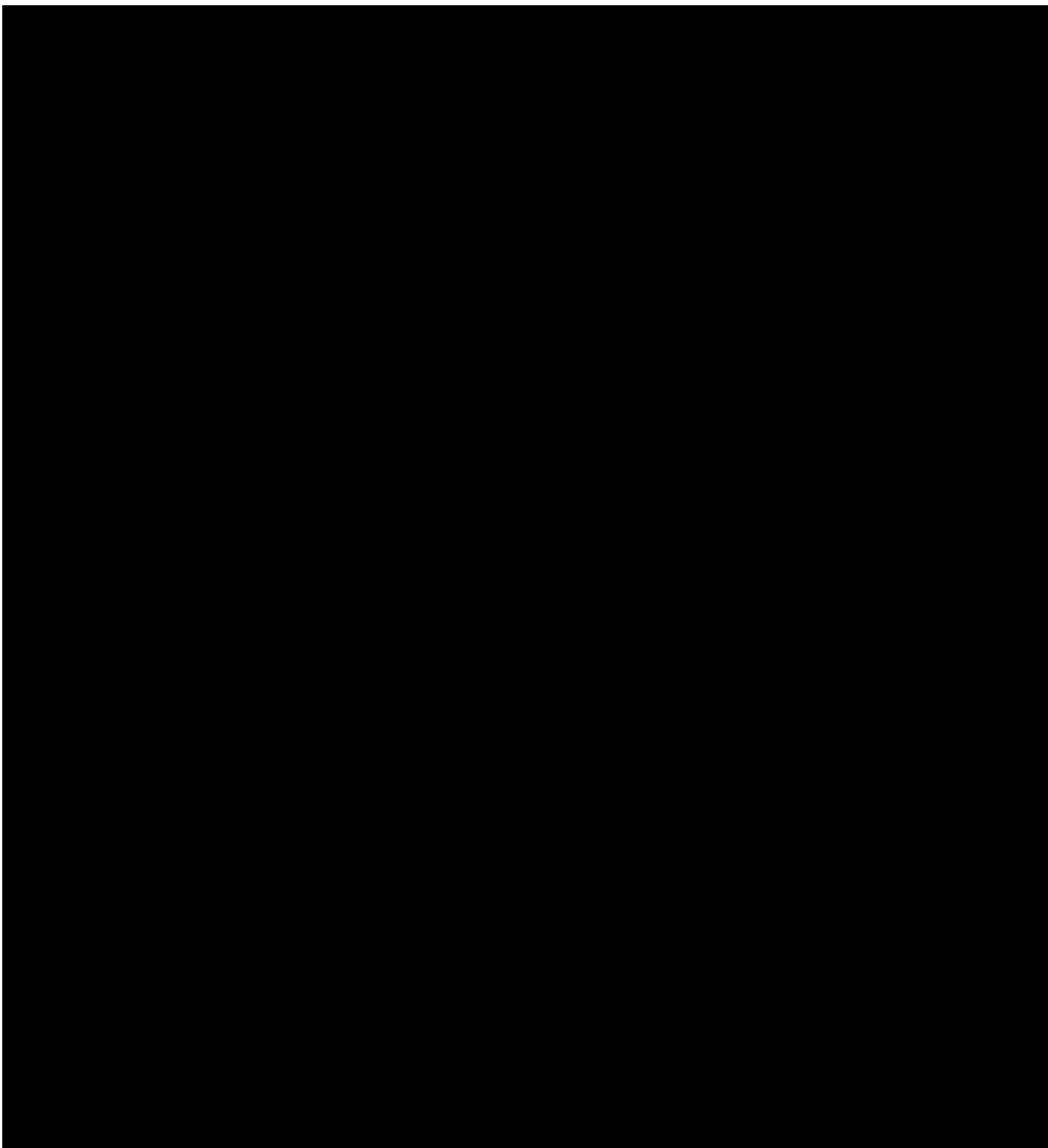
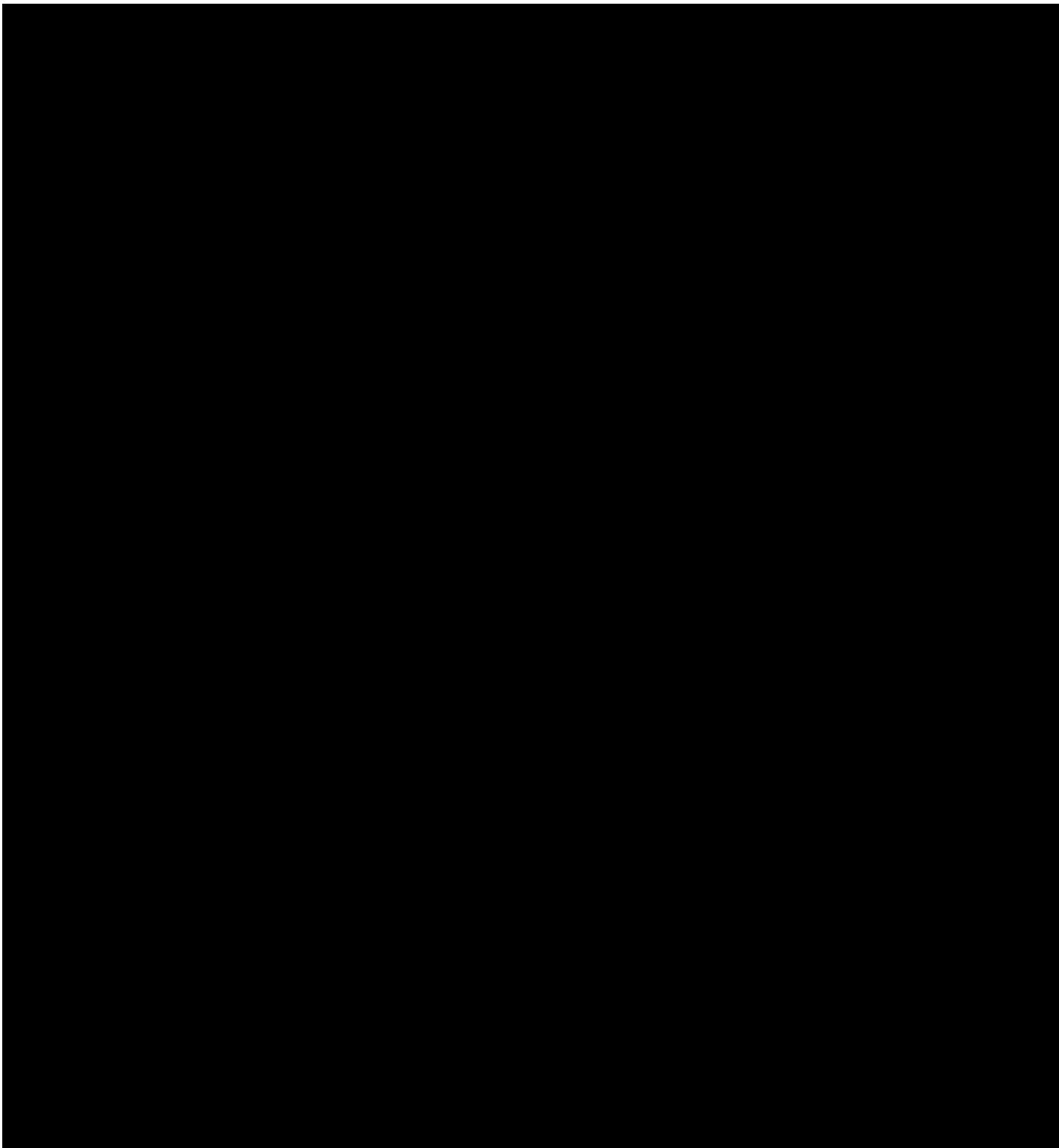


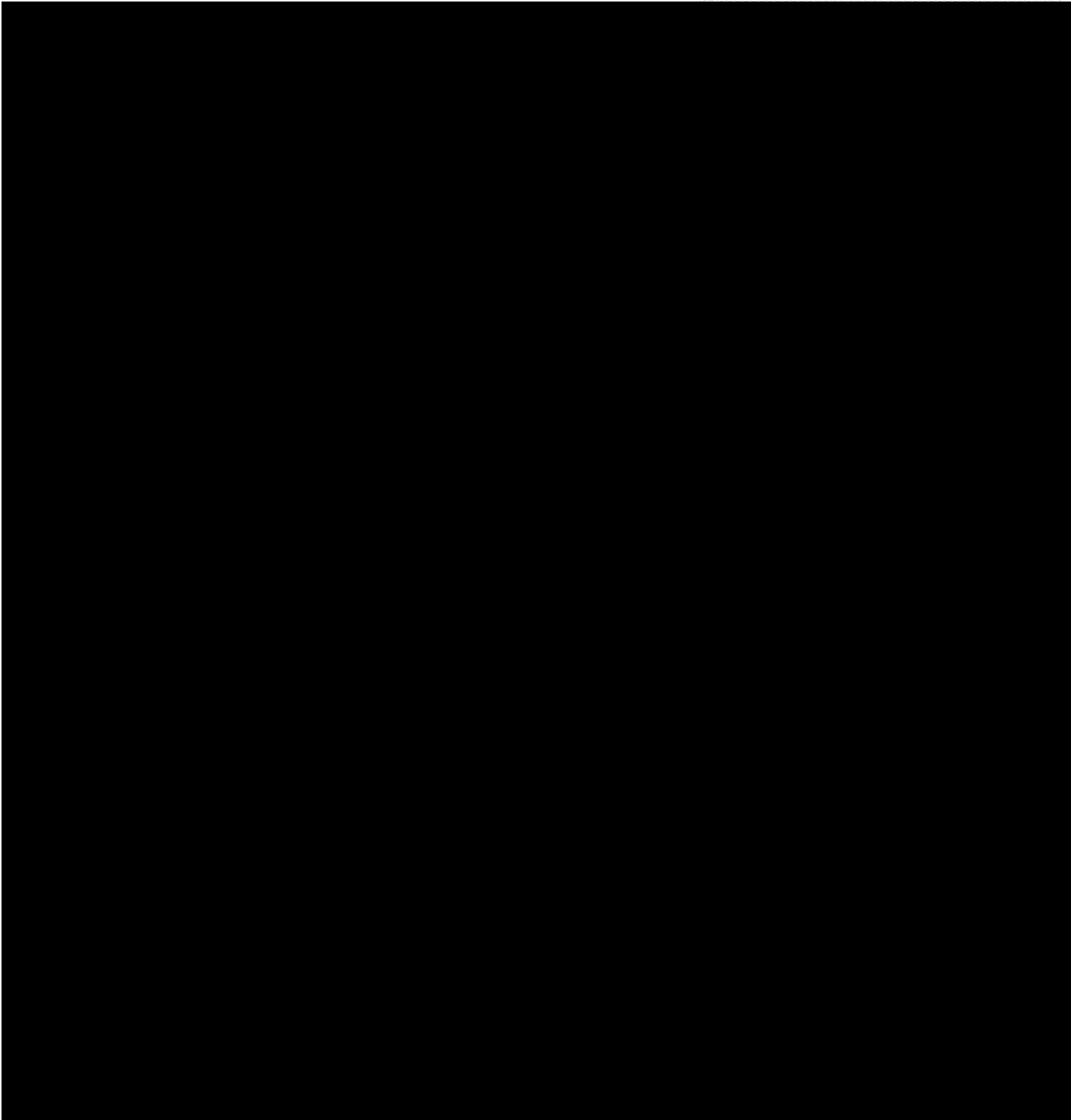
**EXHIBIT 181**  
**REDACTED**

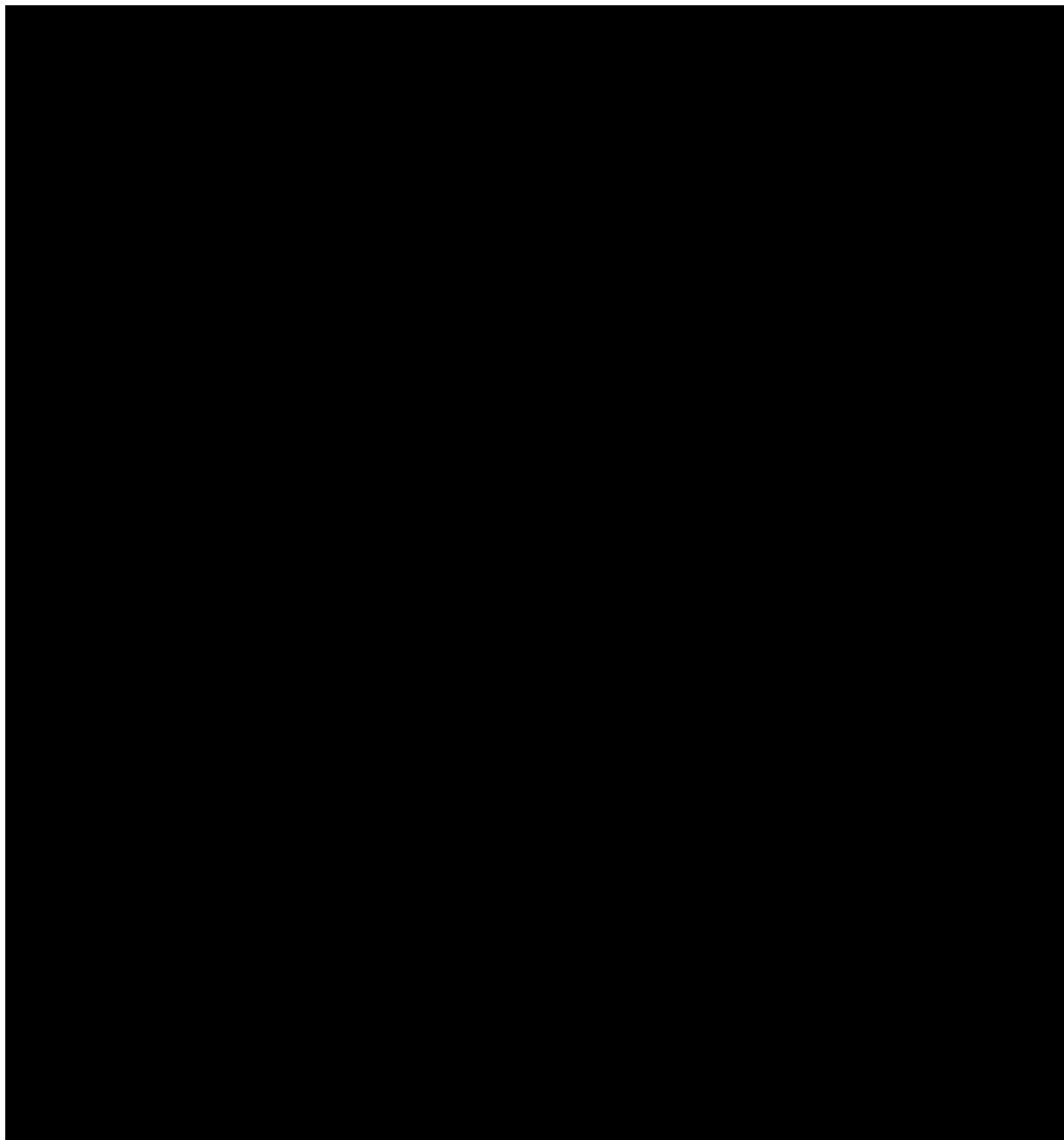


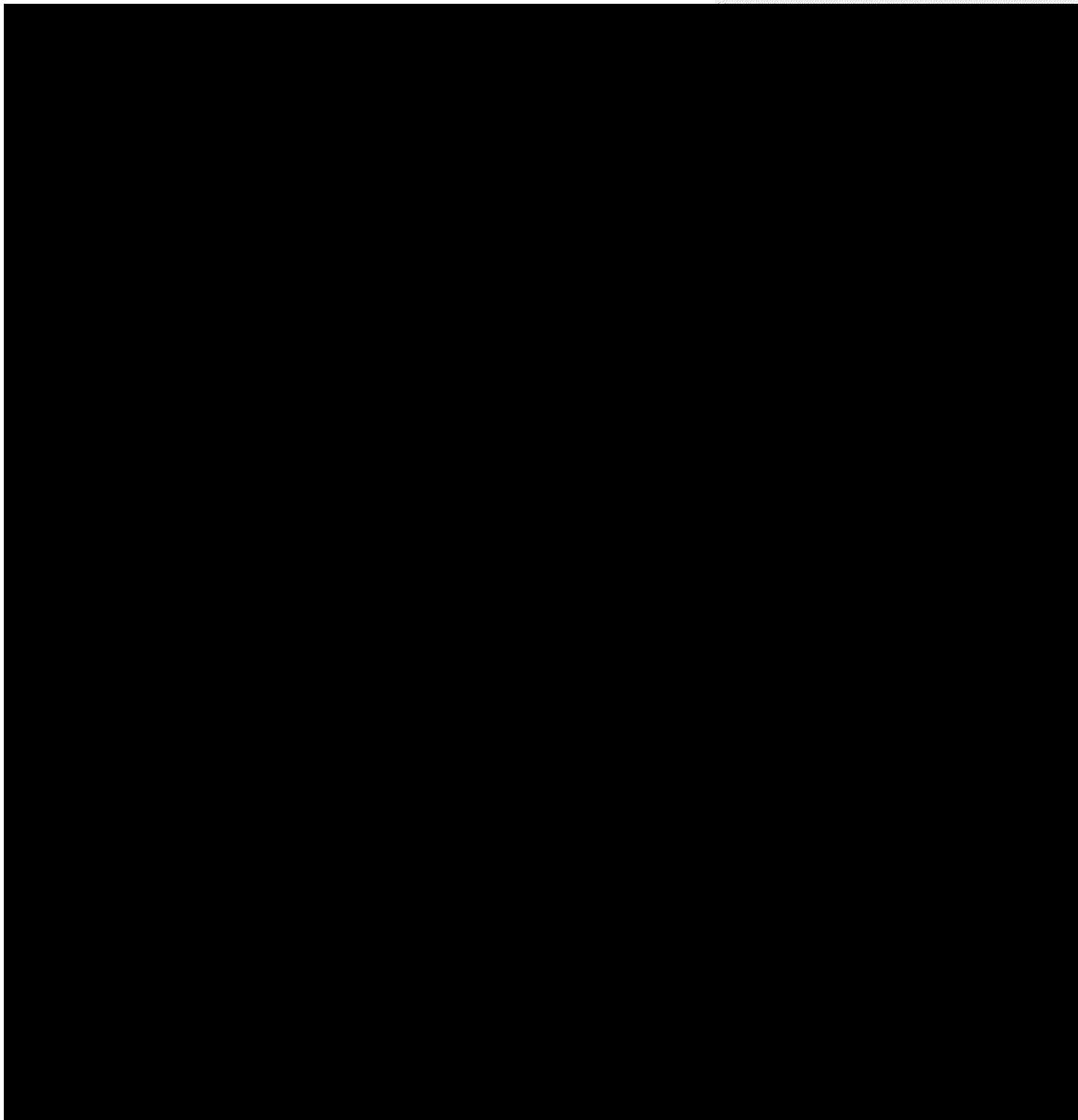
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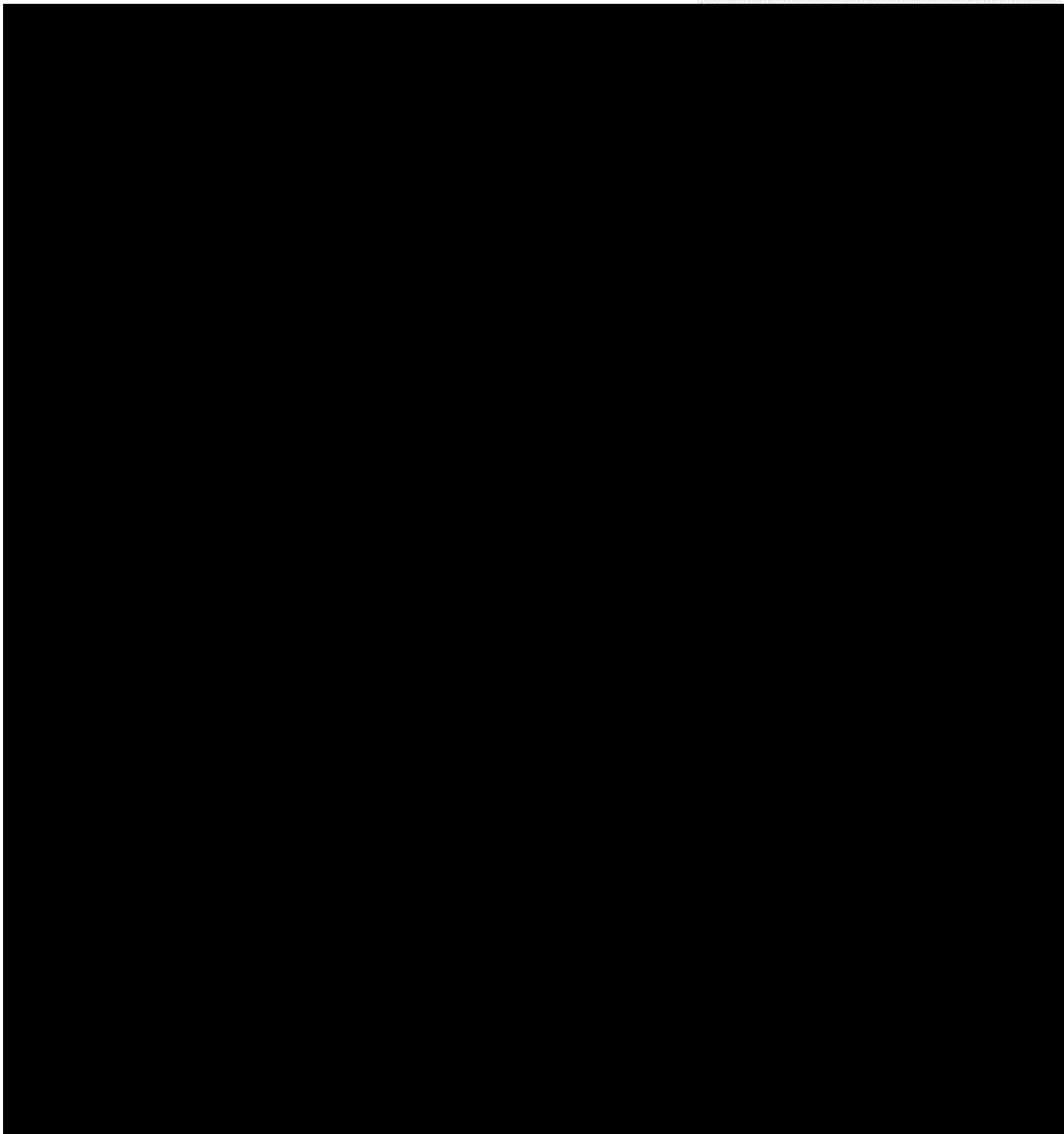
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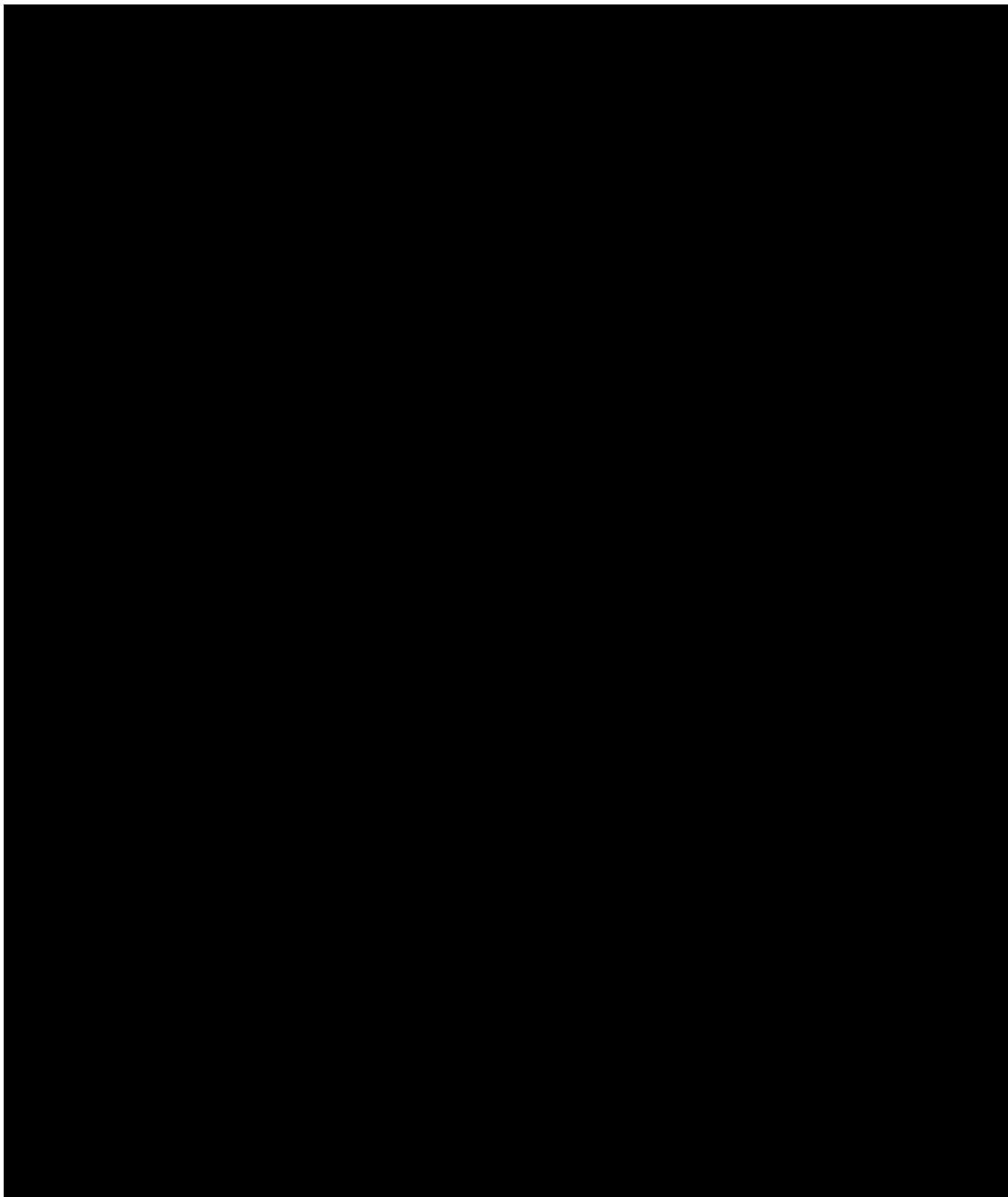






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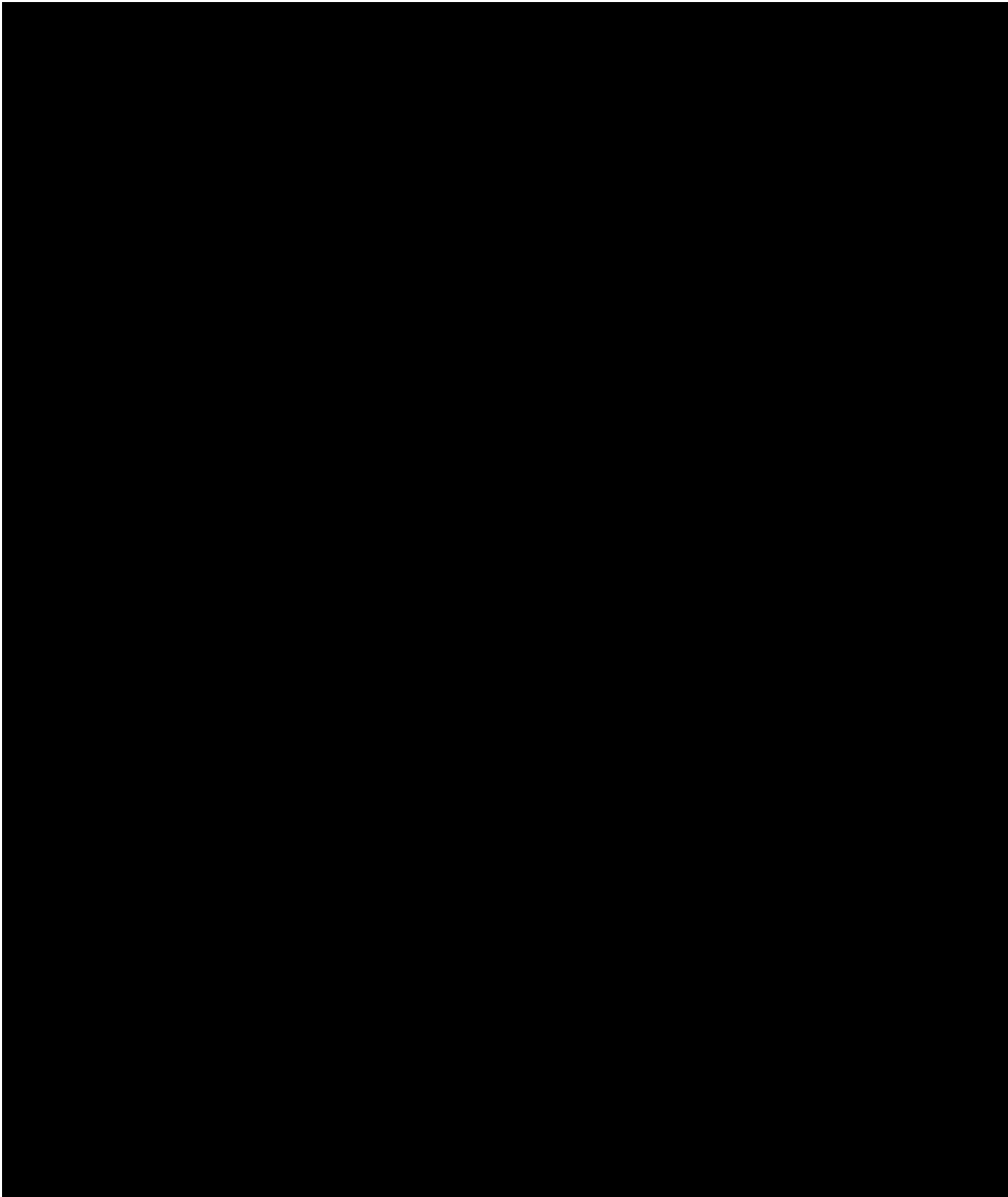
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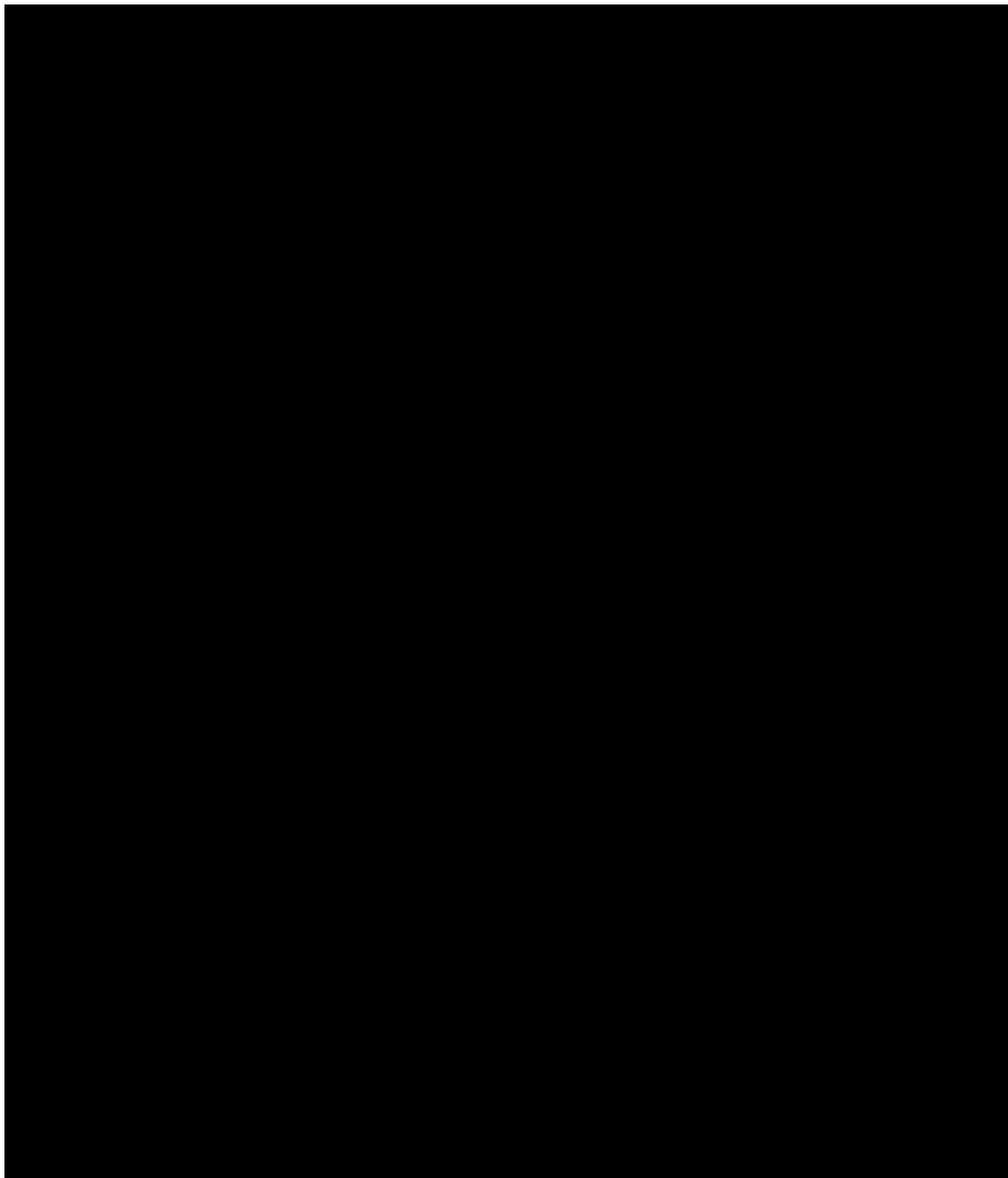
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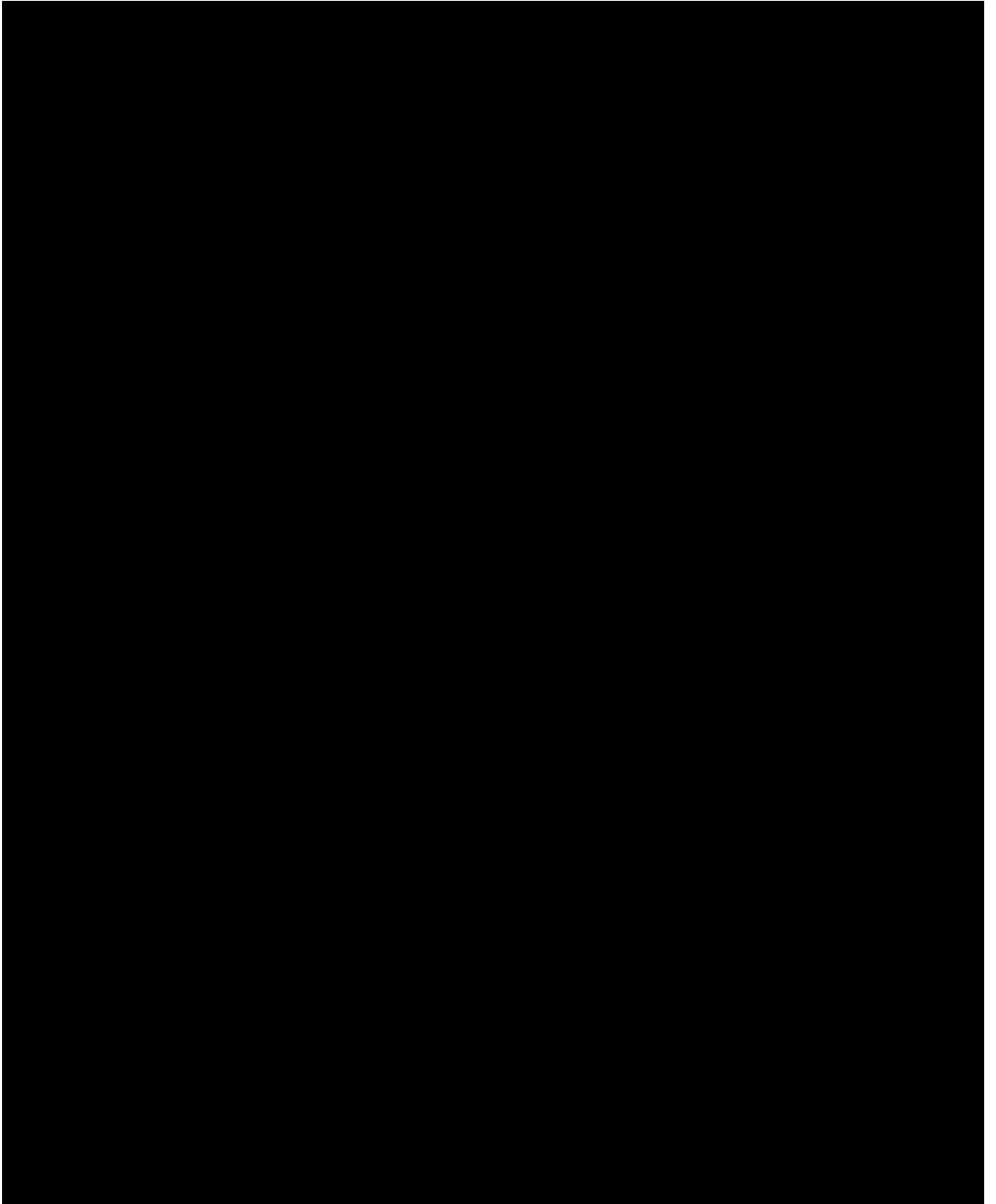


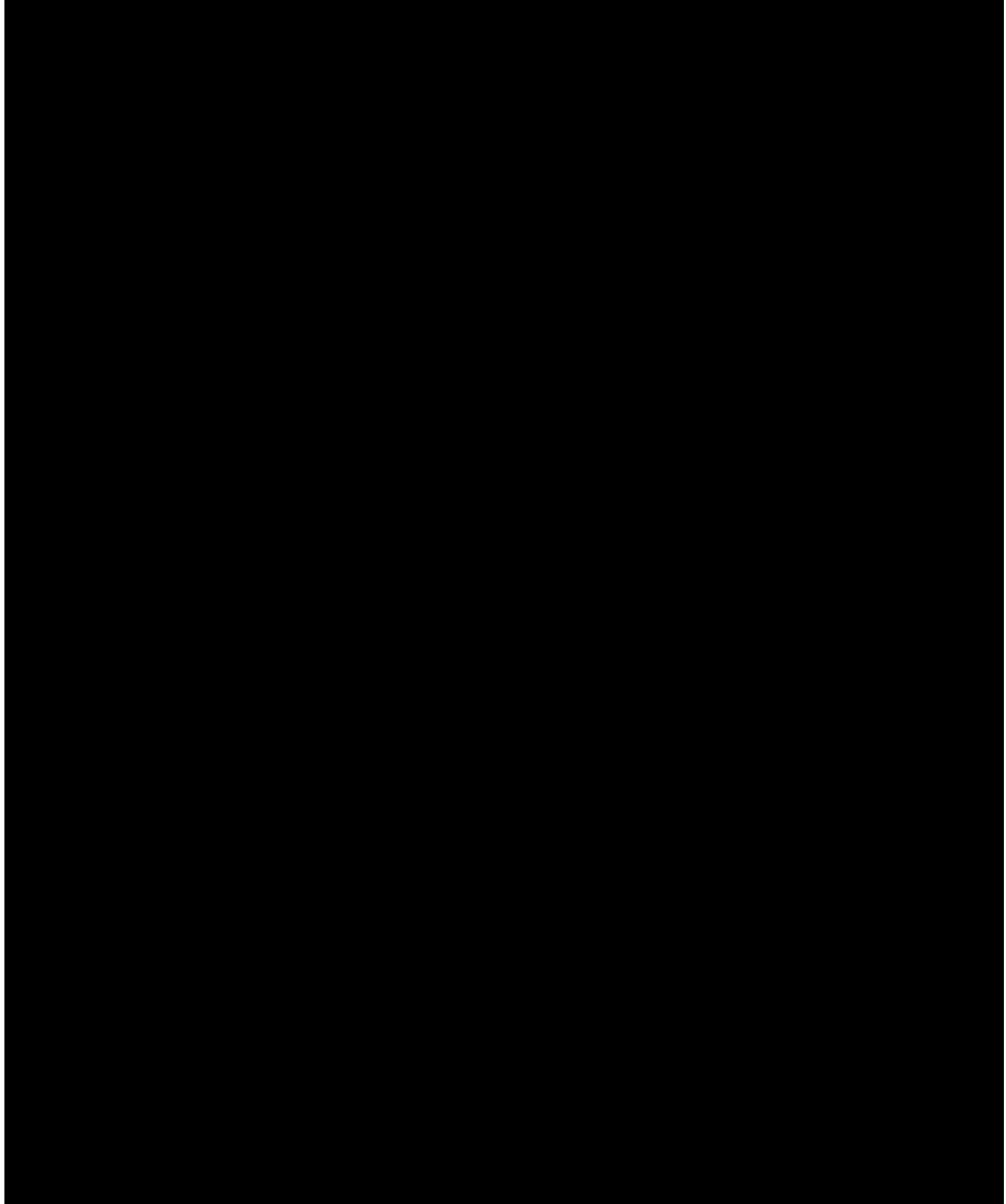


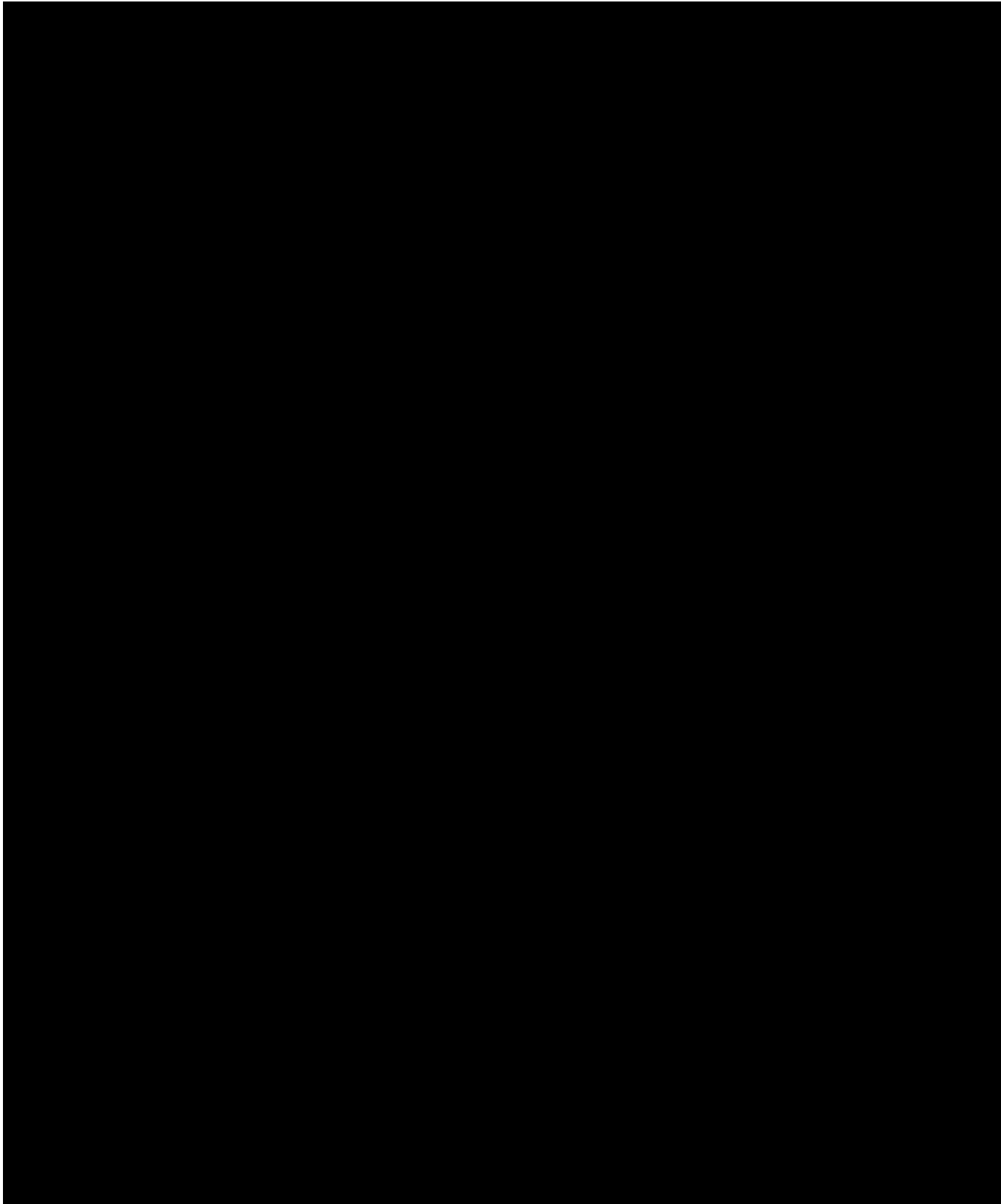
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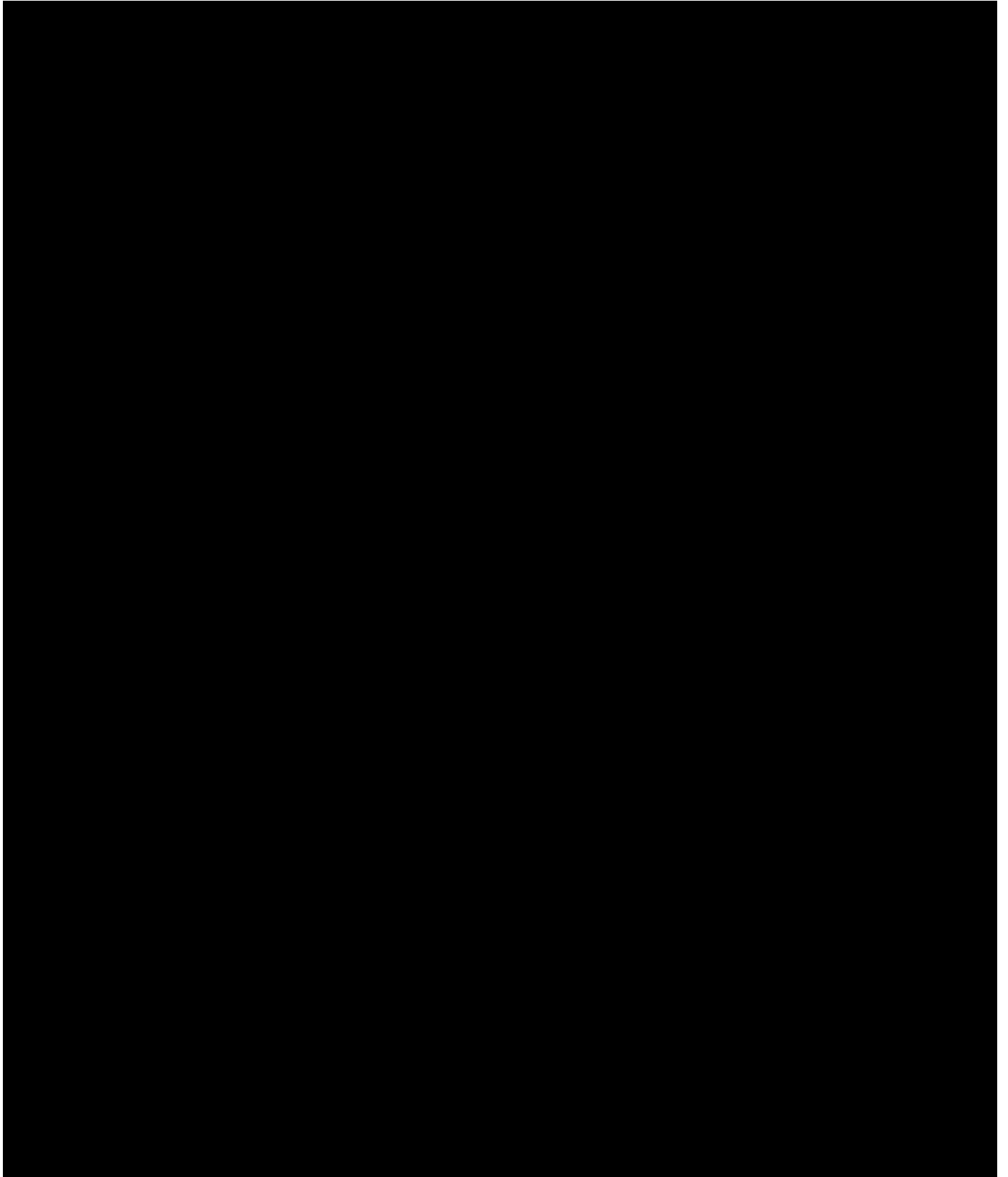
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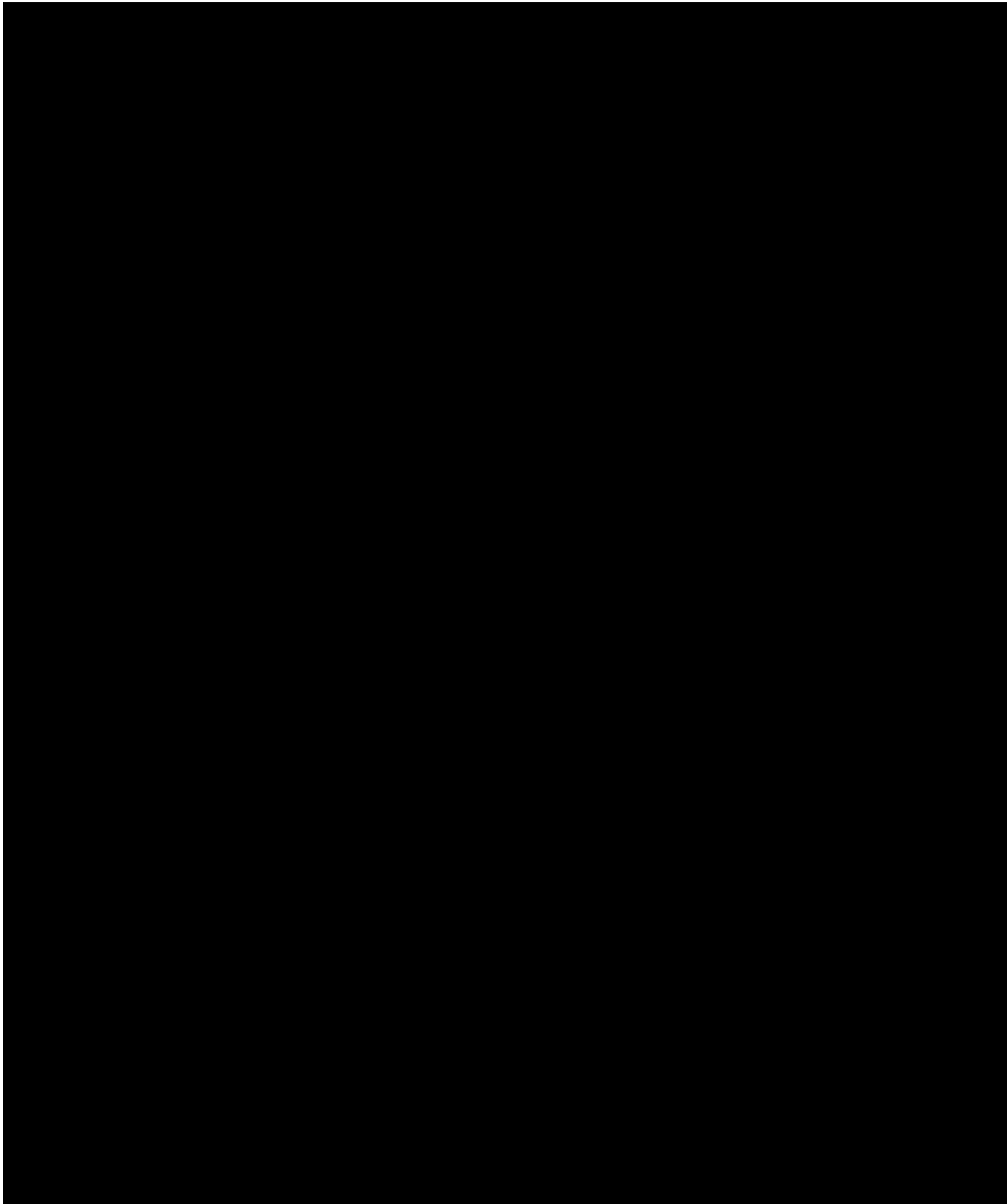


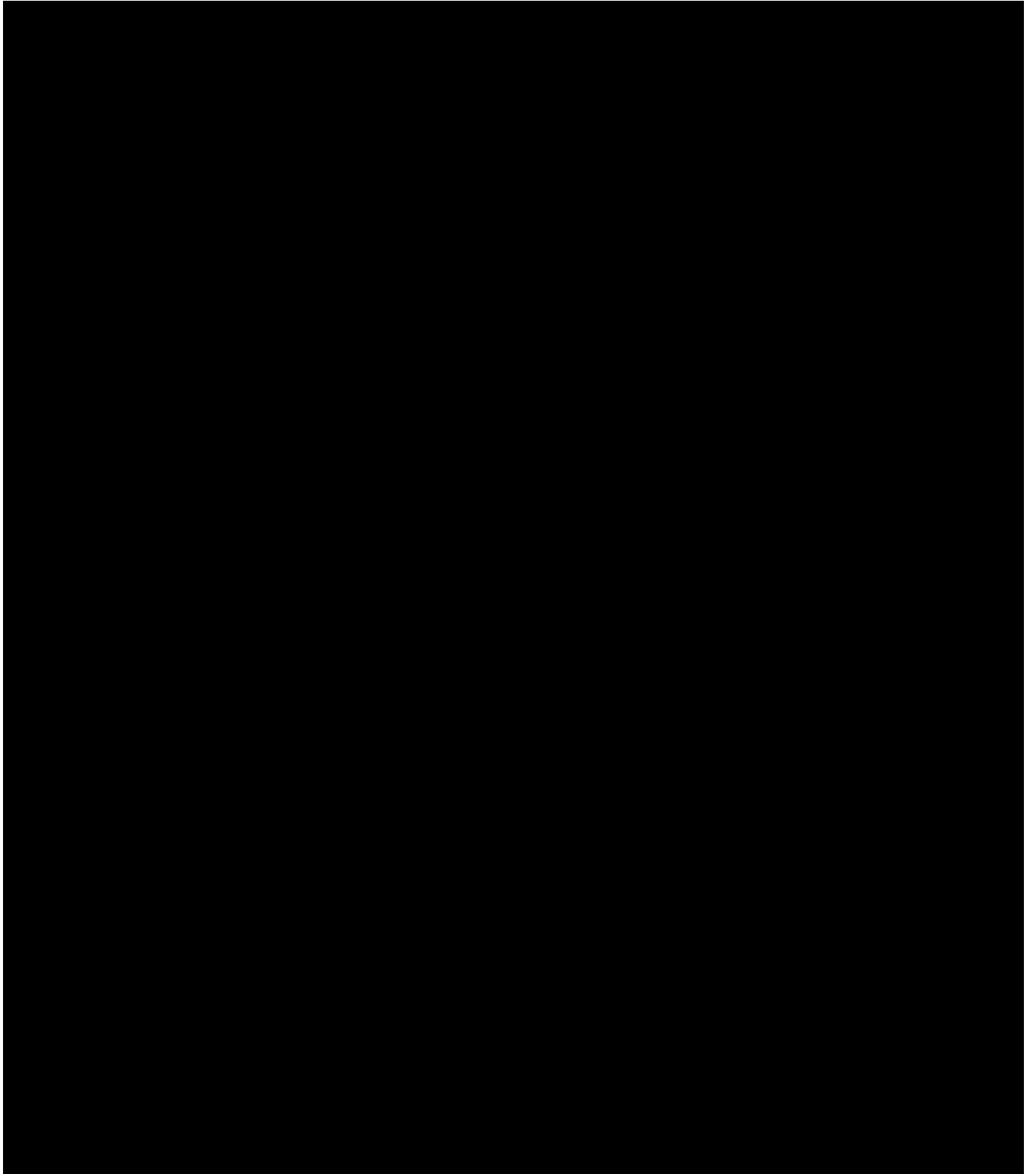




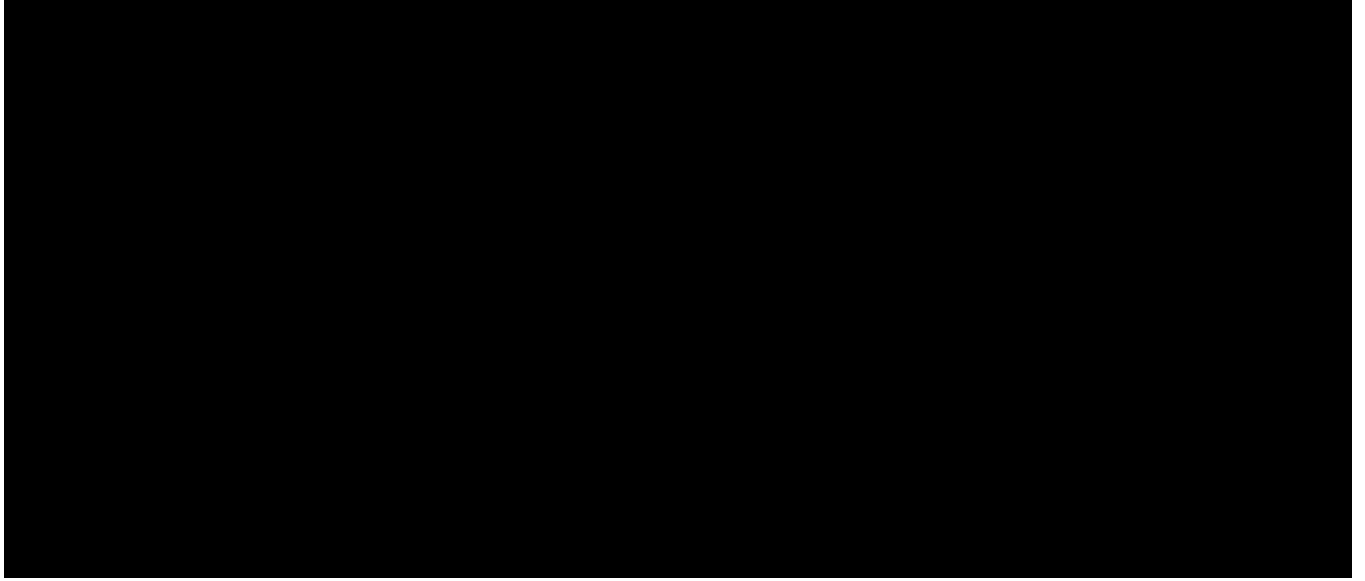


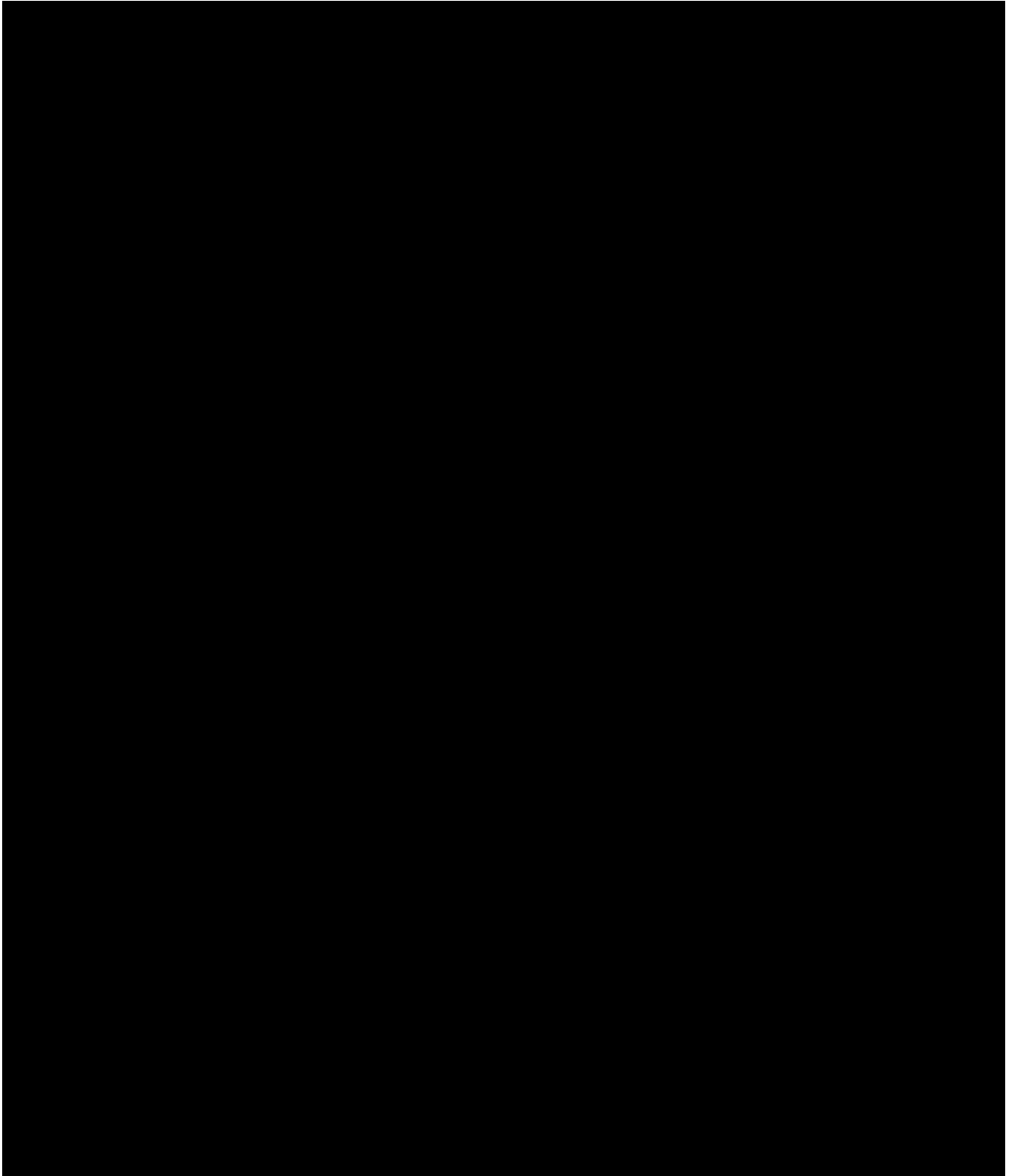


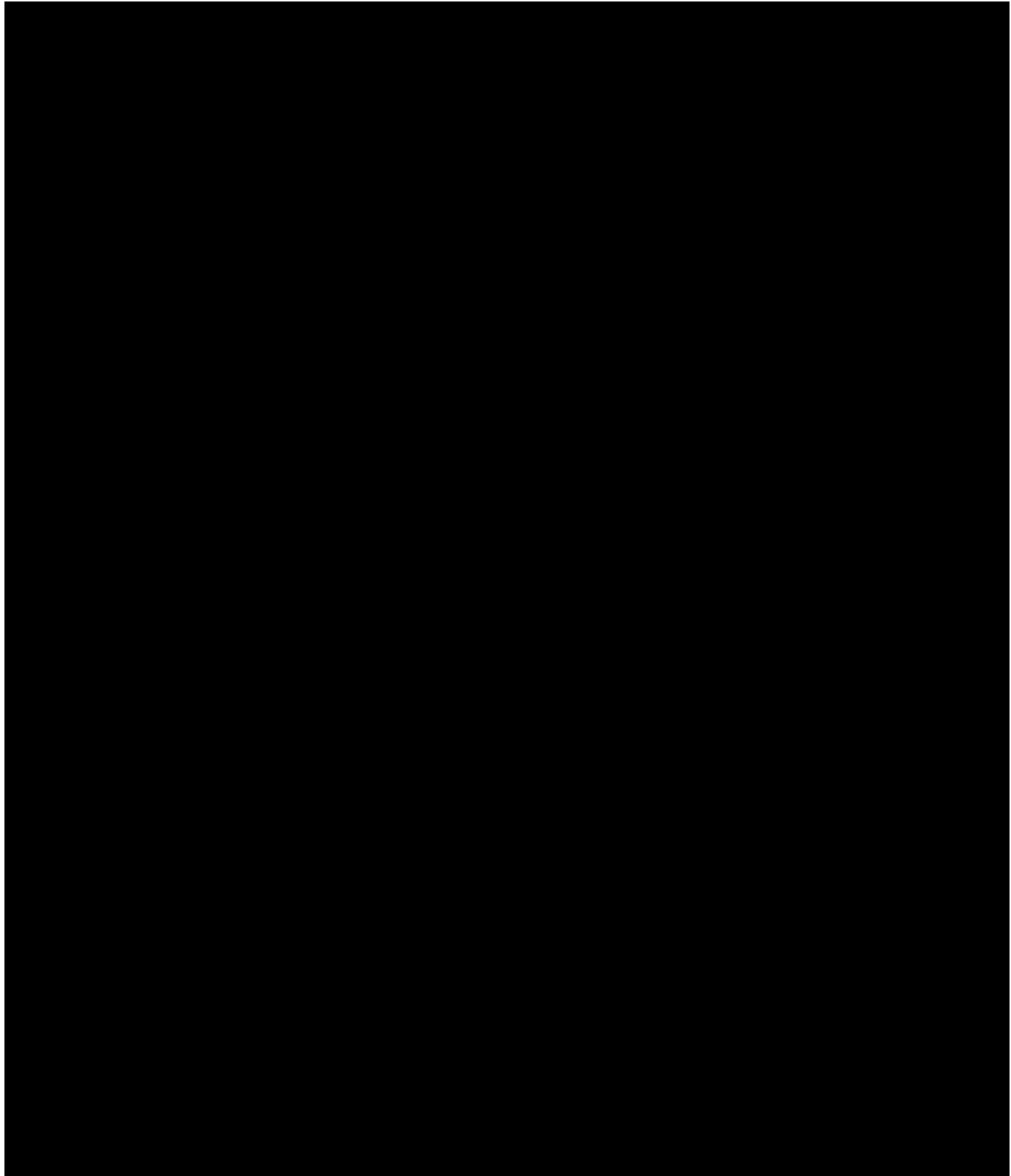


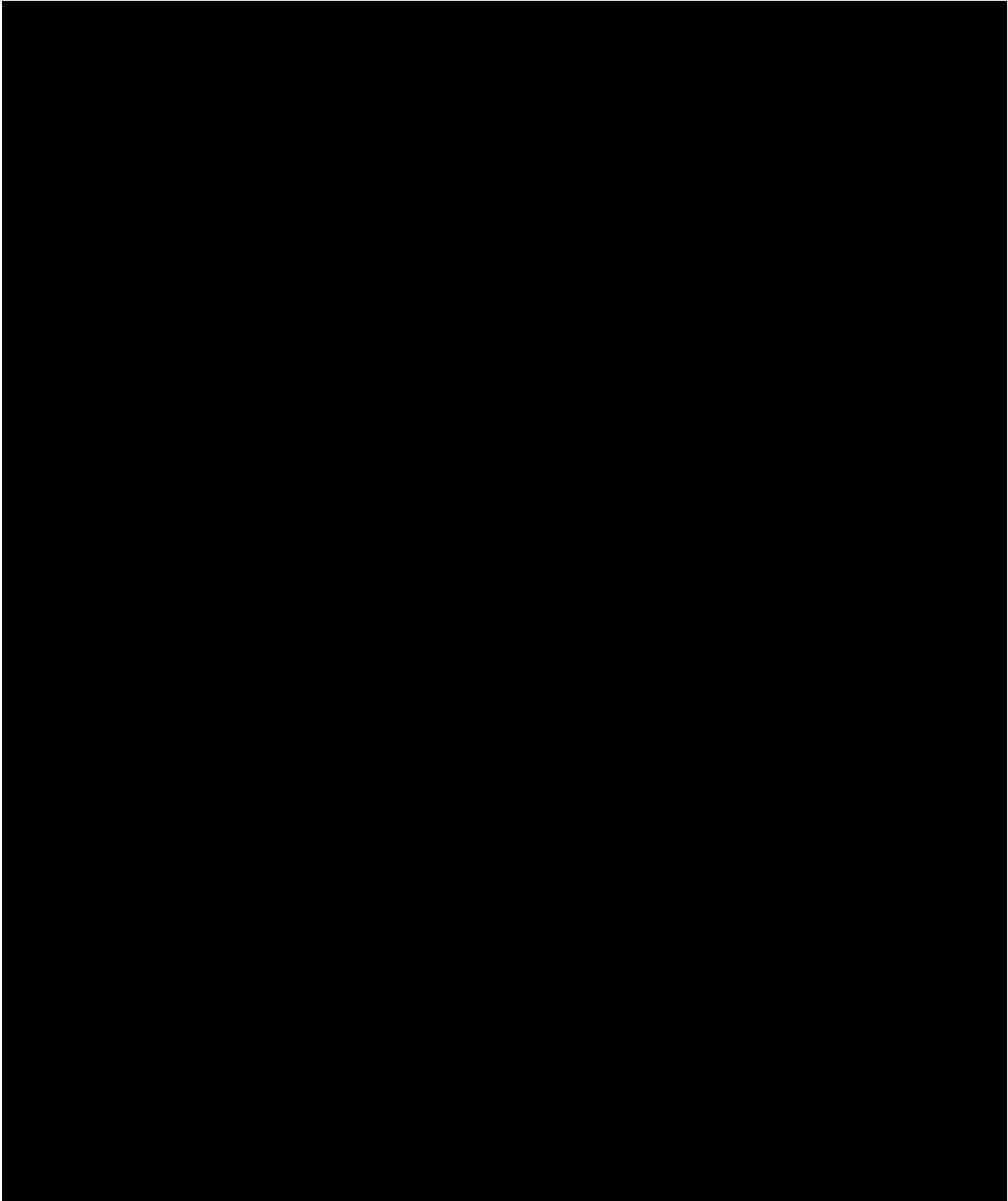


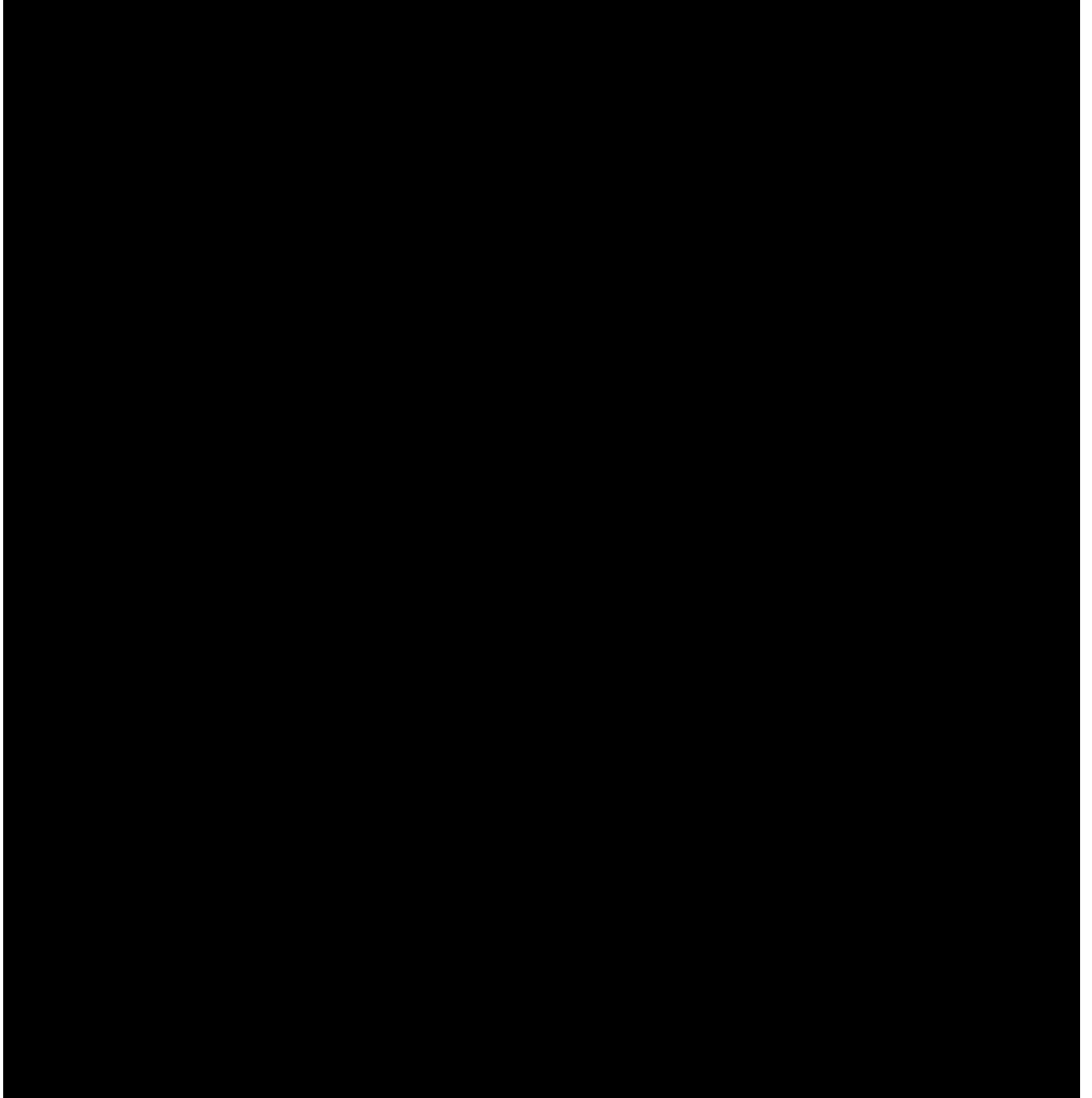












## Re: Medical Necessity Statement version4 - please respond by Monday 2 May

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From:  
To:  
Cc:



Date: Mon, 02 May 2022 08:08:58 -0400

Attachments: 02.05.22 Medical necessity statement SOC8 plus text vs6 [redacted].docx (37.64 kB); 02.05.22 Medical necessity statement SOC8 plus text vs6 [redacted].docx (28.13 kB)

Hi [redacted]

Thanks [redacted] for all your hard work and comments, which were very helpful and constructive, and sorry for the confusion about the other document.

Please find attached 2 copies of the Statement with our texts so far: one with the tracker changes/comments and one Clean Copy.

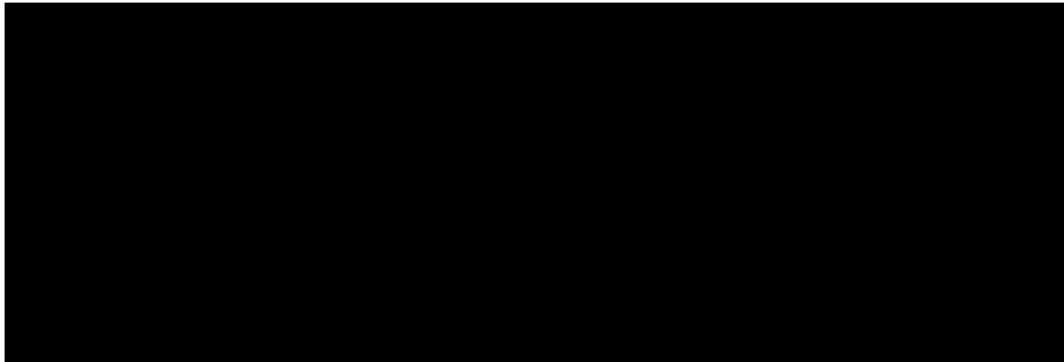
I think it has significantly improved, and I personally feel this Delphi Statement caters for the needs of all TGD people globally, and certainly includes all TGD peoples (medical) needs (in the broadest sense).

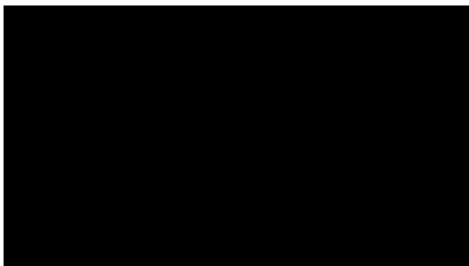
I have added further references from the Global South and Middle East to strengthen our position. Thanks [redacted]

However, if you feel we have missed anything, please provide some more (do-able and constructive) suggestions.

In terms of its position, please let us know [redacted] whether you are happy to position this Delphi statement plus its text within the Global Applicability Chapter. Alternatively, it could be placed in the Introduction (which does not have my preference), but - as an alternative - we could have a "Prologue" after the Introduction with this Statement plus text only, before the Chapters start; and it would be unlikely that readers will miss this. Just a thought.... I guess it's for the Chair and Co-Chairs to decide, but I am interested to hear what [redacted] think.

With warmest wishes, and looking forward to hearing from you soon,





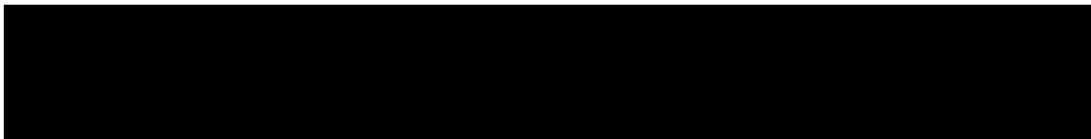
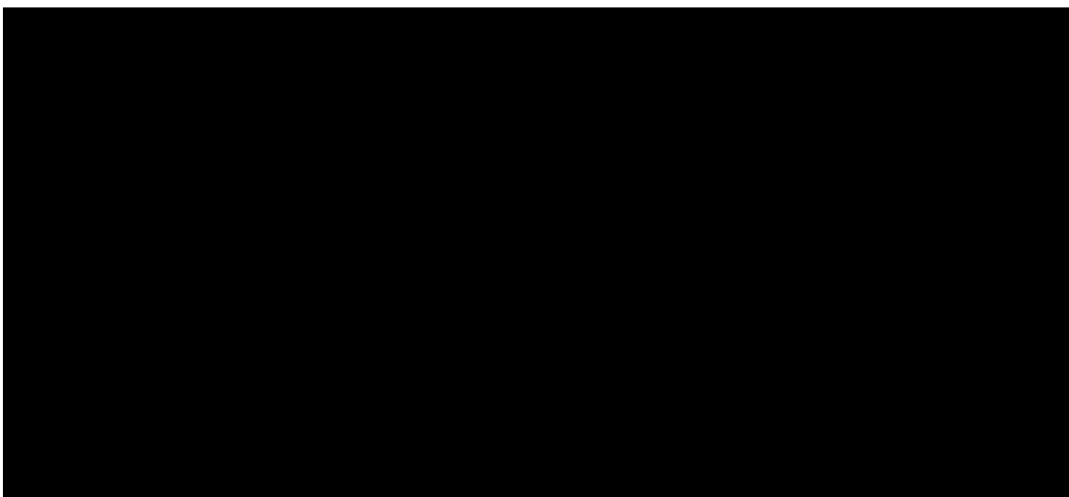
On 2022-05-02 12:24, [REDACTED] wrote:

Good to clear up the confusion [REDACTED]

I wonder whether the concerns [REDACTED] had earlier expressed rested on that confusion too.

Best

[REDACTED]



**From:** [REDACTED]

**Sent:** Monday, May 2, 2022 18:58

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Doesn't take long to confuse me...That is great! [REDACTED] is working on this as he is leading it. Thanks a lot

[REDACTED]

**From:** [REDACTED]

**Sent:** Monday, May 2, 2022 11:53:32 AM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Hi there [REDACTED]

I think you are confused.

Perhaps others are confused too.

The document to which I think you refer you refer [REDACTED] (FILENAME [REDACTED] suggestions re statements on broadening healthcare and UHC' does include two statements). But please bear in mind it is the document I sent out back in JANUARY putting the case for a reference to Universal Healthcare, and suggesting the sort of text that could be included in the SOC. I sent it today simply to remind people what were my arguments back then. It seemed relevant to do so because I made brief reference to it in my comments on the SOC-8 medical necessity draft.

As for the medical necessity draft that we have before us, I earlier today sent all here my suggested edits, building on [REDACTED]'s version (...as you requested on 30th Apr 1.41 by my laptop's timing).

I enclose again my suggested edits for the medical necessity draft..

Again, I would like to know in what way any of those suggested edits reduce the relevance to US concerns.

[REDACTED]



[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**Sent:** Monday, May 2, 2022 18:29  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear [REDACTED]  
Thanks for this. This looks like a different document to the one we sent you and it has a new recommendation that has not gone through delphi which we cant have. Can you please add your changes in the document [REDACTED] sent last (which I include with [REDACTED] suggestions) using tracker change, please and send it back to us.  
Thanks

[REDACTED]

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** 01 May 2022 21:34  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Hi there

In that draft I just sent, one of my comments refers to the document I sent some time back (actually, I now see I sent it back on the 8th January) on universal healthcare. So here it is, for information only (just in case any of you wants to be reminded about what I was going on about way back then)

OK, really, goodnight.

[REDACTED]

[REDACTED]

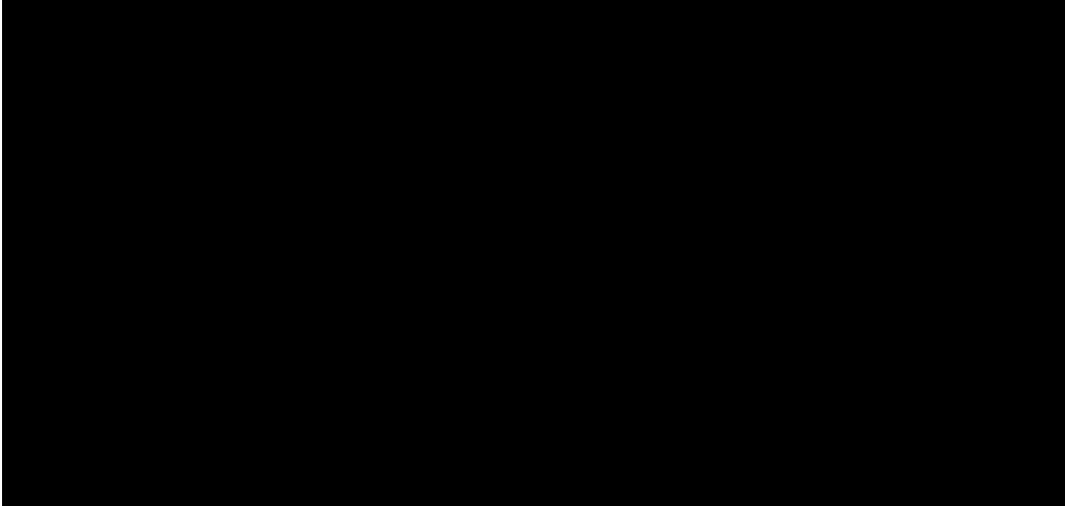
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**From:** [REDACTED]  
**Sent:** Saturday, April 30, 2022 3:04  
**To:** [REDACTED]

Cc: [REDACTED]

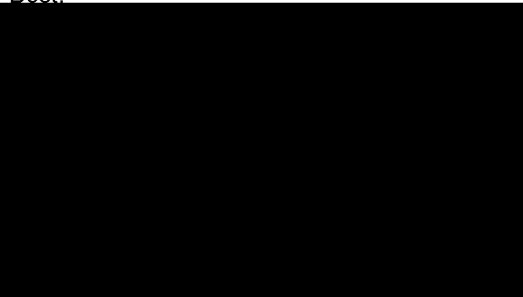
**Subject:** Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear [REDACTED]  
thank you - that is most helpful.  
with warm wishes,



On 2022-04-29 18:41, [REDACTED] wrote:

Great work!  
I have attached the document with some edits-- I got rid of the two references to Branstrom, given the published correction, and added a few other references used to support medical necessity. Also, I changed 302.85 to F64.0-- this is the updated DSM-5/DSM-5TR billing code linked to ICD-10CM in the US.  
Best,



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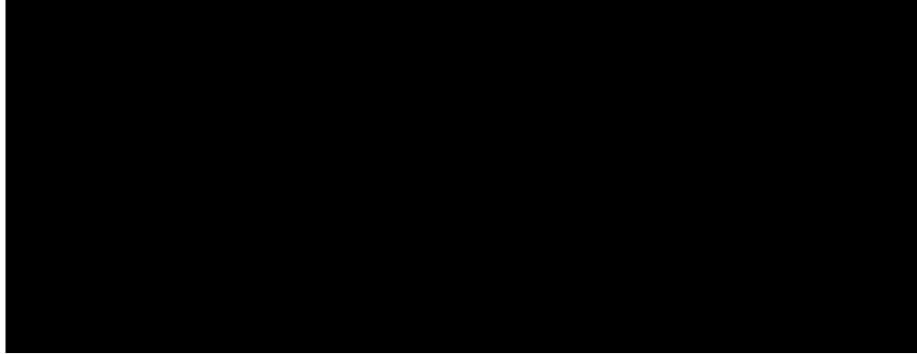
On Fri, Apr 29, 2022 at 10:10 AM [REDACTED] wrote:

Thank you, [REDACTED]

Best,  
[REDACTED]

On Fri, Apr 29, 2022 at 9:54 AM [REDACTED] wrote:

that is a very good point...I have change it



---

**From:** [REDACTED]  
**Sent:** 29 April 2022 17:51  
**To** [REDACTED]  
**Cc** [REDACTED]  
**Subject:** Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Thank you, [REDACTED] I also very much like this statement and the supporting write-up. There is one word, though, in the middle (on the right side of the page) of the last paragraph on the first page of the document: "wishing." This word gives me pause, and perhaps I am being too sensitive, but one of the biggest obstacles trans people experience in getting support for coverage of our care is that we are told "you can't always get what you want" and "wishing does not make it so." Wishing makes the needed care seem optional, and we are often told we are imagining that we are not who we are and we should just suck it up.

Would it be possible or advisable or prudent to replace "wishing" with "in need of" here?

Thanks for your consideration, and for your great work on this.

Best,  
[REDACTED]

On Fri, Apr 29, 2022 at 9:06 AM [REDACTED] wrote:

Thanks [REDACTED]

I think the statement reads very well. I have no edits

Thank you very much

[REDACTED]

Sent from my iPhone

On Apr 29, 2022, at 11:01 AM, [REDACTED] wrote:

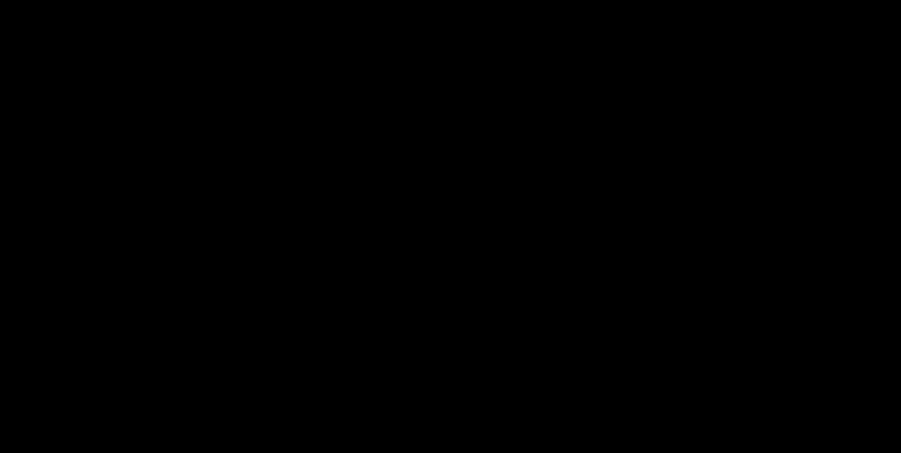
Dear all,

This is new version of the medical necessity statement and it has been approved by the chairs so please send any comments of this version to me.

As per [REDACTED] email, if we don't heard anything by the 2<sup>nd</sup> of May we will presume that you are happy with this version.

[REDACTED] We would like this statement to go in the Global chapter, would that be OK with you? In your view, should this recommendation be the 1st, 2nd, 3rd, 4<sup>th</sup> of 5<sup>th</sup> in your chapter? do let us know

kind regards



---

**From:** [REDACTED]

**Sent:** 29 April 2022 11:49

**To:** [REDACTED]

**Cc:** [REDACTED]



**Subject:** Re: Medical Necessity Statement version4 - please respond by Monday 2 May

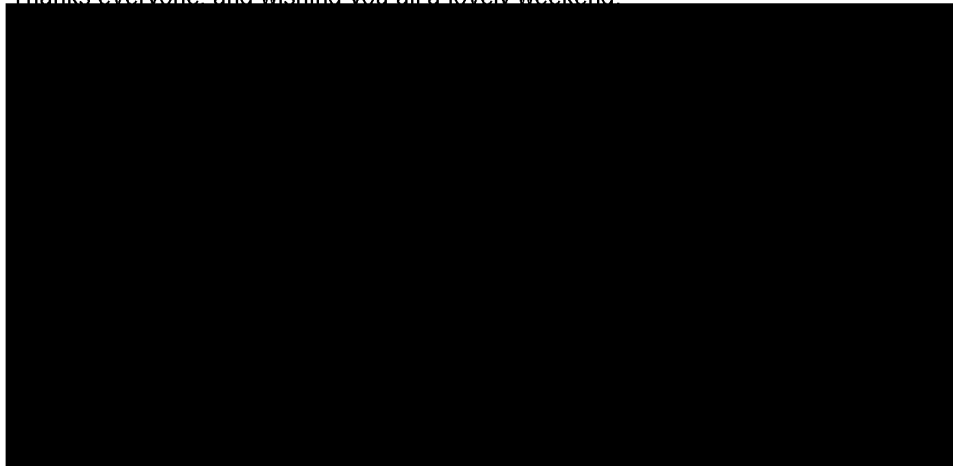
Dear [REDACTED],

Please find attached the Medical Necessity Statement, which passed Delphi together with text for the SOC8. I feel we are nearly there!

I have copied [REDACTED] into this email, as they have been involved with the writing of the text previously.

[REDACTED] would you be so kind as to have a read-through and respond with any edit suggestions before Monday 2 May please, so that we can finalise this part of the SOC8 swiftly? Cheers!!

Thanks everyone, and wishing you all a lovely weekend.



On 2022-04-25 03:54, [REDACTED] wrote:

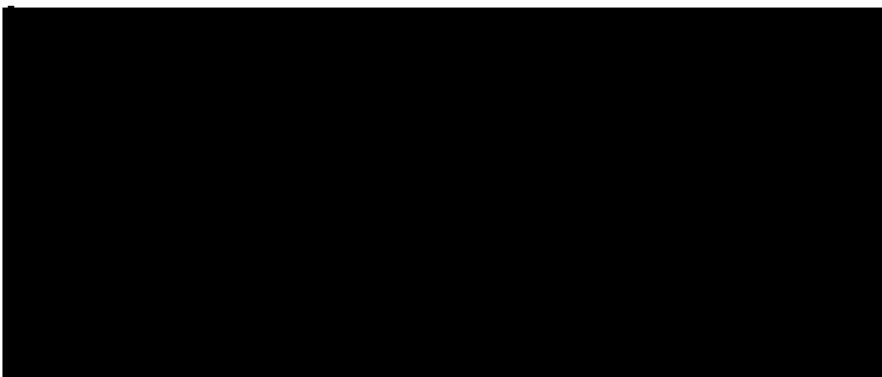
I am still not sure we have the finalized explication of the Delphi approved statement for our Introduction.

Please advise.



On Thu, Mar 24, 2022 at 9:44 AM [REDACTED] wrote:

-



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**From:** [REDACTED]

**Sent:** 07 January 2022 14:26

**To:** [REDACTED]

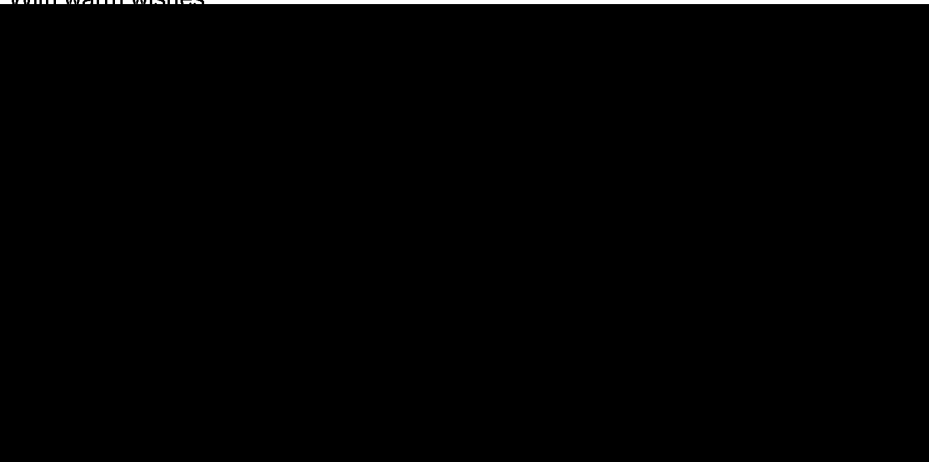
**Cc:** [REDACTED]



**Subject:** Re: 07.01.22 Medical Necessity Statement version3

Hi [REDACTED] and all,

Please find attached the third draft now with suggestions on the side. I have "merged" the previous documents together.  
Feel free to insert [REDACTED] Statement at the top as a reminder that this is the Statement that has to go through Delphi.  
[REDACTED], would you mind having a look at it again when you have time, based on excellent comments please?  
I'll jump in from there on; and [REDACTED] will look at it again tomorrow morning (thanks [REDACTED])  
It's going to be a great Statement.  
With warm wishes



- On 2022-01-07 14:08, [REDACTED] wrote:

Hi there everyone.

- We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

-

- I think this statement would get universal support. A few thoughts.

- 1/ I would suggest we use the word 'healthcare' rather than 'treatments' (Is it just me, or does treatment imply pathology? I wonder if, under normal circumstances, we would speak of treatment for pregnancy - rather perhaps we would speak of healthcare).

- 2/ The proposed wording refers to children, but the Medical Necessity Statement does not appear to.(am I right on this?)

- 3/ Following on from what I have suggested in my comments in the Medical Necessity Statement (see earlier attachment), I would suggest the following.

-

- We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical HEALTHCARE for trans and gender diverse children, adolescents and adults, AND SUCH HEALTHCARE SHOULD IDEALLY BE PROVIDED WITHIN UNIVERSAL HEALTHCARE COVERAGE.

Thanks again for letting me participate in this part of the SOC. It's getting late here and so I will soon have to switch off my computer. Will open up computer tomorrow morning.

[REDACTED]

-  
-

---

**From:** [REDACTED]

**Sent:** Friday, January 7, 2022 21:19

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Re: Medical Necessity Statement version2

Dear all

Thank you walter for putting this together and to all of you to contribute into this.

This will be a brilliant text that will be accompanying the statement of the recommendation.

We had a meeting yesterday with the chairs and decide that we need to create a recommendation for medical necessity that goes through delphi and is approved by everyone. It is then in the SOC-8 as a recommendation, possible in the introduction as the first recommendation.

So far what we have this

-

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

(questions do we need to say (as recommended by SOC8?)

please feel free to modify this and change it or come with some other suggestions.

Regards

[REDACTED]



[REDACTED]

-  
-

**From:** [REDACTED]  
**Date:** Friday, 7 January 2022 at 13:04  
**To:** [REDACTED]  
**Cc:** [REDACTED]

**Subject:** Re: Medical Necessity Statement version2

Dear [REDACTED]  
Thank you so much for that. I have accepted all your edits and added your suggestions about counselling for children and their parents/legal guardians/care takers.... and some spacing between the references, although that would be made more clear in the publication in IJTH anyway. See latest version attached.

[REDACTED] would you be so kind as to have a look at this and see whether anything essential is missing? And whether this Statement is "global enough" please?  
Once we hear your feedback, perhaps we can move to approve (and publish)?  
Warmest,  
[REDACTED]

[REDACTED]

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On 2022-01-06 23:01, [REDACTED] wrote:

Dear [REDACTED]

Thank you for putting this together; you've done a great job with this. Indeed, it is important that such a statement is part of the actual SOC. And, indeed, the original Medical Necessity Statement was specific to the US because this was where we were experiencing the problem with our obtuse and unhealthy system

of healthcare "coverage" and we needed a tool for our attorneys to use in defending access to care here. I have long wanted this (and many of our other policy statements) to become part of the SOC because that gives them greater force. I am very happy to see the medical necessity statement expanded to a more global context, which the ICD-11 has made possible.

I have made a few typographical changes in the attached file (very minor). But I am wondering whether we should include something about the medical necessity of coverage for counseling for pre-adolescents (or for their parents/guardians)? Also, it would be good if the reference list had better spacing for readability, but I figure that will happen in the publication phase.

Thank you,

On Thu, Jan 6, 2022 at 7:24 AM

wrote:

Dear

I am aware that the existing Medical Necessity Statement on the WPATH website is rather US-centric, and also qua language not up-to-date. I guess we all agree that such a statement is helpful to include in the forthcoming SOC8. Hence, I had a first stab at re-drafting a Medical Necessity Statement for this purpose based on a version of and the 2016 statement on the WPATH website.

Would you be interested in helping make a final draft, which we can then run past the Board of Directors and SOC8 Chair and Co-Chairs please (and whoever else we think can contribute)?

I am not particularly precious about my writing, so please add/delete/change as you see fit (rather than only make comments); let's get this done ASAP.

Once everybody is happy with it, I can publish it in IJTH - that should take no longer than 1 week, and those who have contributed can put their name on it, and it will then also be on behalf of WPATH, USPATH, EPATH, and AsiaPATH.

To make the process - at least initially - fairly efficient (and quick) I have only written to you (and copied and the EC in), and once we get a first proper draft (hopefully within a few days), we can send it around for comments and edits.

What do you think?

Are you in?

Warmest,

-

E-mail: [REDACTED]

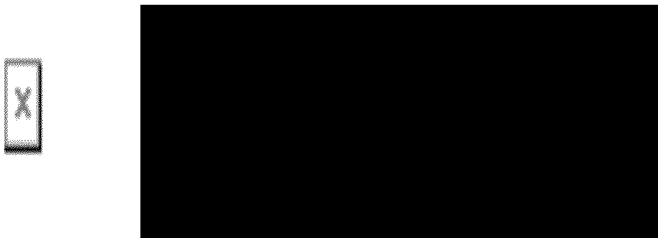
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**SOC8 Medical Necessity of Treatment for Transgender and Gender Diverse People  
(location in SOC8: to be decided)**

**Statement**

**We recommend that health care systems should provide medically necessary gender affirming healthcare for transgender and gender diverse people (Delphi statement)**

Medical necessity is a term common to health care coverage and insurance policies globally. A common definition of medical necessity as used by insurers or insurance companies is: "Health care services that a physician and/or health care professional, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease." The treating health professional asserts and documents that a proposed treatment is medically necessary for treatment of the condition (American Medical Association, 2016).

Generally 'accepted standards of medical practice' means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, designated Medical Specialty Societies and/or [Royal] Medical Colleges' recommendations, and the views of physicians and/or health care professionals practicing in relevant clinical areas.

Medical necessity is central to payment, subsidy, and/or reimbursement for healthcare in parts of the world. The treating health care professional may assert and document that a given treatment is medically necessary for the prevention or treatment of the condition. If health policies and practices cplans challenge the medical necessity of a treatment, there may be an opportunity to appeal to a governmental agency or other entity for an independent medical review.

It should be recognized that gender diversity is common to all human beings and is not pathological. However, gender incongruence which causes clinically significant distress and impairment often requires medically necessary clinical interventions. In many countries, medically necessary gender-affirming care is documented by the treating health professional as treatment for Gender Incongruence (HA60 in ICD-11; WHO, 2018) and/or as treatment for Gender Dysphoria (302.85F64.0 in DSM-5; APA, 2013).

**Commented [A1]:** Hmm. I wonder. I feel this could be misinterpreted in a rather (gender) pathologising way. I guess the only 'illness, injury, disease or symptoms' to be 'prevented, evaluated, diagnosed, or treated' here would be those of dysphoria (small 'd', as in 'discomfort and distress) the patient feels, and any consequent mental health issues. Do we need to spell this out?

**Commented [A2]:** I think it is clear as a bell that the SOC8 refers to the necessity of treatment (in its broadest sense) of TGD people who pursue treatment (in its broadest sense) for their gender dysphoria (small "d": because it refers to the symptom of distress – which is a very very broad category and one that any 'goodwilling' clinician can use for this purpose (or: in the unescapable medical lingo we, as physicians are stuck with: those who fulfil a diagnosis of Gender Dysphoria and Gender Incongruence as per APA/WHO).

**Commented [A3]:** Do we need this in here?. Monarchies are relatively uncommon globally. Sounds very UK

**Commented [A4]:** There are many many more countries other than the UK who have bestowed the Royal prefix on their medical (and many other Colleges) – but if you feel more comfortable without it, I will scrap it. I am not bothered. I certainly do not support the concept of a monarchy, or indeed any other form of non-democracy....:)

**Commented [A5]:** I wonder if 'subsidy' is the better word here (as in universal healthcare systems)

**Commented [A6]:** Good point!

**Commented [A7]:** Or 'prevention', depending on what 'the condition' is here. See my earlier comment. Would the phrase 'healthcare provision' be better? Just wondering.

**Commented [A8]:** Is this a reference to insurance policies? If so, the vast majority of trans people world wide have none. Should it rather be 'health policies and practices' or some phrase such as that.

**Commented [A9]:** Thanks [redacted] that is a helpful broadening of what we are trying to say. I.e., encompass/cover as many TGD people globally as is humanly possible.

There is strong evidence demonstrating the benefits in quality of life and wellbeing of gender affirming treatments, including endocrine and surgical procedures, properly indicated and performed as outlined by the Standards of Care (Version 8), in TGD people in need of wishing these treatments (e.g., Ainsworth and Spiegel, 2010; Aires et al., 2020; Aldridge et al., 2020; Almazan and Keuroghlian, 2021; Almazan & and Keuroghlian, 2021; Al-Tamimi et al., 2019; Baker et al., 2021; Balakrishnan et al., 2020; Buncamper et al., 2016; Cardoso da Silva et al., 2016; Eftekhar Ardebili, 2020; Javier et al., 2022; Lindqvist et al., 2017; Mullins et al., 2021; Nobili et al., 2018; Owen-Smith et al. 2018; Owen-Smith et al., 2018; Özkan et al., 2018; T'Sjoen et al. 2019; van de Grift et al., 2018; White Hughto & Reisner, 2016; Wierckx et al., 2014; Yang et al., 2016). Gender affirming interventions may also include legal name and sex or gender change on identity documents, as well as hair removal procedures, voice therapy, counselling, and other medical procedures required to effectively affirm an individual's gender identity and reduce gender incongruence and dysphoria.

Gender affirming interventions are based on decades of clinical experience and research, and therefore they are not considered experimental. They are safe, and effective at reducing gender incongruence and gender dysphoria (e.g., Aires et al., 2020; Aldridge et al., 2020; Al-Tamimi et al., 2019; Baker et al., 2021; Balakrishnan et al., 2020; Bertrand et al., 2017; Bränström & Pachankis, 2020; Buncamper et al., 2016; Claes et al., 2018; Eftekhar Ardebili, 2020; Esmonde et al., 2019; Javier et al., 2022; Lindqvist et al., 2017; Lo Russo et al., 2017; Marinkovic & Newfield, 2017; Mullins et al., 2021; Nobili et al., 2018; Olson-Kennedy et al., 2018; Özkan et al., 2018; Poudrier et al., 2019; T'Sjoen et al. 2019; van de Grift et al., 2018; White Hughto & Reisner, 2016; Wierckx et al., 2014; Wolter et al., 2015; Wolter et al., 2018).

Consequently, WPATH urges health care systems to provide these medically necessary treatments and eliminate any exclusions from their policy documents and medical guidelines which preclude coverage for any medically necessary procedures or treatments for the health and well-being of TGD individuals. In other words, Governments should ensure that healthcare services for transgender and gender diverse people are established, extended or enhanced (as appropriate) as elements in any Universal Health Care system that may exist. Health care systems should ensure that ongoing healthcare, both routine and specialized, is readily accessible and affordable to all citizens on an equitable basis.

Medically necessary gender affirming interventions are discussed in SOC-8. These include, but are not limited to: hysterectomy +/- bilateral salpingo-oophorectomy; bilateral mastectomy, chest reconstruction or feminizing mammoplasty, nipple resizing or placement of breast prostheses; genital reconstruction, for example, phalloplasty and metoidioplasty, scrotoplasty, and penile and testicular prostheses, penectomy, orchiectomy, vaginoplasty, and vulvoplasty; skin flap hair, genital and facial hair removal; gender affirming facial surgery and body contouring; voice therapy

**Commented [A10]:** Thanks [REDACTED] for pointing out the coding in the US!

**Commented [A11]:** I suggest it is important to employ "e.g." in cases such as these, to underline that the work cited is just a tiny selection of what is available. ¶

¶ We might also want to separate the primary studies from the reviews in this list (and also in the long list in the next paragraph).

**Commented [A12]:** Yes, good point [REDACTED]

**Commented [A13]:** ditto

**Commented [A14]:** All well and good, but for the vast majority of trans people worldwide, affordability would be achievable only through a system of universal healthcare. ¶

¶ Back in March I suggested that we paid a fair bit of attention to the universal healthcare issue (I will attach the document again). But it turns out there is no mention of universal healthcare at all in this text. ¶

¶ The sentence already here in the text expresses what we feel should be the case. I would ask that we at least insert a sentence or so here in the text to underline the importance of gender affirming healthcare within universal healthcare systems, where they exist. Along the lines of the document I sent on 22<sup>nd</sup> March I suggest: 'Governments should ensure that healthcare services for transgender and gender diverse people are established, extended or enhanced (as appropriate) as elements in any Universal Health Care system that may exist'. ¶

¶ There are other ways of saying the same thing of course. Here is a softer alternative: 'Where there is a system of universal healthcare, governments should take steps to ensure that medically necessary gender affirming healthcare should be made available within that system' ¶

¶ At any rate, let's in some way express — even briefly — that there should be a place for gender affirming healthcare in universal healthcare systems.

**Commented [A15]:** See what you make of this [REDACTED] Feel free to edit further.

and/or surgery; as well as puberty blocking medication and gender affirming hormones, counseling or psychotherapeutic treatment, as appropriate to the patient.

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Ainsworth, T.A., & Spiegel, J.H. (2010). Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of Life Research*, 20(10), 1019-1024. doi: 10.1007/s11136-010-9668-7

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Almazan, A. N., & Keuroghlian, A. S. (2021). Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA surgery*, 156(7), 611-618. <https://doi.org/10.1001/jamasurg.2021.0952>.

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American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. American Psychiatric Association.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)*. American Psychiatric Association.

**Commented [A16]:** I went through all of these studies. They are overwhelmingly North American and European. That is also true of the studies covered by the various reviews in the list. Clearly most of the research on outcomes is from the Global North. But let's be sure this section is assertively global in perspective, as indeed the rest of the Global chapter seeks to be. So let's cite explicitly two primary studies from Brazil and China. ¶

da Silva DC, Schwarz K, Fontanari AM, Costa AB, Massuda R, Henriques AA, et al. WHOQOL-100 before and after sex reassignment surgery in Brazilian male-to-female transsexual individuals. *J Sex Med*. 2016;13(6):988-93. ¶

Yang X, Zhao L, Wang L, Hao C, Gu Y, Song W, et al. Quality of life of transgender women from China and associated factors: a cross-sectional study. *J Sex Med*. 2016;13(6):977-87. ¶

Inclusion of Global South studies such as these communicates important messages. ¶

BTW, these two studies are actually both in the tranche of studies reviewed in Nobili, cited below (though Nobili calls 'da Silva' 'Cardoso da Silva' - I have seen this author cited in both ways). ¶

I wonder if there are any other Global South studies in the Javier review below (I can't access that review, and so am not able to say whether there are any Global South studies covered therein). ¶

**Commented [A17]:** Thanks [REDACTED] for continuing to point out that we are striving to be a global association and hence we should do anything we can do include everyone. I went with a fine toothcomb through the Javier et al. systematic review articles and I have further included (in addition to your 2 very helpful international global south references) references from India, Iran, Brazil and Turkey. I hope you approve!

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American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. American Psychiatric Association.

Baker, K.E., Wilson, L.M., Sharma, R., Dukhanin, V., McArthur, K., Robinson, K.A. (2021). Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *Journal of the Endocrine Society*, 5(4), bvab011, <https://doi.org/10.1210/endo/bvab011>

Balakrishnan, T. M., Nagarajan, S., & Jaganmohan, J. (2020). Retrospective study of prosthetic augmentation mammo- plasty in transwomen. *Indian Journal of Plastic Surgery: Official Publication of the Association of Plastic Surgeons of India*, 53(1), 42–050. <https://doi.org/10.1055/s-0040-1709427>

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Cardoso da Silva, D.C., Schwarz, K., Fontanari, A.M., Costa, A.B., Massuda, R., Henriques, A.A., Salvador, J., Silveira, E., Rosito, T.E., & Rodrigues Lobato, M.I. (2016). WHOQOL-100 before and after sex reassignment surgery in Brazilian male-to-female transsexual individuals. *Journal of Sexual Medicine*, 13(6), 988–993. doi: 10.1016/j.jsxm.2016.03.370

Eftekhari Ardebili, M., Janani, L., Khazaei, Z., Moradi, Y., & Baradaran, H.R. (2020). Quality of life in people with transsexuality after surgery: a systematic review and meta-analysis. *Health and Quality of Life Outcomes*, 18, 264. <https://doi.org/10.1186/s12955-020-01510-0>

Javier, C., Crimston, C.R., & Barlow, F.K. (2022). Surgical satisfaction and quality of life outcomes reported by transgender men and women at least one year post gender-affirming surgery: A systematic literature review. *International Journal of Transgender Health*, doi: 10.1080/26895269.2022.2038334

Lindqvist, E.K., Sigurjonsson, H., Möllermark, C., Tinder, J., Farnebo, F., & Kalle Lundgren, T. (2017). Quality of life improves early after gender reassignment surgery in transgender women. *European Journal of Plastic Surgery*, 40, 223–226. <https://doi.org/10.1007/s00238-016-1252-0>

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**Commented [A18]:** I can't access this one. It is a review involving around 70 studies. I know not where from. But I suggest that, if there are any outside North America and Europe, then they should be cited specifically, as we do quite a few other primary research studies.



Mullins, E.S., Geer, R., Metcalf, M., Piccola, J., Lane, A., Conard, L.A.E., Kowalczyk Mullins, T.L. (2021). Thrombosis Risk in Transgender Adolescents receiving gender-Affirming Hormone Therapy. *Paediatrics*, 147(4): e2020023549. <https://doi.org/10.1542/peds.2020-023549>

Nobili, A., Glazebrook, C. & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine and Metabolic Disorders*, 19, 199–220. <https://doi.org/10.1007/s11154-018-9459-y>

Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., Clark, L.F. –et al., (2018). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults. *JAMA Pediatrics*, 172(5), 431–436. doi:10.1001/jamapediatrics.2017.5440

Owen-Smith, A. A., Gerth, J., Sineath, R. C., Barzilay, J., Becerra-Culqui, T. A., Getahun, D., Giammattei, S., Hunkeler, E., Lash, T. L., Millman, A., Nash, R., Quinn, V. P., Robinson, B., Roblin, D., Sanchez, T., Silverberg, M. J., Tangpricha, V., Valentine, C., Winter, S., Woodyatt, C., ... Goodman, M. (2018). Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals. *The Journal of Sexual Medicine*, 15(4), 591–600, available at <https://doi.org/10.1016/j.jsxm.2018.01.017>.

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T'Sjoen, G., Arcelus, G., Gooren, L., Klink, D.T., & Tangpricha, V. (2019). Endocrinology of Transgender Medicine, *Endocrine Reviews*, 40(1), 97–117. <https://doi.org/10.1210/er.2018-00011>

van de Grift, T.C., Elaut, E., Cerwenka, S.C., Cohen-Kettenis, P.T., & Kreukels, B.P.C. (2018). Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study. *Journal of Sex & Marital Therapy*, 44(2), 138–148. DOI: [10.1080/0092623X.2017.1326190](https://doi.org/10.1080/0092623X.2017.1326190)

White Hughto, J.M. & Reisner, S.L. (2016). A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals. *Transgender Health*, 1(1), 21–31. <https://doi.org/10.1089/trgh.2015.0008>

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Wierckx, K., Van Caenegem, E., Schreiner, T., Haraldsen, I., Fisher, A., Toye, K., Kaufman, J.M., & T'Sjoen G. (2014). Cross-Sex Hormone Therapy in Trans Persons Is Safe and Effective at Short-Time Follow-Up: Results from the European Network for the Investigation of Gender Incongruence. *The Journal of Sexual Medicine*, 11 (8), 1999-2011. <https://doi.org/10.1111/jsm.12571>.

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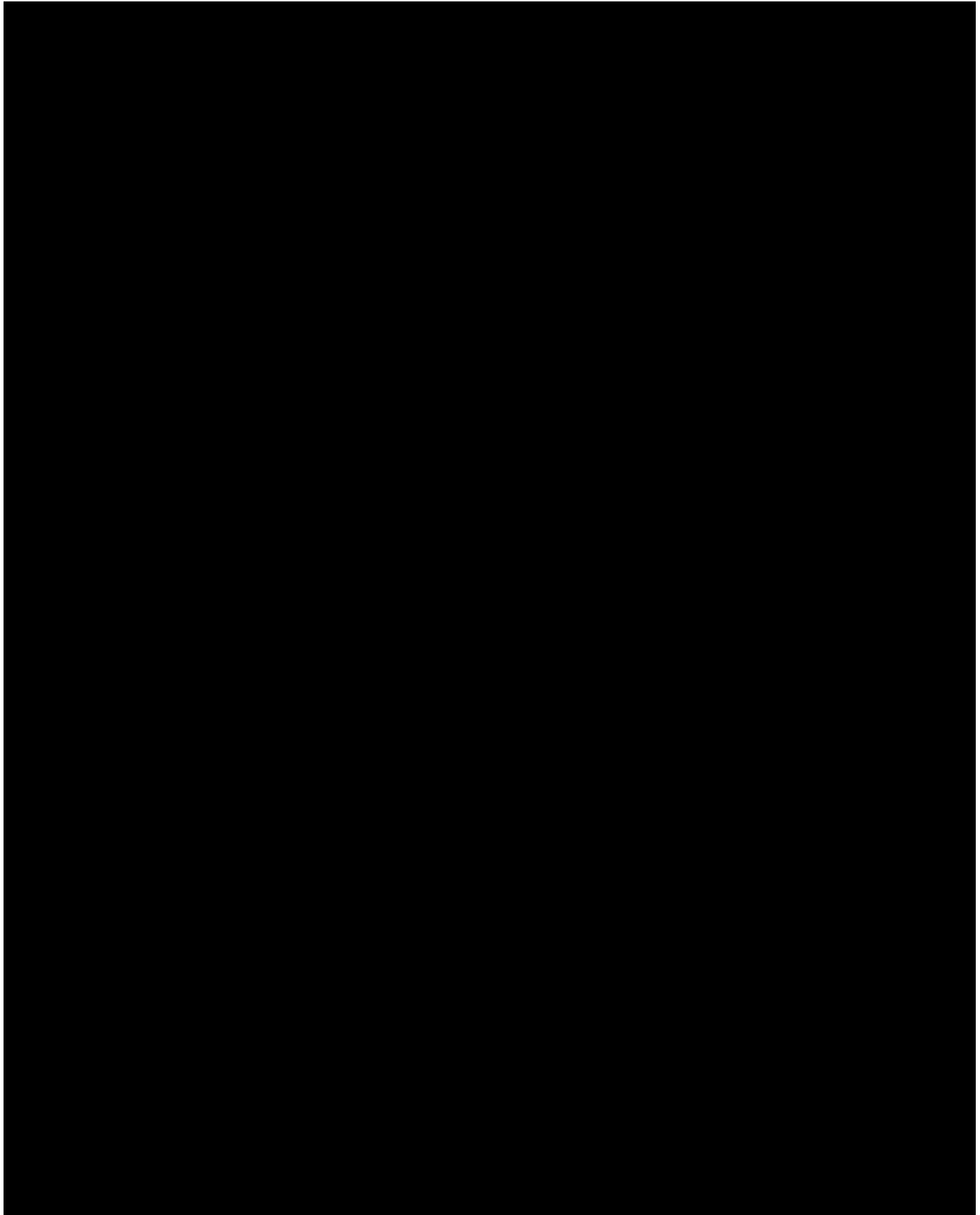
World Health Organization (2019). *International Statistical Classification of Diseases and Related Health Problems, 11<sup>th</sup> revision*. World Health Organization.

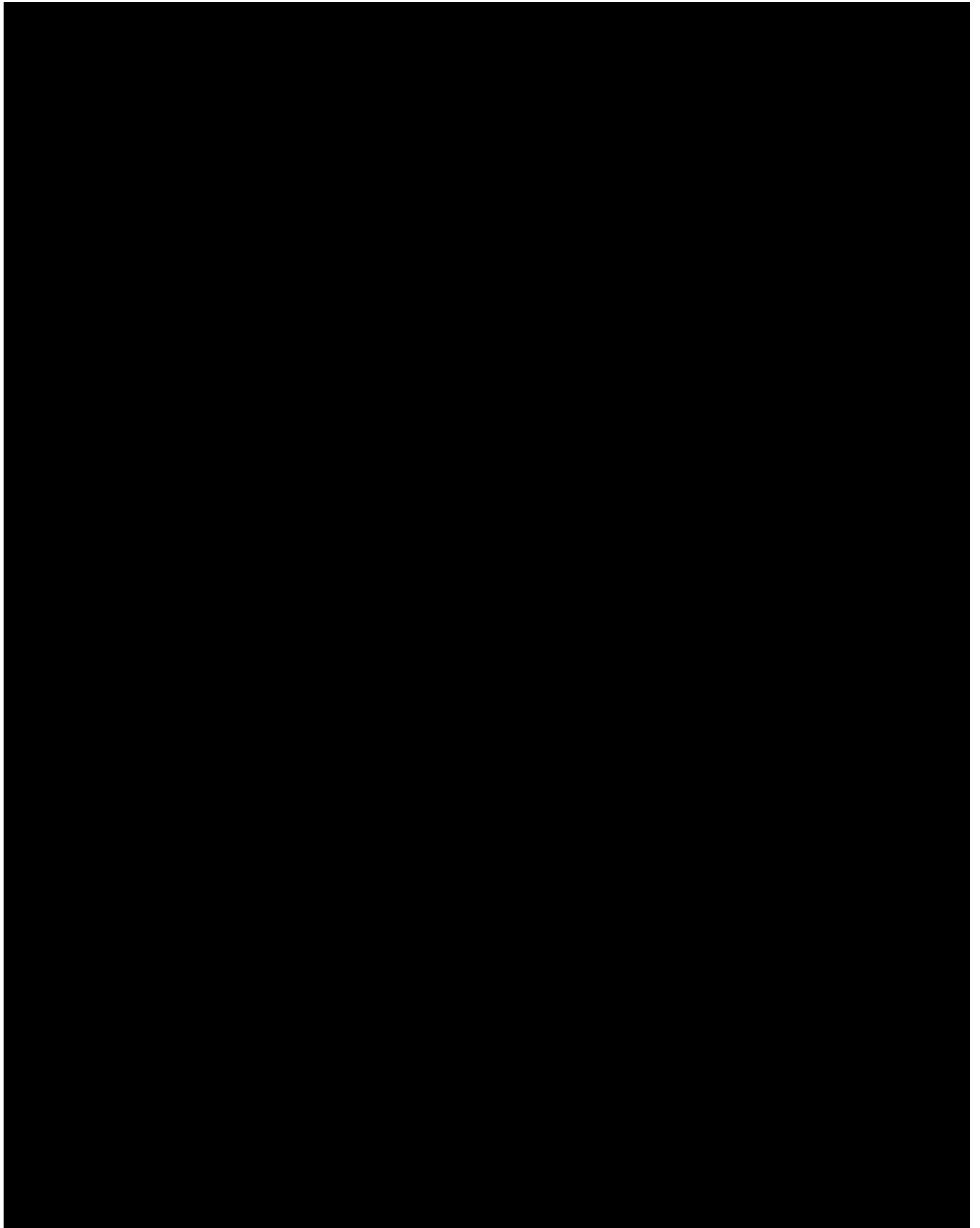
Yang, X., Zhao, L., Wang, L., Hao, C., Gu, Y., Song, W., Zhao, Q., & Wang, X. (2016). Quality of life of transgender women from China and associated factors: A cross-sectional study. *Journal of Sexual Medicine*, 13(6), 977-987. doi: 10.1016/j.jsxm.2016.03.369

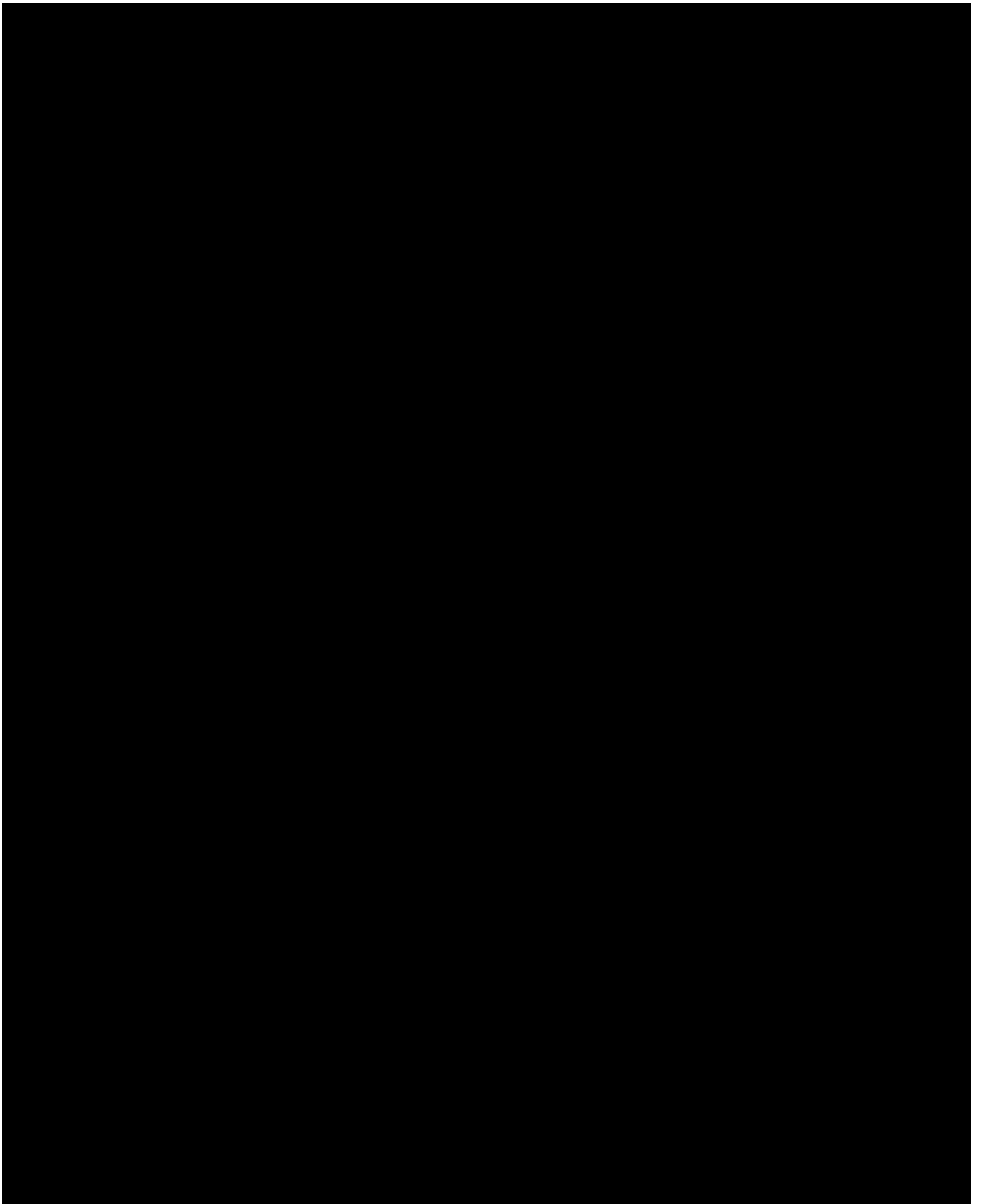
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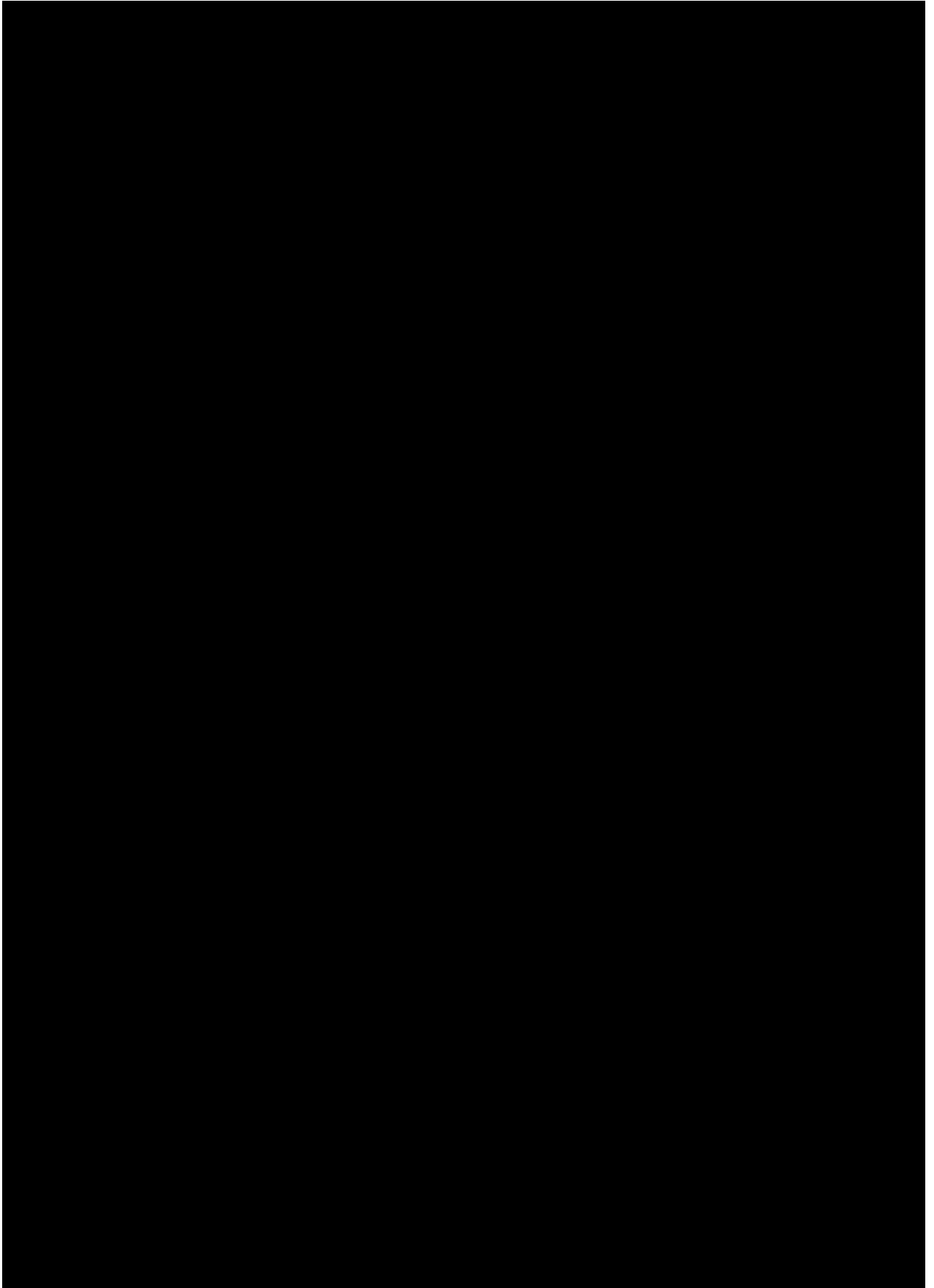
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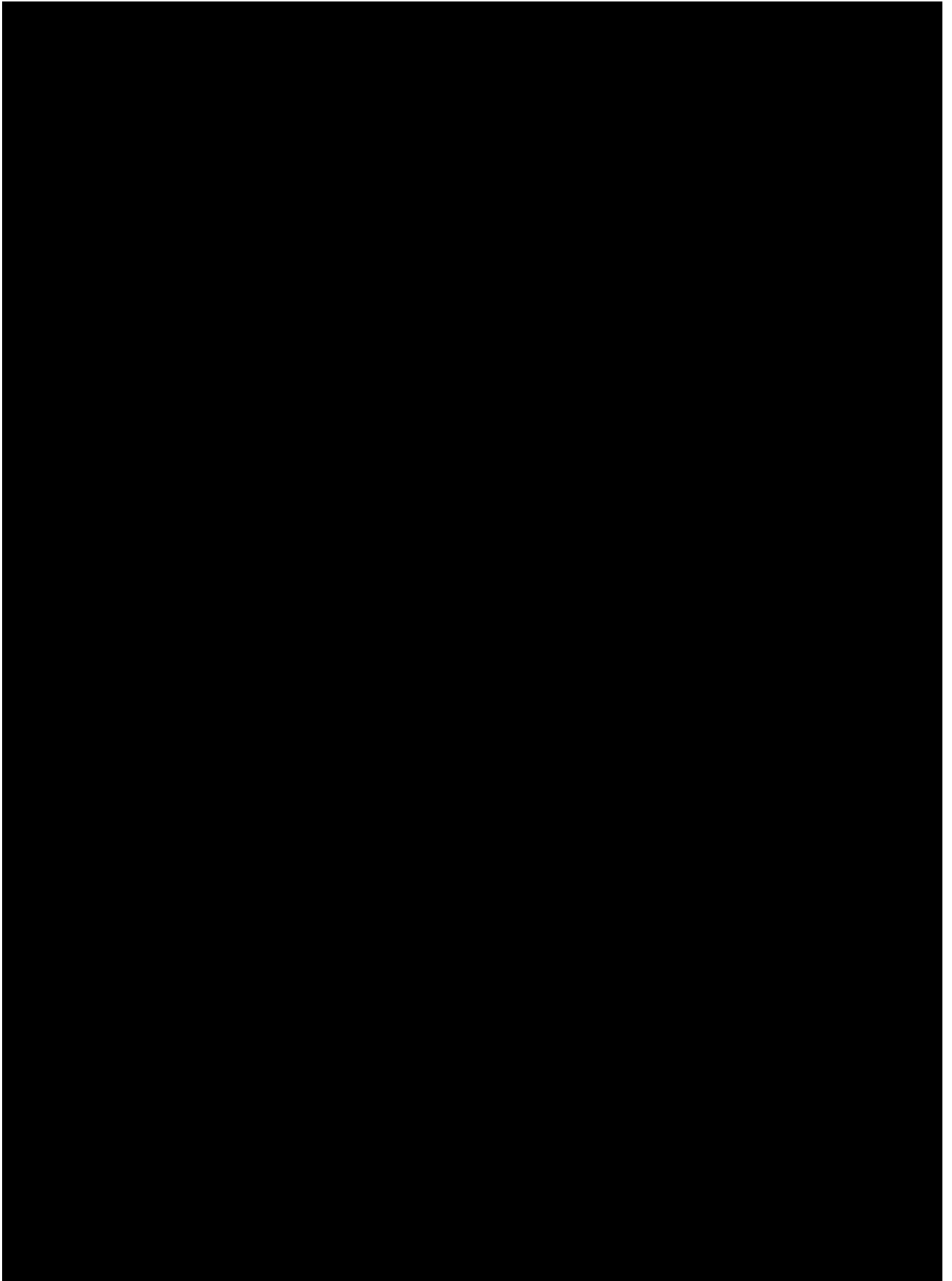
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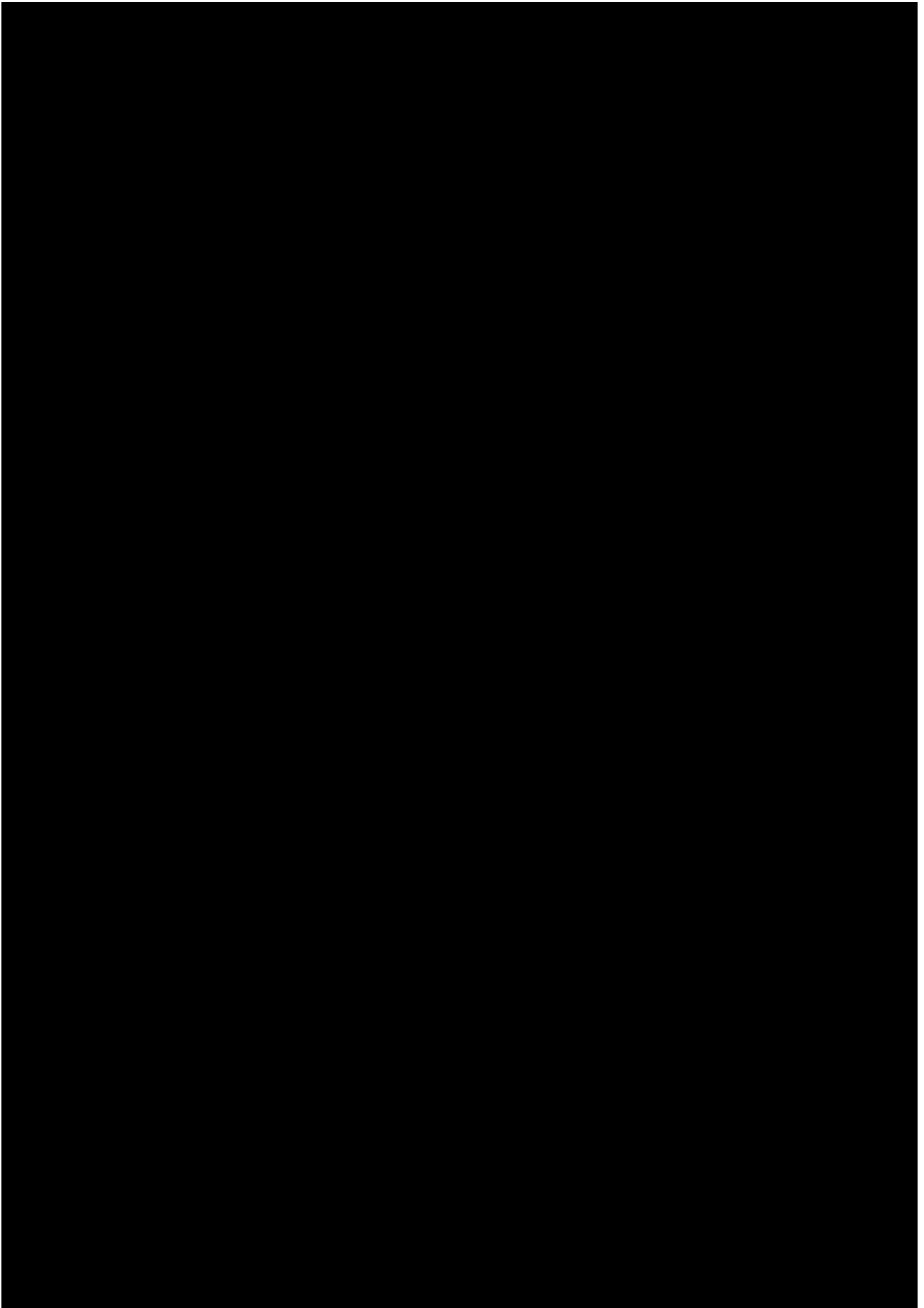




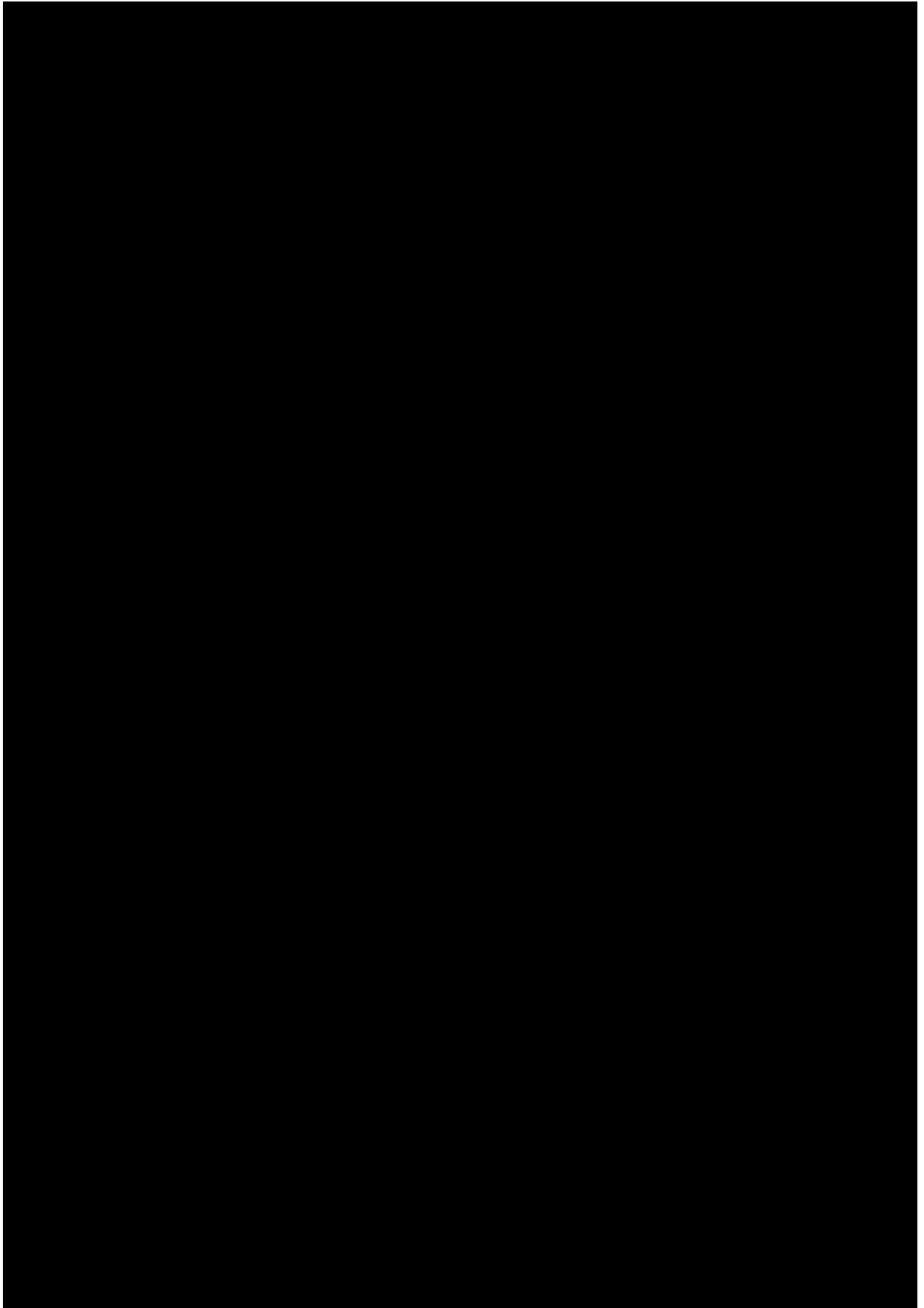


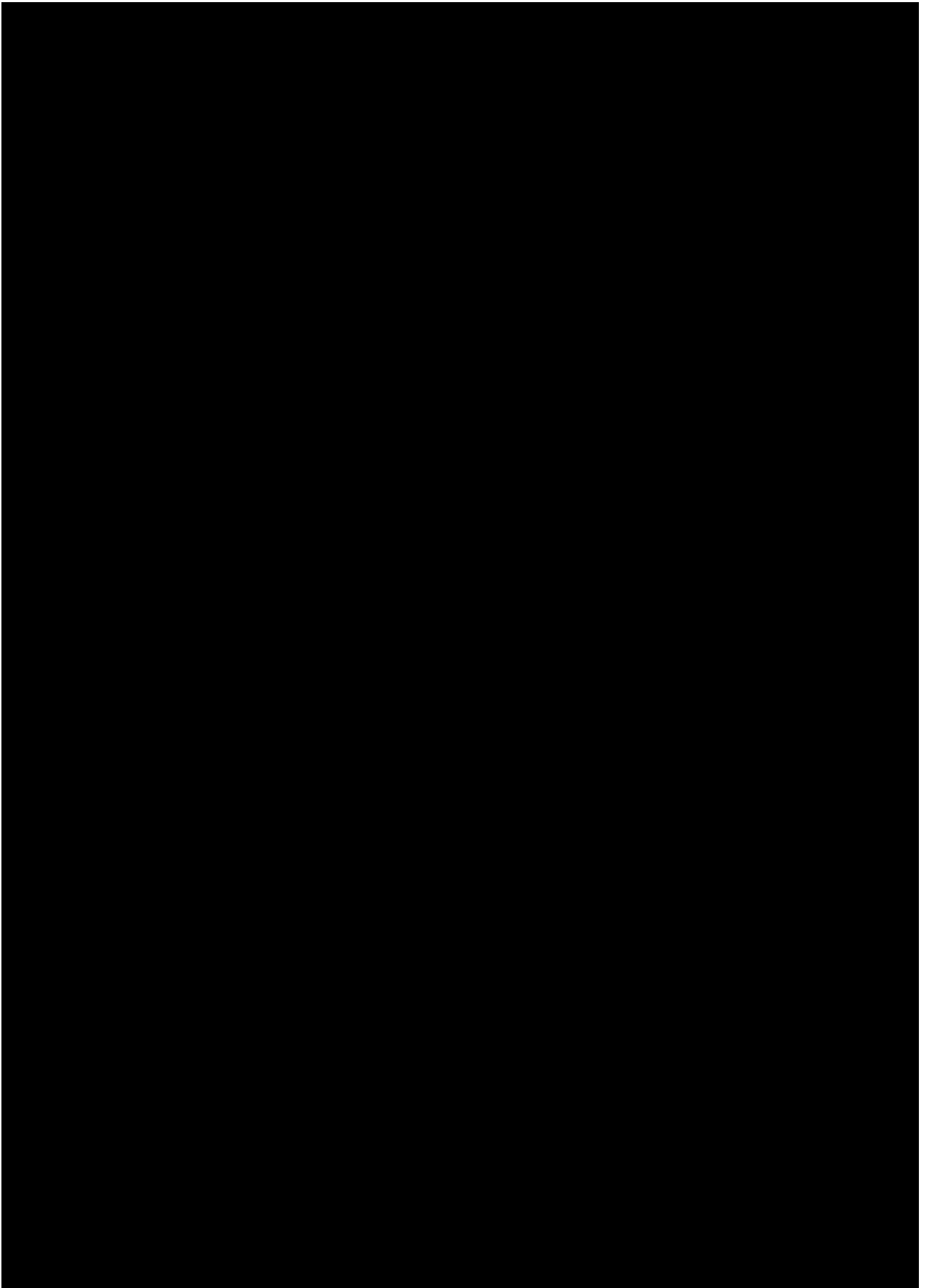


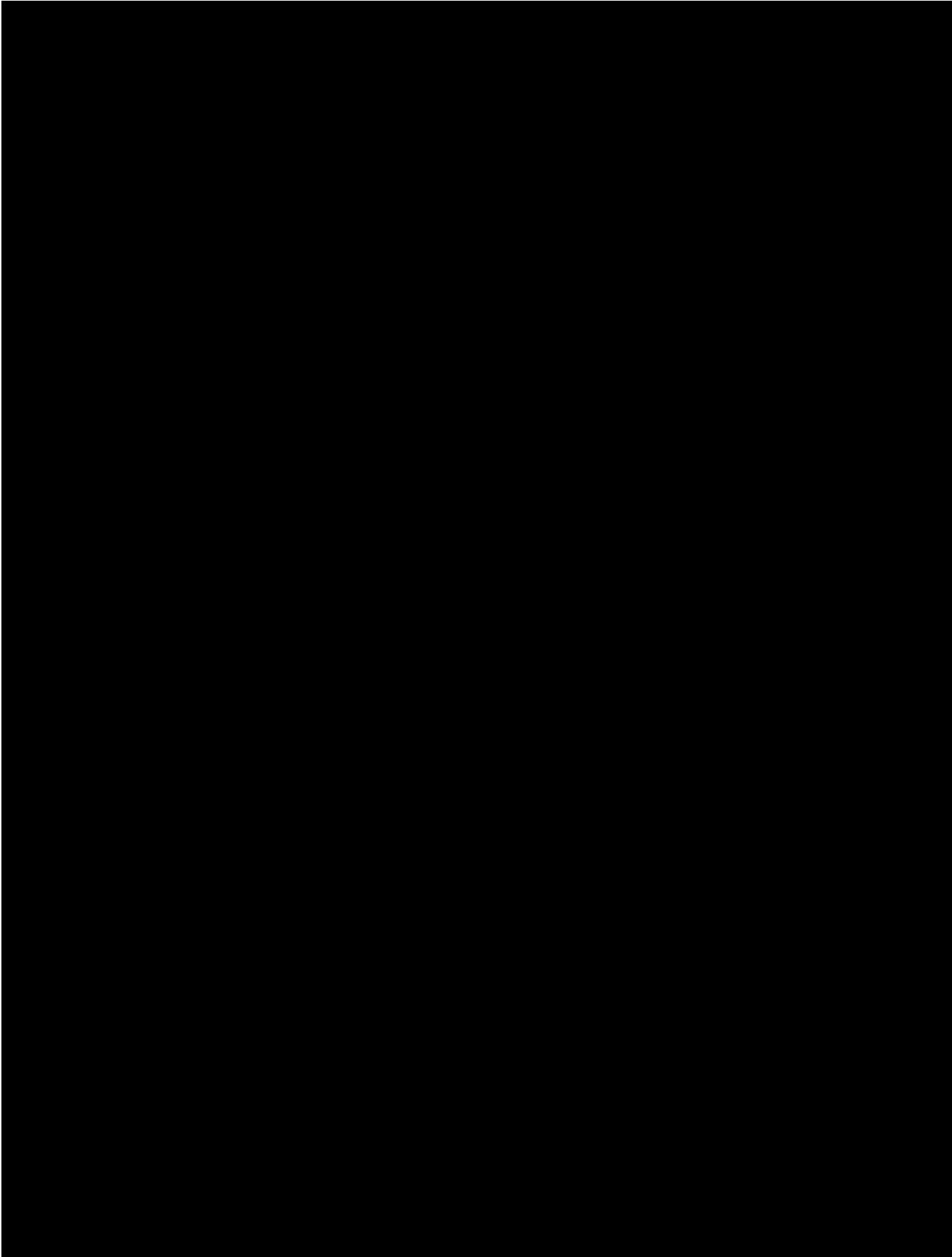


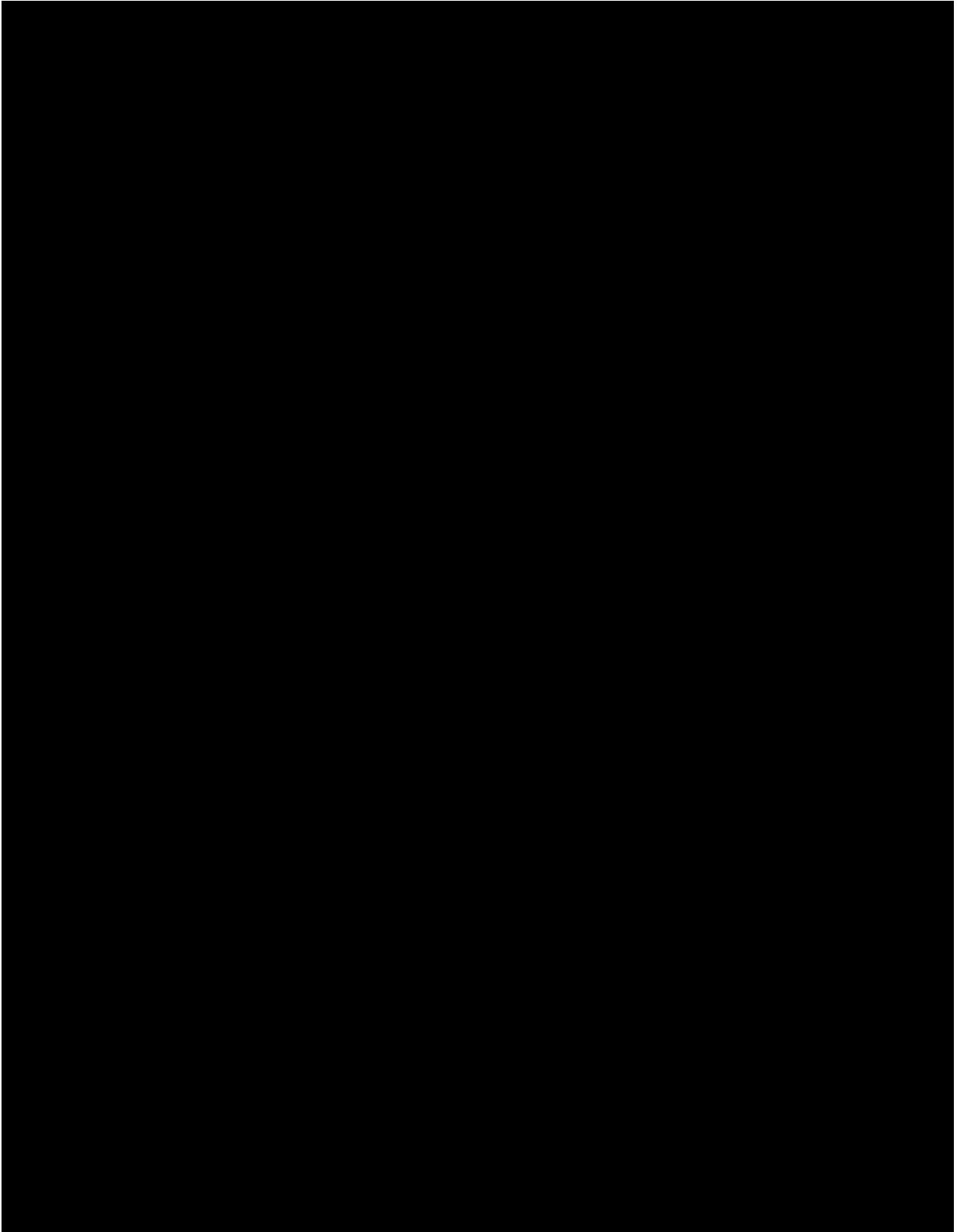


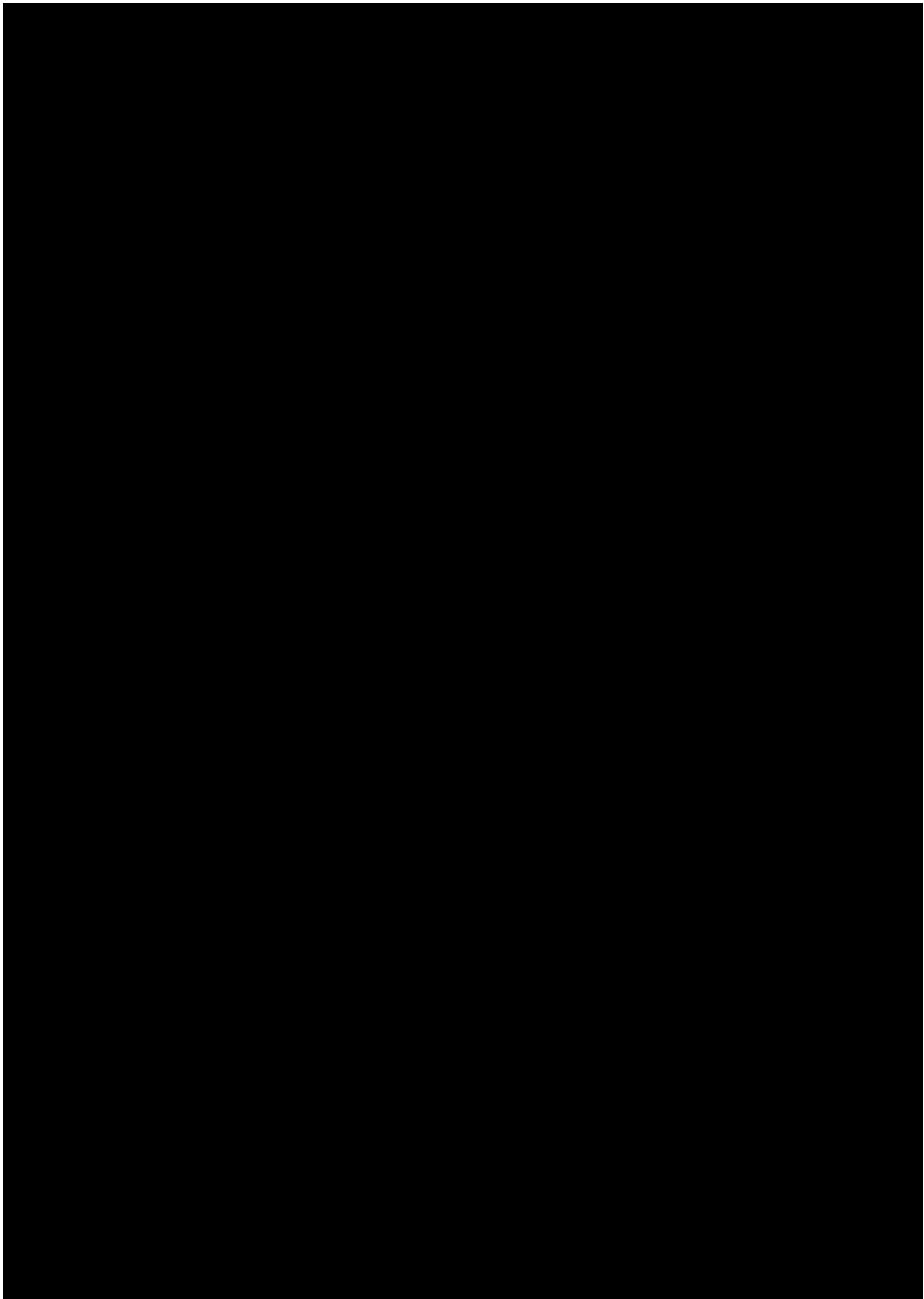


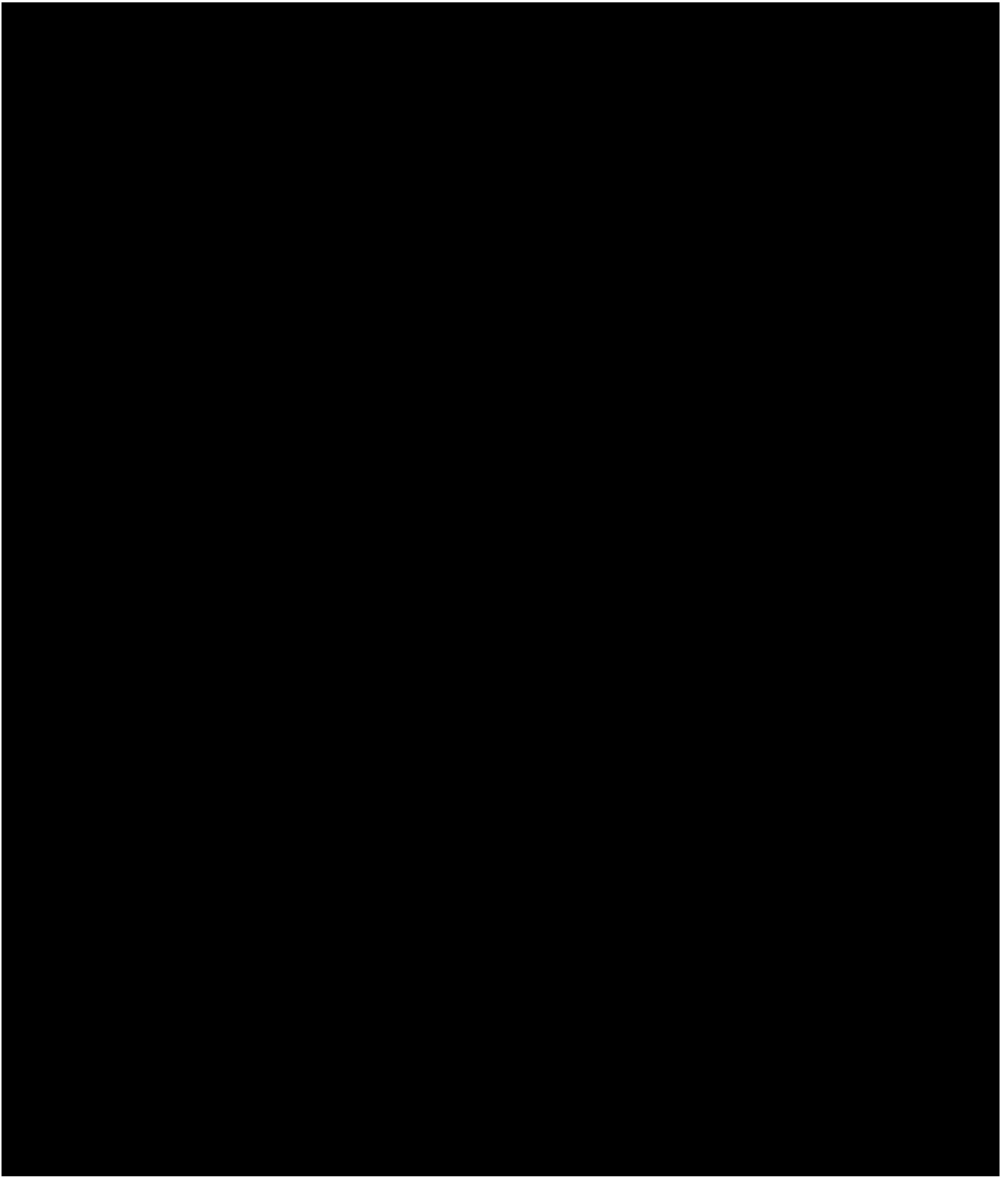












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