

Dermatologic care of transgender patients

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Outline

- 1. Skin as identity and gender-defining
- 2. Transgender dermatologic conditions and their physiologic causes
- 3. Issues and complications specific to the transgender population

Disclosures



□ **DISCLOSURES**

- Amgen – Consultant - Honoraria
- Guidepoint Global, LLC – Consultant
- Pfizer – Investigator - Grant
- Takeda Pharmaceuticals, Inc. –
Consultant - Honoraria
- UpToDate - Royalties
- Springer Science and Business Media –
Royalties

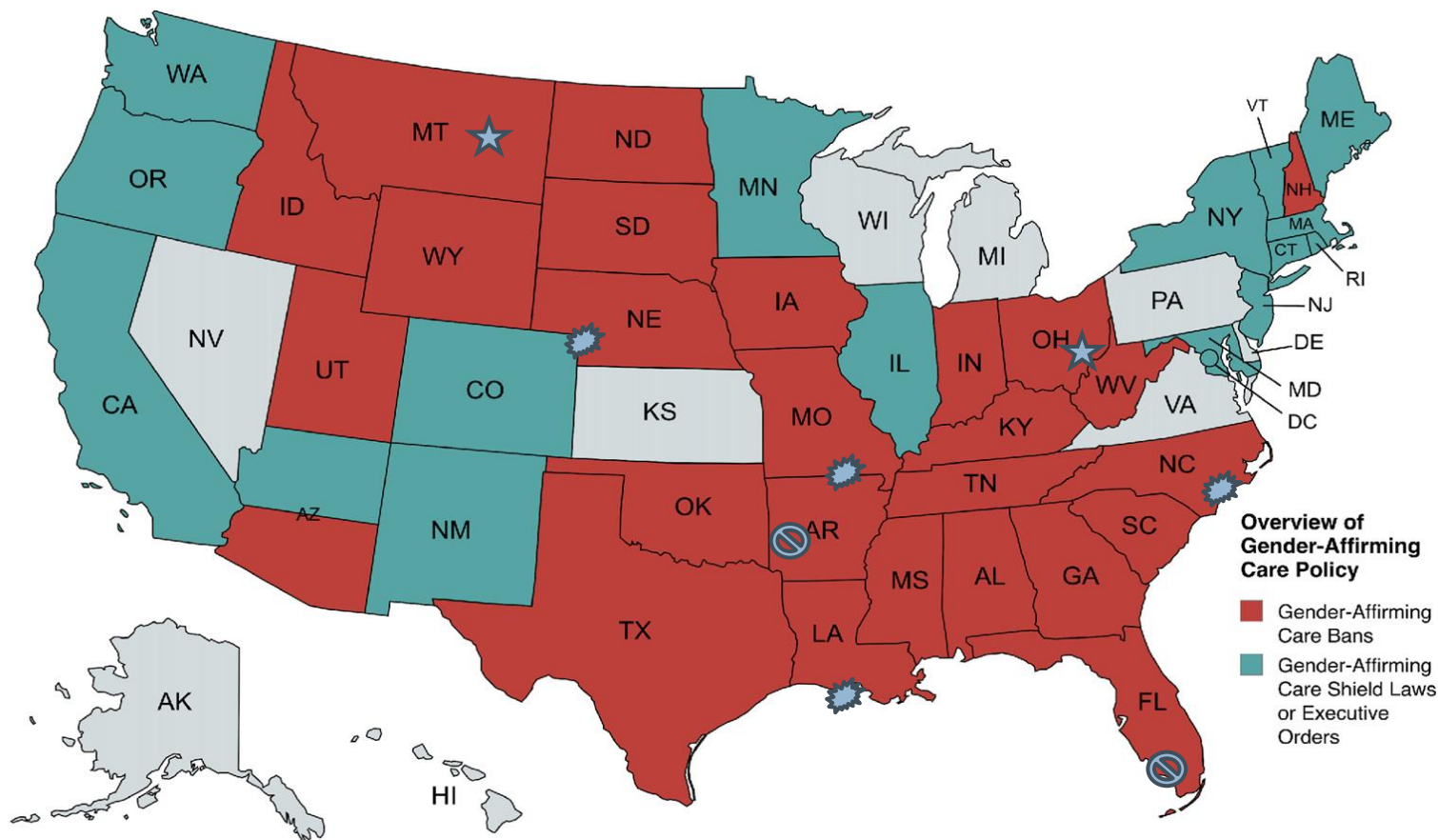
Texas Attorney General Sues Doctor Over Treatment for Transgender Minors

Ken Paxton, the attorney general, said it was the first enforcement action under a state ban on treatment.

Trans Youth Are Rattled by Efforts to Ban Gender Care. So Are Hospitals.

President Trump's executive order threatening hospitals' funding if they provide gender transition care for youth has caused chaos in the transgender health landscape.

State of the landscape in 2024: CARE BANS



★ Ban temporarily and/or partially blocked by court order

⊘ Ban permanently blocked by court order

⚡ Lawsuit filed / pending / ongoing

▲ Ban not yet in effect

Shin, et al. JAMA Derm. 2023.
Movement Advancement Project.
Created with mapchart.net.
Data current as of 9/2/2024.

Adapted from a presentation by Klint Peebles, MD

Virginia and gender-affirming care

- ❑ Virginia law prohibits discrimination against transgender individuals in health insurance
- ❑ No laws currently limit or prohibit gender-affirming care for minors
- ❑ However, effective October 13, 2026, Virginia Medicaid will no longer cover gender dysphoria services for minors



The role of dermatology in transgender care

- Misrepresentative outer appearance may be source of personal conflict
- Skin may have critical role in establishing self-harmony in transgender patients
- Dermatology can address needs from medical and aesthetic perspectives

Gender Affirmation

Refers to decisions, behaviors,
or interventions that affirm a
gender expansive person's
gender identity

Psychological / Self-Affirmation

- Internally affirming one's own identity

Social affirmation

- Name change, pronouns, gender expression

Legal affirmation

- Modifying gender markers on government documents

Medical affirmation

- Gender-affirming hormone therapy or pubertal suppression

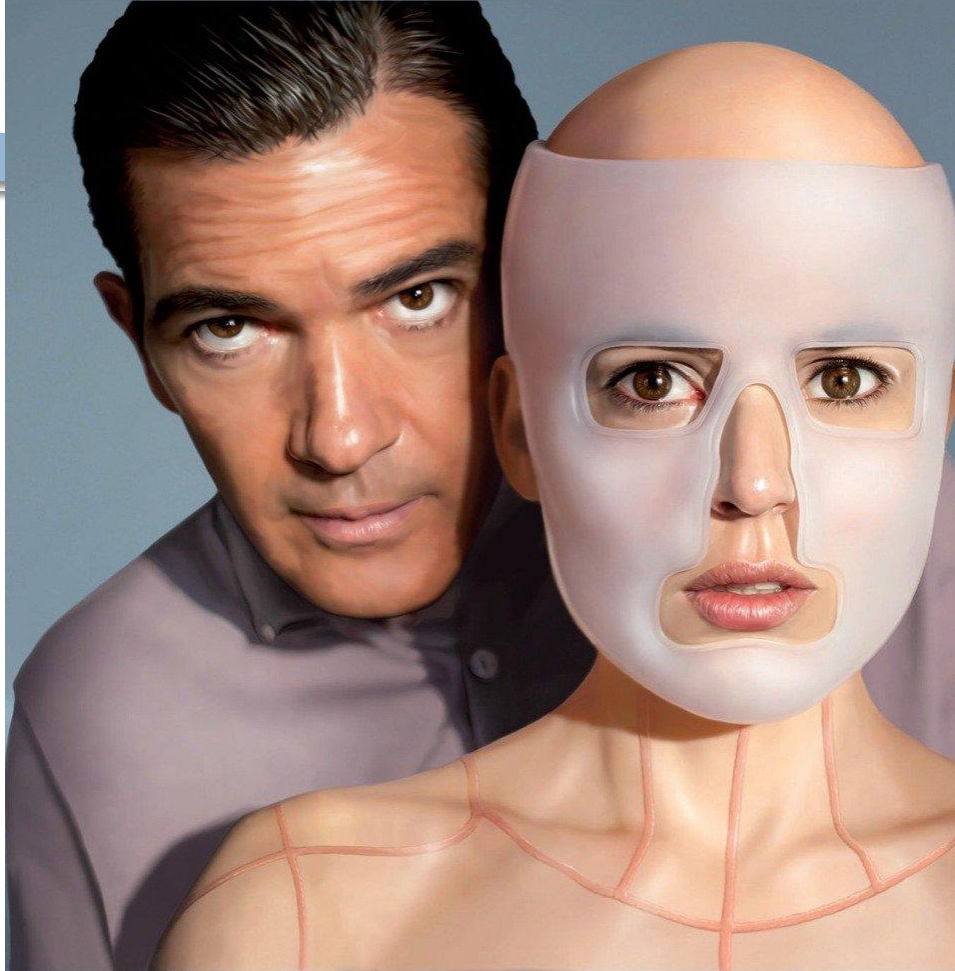
Surgical affirmation

- Vaginoplasty, facial feminization surgery, breast augmentation, phalloplasty, minimally invasive procedures, etc

Not all people who are gender diverse will desire all (or any)
domains of gender affirmation

Adapted from a presentation by
Klint Peebles, MD

EL DESEO presents a film by ALMODÓVAR



THE SKIN I LIVE IN

ANTONIO BANDERAS ELENA ANAYA MARISA PAREDES
JAN CORNET ROBERTO ÁLAMO

Skin in language/culture

- Beauty is only skin deep
- Thin-skinned and thick-skinned
- To get under one's skin
- Skin of one's teeth
- Skin in the game
- Give me some skin
- Showing some skin
- New skins

Skin as identity



Skin as identity

DID YOU KNOW?

The first EVER
video game
tournament
CHAMPION
was a  **trans**
woman?



Becky Heineman, winner of first US Space Invaders championship

“When I played video games back in the '80s, I never believed I was actually any good at the game, or that I had any real skill...but it allowed me to be myself. It allowed me to play as a female.”

Dermatology as gender-affirming care

- To some extent the purpose of most dermatology care is to make people's external appearance match their internal identities
- While this is important for all patients, this effort lands especially heavily and importantly when you are affirming someone's gender as part of their identity
 - It's really affirming as a provider to see someone bloom when they finally are comfortable in their own skin

Terminology

Pansexual **Transgender** Non-binary
Gay Gender non-conforming/
Intersex Gender diverse
Queer Asexual **Lesbian**
Genderqueer **Bisexual**

Terminology

- Gender-affirming or gender-confirming care is the preferred verbiage
 - ❑ NOT transsexual, sex-change, male to female, or female to male, “transgendered,” transvestite/crossdresser; “hermaphrodite” is definitely considered a SLUR
 - ❑ Definitely NEVER use “it” to describe any of these patients
 - ❑ Point: gender is not mutable in these patients; their appearance may or may not match their internal identity

Terminology

- Sexual Orientation: an individual's sexual and emotional attraction to others
 - **Sexual orientation ≠ Sexual behavior**
- Gender Identity: person's sense of being a man, woman, or other gender
- Gender Expression: person's method to communicate gender through appearance, personality, or behaviors

SEXUAL ORIENTATION AND GENDER ARE
RELATED BUT DISTINCT CONCEPTS

LGBT Demographics in the United States

Demographic characteristic	Percentage	Approximate number
Sexual orientation		
Lesbian/bisexual women	3.4%	4 million
Gay/bisexual men	3.6%	4 million
Gender identity		
Transgender	0.6%	1.4 million
Sexual behavior		
Same-sex sexual behavior (ever)	8.2%	19 million
Sexual attraction		
At least some same-sex sexual attraction	11%	26 million

Women: 1.1% lesbian, 2.2% bisexual; men: 2.2% gay; 1.4% bisexual; <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>; <https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf>

Slide by Ken Katz, MD



Negative experiences seeing a HCP in past year	Percentage answering "yes"
Had to teach HCP about TG people to get appropriate care	24%
HCP asked unnecessary or invasive questions	15%
HCP refused to provide transition-related care	8%
Verbally harassed in health care setting	6%
Sexually assaulted in health care setting	1%

<http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>

Slide by Ken Katz, MD

Suggested phrasing

- “The first time I meet a new patient I want to make sure that you are comfortable. How should I address you?”
- “What pronouns do you use?” or “Do you have any preferred pronouns?” (“Mine are...”)
- “Do you have a significant other?”
- “Who did you bring with you today?”
- “Are you in a relationship?”
- “Do you have a uterus?”
- “Do you have any sperm-producing partners?”
- In general, follow your patient’s lead

When examining

- Be conscious that transgender folks are often made to feel on display
- Make a conscious effort to normalize any concerns they have to create a safe space (“I’ve had other patients with similar concerns/issues before”)
- It is less important for you to understand; more important that they feel heard and safe
- During physical exam, be extra careful to examine or reveal as little as necessary – especially in the chest and genital areas. Ask explicitly for permission and have the patient reveal themselves.
- Mind even seemingly innocuous language – “moustache” can be “upper lip hair”; “beard-area” can be “jawline and neck”; as some phrases can be triggering
- Mistakes are ok! What matters is making an effort – that does not go unnoticed.

Is skin different in men and women?

British Journal of Dermatology (1975) **93**, 639.

The influence of age and sex on skin thickness, skin collagen and density

SAM SHUSTER, MARTIN M.BLACK* AND EVA McVITIE†

University Department of Dermatology, Wellcome Laboratories for Research into Skin Diseases, Newcastle upon Tyne,* Institute of Dermatology, London, and †Department of Dermatology, University of Edinburgh

Accepted for publication 1 April 1975

- Yes and no
 - ❑ Limited study of skin thickness and collagen density (only in white patients)
 - ❑ Men have thicker skin and more collagen

Gendered skin differences

- Facial anatomy differences – male face wider, subcutaneous fat
- Sweat glands and hair follicles more active in men; increased sebum and sweat production
- Hair distribution (androgen-dependent)



Gendered aging

- Men more susceptible to hair loss
- Male skin thickness decreases linearly with age
- Female skin thickness rapidly changes after menopause
- More UV exposure and smoking in men
- Wrinkles earlier, more severe in men



Causes of skin conditions in transgender patients

- Hormonal interventions
 - ▣ Testosterone produces more “oily” skin
 - ▣ Estrogens produce more “dryness” and body hair loss

- Surgical interventions
 - ▣ Scarring and complications
 - ▣ Non-invasive techniques may be alternative, adjuvant, or transitional step for patients considering surgery

Dermatology issues in transgender patients

Transmasculine patients	Transfeminine patients
<u>Testosterone-related</u> - Acne vulgaris - Androgenetic alopecia - Changes in facial and body hair, fat distribution, sweat and odor <u>Surgery-related</u> - Keloids <u>Chest binding-related</u> - Pain, swelling, itch, skin breakdown, acne, miliaria, tinea, contact dermatitis, scarring	<u>Estrogen-related</u> - Melasma, changes in facial & body hair, fat distribution, sweat, odor - Hair loss arrest/reversal - Improvement in acne <u>Surgery-related</u> - Keloids <u>Gender-affirming procedures</u> - Hair removal - Fillers/body contouring <u>Infectious diseases</u> - HIV and other STIs

Example: acne in transgender men

- Androgens (including testosterone) drive acne
- Hormonal distribution = chin, jawline
- In cis women, may consider OCP or spironolactone



What do we know about acne in transmasculine patients?

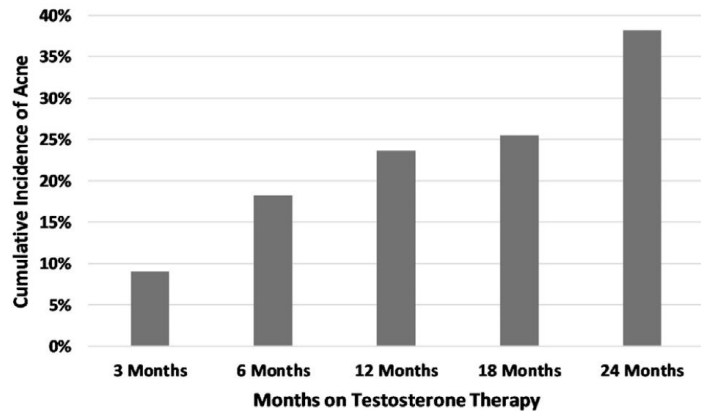


Fig 1. Cumulative incidence of acne among transgender men who are receiving hormone therapy relative to duration of testosterone therapy.

Risk factors for acne development in the first 2 years after initiating masculinizing testosterone therapy among transgender men

38% with acne in 2 years

Gradual increase in cumulative incidence over 24 months

Risk factors: Higher BMI, high serum T levels (>630 ng/dL), current smoking, **younger age**, **history of acne prior to initiating MHT**

Small European survey study: **Almost 70% of patients reported mild-moderate acne after an average of 10 years of testosterone**

Approach to acne in transmasculine patients

- In general, approach to management is similar to that with cisgender patients with a few important points:
 - ▢ Oral spironolactone should NOT be used in the setting of testosterone as it will antagonize its gender-affirming effects
 - ▢ Topical clascoterone may be an option when topicals are desired and/or other agents are contraindicated
 - ▢ I will also sometimes use oral antibiotics, and traditional topicals (clindamycin BP, tretinoin)
 - ▢ Contraception options may be considered as acne therapeutics, but agent selection should be carefully discussed in the context of patient's gender affirmation journey and goals
 - ▢ Isotretinoin is often indicated and involves several unique considerations

Example: acne in transgender men

JAMA Dermatology | Brief Report

Isotretinoin for Acne in Transgender and Gender-Diverse Individuals Receiving Masculinizing Hormone Therapy

James Choe, BS; Ali Shields, BS; Alana Ferreira, BS; Sarah Gold, BA; Jeromy W. Gotschall, BA; Kanika Kamal, BA; Austin Rios, BS; Robin H. Wang, MD; Emily Baumrin, MD, MSCE; Erica D. Dommasch, MD, MPH; Howa Yeung, MD, MSc; Jules B. Lipoff, MD; John S. Barbieri, MD, MBA

- **Accutane is an under-appreciated form of gender-affirming care**
 - ❑ I recommend 150-200mg/kg total vs. 120-150 in most patients
 - ❑ Trans population high risk for suicidality, but I believe isotretinoin decreases this risk more than increases

Isotretinoin: Pre / Post Therapy

Radi, et al. Am J Clin Dermatol. 2022.



Adapted from a presentation by Klint Peebles, MD



Opinion

My transgender patient just wanted his acne treated. The rules he faced were dehumanizing. | Opinion

This new acne flare occurred a few years after puberty, and was part of a bigger transition — and the hormones he started to take to confirm his identity as a man.

- A registry for patients put on isotretinoin (Accutane)
 - ❑ Previously only 3 categories offered:
 - Men
 - Women who can get pregnant
 - Women who cannot get pregnant



Viewpoint

May 2016

Transgender Patients, Isotretinoin, and US Food and Drug Administration-Mandated Risk Evaluation and Mitigation Strategies

A Prescription for Inclusion

Kenneth A. Katz, MD, MSc, MSCE¹

- ❑ Transgender men thus had to be registered as “females”
- ❑ Registry now based on pregnancy potential, but still asks invasive questions (e.g. what gender were you assigned at birth)
- ❑ Patients with uteruses must get monthly pregnancy tests regardless of pregnancy potential

Example: alopecia in transgender men

- Androgenetic alopecia
 - ❑ Male pattern baldness can occur in trans men
 - ❑ In cis men, treatment can include finasteride
 - ❑ In trans men, would first consider oral minoxidil



Example: alopecia in transgender men

□ Androgenetic alopecia

- ▣ Affects at least 1/3rd gender diverse individuals on long-term T
- ▣ Occurs within a few years of T initiation
- ▣ Do not assume treatment is desired (hair loss may be perceived as gender affirming)
- ▣ Standard therapeutic approach, including finasteride, though optimal timing and use not yet established
- ▣ Finasteride does not appear to interfere with serum T levels but may affect secondary characteristics (prevent facial hair growth)
- ▣ Oral minoxidil has become an excellent non-hormonal option

Aside: oral minoxidil is fantastic!

An Old Medicine Grows New Hair for Pennies a Day, Doctors Say

Dermatologists who specialize in hair loss say that the key ingredient in a topical treatment worked even better when taken orally at a low dose.

- Great option for growing hair that has no affect on testosterone
- Also useful to improve facial hair growth



Brandy Gray, 44, was seen by Dr. Crystal Aguh before and after treatment with oral minoxidil. Crystal Aguh/Johns Hopkins School of Medicine

Aside: oral minoxidil is fantastic!

- For cis men and trans women:
 - ▣ I start at 1.25mg daily (1/2 tablet), max 5mg
 - ▣ Check CBC, BMP at 1 mo (unlikely risk of hyponatremia, neutropenia)
 - ▣ Assuming no side effects, titrate up to 2.5mg and 5mg max
 - ▣ I screen for palpitations, SOB (low risk for pericardial effusion), leg edema, excess hair (eyebrows, nose, ears)

- For cis women and trans men:
 - ▣ I start at 0.625 (1/4 tablet), up to 2.5mg max

How important is facial hair growth?

Facial Hair & Gender Identity

- Online survey of more than 400 trans men
 - ▢ 86% : Facial hair is an important component of gender identity
 - ▢ 97% : Facial hair is important for a positive self-image
 - ▢ **87% : Having enough facial hair to shave is important**
 - ▢ 28% : Overall satisfied with facial hair
 - ▢ 35% : Used / tried over the counter topical minoxidil

Characterizing the role of facial hair in gender identity and expression among transgender men

James T. Pathoulas, BA • Kelly E. Flanagan, MS • Chloe J. Walker, MD • Isabel M. Pupo Wiss, BS •
Dustin Marks, MD • Maryanne M. Senna, MD  

Example: excess hair in transfeminine patients

□ Hirsutism

- ❑ Estrogen reduces but does not eliminate male-pattern hair
- ❑ Treatments include: laser hair removal, electrolysis, eflornithine (Vaniqa) cream



Hair removal

□ Laser hair removal

- Diode 810nm
 - Mostly for skin types I-IV
- Nd:YAG 1064 nm
 - Considered best for types V-VI since deeper in skin, less risk for superficial hypopigmentation



□ Electrolysis

'I'd always hated my facial hair'

As Juliet Jacques continues on her journey of gender reassignment she says goodbye to a powerful sign of masculinity: her facial hair. It's a process that stings, both physically and financially



Jacques J. The Guardian. 2010.
Ellin A. The New York Times. 2017.

“The male feature causing the most discomfort, physically, and psychologically, was my facial hair. In order to even attempt to ‘pass,’ I had to shave twice a day, before plastering my sore skin with foundation to cover any shadow...”

“It’s not about vanity. It’s about passing, and in some cases it can be for physical safety. It’s the same reason 90 percent of trans women I know won’t leave the house without hair and makeup.”

Derm issues with genderconfirmation surgeries/binding

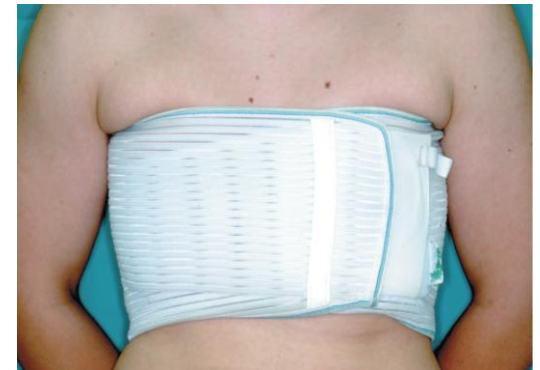
- Top surgery
 - ▢ Chest augmentation in trans women, mastectomy in trans men
 - Potential for stigmatizing scars
- Treatments
 - ▢ Intralesional steroid injections
 - ▢ Vascular lasers to reduce redness
 - PDL, long pulsed Nd-YAG, IPL



Derm issues with chest binding

□ Chest binding

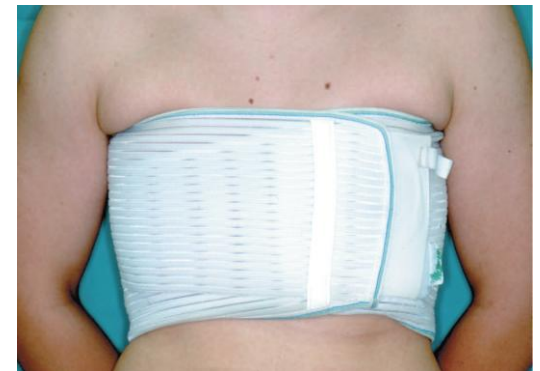
- ❑ Wrapping to compress breasts before or instead of top surgery
- ❑ As many as $\sim 90\%$ of transmasculine individuals chest bind with a similar number experiencing side effects
- ❑ Complications ($>75\%$) include dermatophytosis, pruritus, miliaria, contact dermatitis, scarring
- ❑ Non-derm complications: Rib fractures, pneumothorax



Derm issues with chest binding

□ Recommendations

- ❑ Use professional chest binding garments
- ❑ Binder should be correctly sized
- ❑ Binder should be removed while sleeping
- ❑ Binding should be limited to no more than 8-12 hours per day
- ❑ “Off-days” are recommended
- ❑ Elastic bandages, duct tape, plastic wrap should be avoided



Derm issues with gender-confirmation surgeries, cont.

- Bottom surgery: creation of new genitalia
 - Vaginoplasty
 - Important to continue surveillance for condyloma and carcinomas
 - Phalloplasty
 - Radial forearm free flap (RFFF), donor site morbidity - can have scarring/cosmetic issues on donor site



Cosmetic considerations

- Differences in male vs. female face

- Males:

- More frontal bossing
 - Flatter eyebrows
 - Narrower eyes
 - Eyelids slightly closer
 - Longer/wider nose
 - Thinner lips
 - Squared jaw angle
 - Wider chin



Cosmetic considerations, cont.

- Surgical options
- Injectables may help create feminizing or masculinizing effects
 - Botox: shape forehead, eyebrows, crow's feet, jaw
 - Fillers: shape cheeks, chin, lips



Cosmetic considerations, cont.

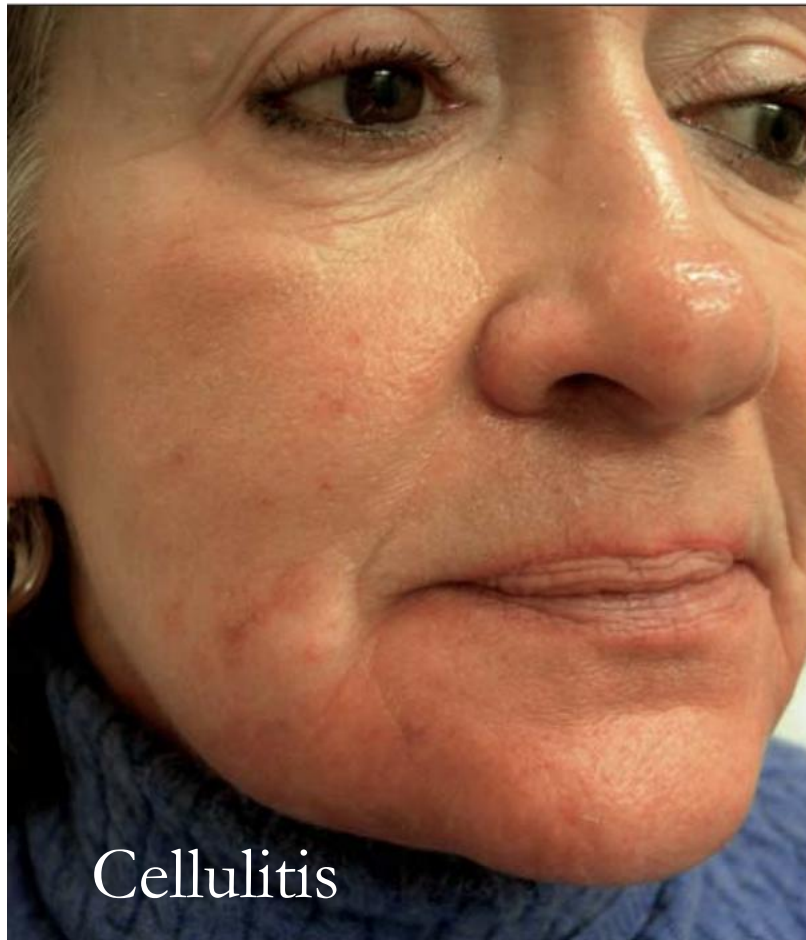
- Illicit filler use
 - ▣ Estimated 20-50% transgender women have had fillers
 - ▣ Due to costs of legal surgeries and procedures, illicit fillers may be only option
 - ▣ Harmful filler types can include industrial-grade silicones, paraffin, petroleum jelly, lanolin, beeswax, tire sealant, cement glue, and automobile transmission fluid

Cosmetic considerations, cont.

- Reliance on non-professionals
 - ❑ Includes non-licensed practitioners and injections of non-medically appropriate agents
 - ❑ Consequences of inappropriate care can range from swelling/nodules to even infections and death

Potential Complications	
Foreign body granulomas	Ulceration and necrosis
Infection (e.g. bacterial, fungal, mycobacterial)	Disfiguration
Bleeding and Pain	Silicone emboli
Scarring, Keloids	Death

Filler complications



Filler complications, cont.

AP

Prosecutors say Denise "Wee Wee" Ross injected silicone into Wykesha Reid's buttocks to give her what the salon called the "Wee Wee Booty."

An autopsy shows the compound circulated through Reid's lungs, likely causing difficulty breathing.



Two cases for review

Case 1

- 22 y.o. transgender male with a several year history of acne on neck and face
 - ▢ Previously treated with tretinoin cream and minocycline
 - ▢ Worsened since starting testosterone for gender identity in March 2020
 - ▢ PMH: ADHD, anxiety, autism, Ehlers-Danlos syndrome, Arnold-Chiari malformation, mast cell activation syndrome, OCD, postural orthostatic tachycardia syndrome
 - ▢ PSH: masculinizing chest surgery
 - ▢ SH: College student, history of suicide attempts (pills, strangulation, cutting)
 - ▢ Meds: venlafaxine, intramuscular testosterone 50mg weekly, galcanezumab, sumatriptan, midodrine, pyridostigmine, promethazine, ondansetron, melatonin, levocetirizine, fexofenadine



Case 1

- Started on isotretinoin for acne in 8/2020
 - Weighs 210lbs (95kg), goal dose 120-150mg/kg
 - Contraception: Had IUD, no sperm-producing partners
 - Therapist signed off on starting therapy despite history of suicidality
- 9/2020: Started at 60mg daily along with prednisone 60mg taper x12 days
- 12/2020: Reduced to 30mg daily with prednisone 40mg taper x 8 days given acne flare with isotretinoin
- 1/2021: Developed headaches, blurry vision, and floaters possibility consistent with pseudotumor cerebri, isotretinoin discontinued (sent to ED, LP not done)
- 2/2021: Eye exam normal per ophthalmology after off isotretinoin x1 month. CT head and MRI brain with no acute changes
- Ultimate result: Patient considered trying low-dose isotretinoin (10mg), but was stable, so did not restart.

Considerations for transgender patients on isotretinoin

- Misgendering by the iPledge system
 - Improvement that is pregnancy potential-based, but still problematic, and why do we even need iPledge at all? Does isotretinoin deserve such special scrutiny (vs. other teratogens like methotrexate, mycophenolate, others)?
- Reportedly 82% of transgender people have considered suicide, and 40% have attempted¹
- Higher likelihood of suicidality in transgender patients, but arguably treatment reduces suicidality risk more than isotretinoin may increase
- Creating greater outward appearance congruence with internal identity may reduce risk

1. Austin A, Craig SL, D'Souza S, McInroy LB. Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors. *J Interpers Violence*. 2022 Mar;37(5-6):NP2696-NP2718.

Considerations for transgender patients on isotretinoin

- Pseudotumor as a side effect of isotretinoin and possible association with testosterone
 - ▢ Of some debate, since incidence low, androgens are thought to have a pathogenic role¹⁻²
 - ▢ Balance between risk for eye damage vs. need for maintaining gender identity

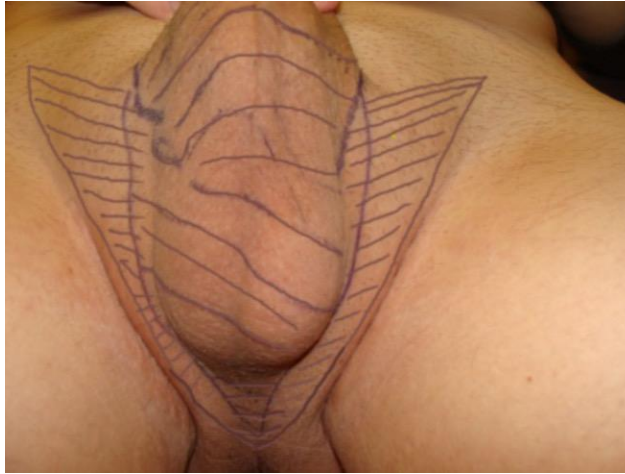
Considerations for transgender patients on isotretinoin

- “Second puberty”: may take years for body to acclimate to additional testosterone, and acne might not ever improve without intervention
 - ▢ Maybe up to 200mg/kg instead of 120-150mg/kg dosing and may taper to low-dose until acclimated to testosterone
 - ▢ Retrospective case series published JAMA Derm
 - In short, isotretinoin is effective in these patients and may be an underappreciated gender affirming care
 - ▢ Wound healing with isotretinoin vs. need for top and bottom surgeries
 - Probably overstated risk, but worth considering

Case 2

- ❑ 26 y.o. transgender female seeking hair reduction prior to bottom surgery (vaginoplasty)
- ❑ Previously treated with IPL with at local office with limited benefit, opted against electrolysis given less effective and to avoid future delays with bottom surgery
- ❑ Referred to cosmetic laser clinic treating *pro bono* as part of pilot program I helped lead at Penn; dermatology residents participated in treatment
- ❑ Completed multiple treatments in groin with notable hair reduction

Case 2: why laser hair removal important for vaginoplasty

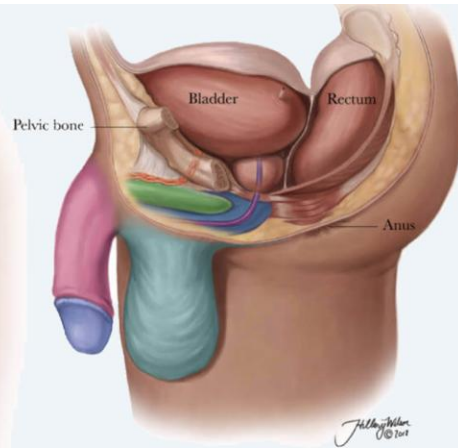
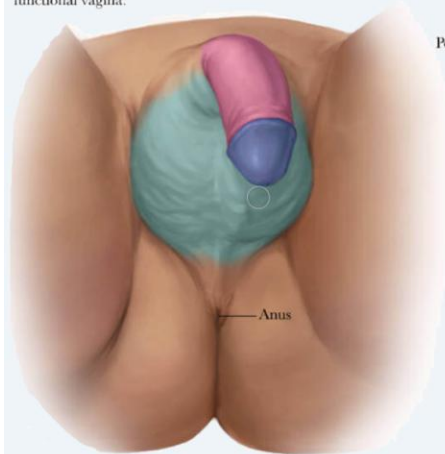


Goal: clear entire scrotum, shaft, and 1/3 of the perineum

Note that these photos show the area relaxed (not stretched).

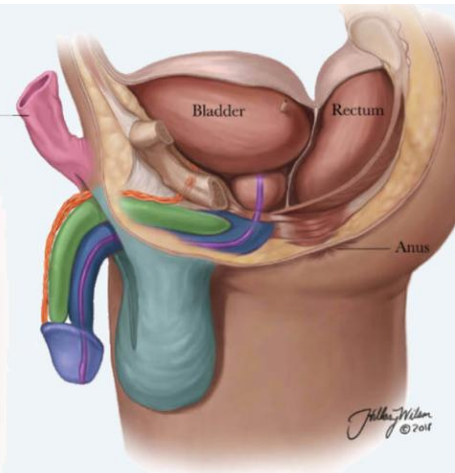
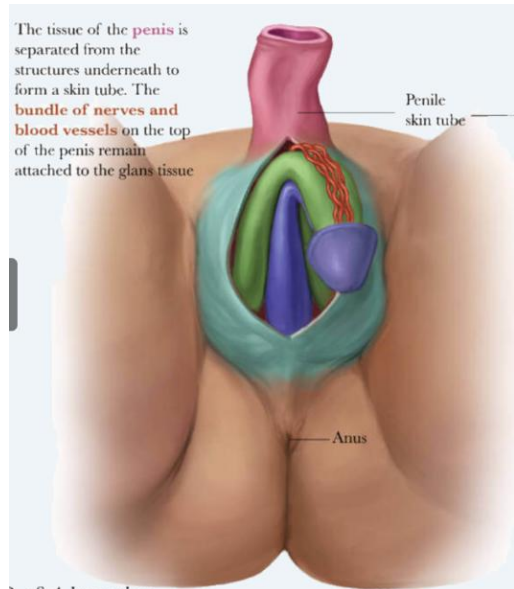
Case 2: vaginoplasty

A vaginoplasty uses the skin and tissue of the penis and scrotum to form a new, functional vagina.



- Scrotum
- Penile skin
- Urethra
- Corpus Cavernosum
- Corpus Spongiosum and Glans
- Neurovascular Bundle

The tissue of the **penis** is separated from the structures underneath to form a skin tube. The **bundle of nerves and blood vessels** on the top of the penis remain attached to the glans tissue.



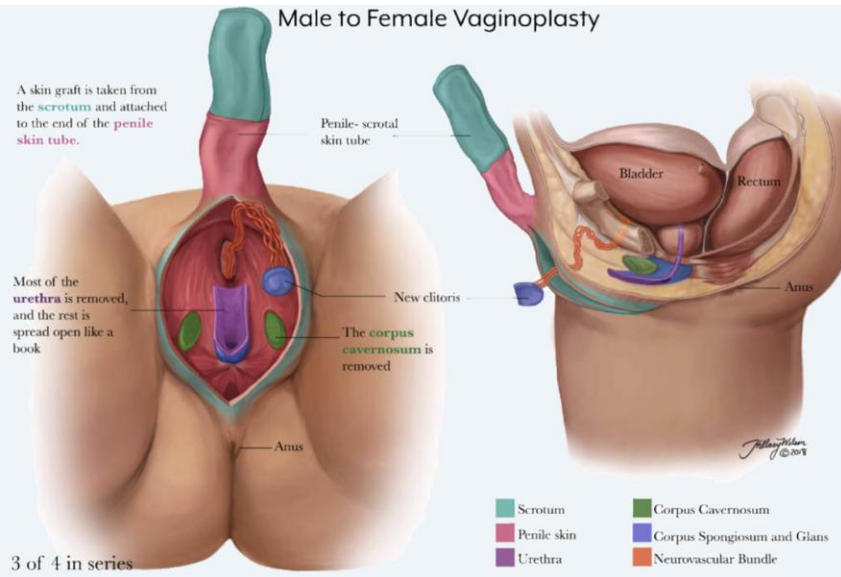
- Scrotum
- Penile skin
- Urethra
- Corpus Cavernosum
- Corpus Spongiosum and Glans
- Neurovascular Bundle

4 in series

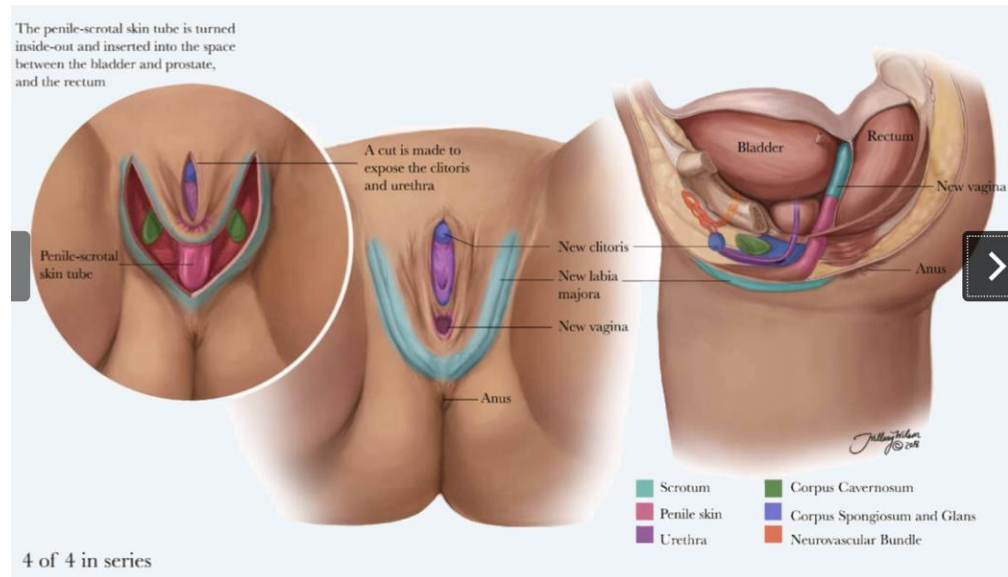
3 of 4 in series

Case 2: vaginoplasty

Male to Female Vaginoplasty

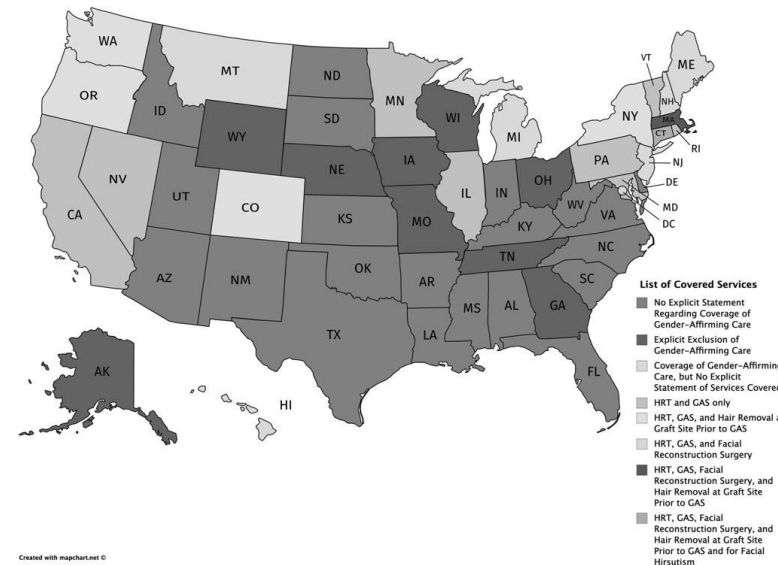


The penile-scrotal skin tube is turned inside-out and inserted into the space between the bladder and prostate, and the rectum



Case 2: Insurance coverage

- Hair removal may play critical role in establishing self-harmony in transgender patients
- Specifically, laser hair removal prior to bottom surgery is important
 - Internal ingrown hairs difficult to treat post-surgery – can lead to pain, bleeding, infection, etc.
- Would argue that laser hair reduction prior to vaginoplasty is “medically necessary” given the complications that may arise – **CPT 17999**
 - May be covered in Virginia at least when medical necessity criteria met



Singer S, Yeung H, Mostaghimi A. State Medicaid Coverage of Dermatologic Procedures and Other Gender-Affirming Services for Transgender Patients in the United States. *LGBT Health*. 2020 Apr;7(3):166-168.

Dermatology PRIDE Clinic

Penn Medicine Dermatology is dedicated to serving the needs of LGBTQ+ community members with dignity, respect and excellence. We are the first LGBTQ+ and HIV+ dermatology-focused clinic and the only trans-focused dermatology clinic in Philadelphia, and have been serving patients since 2014.

Many factors impact the health and treatment of skin conditions for LGBTQ+ individuals, and we aim to address them with cultural humility. We respect and promote the wellness of all identities and welcome all with compassion.

PRIDE Clinic for LGBTQ+ and HIV+ Dermatology Services

Penn Dermatology's PRIDE Clinic (PRoviding Integrated Dermatology for Everyone) is held monthly in our offices at Penn Medicine University City, 11th floor, 3737 Market St., Philadelphia, and at Penn Dermatology Pennsylvania Hospital, 235 S. 8th St., Philadelphia. We aim to provide world-class dermatological care in an environment where patients feel safe and heard.

We specialize in treating patients with skin concerns related to immunosuppression, due to genetics, medical intervention, or infection, and have specialized training in treating patients living with HIV/AIDS.

The PRIDE Clinic also treats gender and sexual minority populations (GSM), with a focus on transgender patients. Our goal is to treat referred patients within a month of request.

Establishment of a dermatology clinic serving both patients living with HIV/AIDS and transgender individuals (PRIDE clinic) in an urban academic setting: Demographics, evolution, and lessons learned

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- ❑ I founded this clinic at Penn in 2014 first for HIV patients, then expanded to all LGBT patients (especially trans patients)
- ❑ Clinic expanded when I moved to private practice in 2022

PRIDE Clinic continues bigger and better than ever in my private practice!

- Over time (~12 years), as a cisgender, straight, white man, I have built relationships with every major HIV and LGBT centers in the Philadelphia metro area
- Completed a Pfizer funded grant in 2025 (\$250K) with Philadelphia FIGHT (FQHC) establishing telemedicine for LGBT and HIV populations
- New qualitative study with Penn/Eidos on impact of masculinizing surgical scars
- My main partners in the current PRIDE iteration:
 - ▢ Mazzoni Center (Dr. Hilary Rosenstein, Dr. Stacey Trooskin)
 - ▢ Philadelphia FIGHT (Dr. Karam Mounzer)
 - ▢ Einstein (Dr. Hussein Safa)
 - ▢ Temple (Dr. Jennifer Aldrich)
 - ▢ Penn (Dr. Kevin Kline, Dr. Rahaf Sultan - Endo, Dr. Zsofia Zsep - ID)
 - ▢ CHOP (Dr. Nadia Dowshen)
 - ▢ Drexel Partnership (Dr. Amy Althoff) and Bebash
 - ▢ Main Line Health (Dane Menkin)
 - ▢ Jefferson (Jennifer Bidey)

Take home points

- Skin a critical component of identity
- Most gendered skin differences are hormonally related
- Transgender patients may develop skin side effects of hormonal therapies and surgeries
- Transgender patients a vulnerable and underserved population that may have poor access to high quality dermatology care

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Thank you!



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