# Progesterone for Breast Development in Trans Women; Assessment of effects and safety -a pilot trial-

Published: 07-12-2020 Last updated: 22-07-2024

To explore the effects on breast development of addition of progesterone to the treatment with estradiol in trans women after vaginoplasty or orchiectomy. Secondary objectives include safety and patient satisfaction, mood, and sleep.

**Ethical review** Approved WMO **Status** Recruiting

**Health condition type** Endocrine disorders of gonadal function

Study type Interventional

# **Summary**

#### ID

NL-OMON49293

#### Source

**ToetsingOnline** 

#### **Brief title**

Progesterone in Trans Women

#### **Condition**

- Endocrine disorders of gonadal function
- Menopause related conditions

#### **Synonym**

gender affirming hormone treatment, Hypogonadism

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Vrije Universiteit Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W,Besins Healthcare

1 - Progesterone for Breast Development in Trans Women; Assessment of effects and sa ... 12-05-2025

#### Intervention

Keyword: Breast development, Estradiol, Progesterone, Transgender

#### **Outcome measures**

#### **Primary outcome**

The main study parameters include change in breast size as determined by measurement of breast volume and determination of the bra cup size.

#### **Secondary outcome**

Serum progesterone levels, patient satisfaction, mood changes, sleep quality, and adverse events are secondary endpoints.

# **Study description**

#### **Background summary**

Trans women (male sex assigned at birth, female gender identity) receive hormone therapy in order to induce secondary female sex characteristics. Traditionally, this hormone therapy includes estradiol and anti-androgenic treatment. Research has demonstrated that breast de-velopment in trans women is often limited and as a result trans women may choose to un-dergo breast augmentation surgery. Progesterone is important for breast development in cis women (female sex assigned at birth, female gender identity) during puberty. A potential role for progesterone with regard to breast development in trans women has not been investigated in a controlled experimental set up.

#### Study objective

To explore the effects on breast development of addition of progesterone to the treatment with estradiol in trans women after vaginoplasty or orchiectomy. Secondary objectives include safety and patient satisfaction, mood, and sleep.

#### Study design

This is a non-blinded, non-placebo, randomized controlled pilot trial using a factorial design.

#### Intervention

Participants will be randomized into six groups of 15 subjects each (A-F). For 12 months, group A will continue to receive the baseline dose of estradiol (control group), group B will receive the baseline dose of estradiol and progesterone 200 mg daily, group C receive the baseline dose of estradiol and progesterone 400 mg daily, group D will receive twice the baseline dose of estradiol, group E will receive twice the baseline dose of estradiol and progesterone 200 mg daily and group F will receive twice the baseline dose of estradiol and progesterone 400 mg daily.

#### Study burden and risks

Participation in the study will include 4 visits to the clinic, at baseline (visit 1) and after 3, 6, and 12 months (visits 2,3,4). During visits 1-4, measurement of breast-chest circumference difference and volume measurement will be performed using breast 3D imaging. Participants will be asked to fill out questionnaires at visits 1-4. At visits 1, 3, and 4, blood samples will be taken. During the study, participants will continue their regular visits to the gender clinic. We estimate that the risks associated with the investigational treatment will be limited. Increased doses of estradiol may lead to breast pain, headache or weight gain. The most common side effect of progesterone is headache. Uncommon and rare side effects include breast pain, drowsiness, nausea, diarrhea, constipation, jaundice, pruritus, and acne. Increased risks of breast cancer, thromboembolic events, coronary artery disease, and ischemic stroke have been reported for progesterone-like compounds, but for not progesterone itself, when used in combination with estradiol.

## **Contacts**

#### **Public**

Vrije Universiteit Medisch Centrum

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#### Scientific

Vrije Universiteit Medisch Centrum

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## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

- Start of hormone treatment after 18 years of age
- More than one year of hormone treatment
- Underwent vaginoplasty or orchiectomy
- Sufficient knowledge of the Dutch language
- BMI 18-30 kg/m2

#### **Exclusion criteria**

- No regular follow-up visits at the clinic for gender dysphoria
- Previous use of progesterone/ progestin (not including cyproterone acetate)
- History of breast augmentation or reduction surgery
- Active treatment for depression
- Current use of progesterone/ progestin including cyproterone acetate (e.g. because of increased bodily hair growth after vaginoplasty)
- Severe familial dyslipidemia (e.g. Familial Hypercholesterolemia)
- Serum estradiol concentration > VUmc reference range (150-400 pmol/L) at last visit prior to baseline
- Any of the following contraindications for the use of progesterone (Utrogestan): Known, past or suspected breast cancer; Known or suspected estrogen-dependent malignant tumours (e.g genital tract carcinoma); Thrombophlebitis; Previous or cur-rent thromboembolism disorders (e.g. deep venous thrombosis, pulmonary embo-lism); Known thrombophilic disorders; Acute liver disease, or a history of liver disease as long as liver function tests have failed to return to normal (<2.5xULN); Known hy-persensitivity to the active substances or to any of the excipients (Sunflower oil, Soya lecithin, Gelatin, Glycerol, Titanium dioxide); Porphyria; Cerebral hemorrhage.
- Mental health issues that prevent participation
  - 4 Progesterone for Breast Development in Trans Women; Assessment of effects and sa ... 12-05-2025

# Study design

### **Design**

Study phase: 2

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 25-03-2021

Enrollment: 90

Type: Actual

## Medical products/devices used

Product type: Medicine

Brand name: Lenzetto spray

Generic name: Estradiol

Registration: Yes - NL intended use

Product type: Medicine

Brand name: Progynova

Generic name: Estradiol valerate

Registration: Yes - NL intended use

Product type: Medicine

Brand name: Sandoz patch

Generic name: Estradiol

Registration: Yes - NL intended use

Product type: Medicine

Brand name: Systen patch

Generic name: Estradiol

Registration: Yes - NL intended use

Product type: Medicine

Brand name: Utrogestan

Generic name: Progesterone

Registration: Yes - NL intended use

# **Ethics review**

Approved WMO

Date: 07-12-2020

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 07-01-2021

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 05-03-2021

Application type: Amendment

Review commission: METC Amsterdam UMC

Approved WMO

Date: 31-03-2021

Application type: Amendment

Review commission: METC Amsterdam UMC

Approved WMO

Date: 08-06-2021

Application type: Amendment

Review commission: METC Amsterdam UMC

Approved WMO

Date: 21-06-2021

Application type: Amendment

Review commission: METC Amsterdam UMC

Approved WMO

Date: 24-07-2023

Application type: Amendment

Review commission: METC Amsterdam UMC

Approved WMO

Date: 05-03-2024

Application type: Amendment

Review commission: METC Amsterdam UMC

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

ID: 21386 Source: NTR

Title:

# In other registers

Register ID

EudraCT EUCTR2020-001952-16-NL

CCMO NL73840.029.20 OMON NL-OMON21386