



ARE GENDER DYSPHORIA PATIENTS COUNSELED ON FERTILITY PRESERVATION PRIOR TO INITIATING HORMONAL THERAPY?

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Disclosures



I have no special interests to disclose.





• Prevalence of gender dysphoria (GD) in the US is approximately 0.6%.

• U.S. survey of GD patients revealed 49% had previously received gender-affirming hormone therapy (GAHT).

Background



 Long-standing exposure to hormonal therapies negatively impacts fertility in GD patients.

 Several national and international organizations have formally recommended counseling for fertility and fertility preservation (FP).

-- WPATH -- ASRM

-- Endocrine Society -- ESHRE





• The methods of ART should not differ significantly from those options offered to patients without GD.

TRANSLATIONAL ANDROLOGY AND UROLOGY Fertility concern

Fertility concerns of the transgender patient

Philip J. Cheng¹, Alexander W. Pastuszak¹, Jeremy B. Myers¹, Isak A. Goodwin², James M. Hotaling^{1,3}

Table 1 Fertility preservation options for transgender people

Age group	Transgender men (assigned female at birth)	Transgender women (assigned male at birth)
Pre-pubertal	Ovarian tissue cryopreservation [†]	Testicular tissue cryopreservation [†]
Post-pubertal	Oocyte cryopreservation	Sperm cryopreservation
	Embryo cryopreservation (with partner's or donor's sperm)	Embryo cryopreservation (with partner's or donor's egg)
	Uterus preservation	Uterus transplantation [‡]

[†], experimental; [‡], theoretical.

Desire for Fertility



 Previous studies have shown that these patients do desire biologic children.

Desire for Fertility



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Transphobia and Other Stressors Impacting Trans Parents

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- 24.1% of transgendered persons were parents.
 - Of those with children already, 19.4% wanted more.
- 36.7% without children wanted them in future.

Regret Over Loss of Fertility



The Desire to have Children and the Preservation of Fertility in Transsexual Women: A Survey

P. De Sutter, M.D., Ph.D., K. Kira, M.Sc., A. Verschoor and A. Hotimsky



• 51% of transgender females reported they would have considered sperm banking if it had been offered.





human reproduction

Human Reproduction, Vol.27, No.2 pp. 483-487, 2012

Advanced Access publication on November 28, 2011 doi:10.1093/humrep/der406

Reproductive wish in transsexual men

Katrien Wierckx^{1,*},[†], Eva Van Caenegem^{1,†}, Guido Pennings², Els Elaut³, David Dedecker¹, Fleur Van de Peer¹, Steven Weyers⁴, Petra De Sutter⁴, and Guy T'Sjoen¹

- 54% of transgender males reported a desire for children.
- 37.5% would have considered freezing oocytes if offered.

Adherence to Guidelines



 There is a relative paucity of reported rates of adherence to guidelines for these patients.

• In a survey of adolescents with GD by Chen et al, just 20.5% of patients reported previous fertility discussions with a provider.

Objective



 Adherence to these guidelines, particularly for adult patients, remains relatively unknown.

 We sought to assess adherence at our institution as well as risk factors for absent fertility counseling.

Methods



- Using ICD codes, we retrospectively reviewed patients treated at our institution between 2008-2018.
 - --Patient Demographics, GAHT status, Counseling status

• Charts were examined for documented discussion of fertility or FP.

Exclusion



Gender Dysphoria ICD code

$$n = 346$$

Evidence of GD in chart

$$n = 336$$

Complete Records

$$n = 269$$

No Previous GAHT or GAS

$$n = 146$$

Demographics



		Transwomen n=155	Transmen n=114
Age	Mean	35.7	24.4
Race	Caucasian	74.2%	77.2%
	African American	18.1%	14.9%
	Other	7.7%	7.9%
Saw Specialty	Endocrinology	67.1%	58.8%
	Gynecology	34.8%	56.1%
	Urology	12.9%	4.4%
Prior Hormone Use		40.6%	29.8%
Previous Children		24.5%	7.0%
Fertility Discussed		47.7%	62.3%
Fertility Preserved		3.9%	0.9%

Documented Fertility Discussion



			Yes n=96	No n=50	p Value
Age	Mean	Z	27.3	32.9	0.015
Race	Caucasian		80.2%	82.0%	0.405
	African American		12.5%	16.0%	
	Other		7.3%	2.0%	
Chromosomal Sex	XX (Transmen)		48.0%	46.9%	1.000
	XY (Transwomen)		52.0%	53.1%	
Saw Specialty	Endocrinology		67.7%	62.0%	0.582
	Gynecology		44.8%	46.0%	1.000
Previous Children		Z	9.4%	30.0%	0.000

Adjusted Determinants of Receiving Counseling



		Odds Ratio	P value
Age	≤ 30	Reference	Reference
	31-50	0.65	0.417
	51 +	0.40	0.263
Chromosomal Sex	XX	Reference	Reference
	XY	1.68	0.263
Race	African American	Reference	Reference
	Caucasian	1.27	0.669
	Other	4.33	0.235
Specialty Seen	Endocrinology	1.34	0.616
	Gynecology	0.91	0.866
Previous Children		z 0.23	0.011

Conclusions



• Transgender patients without previous children are the most likely to be counseled in regards to fertility.

 Overall adherence rate to counseling prior to initiation of GAHT remains a target for improvement.

 Even when counseling is presented, utilization of FP remains low in this population.

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