



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

PrEP for Transgender and Gender-Diverse People

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September 28, 2020

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

We offer educational programs, resources, and consultation to health care organizations to facilitate affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications



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- Alternatively, e-mail us at lgbthealtheducation@fenwayhealth.org for less urgent questions.



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- Completing the evaluation is required to obtain a CME/CEU certificates.

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This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Learning objectives

1. Summarize barriers to PrEP among transgender and gender-diverse people and identify ways to overcome barriers.
2. Describe the evidence for PrEP for transgender and gender-diverse people.
3. Manage common clinical questions that arise when providing PrEP for transgender and gender-diverse people.

Sexual orientation and gender identity are not the same.

- All people have a sexual orientation and gender identity.
 - These may change over time.
 - Terminology varies.
- Gender identity ≠ sexual orientation



Gender identity and gender expression

■ Gender identity

- A person's inner sense of being a girl/woman, boy/man, something else, or having no gender
- All people have a gender identity.

■ Gender expression

- How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
- May be on a continuum

A complete glossary of terms is available at <https://www.lgbtqiahealtheeducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>

Gender identity terminology

- Transgender: Gender identity not congruent with the sex recorded on the original birth certificate
- Alternate terminology
 - Transgender woman, trans woman
 - Transgender man, trans man
- Non-binary
 - Genderqueer person, gender fluid person
- Trans masculine, Trans feminine
- Gender identity is increasingly described as on a continuum



What Does 'Q' Stand For?

- 'Q' may reflect someone who is 'questioning' their sexual orientation or gender identity.
- 'Q' may stand for 'queer,' a way some people identify to state they are not straight but also do not identify with gay, lesbian or bisexual identities.
- It is now also a term of self-identification for many gender-diverse people. The term queer is particularly commonly used by younger people.

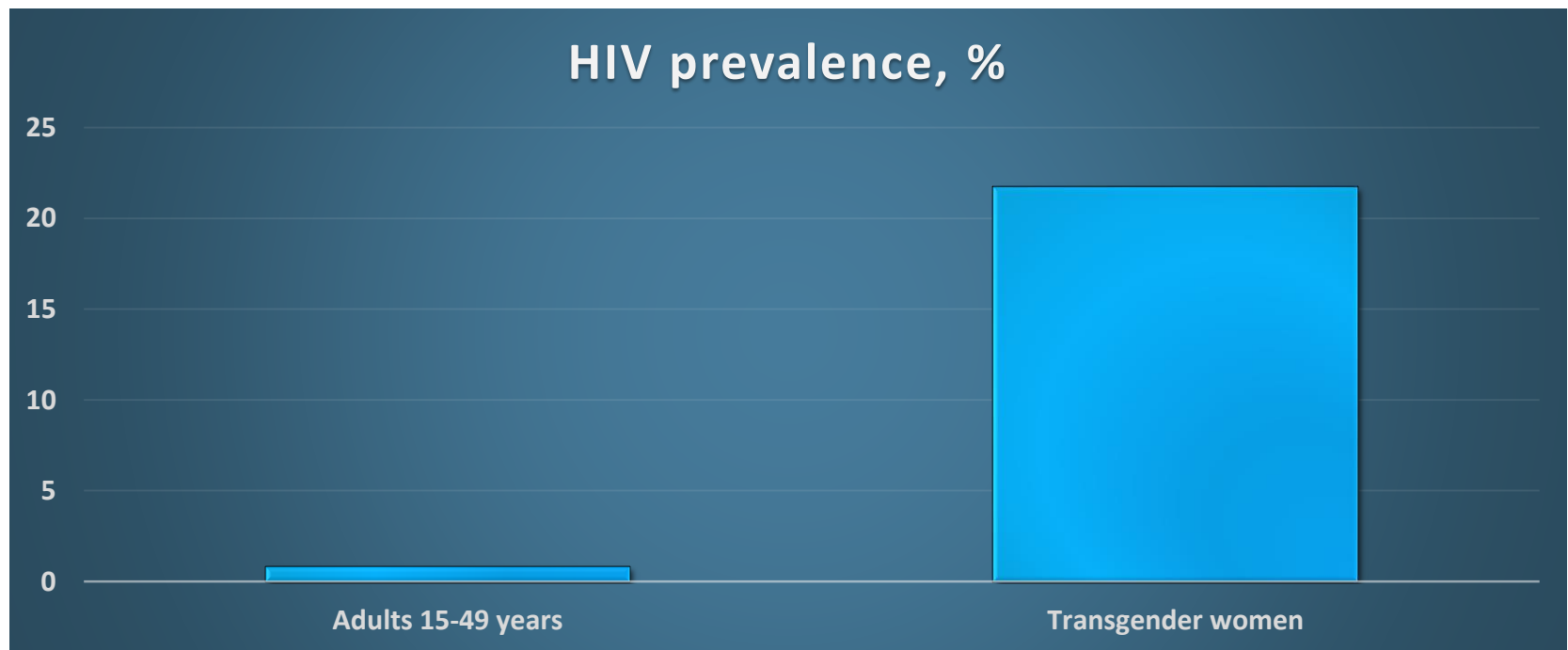
Transition or affirmation

- The process of changing from living and being perceived as the gender traditionally associated with the sex assigned at birth to living and being perceived as the individual sees and understands themselves
 - Social affirmation
 - Legal/document changes
 - Hormone therapy
 - Surgical affirmation
- Many prefer the terms “gender affirmation” or “gender confirmation” over “transition.”

Transgender and gender-diverse people experience a high burden of HIV.

- HIV risk tends to be greater for trans feminine than trans masculine people.
- However, some trans masculine people who have sex with cisgender men and who may identify as gay or bisexual men also have a high risk for HIV infection.
- Worldwide, transgender woman are 49 times more likely to be living with HIV than other adults.
- Little is known about HIV risk for people who identify as non-binary.

Transgender women face a high burden of HIV infection.



Baral SD, et al. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. Lancet Infect Dis. 2013;13:214.



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Data on HIV among trans masculine people are sparse.

- Prevalence estimates range from 0-4.3%.
- Some transmasculine people engage in sex with cisgender male partners; these partners are often gay or bisexual men.
- Could tissue atrophy from testosterone therapy or oophorectomy increase HIV acquisition risk from frontal (vaginal) sex?

1. Reisner SL, Murchison GR. A global research synthesis of HIV and STI biobehavioural risk in female-to-male transgender adults. *Global Public Health*. 2016;11(7-8):866.
2. Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, et al. Endocrine treatment of transsexual persons: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab*. 2009;94:3132.

Transgender and gender-diverse people face multiple vulnerabilities for HIV infection

- Poverty and unemployment
- Engaging in sex work
- Rejection from their families of origin
- Societal discrimination
- Violence victimization, including intimate partner violence, sexual assault, and other gender-based violence
- Drug use by transgender people themselves and/or their sexual partners

Gender identity does not confer risk for HIV. HIV risk arises from sexual and drug-use behavior and the social contexts in which people live. Determining if a transgender person could benefit from PrEP depends upon their behavior, not on their gender identity.



Transgender and gender-diverse people may also face unique barriers to PrEP

- Lack of awareness
- Lack of provider expertise
- Lack of health insurance
- Competing priorities
- Concerns about drug-drug interactions with gender-affirming hormones

Which transgender and gender-diverse people need PrEP?

GROUP	RISK FACTORS	ESTIMATED POPULATION SIZE
Men who have sex with men (MSM)	<ul style="list-style-type: none">- Bacterial STI in the past 6 months- Anal sex without a condom in the past 6 months (outside of a monogamous relationship with an HIV-uninfected man)	~814,000
Heterosexual people	<ul style="list-style-type: none">- Gonorrhea or syphilis in the past 6 months- Sex without a condom in the past 6 months with a partner who has a higher risk of HIV (e.g., bisexual man, PWID) or who is known to have HIV	~258,000
People who inject drugs (PWID)	<ul style="list-style-type: none">- Sharing injection equipment	~73,000

Also consider PrEP for:

- People who engage in transactional sex
 - They may not be able to negotiate condom use.
- People who request PrEP
 - They may have risks they have not disclosed.
- People who are not sure of their partners' risks, especially in higher-burden communities.
 - Knowledge of partners' risks is often imperfect.

Tips for an assumption-free sexual history

1. Ask open ended questions, at least initially.
2. Normalize “less desired” responses: “Many people do not use condoms every time they have sex. How often do you use condoms, if at all?”
3. Mirror patients’ language, if possible. For example, many trans men may say “frontal sex” instead of “vaginal sex.”
4. Do not be so concerned about asking something in the “right” way that the conversation becomes a robotic rather than a professional but natural interaction.

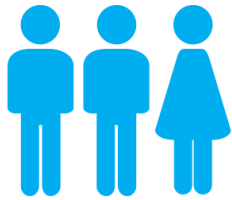


Tips, continued

1. Consider giving patients the option to answer questions indirectly: “I recommend screening for gonorrhea and chlamydia at all sites that might have been exposed. For example, if someone puts their mouth on another person’s penis, I would test the mouth...Which of these sites should you have tested today?”
2. Tone and rapport matter as least as much as the questions themselves. The sexually history should generally not be the first thing discussed in a clinical encounter.



A comprehensive sexual history consists of the 5 Ps.



Partners



Pactices



Past History
of STDs



Protection
from STDs



Pregnancy
Plans

Getting started

- “I’d now like to ask some questions about your sexual history in order to ensure that I recommend the best preventive care for you.”
- “Have you had sex in the past year?”
- “When I use the word sex, I mean...”

Obtaining more information

- “How many people have you had sex with in the past year?”
- “What is (are) the gender(s) of the people you have had sex with?”
- “What types of sex do you have? For example...”
- “Has anyone put their penis in your rectum?” (or some other similarly specific question, if necessary)



Obtaining more information

- “Some surgeries can change the genitals or affect sexual function. Have you had any such surgeries?”
- “Do you ever have sex when you’re drunk or high?”
- “Do you ever trade sex for drugs, money, or something else that you need?”



Case

Antonia is a 45-year-old transgender woman who takes estrogen and spironolactone. At her annual physical, she reports a new sexual relationship with a cisgender man who has HIV. He is not consistently in care for HIV, and she is not sure that his viral load is suppressed. She engages in oral and receptive anal sex with her partner; they use condoms about half of the time. She is interested in PrEP and has normal baseline laboratory studies.

Antonia asks what is known about the effectiveness of PrEP for transgender people and if PrEP interacts with her hormones. How would you counsel her?



What is the evidence for PrEP among transgender people?

- **iPrEX:** This trial of TDF/FTC versus placebo included 339 transgender women out of 2499 total participants. Drug level monitoring suggested that good adherence to PrEP prevented HIV among the transgender participants.
- **DISCOVER:** This trial of TDF/FTC versus TAF/FTC for PrEP included 74 transgender women out of 5387 total participants. TAF/FTC was non-inferior to TDF/FTC for PrEP overall. No transgender woman contracted HIV in the study.

How to choose between TDF and TAF

Clinical feature	Use
Pre-existing renal or bone disease/risk factors	TAF/FTC
Patient has anal sex only	TDF/FTC or TAF/FTC
Patient has receptive vaginal sex (trans woman with a neovagina, trans man without genital surgery)	TDF/FTC

Monitoring is the same as for cisgender people

At least every 3 months	At least every 6 months
HIV test, preferably antibody/antigen assay	Serum creatinine to estimate creatinine clearance
STI screening (syphilis serology and 3-site gonorrhea/chlamydia NAAT)	
Urine pregnancy test in those who could become pregnant	

At most visits: Assess tolerability and adherence, re-assess HIV risk and need for PrEP

Preexposure prophylaxis for prevention of HIV infection in the United States. CDC. 2018.

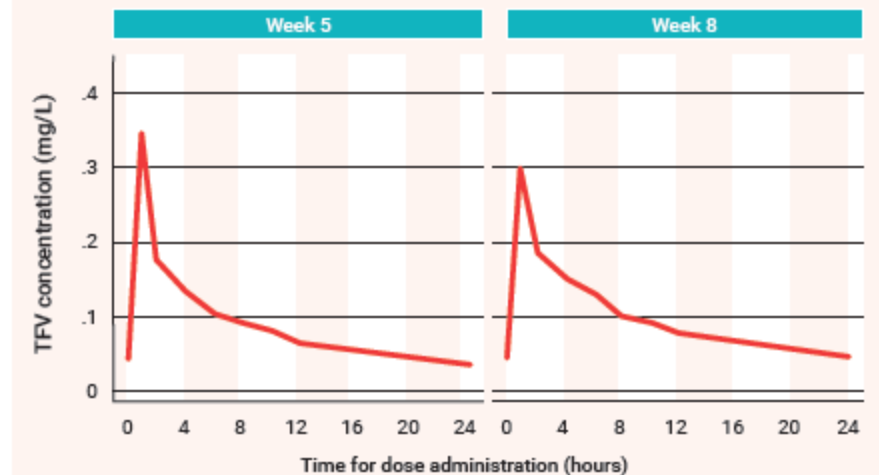
Does PrEP interact with gender-affirming hormones?

- Hormone therapy is a priority for many transgender and non-binary people.
- Concerns about drug-drug interactions between PrEP and hormones may impact willingness to take PrEP and/or adherence.
- The medications currently available for PrEP do not impact levels of feminizing or masculinizing hormones.
- Hormone therapy does not appear to impair the effectiveness of PrEP, provided patients take PrEP daily as prescribed.
 - No infections in those with high PrEP adherence in iPrEx.
 - Tenofovir concentrations adequate in women taking hormones in DISCOVER

Drug-drug interactions: the iFACT study

- **Population:** 20 transgender women who had not undergone orchiectomy
- **Methods:**
 - Prescribed estradiol valerate and cyproterone acetate weeks 0-5 and 8-15
 - Prescribed PrEP beginning week 3
- **Outcomes:**
 - No effect of PrEP on estradiol or testosterone levels
 - Tenofovir levels 13% lower with hormones, likely not clinically significant

Figure 3 Median TFV concentration-time curves



Barriers and facilitators to PrEP: Qualitative research

- PrEP messaging has been focused on MSM:
 1. MSM media do not reach transgender women
 2. Off-putting to transgender women
- Interest is generally high when PrEP is explained
- Desire to obtain PrEP from a prescriber of gender-affirming hormones
- Concerns about:
 1. Adding another medication to the multiple medications that many transgender people take
 2. Interactions between PrEP and hormone therapy

1. Sevelius JM, Keatley J, Calma N, Arnold E. "I am not a man": Trans-specific barriers and facilitators to PrEP acceptability among transgender women. *Global Public Health*. 2016;11(7-8):1060.
2. Rael CT, Martinez M, Giguere R, et al. Barriers and facilitators to oral PrEP use among transgender women in New York City. *AIDS Behav*. 2018. doi 10.1007/s10461-018-2102-9.

Transgender people may also face unique barriers to PrEP

- Lack of awareness – **Providers should bring it up**
- Lack of health insurance – **Medication assistance programs**
- Competing priorities – **Same-day PrEP, one-stop shopping**
- Concerns about drug-drug interactions with gender-affirming hormones – **Counseling about what is known and not known**

Providing PrEP for transgender and gender-diverse people

In addition to the recommended baseline testing and monitoring, holistic PrEP care for transgender people includes:

1. Making clinical environments welcoming
2. Providing transgender-related information, resources, and referrals
3. Inquiring about sexual behavior in way that does not convey assumptions about anatomy, gender identity, or sexual orientation
4. Providing mental health or psychosocial counseling, if necessary
5. Comprehensive sexual health care

Additional resources


PrEP Action Kit (Updated 2020)




Originally published on 3 June, 2020

This PrEP Action Kit includes clinical resources to help providers incorporate PrEP into their practices. Including helpful resources such as tips on taking a comprehensive sexual history, frequently asked questions about PrEP and information on PrEP prescribing and monitoring. This action kit is an essential resource for all providers treating LGBTQIA+ patients or patients at risk of HIV infection.

This kit was updated in the Spring of 2020.

 Download this Publication

 Filed under HIV/STI Treatment and Prevention, Pre-Exposure Prophylaxis (PrEP)



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Access the Delivering HIV Prevention and Care to Transgender People CME/CEU Program



[The Delivering HIV Prevention and Care to Transgender People web-based CME/CEU program](#) is designed to assist providers caring for transgender people, with a focus on transgender women. The web-based program presents the latest data on transgender women and HIV, lists health disparities, describes the roles that stigma and discrimination play in contributing to these disparities, and provides tips on how to provide patient-centered care. The program presents strategies to make clinical environments more welcoming to transgender patients and covers critical topics to HIV prevention and care among transgender women—including PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis); initiation of and adherence to ART (antiretroviral therapy); safer sexual behaviors; STDs (sexually transmitted diseases) and HIV; and other important topics such as interactions with hormone therapy, partner-notification services, and referral resources. The [video program](#) is organized into five chapters:

Take-home points

- Clinicians can take steps to overcome barriers to PrEP for transgender and gender-diverse people
- PrEP is thought to benefit all those with sexual risks for HIV, provided medication adherence is good



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The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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