

# A review of the incorporation of recommendations for trans and gender-diverse people in clinical practice guidelines: Preliminary findings and status

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# Acknowledgements



**SPOR Evidence Alliance**

Strategy for Patient-Oriented Research

**Alliance pour des données probantes de la SRAP** 

Stratégie de recherche axée sur le patient

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# Objectives

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1. To describe the incorporation of recommendations for trans and gender-diverse individuals in Canadian clinical practice guidelines.
2. To describe the ongoing review process and objectives for international clinical practice guidelines.
3. To describe the role of stakeholder engagement in the review process.

# Background

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# Brief introduction to gender terminology:

<b>Sex</b>	Assignment based on external genitalia, usually at birth—or prior to birth via an ultrasound. <sup>7</sup> Typical categorized as female, male, or intersex. Other indicators include gonads, internal reproductive organs, and sex chromosomes. <sup>8</sup>
<b>Gender</b>	Socially constructed characteristics of girls or women and boys or men, including roles, norms, relationships, and behaviours associated with each. <sup>9</sup>
<b>Gender Identity</b>	One's internal sense and how one defines oneself as a woman, a man, both, or neither. <sup>10</sup>
<b>Gender Expression</b>	Behavior, body characteristics, clothing, voice, or other means used to signal one's gender identity. May or may not conform to those typically socially defined as feminine or masculine. <sup>11</sup>
<b>Non-Binary</b>	A person who does not fall within standard categorizations of man or woman. Does not self-identify as a man or a woman or identifies sometimes as a man and sometimes as a woman. <sup>11</sup>
<b>Trans(gender)</b>	A person whose gender identity does not correspond to their sex assigned at birth. May be used to refer to an individual or as an umbrella term for all people who do not conform to traditional gender norms. <sup>12</sup>
<b>Trans Man</b>	A person who was assigned female at birth and who now identifies as a man. <sup>12</sup>
<b>Trans Woman</b>	A person who was assigned male at birth and who now identifies as a woman. <sup>12</sup>
<b>Gender-diverse</b>	An umbrella term to describe people when their gender identity or expression does not conform to the man and woman binary. <sup>1,2</sup>
<b>Two-spirit</b>	A gender role among First Nations and indigenous individuals. There are many definitions and understandings that are nation-specific (e.g., Navajo, Cree, Dene, Anishinabe). <sup>13</sup>
<b>Cisgender</b>	Refers to a person whose gender identity corresponds with what would be social or culturally expected based on their sex assigned at birth. <sup>7</sup>

# Trans and Gender-Diverse Health

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Well-documented health disparities

Interact with the healthcare system in many ways

Unmet needs, despite high levels of primary care

Clinicians lack the necessary training and confidence to provide gender-affirming care



[Image](#)

# What are clinical practice guidelines (CPGs)?

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- Developed to support clinical decision-making

Why is it important to study CPGs in relation to trans and gender-diverse individuals?

- Sex binary
- Considerations of medication transition
- Trans specific tend to focus exclusively on medical transition
  - General health recommendations not based on rigorous evidence review

# Gender Considerations in CPGs

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Clinicians need guidance that delineates:

(1) which trans and gender-diverse individuals should be included in traditionally sex-binary CPGs

(2) how to apply CPGs traditionally implemented differently by binary sex

(3) how to implement guidance with different recommendations based on binary sex



# Issues of Evidence

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CPGs are created through evidence synthesis, what should guideline producers do in the absence of evidence?

To date, there is limited research including individuals beyond the sex/gender binary.

For all guidelines, evidence should be sought and, if not available, this should be noted.

Ideally, implementation considerations should be suggested where possible.

# Study Objectives

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- (1) evaluate the proportion of CPGs that mention trans and gender-diverse individuals;
- (2) assess whether CPGs address implementation issues or comment on applicability for trans and gender-diverse individuals;
- (3) determine if trans and gender-diverse people were involved in or consulted as part of CPG creation;
- (4) identify examples of inclusion of gender diversity in CPGs.

# Methods

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# Selection of CPG Topics

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We followed a multi-stage process including generation of potential topics, prioritization, and expert feedback

- First conducted an environmental scan of medical databases and gray literature
- Next, sought expert feedback from health care professionals experienced in trans and gender-diverse health care (N = 6; 3 family doctors, nurse practitioner, obstetrician gynecologist, infectious disease specialist) to prioritize topics for inclusion

Included conditions:

1. breast cancer screening
2. cardiovascular disease prevention or risk assessment
3. cervical cancer screening
4. diabetes prevention and screening or risk assessment
5. human immunodeficiency virus (HIV) prevention and screening
6. ischemic stroke prevention and screening
7. osteoporosis or fragility fracture risk assessment
8. prostate cancer screening
9. sexually transmitted infection (STI) prevention and screening
10. urinary tract infection (UTI) prevention and screening

# Identification and Selection of CPGs

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## Inclusion criteria:

- Related to an included condition and intervention
- Published in 2015 or later
- Developed by an organizational or formal ad hoc producer
- Meet one of the following 3 conditions:
  - (1) have population scope traditionally based on assigned binary sex at birth
  - (2) involve binary sex-based risk assessment
  - (3) make different recommendations based on binary sex

## Exclusion criteria:

- Developed exclusively for the care of trans and gender-diverse individuals
- Developed for care during COVID-19

Eligible CPGs identified using the Canadian Medical Association InfoBase

# Data Extraction

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Title/Abstract Review (2 independent reviewers, 1 yes proceed)

Full text review (2 independent reviewers, both must agree)

Any disagreements resolved by consensus with consultation of a third reviewer, as necessary

Data extraction piloted with 5 CPGs

Data extracted into standardized Excel form, validated by second reviewer

Extracted publication characteristics (organizational developer or name of ad hoc group, title, publication year, CPG topic) and coded whether each CPG:

(1) mentioned trans and gender-diverse individuals; (2) included any specific recommendations or explicitly stated that there was not sufficient evidence to make a separate recommendation; (3) addressed implementation or commented on applicability and (4) mentioned involvement of trans and gender-diverse individuals in development

# Number of CPGs to Include

To determine the number of CPGs to include, we calculated the number of CPGs that would be needed to estimate proportions for each study objective with 95% confidence intervals (CIs) with width of  $\leq 20\%$ .

Assumed proportions that would meet criterion (e.g., made a specific recommendation) varied from 0-20%

34 CPGs would be required for 10%

60 CPGs would be required for 20%

Approximate Percent “Yes”	Total N	Actual Percent and (N) “Yes”	95% Low	95% High	Difference in 95% CI
0	16	0.0% (0)	0.00%	19.36%	19.36%
10	34	8.8% (3)	3.05%	22.96%	19.91%
20	60	20.0% (12)	11.83%	31.78%	19.95%

# Data Synthesis

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Proportions with 95% Cis based on Agresti and Coull's approximate method for binomial proportions of CPGs overall and by topic:

- Intervention that mentioned trans and gender-diverse individuals
- Provided specific recommendations for trans and gender-diverse individuals
- Addressed implementation among trans and gender-diverse individuals
- Included trans and gender-diverse individuals in development

We described examples of gender-inclusive CPG elements



# Results

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# Identification and Characteristics of Eligible CPGs

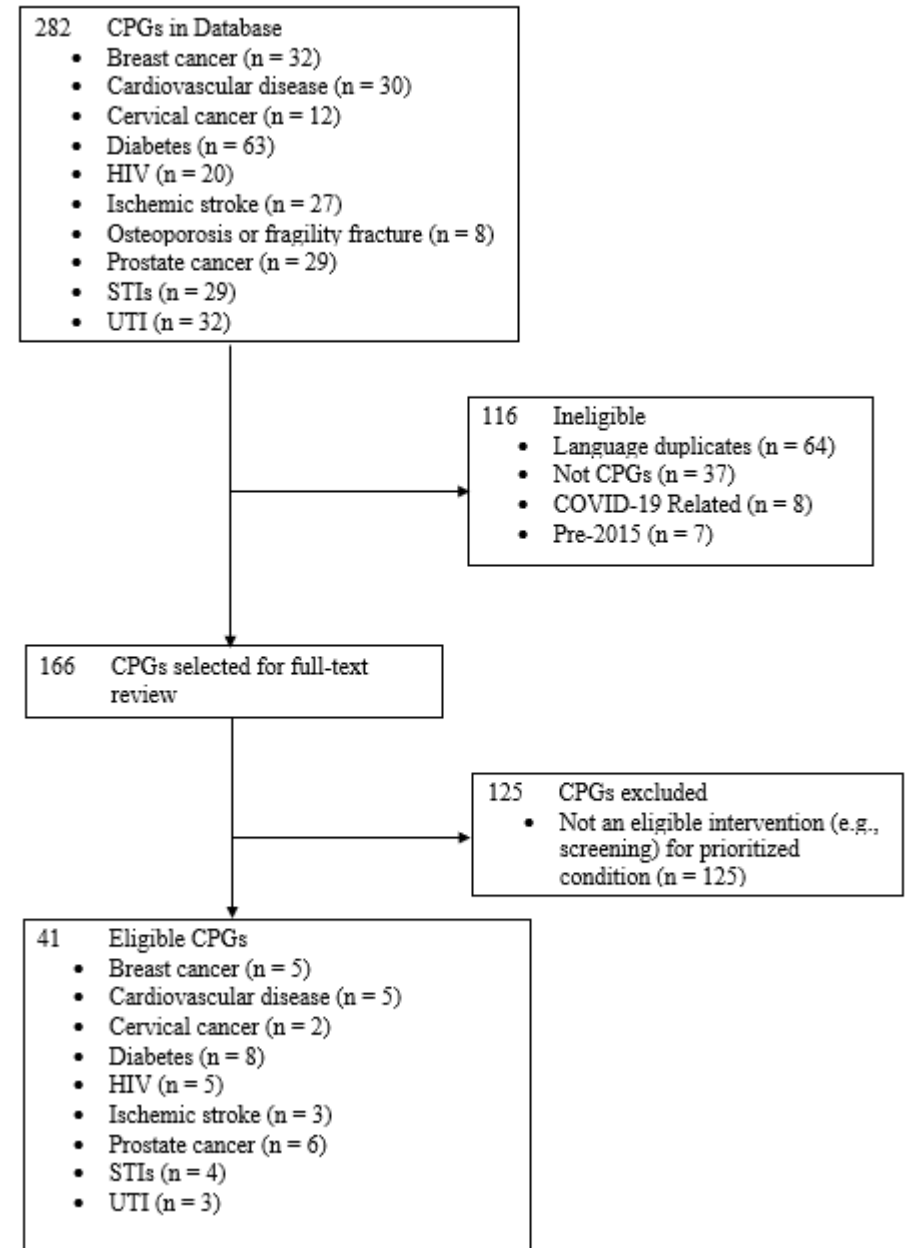
## CPGs produced by:

- government-sponsored groups (N = 17), professional medical societies (N = 13), or disease interest groups (N = 14); 3 were produced collaboratively by more than one group and counted in 2 categories

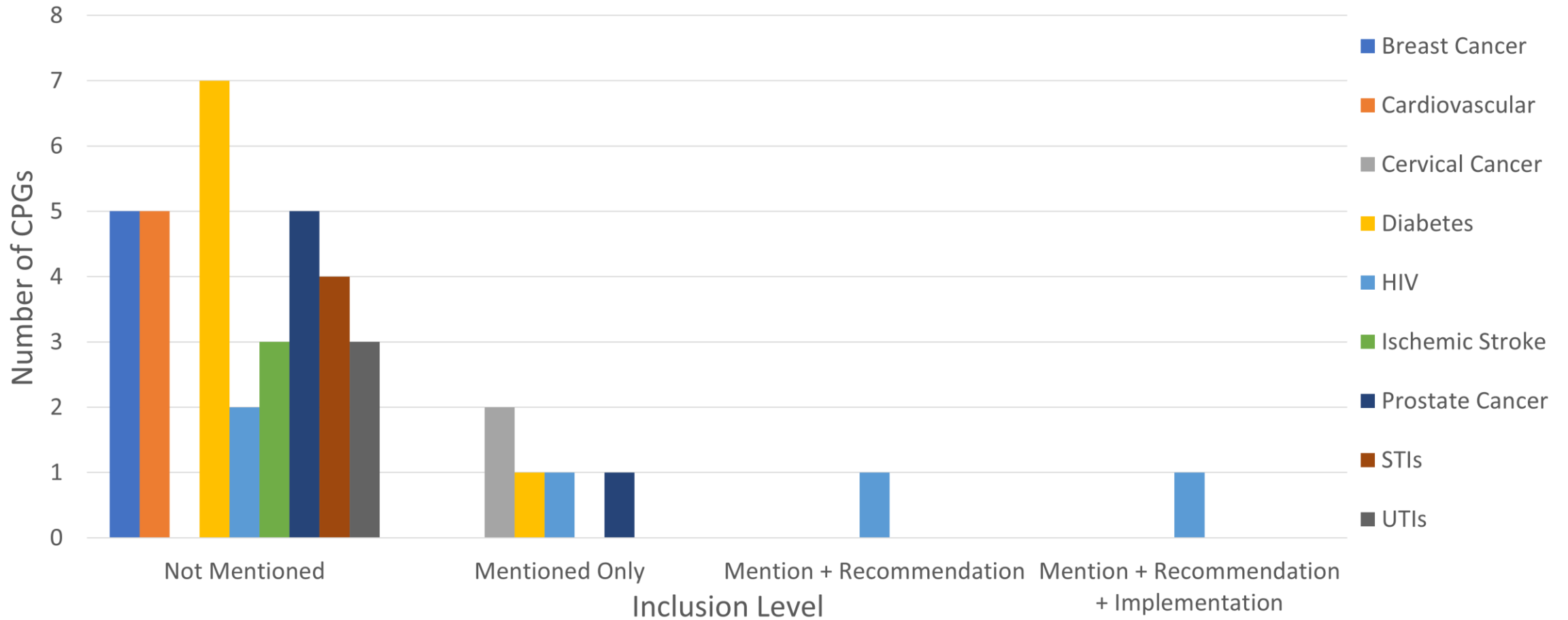
## CPG dates:

- 8 CPGs from 2020, 4 from 2019, 17 from 2018, 9 from 2017, and 3 from 2016

Figure 1: Flowchart of CPG Inclusion



# Addressing Gender Diversity in CPGs



# Discussion

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# Gaps in Guidance

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Of 41 CPGs with specific relevance for trans and gender-diverse individuals:

- Only 7 (17%) mentioned TGD individuals
- Only 2 (5%) made any recommendations for TGD individuals
- Only 1 (2%) addressed an implementation issue
- None reported consulting or involving trans and gender-diverse individuals in CPG development.

One CPG met 3 of 4 criteria. Related to Pre-Exposure Prophylaxis (PREP) for HIV.

Little guidance in Canadian CPGs paired with minimal (if any) training present a major barrier to provision of appropriate, gender-affirming care for trans and gender-diverse individuals

# Guidance on Equity in Guidelines



## GRADE Equity Guidelines

- Consider health equity during CPG development including location, race, occupation, religion, sex/gender, education, and socioeconomic status

## National Academy of Medicine (formerly the Institute of Medicine)

- All relevant parties should be included in CPG development



## PROGRESS-PLUS from the Campbell and Cochrane Equity Methods Group

- Guidance on identifying populations and relevant health outcomes to improve equity
- Emphasizes the need for CPG producers to identify relevant target groups at the outset of CPG creation and incorporate feedback from these stakeholder groups throughout



## The GRADE Equity Series

- Guidance on considering equity when setting priorities and questions for evidence review, including searching for evidence, may need to include searching outside traditional health literature

# Medical Professionals

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Until more inclusive guidance is available there are steps available to improve quality of care including:

- Reaching out to community organizations that work with trans and gender-diverse individuals
- Connect with professional organizations that focus on health care and equity for trans and gender diverse individuals (e.g., Transgender Professional Association for Transgender Health, GLMA: Health Professionals Advancing LGBTQ Equity)
- Consulting clinicians experienced with trans and gender-divers health care
- Seeking continuing education and training opportunities

# Study Strengths and Limitations

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## Strengths:

- Addressed previously unstudied topic
- Systematic approach

## Limitations:

- Limited to Canadian CPGs, may not generalize
- Limited to CMA InfoBase, other eligible CPGs may not be catalogued
- Only 41 eligible CPGs identified, less than target number (although results sufficiently robust to highlight gaps in CPGs)
- Limited community engagement, although two members of the research team do identify as trans and gender-diverse



# Current Status and Stakeholder Engagement

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# Stakeholder Engagement

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Identified two primary stakeholder groups: Clinicians and trans and gender-diverse individuals

Clinicians: Identified from a range of specialties that are most often going to engage with trans and gender-diverse patients. Also sought clinician with experience in guideline development.

Trans and gender-diverse individuals: Still in the process of recruiting advisory panel. Ideally would like to represent a wide range of identities and experiences within the trans and gender-diverse community.

# Current Status

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Protocol and search strategy for international guideline project development nearly complete

Anticipate search to be complete this month, December 2021

Will begin review of guidelines January 2022

# Questions?

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