Children's Hospital
London Health Sciences Centre

Gender Pathways Service
Helping youth navigate their future.

Dear Doctor:

Thank you referring your patient to the Gender Pathways Service (GPS).

Please ensure you have received:

1) Clinician Referral Form
2) Patient Letter/Information Form
3) Lupron Depot® Information
4) Informed Consent for Lupron Depot® for Youth with Gender Dysphoria

In an effort to maximize our time during the initial appointment with your patient we are requesting further information from both yourself and the patient/family. Please complete the ***Clinician Referral Form*** and have the patient/family complete the ***Patient Letter/Information Form***. Upon completion please return both forms to:

GENDER PATHWAYS SERVICE
ROOM VH-B1-158 800 COMMISSIONERS ROAD EAST
LONDON, ON
N6A 5W9

FAX TO: 519 685-8105

There is an extended wait time for an initial assessment through GPS. Given the distress that can be associated with Gender Dysphoria, we have also included information on puberty blockers that can be started prior to their initial appointment. We have included a ***Lupron Depot® Information*** sheet and an ***Informed Consent for Lupron Depot® for Youth with Gender Dysphoria*** to be used at your discretion.

If you have any questions, please call our office at 519-685-8139

The Gender Pathways Team

Children's Hospital
London Health Sciences Centre

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Return by Mail: 800 COMMISSIONERS ROAD EAST, ROOM VH-B1-158
LONDON, ON
N6A 5W9 **By FAX:** (519) 685-8105

ONCE THIS FORM IS RETURNED, CAREGIVER(S) MAY BE CONTACTED TO START THE REFERRAL PROCESS

CLINICIAN REFERRAL FORM

LEGAL NAME & Date of Birth		**Sex at Birth**	F or M	**Preferred Name:**	
PATIENT ADDRESS				**TEL #:**	
PAST AND CURRENT MEDICAL HEALTH ISSUES					
PAST AND CURRENT MENTAL HEALTH ISSUES (ie. thoughts of selfharm, suicidal ideation) ***PLEASE PROVIDE ANY RELEVANT REPORTS***					
CURRENT MEDICATIONS					
ANY SPECIAL CONSIDERATIONS WHEN MEETING WITH THE YOUTH?					
PT AWARE OF REFERRAL?	☐ *YES OR NO* ☐ Comments:				

OFFICE USE ONLY	***Date received***

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Dear Parents/Caregiver:

Welcome to the Gender Pathways Service (GPS) at Children's Hospital, London Health Sciences Centre. We are a small group of health professionals providing consultation, education, medical and psychosocial support to youth and families who are questioning gender identity.

Your child has been referred to GPS to see if we can help your child with questions about their gender identity. The first step in getting to know your child is to gather some information using the attached Information Form. We kindly ask that you and other caregivers fill out and return the form to us. Once we receive the completed form, the GPS Team will review the information and contact you to schedule an appointment.

At the appointment, parents, caregivers and your child will meet members of the GPS Team and further discuss your child's gender journey, with the opportunity to ask questions. During the initial appointment, you may meet the Endocrinologist, Clinic Nurse and/or Psychotherapist. Given that Children's Hospital is a teaching hospital affiliated with Western University, a medical trainee may also be involved.

The goal of this appointment is to better understand your child's gender journey, discuss concerns the child and parents may have, consider options and together decide on the next steps to best support your child.

Thank you for taking the time to fill out and return the Information Form. One of our team members will be in touch with you to follow up on the referral.

The Gender Pathways Team

GENDER PATHWAYS SERVICE

INFORMATION FORM TO BE COMPLETED BY PATIENT AND CAREGIVERS

RETURN TO: GENDER PATHWAYS SERVICE, ROOM VH-B1-158 800 COMMISSIONERS ROAD EAST, LONDON, ON N6A 5W9 OR FAX TO: 519 685-8105

ONCE THIS FORM IS RETURNED, CAREGIVER(S) WILL BE CONTACTED TO ARRANGE AN APPOINTMENT

	PATIENT INFORMATION				
LEGAL NAME & Date of Birth		SEX AT BIRTH	F or M	PREFERRED NAME	
PATIENT ADDRESS				Tel #	
PREFERRED PRONOUNS (SHE/HER; HE/HIM; THEY/THEM)					
HAS YOUTH STARTED SOCIAL TRANSITION IF YES, WHEN STARTED					
CURRENT LIVING SITUATION (WHO YOUTH LIVES WITH, VISITATION)					
*CURRENT SCHOOL; *GRADE; *ADJUSTMENTTO SCHOOL; *CONCERNS					

PAST AND CURRENT MEDICAL HEALTH ISSUES	
PAST AND CURRENT MENTAL HEALTH ISSUES (ie. thoughts of selfharm, suicidal ideation) ***PLEASE PROVIDE ANY RELEVANT REPORTS***	
CURRENT MEDICATIONS	
PREVIOUS / CURRENT COUNSELLING (PREVIOUS 2 YEARS) WITH WHOM? FOR WHAT ISSUES?	
ANY SPECIAL CONSIDERATIONS WHEN MEETING WITH THE YOUTH?	
PATIENT AWARE OF REFERRAL?	☐ *YES OR NO* ☐ *COMMENTS:*
PREFERRED LANGUAGE	*Interpreter Required?* ☐ *YES / NO* ☐
Is this child already booked with another healthcare provider regarding transition? If yes, please provide the name."	

OFFICE USE ONLY	***DATE RECEIVED:***

PARENT/CAREGIVER INFORMATION

MOTHER: Full name: _____ ☐ Not involved
Perception of youth's gender journey:

Goals for youth's gender journey:

FATHER: Full name: _____ ☐ Not involved
Perception of youth's gender journey:

Goals for youth's gender journey:

CAREGIVER: Full name: _____ Relationship to child: _____
Perception of youth's gender journey:

Goals for youth's gender journey:

CAREGIVER: Full name: _____ Relationship to child: _____
Perception of youth's gender journey:

Goals for youth's gender journey:

LUPRON DEPOT Information

For more details, see attached consent form

Recommended dosing:

Lupron 7.5mg IM q4weeks

Recommendation is to start on Vitamin D while on Lupron. Recommended dose:

Vitamin D 1000 units PO daily

The following should be discussed with patients/families:

- The importance of maintaining the injection schedule. If the patient is not able to attend the appointment at 4 weeks, it is important the injection is moved ahead to prevent a rise in hormone levels.
- The potential release of hormones after the first injection, leading to a mild advancement of puberty. This may lead to spot bleeding or a period. After the second injection, hormone production should be completely shut down. Families should be in touch with their health care provider if the child experiences continued bleeding.
- Stiffness in the muscle after injection is common as with any IM injection. There is no need to cancel any physical activities.
- If patient is sexually active, encourage use of condoms because:
  - Lupron does not provide protection from Sexually Transmitted Infections
  - Lupron does not provide complete protection from pregnancy

Side effects

- About 5% of patients experience a sterile abscess at the site of the injection. This can present similar to infection. The fluid may need to be drained. We suggest they return to their primary health care provider or go to their local walk in clinic, urgent care or emergency department for assessment and management if needed
- Patient may experience menopausal symptoms.

PEDIATRIC ENDOCRINOLOGY
800 Commissioners Road East, PO Box 5010
London, Ontario, Canada N6A 5W9
Tel: 519-685-8138/58139 Fax: 519-685-8105

Children's Hospital
London Health Sciences Centre

Informed Consent for Lupron Depot® for Youth with Gender Dysphoria

I am receiving treatment for gender dysphoria. I understand that this means that, although I am genetically and biologically female, I think of myself as a male. I want to receive treatment that will stop further female puberty, so that I can continue with counseling without the worry of permanent body changes happening out of my control.

My doctors have suggested that I start taking Lupron Depot®, a type of medicine called a gonadotropin-releasing hormone analog. I understand that Lupron Depot® treatment will reduce my female hormones but will not make my body more male-like. Depending on how far along my puberty is when I start Lupron Depot®, it may prevent further development of female body characteristics, such as breasts and broad hips, that are difficult or impossible to reverse. Menstrual periods won't begin or continue while I'm taking Lupron Depot®. However, Lupron Depot® will not change my genetic sex (chromosomes), nor will it change my internal reproductive structures (ovaries, uterus, and vagina).

I understand that although Lupron Depot® is a common treatment for children with precocious (early) puberty, it has only been used in healthy young adolescents with gender dysphoria for about 20 years, and the long-term effects are not fully known. It has been explained to me that my doctors are suggesting and prescribing Lupron Depot® because they believe that this will allow me more time to explore my gender and other developmental issues.

Therefore, my treatment will include counseling to help me understand all possible results and consequences of going all the way through a full physical change, called "transition", from female to male so that my sex would match my gender identity (my sense of myself) as a male. This could eventually include testosterone therapy to cause male body changes and sex-reassignment surgery to remove or reshape my internal and external female reproductive structures. Taking Lupron Depot® now does not mean that I will eventually want, need, or have testosterone therapy and/or surgery. The decision to start testosterone therapy will be made jointly between me, my parents or caregivers, and my medical doctors and counselors. Sex-reassignment surgery has to be discussed in detail when I am further along in my transition (usually after 18 years of age), and final decisions can only be made after I have been living continuously for a period of time in the gender role that fits with my gender identity as a male.

These are possible short- and long-term considerations and risks of Lupron Depot® use in biological females:

1. Lupron Depot® is not generally started in youth until their gender dysphoria has emerged or worsened with the earliest signs of puberty (called Tanner stage 2). In biological females, this means breast budding. As well, any co-existing psychological, medical, or social problems that could interfere with treatment must have been addressed prior to starting.

2. Lupron Depot® is given as an intramuscular (deep) injection in the thigh every 4-12 weeks. This can be given by our clinic nurse, your family doctor, or your Pediatrician. The injections do cause some pain. It is recommended that an EMLA patch (local anesthetic) be placed on the injection area 1-2 hours before as this significantly lessens the pain. There will likely still be some discomfort in the muscle for the 24-48 hours following the injection. Remaining physically active helps to lessen the pain.

3. While taking Lupron Depot®, I will need regular blood testing (generally, after 3 months, and then every 6 months), to ensure that the dosage of Lupron Depot® is correct.

4. Lupron Depot® works rapidly to reduce estrogen to a very low level. If I haven't finished going through puberty, this will stop further physical changes of female puberty, such as further enlargement of the breasts, widening of the hips, and the onset of menstruation. If Lupron Depot® is taken during the puberty growth spurt, it may increase my adult height, particularly if I start testosterone before I have reached my final adult height.

5. If I have already started having periods, Lupron Depot® will not reverse the changes of female development that have already happened (breast size, width of hips). It will stop menstruation (usually after 1-2 injections) and may cause vaginal dryness. Taking Lupron may reduce my sex drive (desire for sex).

6. As Lupron Depot® will quickly reduce estrogen levels to a very low or undetectable level, this can create symptoms of "estrogen withdrawal" which are similar to early menopause. These symptoms may include hot flashes, night sweats, low energy and mood changes. If you develop these symptoms, and are particularly bothered by them, you should let a healthcare provider know so they can talk about ways of lessening the symptoms. These "menopause-like" symptoms usually only occur in those who have already completed puberty and tend to disappear within 2-3 months in most adolescents who start Lupron Depot®.

7. Lupron Depot® interferes with fertility while it being taken, but it does not affect the ability to get a sexually transmitted infection (STI). Precautions against getting an STI must still be taken. HPV vaccine is recommended if not already received. Screening for STI can be done with a urine sample unless symptoms are present.

8. When Lupron Depot® is stopped, puberty restarts within 3–6 months. To date, research indicates that there are no permanent effects on female fertility or ovarian/uterine/breast health if the Lupron Depot® is taken for a period of time and then stopped. There is the option of freezing eggs (known as oocyte preservation) prior to starting Lupron Depot® just in case there are long-term effects on ovarian function. Oocyte preservation requires a process similar to in vitro fertilization (female hormone therapy and transvaginal ultrasounds prior to egg retrieval). The cost of oocyte preservation is significant and current success rates are low. If I am potentially interested in this, I can be referred to a fertility specialist to obtain more information before Lupron Depot® is started.

9. Lupron Depot® decreases calcium uptake by the bone. For this reason, it is important that I take other measures to protect my bones such as: keeping active and ensuring good calcium and Vitamin D intake. Studies have shown that if bone density decreases while on Lupron Depot®, it returns to normal after Lupron Depot® is stopped. It is not known if using Lupron Depot® increases the risk of osteoporosis in older age. In general, Lupron Depot® therapy is not continued for more than two years unless testosterone therapy is added, because maintenance of good bone health requires either testosterone or estrogen therapy.

10. There is approximately a 5% chance (1 in 20) that someone taking Lupron Depot® will develop an allergy to the medication, which may start out gradually and get worse with each injection. The allergic reaction is a red, painful sterile abscess (boil) at the injection site. Rarely, the abscess will have to be drained by incision. If I have such an allergic reaction, the Lupron Depot® must be stopped, and I will be offered alternate hormone suppressant therapy.

11. There may be long-term side-effects of Lupron Depot® that are not yet known.

12. Lupron Depot® costs approximately $475 per monthly injection (or $1425 for the 3 month form). Most private insurance companies will cover the cost but it is important to consider the effect of the deductible. Lupron Depot® is covered by the Ontario Drug Benefit Program until the age of 18 for individuals receiving this coverage. Families without coverage for Lupron Depot® should consider applying to the Trillium Drug Program. In the interim, if I anticipate financial difficulties because of the cost of Lupron Depot®, I can talk with one of the endocrine nurse case managers as there may be other options available to assist me.

My signature below confirms that:

- I have read and understood this consent form.
- My doctor and I have discussed the benefits and risks of Lupron Depot® and potential alternative treatment options.
- I understand the risks that may be involved.
- I understand that this form covers known effects and risks and that there may be long-term effects or risks that are not yet known.
- I have had sufficient opportunity to discuss treatment options with my doctor and all of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base informed consent to take Lupron Depot®.

- I agree to take Lupron Depot® as prescribed and to tell my doctor if I am not happy with the treatment or am experiencing any problems.
- I understand that the right dose or type of medication prescribed for me may not be the same as for someone else.
- I understand that physical examinations and blood tests are needed on a regular basis to check for the effects of Lupron Depot®.
- I understand that Lupron Depot® may interact with other medications, dietary supplements, herbs, alcohol, and street drugs.
- I understand that being honest with my care provider about what else I am taking will help prevent medical complications that could be serious.
- I have been informed that I will continue to get medical care no matter what information I share.
- I understand that I can choose to stop taking Lupron Depot® at any time, and that it is advised that I do this with the help of my doctor to make sure there are no negative consequences.
- I understand that if there are severe side effects or health risks associated with Lupron Depot® that can't be controlled, my doctor will recommend that I stop taking Lupron Depot®.

Based on this, I wish to begin taking Lupron Depot®.

_____

Youth's Signature Date

_____

Parent's Signature Date Parent's Signature Date

_____

Witness' Signature Date Physician's Signature Date

Assent for youths unable to provide consent

I understand that my parents have given permission for me to begin taking Lupron Depot®. I have had this consent form explained to me and agree to start taking Lupron Depot®.

_____

Youth's Signature Date