Methods: This study was conducted at the Odessa Brown Children's Clinic (OBCC) which is the only pediatric primary care clinic affiliated with Seattle Children's Hospital in Seattle, Washington. An 18-item open-ended investigator derived survey asking providers to recall their interactions with TGDY at OBCC from January 2019 - January 2021 was created using catalyst software and distributed to all OBCC providers via an anonymous email link.
Results: A total of 20 participants completed the survey including 11 medical providers, 4 dental providers, 4 mental health providers, and 1 clinic staff. Participants reported approximately 90 TGDY of all races and ethnicities were seen at OBCC in the last two years. To avoid redundancy, only responses of medical providers were included in the results. Black patients made up only 25% of all TGDY seen at OBCC, despite making up 40% of the 9,000 total patients seen at the clinic yearly. Respondents reported Black TGDY were "out" to their caregivers at a rate of 65%, compared to 90% among non-Black TGDY. Among patients seen, providers estimated 8% of Black TGDY and 27% of non-Black TGDY were receiving gender affirming hormones (defined as estrogen, testosterone, or puberty blockers). Additionally, providers reported 57% of Black TGDY had a desire to only socially transition compared to 39% of non-Black TGDY. Reported barriers to accessing care at large pediatric gender centers included a lack of caregiver support, dysfunctional referral processes, concerns of racism and bias, and a desire to obtain gender affirming care solely with patient's PCP.
Conclusions: Our data suggest goals related to social transition, gender affirming medication utilization, and barriers to accessing care may differ between Black and non-Black TGDY. Our findings also indicate the provision of gender affirming care in the primary care setting may help TGDY overcome existing barriers to care and improve access. To ensure providers are meeting the needs of Black TGDY, further research must be conducted to better understand their gender affirming care goals and barriers to accessing care.
Sources of Support: 1. Office of Disease Prevention and Health Promotion. Access to Health Services. Accessed at https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed Sept 1, 2021.

50.

TRANSGENDER HEALTH PROVIDER CONSENT PRACTICES

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Purpose: Recommendations from the Endocrine Society and the World Professional Association for Transgender Health (WPATH) provide guidance on how and when to prescribe pubertal suppression (PS) and/or gender affirming hormones (GAH) to transgender (TG) minors seeking medical interventions. These guidelines emphasize the importance of mental health professional (MHP) involvement and parental consent but fail to address scenarios that may complicate the informed consent process e.g., MHP letters may be difficult to obtain, parents may not always be supportive, and adolescents may have variable decision-making capacity. This study sought to identify prescriber behaviors and attitudes surrounding the consent process for TG minors seeking medical interventions (PS and GAHs).
Methods: An online survey was distributed to providers involved in gender-related care of minors. The survey contained multiple choice and Likert-style ranking questions assessing provider behaviors and attitudes. Descriptive statistics were calculated, and free-text responses were coded and thematically analyzed.
Results: 79 providers (physicians (70%), therapists (12%), nurse practitioners (5.5%), social workers (5.5%)) responded. The majority specialized in adolescent medicine (72.5%), but pediatrics (10%) and endocrine (6%) were also included. Of providers who have prescribed pubertal suppression (N=26), 62% have prescribed without an MHP letter, 42% have prescribed without support from both parents, and 4% have prescribed without any parental permission. For providers of gender affirming hormones (N=36), 50% have prescribed without an MHP letter, 53% have prescribed without support from both parents and 16% have prescribed without any parental permission. Youth assent and parental permission had the highest median ranking of informed consent elements while the MHP letter had the lowest median for both pubertal suppression and GAH. Finally, themes illuminated by free-text responses include (1) there is variation in provider understanding of the purpose of MHP letters, (2) legal concerns and fear of lawsuits influence provider behavior, (3) reversibility and risk assumptions influence provider behavior.
Conclusions: Our data suggests that there is variability among provider behaviors and attitudes towards the informed consent process for transgender minors seeking PS and/or GAH, especially in cases where adolescents are seeking treatment without an MHP letter or without parental approval. Participants identified legal concerns, treatment reversibility, and the risk of potential harms to youth as factors that impact provider decision making. Current guidelines emphasize the value of an MHP letter prior to initiating treatment, but respondents consistently ranked this letter as "least important" when compared to other informed consent elements. Although the sample size is small, this study is the first to describe the behaviors and attitudes of providers toward elements of the informed consent process for minors seeking pubertal suppression and/or gender affirming hormones.
Sources of Support: This research was supported by the University of Virginia Department of Pediatrics.

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FEASIBILITY, ACCEPTABILITY, AND PRELIMINARY EFFICACY OF AFFRMED (AID FOR FERTILITY-RELATED MEDICAL DECISIONS), A WEB-BASED FERTILITY DECISION AID FOR TRANSGENDER AND NON-BINARY YOUTH AND THEIR PARENTS

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Purpose: Fertility preservation (FP) offers transgender and non-binary (TNB) youth the option to freeze gametes for future use. Decisions about FP are complex because: (1) there is limited and conflicting research on the effects of gender-affirming medical interventions on fertility, (2) pediatric FP options and assisted reproductive technologies are rapidly evolving, (3) TNB youth must consider parenting desires during a developmental stage at which they may not be ready to engage in family building discussions, and (4) impaired fertility affects future quality of life rather than current functioning. To support informed decision-making, we developed a patient-centered Aid For Fertility-Related Medical Decisions (AFFRMED), a web-based fertility decision aid for TNB youth facing