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Loren Rabinowitz, MD, Christina M. Surawicz, MD, MACG, Lavanya Viswanathan, MD, MS, FACP, Renee L. Williams, MD, MHPE, FACG
June 15, 2022 at 8:30PM Eastern

Week 24 – June 16, 2022
Hereditary Pancreatic Cancers: What Should We Screen and How?
Yasmin G. Hernandez-Barco, MD
June 16, 2022 at Noon Eastern and NEW! 8pm Eastern!

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The Deadline for Submission is Monday, June 20, 2022 at 11:59 pm ET

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- Colon
- Colorectal Cancer Prevention
- Endoscopy Video Forum
- Esophagus
- Functional Bowel Disease
- General Endoscopy
- GI Bleeding
- IBD
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- Obesity
- Pediatrics
- Practice Management
- Small Intestine
- Stomach
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Disclosures

Sonali Paul, MD, MS
- Intercept: Research Grant
- Target Pharmasolutions: Research Grant
- Genfit: Research Grant

Douglas A. Simonetto, MD
- Mallinckrodt: Consultant
- BioVie: Consultant

*All of the relevant financial relationships listed for these individuals have been mitigated*
Overcoming the Challenges and Mitigating the Disparities in Our LGBTQI+ Patients

A Digestive Health Perspective

Sonali Paul, MD MS
(she/her/hers)
Assistant Professor of Medicine
Center for Liver Diseases
@spaulliver

gi.org/acgmagazine
Objectives

My Journey Towards LGBTQI+ Health Equity

History, Language, & Current Affairs

Digestive Health Related Issues

Moving Beyond The Binary

New York, New York
“I Love That Dirty Water, Boston You’re My Home”

College

Residency

Transplant Hepatology Fellowship

Medical School

GI Fellowship

Chicago

Med Student

Trainee

Attending Physician

Patient

Wife

Mom
Virtual Grand Rounds

LGBTQI+

Lesbian  A woman who is emotionally, romantically, or sexually attracted to other women.

Gay  A person who is emotionally, romantically, or sexually attracted to members of the same gender. Although usually associated with men, some women and nonbinary people may identify as gay.

Bisexual  A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity.

Transgender  An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. It does not specify a specific sexual orientation, and they may identify as straight, gay, lesbian, bisexual, etc.

Queer  Although previously used as a slur, queer has been reclaimed by the LGBTQI+ community. Queer can be used to express a spectrum of identities and orientations including nonbinary people and those with gender-expansive identities.

Intersex  People born with differences in their biological sex traits including chromosomes, reproductive anatomy, and hormone production.

Plus (+)  Other sexual identities not listed, including but not limited to asexual, nonbinary, gender fluid, and pansexual.

Paul S. AJG. 2021.

American College of Gastroenterology
Gender Identity

Cisgender
- Sex assigned at birth corresponds to gender identity and expression

Transgender
- Umbrella term
- Gender identity does not match assigned birth gender
- Does not imply any specific sexual orientation

Non-Binary
- Does not identify exclusive as male or female
- Umbrella term for different identities that fall outside of gender binary

Sexual Orientation

“...person’s emotional and/or physical attraction to people of the same gender and/or a different gender or both.”

- Lesbian or Gay
- Bisexual
- Straight (not lesbian / gay)
- Asexual
- Something Else

“sexual preference” and “homosexuality” are outdated; should not be used

Discrimination in Medicine

**NEW THEORY CLAIMS**
HOMOSEXUALITY CAN BE CURED

Modern medicine sees deviation as a physical problem—disputing old belief that homos are made—born not made.

**WHAT IS A HOMOSEXUAL?**

According to popular belief:

HOMOSEXUALS ARE:
... of the wrong sex
... born with bodies of the wrong sex... binarily replaceable of normal love... wrong recognized by our nature... instigation men and fragile women... female men and monstrous women... highly talented and creative

ALL OF US HAVE HOMOSEXUAL TENDENCIES
But only a few are bold enough to express them.

SOME PEOPLE ARE HOMOSEXUAL:

Dr. Rachel Levine; Assistant Health Secretary

LGBTQI+ History

1950s, Lavender Scare

1969, Stonewall Riots

1983, FDA Blood Ban MSM

1996, Defense of Marriage Act

2015, Same Sex Marriage Legal

2016, Pulse

2020, Bostock vs Clayton County

2021, Executive order preventing SOGI based discrimination

1952, DSM, "homosexuality" is a mental disorder

(Repealed 1973)

1993, "Don't Ask Don't Tell"

(Repealed 2011)

2015, Anti-LGBTQI+ Legislation

Jan 2017 to Jan 2021

March 2021, Dr. Rachel Levine; Assistant Health Secretary

June 2021, Repealed 3 months celibacy

American College of Gastroenterology
LGBTQI+ & Medical Education

- LGBTQI+ content often ignored in medical education
  - 132 medical schools, average time 5 hours
  - 9 schools: 0 hours taught during preclinical years
  - 44 schools: 0 hours during clinical years
  - Only 11 had all topics taught

Fears & Concerns About Healthcare

Lambda Legal (2014). *When Health Care Isn’t Caring.*
Discrimination in Medicine

Pediatrician refuses to treat baby with lesbian parents and there’s nothing illegal about it

By Abby Phillip February 19, 2015

Ohio Allows Doctors to Deny LGBTQ Health Care on Moral Grounds

The new provision, snuck into a last-minute amendment to the budget, was signed by Gov. Mike DeWine

By HANNAH MURPHY

The Health of the Health Care System

Table 2. Graduating US Medical Student Burnout, by Sexual Orientation, 2016-2017*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medical students, No. (%)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (N = 26,123)</td>
<td>Heterosexual (n = 24,713)</td>
<td>LGB (n = 1410)</td>
<td>P value</td>
<td></td>
</tr>
<tr>
<td>Burnout (upper quartile)</td>
<td>2997 (11.5)</td>
<td>2754 (11.1)</td>
<td>243 (17.2)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Disengagement (upper quartile)</td>
<td>5580 (21.4)</td>
<td>5188 (21.0)</td>
<td>392 (27.8)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Exhaustion (upper quartile)</td>
<td>6002 (23.0)</td>
<td>5571 (22.5)</td>
<td>431 (30.6)</td>
<td>&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>
Microaggressions

Subtle verbal or nonverbal insults, indignities, or denigrating messages directed toward an individual due to their marginalized identity. Often committed by well-intentioned people who are unaware of the hidden messages conveyed or the impact of their statements.


Discrimination in Legislation

At least 7 states proposed anti-trans bills in first week of 2022

State lawmakers across the country introduced at least nine measures this week that would limit the rights of transgender and nonbinary youth.

Feb 8, 2022

Florida Gov. Ron DeSantis signals support for 'Don't Say Gay' bill

The bill, which would bar the "discussion of sexual orientation or gender identity" in primary schools, passed the Florida Senate Education Committee on Tuesday.

Feb 9, 2022

candidate 'not comfortable' around transgender children

https://www.nbcnews.com/nbc-out/out-politics-and-policy/florida-gov-
“Don’t Say Gay” … March 28, 2022

- Discussions about LGBTQ issues are “not age-appropriate” for students.
  
  “...entirely inappropriate for teachers to be having conversations with students about gender identity, [they will say], “Don’t worry, don’t pick your gender yet...” [they are also] “hiding classroom lessons from parents.”

- Texas, Oklahoma, Louisiana, Mississippi ... similar proposed laws

- Arkansas, Tennessee, Montana
  - Passed bills last year allowing parents to opt “out” of any SOGI curriculum


Anti-Transgender Legislation in 2021

130 Anti-trans bills in state legislatures

- Deny sports team that align with gender identity
- 35 limit ability of youth to access gender affirming care

https://freedomforallamericans.org/legislative-tracker/medical-care-bans/
Texas - February 22, 2022

- Gender affirming treatment to trans youth is “child abuse”
- Mandatory reporting requirements
  - Licensed professionals with direct contact with children (doctors, nurses, teachers)
  - General public
  - Criminal penalties for failure to report this

- Nov 2021: UT Southwestern Medical Center / Children’s Medical Center closed state’s only clinic for trans youth
  - “Patient privacy issues”

- Texas Children’s Hospital
  - No longer providing gender-affirming treatments


Gender Affirming Care is Life Saving

Original article
Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth
Amy E. Green, Ph.D.; Jonah P. DeChants, Ph.D.; Myeshia N. Price, Ph.D., and Carrie K. Davis, M.S.W.
The Trevor Project, West Hollywood, California
Article History: Received July 26, 2021; Accepted October 28, 2021
Keywords: Transgender; Nonbinary; Gender-affirming care; Suicide; Depression; LGBTQ

TIME

Pediatricians Who Serve Trans Youth Face Increasing Harassment. Lifesaving Care Could Be on the Line
Health Disparities vs. Health Inequities

- **Health Disparities**
  Differences in health, health outcomes, access to care, etc.

- **Health Inequities**
  When differences are result of systems of oppression and structural factors that disproportionately harm certain groups.

- Health disparities should be framed within social determinants of health.

Social Determinants of Health (SDOH)

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Community engagement</td>
<td>Community competency</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Discrimination</td>
<td>Quality of care</td>
<td></td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Outcomes**
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

**LGBTQI+ Health Disparities**

2016 National Institute on Minority Health & Health Disparities

- Identified LGBTQI+ as “health disparity population”
- **Intersectionality** with race, ethnicity, gender, religion, and social class

"overlapping or intersecting social identities and related systems of oppression, domination, or discrimination."

---

**Minority Stress Theory**

Michelle Forcier, MD, MPH & Johanna Olson-Kennedy, MD
Minority Stress + SDOH in LGBTQI+ Populations

- Social stigma
- Rejection by family members
- Abuse and violence
- Unfair treatment in the legal system, state/federal
- Hiding some or all aspects of one’s life
- Lacking health insurance
- Shortage of culturally competent health providers
Challenges in Identifying LGBTQI+ Health Disparities

- Consistent lack of data collection on sexual orientation and gender identity
  - Public records to identify community members non-existent
- Traditional research methods, measures, study designs may not be applicable
- Difficult to recruit LGBTQI+ patients due to stigma / fear of discrimination
  - Crime in parts of the world; societal fears in US
- Fluid & Changing terminology; difficult to operationalize
- Small, non-representative studies
- Lack of grants and research awards

Digestive Diseases & LGBTQI+ Populations

- Alcohol & Smoking
- Trauma (emotional, physical, sexual)
  - Implications for physical exam and provider/patient relationship
- Eating Disorders and Anorexia
- Obesity & NAFLD
- IBD & Sexually Transmitted GI syndromes can be similar (symptoms/histopathology)
  - Proctitis / Procto-colitis: HSV, gonorrhea, chlamydia, syphilis
  - Sexual history important
- ? Disordered gut-brain interactions (mental health, stress, IBS, functional dyspepsia)
- Anal & Colorectal Cancers

Velez C, Paul S. AJG. 2022 (In Press).
## Anal Cancer

- Increased among MSM
- Meta-analysis of HPV and neoplasm among MSM
  - 9x higher incidence among HIV positive MSM than HIV negative MSM (still higher than general population)
- HPV vaccine decreases risk
  - Insufficient provider knowledge of HPV related cancers and HPV vaccine as primary prevention
- Lack of uniform screening protocols


## Digestive Health Related Research Needs in SGM Populations

### Transgender & Gender Diverse Populations
Effect of gender affirming hormone / surgical therapy on all GI disease courses / treatments

- IBD course
- NAFLD
- Hepatic adenomas
- Thromboembolism & IBD
- Stress & disordered gut brain interactions / IBS
- Post transplant course (drug-drug interactions, surgical complications)
- Colon cancer screening of neovagina

Transgender and Gender Non-Binary Patients

- **Neovagina Care after Intestinal Vaginoplasty**
  - Intestinal segments from the small or large bowel for creation of a neovagina
  - Post-operative complications: SBO, peritonitis, rectovaginal fistulas, stenosis, prolapse
  - ? Increased risk of IBD
  - ? Incidence of colorectal cancer and screening

---

Adenocarcinoma Intestinal Neovagina

- 76-year-old female with sigmoid colon neovagina (congenital vaginal agenesis)
- Vaginal bleeding
- Vaginal endoscopy

---


Management of GI Complications in Intestinal Neovaginas

<table>
<thead>
<tr>
<th>Signs/Symptoms</th>
<th>Etiology</th>
<th>Work up</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drainage/foul odor</td>
<td>Fistula (rectovaginal, vesico-vaginal, urethrovaginal, uroterovaginal)</td>
<td>MRI, barium enema, CT with rectal contrast, vaginoscopy</td>
<td>Low residue diet; Surgery</td>
</tr>
<tr>
<td>Bloody/vaginal discharge, GI symptoms</td>
<td>Inflammatory bowel disease (ulcerative colitis, Crohn’s disease)</td>
<td>Endoscopy with biopsy</td>
<td>Steroid enemas, Mesalazine; Sulfasalazine; Azathioprine; Biologics; Cyclosporine; Surgery</td>
</tr>
<tr>
<td>Vaginal discharge/bleeding</td>
<td>Diversion colitis</td>
<td>Endoscopy with biopsy</td>
<td>Irrigation with short chain fatty acids</td>
</tr>
<tr>
<td>Spotted/post-coital staining</td>
<td>Benign neoplasms/Intestinal polyps</td>
<td>Endoscopy with biopsy</td>
<td>Polypectomy surveillance</td>
</tr>
<tr>
<td>Bleeding: urinary retention; recto-neovaginal fistula</td>
<td>Carcinoma (adenocarcinoma, carcinoma in situ; HPV)</td>
<td>Endoscopy with wide local excision</td>
<td>Surgery/RT +/- adjuvant chemo</td>
</tr>
<tr>
<td>Bloody/vaginal discharge</td>
<td>Infection</td>
<td>Cytology/HPV testing</td>
<td></td>
</tr>
<tr>
<td>Fever, abdominal pain, vaginal discharge</td>
<td>Diverticula/Diverticulitis</td>
<td>Labs/CT imaging</td>
<td>Management based on severity</td>
</tr>
<tr>
<td>Abdominal pain; free air under diaphragm</td>
<td>Neovaginal bowel perforation (trauma); peritonitis</td>
<td>Imaging/labs</td>
<td>Supportive care; Surgery</td>
</tr>
<tr>
<td>Prolapse</td>
<td>Post-operative structural compromise</td>
<td>Physical exam, defecography</td>
<td>Surgery; Mesh</td>
</tr>
<tr>
<td>Excessive drainage</td>
<td>Idiopathic discharge</td>
<td>Exclude other causes</td>
<td>Vaginal irrigation</td>
</tr>
</tbody>
</table>


“Increased Risk” Organ & Tissue Donation

US Public Health Service Guideline 2020 / OPTN Policy

The remaining and current risk criteria for HIV, HBV or HCV identified in the 2020 PHS Guideline are:

1. Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV, or HCV infection
2. Sex with a person who injected drugs for nonmedical reasons
3. Sex in exchange for money or drugs
4. Sex with a person who had sex in exchange for money or drugs
5. Drug injection for nonmedical reasons
6. Sex with a person who injected drugs for nonmedical reasons
7. Incarceration (confinement in jail, prison, or juvenile correction facility) for 72 or more consecutive hours
8. Child breastfed by a mother with HIV infection
9. Child born to a mother with HIV, HBV, or HCV infection
10. Unknown medical or social history

Men who have sex with men cannot donate tissue (12 months celibacy)

https://www.nbcnews.com/think/opinion/discrimination-against-gay-men-who-can-t-donate-organs-arbitrary-
“Increased Risk” Organ & Tissue Donation
But Does it Make Sense?

• Men who have sex with men are at greater risk for HIV\(^1\)
  - Decreased dramatically with PrEP

• BUT 89% of men who have sex with men are HIV negative\(^2\)

• IN FACT, African Americans accounted for 42% of new HIV infections in 2019\(^3\)
  ... and there is *rightly* no ban

• 2015 FDA replaced lifetime blood ban with 12 month celibacy period\(^4\)
  - No increase in risk to blood supply

---

\(^1\) CDC Fact Sheet: HIV Among Gay and Bisexual Men. 2020.
\(^3\) CDC Fact Sheet: HIV and African American People. 2022.
“Increased Risk” Organ & Tissue Donation

- AJ Betts Jr. of Iowa
- 16 yo died by suicide after homophobic bulling in 2013
- Final wish was to be organ and tissue donor

“I couldn’t understand why my 16-year-old son’s eyes couldn’t be donated just because he was gay.”
Sheryl Moore


---

Transplant In Transgender & Gender Diverse People

- Hormone therapy and gender-affirming surgery
- Anatomic, hormonal, infectious, and psychosocial issues among recipients and donors

<table>
<thead>
<tr>
<th>MTF: Transgender Woman</th>
</tr>
</thead>
</table>
| FT M:
| Transgender Man |

<table>
<thead>
<tr>
<th>Recipients</th>
<th>Transplant surgery</th>
<th>Gender-affirming surgery</th>
<th>Hormone therapy</th>
<th>Infection disease</th>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: MTF</td>
<td>DDKT</td>
<td>None</td>
<td>None</td>
<td>HIV/AIDS³</td>
<td>MDD²</td>
</tr>
<tr>
<td>#2: MTF</td>
<td>DDKT</td>
<td>None</td>
<td>Estradiol IM</td>
<td>HIV²</td>
<td>MDD, suicide attempt²</td>
</tr>
<tr>
<td>#3: MTF</td>
<td>DDKT</td>
<td>None</td>
<td>Estradiol PO</td>
<td>HIV²</td>
<td>MDD, anxiety²</td>
</tr>
<tr>
<td>#4: FTM</td>
<td>LKKT</td>
<td>Bilateral mastectomy³</td>
<td>Testosterone IM -gel --&gt; IM, Finasteride</td>
<td>None</td>
<td>MDD, suicide attempt²</td>
</tr>
</tbody>
</table>

Donors

<table>
<thead>
<tr>
<th>Donors</th>
<th>Transplant surgery</th>
<th>Gender-affirming surgery</th>
<th>Hormone therapy</th>
<th>Infection disease</th>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: MTF</td>
<td>Open donor nephrectomy</td>
<td>Augmentation maleplasty, feminizing vaginoplasty, forehead contouring, brow lift, miniliposy, laser facial hair removal²</td>
<td>Estradiol PO</td>
<td>None</td>
<td>MDD, anxiety², bipolar I disorder²</td>
</tr>
<tr>
<td>#2: FTM</td>
<td>Laparoscopic donor nephrectomy</td>
<td>Reduction maleplasty², 3-stage phalloplasty, vaginectomy, urethral elongation²</td>
<td>None</td>
<td>None</td>
<td>Posttraumatic stress disorder²</td>
</tr>
</tbody>
</table>

Abbreviations: AIDS, acquired immunodeficiency syndrome; DDKT, deceased donor kidney transplant; FTM, female-to-male; HIV, human immunodeficiency virus; IM, intramuscular; LKKT, living unrelated kidney transplant; MDD, major depressive disorder; MTF, male-to-female; PD, per oz.

¹Occurred or diagnosed preoperatively.
²Occurred or diagnosed postoperatively.

Ramadan et al. AJT. 2020.
Transplant In Transgender & Gender Diverse People

Feminizing vaginoplasty and phalloplasty increases risk for anatomic issues

- Urethral strictures, recurrent UTIs, fistulas, AKI (donor #2)

Feminizing Drug Therapy

- **Estrogen**: risk of venous thromboembolism (↑ PO estradiol; less with transdermal)
  - Avoid PO and hold other formulas 2-4 weeks pre and post (pre 87 days, post 65 days)
- **Antiandrogen** (spironolactone): Hyperkalemia ↑ with CNIs, Bactrim

Masculinizing Drug Therapy: Testosterone (transdermal, gel, IM, SC)

- Perioperative cessation not needed
- Alopecia (↑ with tacrolimus)
- Acne (↑ mTOR-inhibitors & steroids)

Persistent Menses (Transgender Men)

- Aromatase inhibitors: ↑ osteoporosis with CNI & Steroids
- Progestin: can be inhibited by MMF

Psychosocial / Mental Health Aspects

Multidisciplinary team
Uterine Transplantation and Donation in Transgender Individuals

- Uterine transplant for Absolute Uterine Factory Infertility (no uterus, malfunctioning in cis-gender women)
  - > 70 in cisgender women, 23 live births (as of 2020)

- Transgender Men undergoing hysterectomy - ? donors

- Infertility consequence of gender affirming hormone or surgical therapy

- Fertility preservation prior to transitioning

- Transgender woman – Lili Elbe (Danish Girl) 1931, Germany
  - Organ rejection, infection; died 3 months post transplant


---

Table 1 The revised Montreal Criteria for the Ethical Feasibility of Uterine Transplantation.

1. The recipient:
   a. Is a genetic female of reproductive age with no medical contraindications to transplantation.
   b. Has documented congenital or acquired UFI that has failed all current gold standard and conservative therapy.
   c. (c1) has a personal or legal contraindication to surrogacy and adoption measures and desires to have a child, or (c2) seeks the UTx solely as a measure to experience gestation, with an understanding of the limitations provided by the UTx in this respect.
   d. Has not had her decision to undergo UTx deemed as irrational by expert psychological evaluation, and has no psychological comorbidity that interferes with diagnostic workup or treatment,
   e. Does not exhibit frank unsuitability for motherhood,

**LGBTQI+ Populations**

- Address Implicit Bias
  - Unconscious / unacknowledged preference that affects one’s outlook or behavior
  - “Automatic” - triggered without intention
  - Biases based on cultural stereotypes embedded in belief systems from young age
  
  “What We Don’t Think We Think”

- Systematic Review of 42 studies
  - Implicit bias in healthcare professionals
  - Race, Ethnicity, Gender, Age, Weight, Height
  - Manifest implicit bias like general population ... impact clinical decisions


---

**Implicit Bias**


- 2338 MDs
- 5379 Nurses
- 8531 Mental Health Providers
- 2735 Other Treatment Providers
- 214,110 Non providers

- Among **heterosexual providers**, implicit preferences **always favored heterosexual people** over lesbian and gay people

- **Heterosexual nurses** held strongest implicit preference for **heterosexual men** over gay men

- **Lesbian and gay providers** held implicit and explicit preferences **for lesbian women and gay men** over heterosexual people

[https://implicit.harvard.edu/implicit/](https://implicit.harvard.edu/implicit/)
Creating LGBTQI+ Supportive Spaces in Healthcare

- Collect SOGI Data
- Annual provider / staff trainings (dynamic)
- Engage in formal diversity, equity, and inclusion programs
  - Explore own biases and how to overcome them
- Move beyond the binary ... Use Gender Neutral Language on Intake Forms
  - Patient (not he/she)
  - Partner or spouse (not husband / wife)
  - Parent or Guardian (not mother / father)
  - You (i.e. how may I help you; not sir / ma’am)

Epic Storyboard

Legal Name

Gender Identity

“Preferred name”
Ask Questions

- Ask about pronouns
  .... I want to be respectful and make sure I'm using the right language; may I ask what your pronouns are?

- Ask about anatomical inventories
  ... I see you identify as a trans woman who has undergone gender affirming surgery. Can you describe this - some types of surgery involve parts of the GI tract and I would like to understand better if I need to consider other aspects of your health...

- Take a sexual history
  ... If it is ok to ask, I would like to as a few questions about your sexual health. I'd like to see if there are any things we should discuss related to sex that may impact your GI health ...

- Ask about trauma
  ...Because abuse and violence are common and can affect a person’s health, I make a point to ask patients if they have ever had these experiences ...

Learning Environment

- Active LGBTQI+ student / trainee recruitment (e.g. interviewers with common interests)

- Support for identity based student / trainee groups
  - “OUTPatient,” mentoring, research, education

- Improved LGBTQI+ curriculum and education at all levels

- Additional training regarding LGBTQI+ inclusive language
Pronouns in Email, Zoom, Social Media

- **Pronouns in your email signature**
  Sonali Paul, MD MS
  (Pronouns: She/Her/Hers)
  Assistant Professor of Medicine
  The University of Chicago Medicine
  Center for Liver Diseases

- **Beyond trans, non-binary equality**
- **Normalize discussions around gender**
  - No assumptions, no misgendering
  - Demonstrates inclusivity
  - Creates a safe space

Never Assume … Always Ask

Pronoun Badges

(These are the most common; many others and combinations)
Create Safety & Inclusion

- Recognize LGBTQI+ patients ... see the waiting room through their eyes

- Display non-discrimination policies (include SOGI)

- Acknowledge events that are important to the community
  - Pride month (June); Transgender Day of Remembrance (Nov 20)

- Inclusive education materials (race, gender, LGBTQ)

- Avoid “Deadnaming” (calling a transgender person by their birth name)
  - Maybe unavoidable but be cognizant
  - “Could your chart/insurance be under a different name?”
  - “What is the name on your insurance?”

https://allarewelcomehere.us/collections/lawn-signs
Rainbows in Gastro

- Community
- Healing
- Advocacy
- Research
- Mentorship

Sonali Paul MD MS
Howard Lee MD
Douglas Simonetto MD
Nikki Duong MD

Interested? Email us!
spaul@uchicago.edu

Advocacy

https://www.poz.com/article/hiv-advocates-hiv-advocacy
Cultural Humility

“ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.”

- Different from cultural competence
- Focuses on self-humility rather than achieving a state of knowledge or awareness

- We will always make mistakes
- Acknowledge and Apologize
- Do not wait for them to say “it’s ok”

Questions and Answers

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