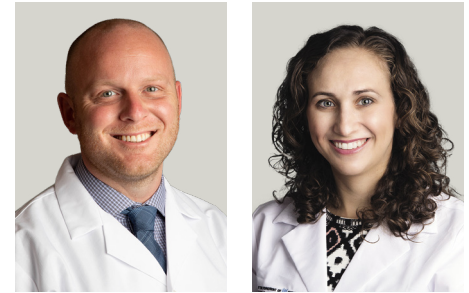


Transgender Clinic for Affirmation and Reproductive Equity (CARE)

Providing Comprehensive, World-Class Health Care for Chicago's LGBTQ+ Community and Beyond

by **Andrew Fisher, MD, MBE**, Medical Director of the Trans CARE Program
Michelle Lemelman, MD, Department of Pediatric Endocrinology
Ilayna Mehrtens, PhD, Postdoctoral Fellow in Pediatric Psychology (*not pictured*)



Roughly 0.6% of the U.S. population, or well over 1 million people, identify as transgender.^{1,4} The term *gender identity* simply refers to a person's internal identification as male, female, something in-between, or neither. When a person's self-assigned gender differs from the sex classification assigned at birth (male, female, or possibly a Disorder of Sexual Development), they may identify with the terms "transgender," "trans," "gender non-binary," "gender incongruent," or "genderqueer."^{2,3,9} These terms, formally recognized by nearly every major medical association, are not intended as external diagnoses. Only the individual themselves can assign and characterize their gender identity, presuming they have the capacity to make medical decisions and potential confounding mental health issues are controlled. The diagnosis of Gender Dysphoria applies to those who suffer from significant distress, depression, or anxiety because of their gender identity, resulting most commonly from the barriers they face in receiving medical care and the discrimination they experience at home, school, or in the workplace.¹⁻⁴

In addition to needs for gender-affirming care in the form of mental healthcare, hormone therapy, and gender-affirming surgeries, transgender and gender diverse (TGD) people have the same basic healthcare needs as the general population. Sadly, one-third of TGD people report negative interactions with healthcare systems. These adverse events include outright treatment refusal, harassment, abuse, insensitive or pruriently inquisitive personnel, and discriminatory insurance practices.^{4,7} The TGD community deserves equal and equitable treatment from the people they often need the most to affirm their gender identities — us, their healthcare providers.

Gender-Affirming Care Overview

Every individual's gender-affirmation journey is unique and recognizing this is the first step to providing appropriate and effective care. While hormonal therapy is not indicated prior to puberty, some individuals may start puberty blockers in the form of gonadotropin-releasing hormone agonist and/or androgen blockers, such as spironolactone.^{1-3,7} These are initiated once the patient has at least started puberty (Tanner Stage 2 or later). Effects from puberty blockers are completely reversible.

After the individual has lived in their self-assigned gender role for some time, typically 12 months or more, and a DSM-5 diagnosis of gender dysphoria is assigned by a qualified mental-health professional, individuals may then choose to start gender-affirming hormone therapy (GAHT).^{3,7} GAHT comes in the form of testosterone therapy (for transmasculine individuals) or estrogen therapy (for transfeminine individuals) to achieve desired secondary sex characteristics. Individuals can start seeing changes within 3 months and may peak at around 2 years of therapy, but typically TGD people who choose this therapy will remain on GAHT indefinitely.^{3,7}

Ideally, the individual has consulted with a fertility specialist prior to initiating GAHT, as these therapies can affect fertility. GAHT is often combined with androgen-lowering agents, such as spironolactone, and individuals may choose to pursue cosmetic treatments for hair removal and voice feminizing therapy or tracheal surgery.^{3,7} They may also tailor their outward appearance with clothing, wigs, makeup, chest binders, and more.

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It is critical to note that not all TGD people pursue surgical options to affirm their gender identity. Some TGD people will opt for top surgery, such as mastectomy for transmasculine individuals or breast augmentation for transfeminine individuals. Some TGD people may also pursue bottom surgery, which could include hysterectomy, oophorectomy, phalloplasty/metoidioplasty, orchiectomy, or vaginoplasty. Because bottom surgery is irreversible and impacts fertility and reproductive potential, individuals must meet the age of majority, typically 18 years or older, before undergoing surgery.^{1-3,7} The complexity of the procedures and the need for emotional support during recovery must be considered. Throughout this process, close engagement with the individual's mental health providers is essential.

What is Involved in Gender-Affirming Care?

Sex: Label as either male or female assigned at birth

Gender: A person's internal sense of their gender. Not necessarily a binary construct (male, female, transgender, non-binary/genderqueer).



Note: Not everyone takes all of these steps.

Special Considerations

Most state-by-state restrictions and new guidelines, which are being debated across the globe, concern the care of pediatric and adolescent TGD individuals. Parental consent is required for the treatment of these patients. This year, the World Professional Association for Transgender Health (WPATH) plans to release new guidelines, which may impact how this treatment is delivered.

Healthcare Maintenance

Regardless of whether an individual is beginning, continuing, or has completed their gender-affirmation treatments, providers must keep in mind essential basic health needs. For example, screening and treatment of sexually transmitted infections, including HIV prophylaxis and treatment, is important. In addition, cancer screening should be individualized to the patient's anatomy: transgender women who retain a prostate still require prostate screening; transgender men with a cervix require cervical cancer screening; and anyone with breast tissue requires breast cancer screening, including transgender women who are likely to have been exposed to high levels of exogenous estrogen. For these reasons, capturing patient-specific anatomic information is important for all providers. The "Sexual Orientation and Gender Identity" SmartForm in Epic is intended to simplify this process.

CARE at UChicago Medicine

[The Transgender Clinic for Affirmation and Reproductive Equity \(CARE\) Program](#) at the University of Chicago Medicine was founded in April 2021. Following guidelines set forth by WPATH and the Endocrine Society, this program brings together UChicago Medicine physicians across a spectrum of specialties who are committed to providing comprehensive care for the TGD community. Built on the pillars of excellence in clinical care, advocacy, research, and education, we aim to raise the standard of care for the TGD community on Chicago's South Side and surrounding areas. While our most requested services are for psychiatric diagnosis and therapy, gender-affirming hormone therapy, and surgical affirmation procedures, we strive to break down the barriers our TGD patients face to create a safe medical "home" where they can find comprehensive, even basic, healthcare without fear.

Pediatric/Adolescent Gender-Affirming Care

In pediatric endocrinology, we know that supporting our transgender youth is necessary to foster positive physical and mental health into the adult years.⁵⁻⁸ Pediatric endocrinologist **Michelle Lemelman, MD**, and pediatric psychologist **Ilayna Mehrtens, PhD**, partner with the Trans CARE Program to contribute to equitable care for gender-diverse youth. Together, the duo focuses on mental health and hormonal therapy.

UChicago Medicine also recognizes the value of individual protective factors for transgender youth, including connectedness and acceptance of families, a safe environment, and supportive social peer groups. Bringing families together is one of our top priorities to ensure a safe, validating, and successful transition.

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Who We See

Any individual who identifies as transgender, genderqueer, non-binary/gender non-conforming, or who just isn't sure, is accepted and welcome to join the Trans CARE Program.

Services We Offer

Services offered by the Trans CARE Program include:

- » Gender dysphoria/gender incongruence diagnosis and therapy
- » Gender-affirming hormone therapy (estrogen, testosterone) and puberty blockers for adults, children, and adolescents
- » Fertility preservation (sperm and egg freezing)
- » Top (mastectomy and breast augmentation) and bottom (phalloplasty/metoidioplasty, vaginectomy, hysterectomy, and more) surgery
- » Voice feminization surgery/therapy
- » Primary care
- » Pregnancy care
- » HIV/STI care and prevention
- » Mental health and more...



How do I enroll my patients in Trans CARE?

You or your patient may e-mail TransgenderCARE@bsd.uchicago.edu to reach our CARE Coordinator directly. We will individually help patients get connected with the Trans-friendly care they need and the providers of their choice.

Learn more about University of Chicago's long-standing commitment to LGBTQ+ healthcare: [Medicine on the Midway - Spring 2022 by University of Chicago Medicine - Issue](#)

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UChicago Medicine Trans CARE Program Physicians



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Surgical Lead, Trans CARE Program
Professor of Surgery
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Michelle Lemelman, MD

Medical Lead, Trans CARE Program
Assistant Professor of Pediatrics
she/her

Locations

Hyde Park

Duchossois Center for
Advanced Medicine (DCAM)
5758 S. Maryland Ave.
Third Floor
Chicago, IL 60637

Parking - Hyde Park

Please visit our website
UChicagoMedicine.org/patients-visitors/patient-information/directions-and-maps/parking

River East/Downtown

355 E. Grand Ave.
Chicago IL, 60611

Parking - River East

Parking is available in the Standard Parking Garage that can be entered at 300 E. Illinois or 321 E. Grand. The garage is open 24 hours a day, 7 days week.

A Note from One of Our Partners — Brave Space Alliance

By **Jae Rice**, Director of Communications and Outreach, BSA

Brave Space Alliance (BSA) is the first Black-led, Trans-led LGBTQ Center located on the South Side of Chicago. BSA is dedicated to creating and providing affirming, culturally competent, for-us-by-us resources, programming, and services for LGBTQ individuals on the South and West sides of the city. We prioritize health and wellness, visibility and expansion, and bravery and solidarity. Our community pantry program services all Chicagoans – Black, Indigenous, and people of color (BIPOC), LGBTQ+, immunocompromised, and disabled folks — in times of need. Our gender-affirming rooms provide clothing, makeup, and supplies to help our clients be their true selves. One of our most impactful programs — the Lucy Hicks Anderson Housing Program — will launch in 2023 to provide transitional housing for BIPOC Trans people, as so many Transgender people experience homelessness in some form throughout their lifetime.

Address:

1515 E. 52nd Place, 3rd Floor
Chicago, IL 60615

Contact:

(872) 333-5199
10 a.m. to 5 p.m. M-F

bravespacealliance.org

To schedule a patient referral or consultation, e-mail us at TransgenderCARE@bsd.uchicago.edu or call **773-702-6118**



Learn more at
UChicagoMedicine.org/conditions-services/transgender-care-services/trans-care