Presented at 21st Annual Meeting of ISMPP • May 11-14, 2025 • Washington, DC

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Language trends in medical publications on gender-affirming care: a comprehensive review of terminology and patient-first approaches

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INTRODUCTION

- Gender-affirming medical care for transgender patients can include surgical and minimally invasive procedures aimed at aligning personal features with the patient's gender identity[1]
- The use of person-first, nonstigmatizing language is paramount in work discussing transgender people and gender-affirming care[2,3]
- General and medical publication–specific guidance on lexicon preferences for transgender people highlight the importance of using nonstigmatizing terminology in transgender care
  - The World Professional Association for Transgender Health utilizes the phrase transgender and gender diverse, or TGD, as it is broad and provides a comprehensive definition of varied gender identities and expressions
  - The National Institute of Allergy and Infectious Diseases and GLAAD (formerly Gay & Lesbian Alliance Against Defamation) recommend against the use of stigmatizing terms such as female to male, male to female, transgendered, transsexual, born a man/woman, or biologically male/female[4,5]; recommended preferred terms include transgender or trans man/woman/person and trans masculine/trans feminine[5]

OBJECTIVE

To review the current medical literature to understand lexicon trends and preferences for patients undergoing surgical or minimally invasive gender-affirming care

METHODS

- We performed a PubMed search to identify primary articles of potential relevance. Inclusion criteria were the following:
  - Articles published in the last 5 years
  - Clinical trials, case reports, prospective studies, observational studies, systematic reviews, and guidelines; narrative reviews were excluded
  - Publications discussing surgical or minimally invasive gender-affirming care; publications on hormone therapy were excluded
- The search was performed on December 3, 2024, using the string ("gender affirming" OR "gender affirmation" OR "facial feminization" OR "facial masculinization" OR "gender confirming" OR "gender alignment" OR "gender transition") AND ("aesthetics" OR "cosmetic" OR "plastic surgery" OR "Esthetics"[Mesh]) AND ("2019"[Date - Publication] : "2024/12/03"[Date - Publication]) AND (English[Language])
  - The following PubMed filters were applied: Case Reports; Clinical Study; Clinical Trial; Clinical Trial, Phase I; Clinical Trial, Phase II; Clinical Trial, Phase III; Clinical Trial, Phase IV; Clinical Trial Protocol; Comparative Study; Consensus Development Conference; Consensus Development Conference, NIH; Controlled Clinical Trial; Equivalence Trial; Guideline; Meta-Analysis; Multicenter Study; Observational Study; Patient Education Handout; Practice Guideline; Randomized Controlled Trial; Systematic Review; and Validation Study
- Titles and abstracts were reviewed for relevance, and language used to identify individual patients or patient communities was cataloged. Full texts were reviewed in select articles of key relevance (eg, those with recommendations for language use)

DECLARATION OF FUNDING: Funding for this poster was provided by Fingerpaint Medical.

DISCLOSURES: **VM** and **RCS** are employees of Fingerpaint Medical. **BV** is a private practice dermatologist. **SG** is an employee of Merz North America, Inc.

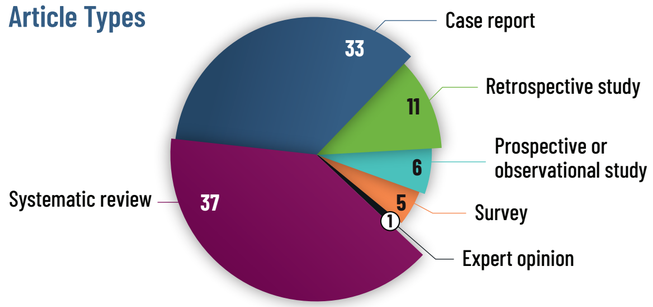
ACKNOWLEDGMENTS: Editorial assistance was provided by Chris Lawrence (Fingerpaint Medical); graphical support was provided by Ann Overton (Fingerpaint Medical).

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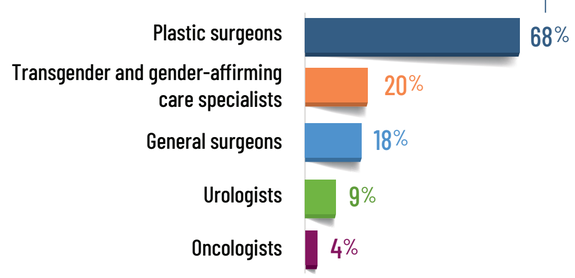
RESULTS

Of 101 articles screened, **93 were deemed relevant and included in this analysis**

Article Types



Plastic surgeons were the primary target audience

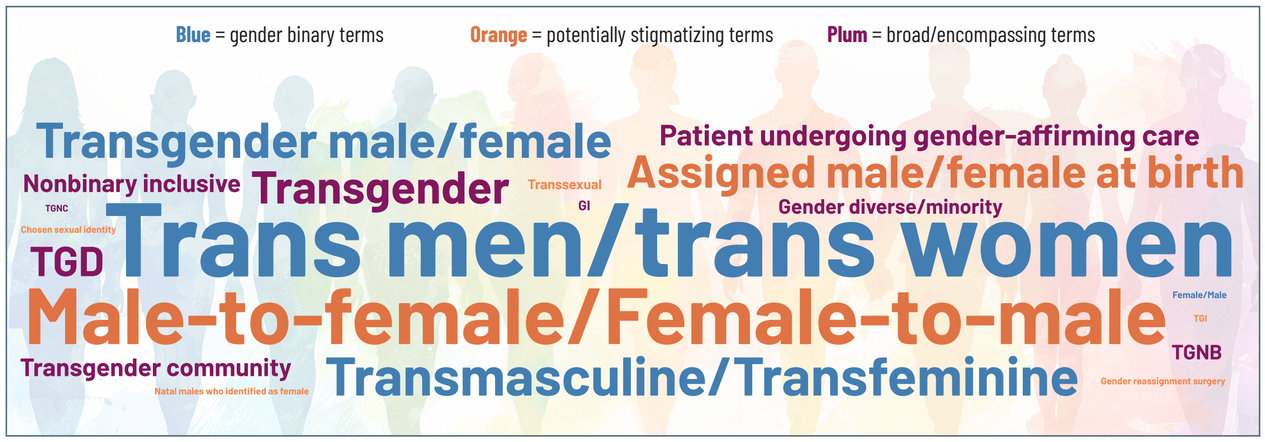


The **vast majority of articles (88%)** discussed **surgical gender-affirming care**

3% of articles discussed minimally invasive procedures

Language used to identify individual patients or patient communities across publications on gender-affirming care

- The most commonly used terms to identify patients were transgender men/women (n=25), male-to-female/female-to-male (n=19), transmasculine/transfeminine (n=13), transgender (n=11), and assigned male/female at birth (n=11)
- Common abbreviated patient population identifiers were primarily broad umbrella terms including transgender and gender diverse (TGD; n=10), transgender and gender nonbinary (TGNB; n=3), and gender incongruence (GI; n=2)
- Potentially stigmatizing terms were used across 22 publications, with male-to-female/female-to-male being the most common (n=19)
  - Over half of these articles (n=13) were published in journals focused on plastic, reconstructive, and aesthetic surgery



GI, gender incongruence; TGD, transgender and gender diverse; TGI, transgender individual; TGNB, transgender and gender nonbinary; TGNC, transgender and gender nonconforming. Individual publications may have utilized ≥1 term. No gender-identifying terms were used in the abstracts of 13 publications.

Four publications outlined guidance on lexicon preferences in gender-affirming care[6-9]

	Patient survey on terminology preferences Makhoul et al, 2022[6]	Case report of gender-affirming top surgery Peoples et al, 2021[7]	Systematic review of TGNC mental health in China Lin et al, 2021[8]	Sociodemographics of patients receiving gender-affirming surgery Fazal et al, 2023[9]
IDENTIFYING TERMINOLOGY	• Gender-affirming surgery patients • Trans men/women • Nonbinary • Nonconforming	• Transgender	• Transgender and gender nonconforming (TGNC)	• Transgender or nonbinary (TGNB) • Transgender population undergoing gender-affirming surgery • Trans men/women • Nonbinary
KEY FINDINGS/ RECOMMENDATIONS	• Patients preferred "top/bottom surgery" over "masculinizing/feminizing surgery" • Patients preferred "gender-affirming surgery" over "gender-confirming surgery"	• Notes "female-to-male/male-to-female" is limiting language indicating a sole desire to transition to another sex • Binary language does not encompass individualized gender identity/expression	• Stigmatizing diagnoses such as "transsexualism" and "gender identity disorders" should be removed from diagnostic systems • Delineating transgender subgroups (eg, gender queer) could be useful for future research	• Surgical studies primarily utilize binary language for transgender populations and do not account for nonbinary people • More inclusivity is needed in gender classification • Gender identity should be captured using a 2-step approach, asking (1) sex assigned at birth and (2) current gender identity

TAKEAWAYS AND CALL TO ACTION

1. Most medical gender-affirming care publications identify patients with gender binary terms, including potentially stigmatizing terms
2. Publications providing guidance or recommendations on inclusive language highlighted the importance of nonstigmatizing language and limitations of binary language in gender-affirming care settings
3. In an evolving field with highly personal and individualized identities, no single term is likely to encompass all gender expressions adequately, particularly across cultural and regional backgrounds[3]
   - Given the current guidance, the use of broad terms that include varied gender identities and expressions, such as TGD, TGNB, TGNC, and transgender, is recommended where appropriate
4. Publication professionals should strive to incorporate nonstigmatizing, person-first language in gender-affirming care publications, reducing reliance on binary terminology as appropriate