Screening and Preventative Care of Transmen and Transwomen

	Female to Males	Male to Females
Vaccinations	Same as cisgender population.	
Mental Health	Routinely screen all patients for depression/suicidal ideation.	
Substance Use	Routinely screen all patients for nicotine, alcohol, and illicit drug use, including illicit hormones.	
CV disease	Screen for CV risk factors and modify if possible, especially if on hormones. Consider aspirin in high risk patients.	
Hypertension	Goal BP < 140/90. Screen every 3 months if on hormones, otherwise screen as per cisgender population.	
Lipids	- If not on hormones, screen/treat as per cisgender guidelines (goal LDL <3.5 mmol/L if planning to start hormones in 1-3 years); - If on hormones, goal LDL <3.5 mmol/L for low-moderate risk patients and <2.5 mmol/L for high risk patients.	
Diabetes	Screen/manage diabetes as per cisgender guidelines.	
	Consider screening for PCOS on history.	Currently on hormones: Annual glucose testing if family history of diabetes and/or >5 kg weight gain.
MSK	Encourage regular exercise.	
	If on testosterone, avoid tendon rupture during strength training by increasing weight load gradually (emphasize more repetitions rather than increased weight).	

Osteoporosis	- If not on hormones follow cisgender guidelines;
	- If past/present hormone use, recommend vitamin D/calcium. Screen if:
	  - >50, on testosterone for significant amount of time *and* additional risk factors
	  - > 50, on testosterone for 5-10+ years (regardless of risk factors)
	  - Stopped testosterone;
	- If past/present hormone use and oophorectomy, encourage continuation of testosterone (or start bisphosphonates), along with vitamin D/calcium. Screen if:
	  - >50 years, on testosterone for 5+ years
	  - Stopped testosterone post-oophorectomy
	  - > 60 and on testosterone < 5 years.
		- If not on hormones, follow cisgender guidelines;
		- If past/present hormone use recommend vitamin D/calcium. Screen if:
		  - >60 and off estrogen > 5 years
		  - On anti-androgens for significant time without estrogen;
		- Post-orchiectomy: Encourage continuation of estrogen (low dose sufficient), recommend vitamin D/calcium; consider bisphosphonates if risk factors for osteoporosis. Screen if:
		  - Elevated luteinizing hormone levels
		  - Stopped cross-sex hormones.

Breast Cancer	- No top surgery: Follow cisgender guidelines; - Post-mastectomy: Yearly chest wall/axillary exam as some breast tissue remains.	Screening mammogram recommended if past/current hormone use *and* >50 *and* additional risk factors (estrogen and progestin use > 5 yrs, family history of breast cancer, BMI >35) *(not supported by evidence).*
Cervical Cancer	Screen as natal female, inform lab of hormonal status (testosterone can cause atrophic changes).	Post-vaginoplasty: If penis was used to create neocervix, screen as per natal female guidelines. Consider vaginal pap smears if history of genital warts, especially if immunocompromised.
Prostate Cancer		Screen as per natal male guidelines. Prostate is not removed during genital surgery. Androgen-deficit patients may have falsely negative PSA results, even if prostate cancer.
HIV, Hepatitis B/C	One time testing in all patients. Screen at risk patients every 6 months.	
STIs	Illicit thorough sexual history if patient comfortable. Screen all sexually active patients yearly (and every 6 months if ongoing risk factors). Urine specimens can be used in all patients regardless of anatomy.	