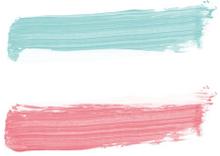




**Saskatchewan
Trans Health
Coalition**

Saskatchewan Medical Transition Guide

Updated January 2019



The Saskatchewan Trans Health Coalition

The Saskatchewan Trans Health Coalition (STHC) is a coalition of trans patients, activists, advocates, and allies, 2SLGBTQIAP+ (Two Spirit, Lesbian, Gay, Bisexual, Trans, Questioning, Intersex, Asexual, Pansexual) service organizations, along with frontline healthcare practitioners, and administrative/support staff. The coalition's goal is to improve access to and quality of trans and transition related healthcare and mental healthcare in the province of Saskatchewan.

Saskatchewan Medical Transition Guide

This guide was created by the Saskatchewan Trans Health Coalition (STHC), and provides Saskatchewan-based information about various medical interventions you may be considering as part of your transition. Within this guide you will find information around the process for accessing various medical interventions such as hormones and surgeries, as well as some general information around cost, and what to expect from each intervention.

The STHC uses the term *trans* as an umbrella term to refer to the population whose gender is something other than what was assigned at birth. The STHC uses this term with the intent of being as inclusive as possible, while additionally acknowledging that (a) not all individuals who choose to transition (medically, socially or otherwise) use the term *trans* in reference to themselves, (b) not all *trans* individuals choose to transition; and (c) due to various social, psychological, medical, financial and other barriers, not all *trans* individuals have access to transition care and are able to transition.

The STHC further acknowledges that barriers to care, personal decisions around how an individual chooses to transition (or not transition), as well as the language an individual uses in reference to themselves have no bearing on whether or not they are *trans* and/or should have access to transition related healthcare. Gender and expression are self-determined and unique for each individual.



This guide is a living document and therefore as systems change and access to transition related healthcare increases within our province, this guide will change and be updated. If you have found any information that appears out of date or incorrect, please contact:

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Hormones and Puberty Blockers

Residents who have an active Saskatchewan health card are eligible for coverage of certain hormone therapies listed on the Saskatchewan Formulary. Drug coverage varies depending on an individual's drug plan. Although many plans follow the SK Formulary, some also cover meds not on the Formulary. Patients can speak with their pharmacist regarding their coverage, and pharmacists can also assist patients with getting additional coverage for those with low income.

The steps to starting puberty blockers or hormone therapy/Hormone Replacement Therapy:

1. Making the decision to start hormones:
 - Research puberty blockers and/or hormone therapy
 - Consider your unique gender/transition goals.
 - Understand how hormones can help you meet these goals.
 - Understand where hormones cannot help you meet your goals.
 - Consider how hormones will affect your fertility, and consider fertility options (See Appendix H - Resources).
2. Physical and mental health assessment:
 - Rule out or address medical contraindications (do you have medical conditions that HT/HRT may negatively affect)
 - Rule out or address mental health issues (do have any mental health concerns that should be stabilized before initiating HT/HRT)
 - Discuss and address psychosocial implications of transitioning (do you understand the social implications of transitioning)
 - Do you meet the WPATH Hormone Readiness Guidelines (Appendix A)
3. Find a doctor who prescribes puberty blockers and/or hormones (see appendix
4. Decide on a care plan with your doctor



Table: Hormones

Listed alphabetically

Medication	Description	Varieties	Effects	Funding/Cost
Anti-Androgens	<p>Anti-androgen drugs work by blocking the effect of testosterone.</p> <p>Estrogen cannot work if Testosterone is “in the way.” Optimal estrogenization is achieved with adequate suppression of testosterone into the normal female range (dependent on gender goals).</p> <p>Anti-androgen drugs can be prescribed in conjunction with estrogen, or alone for a limited time for individuals wanting to reduce characteristics produced by testosterone without adding estrogen to their body.</p>	<p>Spironolactone</p> <ul style="list-style-type: none"> - Oral Pill - 50mg-400mg /day <p>Cyproterone</p> <ul style="list-style-type: none"> - Oral Pill - 12.5mg -50mg / day <p>Finasteride*</p> <ul style="list-style-type: none"> - Oral Pill - 2.5mg-5mg /day <p>Dutasteride*</p> <ul style="list-style-type: none"> -Oral Pill -0.5mg/day <p>*NOTE: Exposure to pregnant people can cause birth defects. Care and attention required. DO NOT handle without gloves, etc.</p>	<p>Effects may include:</p> <ul style="list-style-type: none"> - Slowing growth and softening facial and body hair - Reduce or stop spontaneous and morning erections in people with penises - Breast development (Spironolactone). - Slowing the effects of androgenic alopecia (‘male’ pattern baldness) - Reduction in size of testicles and possible testicular atrophy - Reduction in sex drive <p>Other effects may include:</p> <ul style="list-style-type: none"> - Decrease blood pressure (Spironolactone) - Hyperkalemia/increase potassium (Spironolactone) - Decreased kidney function - Infertility (cannot be relied upon as a form of contraception) - Increased risk of osteoporosis (when taken without a steroid hormone such as estrogen) <p>Most effects produced through anti-androgens and the suppression of testosterone are reversible.</p>	<p>Anti-androgens are generally covered by all health plans (private health plans, Sask Social Services, NIHB/Treaty Coverage). Patch or gel forms are only covered by some private plans.</p> <p>\$20-\$80/mo</p>



Medication	Description	Varieties	Effects	Funding/Cost
Estrogen or “E”	<p>Estrogen is the main hormone used to create bodily changes associated with typically ‘feminine’ traits. Neither anti-androgens nor estrogen can create a higher pitched sounding voice (speech therapy may be helpful in this goal).</p> <p>Estrogen works directly on tissues in your body and also indirectly through a slight suppression of testosterone.</p> <p>NOTE: Oral estrogen is often prescribed sublingual in order to limit some of the liver related side effects on cholesterol and blood clot risk, due to “first pass metabolism in the liver.” Patches and gels are “safer” for the same reason.</p>	<p>Oral Estradiol</p> <ul style="list-style-type: none"> - Oral/Sublingual Pill - 1mg-6mg/day <p>Transdermal Estradiol</p> <ul style="list-style-type: none"> - Skin Patch or cream - 0.1mg - 0.4mg / 24h - Reapplied 2x/week <p>Intramuscular Estradiol Valerate</p> <ul style="list-style-type: none"> - Injectable liquid - 5mg-10mg / 1-2 weeks <p>NOTE: Intramuscular Estradiol is only available through some compounding pharmacies.</p>	<p>Effects may include:</p> <ul style="list-style-type: none"> - Breast development - Rounding of hips - Softening of skin - Redistribution of body fat into hips & thighs - Emotional changes <p>Other effects may include:</p> <ul style="list-style-type: none"> - Increased risk of blood clots, heart attack, and stroke - Increased risk of high blood pressure, heart disease, and liver disease. 	<p><i>Oral estrogen is generally covered by all health plans (private health plans, Sask Social Services, NIHB/Treaty Coverage). Patch or gel forms are generally only covered by some private plans.</i></p> <p>\$20-\$80/mo (oral)</p> <p>\$140-\$280/mo (injectable) (70\$/injection)</p> <p>\$180-\$220/mo (8 patches)</p> <p>NOTE: coverage for patches through Social Services (Sask Health) requires Exception Drug Status (EDS) - patient must be intolerant to oral estrogen or have fasting blood triglyceride level of greater than 4.5).</p>



Medication	Description	Varieties	Effects	Funding/Cost
<p>Progesterone</p>	<p>Progesterone is most commonly prescribed to help with breast and nipple development, or to supplement or replace estrogen if the maximum dose has been reached, or the patient is unable to take estrogen.</p> <p>NOTE: Many people taking estrogen and an anti-androgen do not take progesterone. There is no clear evidence of benefit of progesterone and there is evidence of harm: progesterone is generally not recommended, but may be prescribed with additional informed consent recognizing potential for risk without clear benefit.</p>	<p>Medroxyprogesterone</p> <ul style="list-style-type: none"> - Oral pill - 5mg-30mg/day <p>Micronized Progesterone</p> <ul style="list-style-type: none"> - Oral pill - 100-400mg/day 	<p>Effects may include:</p> <ul style="list-style-type: none"> - Promoting breast development - Darkening the areolas - Increasing size of areolas - Increasing overall size of nipples - Emotional changes <p>Other effects may include:</p> <ul style="list-style-type: none"> - Weight gain - Changes to blood fats - Increased clotting and cardiovascular risk 	<p>Medroxyprogesterone is generally covered by all health plans (private, SK social services, NIHB/treaty coverage).</p> <p>\$2-\$30/mo</p> <p>Micronized Progesterone is covered with special permission (i.e. contraindications from taking Medroxyprogesterone).</p> <p>\$40-\$160/mo</p>



Medication	Description	Varieties	Effects	Funding/Cost
Testosterone or “T”	<p>Testosterone is the main hormone used to create bodily changes associated with typically ‘masculine’ traits.</p> <p>Testosterone works directly on tissues in your body and also indirectly by suppressing estrogen production.</p> <p>NOTE: excess testosterone is converted to estrogen in the body tissues. Too high doses of testosterone can “backfire” because of this conversion.</p>	<p>Injectable Testosterone</p> <ul style="list-style-type: none"> - Intramuscular Injection or subcutaneous (under the skin) - 25mg/wk-100mg/wk <p>Transdermal Testosterone</p> <ul style="list-style-type: none"> - Skin patch, gel, or cream - 2.5g-10g/day <p>NOTE: Care needs to be taken with gels so as not to rub off and transfer to others who may be harmed by testosterone (children, pregnant people).</p>	<p>Effects may include:</p> <ul style="list-style-type: none"> - Monthly bleeding stops* - Increased size of clitoris - Body fat redistribution (away from hips and thighs and toward stomach) - Deepened voice - Increased facial & body hair - Increased muscle mass & strength - Changes to vaginal lining and vaginal atrophy/dryness - Emotional Changes <p>Other effects may include:</p> <ul style="list-style-type: none"> - Oily skin and acne - Androgenic Alopecia (‘male’ pattern baldness) - Increased risk of blood clots, heart attack, and stroke. - Pause or disruption in menstruation cycle (cannot be relied upon as a form of contraception) - Increased risk of high blood pressure, high cholesterol, heart disease, and liver disease 	<p><i>Injectable testosterone is generally covered by all health plans (private, SK social services, NIHB/treaty coverage). Testosterone gel is generally only covered by some private plans.</i></p> <p>\$12-\$70/mo (injectable)</p> <p>\$80/month (Topical Gel)</p>

***NOTE:** If your menstrual periods don’t stop within three months of beginning testosterone, there are a number of medical options to assist with menstrual suppression including: depo-provera, continuous oral contraceptive pills, and Mirena intrauterine device.



Table: Puberty Blockers for Youth

Medication	Description	Varieties	Effects	Funding/Cost
<p>GnRH Analogues (Leuprolide Acetate/Lupron)</p>	<p>The effects of puberty suppressing hormones, or puberty blockers, are fully reversible. If you decide to stop taking suppressing hormones, your body will go through puberty just the way it would have if you had not taken suppressing hormones at all. Essentially suppressing hormones act as a “pause button” on puberty.</p>	<p>Description of Lupron: Injection every 4 weeks or every 12 weeks.</p>	<p>If you are trying to block testosterone, puberty blockers will stop or limit:</p> <ul style="list-style-type: none"> - Growth of facial and body hair - Deepening of the voice - Broadening of the shoulders - Growth of adam’s apple - Growth of gonads (testes) and erectile tissue (penis) <p>If you are trying to block estrogen, puberty blockers will stop or limit:</p> <ul style="list-style-type: none"> - Breast tissue development - Broadening of the hips - Monthly bleeding (menses) <p>In both cases, puberty blockers will temporarily stop or limit:</p> <ul style="list-style-type: none"> - Growth in height - Development of sex drive - Impulsive, rebellious, irritable or risk-taking behaviour - Accumulation of calcium in the bones - Fertility 	<p><i>Lupron is generally covered by all health plans (private, SK social services, NIHB/treaty coverage).</i></p> <p>Cost depends on dose and frequency (ie. \$387 per 7.5mg injection)</p>



Surgeries

Residents who have an active Saskatchewan health card are eligible for coverage of certain transition-related surgical interventions. Many surgical interventions are covered by Sask Health, however some are considered “cosmetic,” and are not covered (see the following table for more information). Although not covered, surgeries that are considered “cosmetic” may be eligible to be claimed for tax credits.

Surgeries take place in Saskatchewan or out-of-province (most commonly at GRS Montreal). The table that follows outlines current funding levels, locations for surgeries, and processes for accessing various surgical interventions.

The steps to access in-province surgery:

Double Mastectomy (Top Surgery), Hysterectomy, Oophorectomy, Orchiectomy

1. Make the decision to seek the surgical intervention
 - Research surgical techniques
 - Consider your unique gender/transition goals
 - Understand how surgical interventions can help you meet these goals
2. Physical and mental health assessment:
 - Rule out or address medical contraindications: do you have medical conditions that a major surgery may negatively affect?
 - Rule out or address mental health issues: do you have any mental health concerns that should be stabilized before initiating surgery?
 - Discuss and address psychosocial implications of transitioning: do you understand the social implications of transitioning?
 - Ensure you meet the WPATH Criteria for Surgery (Appendix B)
3. The doctor who conducted your physical and mental health assessment refers you to a surgeon.
4. Surgical date is scheduled
 - It's taken a long time to get here, congratulations!!!



The steps to access out-of-province surgery:

All other funded surgical interventions

1. Make the decision to seek the surgical intervention
 - Research surgical techniques
 - Consider your unique gender/transition goals
 - Understand how surgical interventions can help you meet these goals
2. Talk to a doctor (probably your GP) about accessing the surgical intervention
 - Your doctor will then refer you to a recognized authority for your first assessment (Appendix F)
3. Primary Assessment and Referral Letter
 - Primary assessment must be completed by a recognized authority (Appendix F)
 - Ensure you meet the WPATH criteria for Gender Dysphoria (Appendix D)
 - Ensure you meet the WPATH criteria for Surgery (Appendix C)
 - The service provider will then refer you to a second provider
4. Secondary Assessment and Referral Letter
 - Second opinion to ensure you meet the readiness criteria
5. Funding Approval
 - Once you've been assessed by two service providers, your case can be forwarded to the Ministry of Health. This is typically done by the doctor who made the initial referral, or one of the psychiatrists, however you may need to advocate on your behalf to push your case forward
 - The Ministry of Health *should* then forward your application to the clinic where the surgery will take place (typically GRS Montreal)
 - The clinic will follow-up with you, to gain additional information (Appendix G)
 - NOTE: You must cover your own travel costs. You can apply for travel funding from hopeair.ca
6. Surgical date is scheduled!
 - It's taken a long time to get here, congratulations!!!



Table: Top Surgeries

Surgery	Description	Referral Requirements	Location	Funding
Breast Augmentation	Insertion of silicone or saline implants to enlarge breasts (sometimes described as ‘feminizing’ the chest).	General Practitioner	In Province: - Various plastic surgery centres ¹ Out of Province: - GRS Montreal, Montreal - Women’s College Hospital, Toronto - Various BC Surgeons ²	No Coverage
Chest Contouring	Surgery that entails additional sutures, incisions, and/or liposuction to alter the appearance of the chest and give it a “V” shape (sometimes described as ‘masculinizing’ the chest).	General Practitioner	In Province: - Regina: Dr. Dan Kozan, Emerald Park, SK Out of Province: - GRS Montreal, Montreal - Women’s College Hospital, Toronto - Various BC Surgeons ³	No Coverage* *NOTE: Top surgeries performed at GRS Montreal are nipple sparing double mastectomies with chest contouring. Not Funded: - Travel/Accommodations for in or out of province procedure
Double Mastectomy	Removal of the breast tissue to flatten chest. This procedure typically does not include liposuction, although it may be included by some surgeons on a case by case basis.	General Practitioner	In Province: - Regina: Dr Dan Kozan, Plastic Surgeon - Saskatoon: Dr Pamela Meiers, General Surgeon by referral ONLY Out of Province: - GRS Montreal, Montreal - Women’s College Hospital, Toronto	100% Surgical Costs* *NOTE: Nipple sparing mastectomies are not currently covered, however some doctors (Dr. Kozan) are performing nipple sparing mastectomies and covering the additional surgical costs pro bono.

¹ See OUTSaskatoon’s Q List: http://outsaskatoon.ca/q_list

² See TransCare BC: <http://www.phsa.ca/transcarebc/care-support/access-care/navigate-care>

³ See TransCare BC: <http://www.phsa.ca/transcarebc/care-support/access-care/navigate-care>



Table: Bottom Surgeries

Surgery	Description	Referral Requirements	Estimated Wait Time After Approval	Location	Funding
Hysterectomy with Oophorectomy	Removal of the uterus and ovaries.	Referral from any doctor or nurse practitioner to surgeon. - 1+ years living in gender role congruent with identity - 1+ years on HT/HRT (if patient goals are consistent with or using hormones)	Approval: N/A Surgery: 3-9 months	In Province: - Regina - Dr. John Thiel - Saskatoon - Dr Barry Gilliland - Dr Melissa Mirosh Out of Province: - GRS Montreal, Montreal - Women's College Hospital, Toronto	Sask Health provides complete coverage.
Metoidioplasty	Lengthening of the clitoris and urethra, creation of the scrotum, and insertion of testicular implants.	One Recognized Authority ⁴ One other qualified provider. - 6+ months post-hysterectomy	Approval: 4 months Surgery: 1.5 - 2+ yrs after approval	In Province: - None Out of Province: - GRS Montreal	Funded: - 100% surgical costs - Hospice stay Not Funded: - Travel - Support person
Orchiectomy	Removal of the testes.	Referral from any doctor or nurse practitioner to surgeon. - 1+ years living in gender role congruent with identity - 1+ years on HT/HRT (if patient is using hormones)	Approval: 2 months Surgery: 4 months	In Province: - Regina: None - Saskatoon: Dr. Kishore Visvanathan Out of Province: - GRS Montreal, Montreal - Women's College Hospital, Toronto	Sask Health provides complete coverage.

⁴ See OUTSaskatoon's Q List: http://outsaskatoon.ca/q_list

Vaginoplasty (with or without vaginal canal)	<p>Removal of the penis and testes; and creation of a vulva and vagina.</p> <p>Vaginoplasties may be done with or without a vaginal canal. If the vaginoplasty is done without a vaginal canal, penetration will not be possible.</p>	<p>One Recognized Authority⁵ One other qualified provider.</p> <ul style="list-style-type: none"> - 1+ years living in gender role congruent with identity - 1+ years on HT/HRT (if patient is using hormones) - 3+ months post orchiectomy (if orchiectomy was previously performed) 	<p>Approval: 4 months</p> <p>Surgery: 1 yr after approval</p>	<p>In Province: - None</p> <p>Out of Province - GRS Montreal</p>	<p>Funded: - 100% surgical costs - Hospice stay</p> <p>Not Funded: - Travel - Support person</p>
Phalloplasty	<p>Creation of a phallus from skin of the forearm, abdomen or thigh; grafting of the new penis onto the groin; and possible implant of pump to make penis erect.</p>	<p>One Recognized Authority⁶ One other qualified provider.</p> <ul style="list-style-type: none"> - 6+ months post hysterectomy - No tobacco use in past 6 months 	<p>Approval: 4 months</p> <p>Surgery: 1.5 - 2+ yrs after approval</p>	<p>In Province: - None</p> <p>Out of Province: - GRS Montreal</p>	<p>Funded: - 100% surgical costs - Hospice stay</p> <p>Not Funded: - Travel - Support person</p>

⁵ To be eligible for funding, primary assessment must be completed by an authorized psychiatric/health authority (Appendix C)

⁶ To be eligible for funding, primary assessment must be completed by an authorized psychiatric/health authority (Appendix C)

Table: Other Surgeries / Interventions

Surgery/Therapy	Description	Referral Requirements	Location	Funding
Body Sculpting Surgeries	May include hip, buttock implants, liposuction, and other procedures.	General Practitioner	In Province: - Various providers ⁷ Out of Province: - Various BC Surgeons ⁸	No coverage
Facial Feminization Surgery	May include changes to nose, brow, jawline, lips, and other facial features.	General Practitioner	In Province: - None Out of Province: - GRS Montreal, Montreal - Alberta Surgical Centre, Edmonton - Various BC Surgeons ⁹	No coverage

⁷ See OUTSaskatoon's Q List: http://outsaskatoon.ca/q_list

⁸ See TransCare BC: <http://www.phsa.ca/transcarebc/care-support/access-care/navigate-care>

⁹ See TransCare BC: <http://www.phsa.ca/transcarebc/care-support/access-care/navigate-care>



<p>Facial hair removal</p>	<p>Electrolysis - Considered 'permanent' hair removal by FDA</p> <p>Consists of inserting a needle into individual hair follicles and applying a charge to kill the root.</p> <p>Laser Hair Removal - Not considered 'permanent' hair removal by FDA</p> <p>Consists of bursts of focused light that burn and kill hair follicles in the growth stage.</p>	<p>Referral Not Required</p>	<p>In Province: - Various providers¹⁰</p>	<p>No coverage</p>
<p>Laryngeal Chondroplasty</p>	<p>Shortens the length of the vocal cords, resulting in a higher vocal pitch.</p> <ul style="list-style-type: none"> - 1 in 5 patients say they are 100% satisfied - 3 in 5 patients say they notice changes - 1 in 5 patients say they have noticed no change 	<p>General Practitioner</p> <ul style="list-style-type: none"> - 1+ years living in gender role congruent with identity 	<p>In Province: -None</p> <p>Out of Province: - GRS Montreal</p>	<p>No coverage</p>
<p>Tracheal shave</p>	<p>Reduction of Adam's apple through the excision of thyroid cartilage.</p>	<p>General Practitioner</p>	<p>In Province: - None</p> <p>Out of Province: - GRS Montreal, Montreal - Women's College Hospital, Toronto - Alberta Surgical Centre, Edmonton - Various BC Surgeons¹¹</p>	<p>No coverage</p>

¹⁰ See OUTSaskatoon's Q List: http://outsaskatoon.ca/q_list

¹¹ See TransCare BC: <http://www.phsa.ca/transcarebc/care-support/access-care/navigate-care>



Voice therapy	Speech therapy to alter the pitch, tone, and timbre of one's voice.	Referral Not Required	In Province - Regina: - None - Saskatoon - Christie lfe, Adult Speech Language Centre	Sask Health provides complete coverage
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Appendix A - WPATH Criteria for Initiating Hormones

1. Persistent, well documented gender dysphoria (see below);
2. Capacity to make fully informed decisions and to consent to treatment;
3. Age of majority in a given country (if younger, see Appendix B: *Standards of Care for Children and Adolescents*);
4. If significant medical or mental health concerns are present, they must be reasonably well-controlled.



Appendix B - WPATH Criteria for Initiating Puberty Blockers

1. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed)
2. Gender dysphoria emerged or worsened with the onset of puberty
3. Any co-existing psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment
4. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.



Appendix C - WPATH Criteria for Surgery

Mastectomy:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Hormone therapy is not a prerequisite

Hysterectomy and Oophorectomy; Orchiectomy:

1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before a patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these surgical procedures for medical indications other than gender dysphoria.

Metoidioplasty or Phalloplasty; Vaginoplasty:

1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones);
6. 12 continuous months of living in a gender role that is congruent with their gender identity.

Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.



The criterion noted above for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.



Appendix D - Diagnostic Criteria for Gender Dysphoria in Adolescents and Adults

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

- ❑ A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
- ❑ A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
- ❑ A strong desire for the primary and/or secondary sex characteristics of another gender.
- ❑ A strong desire to be of another gender (or some alternative gender different from one's assigned gender).
- ❑ A strong desire to be treated as another gender.
- ❑ A strong conviction that one has the typical feelings and reactions of another gender (or some alternative gender different from one's assigned gender).

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.



Appendix E - Diagnostic Criteria for Gender Dysphoria in Children

In children, gender dysphoria diagnosis involves at least 6 of the following and an associated significant distress or impairment in function, lasting at least 6 months.

- A strong desire to be of another gender or an insistence that one is another gender
- A strong preference for wearing clothes of another gender
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toys, games or activities stereotypically used or engaged in by another gender
- A strong preference for playmates of a different gender
- A strong rejection of toys, games and activities typical of one's assigned gender
- A strong dislike of one's sexual anatomy
- A strong desire for the physical sex characteristics that match one's experienced gender

For children, cross-gender behaviors may start between ages 2 and 4, the same age at which most typically developing children begin showing gendered behaviors and interests. Gender atypical behavior is common among young children and may be part of normal development. Children who meet the criteria for gender dysphoria may or may not continue to experience it into adolescence and adulthood. Some research shows that children who had more intense symptoms and distress, who were more persistent, insistent and consistent in their cross-gender statements and behaviors, and who used more declarative statements (“I am a boy (or girl)”) rather than “I want to be a boy (or girl)”) were more likely to be transgender.



Appendix F - Recognized Health Providers who Provide Assessments for Out-of-province Gender Affirming Procedures

The Ministry of Health adjudicates cost coverage for each out-of-province surgical request based on medical necessity. As part of the prior approval process, the Ministry requires the out-of-province physician/surgeon to provide a breakdown of the services to be performed and a cost estimate per service.

1. Dr. Sara Dungavell, OUTSaskatoon, Saskatoon, SK
Primary Assessment: wait time estimated to be 2-3+ years
Secondary Assessment: wait time estimated to be 1+ years
Phone: 306-361-4163
2. Dr. Justin Petryk, Misericordia Hospital, Edmonton, AB
Primary Assessment: wait time estimated at 1-2+years
Secondary Assessment: wait time estimated at 24 to 36 weeks
3. Dr. Jane Gainer, Hanna, AB
Secondary Assessment: wait time estimated at 4+ months
Phone: 403-307-7232
4. Dr. Joe Raiche, Foothills Medical Centre, Calgary, AB
Secondary Assessment: wait time estimated to be 3 years



Appendix G - Documents Needed for Evaluation at GRS Montreal

(As other clinics begin to provide gender affirming surgery, this appendix will be updated with their documentary needs)

- ❑ A primary referral letter that includes all criteria required for surgery, from a health professional with appropriate professional and clinical training.
- ❑ A secondary referral letter from a second health professional with appropriate professional and clinical training who has evaluated you independently of the professional who signed your primary referral letter.
- ❑ Hormone therapy report provided by your prescribing physician, including the start date of hormone therapy.
- ❑ A current list of medications provided by your pharmacist.
- ❑ For metoidioplasty with vaginectomy and for phalloplasty: hysterectomy pathology report and operative record.
- ❑ Health Status Information Questionnaire and Consent to Access and Disclose Information Relating to My Health form completed by your attending physician (obtain correct form from your chosen surgical clinic).
- ❑ Completed Health Questionnaire (obtain correct form from your chosen surgical clinic).
- ❑ For identification purposes, a photograph of you dressed from head to toe.



Appendix H - Saskatchewan LGBTQ2S Organizations and Other Resources

Provincial Organizations:

- TransSask Support Services Inc - www.transsask.ca
- Trans Umbrella Foundation - www.transumbrella.org/
- OUTSaskatoon - www.outsaskatoon.ca
- UR Pride Centre for Sexuality and Gender Diversity - www.urpride.ca
- University of Saskatchewan Students' Union Pride Centre - www.ussu.ca/main-page/centres/pride-centre/
- Moose Jaw Pride - www.moosejawpride.ca/
- Saskatchewan Pride Network - www.moosejawpride.ca/skpride/

Resources:

- Canadian Professional Association for Transgender Health (CPATH) - www.cpath.ca
- World Professional Association for Transgender Health (WPATH) - www.wpath.org
- WPATH Standards of Care Version 7 - <https://bit.ly/2C5eTKs>
- Trans Care BC Primary Care Toolkit - <https://bit.ly/2LJVy4L>
- Sherbourne Clinic's Guidelines and Protocol For Trans Care - <https://bit.ly/2LOUgVY>
- Rainbow Health Ontario - www.rainbowhealthontario.ca
 - ◆ Protocols for Hormone Therapy for Trans Clients - <https://bit.ly/2RiiMWP>
 - ◆ Effects and Expected Time Course of a Regime Consisting of Anti-Androgen and Estrogen - <https://bit.ly/2M3nJwn>
 - ◆ Effects and Expected Time Course of a Regime Consisting of Testosterone - <https://bit.ly/2Ax7C6g>
 - ◆ Transition Related Surgical Summary Sheets - <https://bit.ly/2sdEKez>
 - ◆ Reproductive Options for Trans People - <https://bit.ly/2LW7oKj>
- Gender Identity, Gender Diversity, and Transgender Support (Government of Saskatchewan) - <https://bit.ly/2Fd6lVM>



Appendix I - Glossary

Agender: A person who does not have and/or experience gender(s).

Assigned Female At Birth (AFAB): People born with a vagina are typically assigned female at birth.

Assigned Male At Birth (AMAB): People born with a penis are typically assigned male at birth.

Bottom Surgery: A medical intervention that involves surgical alterations to one's genitals in line with a person's transition goals..

Cisgender: Someone whose gender is the same as the one they were assigned at birth.

Facial Surgeries: A medical intervention that involves surgical alterations to one's face in line with a person's transition goals.

FTM (Female to Male): Dated terms representing individuals transitioning "from female to male." This term is considered problematic because, amongst other reasons, it do not address the existence of non-binary genders. Current best practice replaces the language "FTM" with "AFAB."

Genderqueer: A term some individuals whose sex and/or gender do not align with societal expectations and norms adopt to describe themselves.

Gender Diverse: A term used to describe individuals whose sex and/or gender do not align with societal expectations and norms.

Gender Dysphoria: A medical diagnosis defined in the DSM that indicates distressing feelings related to their gender. This distress is often a result of the societal stigma around trans individuals, and should not be considered a prerequisite of being trans (i.e. you can be trans without having gender dysphoria).

Gender Euphoria: A term commonly used in the trans community to indicate positive and joyful feelings related to their gender.

Hormone Therapy (HT) / Hormone Replacement Therapy (HRT): A medical intervention that involves taking medication (which may include hormones and/or anti-androgens) in order to develop or emphasis physical attributes in line with a person's transition goals.



Intersex: A scientific and medical classification of sex that denotes a mix of attributes typically seen in males and females.

Male/Female: The two primary sex classifications recognized by the scientific and medical community.

MTF (Male to Female): Dated terms representing individuals transitioning “from male to female.” This term is considered problematic because, amongst other reasons, because it do not address the existence of non-binary genders. Current best practice replaces the language “MTF” with “AMAB.”

Non-Binary (NB): Someone who is either between or outside the two binary genders of man and woman.

Pronouns: Pronouns are words that are used to refer to someone. Some examples of pronouns include but are not limited to they/them, she/her, he/him, ze/zir, and many more.

Trans: An umbrella term to refer to the population whose gender is something other than what was assigned at birth.

Two Spirit: Two Spirit is a name used by Indigenous People who assume cross or multiple gender roles, attributes, dress and attitudes for personal, spiritual, cultural, ceremonial or social reasons. These roles are defined by each cultural group and can be fluid over a person’s lifetime.

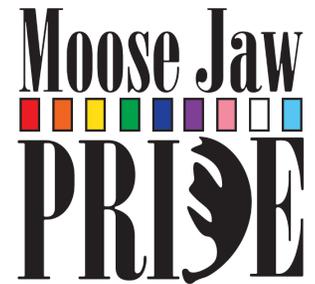


Contact

The Saskatchewan Trans Health Coalition can be contacted via email at: health@transsask.ca.
The email is monitored by staff at TransSask Support Services and OUTSaskatoon.

NOTE: This guide is a living document and therefore as systems and access to transition related healthcare change within our province, this guide will be changed and be updated. If you have found any information that appears out of date or incorrect, please contact the coalition.

The coalition is comprised of the following organizations:



Along with over 15 family doctors, psychiatrists, surgeons, counsellors, researchers, and members of the trans community.

