LABORATORY TESTING FOR TRANSGENDER PEOPLE

MELANIE ADRIAANSEN, TE WHATU ORA - WAITEMATĀ LABORATORIES



INTRODUCTION

- Many transgender and non-binary people undergo hormone therapy. This helps to align a person's physical body with their gender identity.
- However, some people will socially affirm e.g. change name, gender markers without medical affirmation.
- Testosterone Therapy:

 \uparrow Muscle Mass \downarrow Fat Mass

• Oestradiol + anti-androgen therapy:

 \downarrow Muscle Mass \uparrow Fat Mass

• What does this mean for Laboratory Testing?

LABS - 3 POSSIBLE SCENARIOS

1. NO INDICATION TO LABS OF TG/NB STATUS

Pt Samples will be processed according to gender on NHI.

Gender on NHI may not match where the pt is at. 2. NO SEX/GENDER INDICATED

No Ref Ranges <u>or</u> default Ref Ranges. Relies on clinician interpretation. 3. TG/NB STATUS IS INDICATED

Pt Samples will be processed according to correct gender but often with delays.

1. NO INDICATION TO LABS

- If a patient is TG/NB there is no easy way to communicate this to a team of clinicians, including the Lab/Radiology/Pharmacy.
- Limitations of IT & EMR make updating patient info challenging.
- Phleb can address patients with 'deadnames' still attached to NHI.
- Incorrect name, pronoun or sex marker can cause distress & dysphoria.
- Lack of visibility
- Solution = IT Upgrade?



CONTROLLED BY THE NHI SYSTEM ...



Goals (2020): Develop iPM integration so that it can correctly send Gender to the NHI.

Goals (2020): Develop iPM's integration to send Sex and Gender to downstream systems like Éclair, Delphic, LIS etc.

NZ NHI SYSTEM 1.10.2025



- ♦ Create 12,000 new NHI's per month
- ♦ New NHI format = AAANNAX
 - 1. Sex Assigned at Birth (?)
 - Male
 - Female
 - Intersex
 - None of the above
 - 2. Gender Category (mandatory)
 - Male/ Tāne
 - Female/ Wāhine
 - Another Gender/ He ira kē anō



Unspecified or Unknown

Health Information Standards Organisation (HISO), Te Whatu Ora - Health New Zealand (April 2023). ISBN: 978-1-99-110036-8

FLAGGING'ABNORMAL' TEST RESULTS

- E.g. Female Hb Ref range = 115 155g/L LIS designed to:
 - 1. Identify the patient sex and age
 - 2. Apply reference ranges

3. Flag abnormal test results Inappropriate Ref Ranges can be confusing or meaningless.

106			
1.00	E+12/L	L	4.30-6.00
0.34		L	0.40-0.52
B4	fL		80-99
28.0	pg		27.0-33.0
13.4			12.0-14.6
331	g/L		320-360
306	E+9/L		150-400
9.10	E+9/L		4.00-11.00
Test Pt, No film. ALS			
WBC DIFFERENTIAL	E+9/L		
5.50	E+9/L		1.9-7.5
2.00	E+9/L		1.0-4.0
0.30	E+9/L		0.2-1.0
	E.0/		0005
	0.34 34 28.0 13.4 331 306 9.10 Test Pt, No film. ALS MBC DIFFERENTIAL 5.50 2.00 0.30	0.34 fL 34 fL 28.0 pg 13.4 g/L 331 g/L 806 E+9/L 9.10 E+9/L Test Pt, No film. ALS MBC DIFFERENTIAL E+9/L 5.50 E+9/L 2.00 E+9/L 0.30 E+9/L	D.34 L 34 fL 34 pg 13.4 g/L 331 g/L 806 E+9/L 9.10 E+9/L 7est Pt, No film. ALS KNBC DIFFERENTIAL E+9/L 5.50 E+9/L 2.00 E+9/L 0.30 E+9/L

BLOOD TRANSFUSION

- STRICT CRITERIA FOR SAMPLE LABELLING
- PREVENTS TXN REACTION
- PTS CAN HAVE AN ALIAS RECORDED
- KELL NEG RED CELLS ARE ISSUED TO PEOPLE OF CHILD-BEARING AGE (<55 YEARS)
- WE COULD MISS TRANS MEN FROM RECEIVING K-RBC'S



2. NO SEX OR GENDER INDICATION = 'OTHER/ANOTHER'

	Default		
	Reference		Default Reference
Test Name	Range	Test Name	Range
		Iron Binding	
Urate	0 - 0	Capacity	No Range
	All Ranges as		
FSH	Comments	Myoglobin	No Range
	All Ranges as		
LH	Comments	Progesterone	No Range
СК	Male	Prolactin	No Range
CKMB	Male	Testosterone	No Range
Creatinine			

Comments:

The patients gender was not specified; reference ranges may be gender specific and this should be taken into consideration when interpreting the result. If the patient is on treatment for gender reassignment this may also affect interpretation of some tests.

Soluble transferrin			
Receptor	Male	Ceruloplasmin	Female

3. TG/NB IS KNOWN

- Trans man in their 20's
- Presentation to ED
- Lab samples marked as male
- HVS (high vaginal swab) requested
- Need to:
 - De-register the M sex marker
 - Register with F marker
 - Request test on patient
 - Re-register patient with M marker.
- = Confusion & Delays with sample

	Select(F4) Update(F3)
Create Patie	nt
Patient ID	ZZZ9994 Encounter
Name	LABTEST, MICHAEL
Sex	DOB 14-05-1985 Age Units
Alias	F Comment
Ethnicity	P A
Address	
Street	
Su <u>b</u> urb	
City	
Province	
Post code	
Country	

BEGINNING HORMONE THERAPY (HT)

- Once a person begins HT, the ref range of the affirmed gender should be used for sexspecific tests. (Trans Health Research Group, Aus).
- How does the lab know if/when HT has started?
- We rely on info on Lab forms....

REFERENCE RANGES - OPTIONS

- 1. No Ref Ranges
- 2. Wide Ref Ranges e.g., Hb = 115 175g/L
- 3. Both Male & Female Ref Ranges
- 4. Mixed Ref Ranges





All Labs should aim to:

- Remove sex specific testing restrictions
- Have an SOP on how to process samples from TG individuals



Community testing = the pt will be able to select the sex marker to be printed on final reports

OTHER LABS



An updated sex marker relies on the doctor providing labs with sex/gender info.



What would you like to see from Labs?

Reference: Cheung, A.S., Lim, H.Y., Cook, T., Zwickl, S. Ginger, A., Chiang, C. et al. (2021). Approach to Interpreting Common Laboratory Pathology Tests in Transgender Individuals. *Clin Endocrinol Metab.* 106(3): 893 – 901.