



# Female-to-Male Transsexualism

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# Disclosures

Drs. Sadri and Howards have *no financial disclosures or conflicts of interest* to report relevant to this presentation.

# Learning objectives

After this presentation, the learner should be able to:

- ❖ Understanding the transgender terminology
- ❖ Estimate the population of transgender people in society
- ❖ Apply the latest recommendations for Hormonal and Surgical Therapies for male transgender people



Harry Benjamin

Harry Benjamin International  
Gender Dysphoria  
Association (HBIGDA)



The United States Professional Association for Transgender Health (USPATH)



**USPATH** US PROFESSIONAL  
ASSOCIATION FOR  
TRANSGENDER HEALTH

**SCIENTIFIC SYMPOSIUM**

**November 1-7, 2023**

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## STANDARDS OF CARE VERSION 8

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

# WPATH

## STANDARDS OF CARE

for the Health of Transgender  
and Gender Diverse People

Version

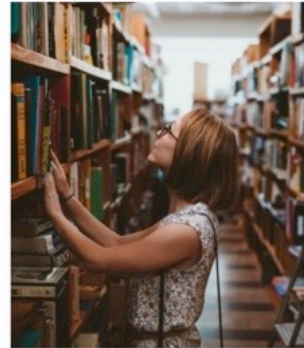
# 8

WPATH.ORG



### HISTORY AND PURPOSE

The field of transgender healthcare is a rapidly evolving interdisciplinary field. The last few years have seen a globally unprecedented increase and visibility of



### ESTABLISHING THE SOC8 REVISION COMMITTEE

The Standards of Care 8 revision started by identifying a multidisciplinary team of clinicians, researchers and stakeholders using a



### METHODOLOGY FOR THE DEVELOPMENT OF SOC8

Following the publication of the SOC8, in the future, unless there is a major need to adapt the entire document, small adaptations/addendums



### SOC8

SOC8 publication is complete. Please follow the link to view the document.

[FAQ's for the SOC8](#)





# Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

The World Professional Association for Transgender Health

7th Version<sup>1</sup> | www.wpath.org

<sup>1</sup> This is the seventh version of the Standards of Care. The original SOC were published in 1979. Previous revisions were in 1980, 1981, 1990, 1998, and 2001.



REPORT

OPEN ACCESS 

## Standards of Care for the Health of Transgender and Gender Diverse People, Version 8

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The overall goal of SOC-8 is to provide health care professionals (HCPs) with clinical guidance to assist **transgender and gender diverse (TGD)** people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment.







The SOC-8 is based on the best available science and expert professional consensus in transgender health. International professionals and stakeholders were selected to serve on the SOC-8 committee. Recommendation statements were developed based on **data derived from independent systematic literature reviews**, where available, **background reviews and expert opinions**. Grading of recommendations was based on the available evidence supporting interventions, a discussion of risks and harms, as well as the feasibility and acceptability within different contexts and country settings.




	<b>Table of contents</b>	<b>Page No.</b>
	Introduction	S5
<b>Chapter 1.</b>	<b>Terminology</b>	<b>S11</b>
<b>Chapter 2.</b>	<b>Global Applicability</b>	<b>S15</b>
<b>Chapter 3.</b>	<b>Population Estimates</b>	<b>S23</b>
<b>Chapter 4.</b>	<b>Education</b>	<b>S27</b>
<b>Chapter 5.</b>	<b>Assessment of Adults</b>	<b>S31</b>
<b>Chapter 6.</b>	<b>Adolescents</b>	<b>S43</b>
<b>Chapter 7.</b>	<b>Children</b>	<b>S67</b>
<b>Chapter 8.</b>	<b>Nonbinary</b>	<b>S80</b>
<b>Chapter 9.</b>	<b>Eunuchs</b>	<b>S88</b>
<b>Chapter 10.</b>	<b>Intersex</b>	<b>S93</b>
<b>Chapter 11.</b>	<b>Institutional Environments</b>	<b>S104</b>
<b>Chapter 12.</b>	<b>Hormone Therapy</b>	<b>S110</b>
<b>Chapter 13.</b>	<b>Surgery and Postoperative Care</b>	<b>S128</b>
<b>Chapter 14.</b>	<b>Voice and Communication</b>	<b>S137</b>
<b>Chapter 15.</b>	<b>Primary Care</b>	<b>S143</b>
<b>Chapter 16.</b>	<b>Reproductive Health</b>	<b>S156</b>
<b>Chapter 17.</b>	<b>Sexual Health</b>	<b>S163</b>
<b>Chapter 18.</b>	<b>Mental Health</b>	<b>S171</b>
	<b>Acknowledgements</b>	<b>S177</b>
	<b>References</b>	<b>S178</b>
	<b>Appendix A: Methodology</b>	<b>S247</b>
	<b>Appendix B: Glossary</b>	<b>S252</b>
	<b>Appendix C: Gender-Affirming Hormonal Treatments</b>	<b>S254</b>
	<b>Appendix D: Summary Criteria for Hormonal and Surgical Treatments for Adults and Adolescents</b>	<b>S256</b>
	<b>Appendix E: Gender-Affirming Surgical Procedures</b>	<b>S258</b>

## TERMINOLOGY

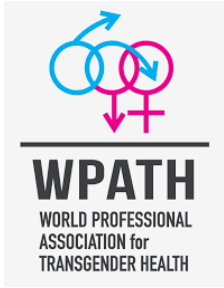


-  **SEX ASSIGNED AT BIRTH:** refers to a person’s status as male, female, or intersex based on physical characteristics. Sex is usually assigned at birth based on the appearance of the external genitalia.
-  **GENDER:** Depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth.
-  **CISGENDER:** refers to people whose current gender identity corresponds to the sex they were assigned at birth.
-  **TRANSGENDER** or **trans:** are umbrella terms used to describe people whose gender identities and/or gender expressions are **not** what is typically expected for the sex to which they were assigned at birth. These words should **always be used as adjectives** (as in “trans people”) and **never** as nouns (as in “transgenders”) and **never** as verbs (as in “transgendered”).

### Transgender and gender diverse (TGD)

-  **GENDER DIVERSE:** is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as **nonbinary**, **gender expansive**, **gender nonconforming**, and others who do not identify as cisgender.





## Statements of Recommendations

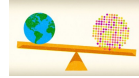
1.1- We recommend health care professionals use **culturally relevant language** (including terms to describe transgender and gender-diverse people) when applying the Standards of Care in different global settings.

1.2- We recommend healthcare professionals use language in healthcare settings that uphold the principles of **safety, dignity, and respect**.

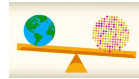
1.3- We recommend health care professionals discuss with transgender and gender-diverse people **what or terminology they prefer**.

# POPULATION

COUNTS ESTIMATES PROJECTIO



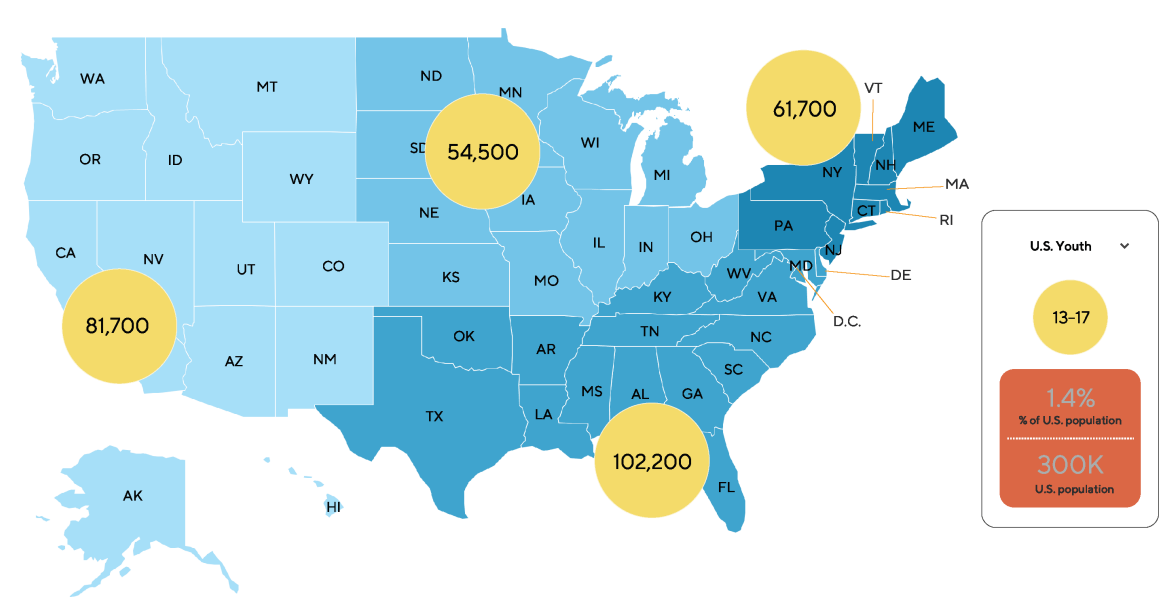
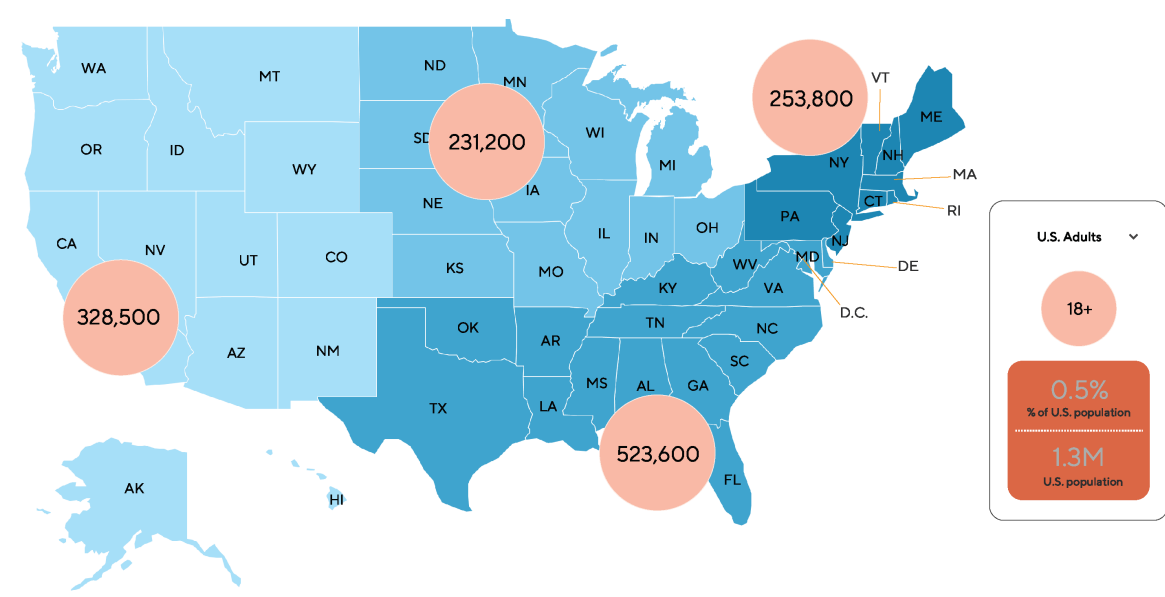
In reviewing epidemiologic data pertaining to the TGD population, it may be best to **avoid** the terms “**incidence**” and “**prevalence**.” Avoiding these and similar terms may preclude inappropriate pathologizing of TGD people.



we recommend using the terms “**number**” and “**proportion**” to signify the absolute and the relative size of the TGD population

## Summary of reported proportions of TGD people in the general population

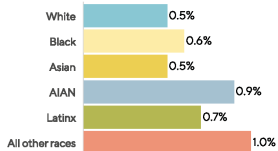
- ❖ Health systems-based studies: 0.02–0.1%
- ❖ Survey-based studies of adults: 0.3–0.5% (transgender), 0.3–4.5% (all TGD )
- ❖ Survey-based studies of children and adolescents: 1.2–2.7% (transgender), 2.5–8.4% (all TGD )



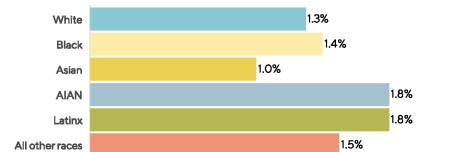
Demographic characteristics

U.S. Adults

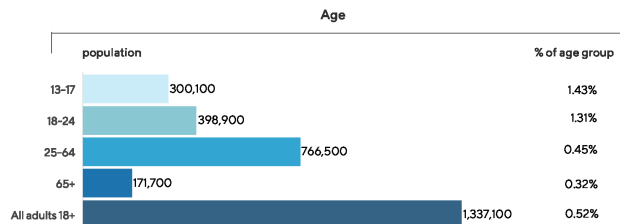
% of race or ethnicity that identifies as transgender (adults)



% of race or ethnicity that identifies as transgender (youth)



# Adult



# Youth



## **Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline**

Wylie C. Hembree,<sup>1</sup> Peggy T. Cohen-Kettenis,<sup>2</sup> Louis Gooren,<sup>3</sup> Sabine E. Hannema,<sup>4</sup> Walter J. Meyer,<sup>5</sup> M. Hassan Murad,<sup>6</sup> Stephen M. Rosenthal,<sup>7</sup> Joshua D. Safer,<sup>8</sup> Vin Tangpricha,<sup>9</sup> and Guy G. T'Sjoen<sup>10</sup>

<sup>1</sup>New York Presbyterian Hospital, Columbia University Medical Center, New York, New York 10032 (Retired); <sup>2</sup>VU University Medical Center, 1007 MB Amsterdam, Netherlands (Retired); <sup>3</sup>VU University Medical Center, 1007 MB Amsterdam, Netherlands (Retired); <sup>4</sup>Leiden University Medical Center, 2300 RC Leiden, Netherlands; <sup>5</sup>University of Texas Medical Branch, Galveston, Texas 77555; <sup>6</sup>Mayo Clinic Evidence-Based Practice Center, Rochester, Minnesota 55905; <sup>7</sup>University of California San Francisco, Benioff Children's Hospital, San Francisco, California 94143; <sup>8</sup>Boston University School of Medicine, Boston, Massachusetts 02118; <sup>9</sup>Emory University School of Medicine and the Atlanta VA Medical Center, Atlanta, Georgia 30322; and <sup>10</sup>Ghent University Hospital, 9000 Ghent, Belgium

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ENDOCRINE  
SOCIETY

# Gender Dysphoria in Adults: DSM V

Synopsis: A marked incongruence between one's expressed gender and one's assigned gender of at least **six months** duration  
AND

Strong desire to:

- Get rid of one's sex characteristics
- Obtain the sex characteristics of another gender
- Desire to be another gender
- Desire to be treated as another gender

# Typical medical note

**HPI:** \*\*\* is a 26 year old transgender male

**Transition began:** YEAR; desired name \*\*\*

**HRT:** yes/no; date begun; regimen past/current

**Surgery:** yes/no; surgery planned/desired: yes/no

**Presentation to you:** Any stage - early (not yet on HRT); On HRT;  
On HRT and top surgery (female)/On HRT and top + bottom surgery

**Social:** current partner, family support yes/no

# Mental Health Evaluation

Guidelines formerly recommended **a letter** from therapist to support the transition process but **no longer** required prior to starting therapy



## Initial Visit

Ask preferred name and USE IT.

Document the preferred name prominently in the chart

EDUCATE your staff to use preferred names and also use as much gender-neutral terminology as possible, “How are you today?” vs. “How are you today, Sir?”

# HORMONAL THERAPY

Transgender men (female-to-male, FTM)



ENDOCRINE  
SOCIETY

## ➤ Goals

- The usual aim of transgender hormone therapy is to induce **physical changes** to match gender identity.
- The treatment goal is to maintain hormone levels in the **normal physiological range** for the target gender.

## ➤ Criteria for starting:

- Persistent, well-documented gender dysphoria/gender incongruence
- Capacity to make a well-informed decision
- Relevant medical or mental health issues are well controlled

## ➤ Testosterone therapy

- IM, SQ
- Oral
- Gel



Induction of male puberty with testosterone esters increasing the dose every 6 mo (IM or SC):

25 mg/m<sup>2</sup>/2 wk (or alternatively, half this dose weekly, or double the dose every 4 wk)

50 mg/m<sup>2</sup>/2 wk

75 mg/m<sup>2</sup>/2 wk

100 mg/m<sup>2</sup>/2 wk

Adult dose = 100–200 mg every 2 wk

*In postpubertal transgender male adolescents the dose of testosterone esters can be increased more rapidly:*

75 mg/2 wk for 6 mo

125 mg/2 wk

Transgender males

Testosterone

Parenteral testosterone

Testosterone enanthate or cypionate

100–200 mg SQ (IM) every 2 wk or SQ (SC) 50% per week

Testosterone undecanoate<sup>c</sup>

1000 mg every 12 wk

Transdermal testosterone

Testosterone gel 1.6%<sup>d</sup>

50–100 mg/d

Testosterone transdermal patch

2.5–7.5 mg/d

# Masculinizing Effects in Transgender

Effect	Onset	Maximum
Skin oiliness/acne	1 to 6 months	1 to 2 years
Facial/body hair growth	6 to 12 months	4 to 5 years
Scalp hair loss	6 to 12 months	—*
Increased muscle mass/strength	6 to 12 months	2 to 5 years
Fat redistribution	1 to 6 months	2 to 5 years
Cessation of menses	1 to 6 months	—†
Clitoral enlargement	1 to 6 months	1 to 2 years
Vaginal atrophy	1 to 6 months	1 to 2 years
Deepening of voice	6 to 12 months	1 to 2 years



ENDOCRINE SOCIETY

## Monitoring of transgender persons on gender-affirming hormone therapy: Transgender males

1. Evaluate patient **every 3 mo in the first year** and then **one to two times per year** to monitor for appropriate signs of virilization and for development of adverse reactions.
2. Measure serum testosterone every 3 mo until levels are in the normal physiologic male range:<sup>a</sup>
  - a. For testosterone enanthate/cypionate injections, the testosterone level should be measured midway between injections. The target level is 400–700 ng/dL to 400 ng/dL. Alternatively, measure peak and trough levels to ensure levels remain in the normal male range.
  - b. For parenteral testosterone undecanoate, testosterone should be measured just before the following injection. If the level is <400 ng/dL, adjust dosing interval.
  - c. For transdermal testosterone, the testosterone level can be measured no sooner than after 1 wk of daily application (at least 2 h after application).
3. Measure **hematocrit or hemoglobin** at baseline and every 3 mo for the first year and then one to two times a year. Monitor weight, blood pressure, and lipids at regular intervals.
4. **Screening for osteoporosis** should be conducted in those who stop testosterone treatment, are not compliant with hormone therapy, or who develop risks for bone loss.
5. If cervical tissue is present, monitoring as recommended by the American College of Obstetricians and Gynecologists.
6. Ovariectomy can be considered after completion of hormone transition.
7. Conduct sub- and periareolar annual breast examinations if mastectomy performed. If mastectomy is not performed, then consider **mammograms** as recommended by the American Cancer Society.

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<sup>a</sup>Adapted from Lapauw *et al.* (154) and Ott *et al.* (159).

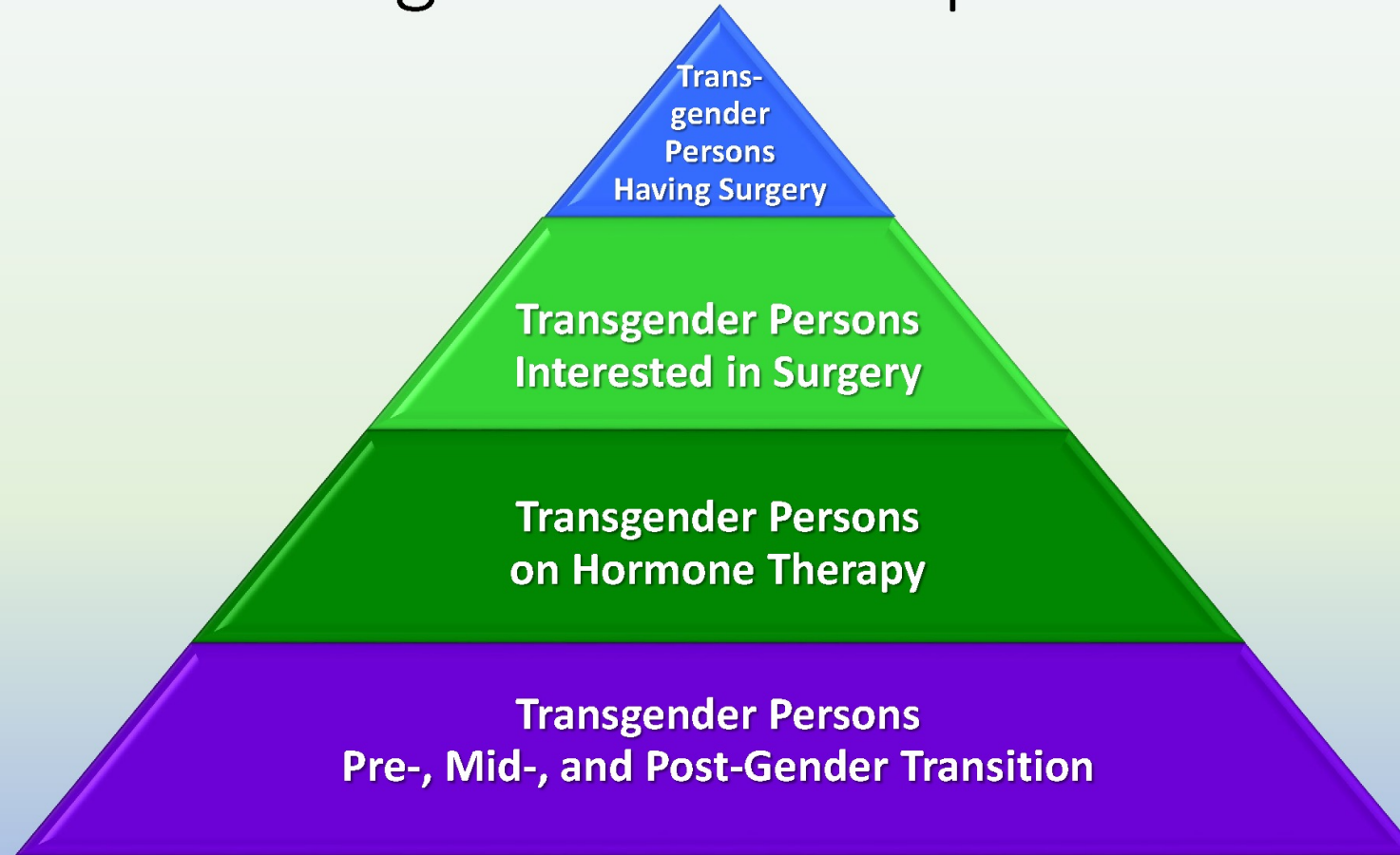
# Fertility considerations

- Transgender individuals who take hormone therapy may **limit** fertility potential unless hormones are stopped.
- Individuals who undergo **transgender genital surgery** that includes loss of gonads lose their reproductive potential altogether. Thus, before starting any treatment, patients should be encouraged to consider fertility issues
- Transgender men may consider **cryopreservation of oocytes** or embryos. While these options may provide preservation of fertility, the associated **costs are high**, particularly for cryopreservation of oocytes or embryos, which requires ovarian stimulation and oocyte retrieval in addition to storage fees.

# GENDER CONFIRMATION SURGERY

- The criteria for initiating genital surgical treatment include the same criteria for hormone therapy, **but** an additional criterion is added due to its increased invasiveness.
- **One year** of continuous hormone therapy and living in the desired gender role is expected, unless it has been determined the hormone therapy is not medically indicated. This criterion is **not** required for surgeries like chest reconstruction or other non genital surgeries.
- **The most commonly desired** gender confirmation surgery for transgender men is chest reconstruction surgery (breast reduction).
- For some transgender men, although practice patterns vary, **oophorectomy, hysterectomy, and/or vaginectomy** may be considered after one to two years of androgen therapy.

# Transgender Care Spectrum



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# Medical Necessity

Medical necessity is a term common to healthcare coverage and insurance policies globally.

There is strong evidence demonstrating the benefits in quality of life and well-being of gender-affirming treatments, including endocrine and surgical procedures, properly indicated and performed as outlined by the Standards of Care (Version 8), in TGD people in need of these treatments.



## Corporate Medical Policy

### Gender Affirmation Surgery and Hormone Therapy

File Name: gender\_affirmation\_surgery\_and\_hormone\_therapy  
Origination: 7/2011  
Last Review: 4/2022

#### Description of Procedure or Service

Gender Dysphoria (GD) is the formal diagnosis used by professionals to describe persons who experience significant gender dysphoria (discontent with their biological sex and/or birth gender). Although it is a psychiatric classification, GD is not medically classified as a mental illness.

In the U.S., the American Psychiatric Association (APA) permits a diagnosis of gender dysphoria in adolescents and adults if the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition, (DSM-5<sup>™</sup>) are met. The criteria are:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least **two** of the following:
  1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics); **OR**
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of marked incongruence with one's experienced/expressed gender (or in young adolescents, desire to prevent the development of the anticipated secondary sex characteristics); **OR**
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender;
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender); **OR**
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender); **OR**
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender); **AND**
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender dysphoria is a medical condition when the elements of the condition noted above are present. Gender affirmation surgery is one treatment option. Gender affirmation surgery is not a single procedure but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the candidate for gender affirmation achieve successful behavior and medical outcomes. Before undertaking gender affirmation surgery, candidates need to undergo important medical and psychological evaluations, and begin medical/hormonal therapies and behavior trials to confirm that surgery is the most appropriate treatment choice. Gender affirmation surgery presents significant medical and psychological risks, and the results are irreversible.

**\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your provider.**

Policy

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Page 1 of 11

### Gender Affirmation Surgery and Hormone Therapy

Services for gender affirmation surgery and hormone therapy may be considered medically necessary when the criteria below are met.

Please see the following section "Benefits Application" regarding specific benefit and medical management requirements.

#### Benefits Application

Gender affirmation surgery and hormone therapy may be specifically excluded under some health benefit plans. Please refer to the Member's Benefit Booklet for availability of benefits.

When benefits for gender affirmation surgery and hormone therapy are available, coverage may vary according to benefit design. Some benefit designs for gender affirmation surgery may include benefits for pelvic and/or breast reconstruction. Member benefit language specific to gender affirmation should be reviewed before applying the terms of this medical policy. This medical policy relates only to the services or supplies described herein.

Prior review and certification are required by most benefit plans, and when required, must be obtained or services will not be covered. Some benefit plans provide coverage without a requirement for prior approval or medical necessity review. Please refer to the Member's Benefit Booklet for specific prior approval or medical necessity review requirements.

If prior authorization and medical necessity review are required for hormone therapy, and related surgical procedures for the treatment of gender dysphoria, the medical criteria and guidelines shown below will be utilized to determine the medical necessity for the requested procedure or treatment.

#### When Gender Affirmation Surgery and Hormone Therapy is covered

Gender affirmation surgery and hormone therapy may be considered **medically necessary** when all the following candidate criteria are met and supporting provider documentation is provided:

#### SURGERY

##### Candidate Criteria for Adults and Adolescents age 18 years and Older for Gender Affirmation Surgery

1. The candidate is at least 18 years of age; and
2. Has been diagnosed with gender dysphoria, including meeting all of the following indications:
  - a. A strong conviction to live as some alternative gender different from one's assigned gender.
    - Typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment; and
  - b. The affirmed gender identity has been present for at least 6 months; and
  - c. If significant medical or mental health concerns are present, they must be reasonably well-controlled; and
  - d. The gender dysphoria causes clinical or social distress or impairment in social, occupational, or other important areas of functioning.
3. For those candidates without a medical contraindication, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is (Note: for those candidates requesting female to male surgery see item 4 below):
  - a. Recommended by a mental health professional and
  - b. Provided under the supervision of a physician; and the supervising physician indicates that the patient has taken the hormones as directed.

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Page 2 of 11

## North Carolina Name Change Laws

To obtain a legal name change in North Carolina, an applicant must submit a **petition to the court**. Before filing the petition, the applicant must publish notice at the courthouse door for **ten days**, however the publication requirement can be waived with evidence that the applicant is a victim of domestic violence, sexual offense, or stalking. Along with the petition, the applicant must submit proof of the applicant's good character by two county citizens and FBI and State Bureau of Investigations Record Checks. Registered sex offenders are not permitted to obtain a legal name change. (N.C. Gen. Stat. Ann. §§ 101-1 to 101-8).

## North Carolina Drivers License Policy & Procedures

Additionally, legal name and sex or gender change on identity documents can also be beneficial and, in some jurisdictions, are contingent on medical documentation that patients may call on practitioners to produce.

In order to update the **legal name** on a North Carolina ID, the applicant must obtain a court order for name change and must update their name with the Social Security Administration at least 36 hours before going to the DMV.

In order to update the **gender marker** on a **North Carolina ID**, the applicant may submit any ONE of the following:

- A **Gender Designation Form**, signed by the applicant and by one of the following licensed professionals: physician, psychiatrist, physician's assistant, licensed therapist, counselor, psychologist, case worker, or social worker
- A passport or birth certificate with the proper gender marker
- A court order recognizing the gender



North Carolina Division of Motor Vehicles  
Sex Designation Form

**PART ONE: TO BE COMPLETED BY APPLICANT**

Name of Applicant (print clearly) \_\_\_\_\_

License/Identification Card Number \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

I wish to designate or change the sex on my driver's license / identification card to read:

Male          Female  
*(Circle One)*

*I hereby certify under penalty of law that this request for sex designation is to ensure that my driver's license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PART TWO: TO BE COMPLETED BY A HEALTH PROVIDER OR STATE OR LOCAL SOCIAL SERVICE AUTHORITY**

Name of Provider (print clearly) \_\_\_\_\_

Provider's Company or Organization \_\_\_\_\_

Provider's Professional License Number \_\_\_\_\_

Provider Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

I am a:

- Physician, psychiatrist, or physician's assistant
- Licensed therapist, counselor, or psychologist
- Case worker or social worker

*In my professional opinion, the applicant's gender identity is (circle one): MALE FEMALE.*

*I hereby certify under penalty of perjury/law that the information contained herein is true and accurate.*

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_



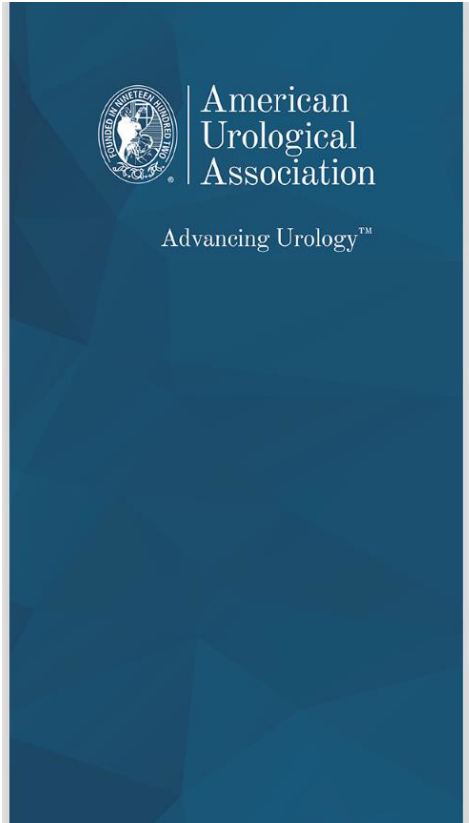
**PROCEDURE FOR CHANGING SEX DESIGNATION**

Applicants requesting a change of the sex designation on their driver's licenses or identification cards must:

- Surrender the current state-issued license or identification card containing the previous sex designation;
- Submit one of the following documents:
  - Completed Sex Designation form.
  - Valid U.S. passport displaying the requested sex.
  - Birth certificate displaying the requested sex.
  - Court order issued by a United States court granting change of sex or gender.
- Pay applicable fees for a new or amended license or identification card; and
- Have a new photograph taken.

**CHANGE OF NAME**

Name changes on state issued licenses or identification cards are a separate process from sex designation changes. Name changes are completed through the submission of the appropriate documentation of the name change. Name changes can be processed at any time regardless of the sex designation.



# Transgender and Gender Diverse Urologic Care

Medical Student case-based learning

## 0451C - What the General Urologist Should Know about Care of Transgender Patients



S102C

Instructional Course

Richard Santucci  
Dmitriy Nikolavsky • Upstate Medical Univ Hospital Dept of Urology  
Ervin Kocjancic • University of Chicago Medicine

Transplantation/Vascular Surgery

APP/Allied Health



## 0231C - Transition to Transitioning: Getting Started in Gender Affirming Surgery



S105A

Instructional Course

Mang Chen • G.U. Recon  
James Hotaling  
Polina Reyblat • Kaiser Permanente Los Angeles Medical Center

# MASTER CLASS

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1234567890

- ❖ **Session One: Clinical investigation of the infertile male**
- ❖ **Session Two: Genetic causes of male infertility and their impact on future generations**
- ❖ **Session Three: Medical Treatments for Male Infertility**
- ❖ **Session Four: Surgical Treatments and Assisted Reproductive Technology (ART) for Male Infertility**
- ❖ **Session Five: Ejaculatory disorders, diagnosis, and management**
- ❖ **Session Six: Clinical investigation and laboratory analyses in male hypogonadism**
- ❖ **Session Seven: Testosterone deficiency syndrome, , Androgen replacement—indications and principles**
- ❖ **Session Eight: Female-to-Male Transsexualism**
- ❖ **More?**



