Follow up and lab schedule FTM

This is in addition to any other indicated lab monitoring based on other risks or disease states.

	All	Age > 30 or ↑risk of CVD	Age > 40	Age > 50	Based on Risks/Organs
Baseline	CBC, fasting CMP, BP	Lipids	chest/breast exam, Mammo if not s/p mastectomy		Pap[1] [2], STI screen[3], HCG if has uterus
2-3 mos p start or dose change	CBC, fasting glucose, ALT, Lipids, BP, Trough Total Testosterone				
Q6 months[1]	BP and exam				
Q12 months (stable dose)	CBC, fasting glucose, ALT, BP, Trough Total Testosterone	Lipids	chest/breast exam, Mammo if not s/p mastectomy	Consider osteoporosis screening if on testosterone > 5 yrs	Pap[2] [3], STI screen[4]

[1] In selected otherwise healthy FTM patients on a stable dose for a year or more, visits may be extended to once annually.

[2] Consider HPV testing if age > 30 or if significant emotional stress around pelvic exam so that q2-3 year screening may be done

[3] Let pathologist know if patient is on testosterone

[4] STI Screen = HIV, RPR, Hep A/B/C, GC/CT and consider Hep A/B vaccination

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FTM Medication

Dose may be decreased after oophorectomy, but not in all cases

Hormones [1]

Medication	Start	Mid	Max
Testosterone cypionate	50 mg q 2 weeks	150 mg q 2 weeks	250 mg q 2 weeks
Testosterone enanthate	50 mg q 2 weeks	150 mg q 2 weeks	250 mg q 2 weeks
Androderm Patch	2 mg/patch qd	4 mg/patch qd	10 mg/patch qd
Androgel / Testim 1% gel	2.5 g qd	5 g qd	10 g qd
Testosterone 5% cream (compounded)	0.25 g qd	1 g qd	2 g qd

[1] Adjust dose every 2-3 months to achieve desired changes and/or bring trough testosterone to lower half of male range

Follow up and lab schedule MTF

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	All	Spiro	Flutamide	Age > 30 or ↑risk of CVD	Age > 40	Age > 50	Based on Risks/Organs
Baseline	CBC, CMP BP		G6PD, consider MetHgb level if G6PD deficient or smoker	Lipids	Mammo if high-risk family history	Digital rectal exam, Consider PSA if high-risk	STI screen[1]
2-3 mos p start or dose change	CBC, ALT, Lipids, BP, Prolactin	K+, Cr	LFT, consider MetHgb if risks	Lipids			
Q6 months	CBC, ALT, BP, Prolactin, Consider Total Testosterone if inadequate feminization	K+, Cr					
Q12 months (stable dose)	CBC, ALT, BP, Prolactin	K+, Cr		Lipids		Digital rectal exam; Mammo if > 5 yrs on hormones or high-risk family history	STI screen[1], Pap smear [2] [3]

[1] STI Screen = HIV, RPR, Hep A/B/C, GC/CT and consider Hep A/B vaccination

[2] After vaginoplasty, do vaginal pap smear if history of genital warts and cervical pap smear if has neocervix

[3] Let pathologist know if patient is on estrogen

MTF Medication

Daily dose listed for oral preps; dividing bid recommended for those at risk of liver toxicity

Hormones[1] [2]

Medication/Orchi status	Start	Mid	Max
Premarin / Pre	2.5 mg	5 mg	10 mg
Premarin / Post	1.25 mg		5 mg
Estradiol / Pre	1 mg	4 mg	6 mg
Estradiol / Post	1 mg		4 mg
Estradiol valerate / Pre	20 mg q 2 weeks	40 mg q 2 weeks	60 mg q 2 weeks
Estradiol valerate / Post	20 mg q 2 weeks		40 mg q 2 weeks
Estradiol patch / Pre	0.1 mg/d biw	0.2 mg/d biw	0.3 mg/d biw
Estradiol patch / Post	0.0375 mg/d biw		0.2 mg/d biw

Anti-Androgens[3]

Medication/Orchi status	Start	Mid	Max
Sprinolactone[4][5]	50 mg qd	200 mg qd	500 mg qd
Flutamide[4]		125 mg bid	
Finasteride / Pre	2.5 mg qd	5 mg qd	5 mg qd
Finasteride / Post (androgenic alopecia)		1 - 1.25 mg qd	5 mg qd
Medroxyprogesterone (not routinely recommended)[4]	2.5 mg qd	5 mg qd	10 mg qd

Other

Medication	Start	Mid	Max
Aspirin if high risk CVD		81 mg qd	

[1] Adjust dose every 2-3 months to achieve desired changes; check testosterone levels if desired effects are not achieved at max doses

[2] Discontinue hormones 2-4 weeks prior to any major surgery to reduce the risk of thromboembolic events

[3] Spironolactone should be first-line anti-androgen

[4] Generally only used pre-orchiectomy

[5] Can be divided bid