

The Update

The World Professional Association for Transgender Health

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SPECIAL POINTS OF INTEREST:

- Save the Date for the 2011 WPATH Symposium in Atlanta, Georgia (USA) September 23-27, 2011
- WPATH and Southern Comfort Conference will collaborate with shared events at 2011 Symposium.
- Comment Period of the revision of the Standards of Care are now open until July 1, 2010.
- WPATH Board of Directors will meet at our annual meeting April 15-18, this year in San Francisco, California

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On the road to the 2011 Symposium in Atlanta, Georgia

An Interview with Vin Tangpricha, MD, PhD

This month's interview is with member Vin Tangpricha, MD an endocrinologist on the faculty at Emory University in Atlanta.

For those who don't know Vin, you certainly will be hearing more about him before too long, as he's chair of the Local Organizing Committee for our 2011 Symposium and is already doing a stellar job.

Thanks to Vin's extraordinary efficiency, vision and hard work, we are well ahead of schedule for planning the Atlanta Symposium. He has worked tirelessly behind the scenes as he gets a better sense of our organization and thinks about the kind of contribution he'd like to make.

As readers will see from this interview, he has much energy for WPATH and has thoughtful and excellent ideas. He is a relatively new member and if he is an example of our future leadership, the association will be in very good hands. He is uniformly liked and respected among the current leadership and we are happy to introduce him to a larger audience.

President-Elect Lin Fraser con-

ducted the interview by phone on Monday Dec 7. Lin set it up as a casual interview so that Vin could discuss whatever he wished. What emerged was an

emphasis on how best to move WPATH to the next level.

LF- Tell us a bit about your background especially focusing on your interest in Transgender Medicine. VT- I was born and raised in New Orleans. My father was also an endocrinologist, who was educated at the same medical school as the

WPATH Thai surgeons. In fact, I saw my first transgender person in Thailand, on a family visit there, just before college. Seeing them opened my eyes.

I went to college in Cleveland at Case-Western Reserve where I majored in biology and anthropology. I went to medical school at Tufts in Boston and did my residency at Boston University where I first became interested in transgender medicine through a patient and my mentor, Stuart Chipkin. In fact, I did my final paper, my graduation talk, on transgender medicine. Then I took over my mentor's clinic and later developed my own, where I saw a good deal of transgender patients. One reason

I became very interested in working with transgender people is because transgender medicine is a pioneering field; in fact, almost nothing was known when I started. As an endocrinologist, I'm interested in hormones and transgender people need hormones. I am also very interested in bone health and I started doing research on the effect of testosterone on FTM bones. More importantly, however, I like working in this field because transgender people are the most appreciative patients I've known and that keeps me going.

I joined WPATH in 1999 and went to my first meeting in Galveston. The numbers of professionals in the field who really *cared* about transgender people impressed me. I also presented preliminary results of my earlier research.

I haven't missed a meeting since and I've met many people. For example, I met Toby Meltzer, at Galveston, and he's also from New Orleans. And I meet new people all the time, especially as I get more involved in the association and I am so impressed with the quality of professionals who work in this field. One of the best aspects of WPATH is networking and meeting people.

LF - How do you spend your time now? Continued...



**Vin Tangpricha, MD
2011 WPATH Symposium Local Organizing
Committee Chair**

Vin Tangpricha, MD Cont...

“We need to reach out to the transgender community to collaborate with them on fundraising, to educate them about the benefits to them of our work”

VT - After 11 years in Boston, I moved to Atlanta and I am on the faculty at Emory, which is an excellent institution. I live very near the university with my wife and two small children, so I can walk to work (near where the symposium will be, on the campus). I spend 70 percent of my time on research. I do studies on bone health, Vitamin D and osteoporosis and am hoping to do much more research in transgender health. I'm involved in a relatively new field, metabolomics. In my research, we use new technology, to find out what happens to the metabolite profile in a body in response to hormones. I'm involved in some volunteer research in transgender health, because, Emory, like most institutions, has no funding for transgender medicine. I also try to offer training at my institution and locally because there is very little training in medical schools in transgender medicine and the general public is also quite uninformed. In fact, many doctors still don't believe in treating transgender people. We have a lot of work to do in this area. So I do a mix of things and I'd like to be able to do more in trans medicine. Of course, some of my time now is involved in planning the conference. Hopefully, the conference will raise awareness.

LF - What do we need to be doing?

VT - Many things. In terms of training, the Endocrine Society has recently published endocrine guidelines *Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline*. The primary writers are all WPATH members. I wrote the adult section along with Louis Gooren, MD. I'm very proud of

this major effort that clearly legitimizes transgender medicine for endocrinologists.

But there is much more work to do. The main issue is money. We have no funding to do the kind of work I'd like to see us do. What we need are more rigorous type studies and more national registries that are repositories of data. In America, we use data from the European registries, but not everything translates. The future has to move toward encouraging more research including better health care delivery models for transgender people. We also need to know more about transgender mental health over time. WPATH members may not be aware that medical schools need outside funds to give faculty time to do research and we just don't do a good job of raising funds for transgender research. I'm doing this area of research on the side along with other volunteers. We also need funds to raise awareness, to educate the public.

We need to reach out to the transgender community to collaborate with them on fundraising, to educate them about the benefits to them of our work. We need to work together if we're going to do the kind of work that will have major impact.

LF - What specific ideas do you have for WPATH?

VT - Well, we need to do a much better job of fundraising in collaboration with the community. We need a specific vision for a capital campaign, perhaps a vision of where we'd like to be 10 years from now. Right now, budget wise, we're just living from conference to conference. So we need more financial stability. We do an excellent job of

putting on conferences, developing and distributing the SOC and providing wonderful networking opportunities, but I believe we could do so much more, if we had funding. We really need to think about having a full-time development person, who could move us to the next level, if we wanted to do so. An idea might be to perhaps model ourselves, after another organization I'm involved with, The Cystic Fibrosis Foundation. They do many things in terms of research, advocacy and public awareness. They are effective at partnering with industry, the community and government and we could learn a lot from them.

More specifically, we need more effective committees. We have energetic people, perhaps we could do a survey of what people want and find out where people want to be in 10 years. If we want to continue as we're currently doing (conferences and the SOC), that's fine, but I believe we could do a lot more, especially if we commit to a specific vision of having a financial specialist in a strategic plan. We have all the right talent. With more financial stability, we could better utilize our membership. We could do more advocacy for transgender health, support research, get better data and get the attention of more people regarding the importance of our work. This is an important field and more people need to support us so we can increase our impact.

Lin Fraser, EdD is the President-Elect of WPATH and is in Private Practice in San Francisco, California (USA)

The SOBER Project

One of the most impressive sessions at the June, 2009 WPATH Symposium in Oslo was the SOBER (Sex on Brain-European Research) project and the women who call themselves the “Big Four.” I interviewed Dr. Ira Haraldsen via telephone from her home in Oslo, Norway about how this project started and where they are today.

Dr. Haraldsen is a neurologist, endocrinologist and psychiatrist and serves as Head of the Gender Clinic at the Rikshospitalet in Oslo, Norway. She is the Principal Investigator of the *Sex on Brain – European Research* (SOBER) projects.

Dr. Haraldsen became interested in studying transgenderism while completing her PhD studies in Endocrinology. She was interested in sex differences in the developing brain and noticed there was little research in the field of transgenderism. Most of the research was descriptive and would not hold up to academic rigor and was not getting published in highly regarded journals. Curious as to the reason for this, Dr. Haraldsen queried an editor regarding this who said most of the higher-level journals were reluctant to publish studies in this field. Dr. Haraldsen stated, “Not only were the patients discriminated against, but so were the researchers in this field in an indirect manner by not being published in top level journals. Then I thought... Okay we have to do something with that. We cannot continue like this”...and the rest is history!

Dr. Haraldsen began evaluating the content of published research on transgendered patients and noticed the studies that were being published on treatment outcomes did not include specific diagnostic criteria. She contacted psychologist, Dr. Peggy Cohen-Kettenis of the University of Amsterdam, to consult with her, as most of the research originated from her clinic. After extensive consultation, they decided to make the inclusion of diagnostic criteria a much

more transparent, objective process so that it could result in higher-level research and replication across sites. To this end, Dr. Peggy Cohen-Kettenis introduced Dr Haraldsen to psychiatrist, Dr. Griet DeCuypere, of the University of Ghent (Belgium) and psychologist, Dr. Hertha Richter-Appelt, of the University of Hamburg-Eppendorf (Germany) at the WPATH Bologna Symposium in 2005...and “The Big Four” was established!

The “Big Four” began to travel to each other’s centers, standardizing their procedures. It was at this time that Dr. Haraldsen was awarded the SOBER I Grant. “They told me, ‘Okay here is somebody really trying to standardize something which has never been standardized before.’”

The SOBER I grant was for 200K USD over four years and represented significant funding for the group. They were then able to attract a number of PhDs from all over Europe in an open competition. In particular, they hired a top-level mathematician who was able to establish a novel secure data bank that was applauded by the University of Oslo. Because of this, the SOBER II grant was awarded and the University began to notice the “transsexual researchers.” The university officials commented, “This is a European study based on wonderful, first-class research in Europe.”

At the same time as the SOBER II grant was moving forward, another serendipitous event occurred. The Gender Identity Clinic, at Rikshospitalet was subsumed under the Division of Neurosciences. Dr Haraldsen had earned a doctorate in Endocrinology after completing her Neurology training. She then did further research in PET imaging. Not only was she interested in the clinical aspects of Gender Identity Disorder; she was interested in understanding the neurobiology of sex differences. She began meeting with the basic neuroscience research-

ers in the department. They soon approached her and said, “That is very interesting what you are us telling about the differences in cognition and the influence by estrogen, testosterone and gender identity and so on... but what you need is an animal model. We think what you are doing is very interesting and we want to help develop a good animal model.”

This discussion was what led to the development of SOBER II and the department said, “this kind of research is so good you have to take the next step and integrate this in an opportunity in the United Kingdom.” She was then offered the opportunity to take her animal model (sheep) on sex differences in brain development to the Universities in Glasgow which then heightened the profile of the project. “GID rapidly became a serious topic for research. It was no longer something exotic,” Ira stated.

SOBER III was awarded to Haraldsen’s group to look at the sex differences in human adolescents without gender variance in order to integrate the data from the first two projects. Dr. Haraldsen comments, “You have to study standardized sex differences before you can say transsexuals are developing in one or another direction caused by estrogen or testosterone.”

The Department of Psychology at the University of Oslo was very interested in the methodological research about sex differences. Dr. Haraldsen’s group started collaborating with them and this extended to the Psychology Department in Amsterdam where Dr. Cohen-Kettenis is based. The team of psychologists further standardized and operationalized the diagnostic criteria to make future genetic research possible. “You need to do a lot of basic data collection in order to do later biological or neurobiological research,” Haraldsen comments.

SOBER continued...

So how is all of this co-ordinated? “We (the Big Four) meet a minimum of twice per year on their own but we are continuously sending the PhD students of the Big 4 and Glasgow Universities to one site bimonthly,”) Dr Haraldsen states. Haraldsen meets with the PhD groups bimonthly and all of the members meet thrice annually.

Ira puts forth, “Communication (between the Big Four) is very easy and we talk on the phone or e-mail often especially when a paper is being submitted.” They have come to know each other very well over the years and, “When we have these meetings twice a year, we work very hard but at the end of the day we are, as well, celebrating. That is a very important thing.”

“So we had two goals, to have our research, as women, be taken seriously and we wanted our patients to be taken seriously. That was mainly the starting point, really.”

The Big Four will publish four papers in 2010. Within the past month, they received substantial funding for their animal projects from the Norwegian Research Council and became a member of the prestigious Centre of Research Based Innovation of Aging.

The work Dr. Haraldsen and her colleagues are undertaking will ultimately allow us to address and answer the important question of how the brain changes in transition.

Their contribution in the area of basic data collection will provide a body of work other researchers will be able to build upon for years. The quality of the work that the Big Four have undertaken in the field of gender has raised the bar for researchers around the world, and this will help improve treatment for transsexual people, as well as lead to better (and better funded) research.



Dr. Ira Haraldsen

Gail Knudson, MD is the Secretary/Treasurer of WPATH and is a Clinical Associate Professor at the University of British Columbia (Canada)



Dr. Hertha Richter-Appelt



Dr. Griet De Cuyper



Dr. Peggy Cohen-Kettenis (left)

After extensive consultation, they decided to make the inclusion of diagnostic criteria a much more transparent, objective process so that it could result in higher-level research and replication across sites

International News...

[Editor’s note: Items included in this section are randomly selected from the myriad sources available on the Internet, and are not intended to represent all available news about transgender and transsexual topics. If WPATH members have news that they would like other members to be aware of, please forward it to the Update editors or use the member listserv to let your colleagues know about new developments around the world.] Compiled by **Jamison Green, MFA, Member of WPATH’s Board of Directors**

Sweden, Dec 12, 2009. Two new studies indicate that transsexual people face health hurdles, but majority of patients benefit from surgery. Cecilia Dhejne, a scientist and doctor at Karolinska University Hospital in Huddinge told the Swedish newspaper Dagens Nyheter that, “For most transsexual people, their life improves, but it’s not easy immediately after the operation.” Her study shows that the risk of attempted suicide and psychological problems remains high: transsexuals have a five times higher risk of being treated for attempted suicide compared to a control group, but five years after SRS, nearly all of the 60 participants in a second study (from Lund

all had a better life. Their work situations, relationships, and sex lives had all improved.

In 2009, 60 people have applied to change their sex in Sweden, and the number of applicants increases every year. To date, nearly 700 people have changed their sex in Sweden, most from male to female.



Stockholm, Sweden

Read more at <http://www.thelocal.se/23814/20091212/>

London, December 11, 2009. The respected journal Cell today published results of experiments leading to gonadal sex change from ovary to testis, proven possible in adult mammals through inducible deletion of the gene FOXL2. Results show that maintenance of the ovarian phenotype is an active process throughout life. This research could have important medical implications for transsexual people and people suffering from disorders of sex development. The Daily Mail Online reported that the finding is significant because it means that a baby’s sex is not de-

termined solely by X and Y chromosomes in the sperm. One study co-author, Robin Lovell-Badge, of the Medical Research Council’s National Institute for Medical Research in London, said: “We take it for granted that we maintain the sex we are born with, including whether we have testes or ovaries. But this work shows that the activity of a single gene is all that prevents adult ovary cells from turning into cells found in the testes.” Scientists had long assumed that the female pathway was a kind of default: if the gene SRY was present on the Y chromosome, then the embryo would develop as a male, and so it would remain. But this team of researchers has discovered that in

adult animals it is the male pathway that needs to be actively suppressed by the function of FOXL2, which must keep SOX9 turned off in ovaries throughout life. Read more at <http://www.dailymail.co.uk/health/article-1234802/> and Uhlenhaut, S., et al., *Cell* 139, 1130-1142, December 11, 2009. See also, Sinclair, A. and Smith, C., *Cell* 139, 1051-1053, December 11, 2009.

“ The finding is significant because it means that a baby’s sex is not determined solely by X and Y chromosomes in the sperm.”

Bangkok, Dec 13, 2009. On December 10, the Transvestite Network of Thailand submitted a request to the education ministry to cancel regulations forcing transgender men to wear male uniforms at classes, exams and graduation ceremonies, arguing that the dress code caused mental stress. A council of Thai university presidents turned down the request regarding cross-dressing at graduation ceremonies as “inappropriate”, media reports



Bangkok Park, Thailand

said on December 13. Siroj Pholphanthin, head of the council of Rajabhat Universities’ presidents, said it would be inappropriate for male students to dress in female uniforms at graduation ceremonies, because their degrees are handed out by members of the royal family, The Nation newspaper reported.

He added that if male transvestites were allowed to cross-dress it would encourage

women with transgender inclinations to seek similar treatment.

Rajabhat Universities have campuses nationwide.

University of the Thai Chamber of Commerce rector Jiradech Usawad noted that the regulation was already widely ignored in classrooms, but said it should still be enforced at graduation ceremonies.

Read more: http://www.thaindian.com/newsportal/world-news/thai-universities-nix-cross-dressing-at-graduations_100288549.html#ixzz0ZhYM0qMQ

A news portal for Indians in Thailand.

International News Continued...

New Delhi, November 13, 2009.

India's eunuchs and transsexuals won the right to be listed as "others", distinct from males and females, on electoral roles and voter identity cards. In the past, many eunuchs – the term used for cross-dressers, as well as pre- and post-operative transsexuals – have abstained in elections because they have been unwilling to identify their

gender on voter forms. They could write "E" for eunuch on passports and on certain government forms, but until now have been unable to vote unless they claimed a conventional gender.

Read more at <http://www.thestar.co.za/general/ArticleID=5244879>



New Delhi, India

China Digital Times, November 29, 2009.

People's Daily reported today on new regulations covering sex change operations:

Only those 20 or above with documented psychological reasons will be allowed to become a transsexual. And only surgeons with at least 10 years of related experience in hospitals approved by health authorities may carry out such procedures,

according to the new regulations unveiled by the Ministry of Health.

Experts in plastic surgery welcomed the move announced November 27, but also called for more measures to protect patients from institutions that may violate the rules.

The regulations said that only upper first-class polyclinic or cosmetic surgery hospitals with approval from the health department are allowed to carry out the

operation. The surgeons should have plastic surgery experience of more than 10 years, including five years with sex change operations and having performed independently at least 10 operations on reconstructing reproductive organs.

A psychologist should assess whether the patients are destined to have a sex change.

Read more at <http://chinadigitaltimes.net/2009/11/sex-change-rules-mended/>



Beijing, China

From the WPATH Office

New Online Public Referral Directory

WPATH has recently launched a new service for the public seeking professional providers who are expert in the care of transgender and/or transsexual individuals -- an internet-based searchable database. From anyplace in the world, at any time of the day, anyone can log on to our public website and search for WPATH member providers near their location!

Approximately 1/3 of renewing members have signed up to be included in the *Online Public Referral Directory*, paying a one-time \$25 fee. Providing you maintain your WPATH membership yearly, this one-time fee covers the cost of creating and maintaining the directory. We are confident this will provide a needed service for WPATH members, the public, and make the office more efficient in handling membership queries. Since the Pub-

lic Referral Directory has been up and running on the web site we have had 530 hits from unique individuals--- not bad for the first few weeks.

As the Association grows, we hope to continue to create other value-added membership benefits. We are excited to hear about your thoughts about and experiences with this new member service!

News from the WPATH Executive Committee

This is a feature new to the Update. The section will focus on the happenings around the Executive Committee and Board of Directors (BOD). The last Update listed the 2009-2011 Executive Council (EC) and BOD and highlighted new members. So what exactly do we do on the EC and how does it run? In addition to daily e-mails back and forth, the EC and the office staff have a teleconference for one hour the first and third Wednesday of the month. A proposed agenda is sent out prior to the meeting and the EC members adds items as needed. Items not covered are tabled until the next meeting. The minutes from the teleconference are usually sent out within a week to the Board of Directors for approval. Some agenda items require a vote and these items are sent out sepa-

rately to expedite the process.

Dr. Vin Tangpricha, Chair of the 2011 Symposium Local Organizing Committee, attends the first Wednesday of the month where the focus is on planning the 2011 Symposium in Atlanta, Georgia (USA). The venue has been secured as well as the banquet site. The collaboration with the Southern Comfort Group has been key, as the conferences will run contiguously with some overlap.

Another area of focus is the WPATH DSM V Consensus Statement. The Consensus Statement and the accompanying papers will be published in the March edition 12(2) of the International Journal of Transgenderism. The Board will also publish a statement with its po-

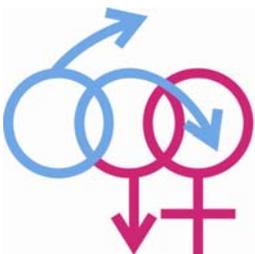
sition on gender variance on the WPATH website soon.

Finally, the website has been a constant agenda item with bids from four companies to redesign the current site. We expect that a new/updated website with the existing address (url) will be in place by the early spring.

The EC and BOD will meet for an annual retreat on the weekend of April 16, 2010 in San Francisco, California. The Board of Directors members will cover all of their expenses incurred during this weekend.

Gail Knudson, MD is the Secretary/Treasurer of WPATH and is a Clinical Associate Professor at the University of British Columbia (Canada)

The World Professional Association for Transgender Health (WPATH)



(Formerly known as the Harry Benjamin International Gender Dysphoria Association, Inc.)

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The Update is the official publication of the World Professional Association for Transgender Health. Items submitted to the editors for publication will be edited for clarity, readability, syntax, duplication, grammar, spelling as well as gender-biased language. Materials should be formatted as a MS Word attachment and sent to the email below.

Yearly Publication Schedule: October, January, April & July

WPATH Mission Statement

As an international multidisciplinary professional Association, the mission of The World Professional Association for Transgender Health (WPATH) is to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health.

WPATH Vision Statement

The vision of The World Professional Association for Transgender Health (WPATH) is to expand its worldwide authority by promoting education, advocacy, training, research, quality health care and best practice standards for service providers and policy makers regarding gender variant individuals.