

Discovery of Cancer and Pre-Malignant Lesions in Specimens from Gender Affirmation Surgery

Presenter: Adam Jacoby, MD

Co-Authors: William J Rifkin, MD, Hansjorg Wyss Department of Plastic Surgery, New York University Langone Health, New York, NY; Lee Zhao, MD, New York University Langone Health, New York, NY; Oriana Cohen, MD, Hansjörg Wyss Department of Plastic Surgery, NYU Langone Health, New York, NY; Rachel Bluebond-Langner, MD, Hansjorg Wyss Department of Plastic Surgery, New York University Langone Health, New York, NY

Affiliation: Hansjorg Wyss Department of Plastic Surgery, New York University Langone Health, New York, NY

BACKGROUND

Gender affirming surgeries (GAS) are becoming increasingly more common. Chest masculinization, breast augmentation, vaginoplasty, metoidioplasty and phalloplasty routinely generate discarded tissue. The incidence of finding an occult malignancy or pre-malignant lesion in specimens from gender affirming surgery is unknown. We therefore conducted a retrospective review of all transgender patients at our institution who underwent GAS to determine the incidence of precancerous and malignant lesions found incidentally.

METHODS

A retrospective review of transgender patients who underwent GAS at our institution between 2017 and 2018 by a single plastic surgeon and reconstructive urologic surgeon was performed. Only transgender patients who underwent GAS surgery that led to routine pathologic review of discarded tissue (mastectomy, vaginoplasty, vaginectomy as part of phalloplasty) were included. Charts were reviewed and patient demographics, duration of hormonal therapy, medical comorbidities, genetic risk factors for cancer, medications (including steroids or other immunosuppressants), pathology reports, and cancer management were recorded.

RESULTS

Between 2017 and 2018, 295 transgender patients underwent GAS which generated discarded tissue sent to pathology for evaluation. During this period, 193 bilateral mastectomies, 94 vaginoplasties with orchiectomies, and 8 vaginectomies were performed. 6.4% of all patients had an atypical lesion found on routine pathology.

CONCLUSION

GAS is increasingly more common given the increase in access to care. Our review of routine pathologic specimens generated from GAS yielded a 6.4% rate of finding atypical lesions requiring further evaluation. We advocate that all specimens be sent for pathologic evaluation.