Provincial Adult Gender-Affirming Primary Care Clinical Pathway

1. Applies to all patients >18 years old:
- Who want to explore gender diversity.
- Who request gender-affirming care.
- Where the provider anticipates a need for gender-affirming care.

For all patients, provide an inclusive environment where patients will feel safe. Including:
- Asking, using, and supporting patients with pronouns & affirmed name(s).
- Gender-inclusive facilities.
- Gender-neutral language.
- Only test & assess what is clinically indicated by presenting complaint.
- Ensure trauma-informed care practices.

2. History
- Take a gender history (discussing incongruence between one's experienced/expressed gender and their sex characteristics).
- Past medical, surgical and family history.
- Any medication or gender-affirming care past or present.
- Understand support systems, socio-economic stability, and barriers to care.
- Determine overall gender-affirmation goals.

3. Assessment
- Confirm gender dysphoria diagnosis (gender incongruence)
- Address mental health concerns which may interfere with diagnostic clarity, capacity to consent or medical treatments.

4. Red Flag(s)
Active psychosis, imminent risk of self-harm or suicide, impaired capacity?

Yes → Assess and stabilize. Refer to urgent psychiatry if required. See referral guideline tab for details

No

Stable medical or mental health co-morbidities should be managed concurrently, aiming to reduce any negative impact on the outcomes of gender-affirming care.

5. Non-Medical Options
- Community supports
- Education & resources (e.g., gender-affirming gear, voice training)
- Name and documentation changes
- Counselling

Follow options 6, 7, 8 as appropriate and end at box 9

6. Medical Options – Hormone Therapy

Ensure discussion on fertility considerations is had.

6a. Estrogen/Androgen blocker (Caution: VTE risk)

Investigations

Baseline: Total testosterone, CBC, ALT, A1C/fasting glucose, lipids, prolactin. If considering spironolactone: CR, electrolytes.

Following dose changes: Total testosterone, estradiol, and if on spironolactone: CR & electrolytes.

Goal: Maintain testosterone in female range (<2mmol/L), estrogen 300-800pmol/L range, minimal side effects & maintain expected physical changes.

Medication	Dose
Androgen Blockers	
Spironolactone	Starting: 50mg po daily Usual: 100-200mg daily. (Max 300mg)
Cyproterone	Starting: 12.5mg po q2days. Usual: 12.5-25mg po daily. (Max 50mg)
Estrogen	
17-beta estradiol	Starting: 1-2mg po daily Usual: 4-8mg daily. (Max 8mg)
Estradiol patch	Starting: 50mcg patch twice/week Usual: 100-200mcg twice/week. (Max 400mcg)
Estradiol valerate* (injectable)	Starting: 3-5mg IM/SC weekly. Usual: 5-10mg IM/SC weekly. (Max 20mg)
Estradiol (transdermal gel)	Starting: 2.5g daily (2 pumps) Usual: 2.5-6.25g (2-5pumps) daily. (Max 6.25g)

*Adjust to target levels

6b. Testosterone (Caution: Rule out risk of pregnancy)

Investigations

Baseline: Testosterone, CBC, ALT, A1C/fasting glucose, lipids.

Following dose changes: Mid-injection cycle testosterone, CBC. Trough testosterone if no amenorrhea >6 months.

Goals: Maintain mid-injection cycle levels in mid-high end of male range (8-35mmol/L), minimize side-effects & maintain expected physical changes.

Medication	Dose
Testosterone	
Testosterone cypionate/enanthate	Starting: 25mg IM or SC q weekly Usual: 50-100mg weekly
Androgel 1%	Starting: 1-2 pumps (1.25-2.5g of gel daily) Usual: 2-4 (2.5-5g of gel daily)

For challenges achieving therapeutic goals, contact transgender-care specialized provider or endocrinology. See referral guideline tab for details.

7. Publicly Funded Gender-Affirming Surgery

Surgery	Criteria	Referral
Mastectomy / Chest masculinization (top surgery)	Request for breast surgery form*. No criteria for being on hormones/ psych letter. BMI under 35 & smoking cessation but criteria may vary by surgeon.	Plastic surgery
Hysterectomy	No criteria for hormones or psychiatry letter.	Gynecology
Phalloplasty & Metoidioplasty (bottom surgery)	12 months lived experience and hormone therapy. Out of province (OOP) funding package requires 2 signatures for public funding. Hysterectomy performed at least 6 months prior. BMI under 40*.	Gynecology for hysterectomy Gender-specialized Psychiatry Plastics GRS Clinic Montreal
Orchiectomy	Diagnosis of gender dysphoria.	Urology
Vaginoplasty with or without cavity (bottom surgery)	12 months lived experience and hormone therapy. Letter from gender-specialized psychiatry. BMI under 40*.	Gender-specialized Psychiatry Plastics GRS Clinic Montreal
Breast Augmentation (top surgery)	Request for breast surgery form*. 12 months lived on hormones with no or negligible breast development. BMI under 35 & smoking cessation but criteria may vary by surgeon.	Plastic surgery

***See link above for specific requirement**

8. Discuss informed consent including considerations for anticipated changes and timelines, risk mitigation, and potential side effects.

9. Support as needed, include ongoing screening based on organ inventory