



# Trans Women's Health Screening Guidelines

*Trans women who have not used cross-sex hormones or gender-affirming surgery may follow recommendations of their birth sex.*

Health Item	< Age 29	Age 30-39	Age 40-49	Age 50-64	Age 65+
<b>General Health Care Considerations:</b>					
<b>Physical Exam (No hormones)</b>	2 physical exams in 20s and 30s		Every 1-2 years	Every 1-2 years	Yearly
<b>Physical Exam (Hormone use)</b>	Upon initiating hormone use, every 2 to 3 months in the first year and then 1 to 2 times per year afterward.				
<b>Vision Exam</b>	Every 1-3 years if you have vision problems or glaucoma risk.				
<b>Dental Exam</b>	Yearly	Yearly	Yearly	Yearly	Yearly
<b>Hearing Exam</b>	Yearly				
<b>Skin (mole) Exam</b>	American Cancer Society recommends skin exams as part of periodic provider exam. Self-exams optional.				
<b>Vaccinations:</b>					
<b>HPV</b>	One time vaccination to decrease risk of cancer from HPV virus				
<b>Hep A &amp; B</b>	One time vaccination, especially if sexually active.				
<b>Influenza</b>	Yearly	Yearly	Yearly	Yearly	Yearly
<b>Pneumonia</b>	Patients with compromised immune system				Once
<b>Tetanus-Diphtheria</b>	Every 10 years	Every 10 years	Every 10 years	Every 10 years	Every 10 years
<b>Sexual Health:</b>					
<b>STD Screening</b>	Syphilis should be tested in at risk populations. Gonorrhea and Chlamydia tested if sexually active and should be screened orally, genitally, and anally.				
<b>HIV Testing</b>	Everyone over age 15 should be tested at least once a year, more frequently if at increased risk.				
<b>Pre-Exposure Prophylaxis (PrEP) Use</b>	If you are 1) in an ongoing relationship with an HIV-positive sexual partner, 2) not in a mutually monogamous relationship with a partner who recently tested HIV-negative, 3) have a history of not using condoms during sexual intercourse and/or 4) injected illicit drugs or shared injection equipment in the past 6 months. You may want to discuss with provider.				
<b>Neovaginal Health</b>	Pap smears are not necessary. Regular visual inspections and culture swabs for STI testing.				
<b>Hepatitis Screening</b>	Screen for Hep A and B in those with increased risk. One time screening for Hep C in those born between 1945-1965.				

## Gastrointestinal & Colorectal Health

<b>Fecal occult blood</b>	Yearly	Yearly until 75
<b>Flexible Sigmoidoscopy</b>	Every 5 years with Fecal occult blood test every 3	
<b>Colonoscopy</b>	Once every 10 years Until age 75	

## Mental Health & Wellbeing:

<b>Mental Health</b>	Screening provided at each visit by health provider.
<b>Stress Analysis</b>	

## Preventative Counseling:

<b>Gender-based violence</b>	Screening and counseling should be provided with each visit by your health care provider.
<b>Tobacco, Alcohol, &amp; Drug Use</b>	

Health Item	No cross-sex hormone or gender-affirming surgery	Past or current hormone use or gender affirming surgery
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## Cardiovascular/Heart Health:

<b>Blood pressure</b>	At least every 2 years if normal. Yearly if BP 120/80 to 139/89. Discuss treatment if BP <140/90.	If taking hormonal therapy check every 1-3 months. Monitor for cardiac symptoms.
<b>Cholesterol</b>	Every 5 years for >34 or Regularly for >20 with increased risk for heart disease.	Annual lipid profile if taking estrogen.

## Endocrine Health:

<b>Bone Mineral Density Testing</b>	People of all ages should ensure adequate calcium intake. Patients can talk to their providers about a onetime test for >65.	Consider testing if risk factors for osteoporotic fracture are present (i.e., previous fracture, family history, glucocorticoid use, etc.). In individuals at low risk, screening for osteoporosis should be conducted at age 60 and in those who are not compliant with hormone therapy.
<b>Blood Sugar Testing for Diabetes</b>	Screen if blood pressure is higher than 135/80 or if you take medicine for high blood pressure. Screen if BMI exceeds 25, overweight.	
<b>Thyroid Function Test</b>	Maintain a high index of suspicion for thyroid disorders as use of sex hormone replacement may cause endocrine imbalances.	
<b>Other lab studies</b>	Lab monitoring of testosterone, estradiol, and electrolytes every 3 months during the first year and then once or twice yearly. Serum prolactin at baseline, yearly for the first 2 years, and then every 2 years.	

## Breast Health:

<b>Self Exam</b>	Self-exams are optional and not recommended by USPSTF.
<b>Provider Exam</b>	Provider exams can optionally be done every 3 years.
<b>Mammogram</b>	-American Cancer Society recommends yearly. -USPSTF recommends every 2 years ages 50-74.

## Testicular Health:

<b>Self Exam</b>	Self-exams are not recommended but may be performed monthly.
<b>Provider Exam</b>	There is no recommendation, patients can discuss with provider.

## Prostate Health:

<b>Prostate Exam</b>	Discuss the pros & cons of testing with their provider.	Discuss the pros & cons of testing with their provider.
<b>PSA Test</b>	Screen for the lowest risk groups beginning at age 50 with PSA test, with or without a rectal exam.	Rectal exam should be used over PSA, which will be falsely low in androgen-deficient patients.

1. <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/>
2. <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>
3. <http://www.nlm.nih.gov/medlineplus/ency/article/002125.htm>
4. <http://transhealth.ucsf.edu/trans?page=protocol-screening#S6X>