

## Minor Informed Consent - Feminizing Hormone Therapy

You want to use estrogen and other medications to feminize your body. Before you start using them, there are several things you need to know. They are the possible advantages, disadvantages, risks, and warning signs. We have listed them here for you. It is important that you understand this information before you start. Please let us know of any questions you have.

### What are the different medications that can help to feminize me?

Estrogen is the name of a group of some very similar chemicals we call female hormones. The main human estrogen is called estradiol. Different forms of estrogen can be used, but estradiol is typically used the most. Estrogen can be given as an injection every one to two weeks, as a daily pill, or as a patch applied to the skin one to two times per week. As estrogen increases, it tends to decrease your natural production of male hormone (testosterone) which further helps the feminization process.

There are other medications that can help in the process of feminizing you. These are sometimes known as testosterone blockers (“T-blockers”):

1. Lupron (sometimes called a “puberty blocker”), a monthly or every three month injection that stops the testicles from making testosterone.
2. Spironolactone, taken as one to two pills a day, which interferes with how testosterone affects your body.
3. Finasteride, taken as a daily pill, can also interfere with how testosterone affects your body, but not as much as spironolactone or Lupron can.

Every medication has risks, benefits, and side effects that are important to understand before starting. The goal is to achieve satisfactory feminization in the safest manner, with blood levels of estrogen in the expected for a premenopausal assigned female at birth (AFAB).

### Warning – who should NOT take estrogen?

It should not be used by anyone who has a personal history of:

- An estrogen-dependent cancer
- End-stage liver disease

It should be used with caution and only after a full discussion of risks such as:

- Blood clots that could travel to the lungs (history of blood clots may be higher risk)
- Any chronic health disorder, or need for other daily medications
- Cardiovascular risk factors such as obesity, high blood pressure, high cholesterol, high blood sugar, or smoking
- Frequent or severe migraine headaches
- Use of street drugs or alcohol

Periodic blood tests to check on the effects of the hormones and some side effects will be needed.

Most hormone changes occur over the course of two to five years. The amount of physical change and the exact timeline of effects can be highly variable. Taking higher doses of estrogen does NOT speed up or increase the effects, but it CAN increase the risk of serious side effects

### Effects of feminizing hormone therapy

EFFECT	EXPECTED ONSET	EXPECTED MAXIMUM EFFECT
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass / strength	3-6 months	1-2 years
Softening of skin / decreased oiliness	3-6 months	Unknown
Decreased libido / sex drive	1-3 months	1-2 years
Male sexual dysfunction (inability to achieve erection / ejaculation)	Variable	Variable
Decreased spontaneous erections	1-3 months	3-6 months
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	Variable	Variable
Thinning and slowed growth of facial and body hair	6-12 months	>3 years
Slowing of male pattern baldness	No regrowth or lost hair. Loss stops/slows 1-3 months	1-2 years

### Risks of feminizing hormone therapy:

- Venous thromboembolic disease (blood clots in the legs or lungs that can be life-threatening). Risk is increased with smoking, obesity, and those who have genetic clotting tendencies
- Elevated triglycerides, a blood fat, which might increase the risk of heart disease and strokes
- Gallstones
- Infertility
- Hyperkalemia (elevated potassium level)
- Impaired renal function
- Decreased libido/loss of erections
- Headache – worsening migraines
- Elevated liver enzymes
- Weight gain
- High blood pressure
- Prolactinoma (tumor of the pituitary gland in the brain)
- Possible increased risk of breast cancer
- Use of additional medicines (other than estrogen) might increase risks further

Please check each statement on this form to show that you understand the benefits, risks, and changes that may occur from using estrogen and/or anti-androgens.

\_\_\_\_\_ I know that estrogen or anti-androgens (or both) may be prescribed to help me appear less masculine and more feminine.

\_\_\_\_\_ I know it can take several months or longer for the effects to become noticeable. I know that no one can predict how fast, or how much, change will happen.

\_\_\_\_\_ I know that if I am taking estrogen, I will likely develop breasts.

\_\_\_\_\_ I know that some changes would start to change back if I stopped the estrogen, such as hair, skin, muscle, and fat changes.

\_\_\_\_\_ I know that some changes would not change back if I stopped the estrogen, primarily breast growth.

\_\_\_\_\_ I know that my testicles will make less testosterone and sperm which might have negative effects on sexual activity and may prevent fertility (ability to provide sperm to make babies) after I have been on the treatment for some time. I know that sperm banking is not covered under my insurance, but I have the option to bank my sperm before starting hormone therapy.

\_\_\_\_\_ I know that some parts of my body will NOT change by being on hormone therapy.

\_\_\_\_\_ I know the hair of my beard and moustache may grow more slowly than before. It may become less noticeable, but it will not fully go away.

\_\_\_\_\_ I know the pitch of my voice will not rise, and my speech patterns will not become more feminine.

\_\_\_\_\_ I know my "Adam's apple" will not shrink in size.

\_\_\_\_\_ I know the appearance of my genitals will not change much (except for testicle shrinkage).

\_\_\_\_\_ I know if I have any concerns about these issues, my health care team can help me explore other treatment options.

\_\_\_\_\_ I know that the side effects and safety of these medicines are not completely known. There may be long-term risks that are not yet known.

- \_\_\_\_\_ I know not to take more hormones than I am prescribed. I know it may increase health risks. I know that taking more than I am prescribed won't make changes happen more quickly or more significantly.
- \_\_\_\_\_ I know these medicines cause changes that other people will notice. Some transgender people have experienced harassment, discrimination, and violence because of this. Others have lost the support of loved ones. I know my health care team can help me find advocacy and support resources.
- \_\_\_\_\_ I know that estrogen can increase the risk of gallstones or needing gallbladder surgery.
- \_\_\_\_\_ I know estrogen may increase the risk of blood clots that can be life-threatening and may cause permanent damage to my body.
- \_\_\_\_\_ I know that unhealthy habits like poor nutrition, lack of exercise, being overweight, and using cigarettes, drugs, and/or alcohol can increase my risk of blood clots, diabetes, and heart disease.
- \_\_\_\_\_ I know taking estrogen can raise my blood pressure. I know that if it goes up, my health care team can work with me to try to control it with diet, lifestyle changes, and/or medication
- \_\_\_\_\_ I know that estrogen can sometimes cause nausea, vomiting, and headaches. I know I should talk with my health care team if I have long-lasting nausea, vomiting, or headaches.
- \_\_\_\_\_ I know that it is not yet completely clear if taking estrogen increases the risk of prolactinomas, a tumor of the pituitary gland and that I may need to be checked for it with blood testing while on estrogen.
- \_\_\_\_\_ I know estrogen has been known to increase the risk of breast cancer in cisgender women, but that it's still unclear if it increases the risk in transgender women on estrogen.
- \_\_\_\_\_ I agree to take feminizing medications as prescribed. I know not to take any other hormone therapy medications except for what is being prescribed to me by KP/CPC. I know that if I do use other hormones not prescribed to me by KP/CPC, that my hormone therapy may be discontinued.
- \_\_\_\_\_ I know that the dose and type of hormone therapy that is prescribed for me may not be the same as someone else's.
- \_\_\_\_\_ I know I need periodic physical exams and blood tests to check for any side effects.

\_\_\_\_\_ I know that while I continue to have organs that are assigned male that I may need ongoing screening tests and care for my organs such as the testicles and the prostate.

\_\_\_\_\_ I know that feminizing hormone therapy can interact with other drugs and medicines. These include alcohol, diet supplements, herbs, other hormones, and street drugs. I need to be honest with my health care team about whatever else I take. I also know that I will continue to get appropriate medical care no matter what I share about what I take.

\_\_\_\_\_ I know that it can be risky for anyone with certain conditions to take these medicines. I agree to be evaluated if my health care team thinks I may have one of them. I understand that I may need to stop using feminizing hormone therapy if it's determined they are causing me harm.

\_\_\_\_\_ I know that using hormone therapy for gender transition is an off-label use. I know this means it is not approved by the US FDA. I know that the medicine and dose that is recommended for me is based on the judgment and experience of my health care team, and consistent with the World Professional Association for Transgender Health Standards of Care (WPATH SOC).

\_\_\_\_\_ I know that I can choose to stop using hormone therapy at any time. I know that if I decide to do that, I should do it with the help of my health care team.

\_\_\_\_\_ I know that hormone therapy medications should not be shared with anyone. It must be kept in a safe location away from children. Needles should also not be shared with anyone or used more than once. Needles need to be disposed of properly.

**Based on all this information (check one)**

I want to begin feminizing hormone therapy

I do *not* want to begin feminizing hormone therapy

\_\_\_\_\_  
Patient Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature supporting the decision

\_\_\_\_\_  
Date