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Context. The transition period between pediatric and adult medicine is associated with poor patient outcomes and an important number of patients lost to follow up. Intervention exist but the few published randomized trials do not allow to study long-term patient outcomes nor intervention sustainability in time. **Objective.** Describe the cohort of patients in adult care who benefit from a new transition program based on case management approach, its activity and follow-up outcomes. **Methods.** A longitudinal study was led since September 2016 in adult services of endocrinology, nutrition and diabetology of a French University Hospital. Patients with any endocrine disease diagnosed during childhood and transferred to adult care were included. The care pathway for these patients was built in three steps. Step 1 is dedicated in liaising with pediatric services and patient to facilitate its first visit in adult care. Step 2 defines the care pathway in adult service based on the needs assessment realized by the coordinator upon the patient's arrival in adult service. Step 3 focuses in liaising with structures outside hospital (GP, educational and social sector). Thorough the follow-up, the coordinator is identified as the key contact by the patients. Attendance to medical appointments, clinical, and social data are collected throughout patient follow-up. **Results.** Since 3 years, 500 patients benefited from the case management mainly for their obesity (n=91, 18%), type 1 diabetes (n=54, 11%), malignant brain tumor (n=68, 14%) or congenital hypopituitarism (n=42, 8%). They were aged 19 in median at transfer in adult care, sex ratio: 0,5, A large majority live in the parental home (409, 82%), 169 (34%) are university students, 130 (26%) are in high school, 90 (18%) are in medico-social institution. Patients who required most of support from the coordinator usually combine one (or more) somatic disease and either a neuro-cognitive disorder or a psychiatric disorder, they all have social difficulties. In patients with more than 3 months of follow-up (median: 18 months), 22/418 (5%) are out of follow-up. Concerning the patients for whom the follow-up is 36 months or more, the percentage of out of follow-up is the same: 5% **Conclusions.** The case manager addresses the complex needs of diverse patients. With time, the cohort will provide unprecedented long-term results of patients with various conditions who went through transition.

Reproductive Endocrinology

TRANSGENDER MEDICINE AND RESEARCH

Cross Sex Hormone Therapy and Breast Cancer in Transgender Male to Female

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Case Presentation: We are presenting a 53-year-old Male to Female transgender patient who has been receiving estradiol valerate injections every 14 days for 13 years and had no gender surgical reassignment procedures or breast implants. Her past medical history was significant for HIV on Highly Active Anti-retroviral therapy (HAART). No family history of breast cancer. She presented with severe bilateral left elbow, lower back and bilateral chest pain for 3 days. Chest CT done to exclude pulmonary embolism showed an incidental 4 cm right breast mass. Enlarged lymph nodes in the right axilla, scattered lytic lesions in the axial skeleton and the left humeral head were also noted. Breast exam was not performed until the significant findings were seen in CT chest and it showed a palpable hard-circumscribed subareolar right breast mass without skin changes. Ultrasound guided biopsy of the breast mass confirmed invasive ductal carcinoma of the breast. The patient had no previous mammogram testing. Oncology work-up was positive for estrogen and progesterone receptors but negative for human epidermal growth factor-2 receptor. The patient opted to return home in another state to seek treatment and further oncological workup but subsequently lost follow up. **Discussion:** Male to female breast cancer was first recognized in 1968. However, risk factors for this condition remain unclear. In our patient, long-term use of Cross-sex Hormone Therapy (CHT) represented a major risk factor for breast cancer. In a Dutch study, the risk of breast cancer increased during a relatively short duration of CHT and the cancer characteristics reassembled female pattern. As theoretically implicated, increased estrogen exposure in males may have a role in the proliferation of neoplastic breast epithelium. There are growing evidence to support increasing rates of breast cancer in HIV-positive population, making it a potential risk factor as well. Loss of CXCR-4 protective effect promoted by HIV virus may explain the increase in the breast cancer incidence after the introduction of HAART. In general, routine screening for breast cancer in MTF transgender population remains controversial. The Endocrine Society Clinical Practice guidelines suggest that MTF transsexual individuals who have no known increased risk of breast cancer should follow screening guidelines for biological women. While the Canadian Cancer Society recommends screening mammography every two years for MTF individuals taking CHT for more than 5 years and those between the ages of 50 and 69 years.

Conclusion: Breast cancer in MTF transgender patients is associated with receiving CHT and represents diagnostic and treatment challenge. More research is need to comment on routine breast cancer screening in this population. However, physicians should remember performing a regular breast exam in MTF individuals looking for a possible mass.

Thyroid

THYROID DISORDERS CASE REPORTS IV

Thyrotoxic Periodic Paralysis in Hispanic Patients

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