

Feminizing Regime Laboratory Summary

This table represents minimum timelines. Closer monitoring should be done for patients at risk for or with co-existing cardiovascular disease, diabetes, hepatic disease, etc.

Timeline for Laboratory Tests	
Baseline (before starting feminizing endocrine therapy)	<ul style="list-style-type: none"> • Total testosterone, lipid profile, fasting blood glucose (and A1C if diabetes or suspected glucose intolerance), liver enzymes, electrolytes, creatinine • Additional tests as clinically indicated (e.g. CBC, coagulation profile)
1 week after starting spironolactone (if risk factors for hyperkalemia)	<ul style="list-style-type: none"> • Serum potassium, creatinine
1 month after starting/changing dose of spironolactone	<ul style="list-style-type: none"> • Serum potassium, creatinine
1 month after starting/changing dose of estrogen	<ul style="list-style-type: none"> • Liver enzymes, lipid profile, fasting glucose • If taking spironolactone: serum potassium, creatinine
3 months after starting estrogen	<ul style="list-style-type: none"> • Testosterone: repeat every 3 months until testosterone is in target range of <1.5 nmol/L • Liver enzymes, lipid profile, fasting glucose, prolactin • If taking spironolactone: serum potassium, creatinine
6 months after starting estrogen and every 6 months thereafter if dose is stable	<ul style="list-style-type: none"> • Liver enzymes, fasting glucose • If taking spironolactone: serum potassium, creatinine • Add lipid profile every 6–12 months (once estrogen dose is stable) • Add prolactin at 6 months, 12 months, 24 months, and 36 months; cease prolactin thereafter if stable.