

## Current Resident Medical Knowledge Post-Test

Correct answers have been bolded

An individual must undergo gender-affirming surgery in order to be considered a transgender person.

True

**False**

An individual must be on gender-affirming hormone therapy in order to be considered a transgender person.

True

**False**

What percentage of transgender and non-binary youth have considered suicide?

- A) 12%
- B) 26%
- C) 54%**
- D) 65%

Which of the following statements regarding transgender patients' experiences in the healthcare system are true, according to a 2015 national survey of transgender individuals?

- A) A third of the respondents reported at least one negative experience in the healthcare setting due to their gender identity
- B) Respondents of color or with disabilities reported higher rates of negative experiences in healthcare
- C) Almost a quarter of the respondents avoided seeking healthcare due to concerns regarding mistreatment related to their gender identity
- D) A and B
- E) A, B, and C**

According to the UCSF guidelines, what is the typical maximum dose of estradiol PO/SL for feminizing gender-affirming hormone therapy?

- A) 1mg PO/SL qday
- B) 2mg PO/SL BID
- C) 6mg PO/SL BID
- D) 4mg PO/SL BID**
- E) 8mg PO/SL BID

A transgender man who was started on gender-affirming therapy three months ago presents for routine hormone follow-up. According to the UCSF guidelines, which labs should you order today?

- A) CBC
- B) CBC and BMP
- C) CBC and testosterone**
- D) CBC, testosterone, and estradiol
- E) BMP, estradiol, and testosterone

What are the possible permanent physical changes associated with feminizing hormone therapy? Choose all that apply.

- A) Weight gain
- B) Decrease in size of testicles**
- C) Breast growth**
- D) Reduced sex drive
- E) Infertility**

What is the typical adult starting dose of spironolactone for feminizing gender-affirming hormone therapy?

- A) 25mg qday
- B) 25mg BID
- C) 50mg qday
- D) 50mg BID**
- E) 100mg BID

A non-binary patient presents to your clinic to initiate feminizing hormone therapy (including estrogen and an anti-androgen). According to the UCSF guidelines, which labs should you order today in order to initiate hormone therapy?

- A) CBC
- B) CBC and BMP
- C) BMP**
- D) BMP and estradiol
- E) BMP, estradiol, and testosterone

A transfeminine patient presents for gender-affirming hormone follow-up and denies any concerning side effects. She has been taking estradiol 2mg PO BID and spironolactone 100mg BID and is happy with her clinical transition, but her estradiol levels are at the lower end of mid-cycle range for females. Her testosterone levels are well-suppressed. You are deciding what to do next. Which of the following statements is true?

- A) Hormone levels are more important than patient goals when considering whether to adjust hormone regimens.

**B) There is no evidence that higher estradiol levels in patients with adequate androgen suppression results in additional feminization or breast development.**

C) Estradiol should always be titrated to the maximum dose of 4mg PO BID.

D) There is evidence that higher doses/levels of estradiol result in a greater degree of feminization.

A transgender man who has not undergone gender-affirming surgery presents for hormone follow-up and reports that his periods have now stopped on testosterone therapy. During your visit, he reveals that he is having intravaginal intercourse with a partner who has a penis. Which of the following is the most appropriate counseling option?

A) Now that he is on masculinizing hormone therapy, he no longer requires contraception.

B) Now that his periods have stopped, he no longer requires contraception.

**C) Contraception options should be discussed with the patient.**

D) Now that he is on masculinizing therapy, he no longer requires routine STI screening.

1 Transmasculine individuals may ask for help with cessation or lightening of their menses while they are waiting for the effects of testosterone to cause cessation of menses. Which of the following are appropriate to use for this purpose? Choose all that apply.

**A) Medroxyprogesterone shot (Depo-Provera)**

**B) Norethindrone (Aygestin)**

**C) Combined oral contraception**

**D) Progesterone-only IUD (Mirena, Skyla, or Kyleena)**

E) None of the above

A transgender woman presents to your clinic to initiate hormone therapy. During the visit, she tells you that she currently smokes one pack per day. Which of the following is the preferred approach to initiating hormone therapy?

A) Do not start estrogen until she quits smoking

**B) Discuss the increased risk of VTE with tobacco use while taking estrogen, provide smoking cessation counseling, and recommend transdermal estradiol**

C) Discuss the increased risk of VTE with tobacco use while taking estrogen, provide smoking cessation counseling, and recommend oral estradiol

D) There is no increased risk of VTE with tobacco use while taking estrogen, so no changes in recommendations regarding care need to be made

A transmasculine patient on gender-affirming hormone therapy is more likely to have an unsatisfactory cytology result on pap smear.

**True**

False

A transgender patient who has been on feminizing hormone therapy for eight months sends you a portal message inquiring about gender-affirming surgery. Per WPATH Standards of Care, patients require which of the following prior to undergoing breast augmentation?

- A) One letter from a mental health provider and 12 months of hormones recommended, unless contraindicated**
- B) Two letters from mental health providers
- C) Two letters from mental health providers and 12 months of hormones unless contraindicated
- D) 12 months of hormones unless contraindicated, 12 months of living in a gender role congruent with one's gender identity unless contraindicated, and two letters from mental health providers

14. A 44 year-old transgender woman who has been on feminizing hormone therapy for six months and has not undergone any gender-affirming surgery and her 50 year-old non-binary partner who has been on masculinizing hormone therapy for six years and has not had any gender-affirming surgery present for their health maintenance examinations. Which of the following is true?

- A) Cervical cancer screening is no longer recommended for the 50 year-old non-binary partner.
- B) Immediate breast cancer screening is recommended for the 44 year-old transgender woman.
- C) Breast cancer screening is recommended for the 50 year-old non-binary partner.**
- D) The 44 year-old transgender woman should have her lipid panel and A1c checked every 3 to 6 months.
- E) USPSTF guidelines do not apply to either patient.

A 59 year old transgender woman who underwent orchiectomy eight years ago and has not been on gender-affirming hormone therapy for six years presents for her health maintenance examination. Which of the following is true? Please select all that apply.

- A) She does not need osteoporosis screening as she is not 65 years old.
- B) She should be considered for osteoporosis screening.**
- C) She should be assessed for colon cancer screening.**
- D) Shared decision making regarding prostate cancer screening should be discussed.**

A transmasculine adolescent and their parents present to establish care with you. The parents are supportive of their child's social transition, but are not yet ready to consent to hormone therapy at this time. They are agreeable to starting a GnRH agonist. While uncommon, which of the following are possible side effects of GnRH agonists? Please choose all that apply.

- A) Weight loss
- B) Irregular vaginal bleeding**
- C) Emotional lability**

D) Increase in bone mineral density

Transgender individuals must have a form signed by their physician in order to have their gender marker changed on their U.S. Passport. (Of note, the answer to this question has changed to false since the implementation of this curriculum.)

**True**

False