

Current Resident Medical Knowledge Pre-Test

Correct answers have been bolded

A cisgender individual is someone whose sex assigned at birth aligns with their gender identity.

True

False

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

True

False

Transgender teens who are rejected by their families are at higher risk for which of the following as young adults?

- A) Suicide attempt
- B) Drug use
- C) HIV and other STIs
- D) A and B
- E) **A, B, and C**

Which of the following statements regarding anti-transgender violence are true?

- A) Fatal anti-transgender violence in the United States is on the rise
- B) Most victims of fatal anti-transgender violence are black transgender men
- C) The American Medical Association has described violence against transgender people as an epidemic
- D) **A and C**
- E) A, B, and C

According to the UCSF guidelines, what is the typical adult starting dose of testosterone cypionate for masculinizing gender-affirming hormone therapy?

- A) 10mg subcutaneously weekly
- B) 20mg subcutaneously weekly
- C) 40mg subcutaneously every two weeks
- D) **50mg subcutaneously weekly**
- E) 50mg subcutaneously every two weeks

A transgender man presents to your clinic to initiate hormone therapy. 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

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

- A) Deepening of voice**
- B) Elevation of hematocrit
- C) Cessation of periods
- D) Male pattern baldness**
- E) Enlargement of clitoris**
- F) Infertility**

According to the UCSF guidelines, what is the typical starting dose of oral or sublingual estradiol for gender-affirming hormone therapy?

- A) 1mg qday
- B) 1mg BID**
- C) 2mg BID
- D) 4mg qday
- E) 4mg BID

A non-binary patient who was started on feminizing hormone therapy (including estrogen and an spironolactone) three months ago presents for routine hormone follow-up. According to the UCSF guidelines, which labs should you order today?

- F) CBC
- G) CBC and BMP
- H) BMP
- I) BMP and estradiol
- J) BMP, estradiol, and testosterone**

A transmasculine patient presents for gender-affirming hormone follow-up and denies any concerning side effects. They have been administering testosterone cypionate 60mg subcutaneously weekly for three months, their menses have stopped, and they are happy with their clinical transition, but their testosterone levels are at the lower end of physiologic normal for males. You are deciding what to do next. Which of the following statements is true?

- A) Once within the normal male physiologic range, there is no evidence that higher doses/levels of testosterone result in a greater degree of virilization.**
- B) Testosterone dosing is only based upon cessation of menses.
- C) There is evidence that higher doses/levels of testosterone result in a greater degree of virilization.

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

When counseling patients about starting gender-affirming hormone therapy, it is important to discuss reproductive considerations. Please choose the best option from the following list:

- A) Hormone therapy is an effective form of birth control, and patients may become infertile.
- B) Hormone therapy is not an effective form of birth control, and patients may become infertile.**
- C) Hormone therapy is an effective form of birth control, and patients will not become infertile.
- D) Hormone therapy is not an effective form of birth control, and patients will not become infertile.

A transgender man who has not undergone gender-affirming surgery presents to your clinic for a health maintenance exam. When taking an inclusive, relevant sexual history, he reveals that he is having intravaginal intercourse with a partner who has a penis. He also tells you that he has a history of migraines with aura. Which of the following would be the most appropriate contraception options? 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 who is on oral hormone therapy presents to your clinic for her health maintenance exam. During the visit, she tells you that she currently smokes one pack per day. Which of the following is the best counseling option?

- A) Provide smoking cessation counseling and advise her to continue her current dose of oral hormone therapy
- B) Tell her to immediately stop her hormone therapy until she stops smoking
- C) Provide smoking cessation counseling and recommend transition to transdermal estradiol**
- D) Provide smoking cessation counseling and advise her to decrease her current dose of oral hormone therapy

If a transmasculine patient expresses the desire to avoid pap smears for cervical cancer screening, HPV self-swab is a reasonable alternative.

- 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 vaginoplasty?

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

A 50 year-old transgender woman who has been on feminizing hormone therapy for six months and has not undergone any gender-affirming surgery and her 52 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 52 year-old non-binary partner.
- B) Immediate breast cancer screening is recommended for the 50 year-old transgender woman.
- C) Breast cancer screening is recommended for the 52 year-old non-binary partner.**
- D) The 50 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 63 year old transgender woman who underwent orchiectomy ten 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) She no longer needs to be assessed for prostate cancer screening.

A transfeminine 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. Which of the following are the optimal Tanner stages to start a GnRH agonist in order to suppress puberty? (Switch back?)

- A) Tanner I-II
- B) Tanner II-III**
- C) Tanner III-IV
- D) Tanner IV-V

In the State of Michigan, transgender individuals must have a form signed by their physician in order to have their gender marker changed on their driver's license.

True
False