

APPENDIX B: HORMONAL REGIMENS

STUDY	YEAR	FTM STANDARD THERAPY	MTF STANDARD THERAPY
<p>Van Kesteren, Asscheman, Megens, Gooren <i>Free University Hospital, Amsterdam, The Netherlands</i></p> <p>*Largest TG Health Study to-date: 293 FTM, 816 MTF</p>	1997	<p>Parenteral Testosterone esters 250mg, intramuscular, every 2 weeks</p> <p><u>Or:</u> Oral Testosterone undecanoate 160mg per day</p>	<p>Ethinyl esterdiol 100µg, oral, daily</p> <p><u>And:</u> Cyproterone acetate 100mg, oral, daily</p> <p>[40-years old and over + high incidence of venous thromboembolism: transdermal Estradiol]</p> <p><u>Recommended Hormonal Treatment Regimen:</u> Ethinyl esterdiol, 100µg, oral, daily</p> <p><u>Or:</u> Conjugated estradiol (equine estrogen), 2.5mg, oral, daily</p> <p>[40-years old and over: transdermal Estradiol]</p> <p>[If estrogen doses reach twice above recommendations, add Spironolactone, Cyproterone acetate, or GnRH agonists to minimize estrogen requirement]</p> <p><u>Estraderm IIS:</u> 50 or 100 (delivering 50 or 100 µg estradiol per 24hours transdermally when applied 2x weekly, reduced to 50 µg per 24-hours “post-gender reassignment surgery”)</p> <p><u>Or:</u> Oral Ethinylestradiol 100-150 µg daily in divided doses (50 µg twice a day or three times a day, reducing to 50 µg daily “post-surgery”)</p> <p><u>Or:</u> Oral estradiol valerate (“Progynova”) 4-6mg daily (2mg twice a day or three times a day, reducing to 1-2mg “post-surgery”)</p> <p><u>Often in combination with:</u> Spironolactone 100-300mg, oral, daily</p> <p><u>Or:</u> Cyproterone acetate 50-100mg, oral daily</p>
<p>Moore, Wisniewski, Dobs (REVIEW ARTICLE) <i>School of Medicine, The Johns Hopkins Baltimore, MD</i></p>	2003	<p><u>Recommended Hormonal Treatment Regimen:</u> Testosterone esters, 200mg, every other week, intramuscular</p> <p><u>Or:</u> Testosterone (patch), 5g, transdermal, daily</p>	<p>[If estrogen doses reach twice above recommendations, add Spironolactone, Cyproterone acetate, or GnRH agonists to minimize estrogen requirement]</p> <p><u>Estraderm IIS:</u> 50 or 100 (delivering 50 or 100 µg estradiol per 24hours transdermally when applied 2x weekly, reduced to 50 µg per 24-hours “post-gender reassignment surgery”)</p> <p><u>Or:</u> Oral Ethinylestradiol 100-150 µg daily in divided doses (50 µg twice a day or three times a day, reducing to 50 µg daily “post-surgery”)</p> <p><u>Or:</u> Oral estradiol valerate (“Progynova”) 4-6mg daily (2mg twice a day or three times a day, reducing to 1-2mg “post-surgery”)</p> <p><u>Often in combination with:</u> Spironolactone 100-300mg, oral, daily</p> <p><u>Or:</u> Cyproterone acetate 50-100mg, oral daily</p>
<p>Levy, Crown, Reid (REVIEW ARTICLE) <i>University Research Center for Neuroendocrinology Bristol University Bristol, UK</i></p>	2003	<p>“Sustanon” 250mg, intramuscular, every 2 weeks</p> <p><u>Or:</u> Testosterone enanthate (“Primoteston Depot”), if patient is sensitive to peanut (arachis) oil, 100mg</p>	<p>[If estrogen doses reach twice above recommendations, add Spironolactone, Cyproterone acetate, or GnRH agonists to minimize estrogen requirement]</p> <p><u>Estraderm IIS:</u> 50 or 100 (delivering 50 or 100 µg estradiol per 24hours transdermally when applied 2x weekly, reduced to 50 µg per 24-hours “post-gender reassignment surgery”)</p> <p><u>Or:</u> Oral Ethinylestradiol 100-150 µg daily in divided doses (50 µg twice a day or three times a day, reducing to 50 µg daily “post-surgery”)</p> <p><u>Or:</u> Oral estradiol valerate (“Progynova”) 4-6mg daily (2mg twice a day or three times a day, reducing to 1-2mg “post-surgery”)</p> <p><u>Often in combination with:</u> Spironolactone 100-300mg, oral, daily</p> <p><u>Or:</u> Cyproterone acetate 50-100mg, oral daily</p>

<p>Ortel (REVIEW ARTICLE) University of Wisconsin, School of Medicine Madison, Wisconsin</p>	<p>2000</p>	<p>Testosterone 150-200mg, intramuscular, every 2 weeks</p>	<p><u>“Estrogen dosing range.”</u> Conjugated Estrogen, 0.625 – 2.5mg, oral, daily</p> <p><u>Or:</u> Estradiol (“Estrace”) 1-2mg, oral, daily</p> <p><u>Or:</u> Esterified Estrogens (“Estratab”) 0.0625-5.0mg, oral, daily</p> <p><u>Or:</u> Ethinyl estradiol (“Estinyl”) 0.05-.5mg, oral, daily</p> <p><u>Often in combination with:</u> Spironolactone 200-400mg daily (usually discontinued after “gender reassignment surgery”)</p> <p><u>Standard treatment regimen:</u> Ethinyl estradiol, 100 µg, oral, daily</p> <p><u>Or:</u> Conjugated estrogen (“Premarin”), 1.25-2.5mg, orally, daily</p> <p><u>And (initially):</u> Medroxyprogesterone acetate (“Provera”) 5-10mg, oral, daily for 10-days per month</p>
<p>Futterweit Mt. Sinai School of Medicine New York, NY</p>	<p>1998</p>	<p><u>Standard treatment regimen:</u> Testosterone esters (cypionate or testosterone enanthate), 250-400mg, intramuscular, every 2 to 3-weeks</p>	<p><u>Often in combination with:</u> Spironolactone 200-400mg daily (usually discontinued after “gender reassignment surgery”)</p> <p><u>Standard treatment regimen:</u> Ethinyl estradiol, 100 µg, oral, daily</p> <p><u>Or:</u> Conjugated estrogen (“Premarin”), 1.25-2.5mg, orally, daily</p> <p><u>And (initially):</u> Medroxyprogesterone acetate (“Provera”) 5-10mg, oral, daily for 10-days per month</p>

<p>Israel and Tarver San Francisco, CA</p>	<p>1997</p>	<p>Testosterone cypionate or testosterone enanthate 200mg, intramuscular, 2-times month</p> <p><u>Or:</u> Transdermal testosterone, 2-patches, 2.5mg, daily (for 5mg daily)</p>	<p>Conjugated estrogen (“Premarin”) 1.25-2.5mg, oral, daily</p> <p><u>Or:</u> Synthetic ethinyl estradiol (“Estrace”) 0.1-0.5mg, oral, daily</p> <p><u>Or:</u> Estradiol valerate (“Delestrogen”), 15-80mg, intramuscular, monthly</p> <p><u>Or:</u> Estradiol undecanoate, 200-800mg, monthly</p> <p><u>Or:</u> Estradiol cypionate, (“Depo-Estradiol”) 1-5mg per week</p> <p><u>Or:</u> Estradiol Benzoate, 0.5-1.5mg two-three times per week</p> <p>[Patients over 40-years old: Transdermal estradiol (“Estraderm”) 50-100mg 2x per week]</p> <p><u>“Frequent Supplement:”</u> Progesterone (“Provera”) 2.5-10mg, oral, daily</p> <p><u>Or:</u> Micronized natural progesterone, 100-400mg, 2x day</p> <p><u>“Commonly prescribed supplement:”</u> Spironolactone 200-600mg, oral, daily</p> <p><u>Or:</u> Cyproterone acetate (“Anadron,” “Androcur”), 50-100mg, oral, daily</p>
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<p>Asscheman & Gooren Free University Hospital, Amsterdam, The Netherlands</p>	<p>1992</p>	<p>Testosterone ester (“Testoyron” or “Sustanon”) 200-250mg, intramuscular, every 2 weeks</p> <p><u>Or:</u> Testosterone undecanoate, 160-240mg, oral, daily</p>	<p>ANTIANDROGENS: Lueprorelin (“Lucrin depot”) or Triptorelin (“Decapepty 1-CR”) 3.75mg, injection, every 4weeks</p> <p><u>Or:</u> Spironolactone (“Aidactone”) 100m-200mg, oral, daily, Or Flutamide (“Eulexin”) 250mg, orally, 3x day Or Cyproterone acetate (“Androcur”) 100-150mg, oral, daily</p> <p><u>Or:</u> Medroxyprogesterone (“Provera”) 5-10mg, oral, daily Or “Depo-Provera”, 150mg, intramuscular, daily Or “Farlutai”, 5-10mg, oral, daily Or “Farlutai depot”, 100mg, intramuscular, monthly</p> <p>ESTROGENS: <u>Standard Treatment:</u> Ethinyl Estradiol (“Lynorai”) 100µg, oral, daily, Or Conjugated Estrogens (“Premarin”) 5-10mg, oral, daily, Or 17β estradiol (“Progynova”) 2-4mg, oral, daily Or (“Progynon depot”) 10mg, intramuscular, every 2-weeks to 100mg every month Or (“Estraderm TTTS”) 50-100 µg, transdermally, daily,</p> <p><u>Or:</u> Estriol (“Synapause”) 4-6mg, oral, daily</p>
<p>Asscheman, Gooren, Eklund Free University Hospital, Amsterdam, The Netherlands</p>	<p>1989</p>	<p>Testosterone ester 250mg, intramuscular, every 2 weeks</p> <p><u>Or:</u> Testosterone undecanoate 120-160mg, orally, daily</p> <p><u>OR:</u> <u>Both, but not simultaneously</u> <u>A satisfactory hormonal regimen:</u> Testosterone cypionate 200mg, intramuscular, every 2-weeks</p>	<p>Ethinyl esterdiol 100µg, oral, daily</p> <p><u>And:</u> Cyproterone acetate 100mg, oral, daily,</p>
<p>Meyer, Webb, Stuart, Finkelstein, Lawrence, Walker The University of Texas, Medical Branch Galveston, TX</p>	<p>1986</p>	<p><u>A satisfactory hormonal regimen:</u> Ethinyl estradiol, 0.1-0.5mg, oral, daily</p> <p><u>Or:</u> Conjugated estrogen, 7.5-10mg, oral, daily</p>	<p><u>A satisfactory hormonal regimen:</u> Ethinyl estradiol, 0.1-0.5mg, oral, daily</p>

Meyer, Finkelstein, Stuart, Webb, Smith, Payer, Walker <i>The University of Texas Medical Branch Galveston, TX</i>	1981	<p><u>"Best treatment regimen seems to be:"</u> Testosterone cypionate 200mg, intramuscular, every 2- weeks,</p>	<p><u>"Best treatment regimen seems to be:"</u> Ethinyl estradiol, 0.1mg, oral, daily</p>
Benjamin, Harry	1969	Testosterone 200-250mg, intramuscular, once a week	<p>Ethinyl Estradiol ("Estinyl") 0.5mg 3x day</p> <p><u>Or:</u> Conjugated Estrogen ("Premarin") 5mg per day</p> <p><u>Or:</u> Estradiol Valerate ("Delestrogen") 30-40mg and Hydroxyprogesterone caproate ("Delalutin") 30-60mg every 2 weeks</p>

Progesterone therapy is rarely – if ever – discussed

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