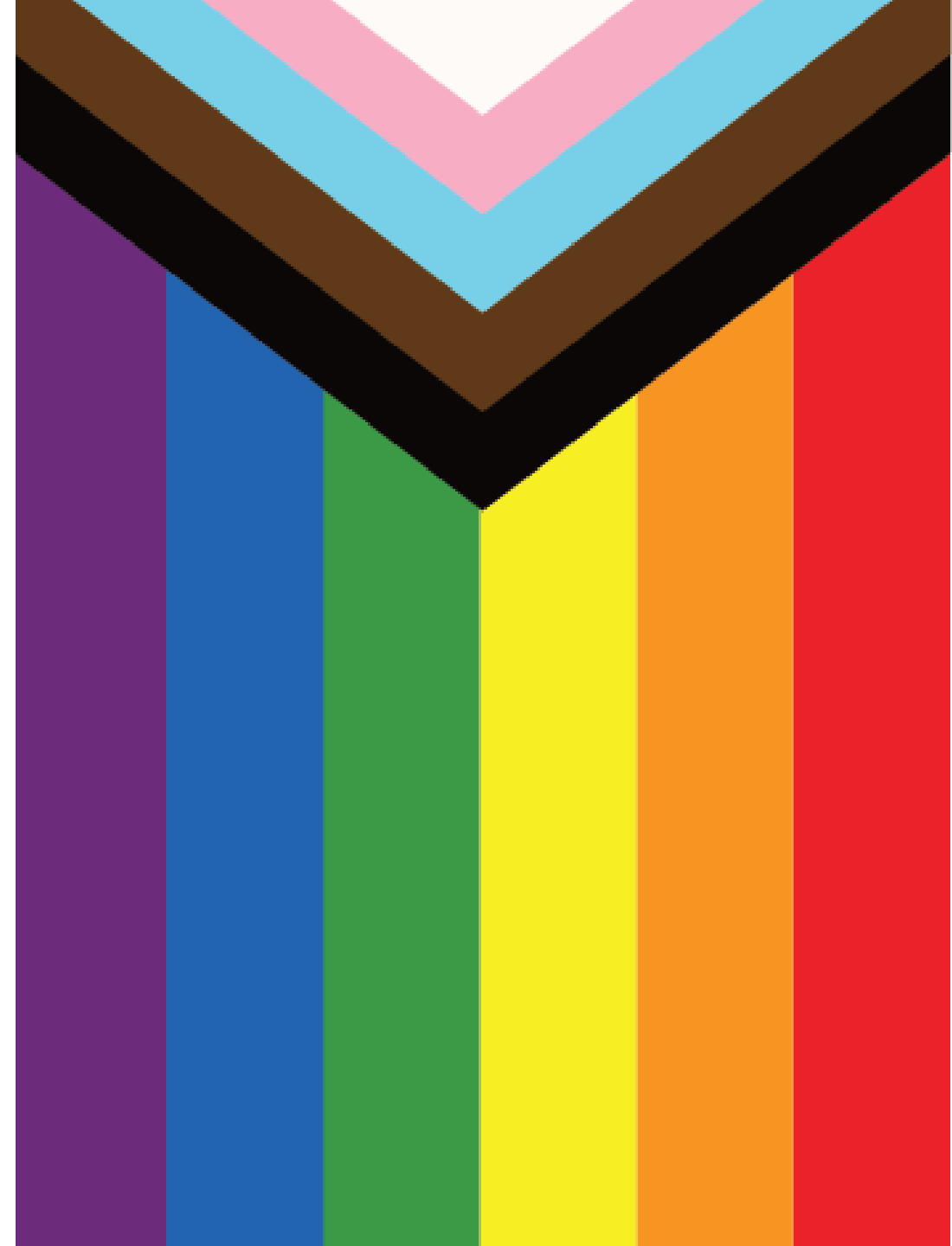


Project ECHO: LGBTQ Patient Care

Session 1

Matt Bryan, MD (he/him)
Medical Director of LGBTQ Health
Internal Medicine- Salt Lake Clinic



Goals

- Serve as a resource of LGBTQ Health knowledge to interested clinicians/providers
 - During and after ECHO
- Create and grow a network of providers who are competent in LGBTQ care
 - Friendly vs competent
 - Skilled, knowledgeable, culturally competent
 - Intermountain caregivers will (eventually) have designation as safe, competent LGBTQ healthcare provider if attend 9 of 13 sessions

What to expect

- 12:00pm- 1:30pm every 2nd and 4th Tues of the month
- Each sessions starts with didactic lecture (30-45min)
- Then cases are presented by participants (you!)
 - Specific form that helps organize case data
 - Hub members, presenters, participants will provide feedback and advice
- Post-session surveys

Project ECHO: Intermountain Healthcare - LGBTQ Patient Care | Case Presentation

Admin use only
ECHO ID#:

Review Date: <input type="text"/>	Treatment Team Members (Please include name & profession): <input type="text"/>
New <input type="checkbox"/> Follow-up <input type="checkbox"/> Originally Reviewed <input type="checkbox"/>	
Provider Name/Credentials: <input type="text"/>	
Phone: <input type="text"/>	
Email: <input type="text"/>	
Treatment Location/Facility: <input type="text"/>	

PLEASE ENTER ONLY DE-IDENTIFIED PATIENT INFORMATION

Age: County/ST of Residence: Sex Assigned at Birth: choose sex assigned at birth

SELECT ALL THAT APPLY - Hold CTRL to multi-select:

Gender Identity: select all that apply Male/Man Female/Woman TransMale/TransMan TransFemale/TransWom Genderqueer/Gender N/A	Sexual Orientation: select all that apply Lesbian Gay Bisexual Queer Straight	Pronouns: select all that apply He/Him/His She/Her/Hers They/Them/Theirs Something else Declines to answer	Race/Ethnicity: select all that apply Asian American Indian or Alaskan Nativ Black or African American Native Hawaiian or Pacific Island White
Patient Uses for Sex: select all that apply Oral Anal Penile Vaginal Trans	Partner Uses for Sex: select all that apply Oral Anal Penile Vaginal Trans	Relationship Status: select all that apply Single Partnered Married Monogamous Polyamorous	Living Situation: select all that apply Live alone in own home Live in a household with others Live in a residential facility Staying with family Staying in a shelter or homeless

MAIN QUESTIONS: What are your main questions/concerns to be addressed during this presentation?

HPI: Please detail the history of the presenting illness.

NOTABLE PHYSICAL EXAM FINDINGS: List findings and relevant details

For more information or questions about this or other Project ECHO programs,
email IntermountainProjectECHO@imail.orgIntermountainProjectECHO@imail.org

Project ECHO: Intermountain Healthcare - LGBTQ Patient Care | Case Presentation

Admin use only
ECHO ID#:

VITAL SIGNS:	MEDICATIONS/OTCs/SUPPLEMENTS: (Use Generic Names):
Temperature: <input type="text"/>	Respirations: <input type="text"/>
Blood Pressure: <input type="text"/> / <input type="text"/>	Height (in): <input type="text"/>
Pulse Rate: <input type="text"/>	Weight (lbs): <input type="text"/>
PulseOx: <input type="text"/>	BMI: <input type="text"/>

LAB RESULTS:

GC/CT - NAAT	Detected <input type="checkbox"/> Not Detected <input type="checkbox"/>	Rectal	Detected <input type="checkbox"/> Not Detected <input type="checkbox"/>	Urine/Urethral:	Detected <input type="checkbox"/> Not Detected <input type="checkbox"/>
Pharyngeal	Detected <input type="checkbox"/> Not Detected <input type="checkbox"/>				
RPR	Reactive-Titer <input type="text"/> Non-Reactive <input type="checkbox"/>	Estradiol	<input type="text"/> pg/mL		
T. pallidum	Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/>	Tot testosterone	<input type="text"/> ng/dL		
HIV Ag/Ab	Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/>	Hb	<input type="text"/> g/dL	HCT	<input type="text"/> %
RNA Quant (Viral load)	<input type="text"/> log copies/mL	AST	<input type="text"/> unit/L	LDL	<input type="text"/> mg/dL
CD4	<input type="text"/> cells/mcL	ALT	<input type="text"/> unit/L	FBG	<input type="text"/> mg/dL
HLA-B* 5701	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	HbA1c	<input type="text"/> %	TSH	<input type="text"/> mIU/mL

PMH: Please detail relevant past medical history.

EVALUATIONS & ASSESSMENTS: Please provide scores and relevant details (please submit copies, if available)

The Patient Health Questionnaire (PHQ-9)	<input type="text"/>
Generalized Anxiety Disorder 7-item (GAD-7)	<input type="text"/>
Other (Please detail)	<input type="text"/>

PRIOR CONSULTATIONS & RECOMMENDATIONS:



Clear

Save

Print

Submit

For more information or questions about this or other Project ECHO programs,
email IntermountainProjectECHO@imail.org

Hub Members

- Matt Bryan, MD
- Nathan Allred, MD
- Rebecca Klotzer, PA-C
- Philip Bassett, PharmD
- Ejay Jack, LCSW
- Peter Best, MPH, CHES, MSW(c)
- Emilee Bogdan

Presenters

- Kelsey Genovesse, PA-C
- Brent Pace, LCSW
- Mason Turner, MD
- Rixt Luikenaar, MD
- Nicholas Kim, MD
- Susana Keeshin, MD
- Nikki Mihalopoulos, MD
- Colleen Kuhn, PhD

Participants (“spokes”)

Expectations:

- Join as many sessions as possible
- Participate in discussions, provide feedback/advice
- Bring forward cases to present- ideally 2 weeks prior
- Be open-minded and respectful
- Have fun 😊

PLEASE:

- Enter **Name, Pronouns, Profession, Location** in the chat

Schedule

8/9/2022	ECHO Basics LGBTQ 101 - Pronouns, Terminology, Disparities	Matt Bryan, MD	<ol style="list-style-type: none"> 1. Define commonly used LGBTQ terminology 2. Examine disparities and common misconceptions about LGBTQ population 3. Recognize importance of "Sexual Orientation, Gender Identity" (SOGI) 4. Employ a perceptive approach to managing LGBTQ health issues 5. Use the "all teach, all learn" philosophy used in Project ECHO
8/23/2022	Taking a Sexual Health History from LGBTQ Patients	Kelsey Genovesse, PA-C	<ol style="list-style-type: none"> 1. Conduct appropriate sexual history of LGBTQ individuals 2. Compare differences between sexual health histories of non-LGBTQ population vs. LGBTQ population 3. Develop comfort level in taking sexual histories of LGBTQ patients
9/13/2022	Sexually Transmitted Infection (STI) Screening/Prevention/Treatment: How is This Different for LGBTQ Patients?	Kelsey Genovesse, PA-C	<ol style="list-style-type: none"> 1. Review common STIs and the differences in incidence/prevalence between non-LGBTQ and LGBTQ patient populations 2. Use accurate STI screening for the LGBTQ population 3. Analyze current standards of care in treatment of STIs
9/27/2022	Depression/Anxiety/Sexual Identity/Intimate Partner Violence: Special Considerations with the LGBTQ Population	Brent Pace, LCSW	<ol style="list-style-type: none"> 1. Review the types of mental health issues facing LGBTQ patient 2. Analyze effects of mental health on overall health and healthcare access by LGBTQ population 3. Apply skills in managing mental health concerns of LGBTQ population
10/11/2022	Substance Use: Tobacco, Drugs, Alcohol in the LGBTQ Population	Mason Turner, MD	<ol style="list-style-type: none"> 1. Examine disparities facing LGBTQ population regarding substance use disorders 2. Demonstrate how to appropriately screen for substance use disorders in LGBTQ patients 3. Compare resources for substance use treatment of LGBTQ individuals
10/25/2022	Gender Affirming Hormone Therapy (GAHT)	Rixt Luikenaar, MD,	<ol style="list-style-type: none"> 1. Examine process of safely prescribing hormone replacement therapy for gender affirming care 2. Analyze standards of care for Gender Affirming Hormone Therapy (GAHT), including requirements, guidelines, recommendations 3. Summarize appropriate follow up care while prescribing GAHT to transgender patients 4. Identify possible complications of GAHT therapy

11/8/2022	Gender-Affirming Surgery and Aftercare	Nicholas Kim, MD	<ol style="list-style-type: none"> 1. Compare types of gender affirming procedures available. 2. Examine which individuals are good candidates for gender-affirming procedures. 3. Discuss Standards of Care for gender-affirming surgery and aftercare 4. Develop familiarity with insurance and coverage issues for gender-affirming surgery and aftercare. 5. Evaluate resources/referral options for gender affirming surgery. 6. Evaluate surgical aftercare and common complications.
11/22/2022	HIV Prevention: Pre-Exposure Prophylaxis (PrEP)	Susana Keeshin, MD,	<ol style="list-style-type: none"> 1. Identify candidates for PrEP/ HIV prevention. 2. Demonstrate how to competently and safely prescribe PrEP. 3. Outline monitoring and follow-up when prescribing PrEP. 4. Compare complications and side effects of PrEP.
12/13/2022	HIV Treatment: Treatment as Prevention (TaP), Early Treatment, Post-Exposure Prophylaxis	Nate Allred , MD	<ol style="list-style-type: none"> 1. Analyze side effects and complications of HIV treatment. 2. Explain Undetectable = Untransmittable (U=U). 3. Examine basics of HIV treatment options. 4. Apply best practices and standards of care in HIV treatment. 5. Employ local resources for HIV treatment.
1/10/2023	Youth LGBTQ	Nikki Mihalopoulos, MD, Colleen Kuhn, Ph.D.	<ol style="list-style-type: none"> 1. Identify common issues and health concerns in the LGBTQ youth/adolescent population. 2. Identify common issues and health concerns in the senior LGBTQ population. 3. Formulate a plan to address disparities experienced by youth/adolescent and senior LGBTQ populations.
1/24/2023	Preventive Care for the LGBTQ Community	Matt Bryan, MD	<ol style="list-style-type: none"> 1. Appraise common preventable issues in LGBTQ population. 2. Outline appropriate preventive care screening of LGBTQ individuals. 3. Examine common barriers to preventive care for this population.
2/14/2023	Family Planning: Barriers, Loopholes, and Special Considerations for Same-Sex Couples & Transgender Individuals	Panel Discussion Facilitator: Matt Bryan, MD	<ol style="list-style-type: none"> 1. Examine differences in family planning between LGBTQ and non-LGBTQ populations. 2. Compare reproductive options for LGBTQ individuals, 3. Analyze legal issues related to family planning that may be faced by LGBTQ population
2/28/2023	Obesity and LGBTQ Health		<ol style="list-style-type: none"> 1. Examine disparities and barriers to care facing LGBTQ population regarding obesity, 2. Identify specific risk obesity factors for LGBTQ patients 3. Discuss evidence based treatment strategies for obesity, with focus on the LGBTQ population.



Project ECHO- LGBTQ Patient Care

Session 1: LGBTQ Health 101

August 9, 2022

Matt Bryan, MD *(he/him)*

Medical Director of LGBTQ Health

Internal Medicine- Salt Lake Clinic

Disclosures

none

Objectives

1. Define commonly used LGBTQ terminology
2. Examine disparities and common misconceptions about LGBTQ population
3. Recognize importance of "Sexual Orientation, Gender Identity" (SOGI)
4. Employ a perceptive approach to managing LGBTQ health issues
5. Use the "all teach, all learn" philosophy used in Project ECHO

What is LGBTQIA+?

L= Lesbian

G= Gay

B= Bisexual

T= Transgender

Q= Queer/ Questioning

I= Intersex

A= Asexual/ Ally



Sexual Orientation ≠ Gender Identity

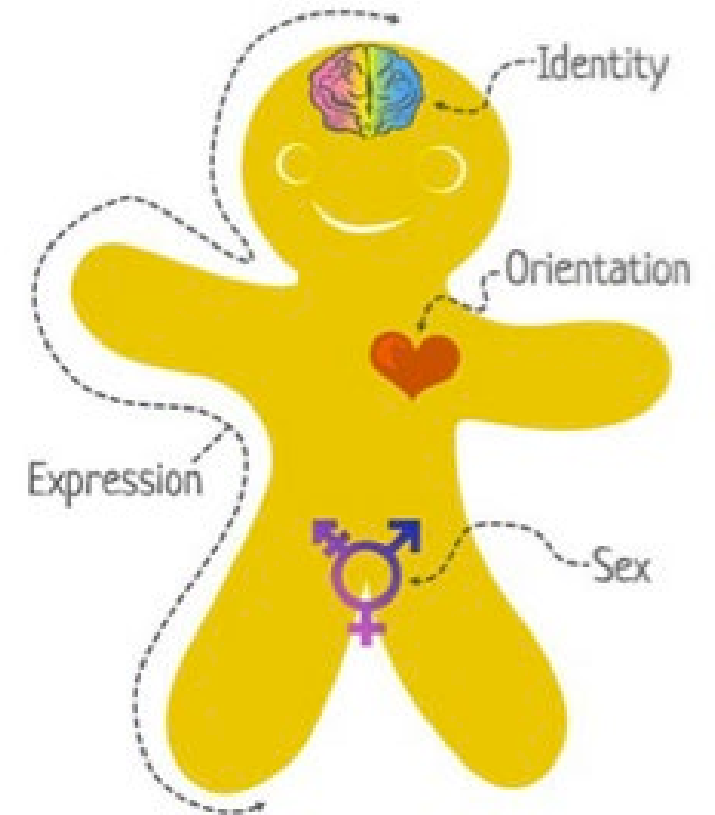
Sexual Orientation (*LGB*)

- *Attraction* to others: physical, romantic, emotional
- Cannot tell by looking at someone, this is their own identity
- Who someone loves

Gender Identity (*T*)

- *Internal sense* of gender
- Spectrum
- Cannot tell by looking at someone, this is their own identity
- Who someone is
 - Cisgender- when sex assigned at birth matches current gender identity
 - Transgender- when sex assigned at birth does NOT match current gender identity
 - Nonbinary/ Gender Diverse/ Genderqueer/ Gender fluid/ Gender nonconforming- neither fully male nor female

The Genderbread Person



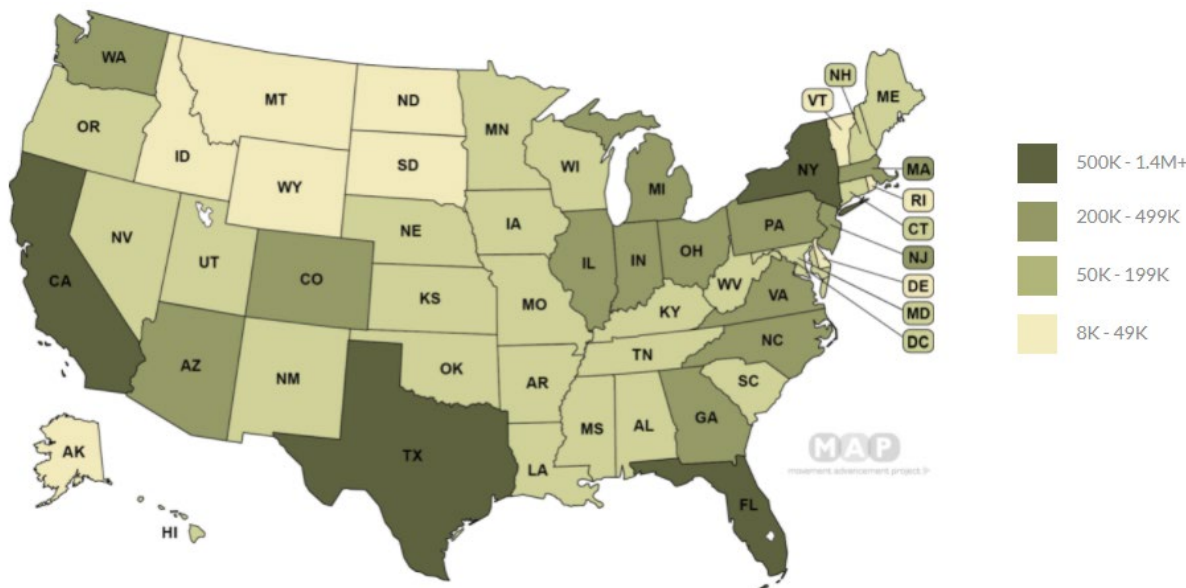
Utah's LGBTQ+ Population

Williams Institute

Households headed by same-sex couples:

SLC: 15.36 out of every 1,000

81st out of 1,415 cities nationwide



Estimated UT Population of Transgender individuals: 10,200 – 27,360

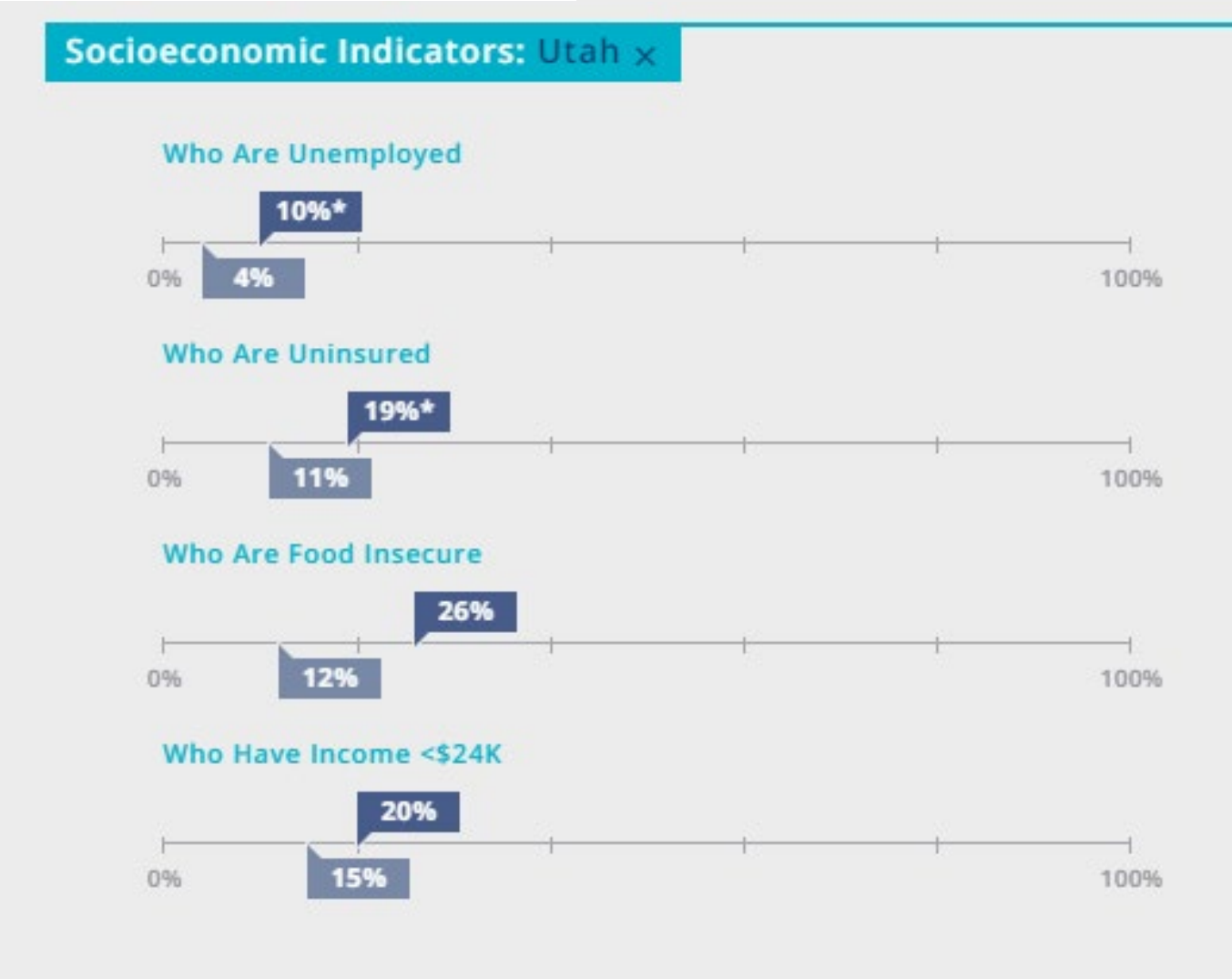
U.S. cities ranked by LGBT population

In a Gallup poll released Friday, the 50 largest metropolitan areas in the U.S. were ranked by the percentage of adults who identify as LGBT.

HIGHEST	
San Francisco (including Oakland, Hayward)	<div></div> 6.2%
Portland, Ore. (Hillsboro, Ore.; Vancouver, Wash.)	<div></div> 5.4
Austin, Texas (Round Rock)	<div></div> 5.3
New Orleans (Metairie)	<div></div> 5.1
Seattle (Tacoma, Bellevue)	<div></div> 4.8
Boston (Cambridge, Newton)	<div></div> 4.8
Salt Lake City	<div></div> 4.7
Los Angeles (Long Beach, Anaheim)	<div></div> 4.6
Denver (Aurora, Lakewood)	<div></div> 4.6
Hartford, Conn. (West Hartford, East Hartford)	<div></div> 4.6

LGBTQ Disparities

■ LGBT individuals average age 32.9
■ Non-LGBT individuals average age 44.9



Disparities

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.⁵

% of adults with health insurance



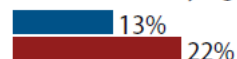
Health Disparity #2: LGB adults are more likely to delay or not seek medical care.⁶

% of adults delaying or not seeking health care



Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.⁷

% of adults delaying or not getting prescriptions



Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.⁸

% of adults receiving ER care



Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #5: Heterosexual adults are more likely to report having excellent or very good overall health.⁹

% of adults reporting excellent or very good health



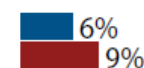
Health Disparity #6: Lesbian and bisexual women are less likely to receive mammograms.¹⁰

% of women receiving a mammogram in past 2 years



Health Disparity #7: LGB adults are more likely to have cancer.¹¹

% of adults ever diagnosed with cancer



Disparities

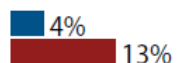
Health Disparity #8: LGB youth are more likely to be threatened or injured with a weapon in school.¹²

% of youth threatened or injured with a weapon



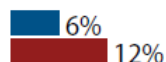
Health Disparity #9: LGB youth are more likely to be in physical fights that require medical treatment.¹³

% of youth in a physical fight requiring medical treatment



Health Disparity #10: LGB youth are more likely to be overweight.¹⁴

% of youth who are overweight

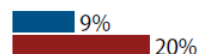


Impact of societal biases on mental health and well-being

■ Heterosexual ■ LGB ■ Transgender

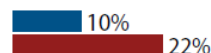
Health Disparity #11: LGB adults are more likely to experience psychological distress.¹⁵

% of adults experiencing psychological distress in past year



Health Disparity #12: LGB adults are more likely to need medication for emotional health issues.¹⁶

% of adults needing medication for mental health



Health Disparity #13: Transgender adults are much more likely to have suicide ideation.¹⁷

% of adults reporting suicide ideation



Health Disparity #14: LGB youth are much more likely to attempt suicide.¹⁸

% of youth reporting suicide attempts

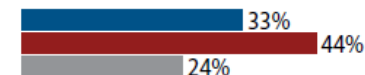


Impact of societal biases on engaging in risky behavior

■ Heterosexual ■ LGB ■ Transgender

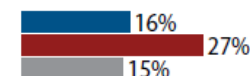
Health Disparity #15: LGB adults are more likely to have problems with alcoholism.¹⁹

% of adults reporting alcohol abuse



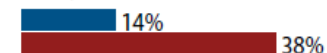
Health Disparity #16: LGB adults are more likely to smoke cigarettes.²⁰

% of adults who smoke



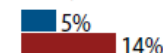
Health Disparity #17: LGB youth are more likely to smoke cigarettes.²¹

% of youth who smoke



Health Disparity #18: LGB youth are more likely to take risks in automobiles.²²

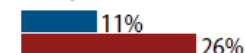
% of youth who rarely or never wear seatbelts



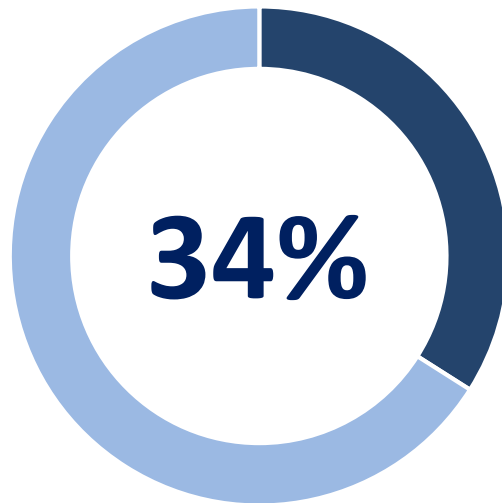
% of youth who have ridden with a driver who had been drinking



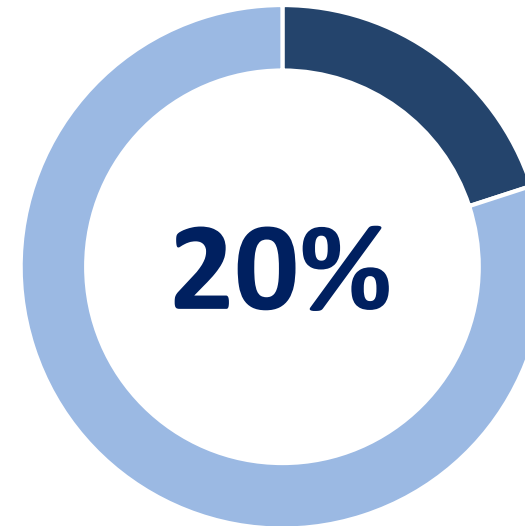
% of youth who drove after drinking



Transgender Health Disparities in Utah



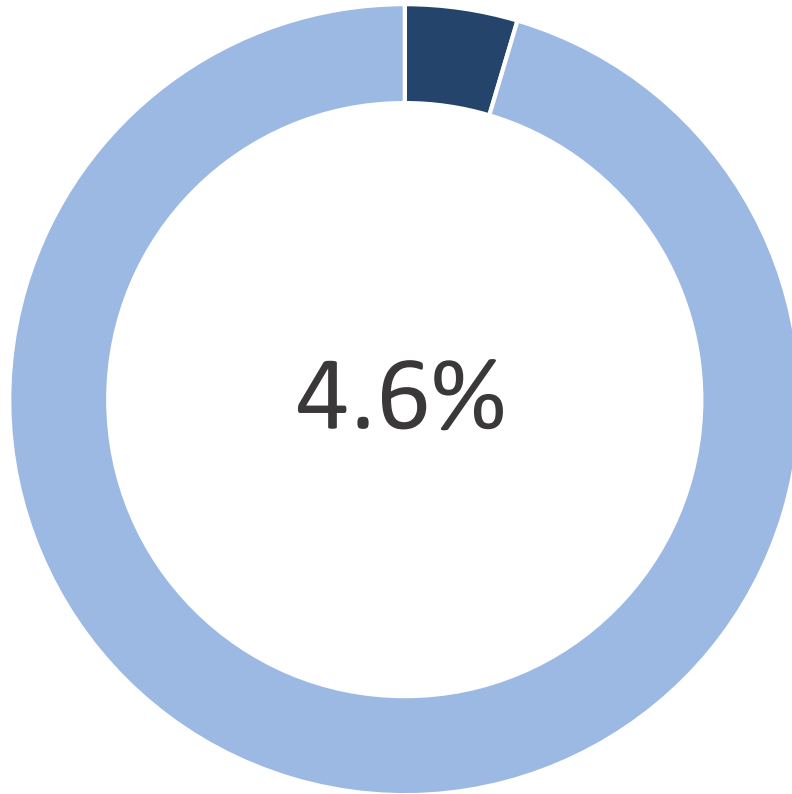
Had >1 negative experience related to being transgender when seeing a healthcare provider



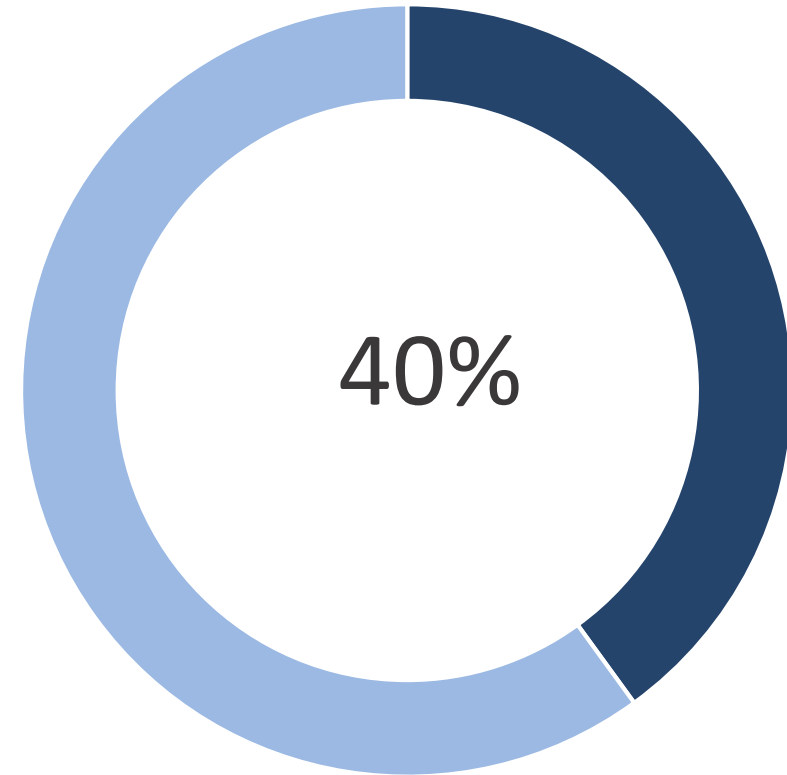
Reported that a professional (e.g., psychologist) tried to stop them from being transgender

Suicide Attempts 9x Higher in Transgender Population

Cisgender, general population



Transgender



Common Health Concerns

Same medical concerns as non-LGBTQ pts, but additional medical concerns

- Overall
 - Higher rates of mental health issues due to disparities and minority stress
 - Searching for safe spaces, affirming care, competent providers
- Lesbian/Bisexual Women
 - Lower cancer screening rates
 - Higher rates tobacco use
 - Higher rates obesity
- Gay/Bisexual Men
 - Higher rates STIs and HIV
 - Substance use
 - HIV Prevention: PrEP
- Transgender/ Nonbinary/ Gender Variant
 - Seek affirming care: Hormone Therapy, Surgery
 - Mental health- PTSD, Depression



Common Health Concerns

PrEP- HIV Pre-Exposure Prophylaxis

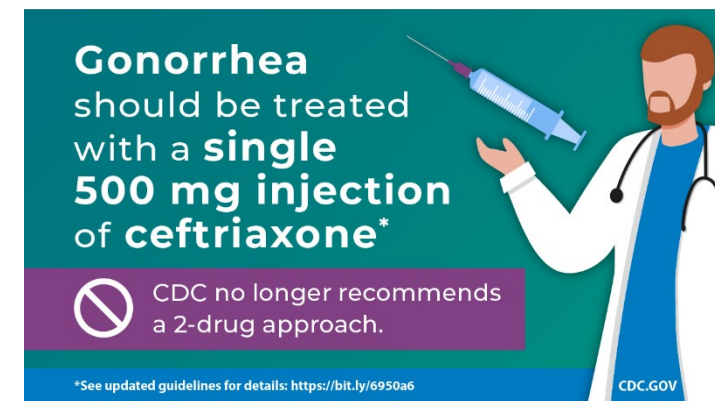
- 2021 CDC Recommendation Updates: Simplified!
 - Any sexually active adult
 - More than 1 partner, inconsistent condom use
 - Bacterial STI in past 6mo (GC/CT/Syphilis) of note: +CT excluded in WSM/MSW
 - Partner living with HIV- if detectable or unknown viral load
 - Person Who Injects Drugs (PWID)
 - Injected in past 6mo
 - Share equipment

STI screening- MSM/MSMW

- Any STI sx: check HIV, syphilis, TRIPLE site GC/CT (oropharyngeal, rectal, urine)

STI Treatment

- CDC recs-
 - GC- ceftriaxone 500 IM x1 [recheck pharyng swab in 7-14d]
 - CT- doxy 100 BID x7d
- Encourage partners to be tested/treated



Common Health Concerns

Transgender Affirming Care

- **Medications**

- *Feminizing:*

- Estrogens- Estradiol transdermal patches 0.1-0.4mg twice weekly; IM estradiol valerate/cypionate 2-20mg q1-2w; Estradiol 1-6mg SL/PO
 - Antiandrogens- Spironolactone 50-100mg BID
 - Progestins- Progesterone PO 100-200 qhs; or IM; or depo provera.

- *Masculinizing:*

- Testosterone- Testosterone cypionate IM/SC 50-200mg q1-2 weeks; Testosterone topical gel 2.5-10g/d

- **Surgical Procedures**

- *Feminizing:* breast augmentation, orchiectomy, vaginoplasty, vulvoplasty, tracheal shave, facial feminization surgery (FFS)
 - *Masculinizing:* masculinizing 'top' surgery (mastectomy), TAH/BSO, phalloplasty, metoidioplasty

- **Nonsurgical management**

- Name change, legal gender marker change, hair, clothes, makeup
 - *Feminizing:* electrolysis, laser hair removal, tucking, voice coaching
 - *Masculinizing:* binding, packing

Charting

iCentra

- Preferred name
- Pronouns
 - 'i' next to legal sex marker when Mismatch btw sex assigned at birth and current gender identity
- Working on 'Organ Inventory' to help with advisories/recs
- OPEN NOTES-
 - Pts read what we write about them
 - Use their preferred name and their pronouns- when in doubt use THEY/THEIR pronouns
 - ICD10 codes

Patient Information: YTEST, ANNEMARIE M, Age: 45 years, DOB: 03/03/1976, Allergies: Peanuts, Absorbable, Sex: Female

Sexual, Gender Identity and Orientation

Do you think of yourself as:

- ☐ Lesbian, gay or homosexual
- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Something else, please describe (Other)
- ☐ Don't know
- ☐ Choose not to disclose
- ☐ Other:

What is your current gender identity?

- ☐ Identifies as female
- ☒ Identifies as male
- ☐ Female to Male/Transgender Male/Trans Man
- ☐ Male to Female/Transgender Female/Trans Wo...
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Add'l gender category, please specify (Other)
- ☐ Choose not to disclose
- ☐ Other:

What was your sex assigned at birth?

- ☒ Female
- ☐ Male
- ☐ Inter-sex (both-sexes)
- ☐ Prefer not to answer

Preferred pronoun(s):

- ☐ She/Her
- ☒ He/Him
- ☐ They/Their
- ☐ Other:

Sexually active: ☐ Yes ☐ No

First active at age: Age Year(s)

Number of partners in your lifetime:

What method(s) of protection/contraception do you use?

- ☐ Condoms
- ☐ Birth control pills
- ☐ IUD
- ☐ Natural planning
- ☐ Other:

Comment:

ICD-10 Code	Description of codes
	PLEASE AVOID:
722.51	High-risk heterosexual behavior
722.52	High-risk homosexual behavior
722.53	High-risk bisexual behavior
	INSTEAD CONSIDER:
220.6	Contact with and (suspected) exposure to HIV
220.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
211.3	Encounter for screening for infections with a predominantly sexual mode of transmission
211.4	Encounter for screening for HIV
211.59	Encounter for screening for other viral diseases
272.89	Other problems related to lifestyle (For Hepatitis C tests for patients insured through Medicare)
220.5	Contact with and (suspected) exposure to viral hepatitis
277.21	Contact with and (suspected) exposure to potentially hazardous body fluids

Tips

- **Validate & Affirm Identities**
 - Be sensitive of language
 - Preferred name and pronouns (he, she, they)
 - Ask them how they identify
 - Avoid gendered terms:
 - *ma'am, sir, hi guys*
 - Avoid assumptions:
 - husband/wife- spouse/partner
 - son/daughter- child
 - mom & dad- parents
 - Verify, clarify, ask
 - How do you refer to yourself/body/partner/child/parent
- **Terms and ideas can be initially confusing**
 - OK to make mistakes. OK to ask clarifying questions, but not just to ask out of curiosity.



What is Intermountain Doing?



- **LGBTQ Health Program**
 - Overarching leadership structure over LGBTQ care
- **Gender Care Program**
 - Peri-op care, masculinizing top surgery, breast augmentation, orchiectomy, hysterectomy, vaginoplasty, phalloplasty
- **Collecting Sexual Orientation & Gender Identity (SOGI) Data**
- **Interdisciplinary Gender Board**
 - Interdisciplinary team meetings to share Gender Care best practices and review complex cases. *3rd Thursday of Month, 7-8am*. Please email genderboard@imail.org to join or if you have a patient you would like to review. CMEs available.
- **Patient and Family Advisory Council (PFAC)**
 - LGBTQ patient and families providing valuable feedback on Intermountain services
- **Steering Committee**
 - Monthly meeting to elevate systemic issues and concerns while focusing on innovative solutions specific to LGBTQ+ Health & Gender Care
- **Gender Care Navigation Referral**
 - iCentra referral if your patients need additional gender affirming care and navigation assistance (e.g. surgery, pelvic floor, voice therapy, etc). Our Social Worker will reach out to the patient, complete a quick assessment and navigate to appropriate services.
- **Health Equality Index- Leader status**

Resources

- National LGBTQIA+ Health Education Center/ Fenway Health- webinars/training: <https://www.lgbthealtheducation.org/lgbt-education/webinars/>
- Callen-Lorde: <http://callen-lorde.org/transhealth/>
- Center of Excellence for Transgender Health: <http://www.transhealth.ucsf.edu/trans>
- National Network of STD Clinical Prevention Training Centers (NNPTC): www.nnptc.org
- AIDS Education and Training Centers: www.aids-ed.org
- The Trevor Project: The Trevor Project is a phone and internet chat hotline for LGBTQ people. The Trevor Project will speak or chat with people of all ages. 1-866-488-7386
<http://www.thetrevorproject.org/section/get-help>
- National Suicide Prevention Helpline 1-800-273-8255 <http://www.suicidepreventionlifeline.org/>
- CDC STI Guidelines: <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. August 2012. <https://www.wpath.org/>

Questions /Comments/ Discussion

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