American Urological Association

C1 Patient Hot Sheet – Case 3

AHQR SHARE* prompts:
Seek your patient's participation
Help your patient explore and compare treatment options
Assess your patient's values and preferences
Reach a decision with your patient
Evaluate your patient's decision

Patient Description
Marcia Smith:

- Is a 51-year-old transgender female (male to female).
- Is married to a female.
- Has 2 Children from time before transitioning to female.
- Father had prostate cancer at age 62 and lived 15 years and died of a myocardial infarction (MI).
    - Father underwent external beam radiation therapy and did well.
- Recently learned of a trans female who developed prostate cancer, but you did not think prostate cancer was possible and want to know whether to screen at all.
- This urologist/clinician performed a physical exam and did a cystoscopy 6 months ago for her during a microscopic hematuria evaluation which did not find any major findings. This urologist/clinician also knows she has small testes and a normal circumcised penis, and both remember that her prostate was small and felt normal.

SCRIPT: You are the "PATIENT"

Clinician: Welcome/Introductions

Patient: "Hi (Clinician name), it is nice to see you again. I prefer to be called Marcia. I am a trans woman who has been on estrogen and spironolactone for almost 30 years. I do have twin 20-year-old children from before I started the hormones. I completed my first colonoscopy last year. My doctor and I have not screened for prostate cancer, but my wife reminded me that my dad had prostate cancer at age 62.

Since this is only our second time meeting, I will remind you that I have not had bottom surgery but had bilateral breast augmentations. I saw online that some transgender females do get prostate cancer (0.04%). My father had prostate cancer at age 62 that was treated by radiation. He died last year at age 77 of a heart attack. What do you think I should do about screening?"

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Clinician: Seek to engage patient in shared decision making

Patient: "I would really like to discuss this with you and want to hear the options and which one you think is best. I want to share that I have had bad experiences with doctors not considering my sexual practices and not being understanding of my life as a female.

By the way, my primary doctor wants me to come off of my estrogen hormones next year but says she will continue my spironolactone to mimic a normal menopause. What are my options?"

Clinician: Help explore the pros and cons of the following options:

- No screening ever since it is so rare
- Baseline PSA today and 6 months after you stop your hormones and PSA screening and digital rectal exam every 2 years. If PSA >1ng/ml while on hormones, then consider biopsy. If PSA rises > 0.7ng/ml/year, then consider biopsy when off of hormones. Continue until age 69
- Start at age 55 after you are off hormones with PSA every 2 years until age 69

Patient: You are free to ask any ONE question you want to compare the treatment options

Clinician: Assess the patient's values

Patient: "Honestly, I really do not like talking about my penis and prostate in those terms or having them touched by cis gender men and women. But my wife stimulates my penis gently like it's a large clitoris and she massages the space between my legs (perineum), and I can have strong orgasms. I guess it comes from my prostate, so I do not want to lose my prostate. I do value sex but could be ok without it if it meant saving my life. My wife prefers I stick around for a long time, and I do screen for colon and breast cancer, so I guess I believe in screening."

Clinician: Reach a decision with the patient.
Note: Giving the patient time to think it over is an acceptable course too.

Patient: "I understand the pros and cons of each approach now. I gather that we are not quite sure how things will settle out with my PSA after I am off of the estrogen. So, I will start screening for prostate cancer at 52. I don't think I want people doing a prostate exam through the rectum unless I have to. I think I will get the PSA every other year with my PCP and only do the rectal exam if the PSA is elevated. My primary care doctor is trans and great and I would be good to go back to them for the screening"

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Clinician: Evaluate the patient's decision

Patient: "Thanks Doc for making me feel comfortable with this plan. You laid out some good options and I will share this with my wife and primary physician when I go back to their office."

Clinician: wraps up the visit

*Agency for Healthcare Research and Quality
https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html

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