV infection through sex or injection drug use

### **Pelvic Exams and Pap Smears**

- Note that the use of testosterone use can cause erythema and atrophy
- · Use of a smaller speculum may be indicated
- Use topical anesthetic
- Use a small amount of water-based lubricant on the speculum
- Consider use of self-administered vaginal swab testing for HPV for patients unable to tolerate speculum examination

## Cervical, Ovarian and Breast Cancer Screening Patients who retain a cervix

- Persons 21-65, baseline pap at diagnosis, then at 12 mos; if 3 consecutive normal paps, then every 3 yrs
- Use of testosterone or presence of amenorrhea should be indicated.

## Patients who retain ovaries, uterus, other female sexual organs

- Routine ovarian cancer screening is NOT recommended for any population
- Routine screening for endometrial cancer is NOT currently recommended

## Patients who have breast tissue (even if the patient has had breast tissue removed)

 Breast cancer screening every 2 yrs for average risk individuals ages 50-74

### Musculoskeletal health screenings

- Screenings beginning at age 50 if patient prescribed testosterone for more than 10 yrs
- Screenings beginning at age 60 if patient prescribed testosterone for shorter periods

### **Contraception/Family Planning**

 Trans men with childbearing potential may desire to become pregnant. Clinicians should assess the reproductive goals of the patient.

## **Competency in Health History Taking**

## **Key Points for Clinical Encounters with Trans Men**

- · Ask the patient how they would like to be addressed in conversation
  - Use patient preferred pronouns (he, she, they) and/or names
  - · Apologize if the wrong name or pronoun is used
  - Continue to use the patient's preferred name and pronouns, even when they
    are not present
- · Risk assessments should be based on patient sexual and psychosocial history
- · Ask the patient about history of trauma which may put the person at risk
  - · Make referrals as needed
- · Ask the patient about sexual function and satisfaction
  - · Make referrals as needed
- DO NOT assume that a patient is high risk because of their gender identity

## **Best Practices for Affirming Care**

- · Train all staff annually and train new staff within 30 days of hire
  - · Focus on the entire treatment team including clerical and fiscal staff
- Always focus questions that are related to providing inclusive, quality care
- Update policies on restroom usage or have single occupancy or all-gender multi-stall restrooms
- · Include "gender identity and expression" in non-discrimination policies
- Be knowledgeable of county and state policies, ordinances, and laws related to LGBTQ patients
- Review policies and procedures to increase comfort and privacy for all patients

## **Best Practices for Taking a Sexual Health History**

- · Create pauses to allow the patient to ask their own questions
- · Reinforce healthy sexual practices
- Frame questions in a way that supports risk reduction
- Be aware of the body language and facial expressions of you and your patient

## **Sample Script:**

"Good morning, my name is	and I am a
(discipline). You can call me	How would you like to be
addressed?"	

"Before we begin, are there any issues that are of concern for your health so I make sure we talk about them?"

"The following are questions to assess your sexual health risks. I ask all of my patients regardless of age, gender, or marital status. Is it OK to go ahead and ask you these questions?"

- · When was the last time you had sex?
- How many sex partners have you had in the past week? Past month?
- Can you share the gender of people with whom you're having sex?
- · What kinds of sex are you having?
- · Do you use drugs or alcohol before or during sex?
- · How often do you use a condom during sex?
- When was the last time you were tested for STIs?
- Have you had an STI in the past?

### MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER

University of Pittsburgh, Graduate School of Public Health Department of Infectious Diseases and Microbiology www.maaetc.org

HRSA, HIV/AIDS Bureau, Division of Training and Capacity Development, Grant No. U10HA29295

Please refer to the most recent guidelines.

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#### Resources List:

- U.S. Preventive Services Task Force Published Recommendations
- $\underline{https://www.uspreventiveservices task force.org/Browse Rec/Index/browse-recommendations}$
- University of California, San Francisco Center of Excellence for Transgender Health <a href="http://transhealth.ucsf.edu/trans?page=home-00-00">http://transhealth.ucsf.edu/trans?page=home-00-00</a>
- World Professional Association for Transgender Health (WPATH) https://www.wpath.org/

- $\bullet \, \text{National LGBT Health Education Center} \, \underline{\text{https://www.lgbthealtheducation.org/}} \,$
- The Fenway Institute <a href="http://fenwayhealth.org/the-fenway-institute/">http://fenwayhealth.org/the-fenway-institute/</a>
- A Guide to Taking a Sexual History, www.cdc.gov/std/treatment/sexualhistory.pdf
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm</a>
- Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men-United States, 2017 <a href="https://www.cdc.gov/mmwr/volumes/66/wr/mm6631a3.htm">https://www.cdc.gov/mmwr/volumes/66/wr/mm6631a3.htm</a>