ESC Virtual Seminar

Transgender: challenges in management

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Questions & answers

- **These patients are so very few and if compared to new cancer treatments, newer diabetes medication etc- all these treatments are very cheap. why is cost considered to such a large extent? especially for transdermal estrogen which has obvious advantages considering the VTE-risk.**
  Price for gender affirming hormonal treatment differ in different countries. In Dk, the patients have to pay for part of medical treatment themselves, therefore cost of treatment matters. In addition, many transgender persons have psychiatric diagnoses, and may not have a full time job. Many are young and under education.

- **It was in Swedish news a few days ago that Karolinska Institute will stop medication for stopping puberty due to lack of evidence regarding the risk of not being fully reversible in patients "regreters". What is your opinion on that and will you follow the example?**
  In our clinic we do not treat persons < 18 years. Treatment is centralized to Copenhagen. We follow the development in other countries closely and discuss in national setting several times yearly. The Copenhagen clinic still offers treatment < 18 years, but are very restrictive.

- **What are the recommendations or guidelines for cyproterone acetate regarding the risk of meningioma in your country?**
  We initiate treatment 12.5 mg every second day and down titrate as soon as possible to lowest possible dosage. We try down titration after ½-1 year of treatment.

- **What is the percentage of man and women who regret their decision to change their sex and want to return to their original sex?**
  A few percentage according to international studies and our own experience.

- **For transgender men. what are in clinical indications for hysterectomy and or oophorectomy?**
  You should have dysphoria regarding the internal reproductive organs. We evaluate this during psychological evaluation.

- **What about contraception?**
  We discuss this with the patients. Contraception is covered as part of gender affirming treatment as the pituitary gonadal axis is set out of function within the first 6-12 months. In the beginning of treatment, they have to continue contraception. Sexually transferred diseases are discussed with the patient.

- **Why BMI is so important before giving hormones in both trans men and trans women?**
  During long term gender affirming hormonal treatment there is a risk of CVD, therefore modifiable risk factors should be discussed with the patient.

- **Has anyone tried dienogest instead of cyproterone acetate?**
  Gestagen does not suppress testosterone, therefore treatment is not relevant.

- **Dienogest is a very mild antiandrogen**
  Yes, so suppression of testosterone will not be sufficient.

- **Excellent presentation ! Do you have any experience in discontinuation rates either trans male or female Because of side effects therapies ?**
  Regret is around 2-3%, we plan to follow our patients to see if this rate is the same in our clinic.

- **Which is for you the best contraception for female transgender during the transition?**
  Cyproterone acetate will suppress testosterone immediately, so often no contraception is not needed.

- **E? about use of LNG-IUD with lower LNG (KYleena)?**
  Yes, LNG-IUD an be used for contraception in transgender males. Often the IUD is removed when menstrual cycles have stopped. The best contraception is always discussed with the patient, but most often oral contraceptives etc are stopped to avoid different hormonal regimens.