# Transgender Psychological Evaluations & Letters of Support

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## Disclaimers

- The views expressed in this presentation are those of the author and do not necessarily reflect those of Nebraska Medicine or UNMC.
- Presenter is a cishet male and thus acknowledges limitations to his experiential expertise of the struggles of gender- and sexual orientation-diverse individuals.
- The presenter does not otherwise have any conflicts of interest to disclose.

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## Learning Objectives

1. Identify the core components of a pre-surgical psychological evaluation with transgender patients.
2. List the considerations involved in patient readiness for gender-affirming surgical interventions.
3. Describe the components of an effective letter of support for gender-affirming medical intervention.

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# WHY?

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## Pre-surgical Psych Evals are the norm

- Also commonly *required* for:
  - Bariatric surgery
  - Spinal cord stimulator (SCS) implantation
  - Left ventricular assistive device (LVAD) implantation
  - Solid organ transplant recipient
  - Solid organ transplant living donor

- What do these have in common w/ gender surgery?
  - Surgical scars
  - Longer post-op recovery
  - May need revision surgery
  - Body will look/function differently
  - May require lifelong behavioral changes

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## Referral Questions

1. Does the individual meet DSM-5-TR criteria for Gender Dysphoria?
2. Does the individual have the mental and legal capacity to consent to treatment?
3. Does the individual understand and accept how their body will look ***and function*** differently following the procedure?
4. Are there any physical, mental, behavioral, psychosocial, financial, environmental, and/or spiritual issues which might interfere with post-op compliance?

At minimum, answers to these questions must be addressed in your letter of support.

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## Not a question of IF, but WHEN

- Assuming the patient meets DSM-5-TR criteria for Gender Dysphoria, and they have the capacity to consent

Does the individual understand and accept how their body will look *and function* differently following the procedure?

What does the patient need to do in order for me to be able to say "YES?"

Are there any physical, mental, behavioral, psychosocial, financial, environmental, and/or spiritual issues which might interfere with post-op compliance?

If yes, what recommendations or referrals can I make for the patient, to address these identified issues and thus help them become a better candidate for surgery?

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## Components of the Pre-Surgical Psychological Evaluation

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## WPATH Guidelines (8th Version, 2022)

- Address mental health symptoms that:
  - Interfere with a person's capacity to consent to gender-affirming treatment.
  - Interfere with a person's capacity to participate in essential perioperative care before gender-affirmation surgery.
- Assess the potential negative impact that mental health symptoms or substance use may have on surgical outcomes.
- Assess the need for psychosocial and practical support in the perioperative period surrounding gender-affirmation surgery.
- Encourage, support, and empower transgender and gender diverse people to develop and maintain social support systems, including peers, friends, and families.
- Counsel and assist transgender and gender diverse people in becoming abstinent from tobacco/nicotine prior to gender-affirmation surgery.
- Ensure if transgender and gender diverse people need in-patient or residential mental health, substance abuse or medical care, all staff use the correct name and pronouns (as provided by the patient), as well as provide access to bathroom and sleeping arrangements that are aligned with the person's gender identity.
- Do not mandate transgender and/or gender diverse people to undergo psychotherapy prior to the initiation of gender-affirming treatment.
- Do not offer "reparative" or "conversion" therapy.

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## Psychological Evaluation

1. Developmental/social hx
2. Gender identity development
3. Gender expression and ideal (where is their dysphoria?)
4. Sexual orientation, behavior, and desired change(s)
5. Understanding of surgery
6. Capability to comply with pre/post-surgical requirements, aftercare/maintenance, and convalescence
7. MH hx and current pharmaco/psycho-therapy
8. Substance abuse hx and current use (esp. tobacco)
9. Trauma hx and suicidality
10. Current social and financial support
11. Behavioral self-care, coping capabilities

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## Developmental & Social Hx

- Early development
- Early family system
- Academic achievement
- Occupational history
- Current housing/financial situation
- Current family system
- Intimate relationship(s)
- Current social support system
- Response of important others to gender identity/sexual orientation
- Connection to transgender community

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## Gender Identity Development

- Age of first observed gender incongruence
- Self-referent thoughts
- Imaginative play
- Gravitation toward gender-incongruent activities
- First cross-dressing experience
- Early alter-gender expression
- Body/gender congruence
- Body/gender incongruence
- Possible conflation with sexual orientation

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## Gender Expression + Transition Goals

- **External:** "I want to be seen and treated as a [man/woman/non-gendered individual]"
- **Internal:** "I want to look in the mirror and see myself, the way I feel on the inside"

- Subscription to traditional gender norms for:
  - Clothing and appearance
  - Body hair
  - Physique/silhouette
  - Vocal tone or pitch
- Concealment strategies (tucking, binders, baggy clothing)
- Legal name and gender (+ ID) changes

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## Sexual: Orientation, Bx, Desired Δ

- Gender ≠ Sexual orientation
- Non-heteronormative sexual orientation is less stigmatized and more readily publicized compared to gender identity
- Common for individuals to report sexual orientation exploration prior to learning about the concept of gender identity and exploring gender
- Influence of gender dysphoria in pursuit of relationships
- Influence of gender dysphoria in comfort/performance in sexual situations
- *How would gender-affirming medical treatment affect the way transgender individuals think about or engage in sexual situations?*

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# F64.0 Gender Dysphoria (DSM-5-TR)

**Marked incongruence between one's experienced or expressed gender and assigned gender (6 months, at least 2 of the following):**

- Incongruence of gender identity with primary or secondary sex characteristics
- Desire to be rid of (or prevent development of) primary or secondary sex characteristics
- Desire of primary/secondary sex characteristics of the opposite gender
- Desire to *be* the other gender
- Desire to be *treated* as the other gender
- Conviction that they have the feelings or reactions of the other gender

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# Gender Dysphoria Screening (non-gendered)

**Table 1.** Utrecht Gender Dysphoria Scale – Gender Spectrum (UGDS-GS) survey and scale.

*Directions*: For each question, select the response that best describes how much you agree with each statement. *Note*: **Assigned sex** means the sex you were assigned at birth and **affirmed gender** is the gender you currently identify with.

| | | Disagree completely | Disagree | Neither agree nor disagree | Agree | Agree completely |
|---|---|---|---|---|---|---|
| 1. | I prefer to behave like my affirmed gender.[GA] | 1 | 2 | 3 | 4 | 5 |
| 2. | Every time someone treats me like my assigned sex I feel hurt. | 1 | 2 | 3 | 4 | 5 |
| 3. | It feels good to live as my affirmed gender.[GA] | 1 | 2 | 3 | 4 | 5 |
| 4. | I always want to be treated like my affirmed gender.[GA] | 1 | 2 | 3 | 4 | 5 |
| 5. | A life in my affirmed gender is more attractive for me than a life in my assigned sex.[GA] | 1 | 2 | 3 | 4 | 5 |
| 6. | I feel unhappy when I have to behave like my assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 7. | It is uncomfortable to be sexual in my assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 8. | Puberty felt like a betrayal. | 1 | 2 | 3 | 4 | 5 |
| 9. | Physical sexual development was stressful. | 1 | 2 | 3 | 4 | 5 |
| 10. | I wish I had been born as my affirmed gender. | 1 | 2 | 3 | 4 | 5 |
| 11. | The bodily functions of my assigned sex are distressing for me (i.e. erection, menstruation). | 1 | 2 | 3 | 4 | 5 |
| 12. | My life would be meaningless if I would have to live as my assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 13. | I feel hopeless if I have to stay in my assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 14. | I feel unhappy when someone misgenders me. | 1 | 2 | 3 | 4 | 5 |
| 15. | I feel unhappy because I have the physical characteristics of my assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 16. | I hate my birth assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 17. | I feel uncomfortable behaving like my assigned sex. | 1 | 2 | 3 | 4 | 5 |
| 18. | It would be better not to live, than to live as my assigned sex. | 1 | 2 | 3 | 4 | 5 |

*Note*. [GA] indicates items on the *Gender Affirmation* subscale, others indicate *Dysphoria*.

Suggested scale citation:

McGuire, J. K., Rider, G. N., Catalpa, J.M., Steensma, T. D., Cohen-Kettenis, P.T., & Berg, D. R., (2019). Utrecht Gender Dysphoria Scale – Gender Spectrum (UDGS-GS). In Milhausen, R., Sakaluk, J., Fisher, T., Davis, C., & Yarber, W. (Eds.), *Handbook of Sexuality-Related Measures*. New York: Routledge, https://doi.org/10.4324/9781315183169

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# Gender Dysphoria Screening (gendered)

- Gender Identity/Gender Dysphoria Questionnaire for Adults and Adolescents (GIDYQ-AA)
- Forms are based on SAAB
- Separate forms for adolescents vs. adults
- 27 items; scaled score = total score / 27
- Scaled score > 3.0 = positive screen

**Gender Identity/Gender Dysphoria Questionnaire for Adults and Adolescents (GIDYQ-AA)**
**Female Assigned at Birth - Adult**

| | *Please answer the questions below, rating yourself on each of the items shown using the scale on the right side of the page. Place an X in the box that best describes how you have felt over the past 12 months.* | Always | Often | Sometimes | Rarely | Never |
|---|---|---|---|---|---|---|
| 1 | In the past 12 months, have you felt satisfied being a woman? | | | | | |
| 2 | In the past 12 months, have you felt uncertain about your gender, that is, feeling somewhere in between a woman and a man? | | | | | |
| 3 | In the past 12 months, have you felt pressured by others to be a woman, although you don't really feel like one? | | | | | |
| 4 | In the past 12 months, have you felt, unlike most women, that you have to work at being a woman? | | | | | |
| 5 | In the past 12 months, have you felt that you were not a real woman? | | | | | |
| 6 | In the past 12 months, have you felt, given who you really are (e.g., what you like to do, how you act with other people), that it would be better for you to live as a man rather than as a woman? | | | | | |
| 7 | In the past 12 months, have you had dreams?<br>If NO, skip to Question 8.<br>If YES: Have you been in your dreams?<br>If NO, skip to Question 8.<br>If YES: In the past 12 months, have you had dreams in which you were a man? | | | | | |
| 8 | In the past 12 months, have you felt unhappy about being a woman? | | | | | |
| 9 | In the past 12 months, have you felt uncertain about yourself, at times feeling more like a man and at times feeling more like a woman? | | | | | |
| 10 | In the past 12 months, have you felt more like a man than like a woman? | | | | | |
| 11 | In the past 12 months, have you felt that you did not have anything in common with either men or women? | | | | | |
| 12 | In the past 12 months, have you been bothered by seeing yourself identified as female or having to check the box "F" for female on official forms (e.g., employment applications, driver's license, passport)? | | | | | |
| 13 | In the past 12 months, have you felt comfortable when using women's restrooms in public places? | | | | | |
| 14 | In the past 12 months, have strangers treated you as a man? | | | | | |
| 15 | In the past 12 months, at home, have people you know, such as friends or relatives, treated you as a man? | | | | | |
| 16 | In the past 12 months, have you had the wish or desire to be a man? | | | | | |
| 17 | In the past 12 months, at home, have you dressed and acted as a man? | | | | | |

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# Psychological Testing

- No validated psych tests directly assess gender dysphoria—most helpful for ddx of co-occurring psychiatric conditions
- On gender-normed tests, *use preferred gender*
  - For non-binary or intersex individuals, use the binary gender they express *more* or *most often*
- MMPI-2-RF can provide some insight to gender preferences
  - Aesthetic-Literary Interests (AES) scale: females tend to score more highly than males
  - Mechanic-Physical Interests (MEC) scale: males tend to score more highly than females
  - May see higher scores of aggression (AGGR-r) in males
- Consider the influence of hormone therapy

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## Mental Health Considerations

- High prevalence of mood disorders, generalized anxiety, and social phobia[1,2]
- Increased risk of non-suicidal self-injurious behavior, suicidal ideation, suicide attempts (especially in adolescents)[1,3]
- Gender (and bodily) dysphoria, eating disorders[2]
- Perceived (and real) social isolation[2]
- Bullying, harassment, discrimination[3]
- Intimate partner violence (homosexual men)[4]
- Physical and sexual assault (transgender individuals)[4]
- Substance misuse/abuse (transgender individuals)[2]
- Religious concerns

[1]Dhejne et al., 2016
[2]Rees, et al., 2020
[3]Johns, et al., 2019
[4]Peitzmeier, et al., 2020

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## DDx Considerations

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## DDx Considerations

- If gender dysphoria is effectively treated, would [depression, social anxiety, suicidality] not just improve, but *resolve*?
- Absent gender dysphoria and its psychosocial sequelae, what would we be treating?
- To what extent is their cognitive-emotional and/or behavioral reaction *normative* for someone "trapped" in an opposite-gender body?

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## Treatment of Gender Dysphoria: Mental Health Effects

- **QoL** substantially improves 1 year following hormonal treatment[1]
- Mild reduction in **depression** scores (7.6 points on BDI-II) after 6 months of hormonal treatment[2]
- Hormonal therapy *may* reduce **anxiety**, particularly for transgender youth (on puberty blockers)[3]
- Paucity of studies examining longitudinal suicide risk for transitioning transgender individuals
- "No studies showed that hormone therapy harms mental health or quality of life among transgender people"[1]

[1]Baker, et al., 2021
[2]Metzger & Boettger, 2019
[3]López de Lara, et al., 2022

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## Transitioning while Transitioning

Not uncommon for transgender individuals to “start a new life” during transition

- Cut off (unsupportive) family of origin
- Cut off (unsupportive) friendships
- Are cut off from (unsupportive) current family
- Start a new job
  - “My coworkers knew me as ‘Dave’ but here I can introduce myself as ‘Deanna’”
- Make a geographical move
- Re-enter dating pool (increased confidence)

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## Understanding of Surgery

- Plethora of online information; have they researched from quality sources?
- Know or talked to anyone who has had the surgery?
- Knowledge of:
  - Surgical options
  - Potential risks or complications
  - Potential benefits
  - Pre-surgical health requirements
  - Post-surgical recovery timeline
  - Post-surgical functional restrictions (temporary)
  - Post-surgical behavioral requirements (long-term)
  - Need for post-surgical IADL support
  - Need for post-surgical medical follow-up
  - *Realistic expectations*

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## Medical Gender-Affirming Treatment

- Historically called a "sex change operation"
  - Demeaning and non-inclusive
  - Does not adequately reflect the broad range of procedures
- G ent's ov
- M

In order to successfully evaluate a patient's knowledge of, and readiness for, these medical treatments, YOU must have an in-depth understanding of the treatment options as well!

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  - Voice therapy
  - Facial plastic surgery
  - "Top" surgery
  - "Bottom" surgery

**World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, 8th Version*

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## Pre/Post-Surgical Compliance Capability

- Coordination with work/school schedules
- Coordination or involvement of primary support system
  - Household responsibilities
  - Childcare needs
  - Medication
  - Finances
- Primary and back-up support person (for IADLs)
- Hobbies and/or coping strategies that are *not* physically demanding
- Ability to follow-through with post-surgical recommendations (i.e. dilating 3x/day at work or school)

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## "Protective" Factors

- Good understanding of surgery and requirements
- Realistic expectations
- Gender dysphoria is focused on body part(s) that is the aim of planned surgical intervention
- Good plan for convalescence
  - Stable housing/finances
  - Multiple reliable support individuals
  - Support from work/school (i.e. employer approved time off, pt has saved up PTO, surgery planned during summer vacation, etc.)
- Absence of impairing psychiatric conditions OR psychiatric conditions have demonstrated a period of stability on current treatment regimen
- No active or recent: SA, NSSIB, or substance abuse
- Abstinence from tobacco/nicotine

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## "Risk" Factors (Contraindications)

- Poor understanding of surgery and requirements
- Unrealistic expectations
- Gender ambiguity or unformulated gender identity
- Unreliable/unstable/absent plan for convalescence
- Potentially impairing psychiatric conditions w/o demonstrated stability or current/recent treatment
- Active or recent SA, NSSIB, or substance abuse
- Nicotine dependence
- Pending legal issues
- Financial instability
- Poor or limited social support
- Cognitive impairment

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# Components of the Letter of Support

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## Justifying Medical Necessity for Third-Party Payors

- Many insurance companies (still) require **two** letters of support from BH professionals:
  - A doctoral-level provider (one-time eval)
  - An ongoing therapy provider (6 months – 1 year)
- Letters should ideally include:
  - Validation of F64.0 Gender dysphoria
  - Any other psychiatric diagnoses
  - Professional opinion on whether present psychiatric condition(s) could impair transition
  - Whether pt has been living publicly consistent with their gender identity for at least the past 12 continuous months
  - If pursuing surgery, verification that pt has been on hormonal therapy for the past 6-12 continuous months
  - Pt competence and understanding of surgery
  - Social, financial, and/or occupational support
  - Pt's future fertility plans (if applicable)
  - Any other medical or MH recommendations

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## Don't Forget!

- Use professional letterhead
- Include your privacy statement
- Include your full name, credentials, and contact info
- Briefly describe your experience or expertise with the transgender community
- Include identifying information about the patient—both preferred and legal name (if different) and DOB
- Briefly describe your treating relationship with the patient

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## Preamble (Example)

09 October 2023

To whom it may concern,

This letter contains personal medical information which may be subject to the Privacy Act of 1974 and therefore should not be released without the consent of Minnie J. Mouse (legal name: Mickey J. Mouse, DOB: 01/01/1900).

I am a licensed, board-certified clinical psychologist in the Psychology Department at Nebraska Medicine in Omaha, NE. I have conducted evaluations of this nature since the repeal of DADT in 2011 during my USAF service as an active-duty clinical psychologist. I continue to provide transgender psychological evaluations at Nebraska Medicine as a part of my weekly duties with our OB/GYN Gender clinic (average of 1-2 per week). I performed a one-time psychological evaluation with Minnie Mouse on 10/09/2023 for the purpose of evaluating psychological suitability for gender transition surgical procedures: breast augmentation (hereafter referred to as "top surgery"), orchiectomy (hereafter referred to as "bottom surgery"), and facial feminization surgery. Minnie and I discussed evaluation procedures, confidentiality limits, and informed consent, and Minnie verbally indicated understanding and agreement to proceed.

**Minnie meets DSM-5 diagnostic criteria for F64.0 Gender dysphoria in adult. She did not meet diagnostic criteria for any other psychiatric condition at the time of evaluation. I do not have any concerns from a psychological perspective for Minnie to proceed with top surgery, bottom surgery, and/or facial feminization surgery for her continued male-to-female transition at this time.**

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# Letter of Support: Content Example (No MH dx; no contraindications)

**PATIENT meets DSM-5 diagnostic criteria for F64.0 Gender Dysphoria in Adult. There are no indications for the presence of other psychiatric conditions. I do not have any concerns from a psychological perspective for PATIENT to proceed with bottom surgery for her continued male-to-female transition at this time.**

*1. Does the patient meet criteria for Gender Dysphoria?* Yes; PATIENT expresses strong desire for female primary and secondary sex characteristics, she identifies as the female gender and feels most comfortable in women's clothing and presenting herself as a female, and she expresses a strong dislike for her male anatomy. Additionally, she demonstrates a strong preference for cross-gender roles and reports historical resistance to wearing masculine clothing.

Additionally, PATIENT demonstrates:

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make her body as congruent as possible with the preferred sex through surgery and hormone treatment: YES.
- The transgender identity has been present persistently for at least two years: YES, since at least age 20.
- The disorder is *not* a symptom of another mental health disorder: YES.
- The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning: YES, primarily in social functioning.
- Documentation that the patient has completed a minimum of 12 continuous months of living in a gender role that is congruent with their gender identity, across a wide range of life experience and events that may occur throughout the year: Yes, since age 29 (3 years).
- The patient has undergone a minimum of 12 continuous months of hormone therapy: Yes, since age 29 (3 years).
- Capacity to make a fully informed decision and to consent for treatment: YES, see item #2, below.
- That the patient is able to comply with long term follow-up requirements and post-operative expectations have been addressed: YES.
- If the patient has significant medical or mental health issues present, they must be reasonably well controlled: N/A.

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# Letter of Support: Content Example (No MH dx; no contraindications)

*2. Are they able to make an informed decision?* Yes.

*3. Does the pt have other mental health or psychiatric issues which could impair transition?* No.

*4. What other areas of the patient's life or functioning could impact plans to transition (i.e. family, significant other, school, work, finances, etc.)?* Pt's closest family members, friends, and husband are aware of, and supportive of, pt's transition--and they have been over at least the past 3 years. Pt indicated her employer is also supportive of pt's gender identity/expression and transition plans, and she accrued PTO for surgery/convalescence.

*5. What is the patient's understanding of and expectations for transition?* PATIENT demonstrated excellent understanding of the impact of bottom surgery on her physical expression and gender identity, and this is consistent with her goals.

*6. What are their future fertility plans?* PATIENT denied any intent to bear or father children.

*7. Any mental health treatment, family system intervention, or other medical assessment/treatment recommended prior to transition?* No recommendations at this time; given pt's excellent insight and adaptation to hormonal treatment and top surgery, and in the absence of impairing psychiatric conditions, there are no significant contraindications for pt to proceed with bottom surgery at this time, from a psychological perspective.

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# Letter of Support: Content Example (MH dx; still support)

**PATIENT meets DSM-5 diagnostic criteria for F64.0 Gender dysphoria in adult and F41.1 Generalized Anxiety Disorder. She did not meet diagnostic criteria for any other psychiatric condition at the time of evaluation. I do not have any concerns from a psychological perspective for PATIENT to proceed with orchiectomy for her continued male-to-female transition at this time.**

*1. Does the patient meet criteria for Gender Dysphoria?* Yes; PATIENT expresses strong desire for female primary and secondary sex characteristics, she identifies as the female gender and feels most comfortable in women's clothing and presenting herself as a female, and she expresses a strong dislike for her male anatomy. Additionally, she demonstrates a strong preference for cross-gender roles, reported historical resistance to wearing masculine clothing, and historically has always preferred both feminine and masculine roles and activities.

Furthermore, PATIENT demonstrates:

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make her body as congruent as possible with the preferred sex through surgery and hormone treatment: YES.
- The transgender identity has been present persistently for at least two years: YES, since at least age 5.
- The disorder is *not* a symptom of another mental health disorder: YES.
- The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning: YES, primarily in social functioning.
- Documentation that the patient has completed a minimum of 12 continuous months of living in a gender role that is congruent with their gender identity, across a wide range of life experience and events that may occur throughout the year: YES, for the past 1.5 years.
- The patient has undergone a minimum of 12 continuous months of hormone therapy: No; she began hormonal therapy 8 months ago.
- Capacity to make a fully informed decision and to consent for treatment: YES, see item #2, below.
- That the patient is able to comply with long term follow-up requirements and post-operative expectations have been addressed: YES.
- If the patient has significant medical or mental health issues present, they must be reasonably well controlled: YES.

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# Letter of Support: Content Example (MH dx; still support)

*2. Are they able to make an informed decision?* Yes.

*3. Does the pt have other mental health or psychiatric issues which could impair transition?* Dylan does meet criteria for generalized anxiety disorder based on reported lifelong sxs, somewhat exacerbated by medical conditions and gender dysphoria. However, she has been in psychopharmacological treatment for this condition for at least the past 3 years and psychotherapeutic treatment for this condition for at least the past 1 year. As pt presents as high-functioning and psychologically adaptive, and as she reports stability of her psychiatric symptomatology on current medication and psychotherapy treatment regimens, it appears unlikely these conditions would significantly or negatively impact pt's transition.

*4. What other areas of the patient's life or functioning could impact plans to transition (i.e. family, significant other, school, work, finances, etc.)?* Dylan's closest family members, friends, and coworkers are aware of, and supportive of, pt's transition--and they have been over the past 1 year.

*5. What is the patient's understanding of and expectations for transition?* Dylan demonstrated excellent understanding of the impact of orchiectomy on her physical expression and gender identity, and this is consistent with her goals.

*6. What are their future fertility plans?* Dylan denied any intent to bear or father children. Pt has had sperm frozen prior to starting hormonal therapy.

*7. Any mental health treatment, family system intervention, or other medical assessment/treatment recommended prior to transition?* No recommendations at this time; given pt's excellent insight and adaptation to hormonal treatment over the past 8 months, there are no significant contraindications for pt to proceed with orchiectomy, from a psychological perspective.

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# Questions?

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