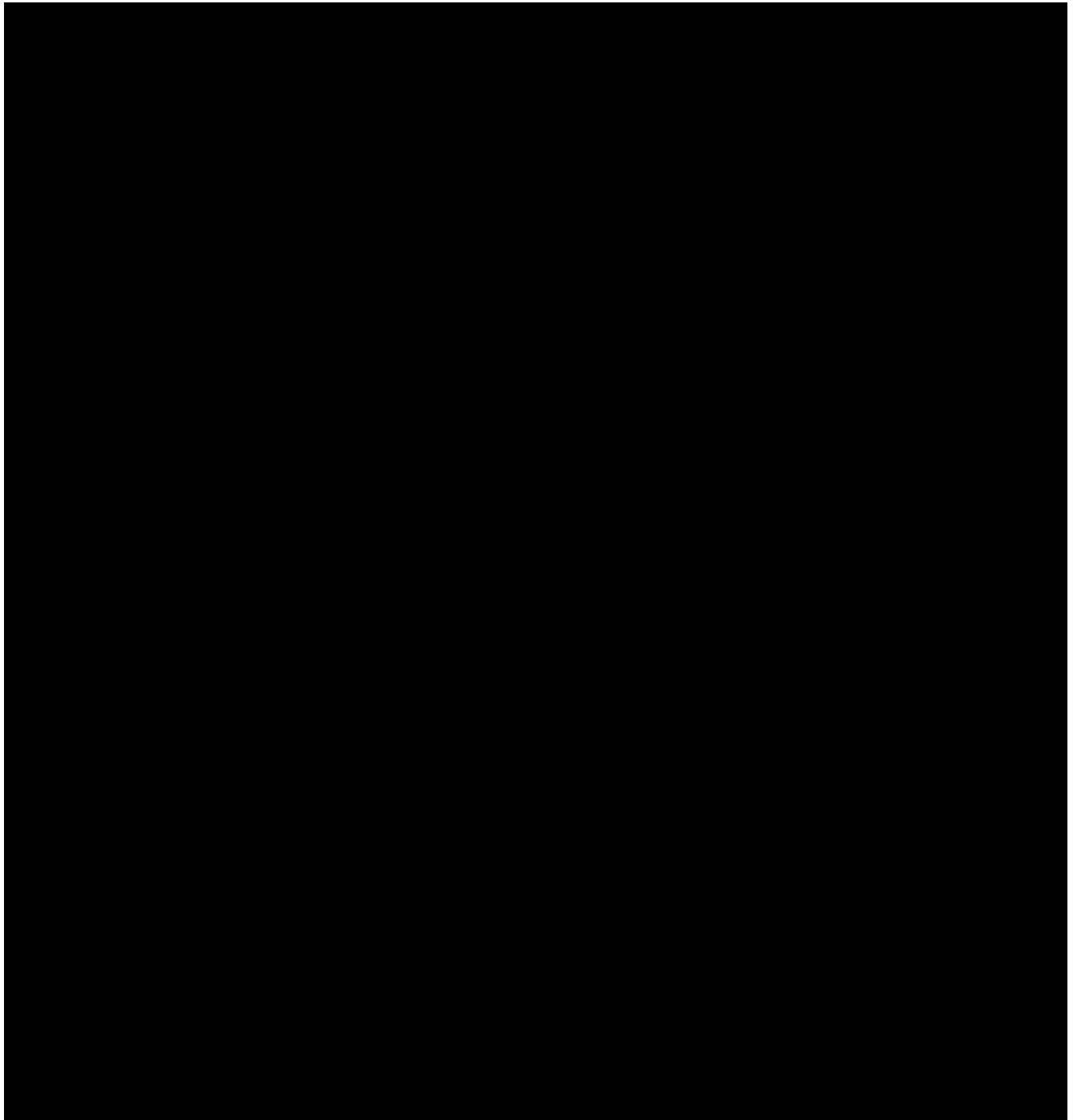
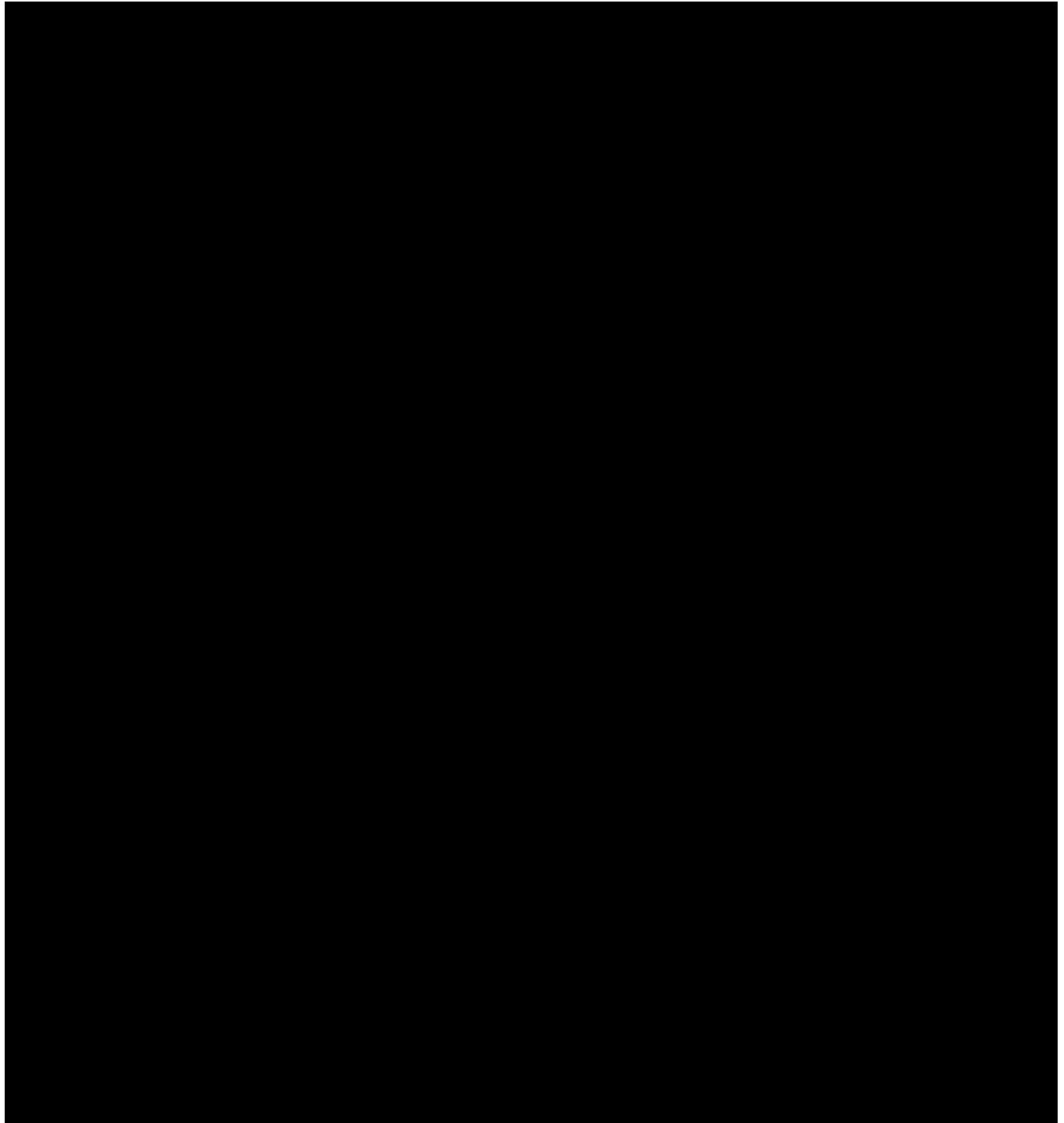


EXHIBIT 182
REDACTED



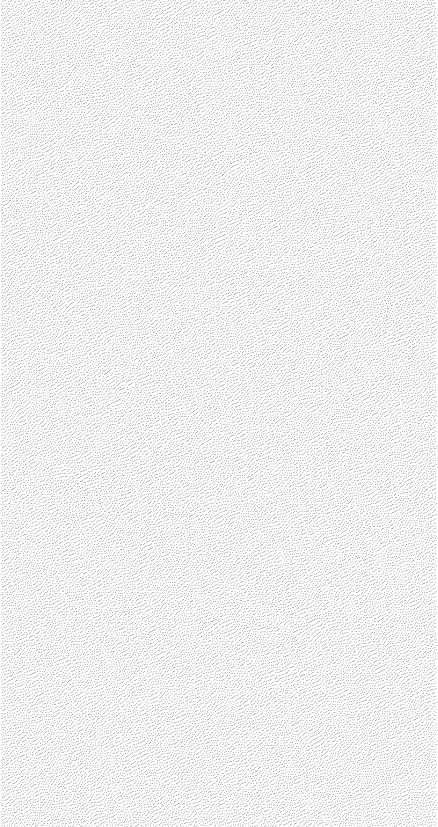
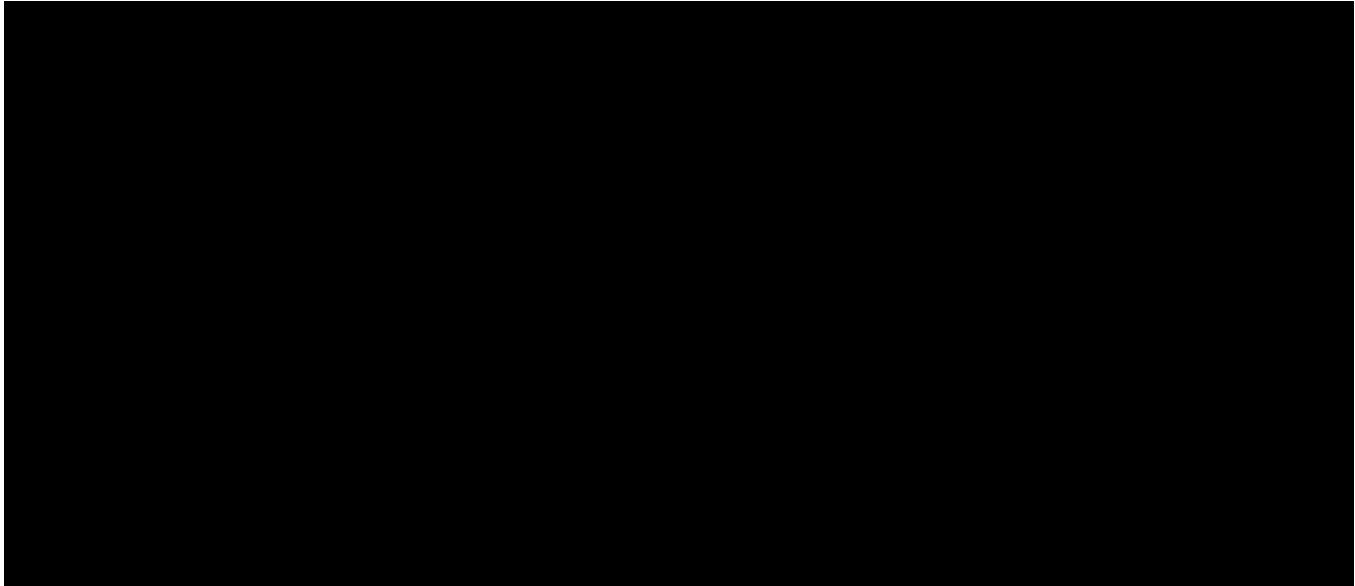
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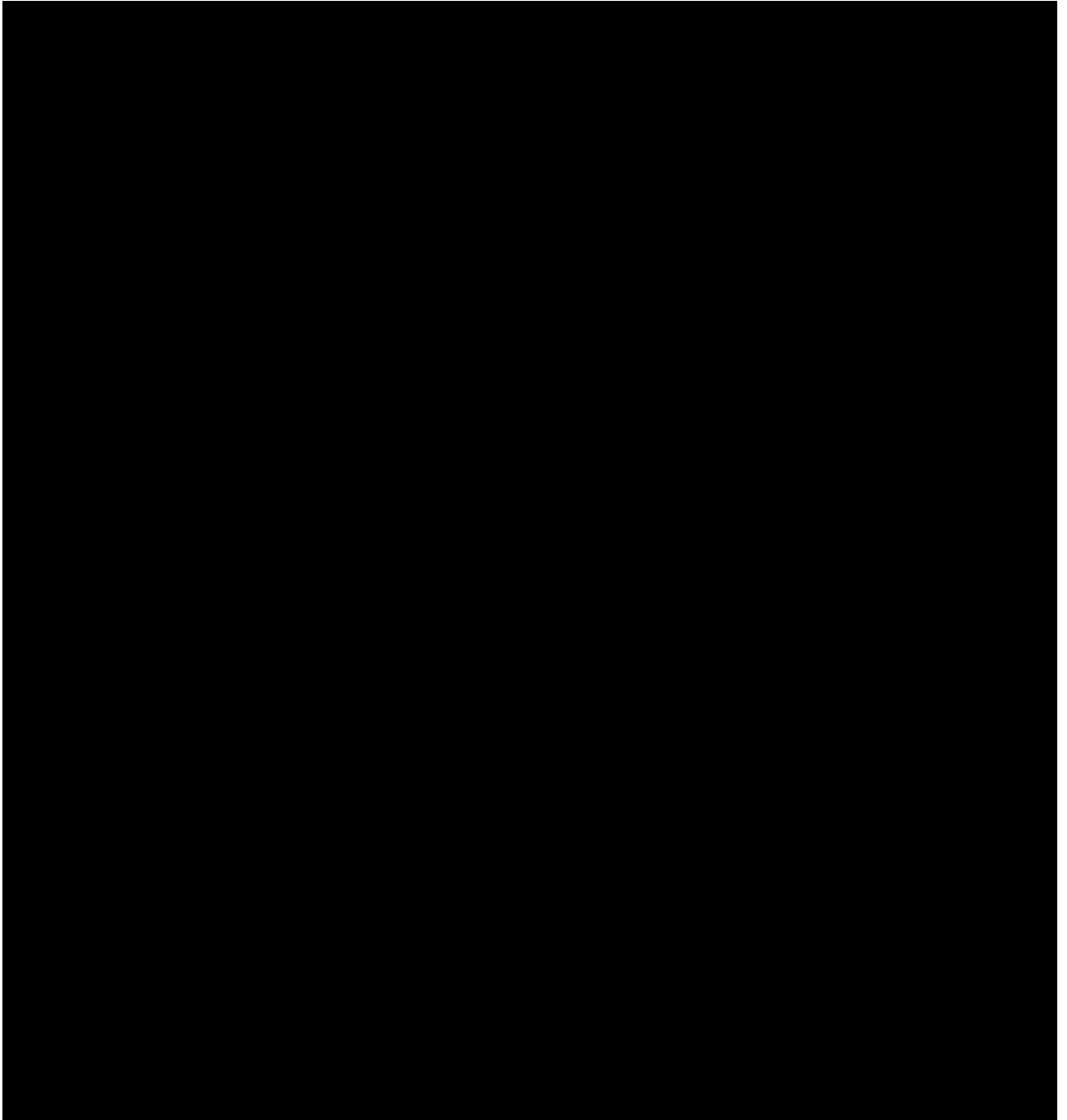
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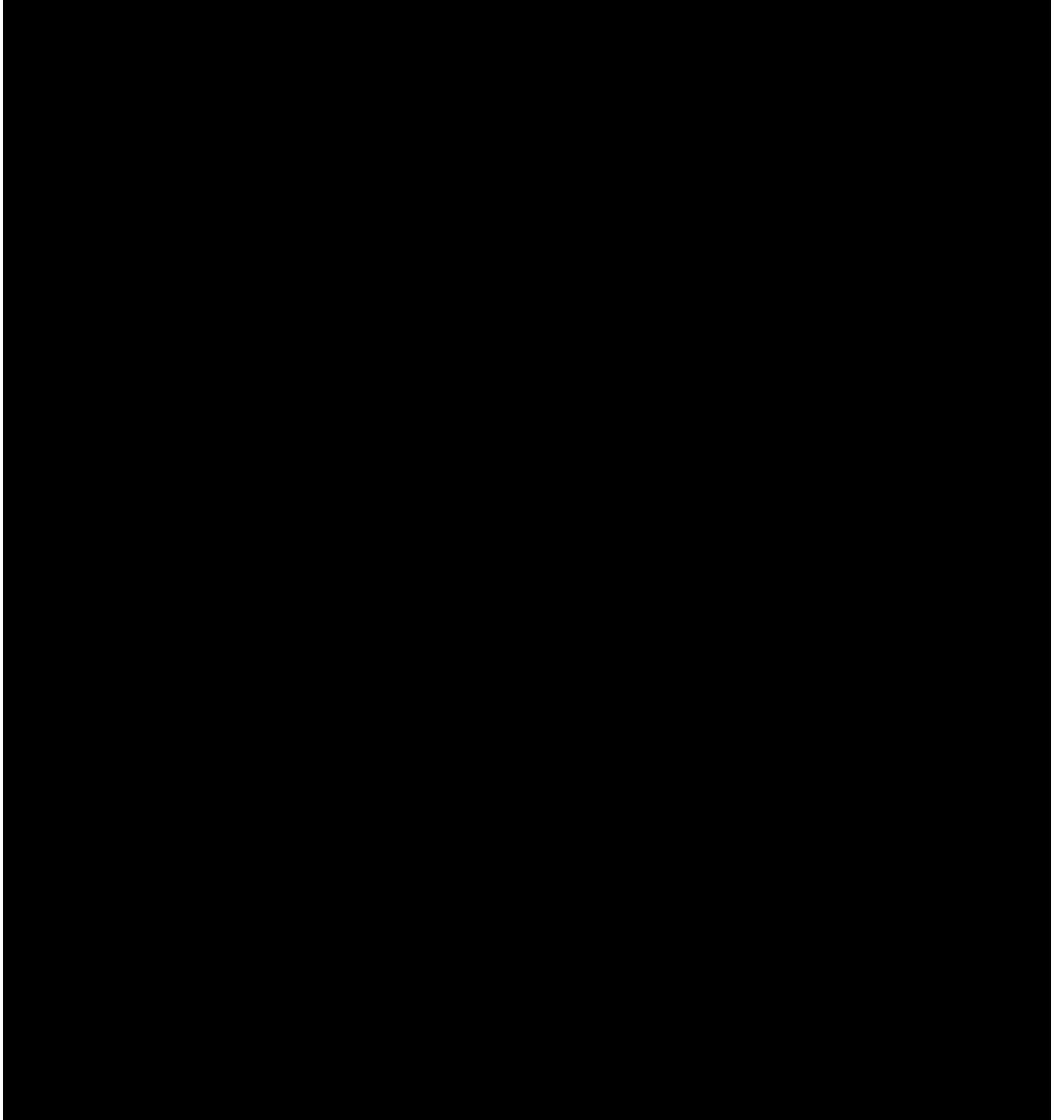
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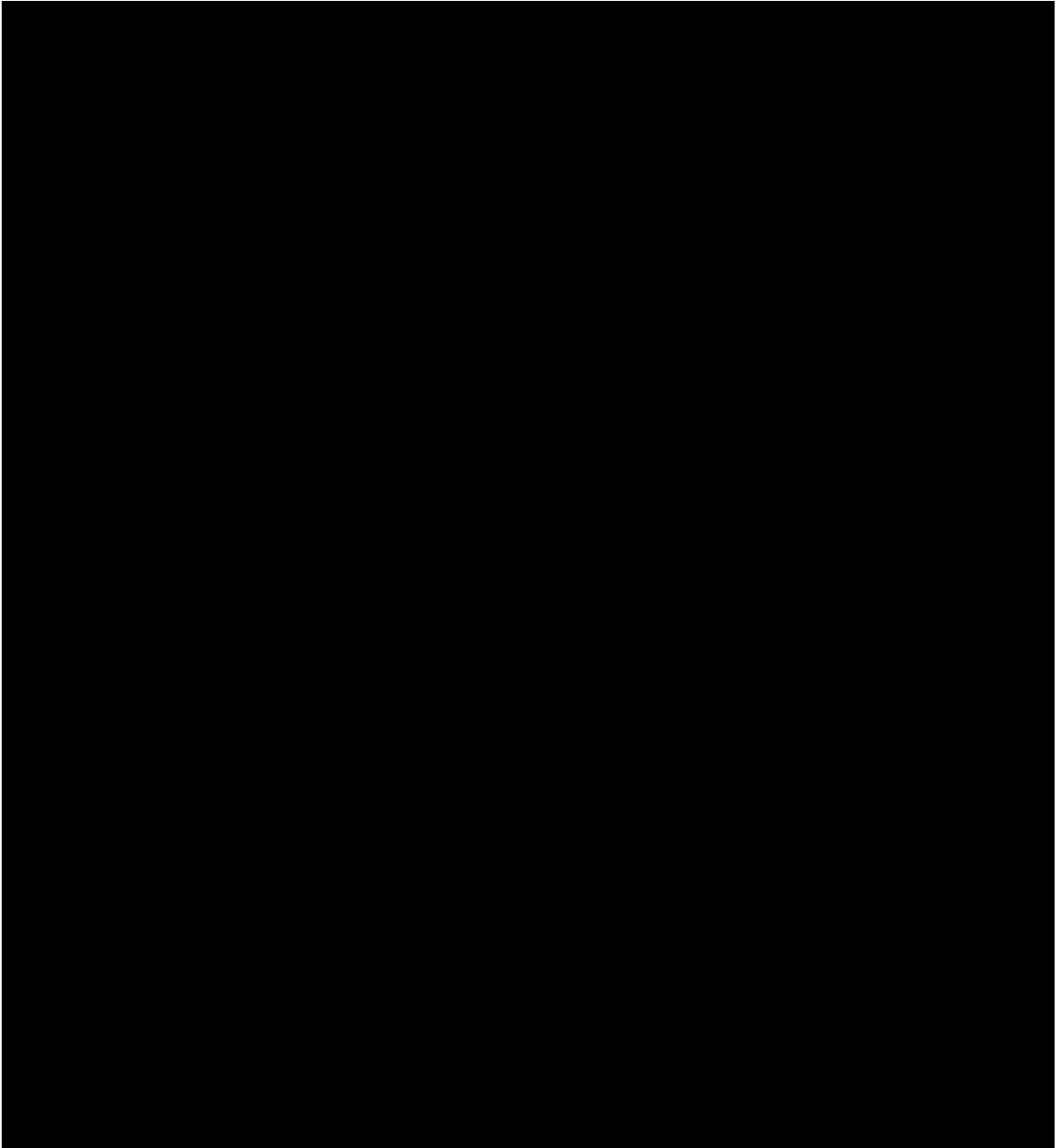
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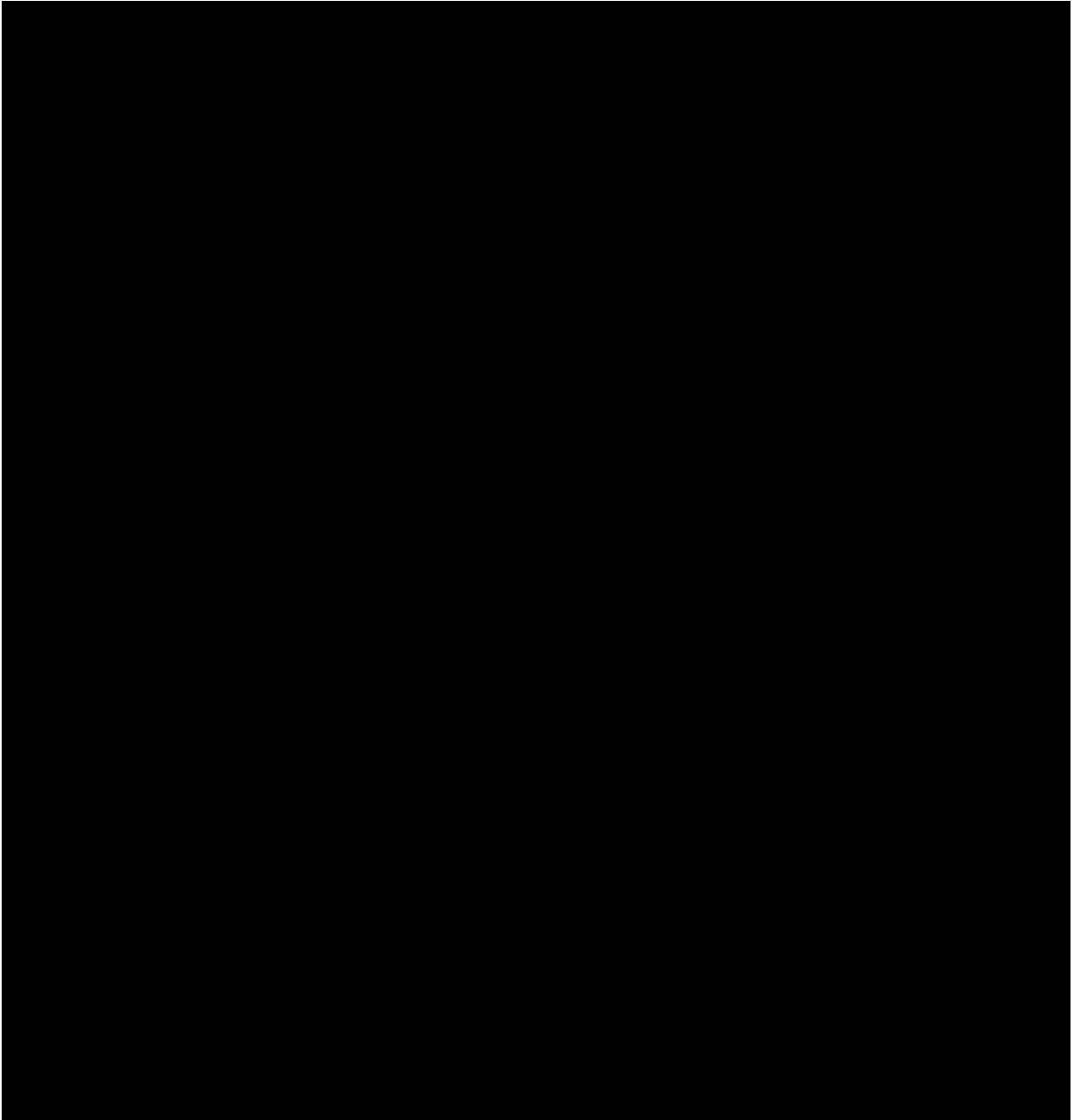
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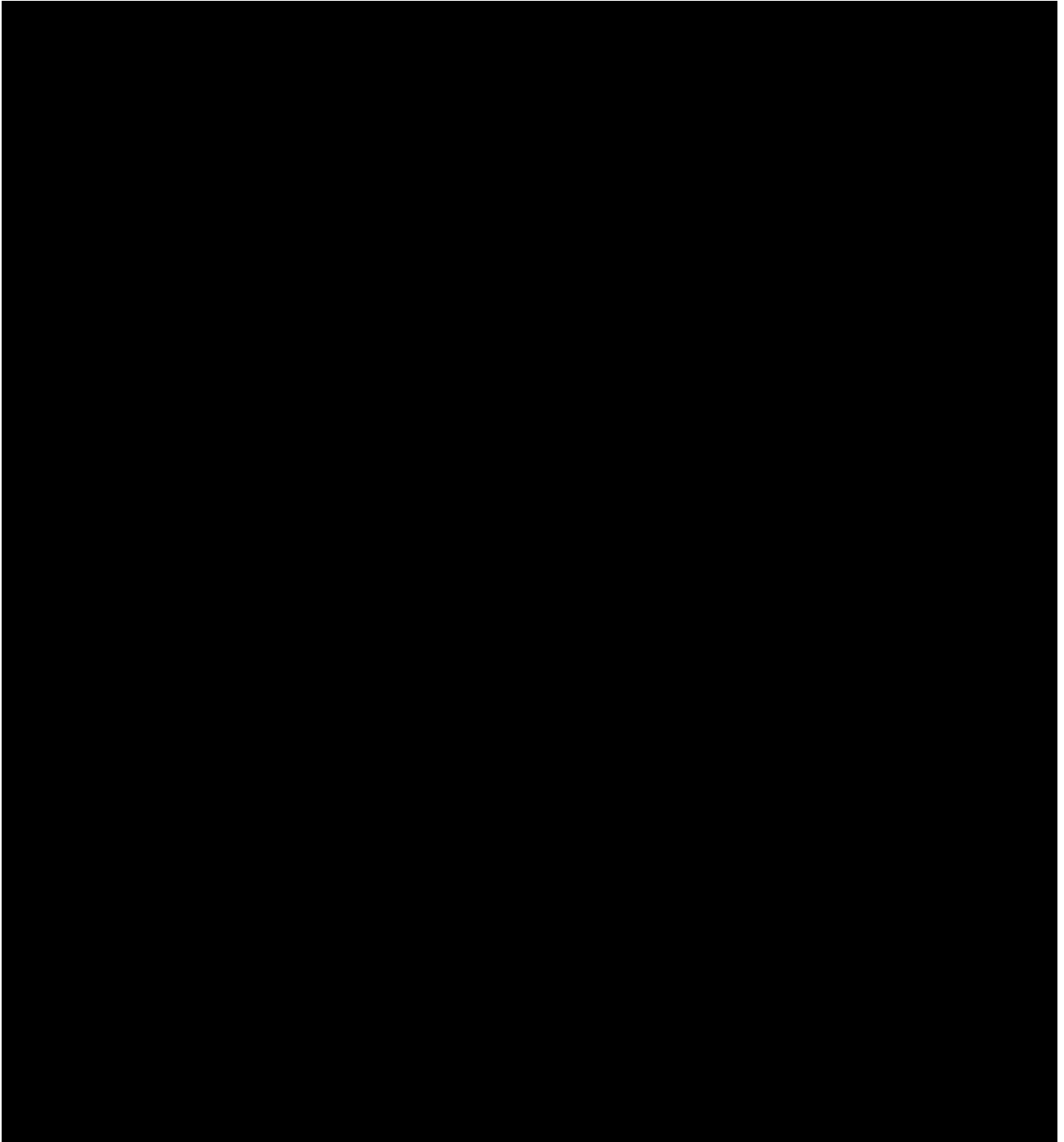
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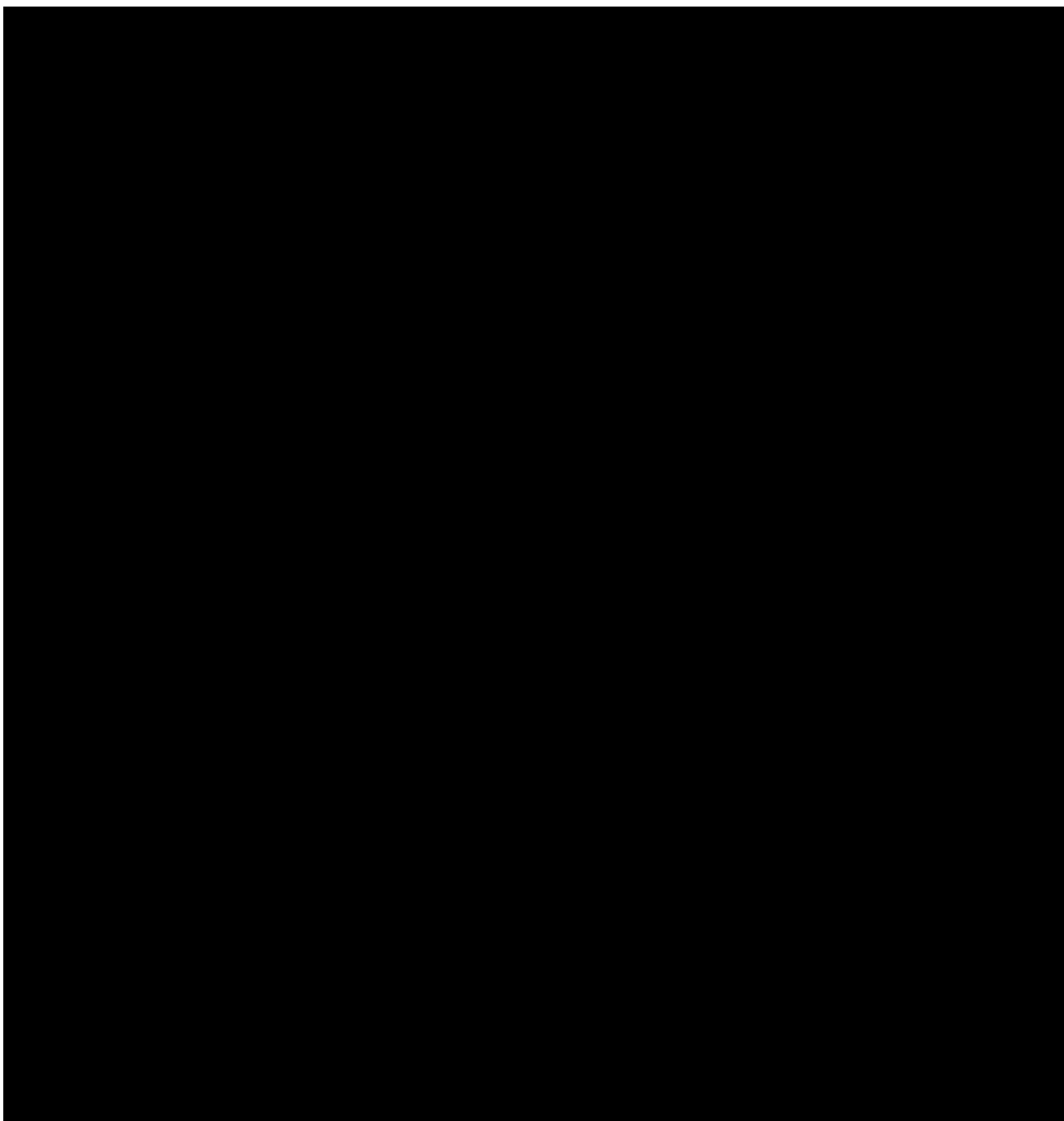
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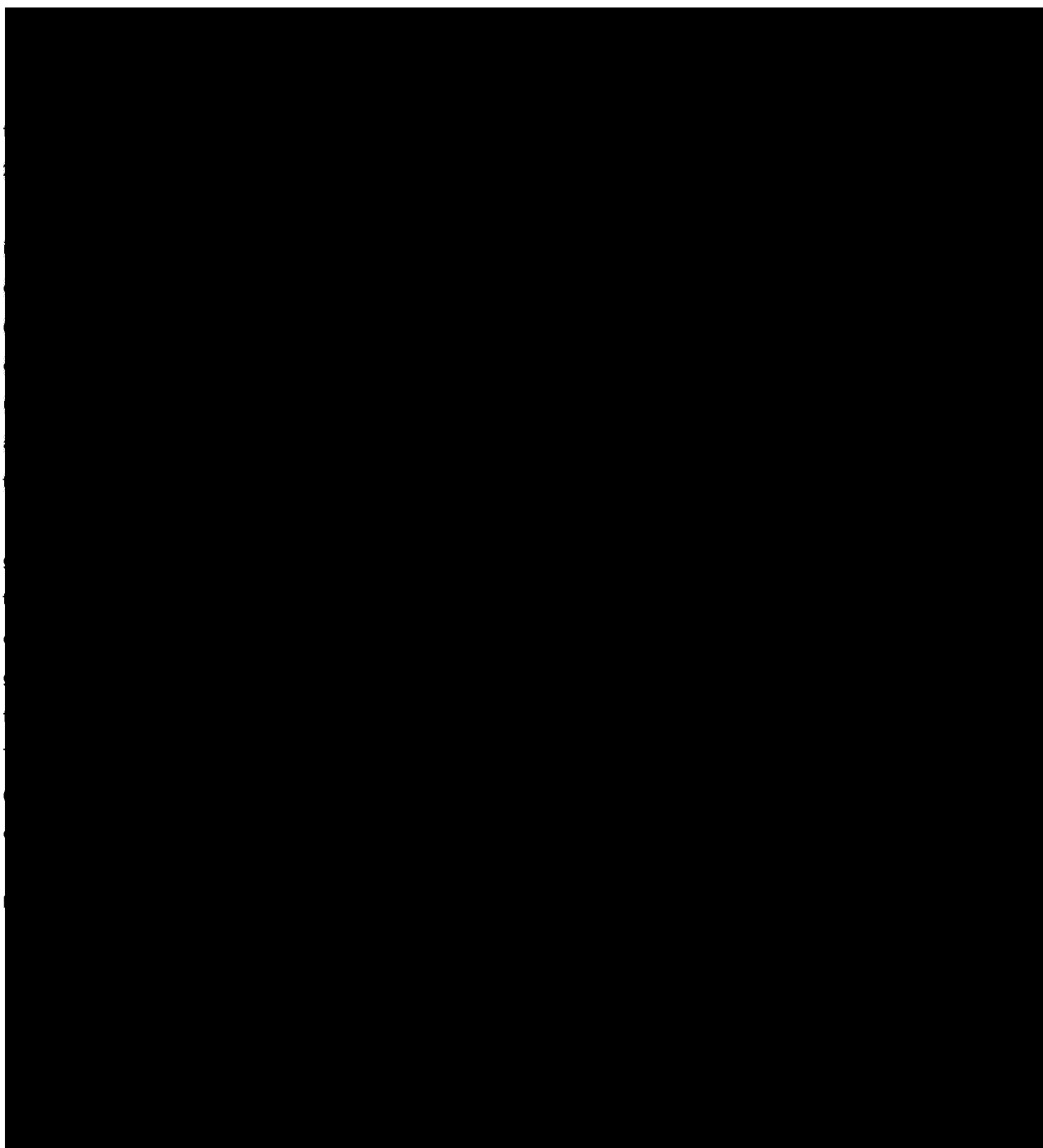
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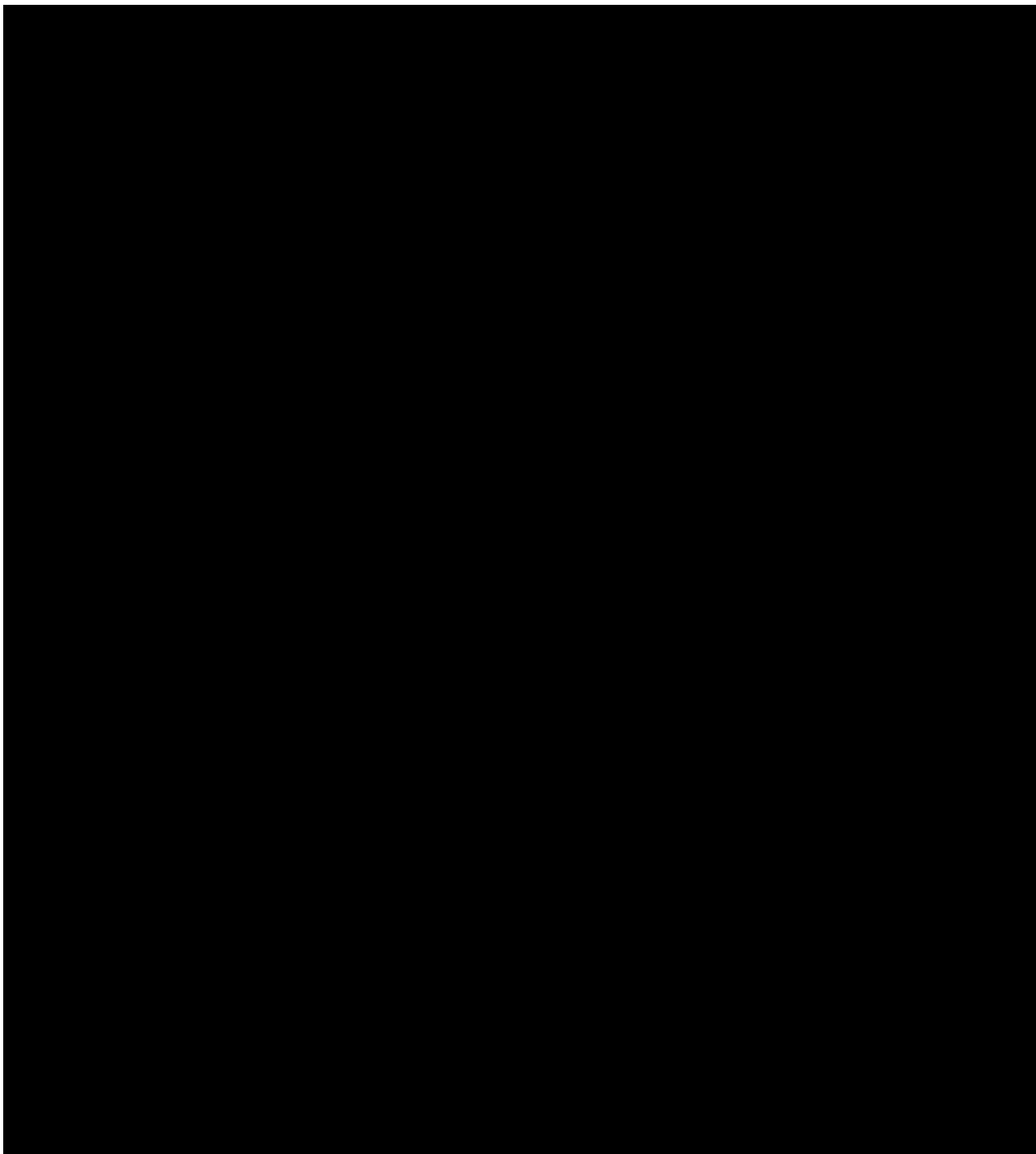
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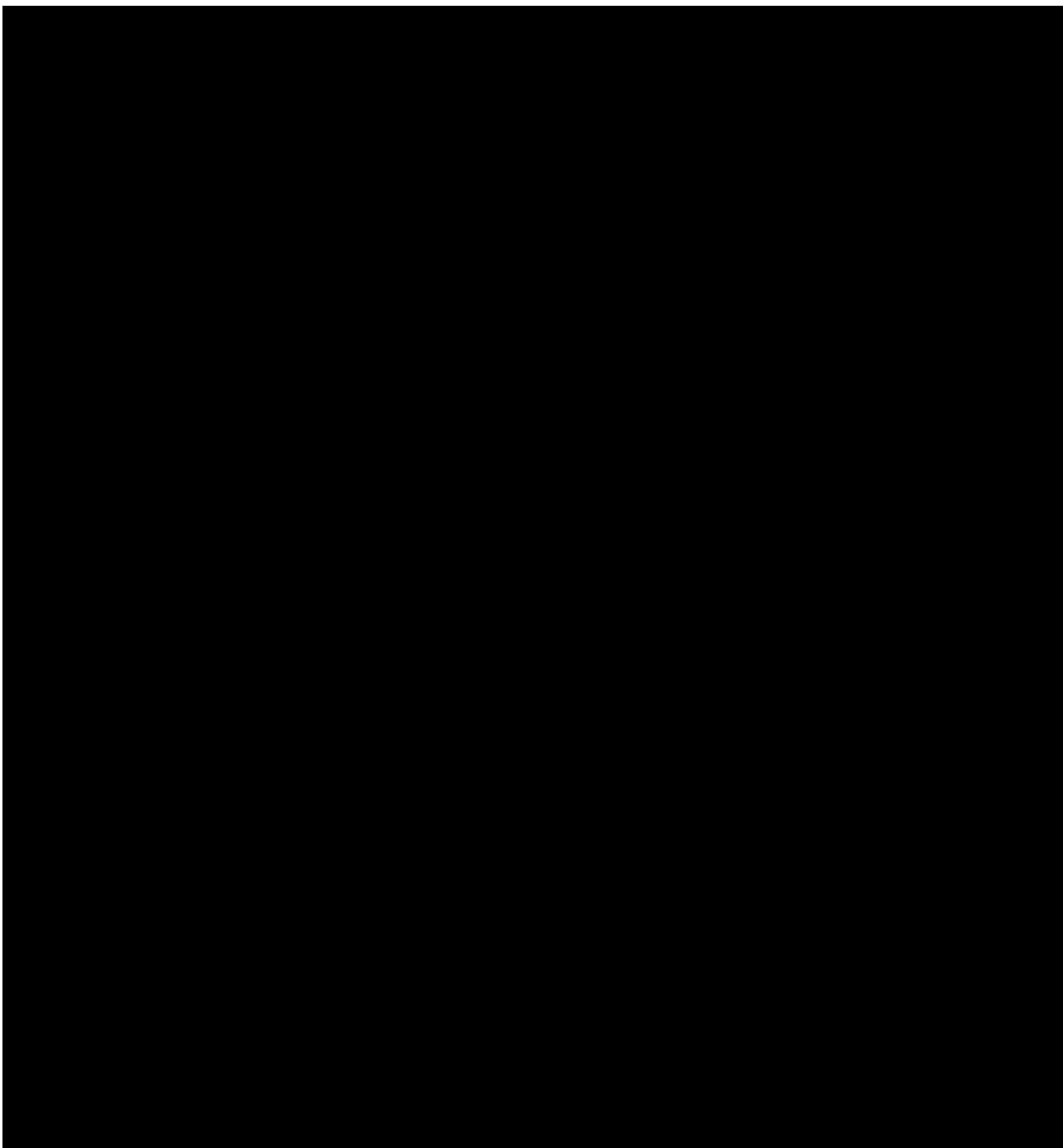
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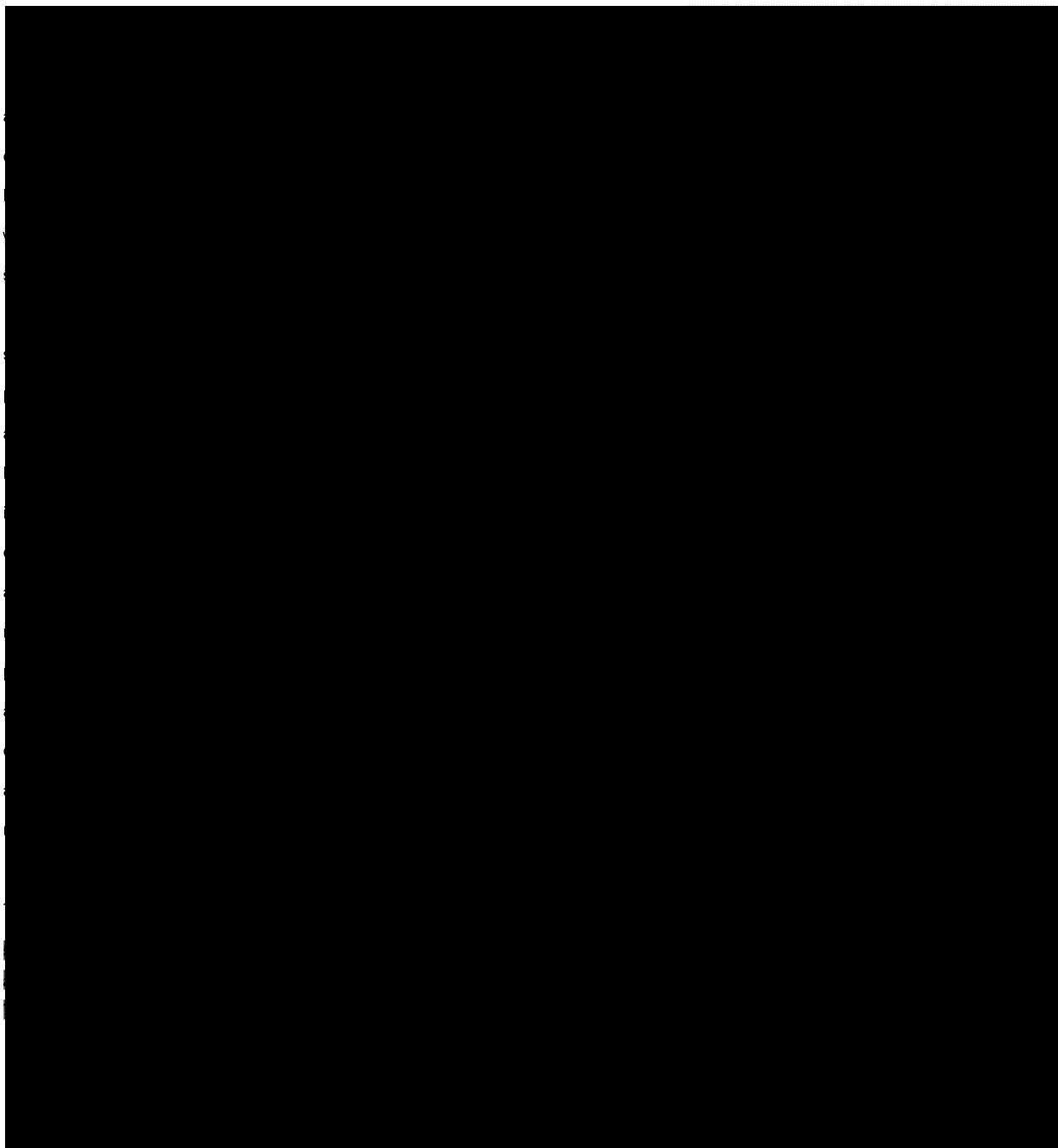
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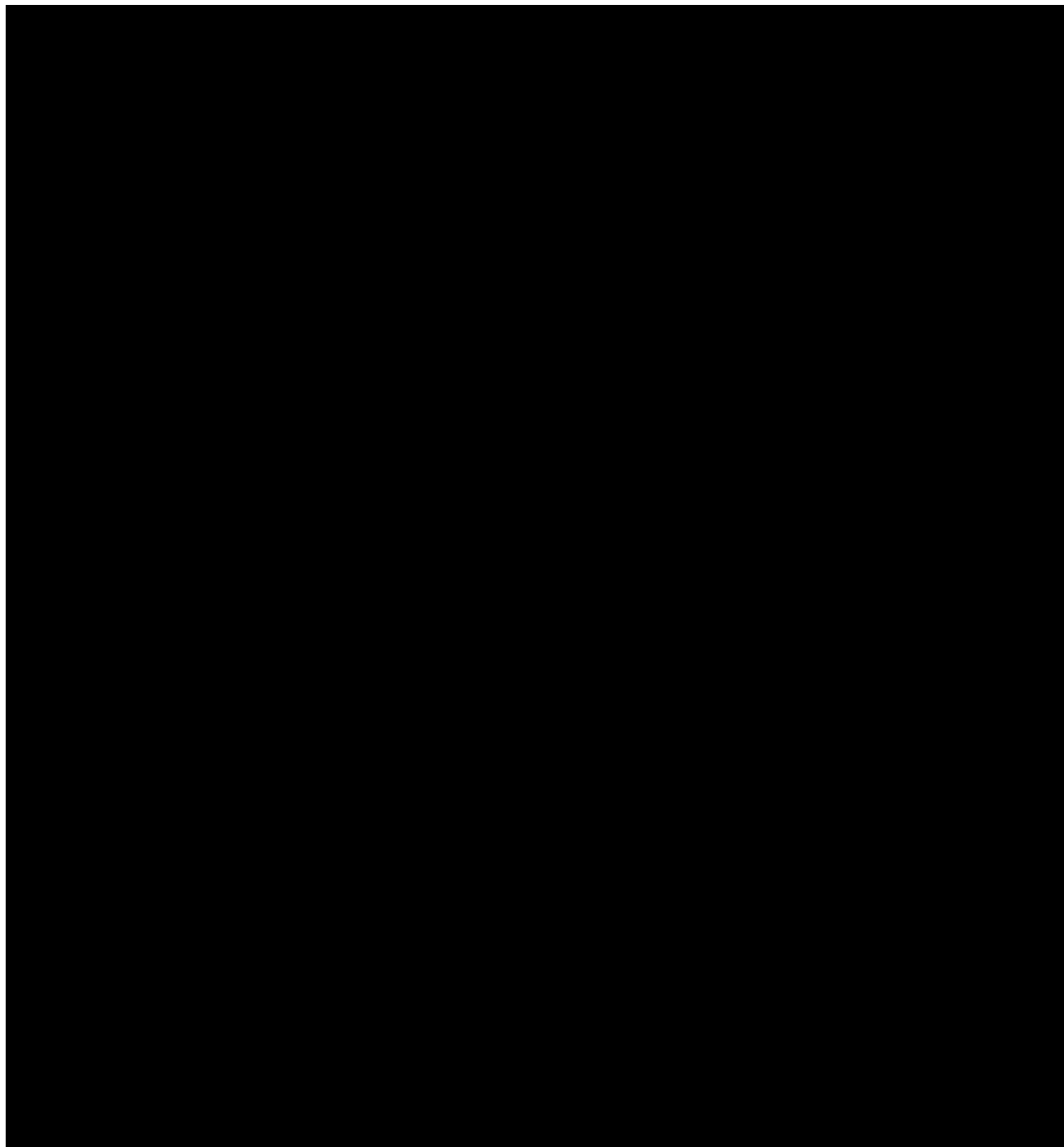
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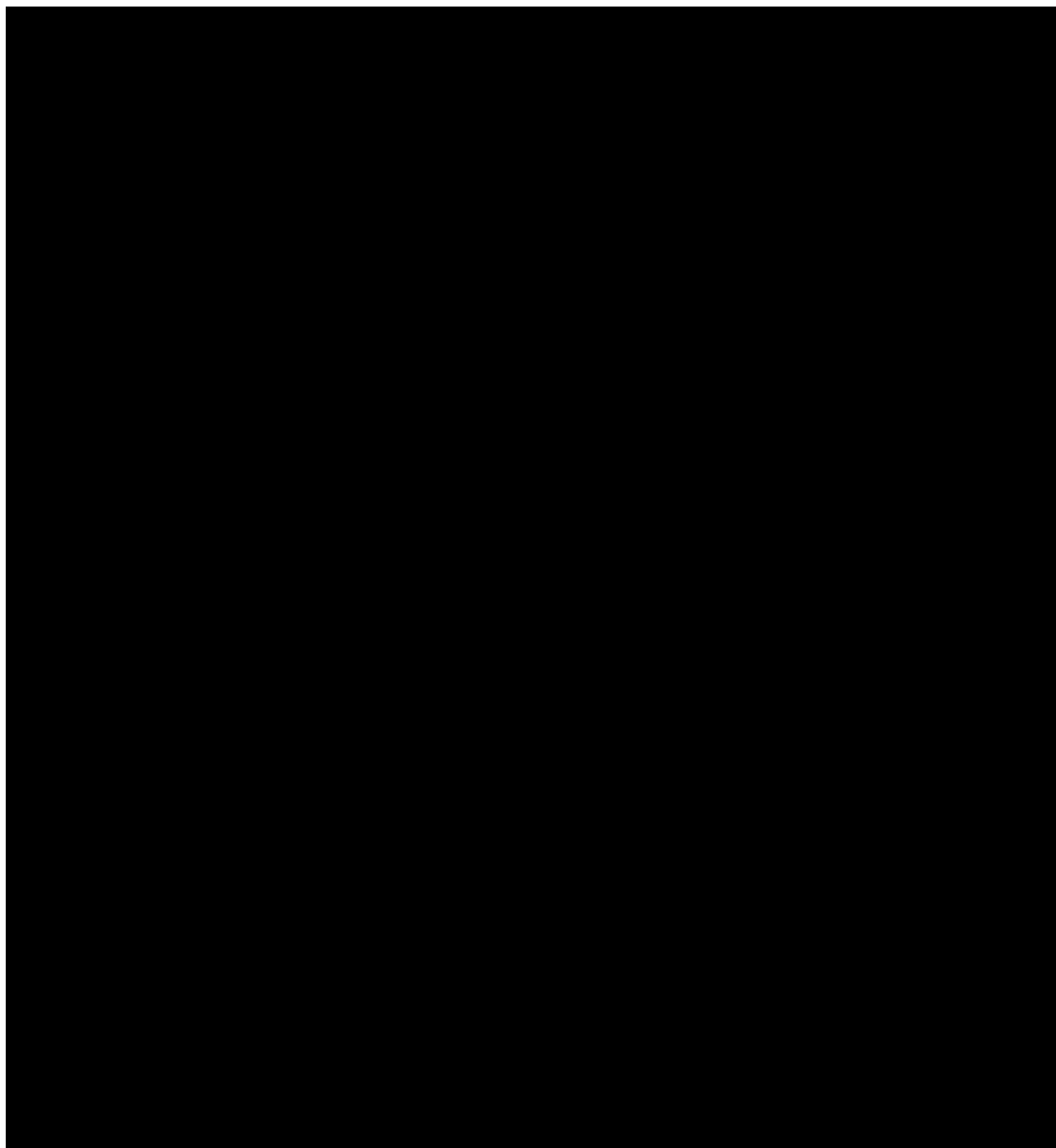
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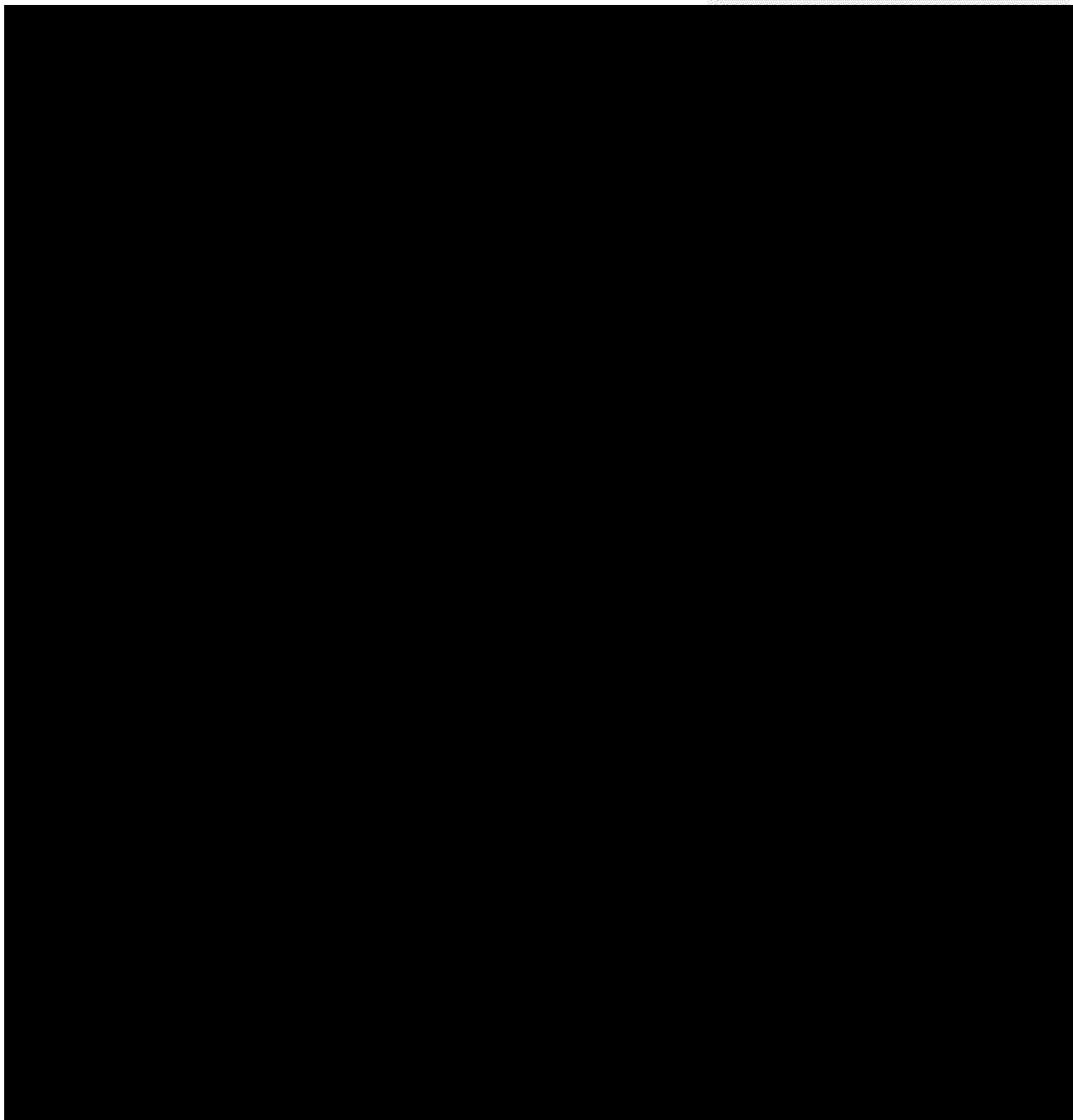
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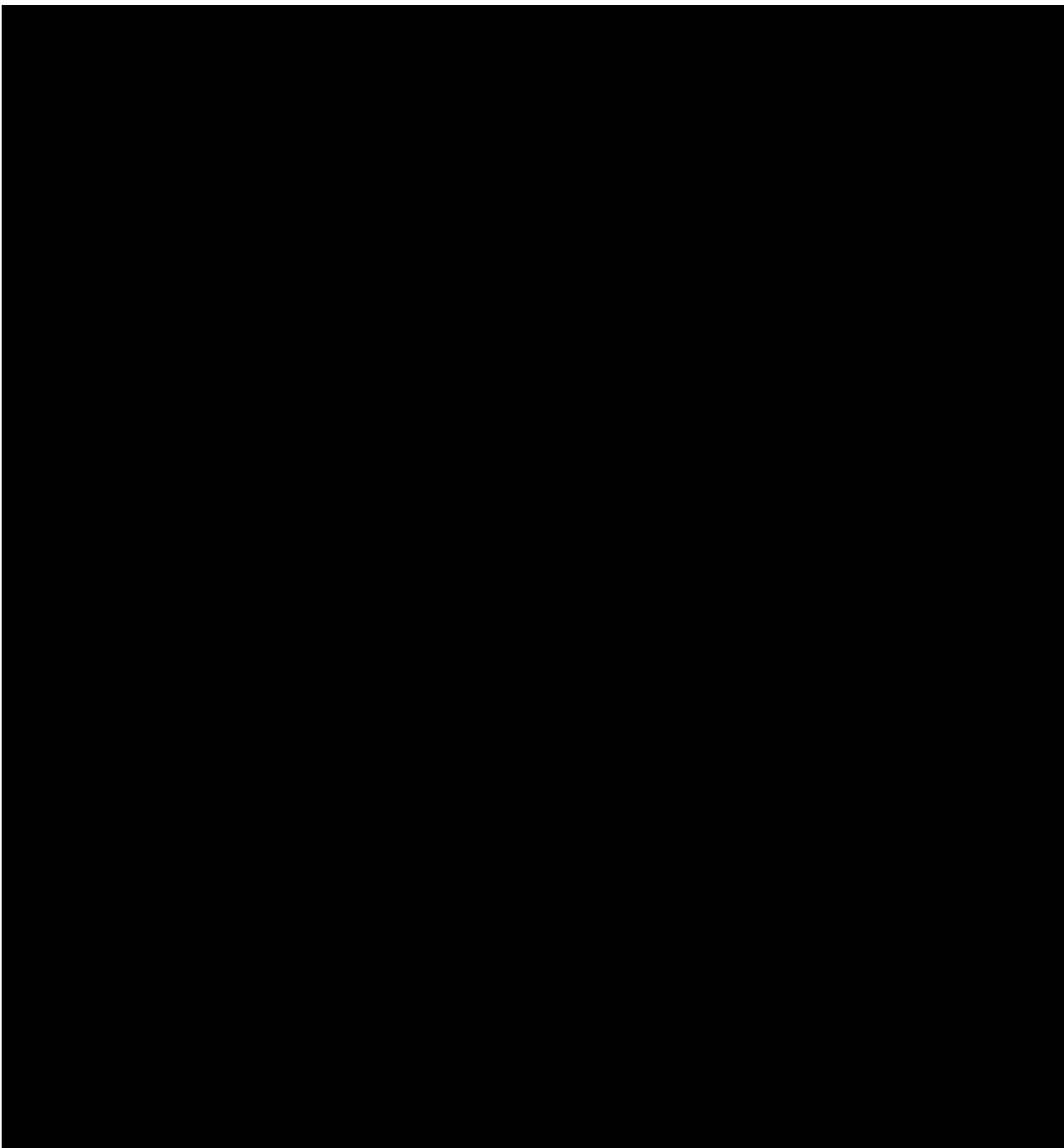
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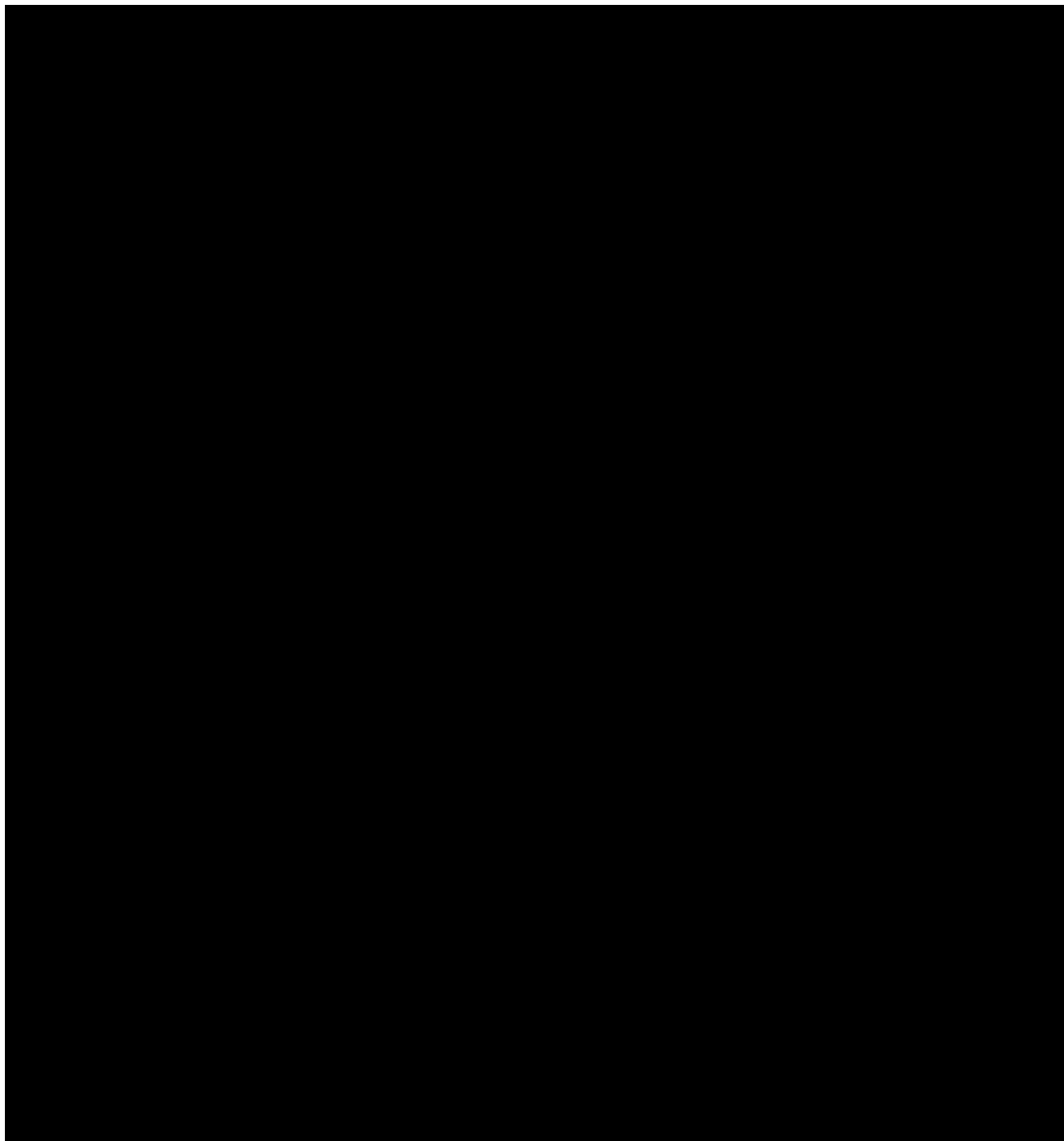
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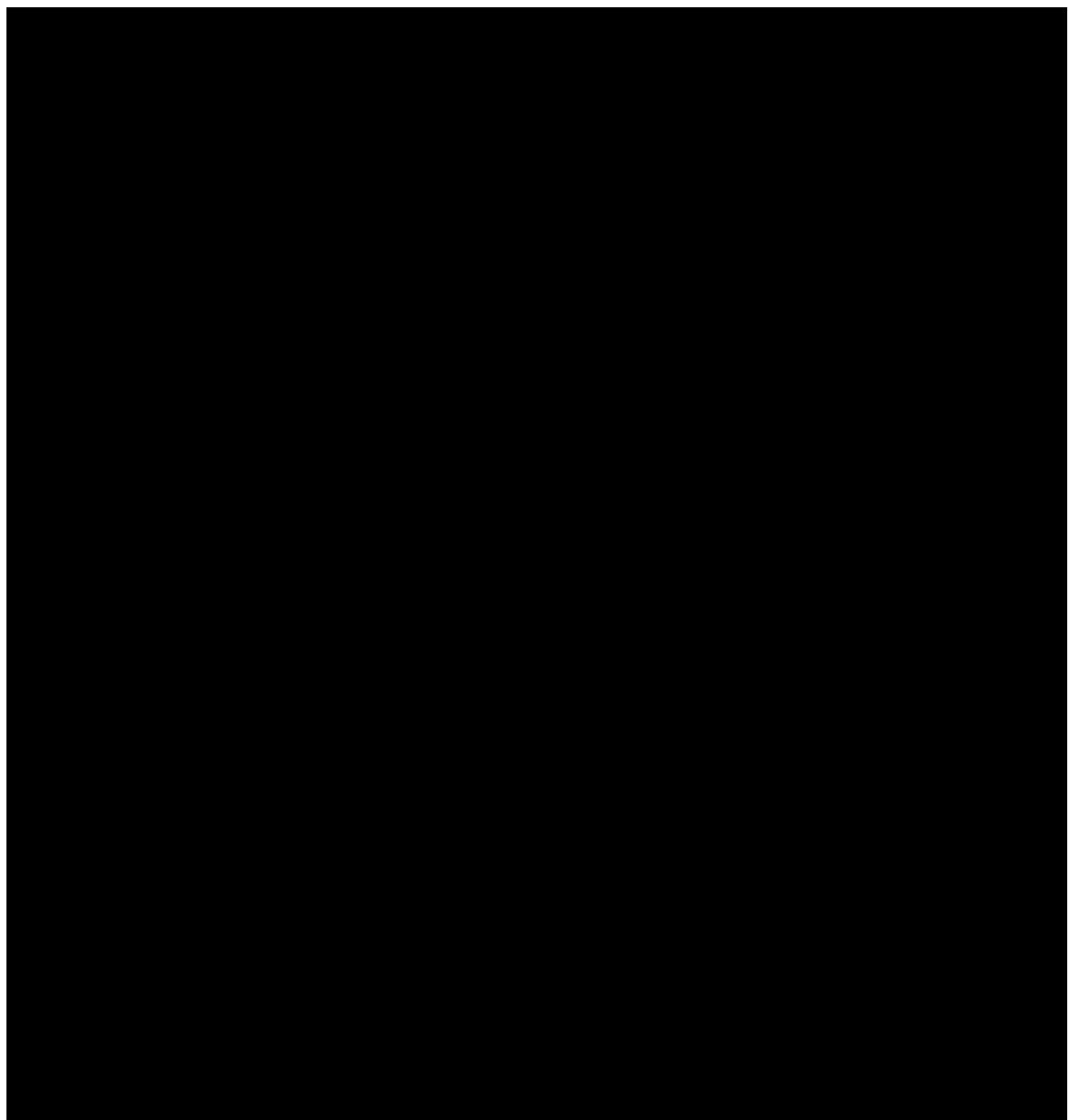
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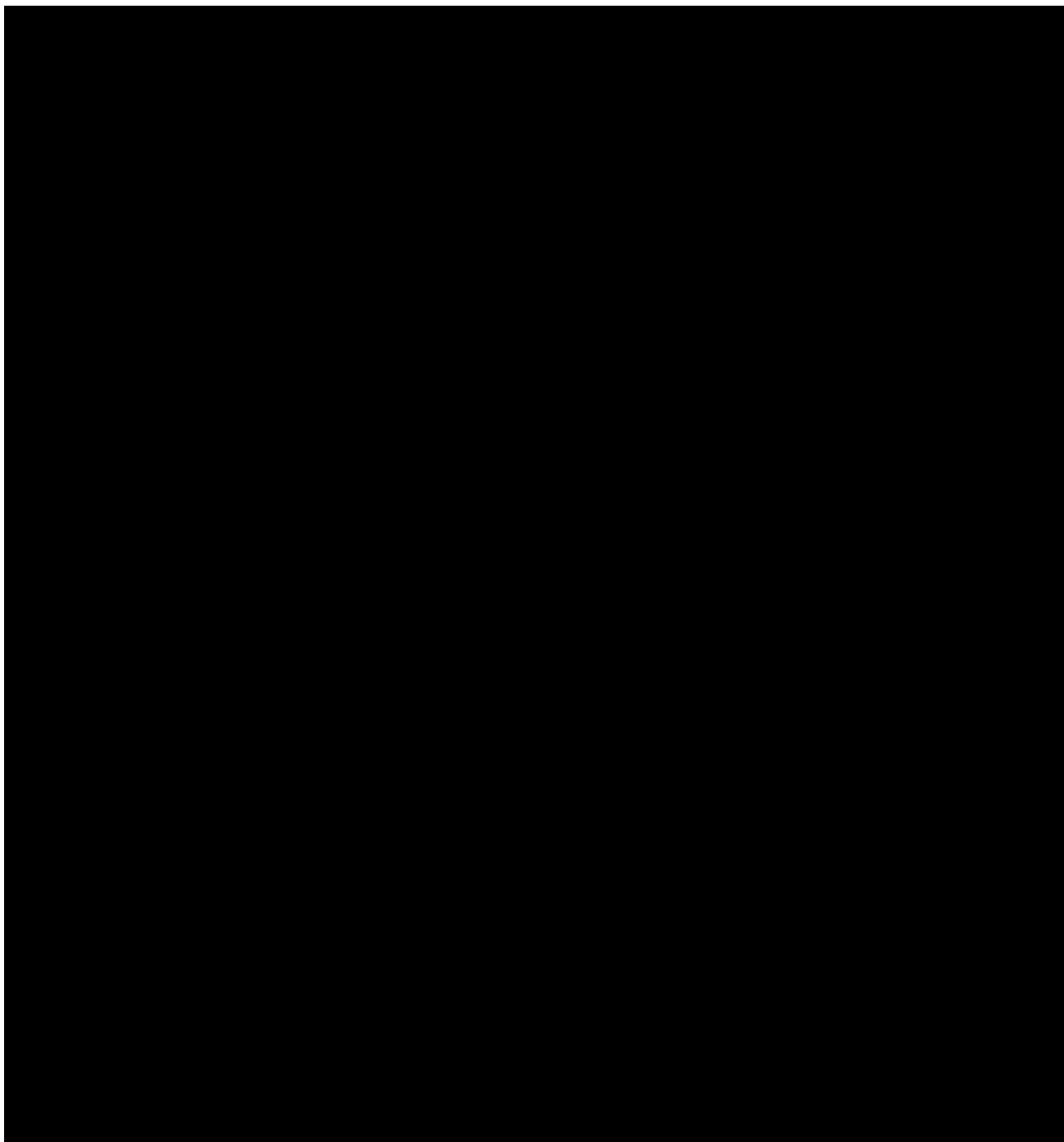
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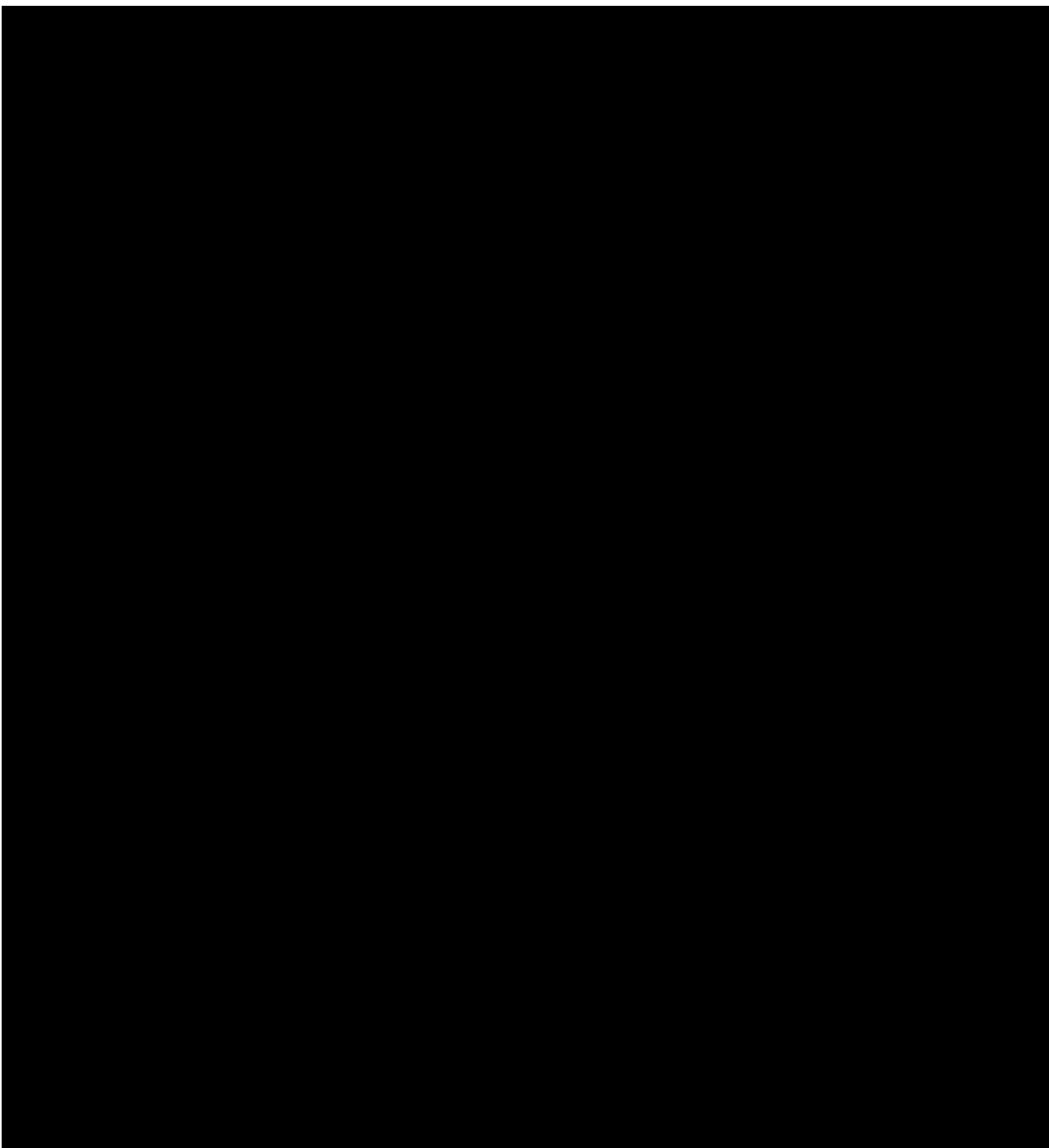
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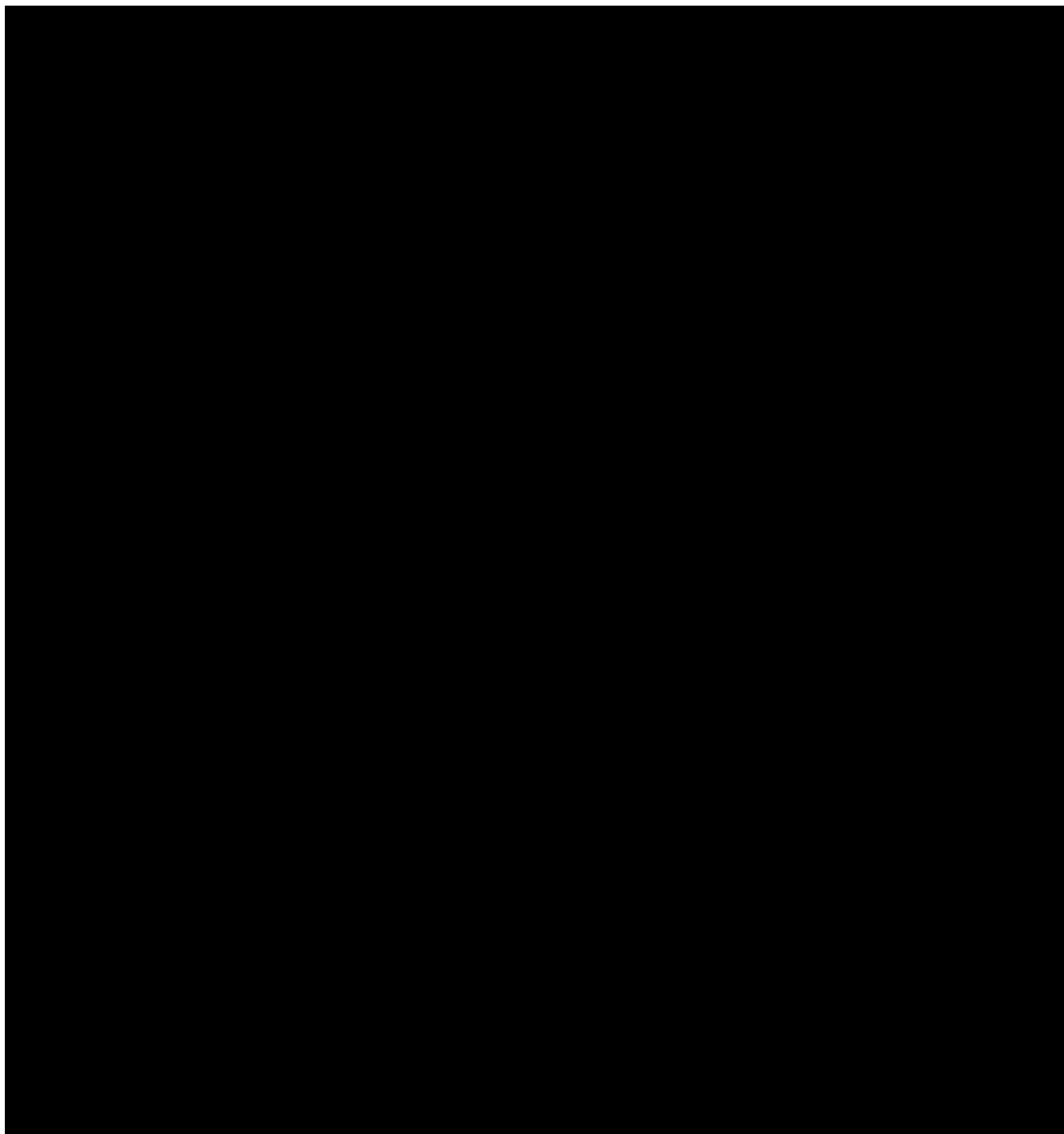
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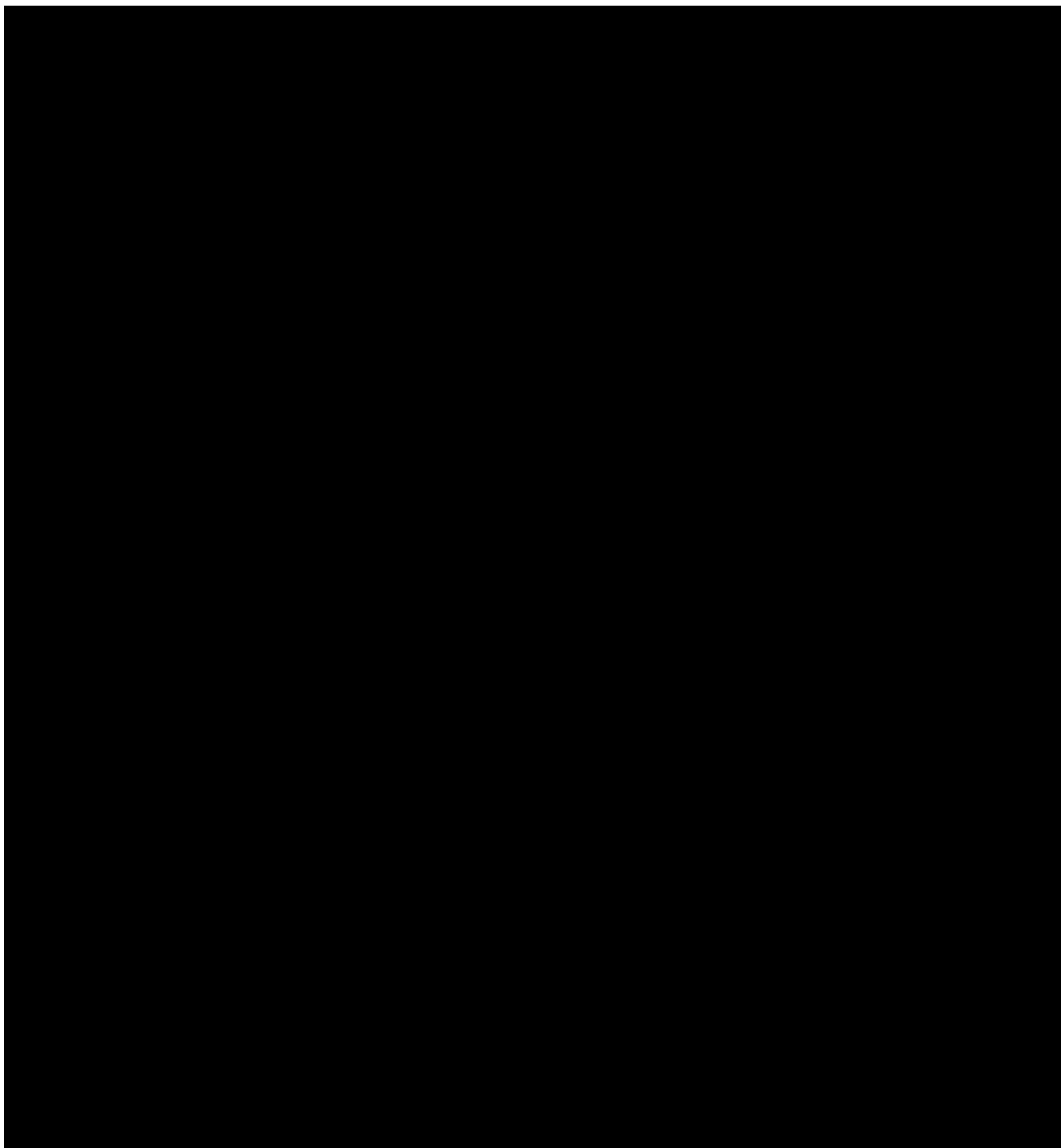
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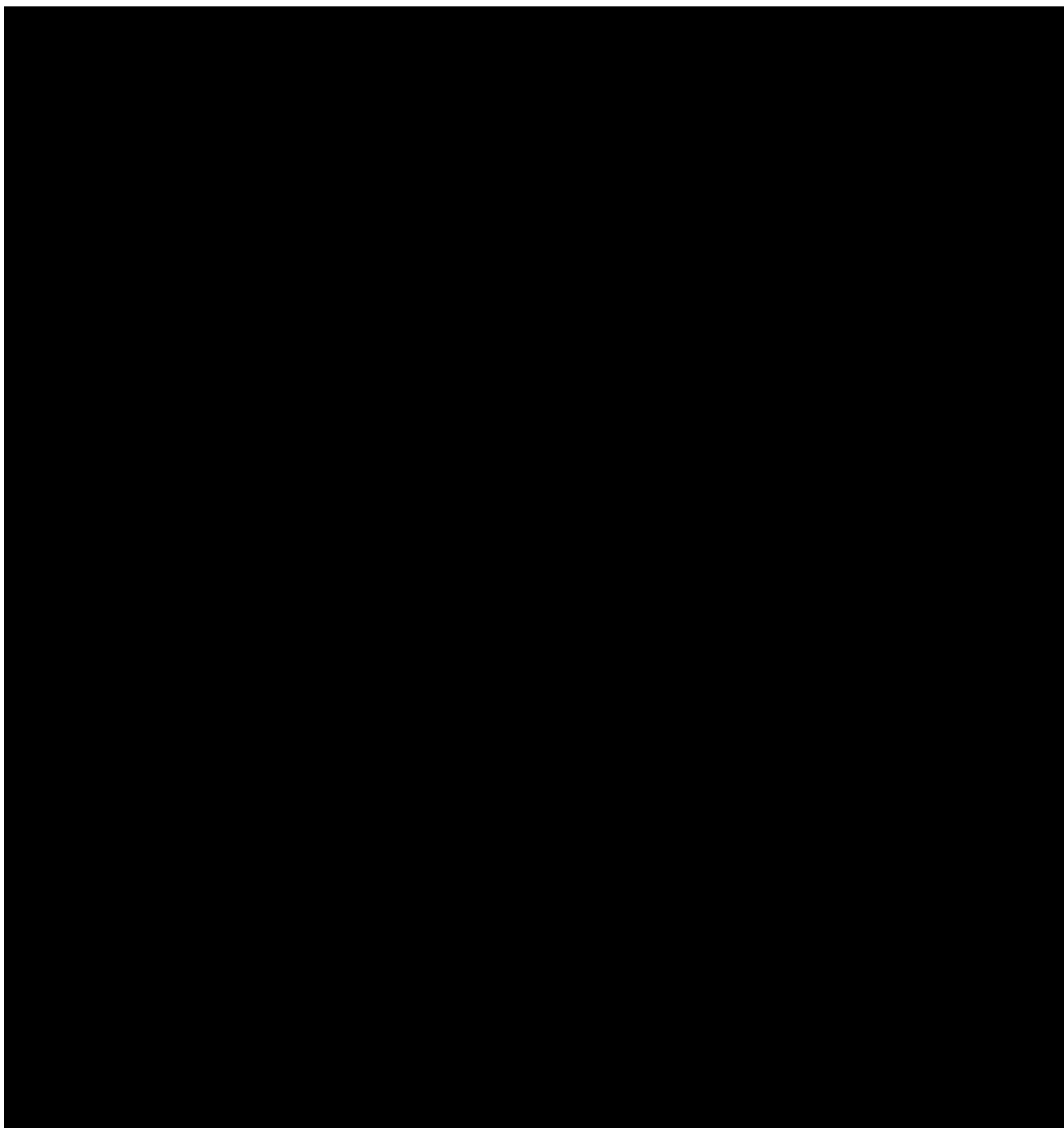
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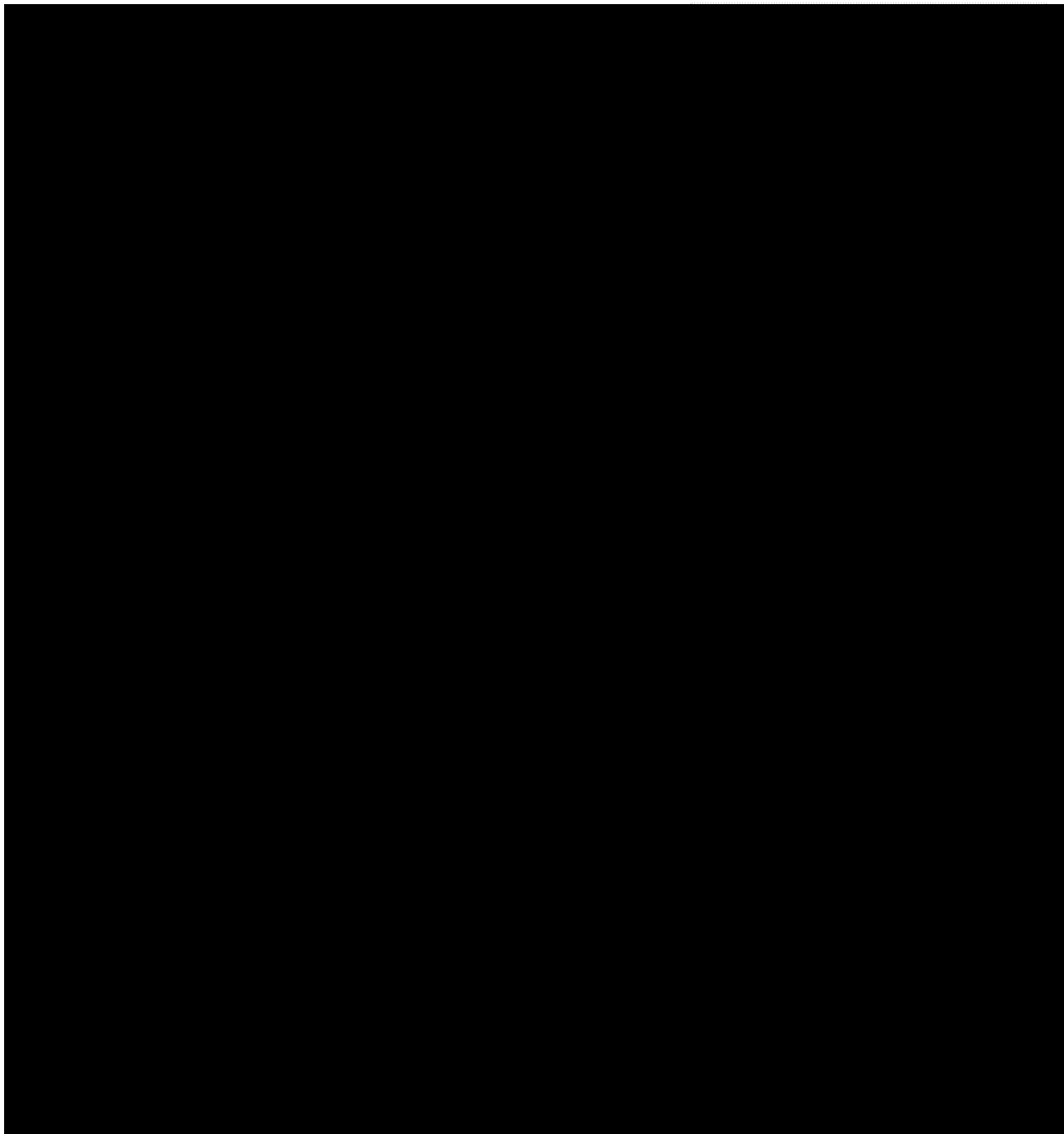
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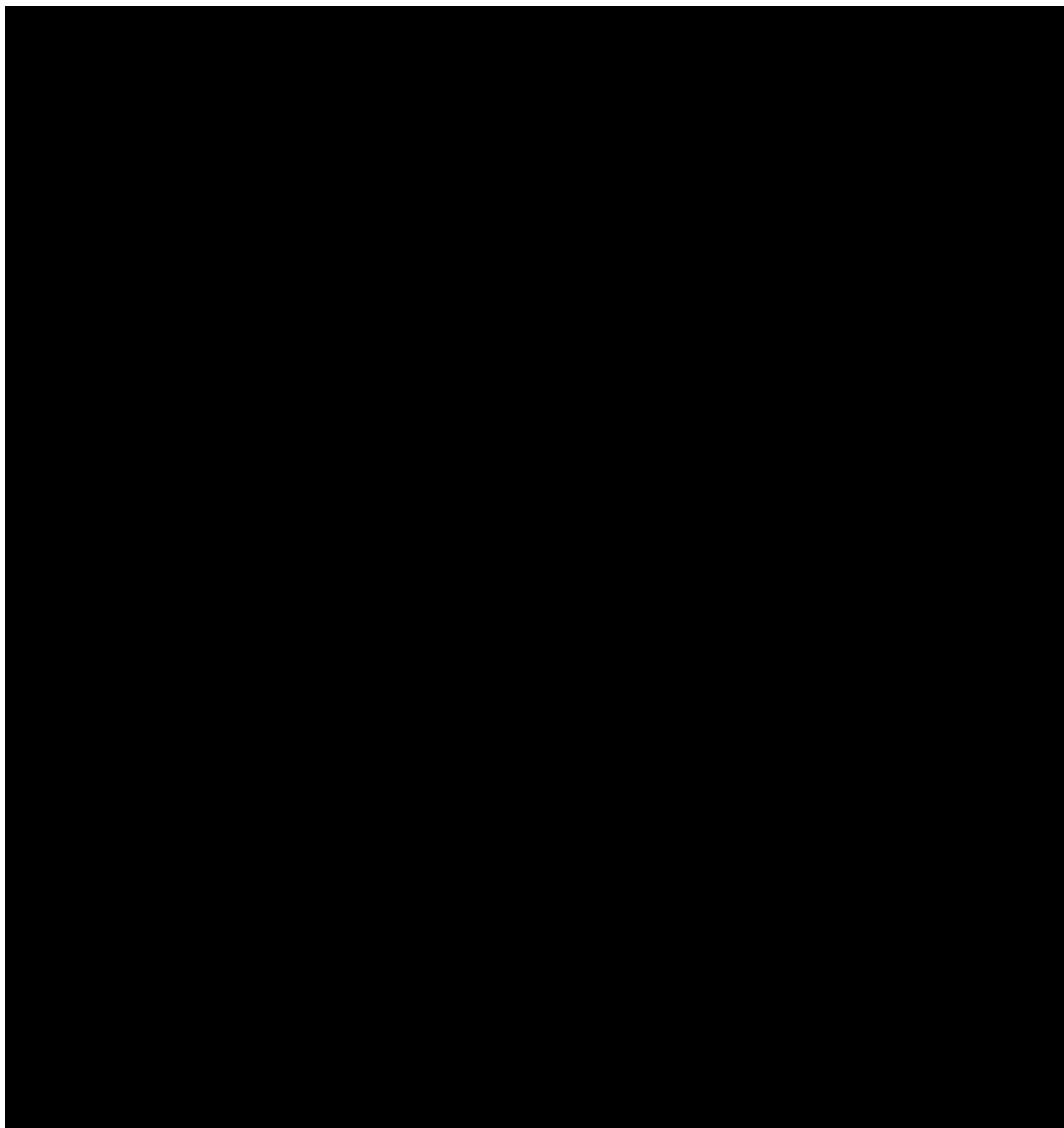
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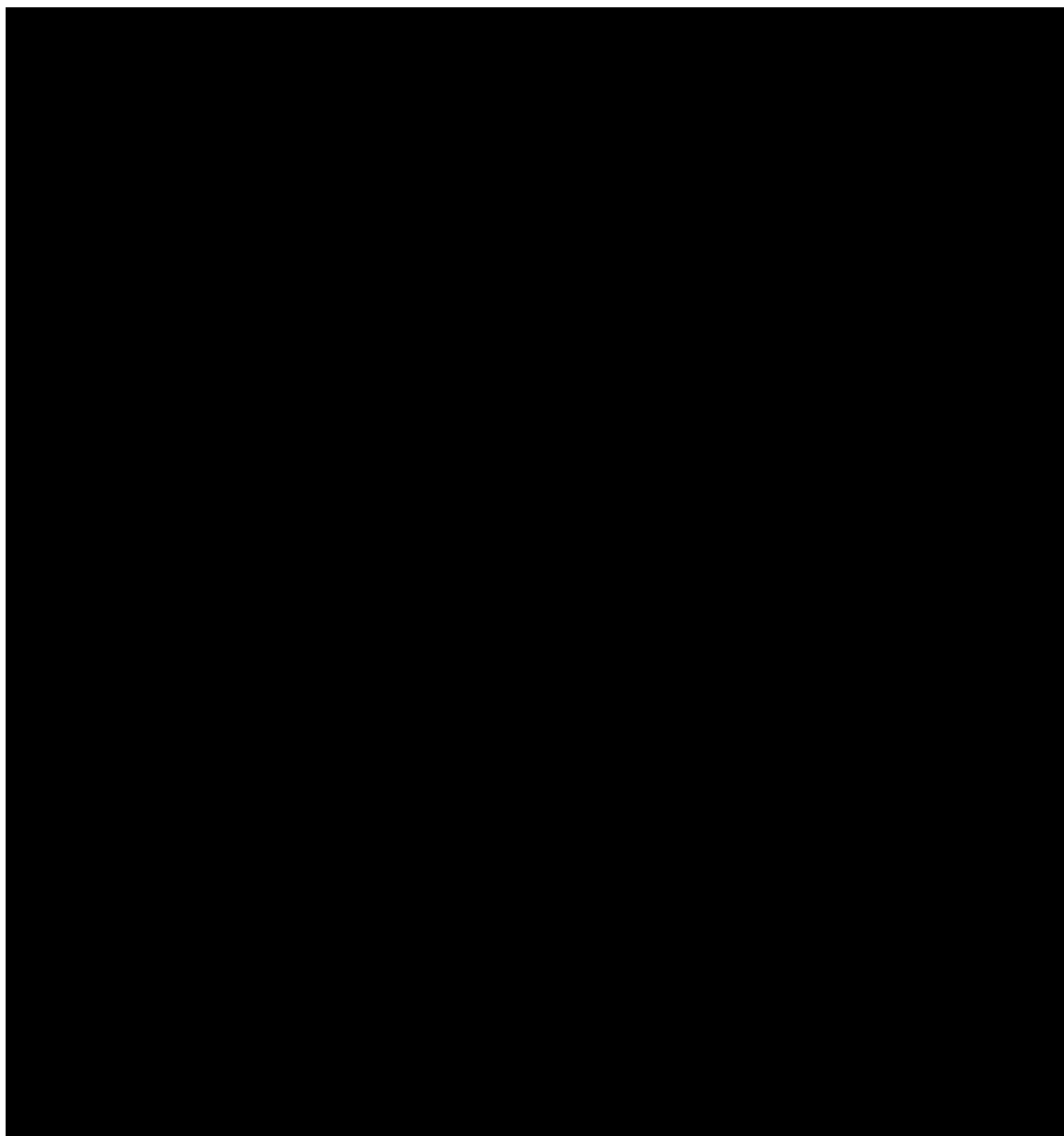
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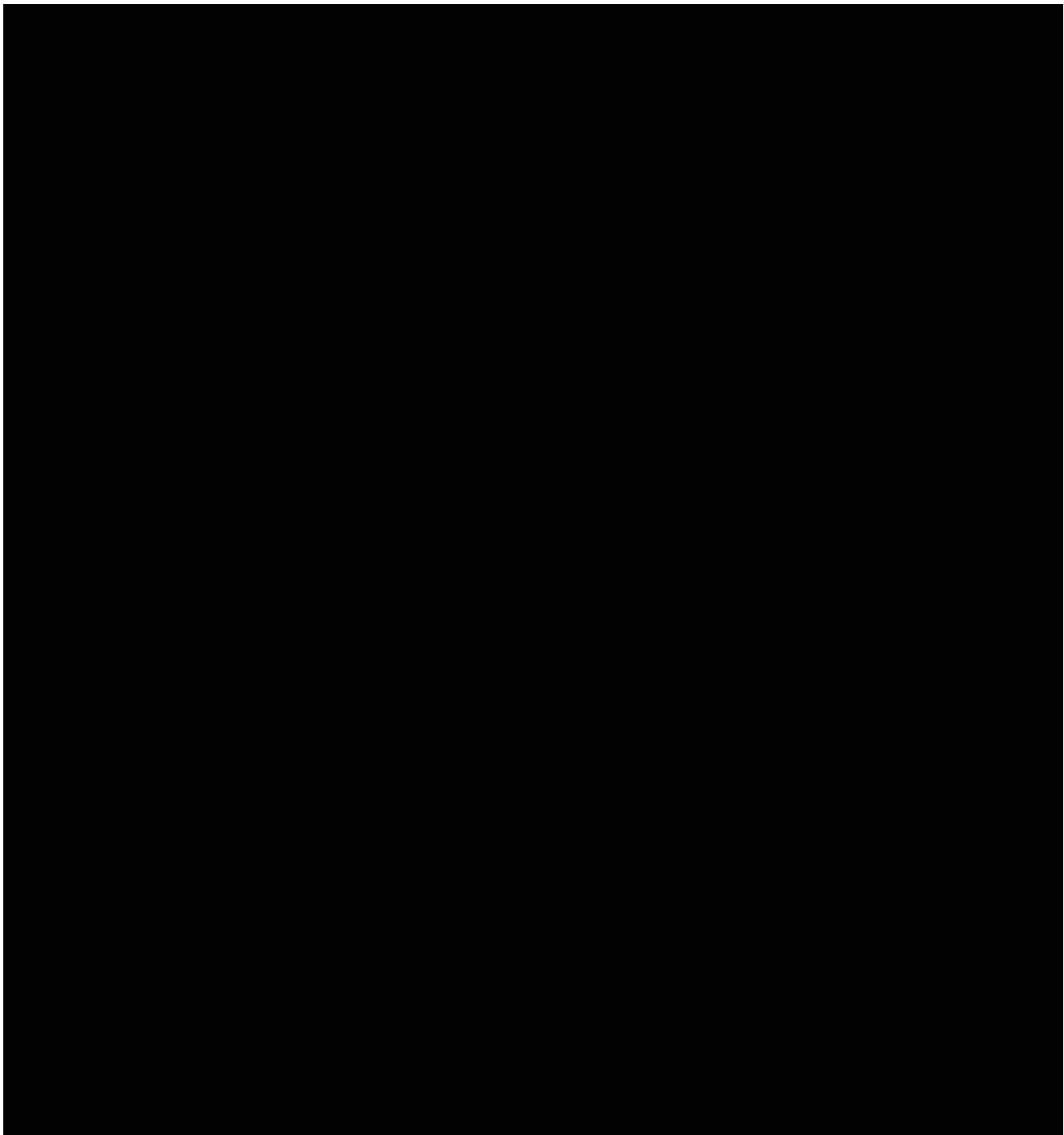
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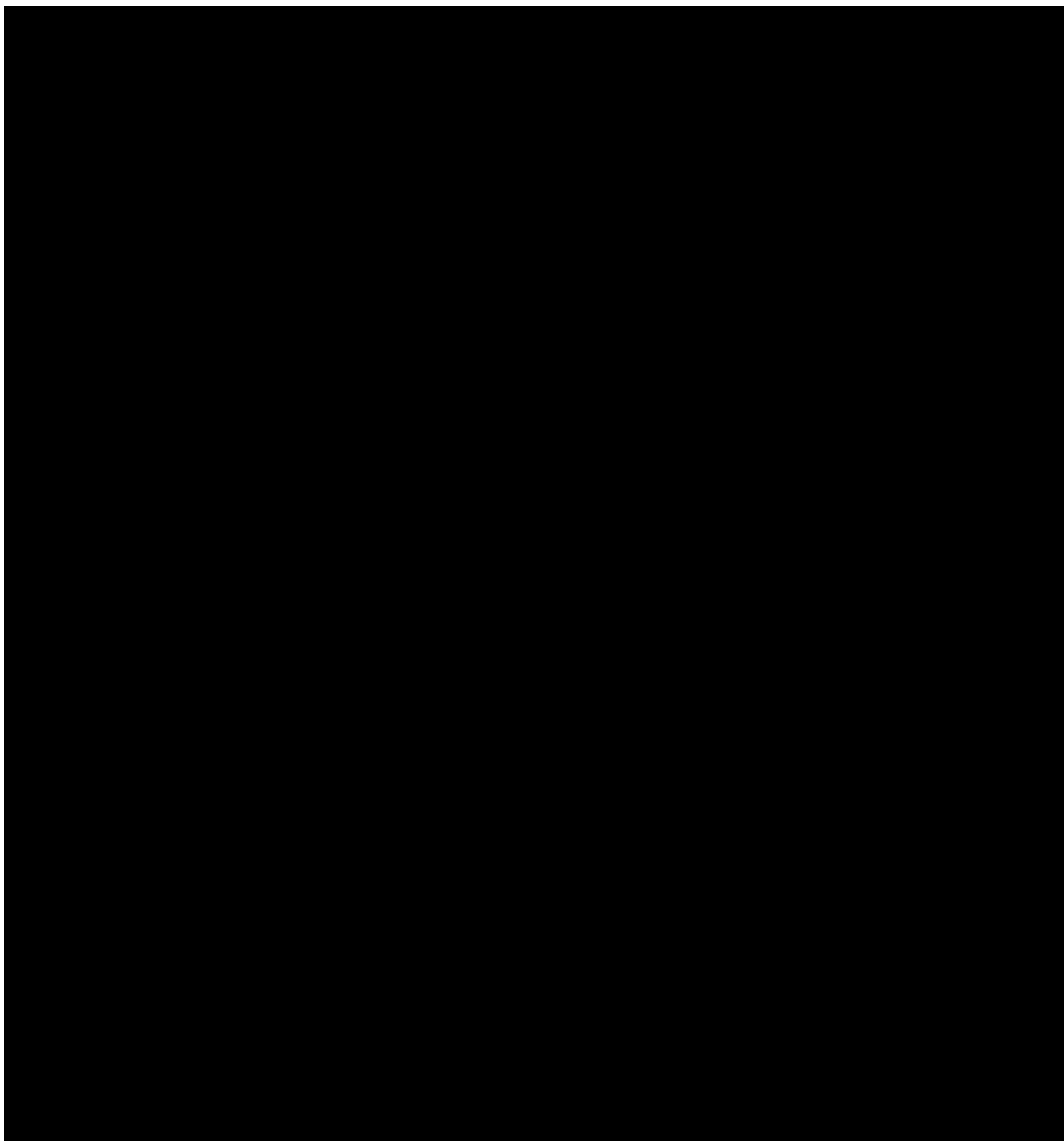
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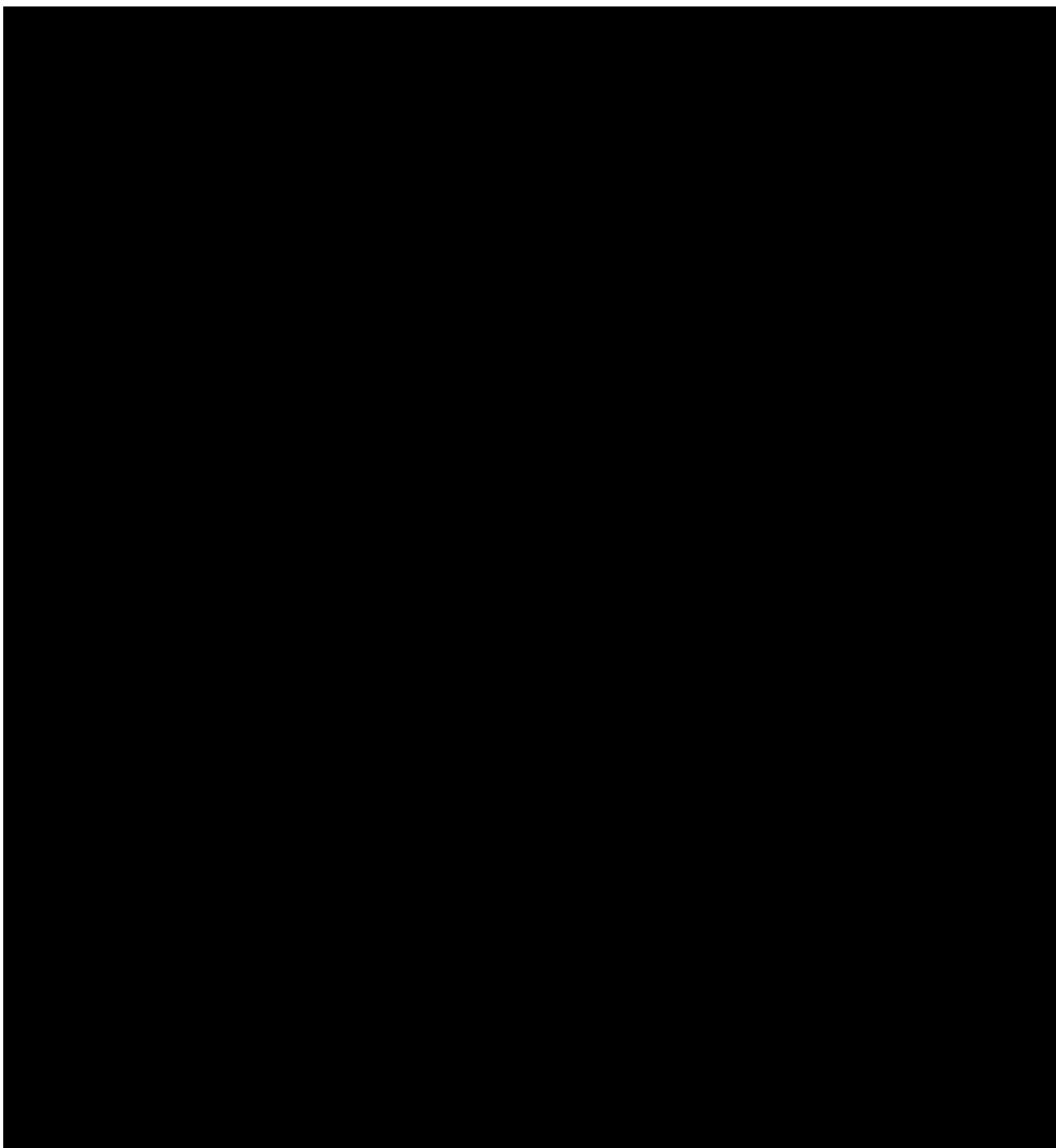
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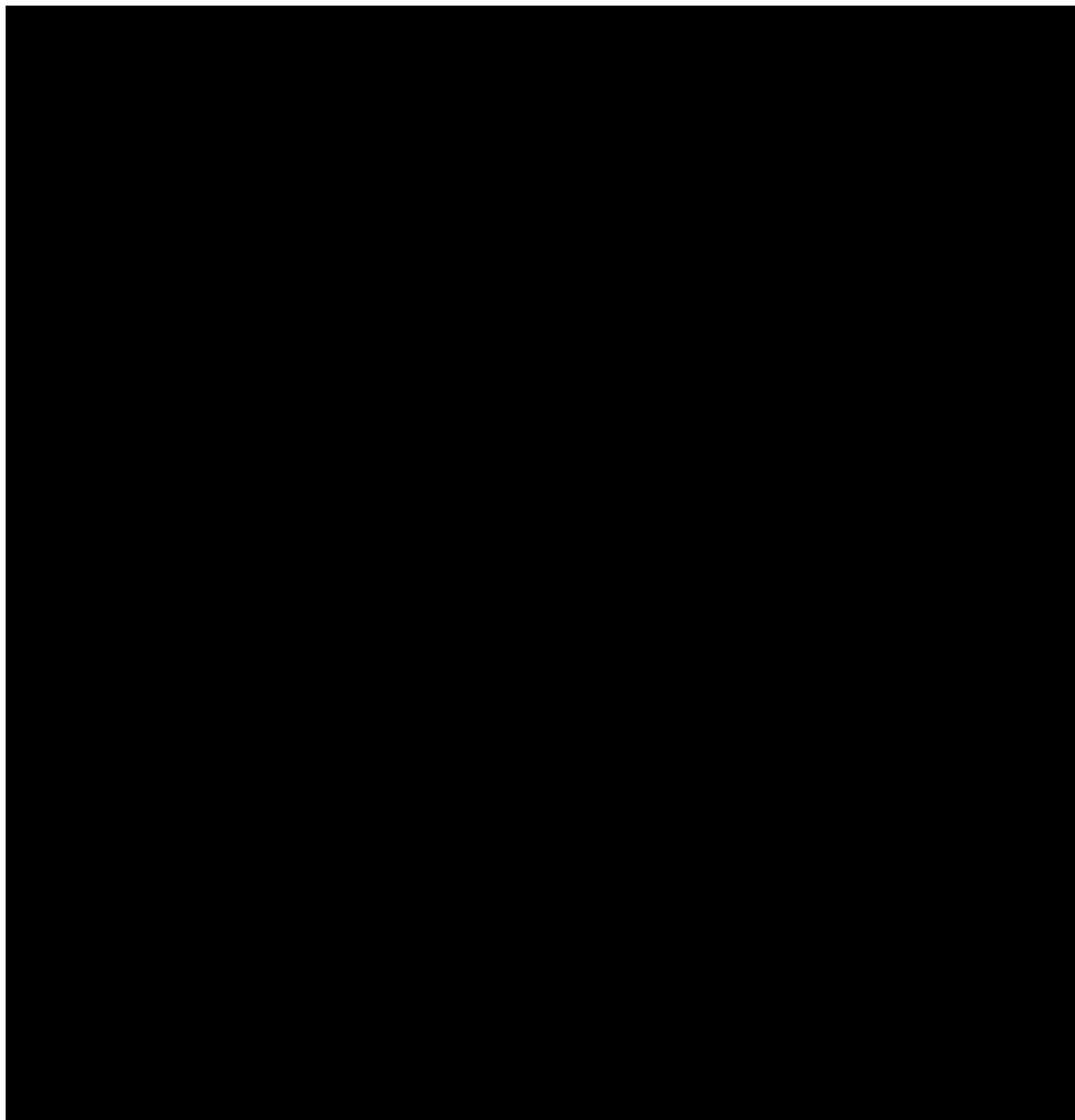
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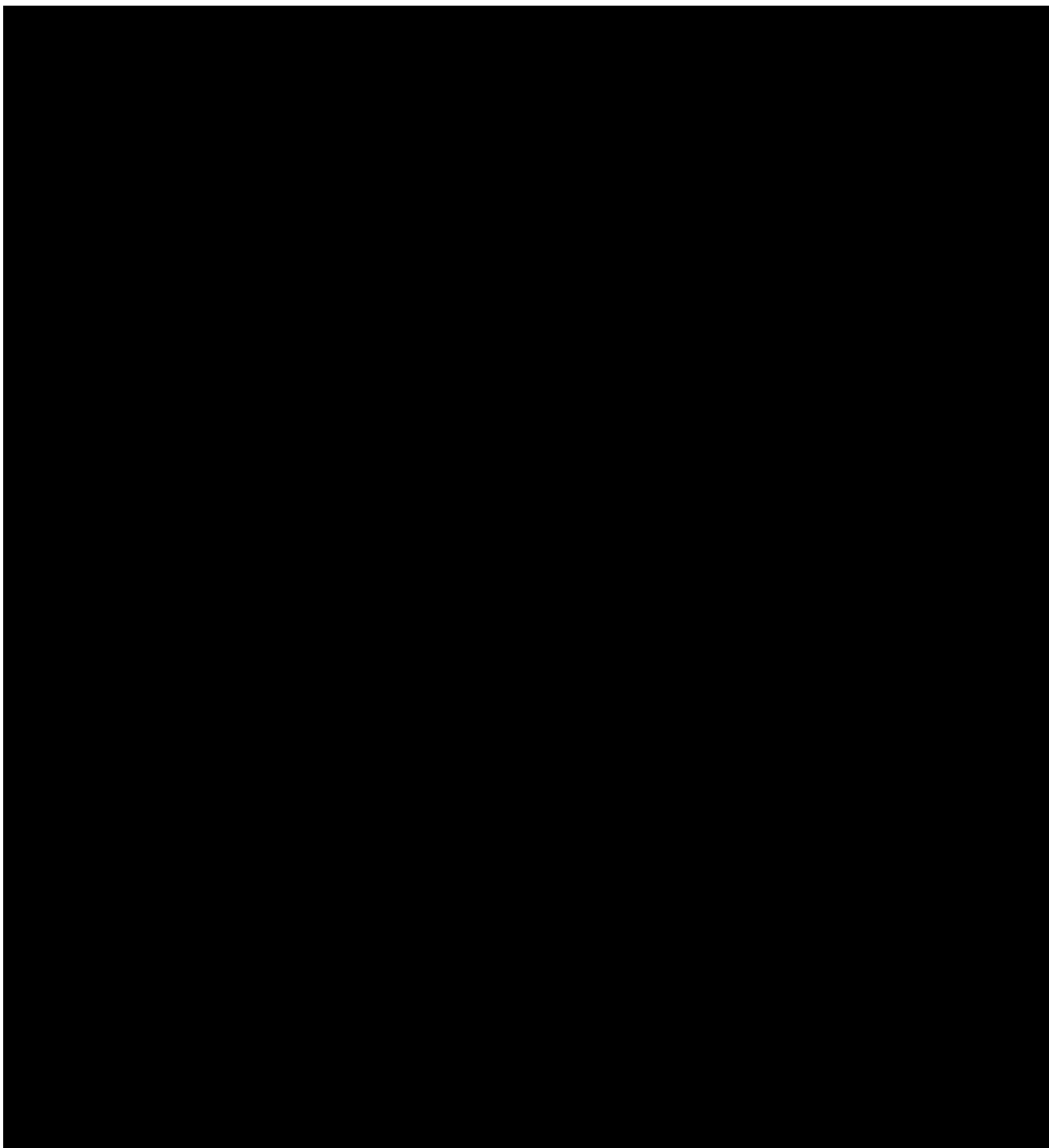
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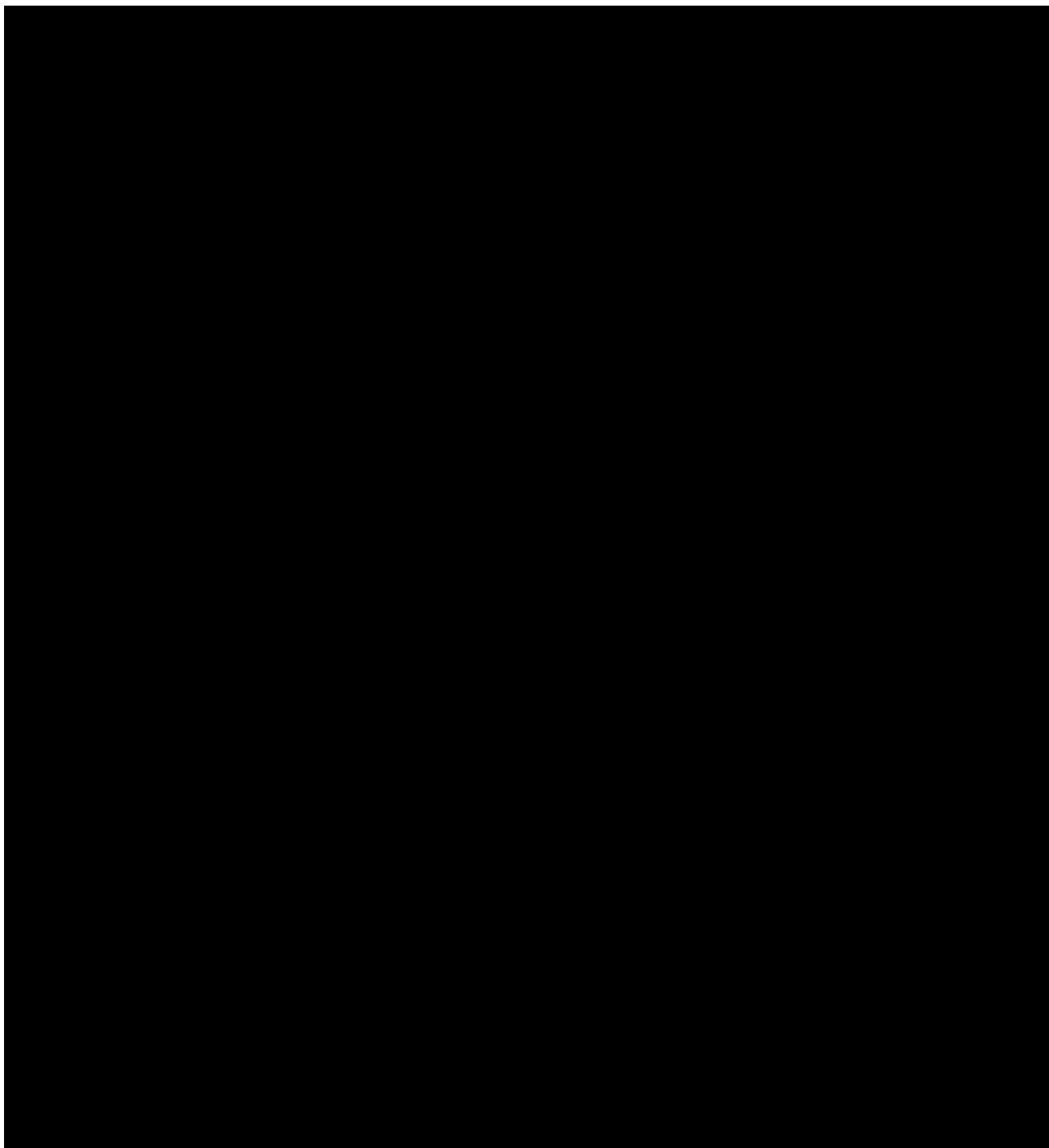
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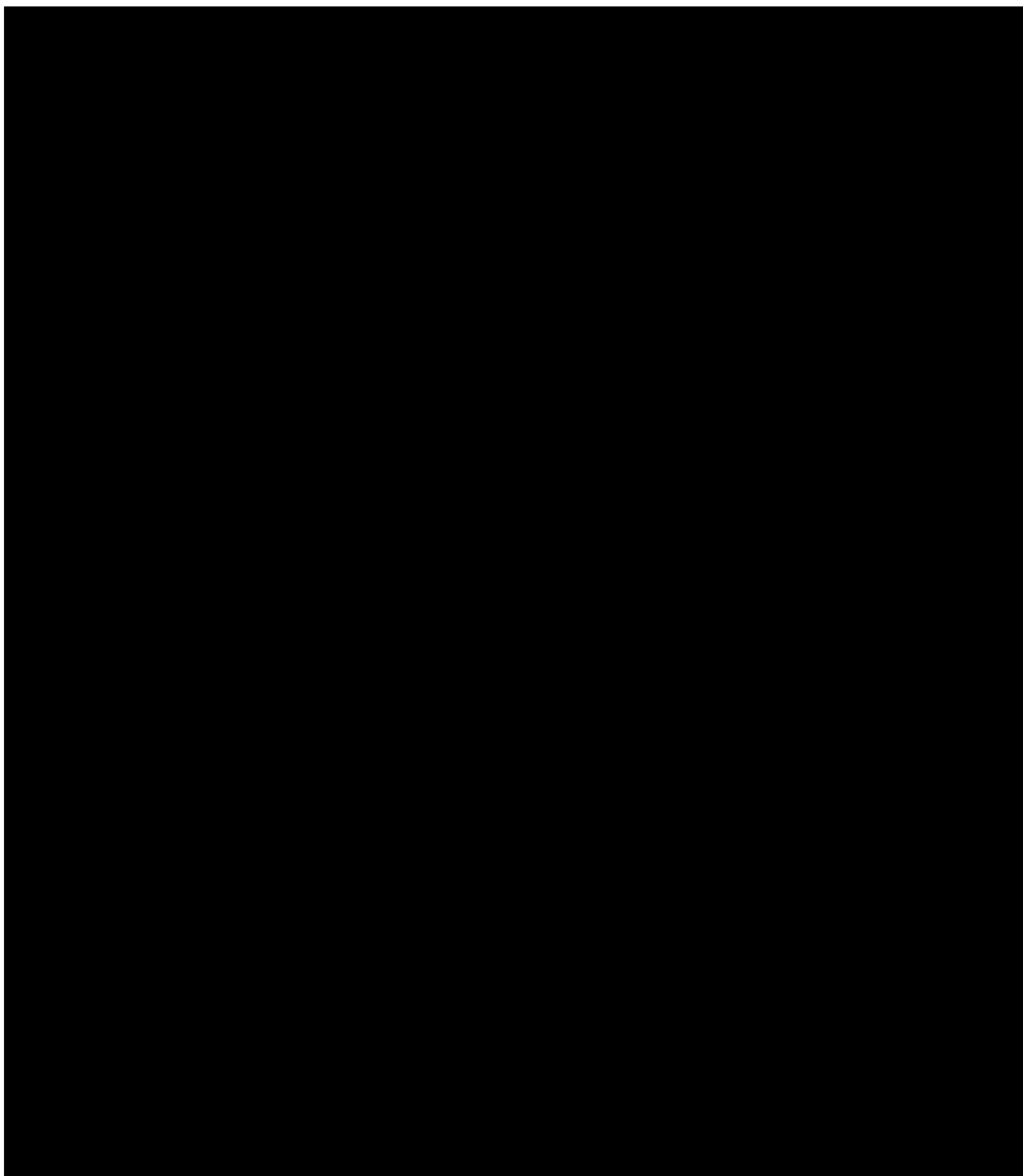
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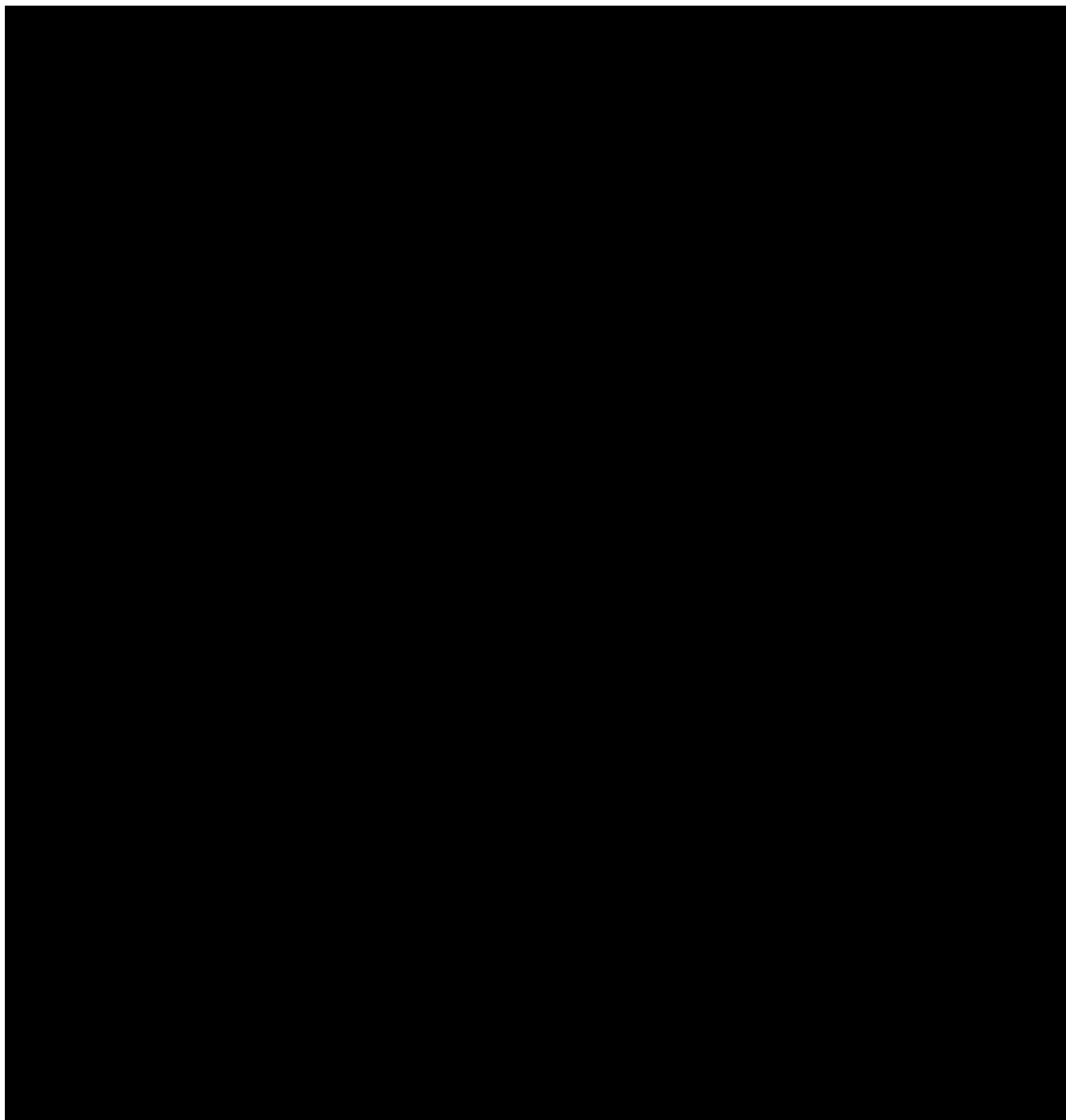
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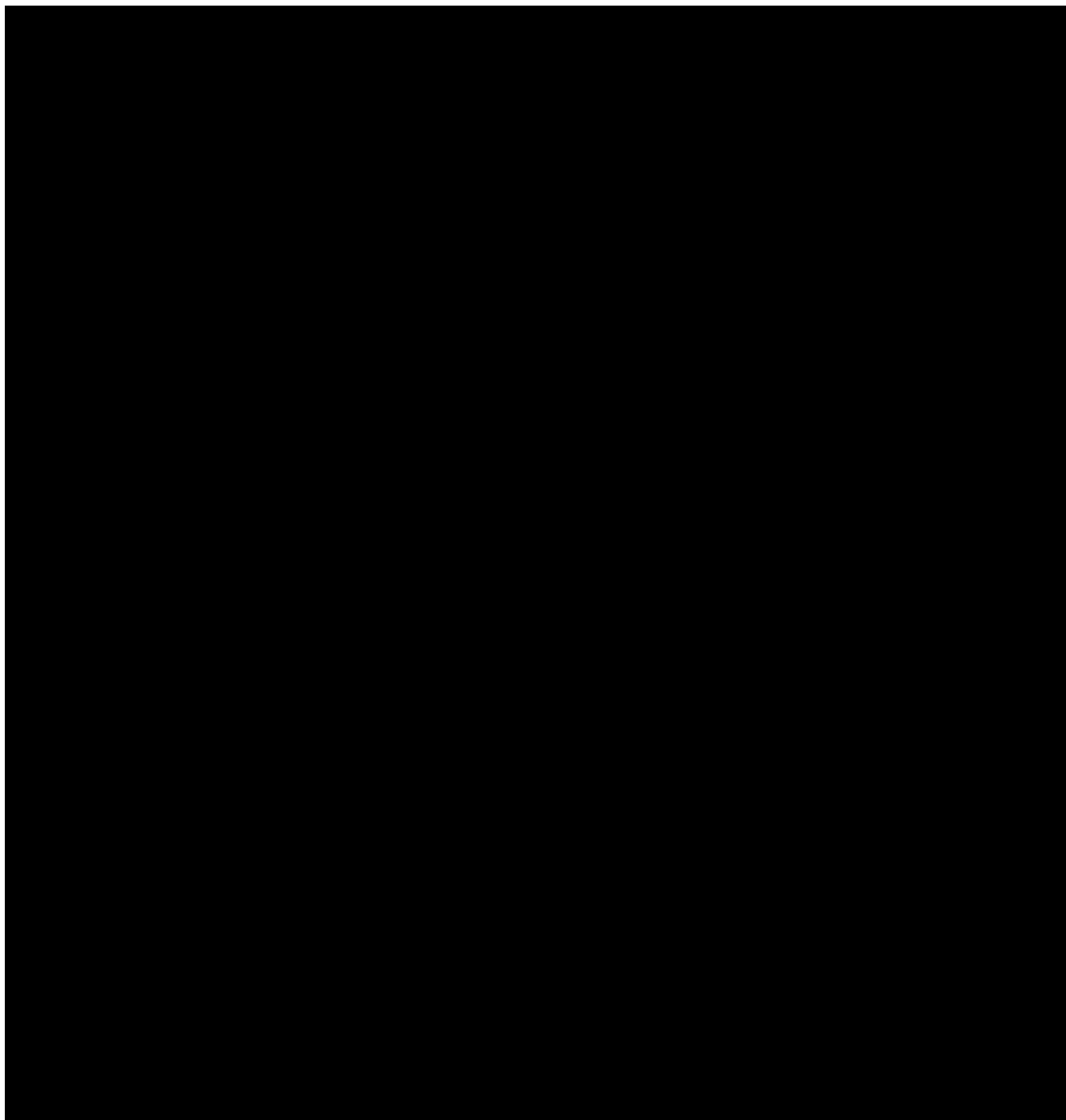
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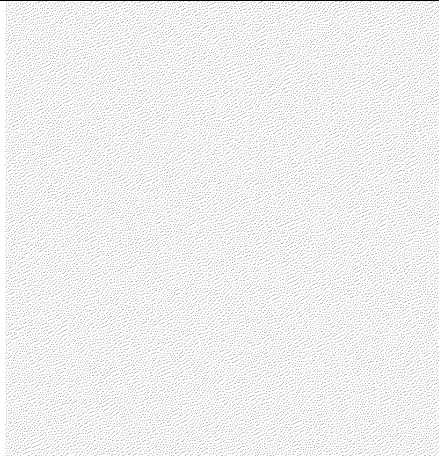
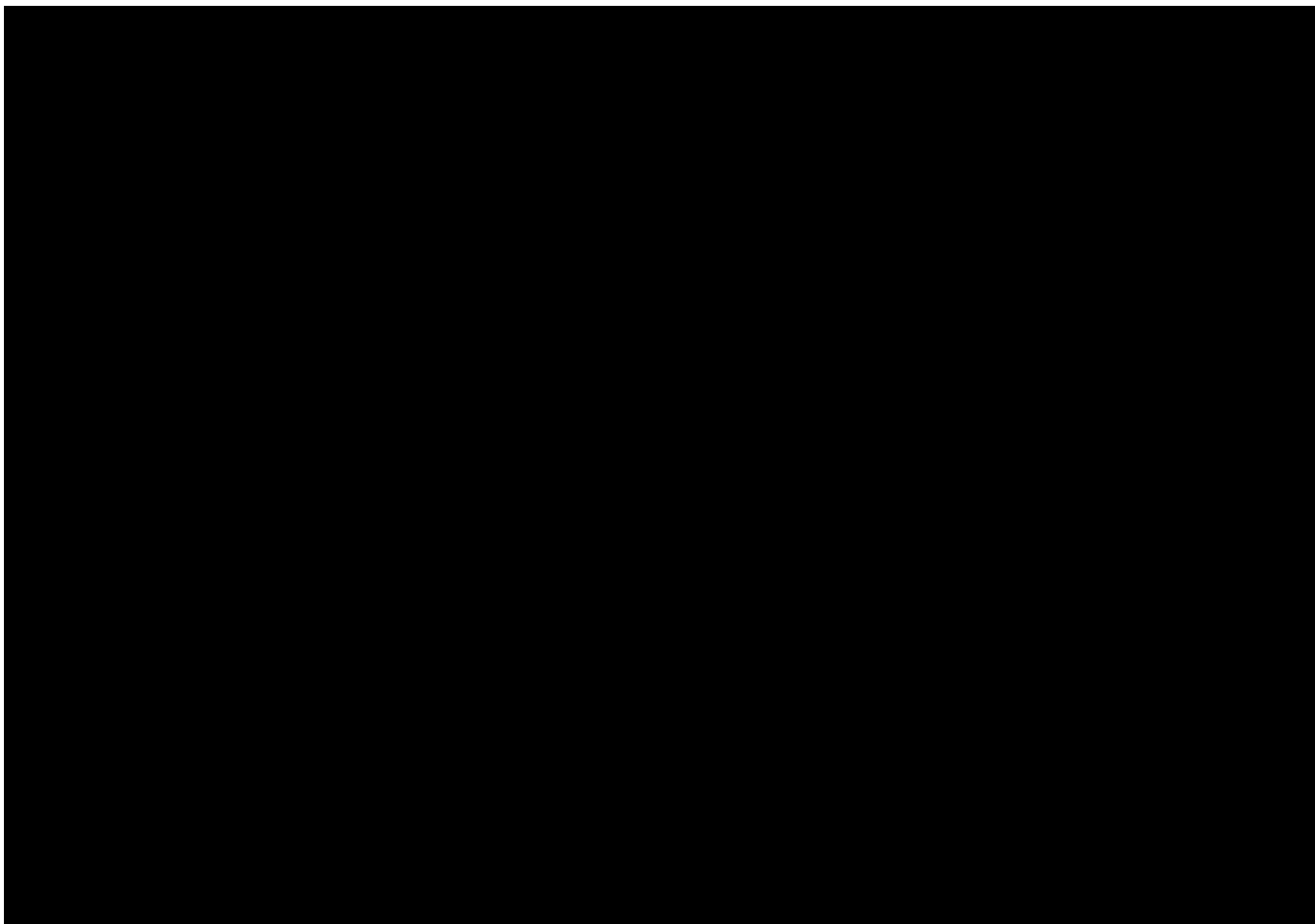
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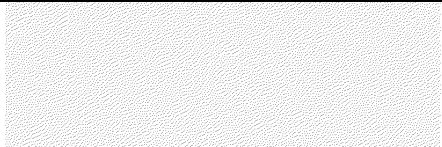
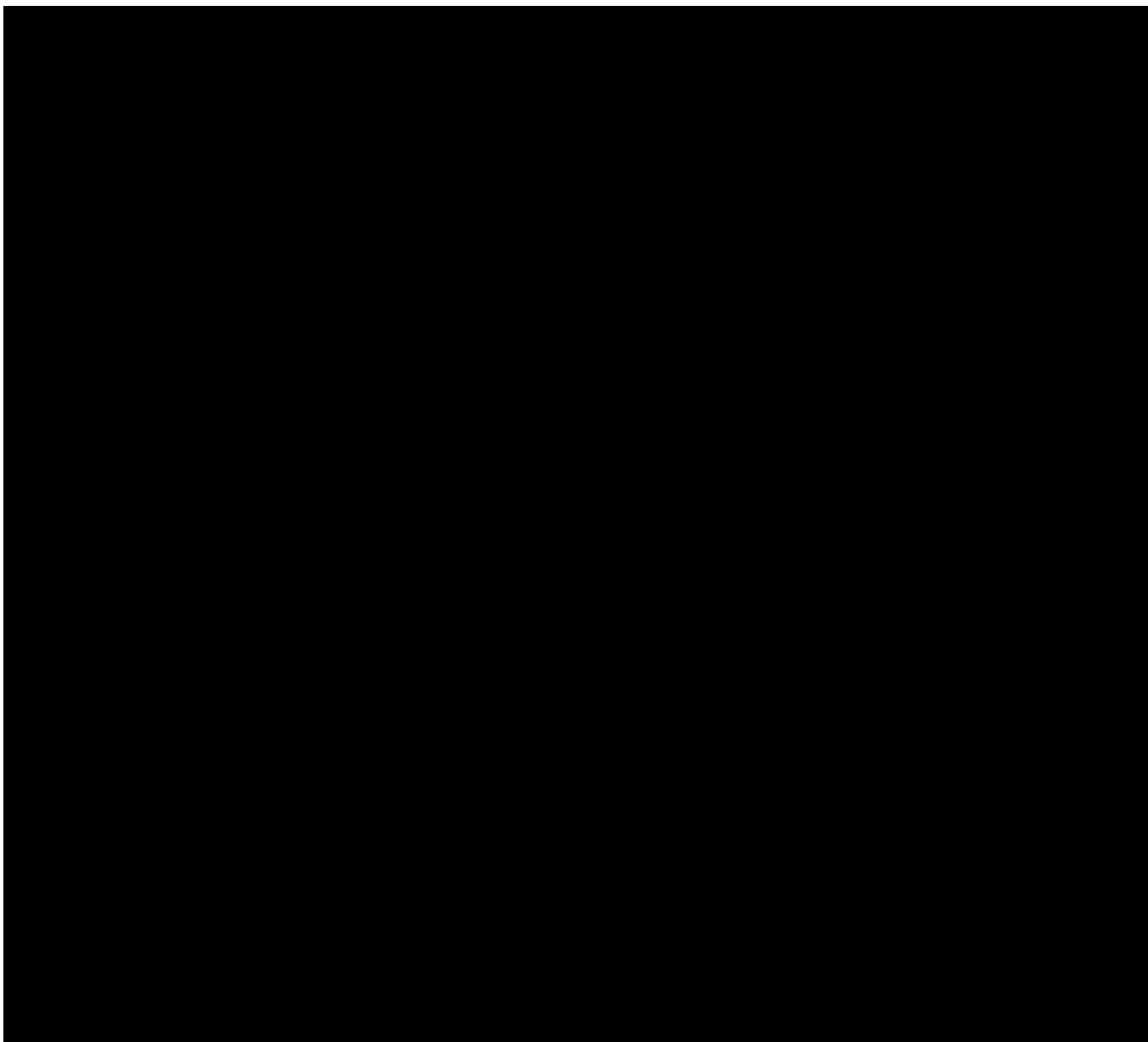
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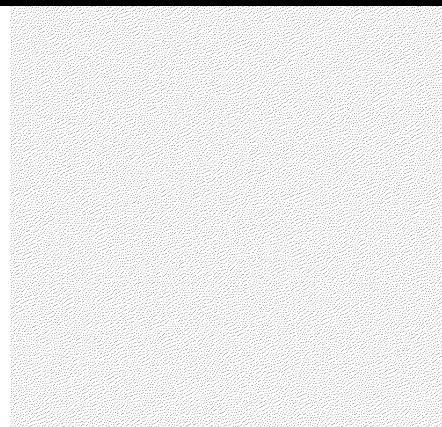
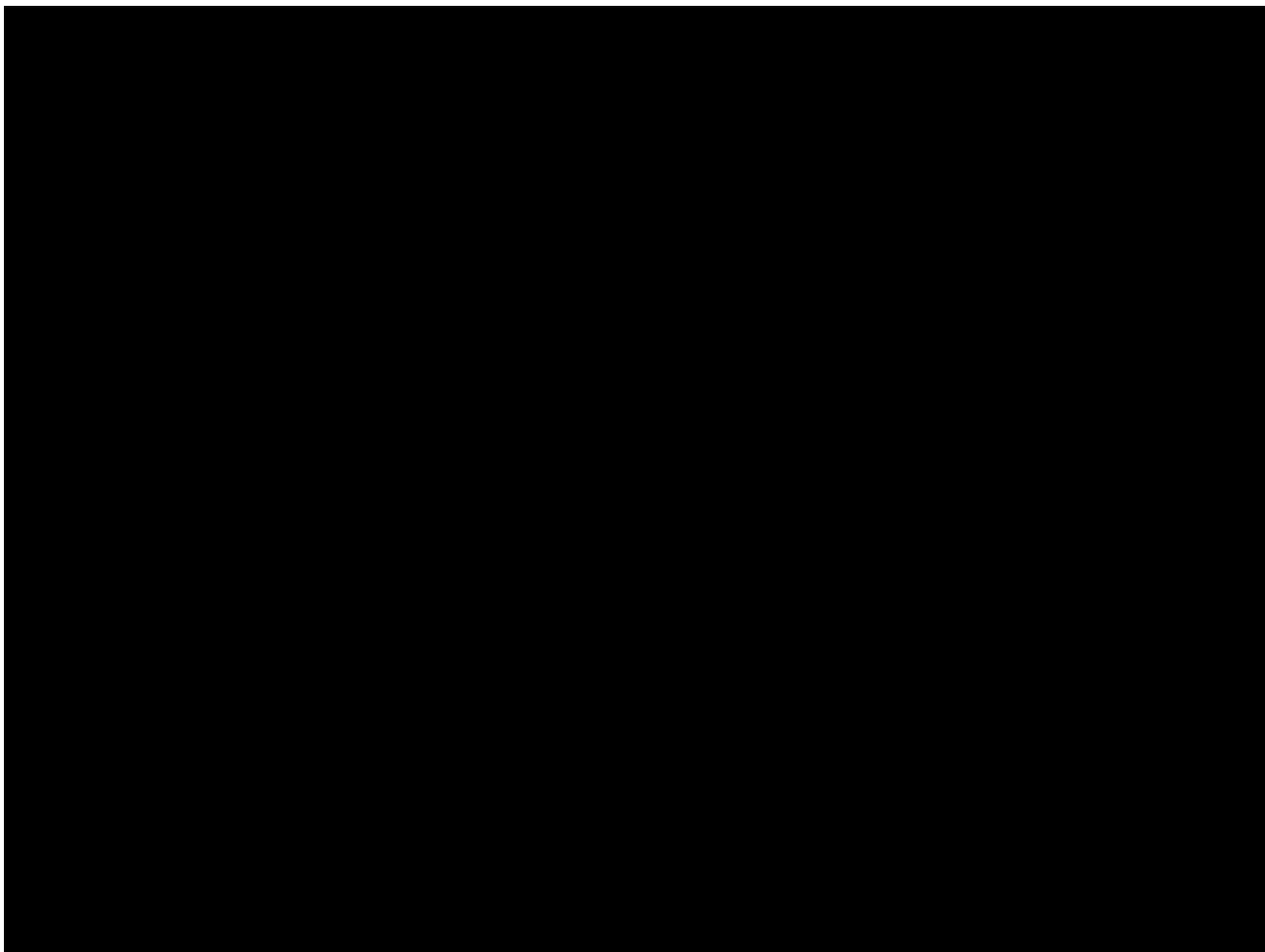


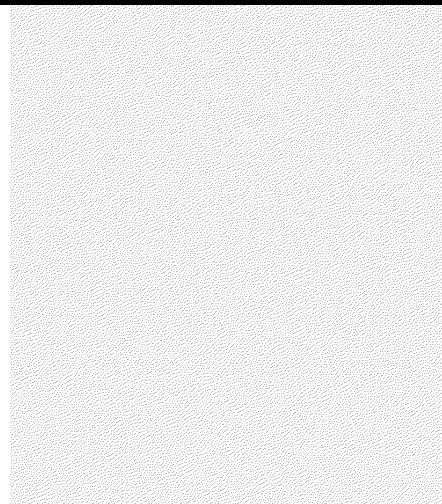
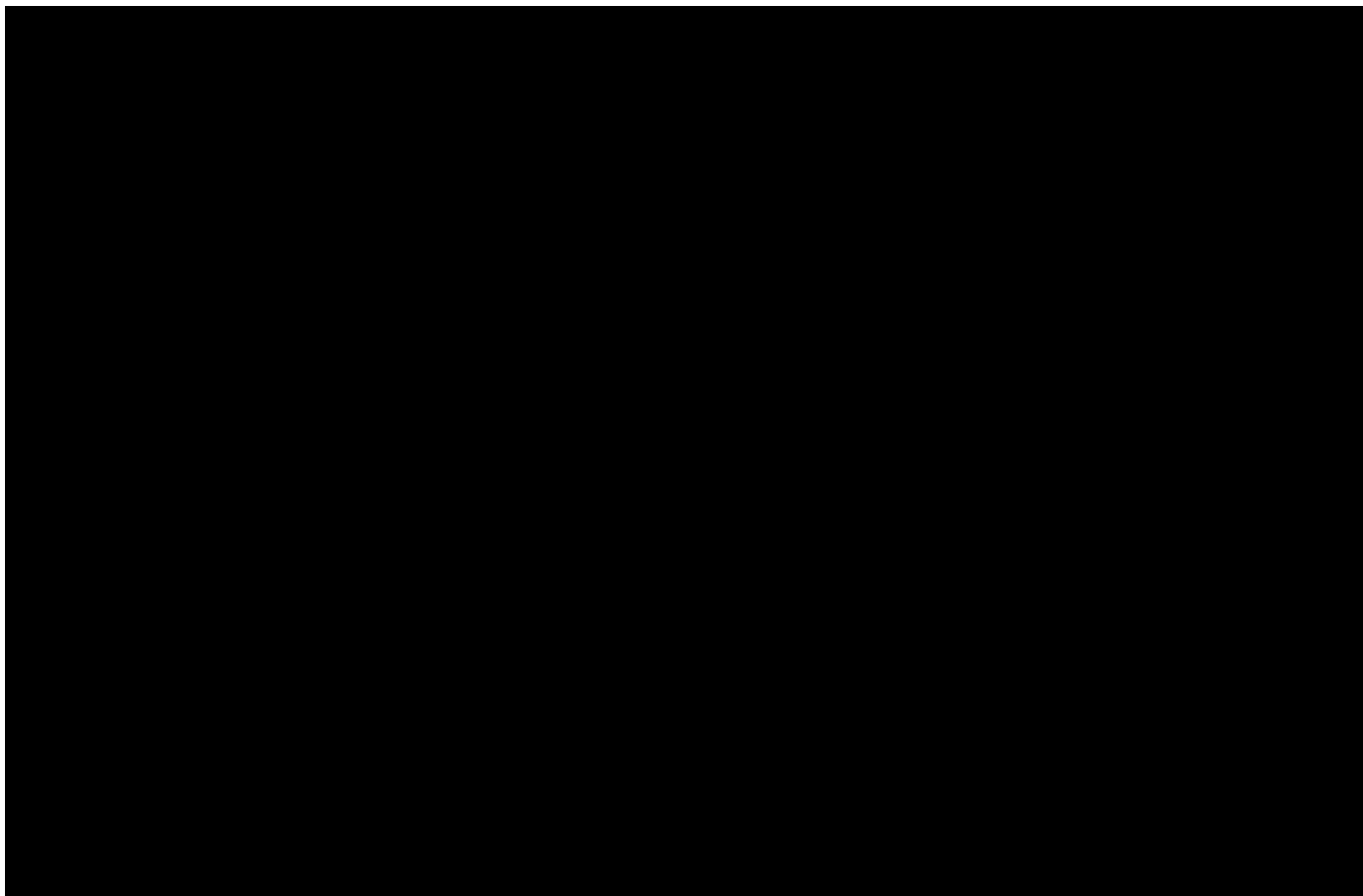
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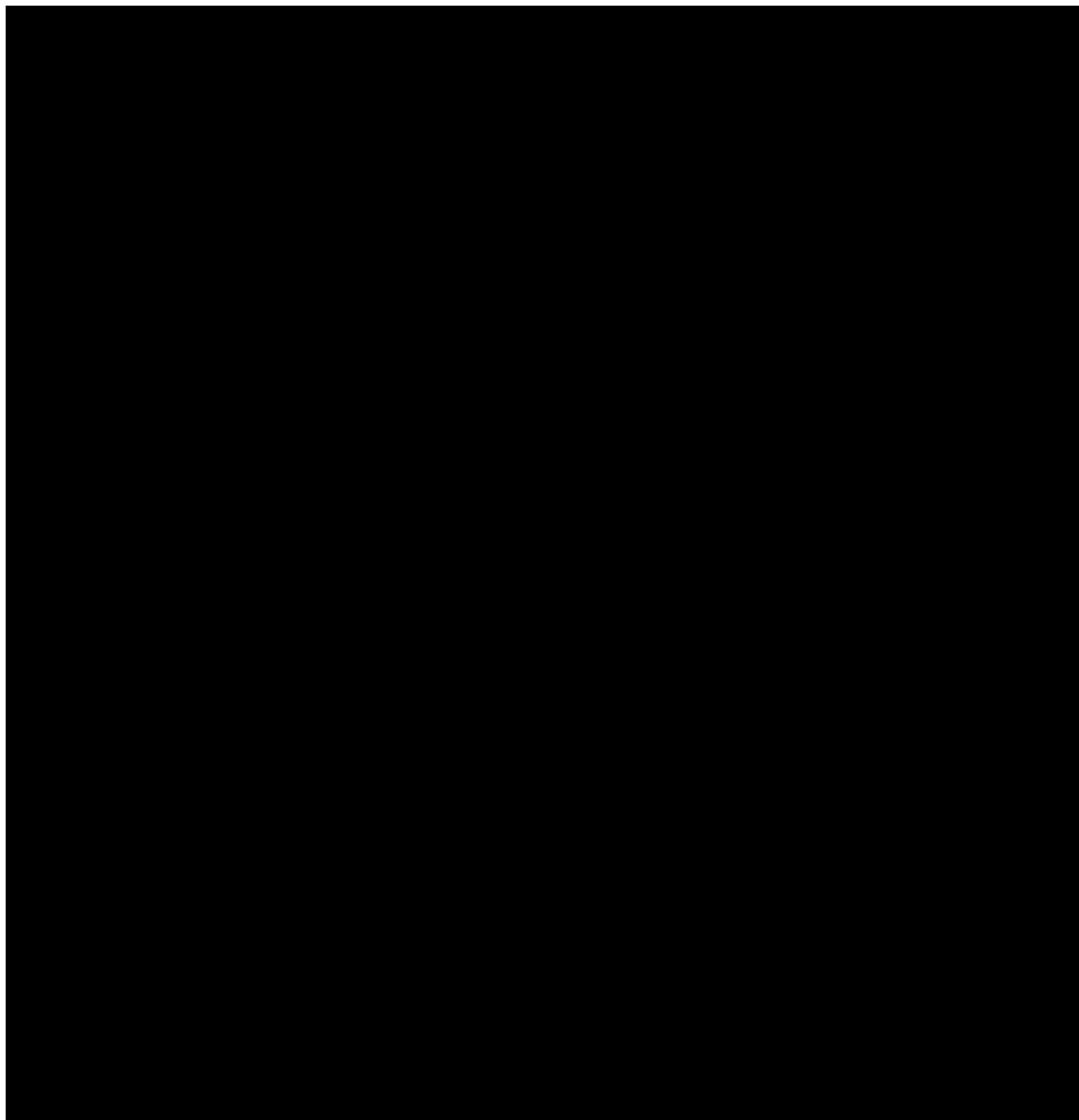
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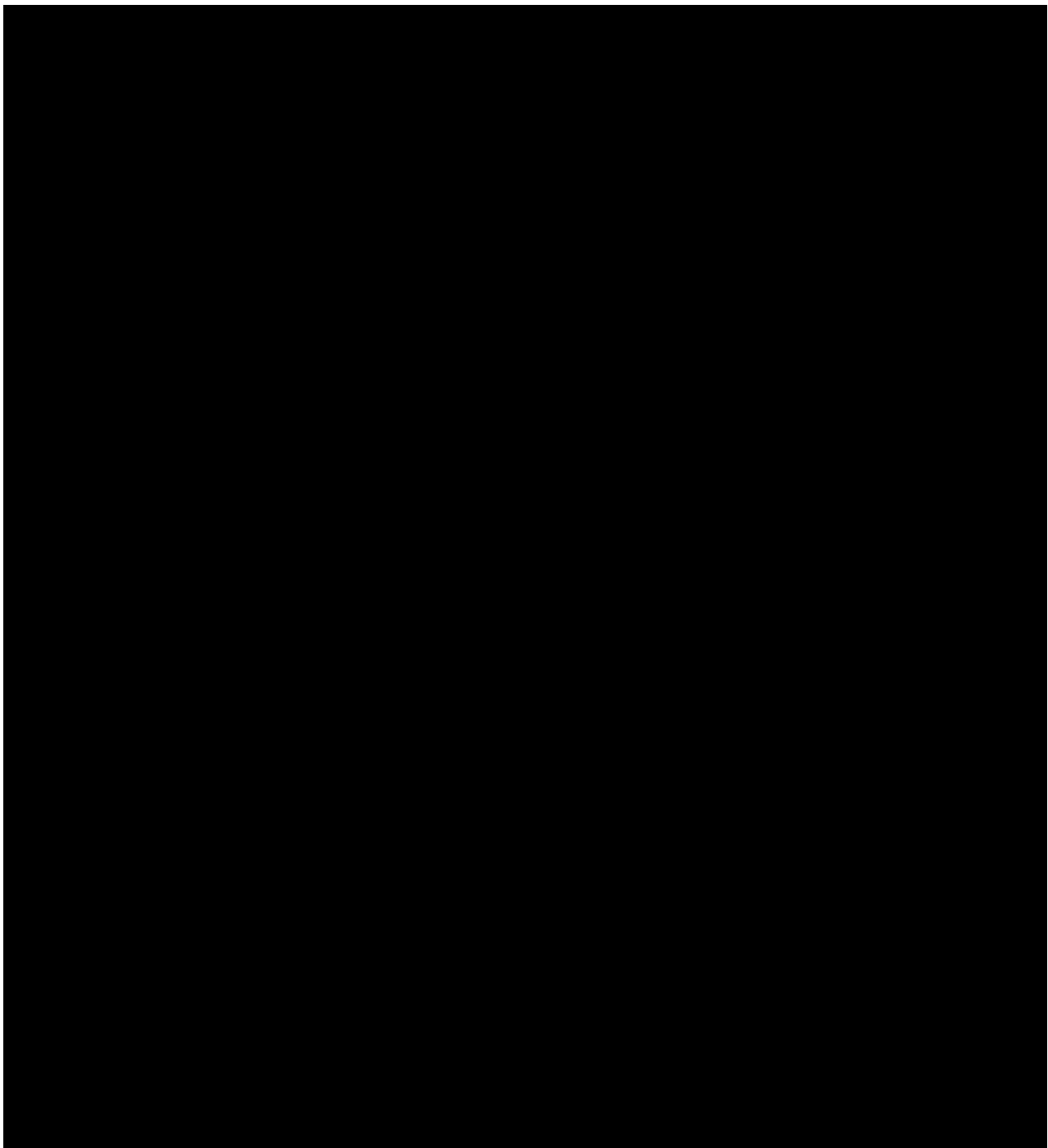






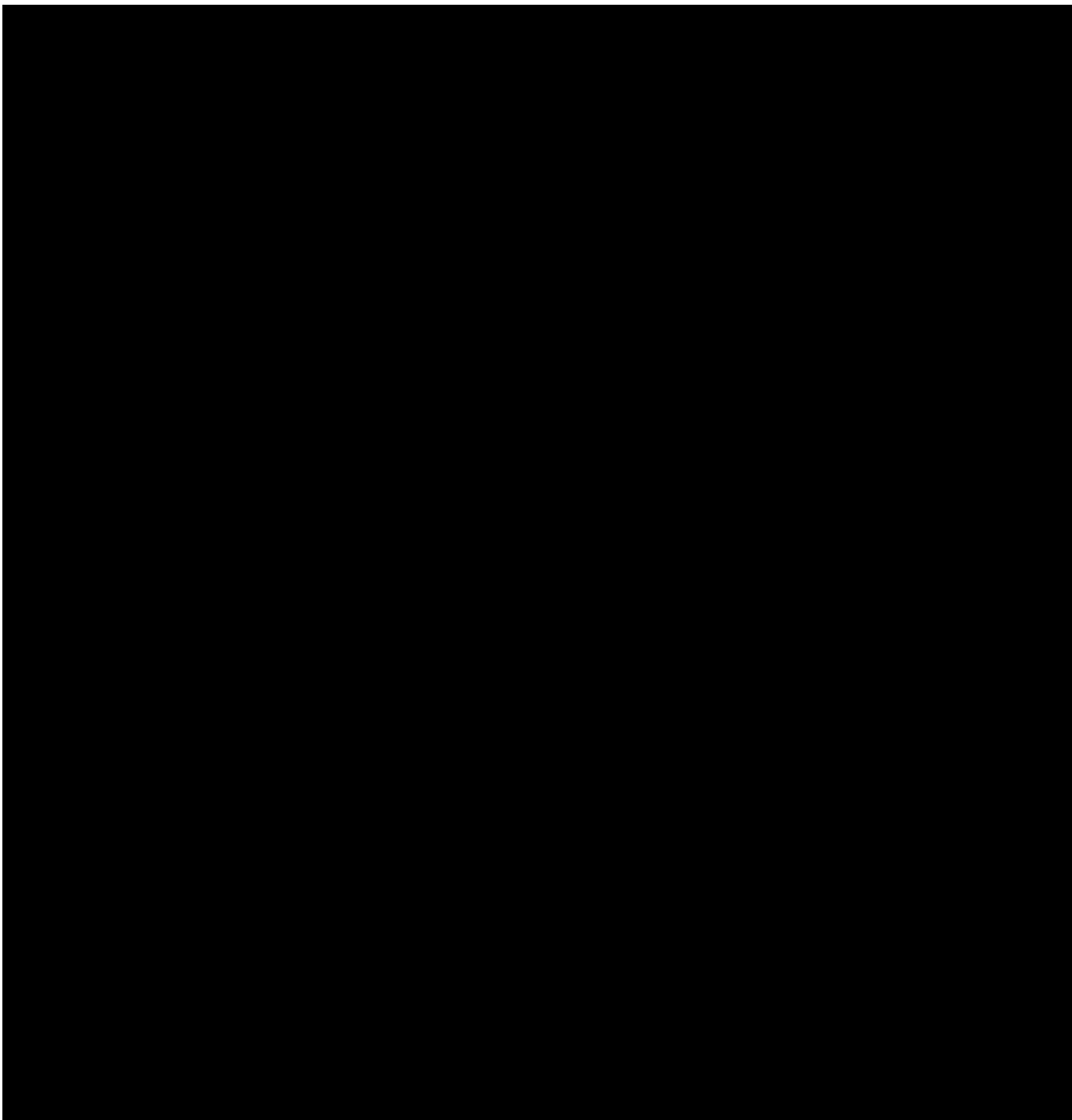
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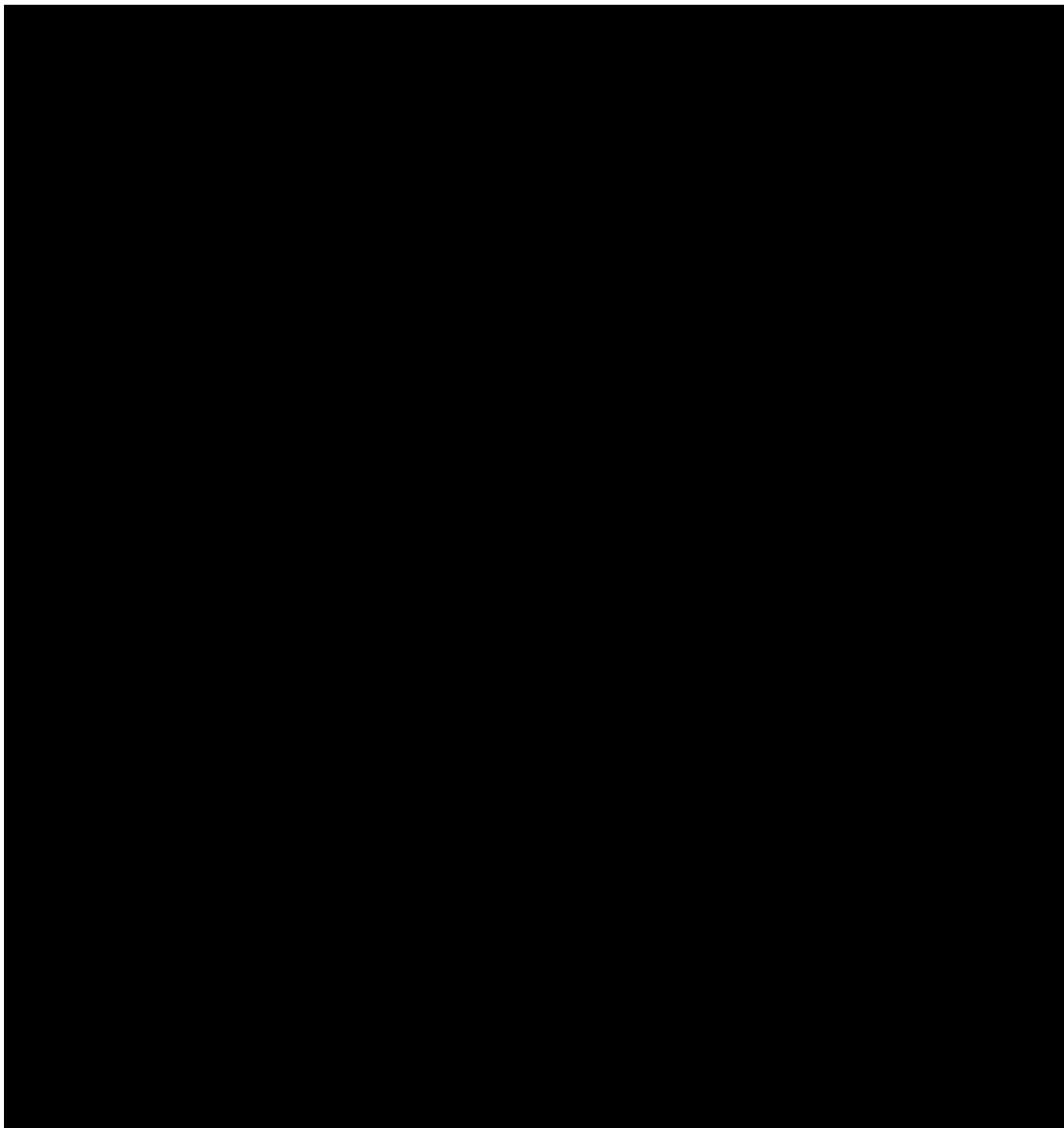
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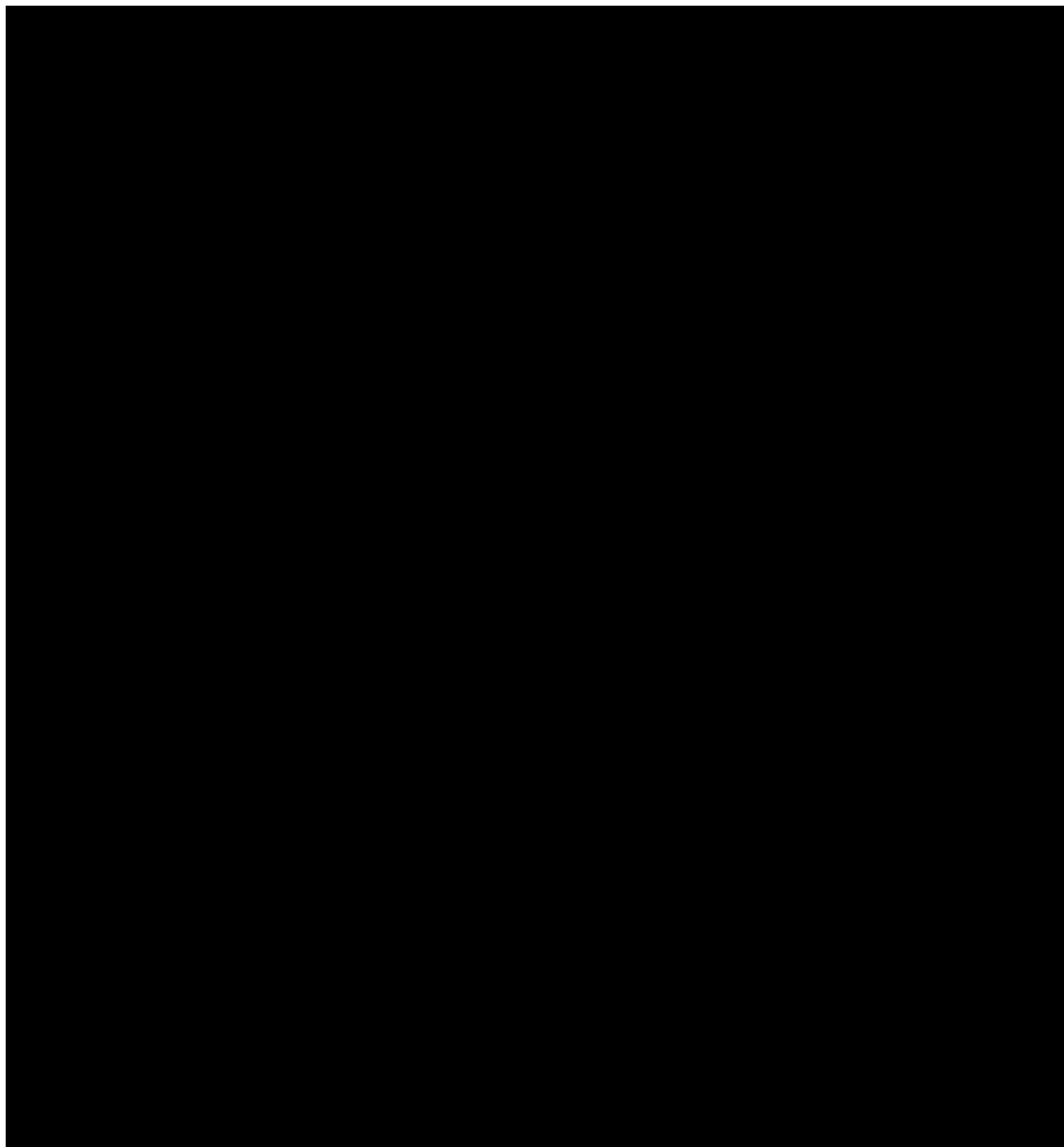
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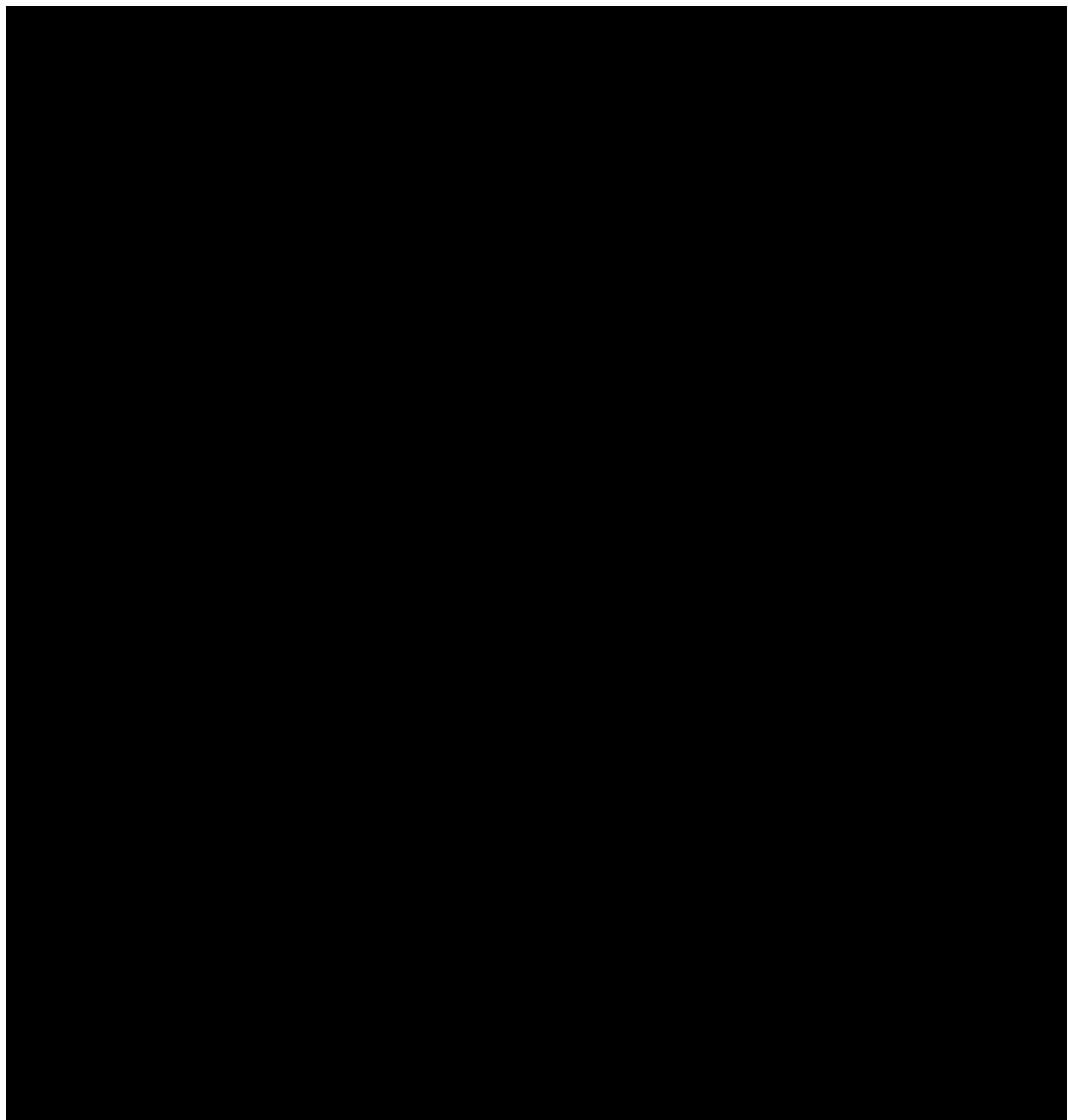
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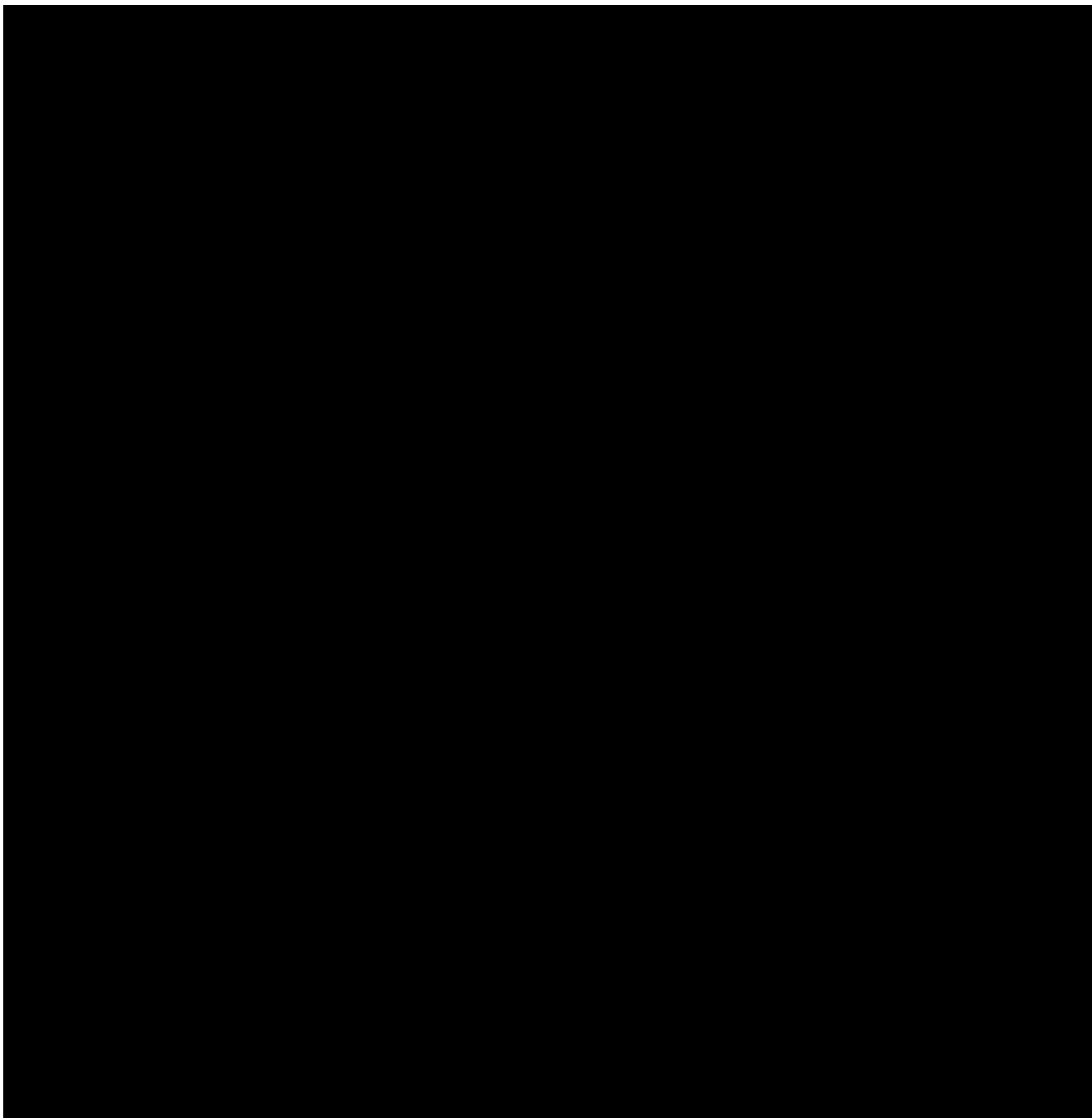
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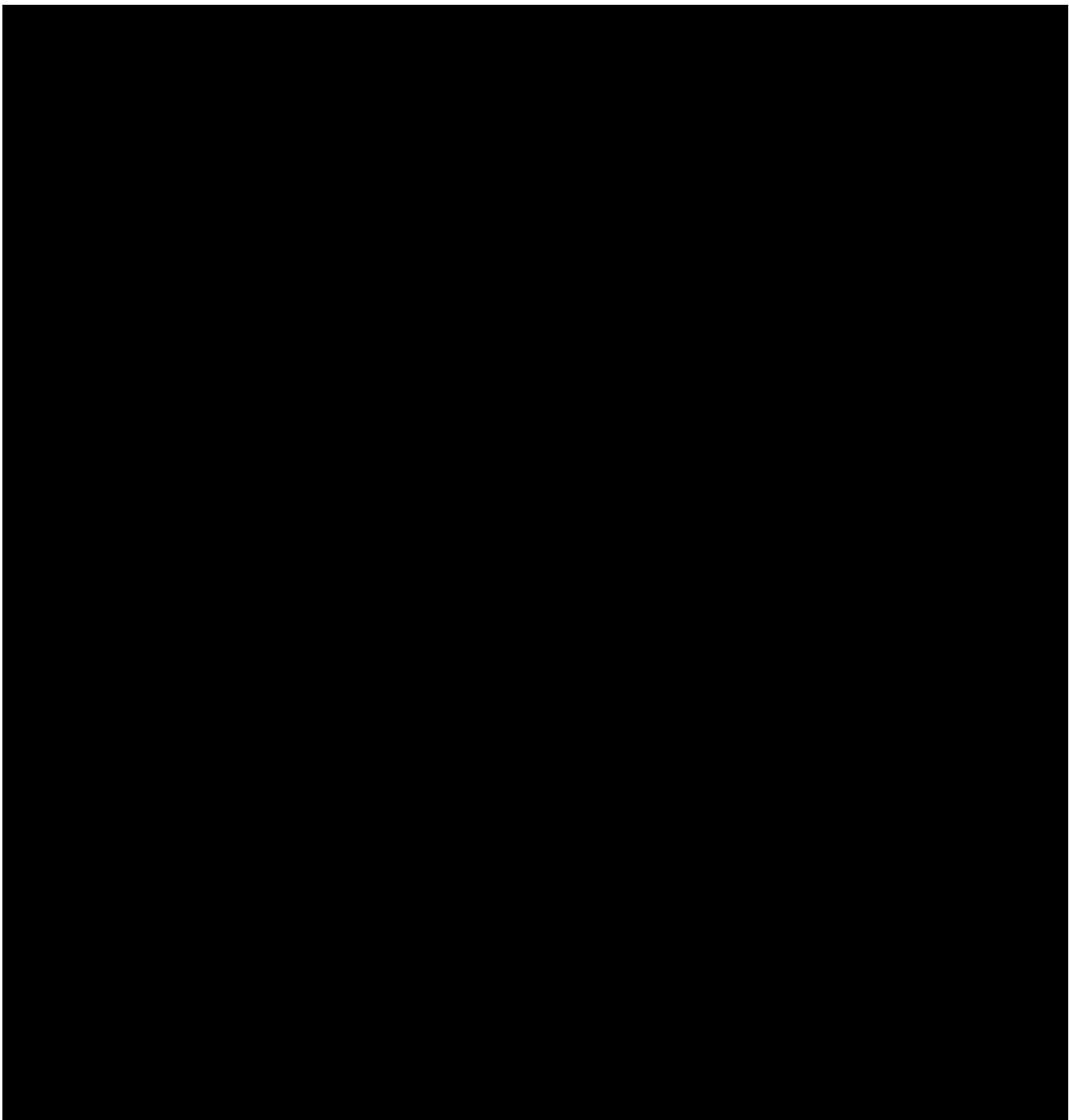
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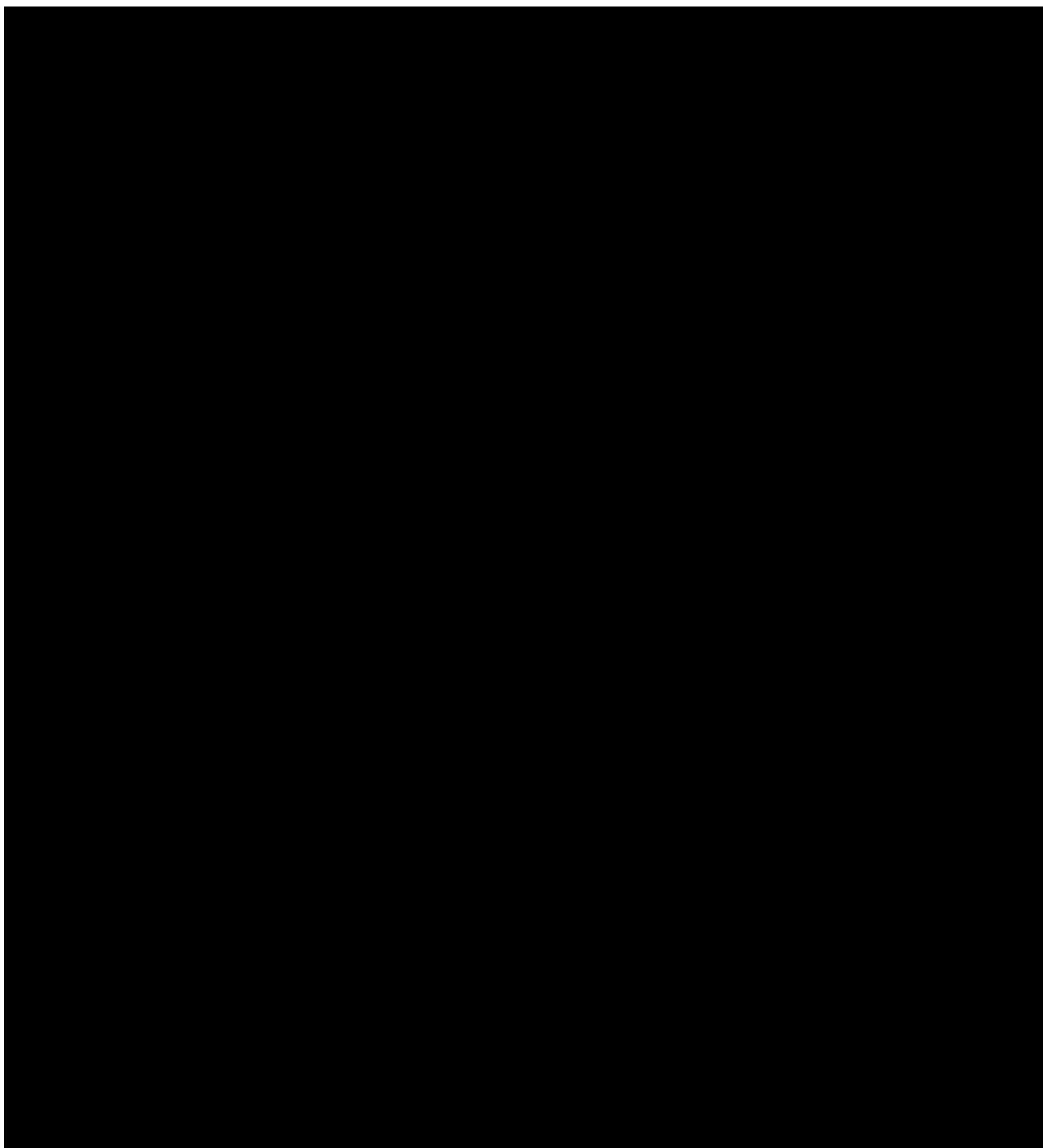
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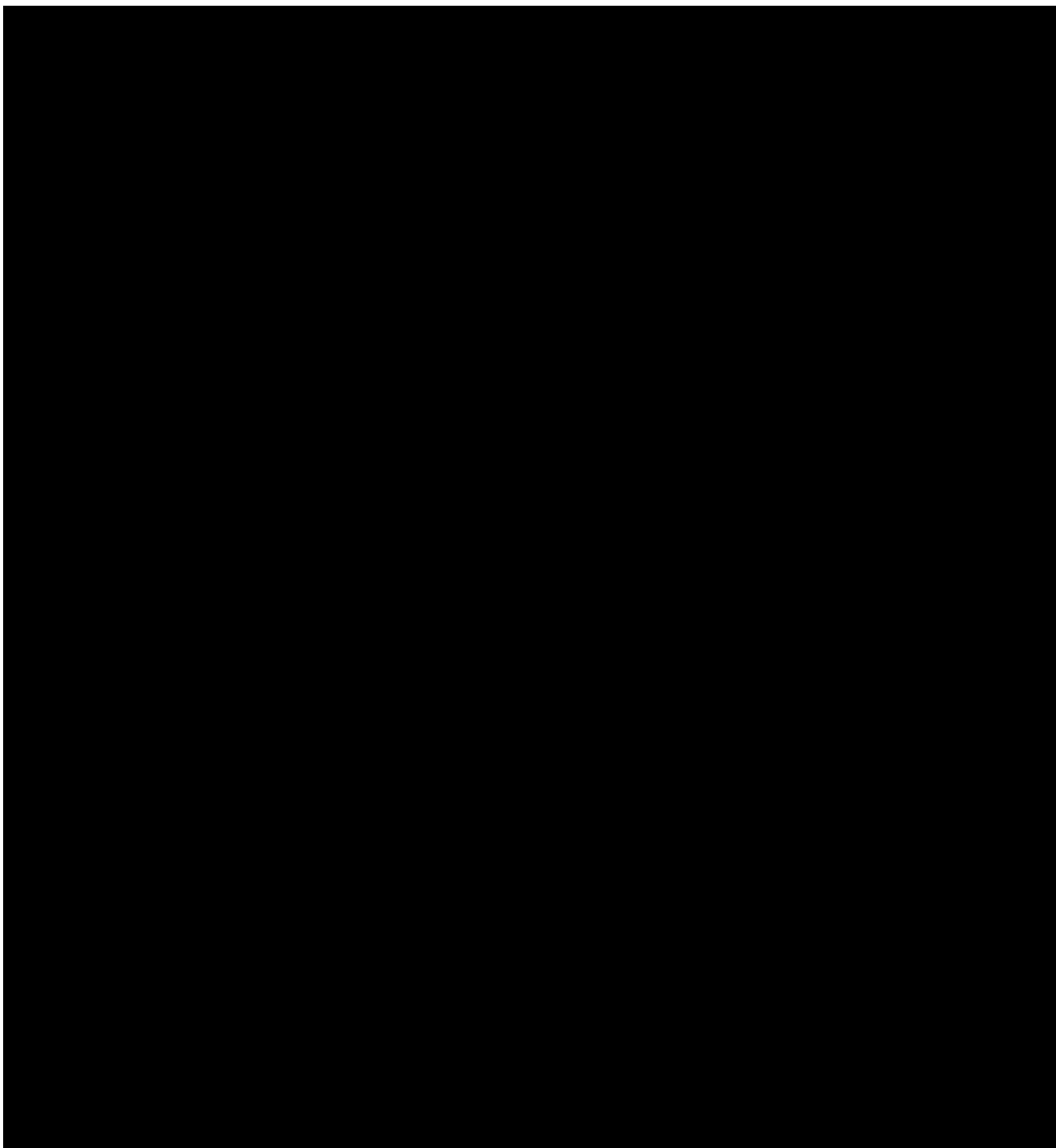
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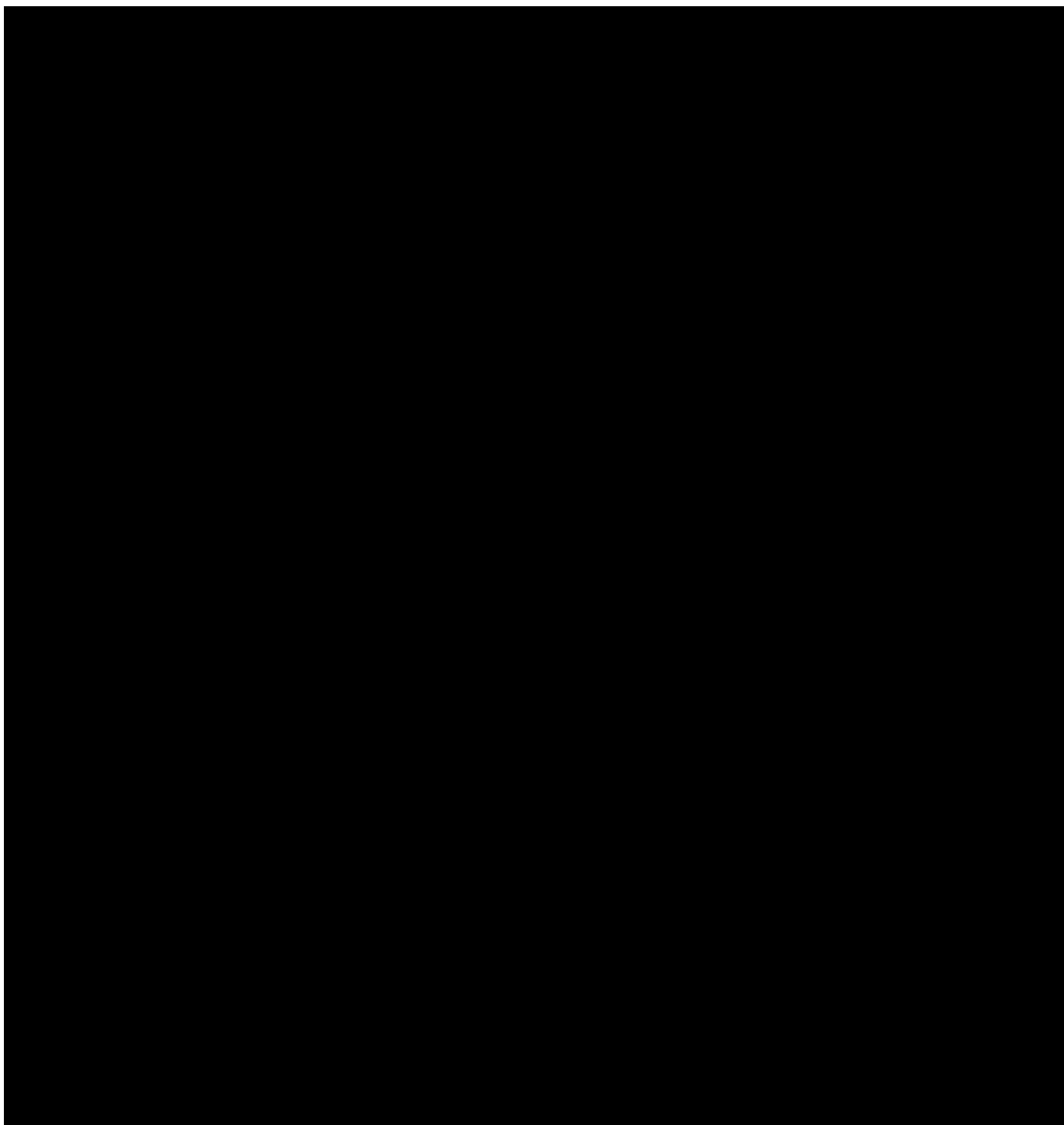
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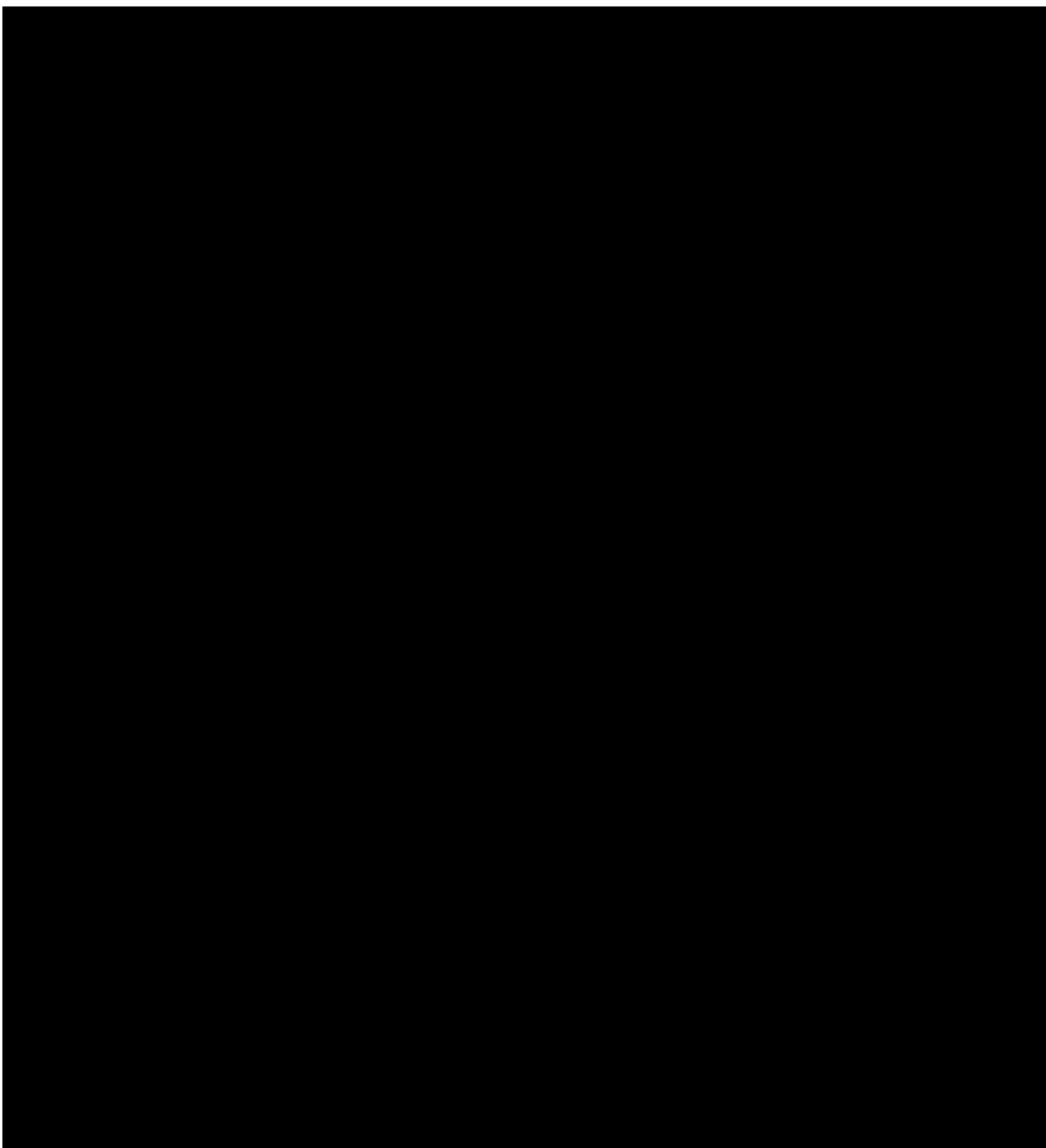
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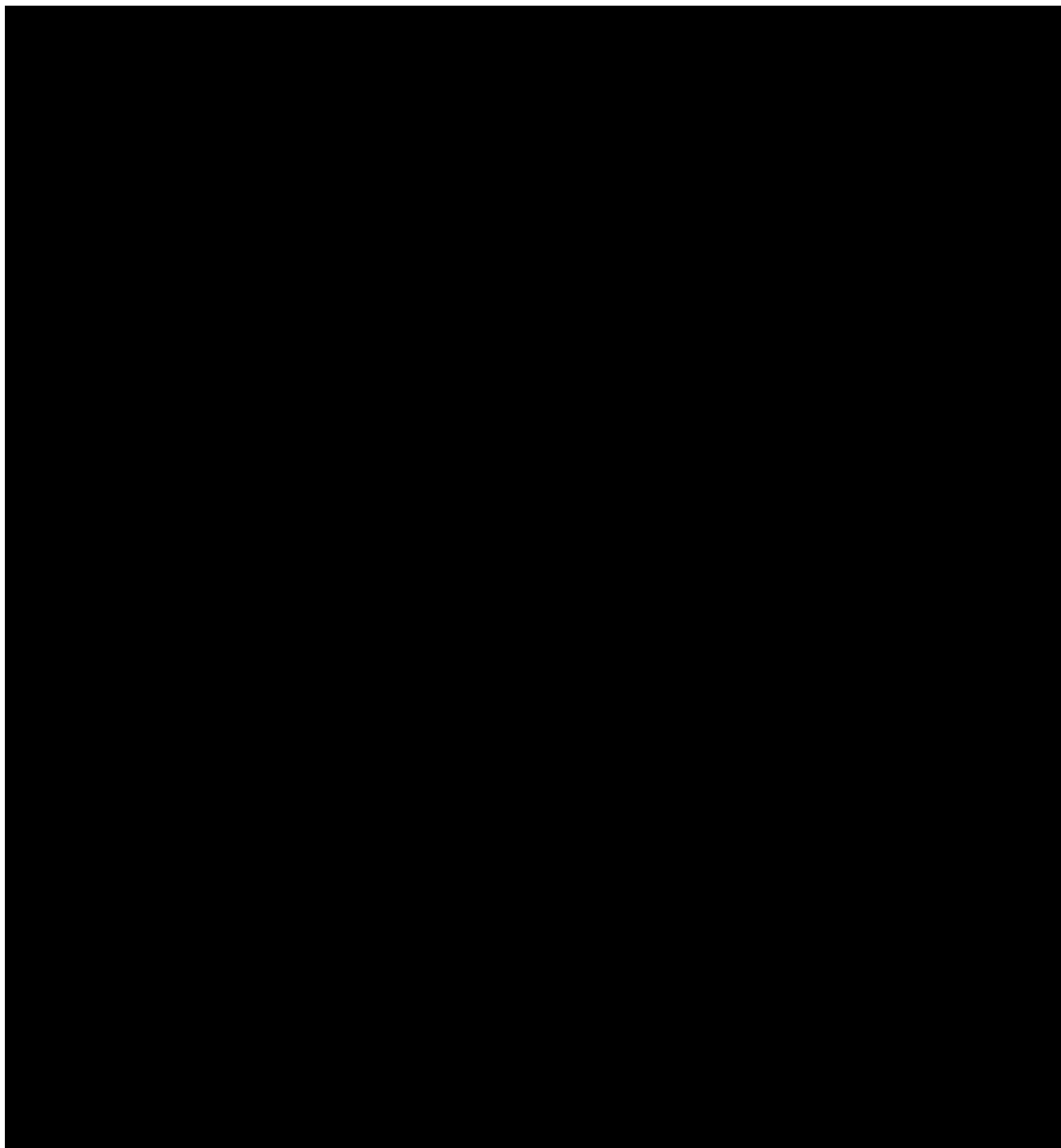
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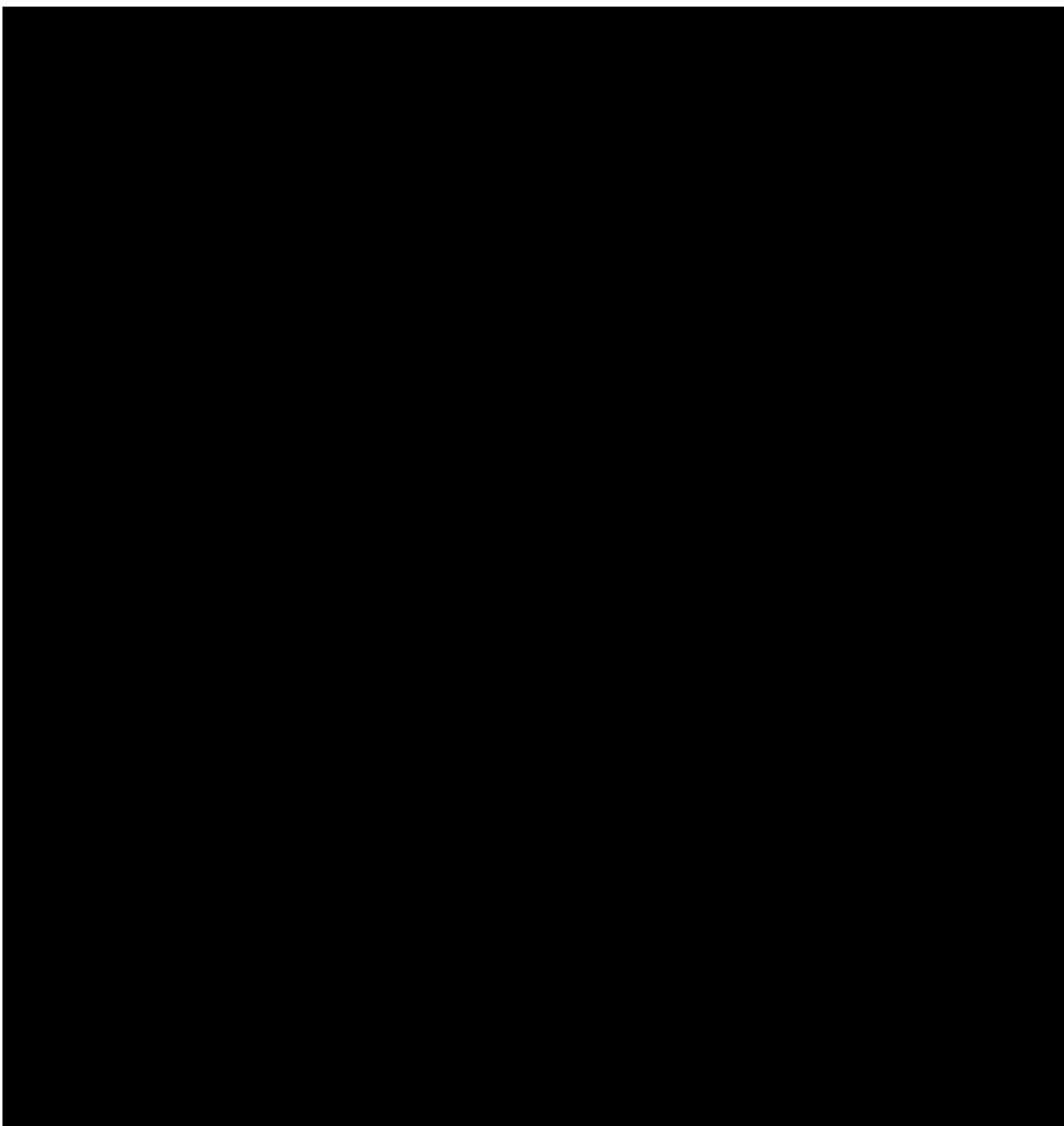
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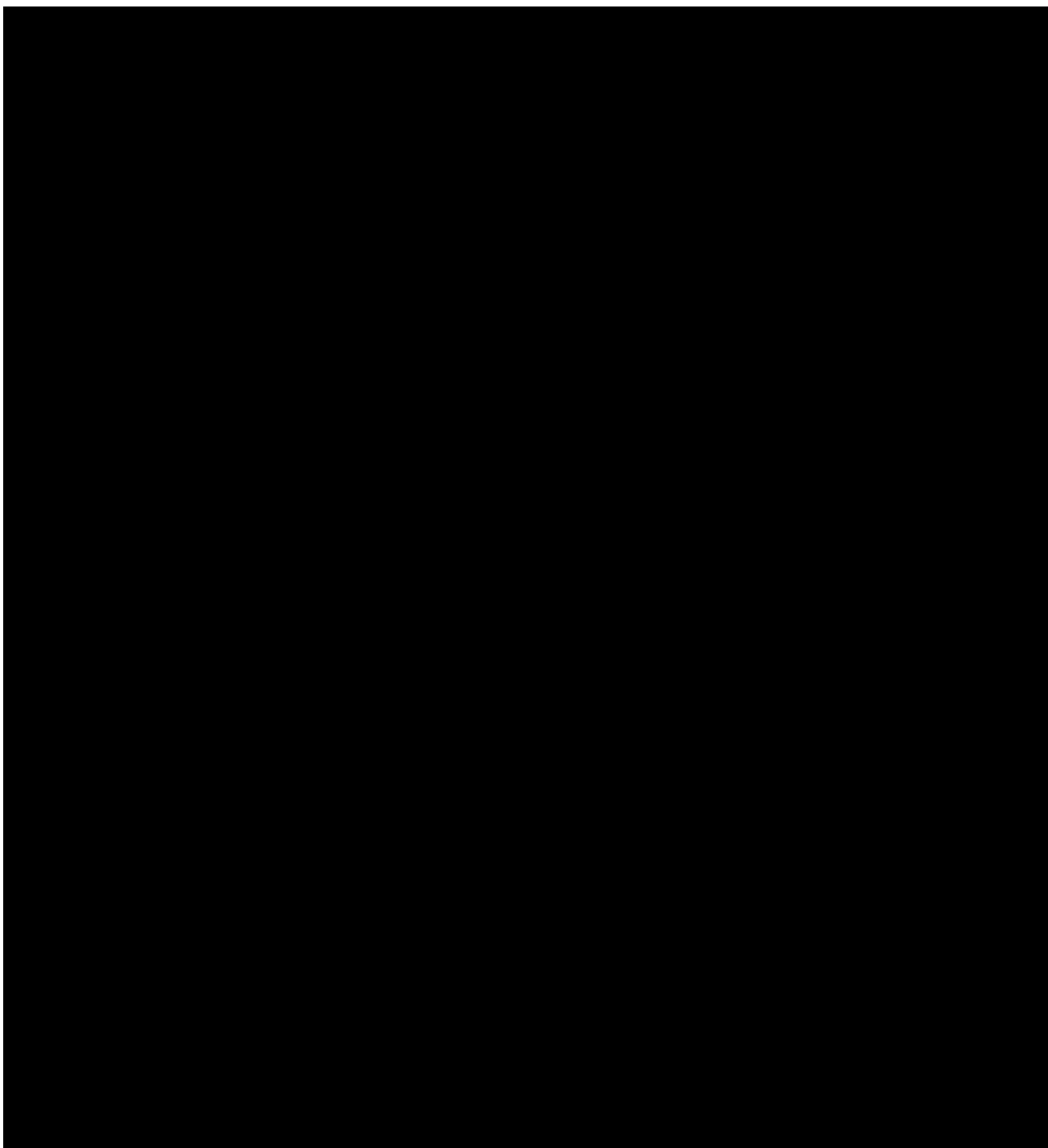
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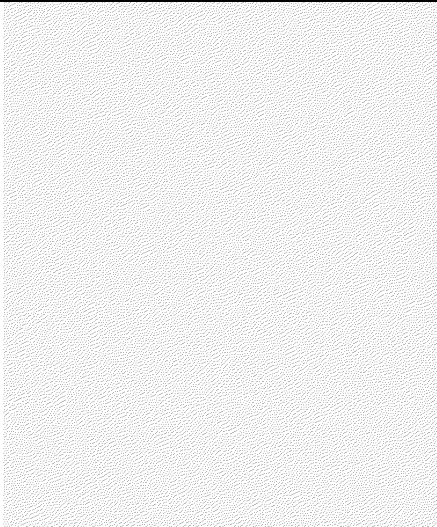
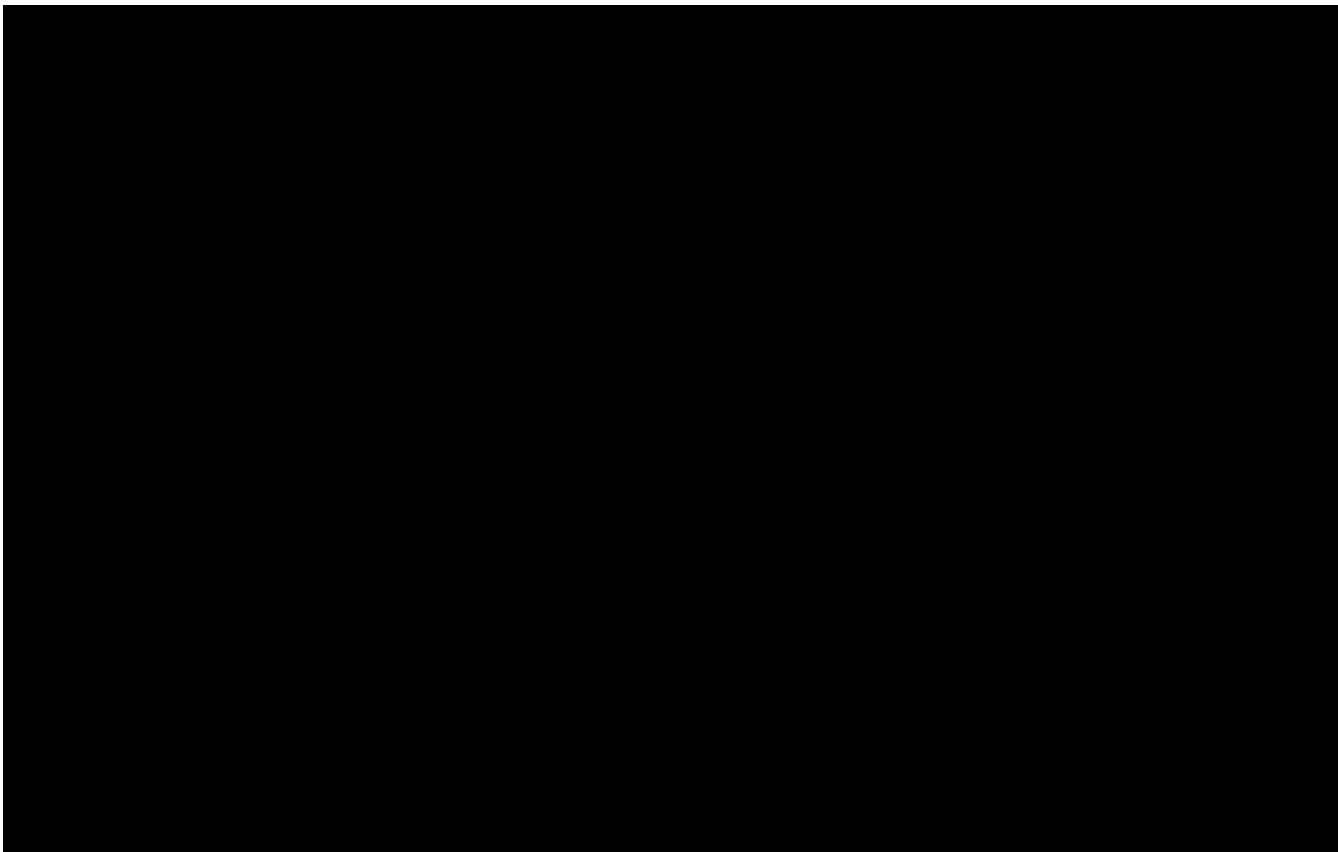
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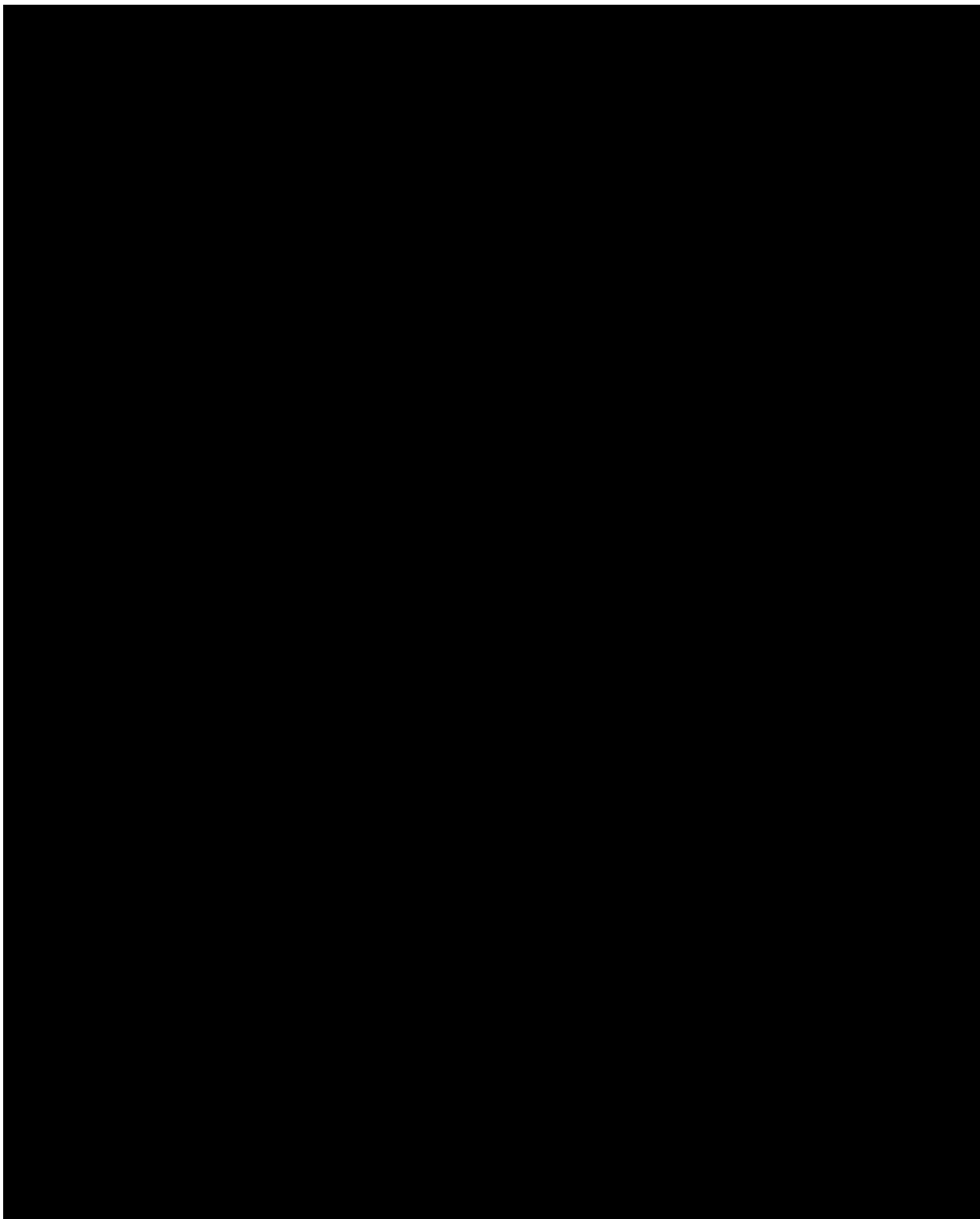
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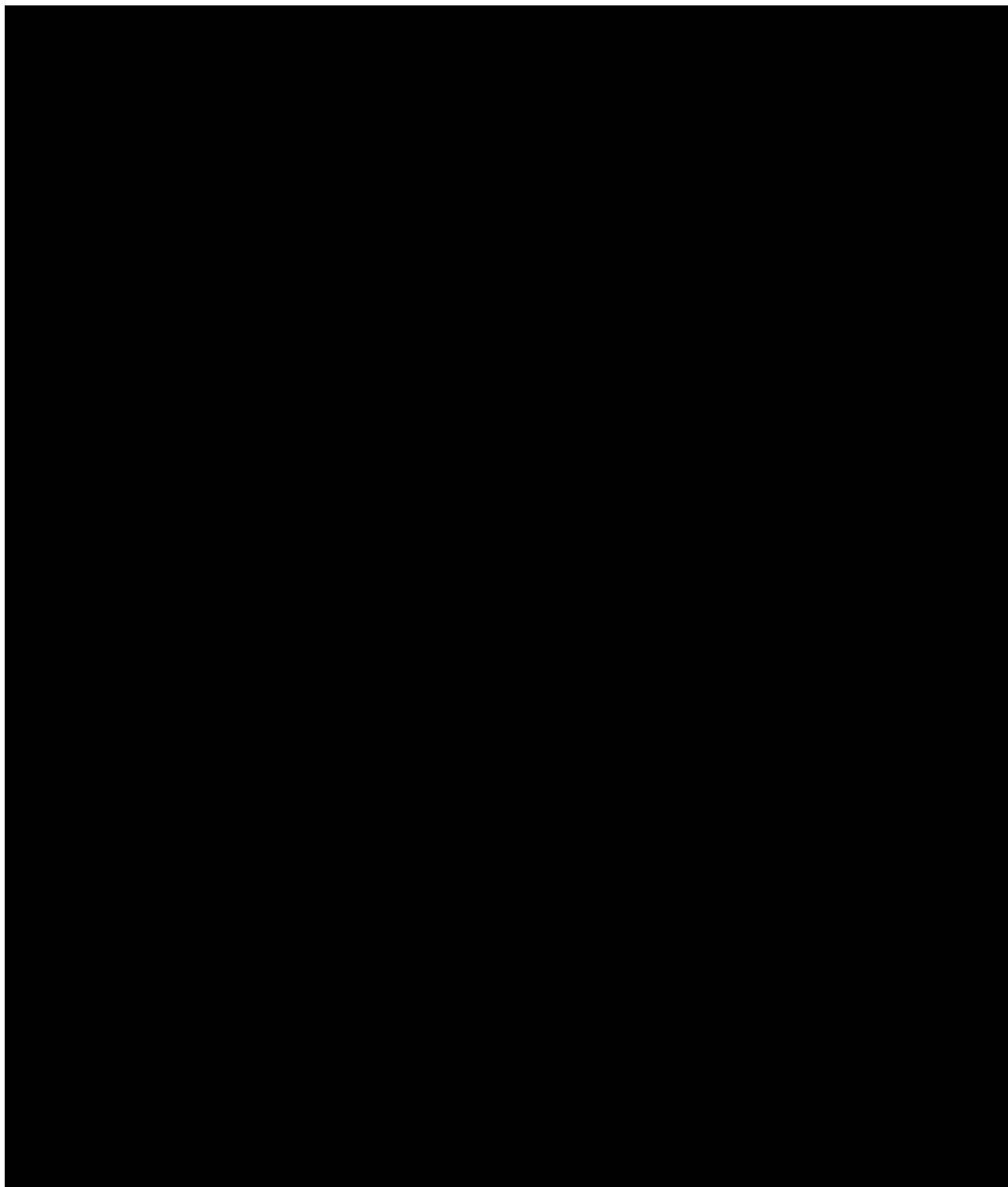


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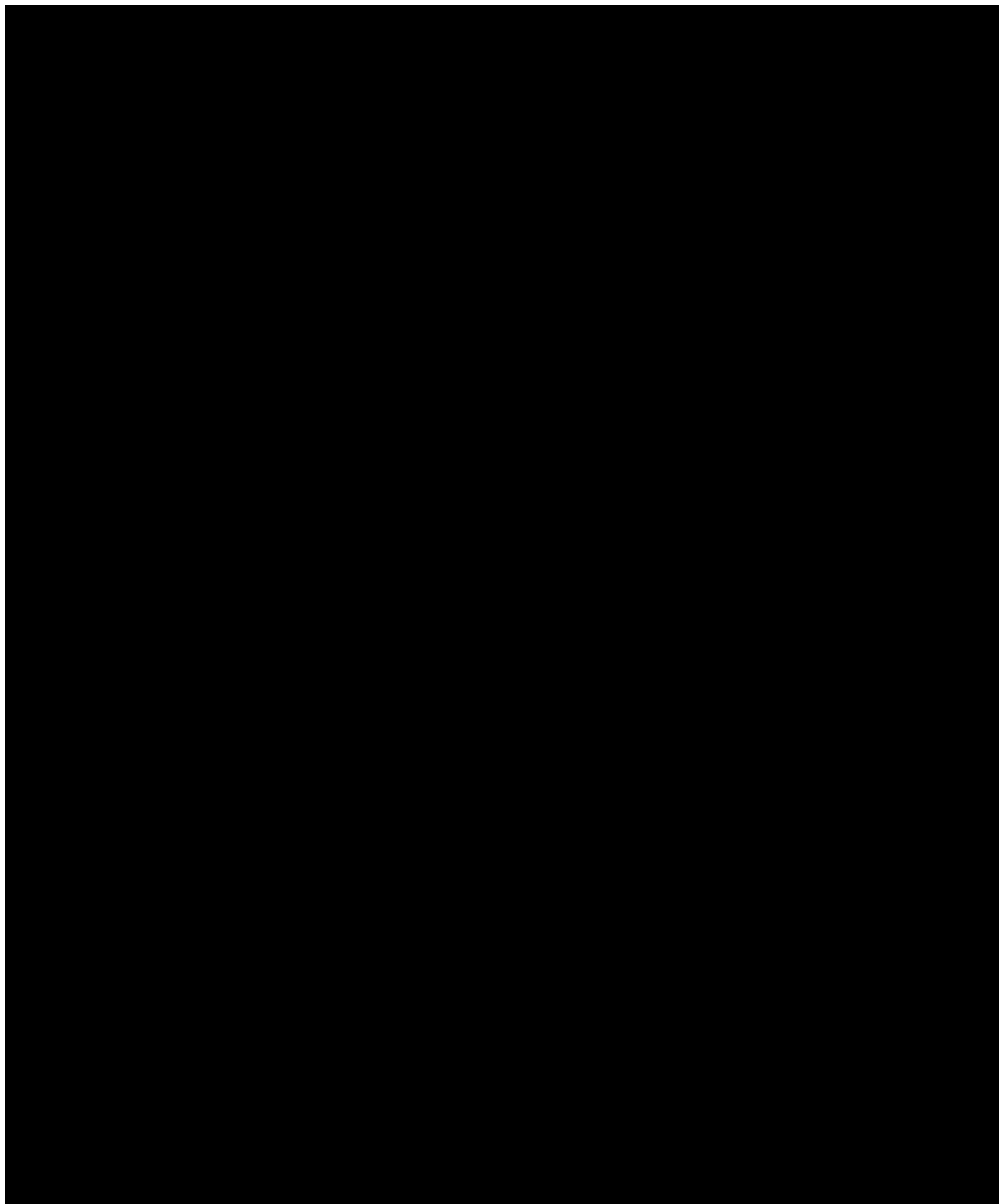


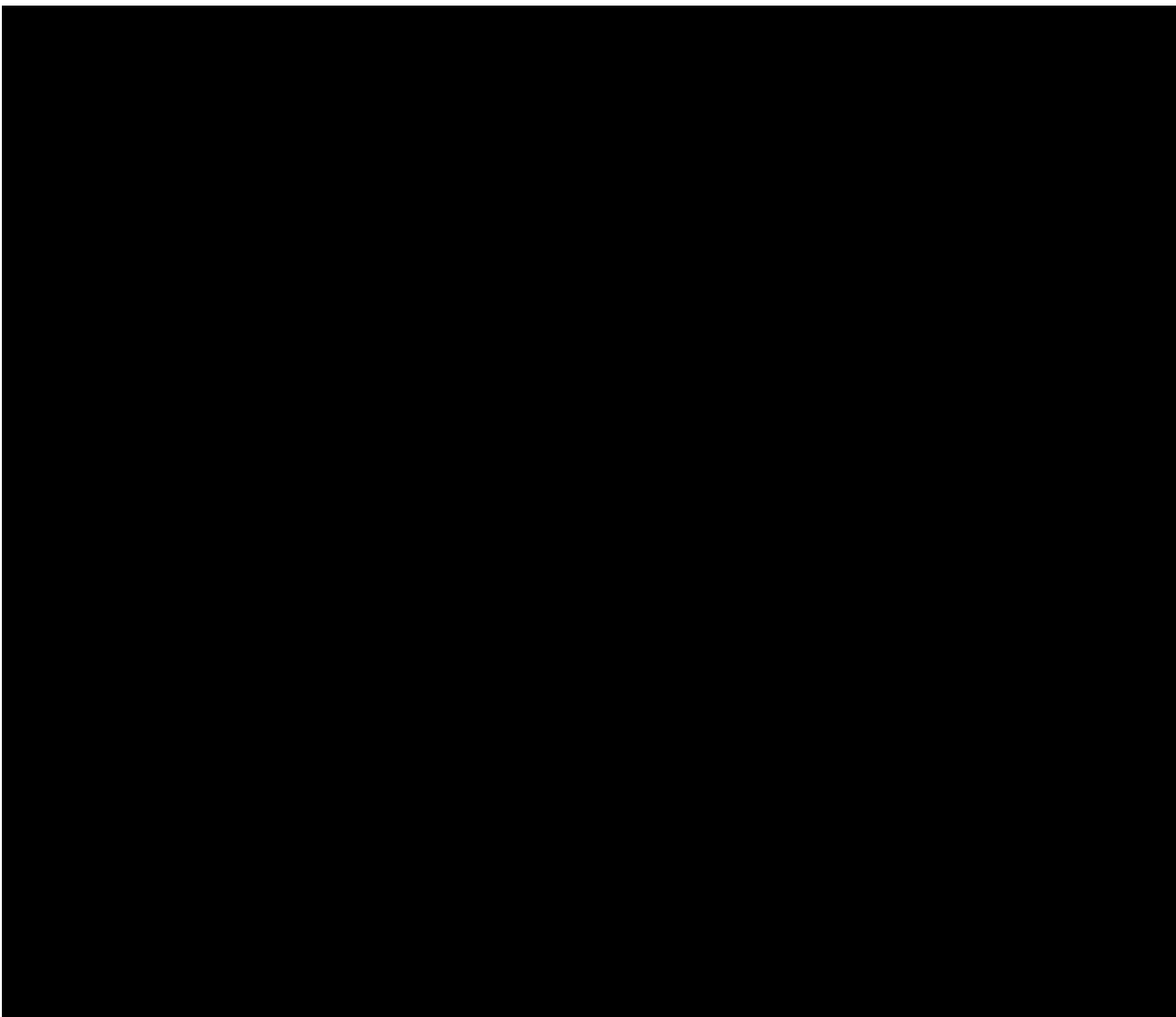




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Re: [External] Final Chapter Edits Ready for Review - SOC8 Hormone Chapter

From: [REDACTED] >
To: [REDACTED]
Cc: [REDACTED]

Date: Fri, 29 Oct 2021 05:48:55 -0400

Thanks [REDACTED]
I feel for you having to do the exam...it is a crazy system...hope it went well.

If you think your chapter members are going to make changes or suggestions is better they do that now than creating another draft, so I suggest you send it to them so they can feedback within 1 week and send us a clean final copy to us in a week time, what do you think?

This is a question for [REDACTED] I noticed that your chapters says: **“Statements supported by systematic literature reviews are rated as follows: ++++ strong certainty of evidence, +++ moderate certainty of evidence, ++ low certainty of evidence, + very low certainty of evidence”**.

My understanding was that we were not going to make a difference between statements based on LR and the rest, is that right [REDACTED]? If so, we will need to remove the +, ++, +++, ++++

Regards
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
Date: Thursday, 28 October 2021 at 20:04
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: [External] Final Chapter Edits Ready for Review - SOC8 Hormone Chapter

Dear All,
Please see the attached SOC Hormone chapter. There were quite a number of tasks that needed to be done so I needed the extra week. I have accepted most of the edits. I have added references. I have put in [REDACTED] additional comment about the discussion regarding surgical options for early pubertal children on blockers. There are a couple of comments that I could not address since [REDACTED] wanted an expansion of one of our statements. I don't think it is necessary to add more text since the statement really refers to statements that should be in the primary care chapter. If you agree that we don't need to add anymore text to our chapter, then I have completed all of the requested work by the reference/copy editor. Please let me know if there is anything else at this stage. I know that some of our chapter members want to read this again. It might be a good idea given all of the edits but I assume there will be an opportunity in the future as this moves along to completion.

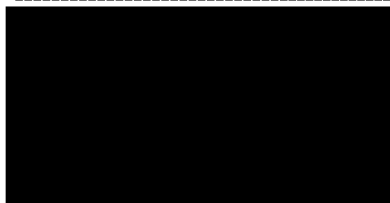
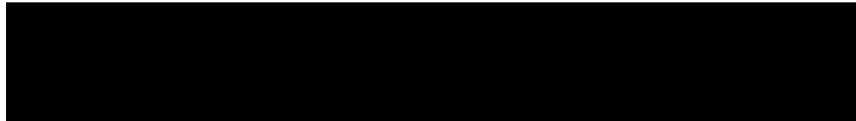
Sincerely,
[REDACTED]

[REDACTED]



From: [REDACTED]
Sent: Friday, October 8, 2021 3:27 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: [External] Final Chapter Edits Ready for Review - SOC8 Hormone Chapter

Hi [REDACTED]
Please Agree or decline the edits and add in the text anything else that is needed and send us a clean copy. That will be the final copy then.
Regards
[REDACTED]



[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: 07 October 2021 9:09 PM
To: [REDACTED]; HormoneSOC8 <HormoneSOC8@wpath.org>
Cc: [REDACTED]
Subject: Re: [External] Final Chapter Edits Ready for Review - SOC8 Hormone Chapter

This is great. What is the most efficient way to provide information? Do you want me to add more comments or just accept the comments/changes that I agree with? Overall I agree with the copyedits and can answer the few queries.

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Thursday, October 7, 2021 2:45 PM
To: [REDACTED] HormoneSOC8 <HormoneSOC8@wpath.org>
Cc: [REDACTED]
Subject: [External] Final Chapter Edits Ready for Review - SOC8 Hormone Chapter

Dear [REDACTED] and all,

I hope this email finds you well. Please see attached for the feedback from the SOC8 Copyeditor and Reference Checker for the SOC8 Hormone Chapter. Please review the edits and comments throughout the document and advise any issues/concerns **within 2 weeks (by EOD Thursday, October 21, 2021)**, so this chapter can be finalized.

Please let us know if you have any questions.

All best,

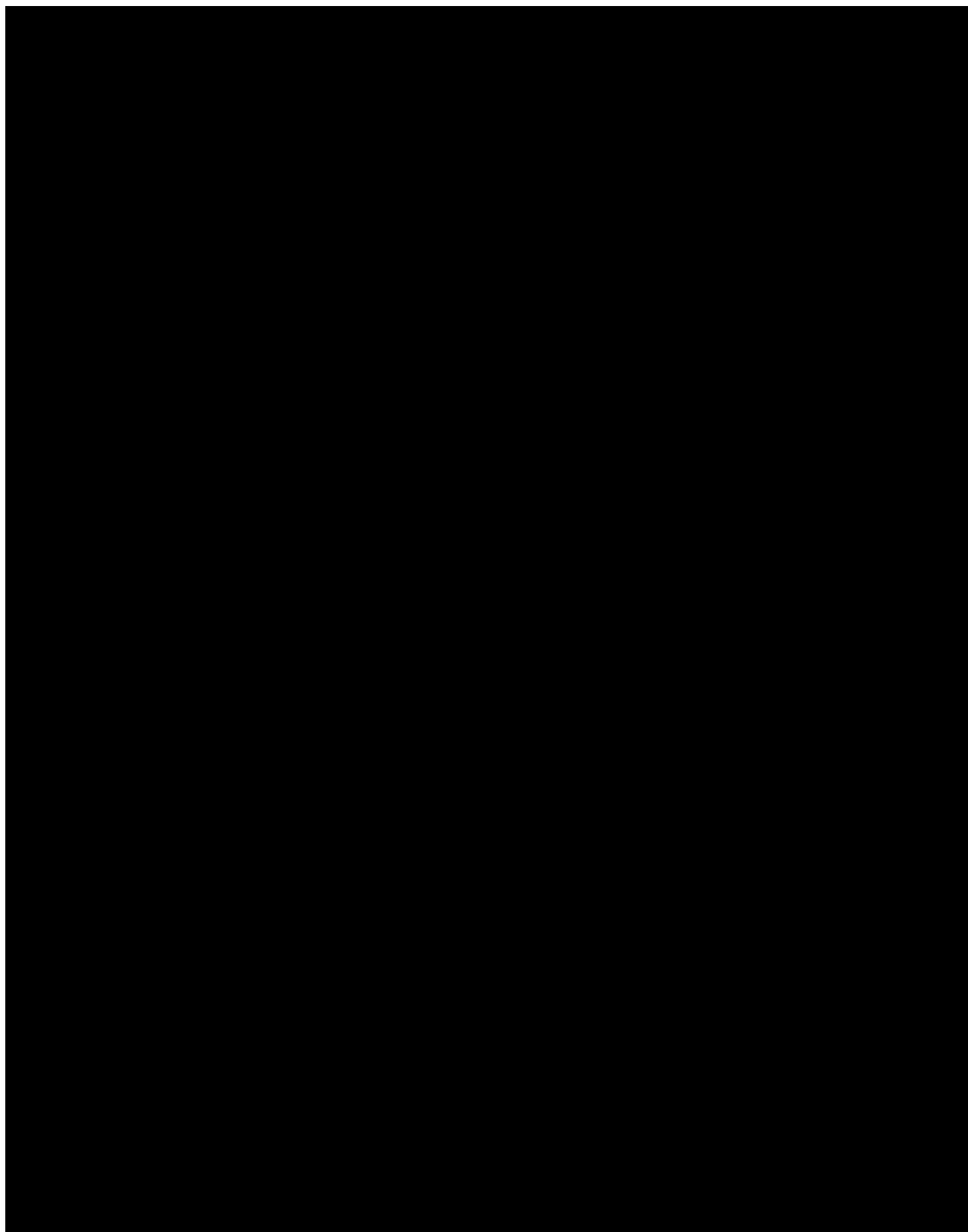
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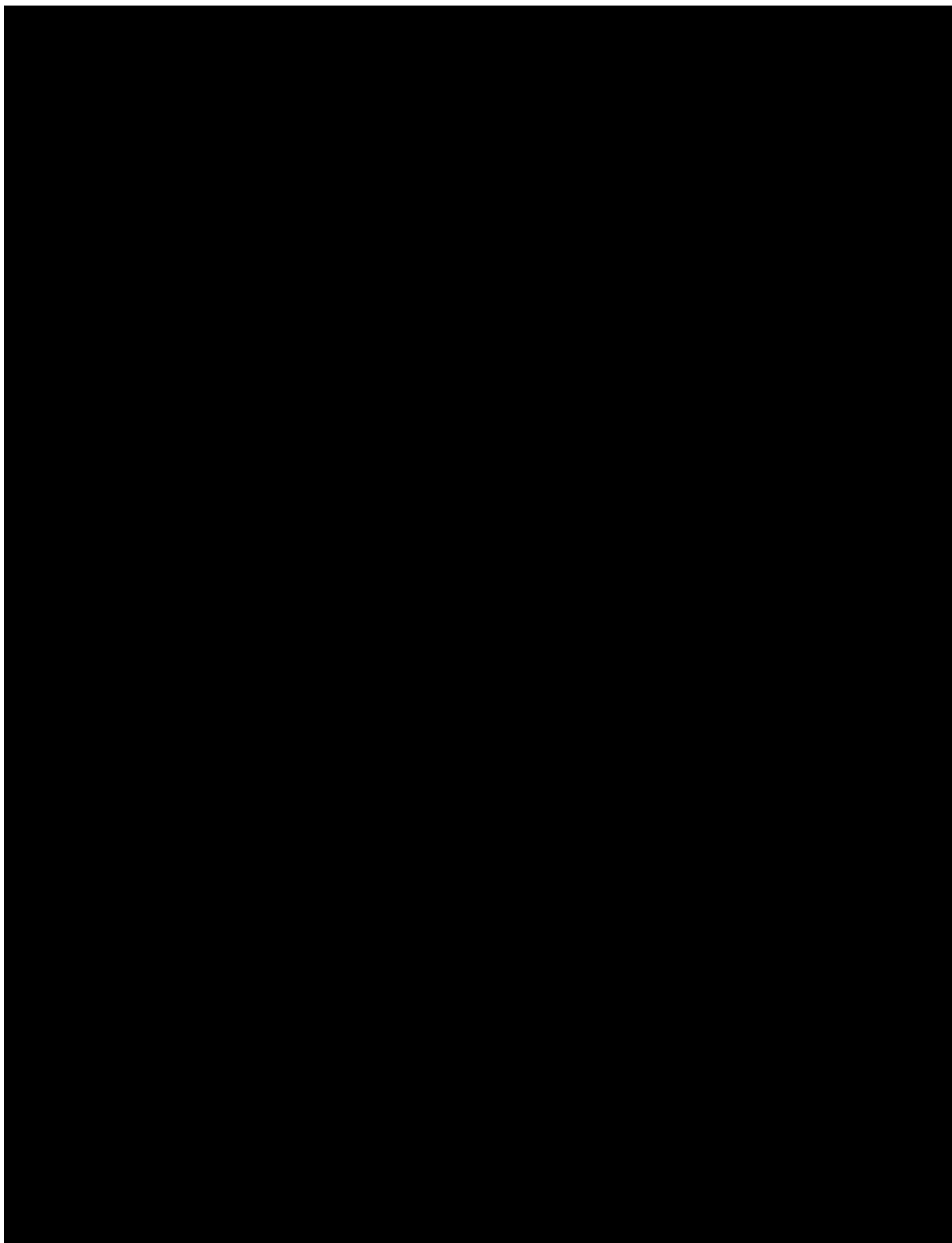
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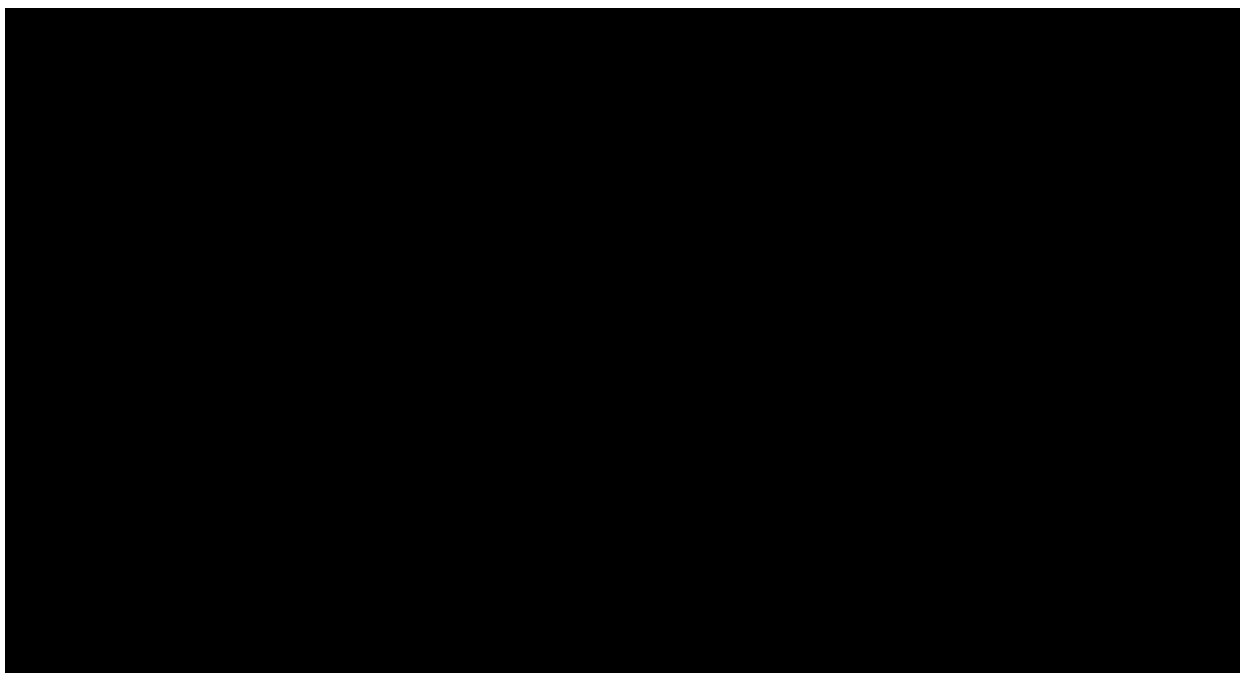
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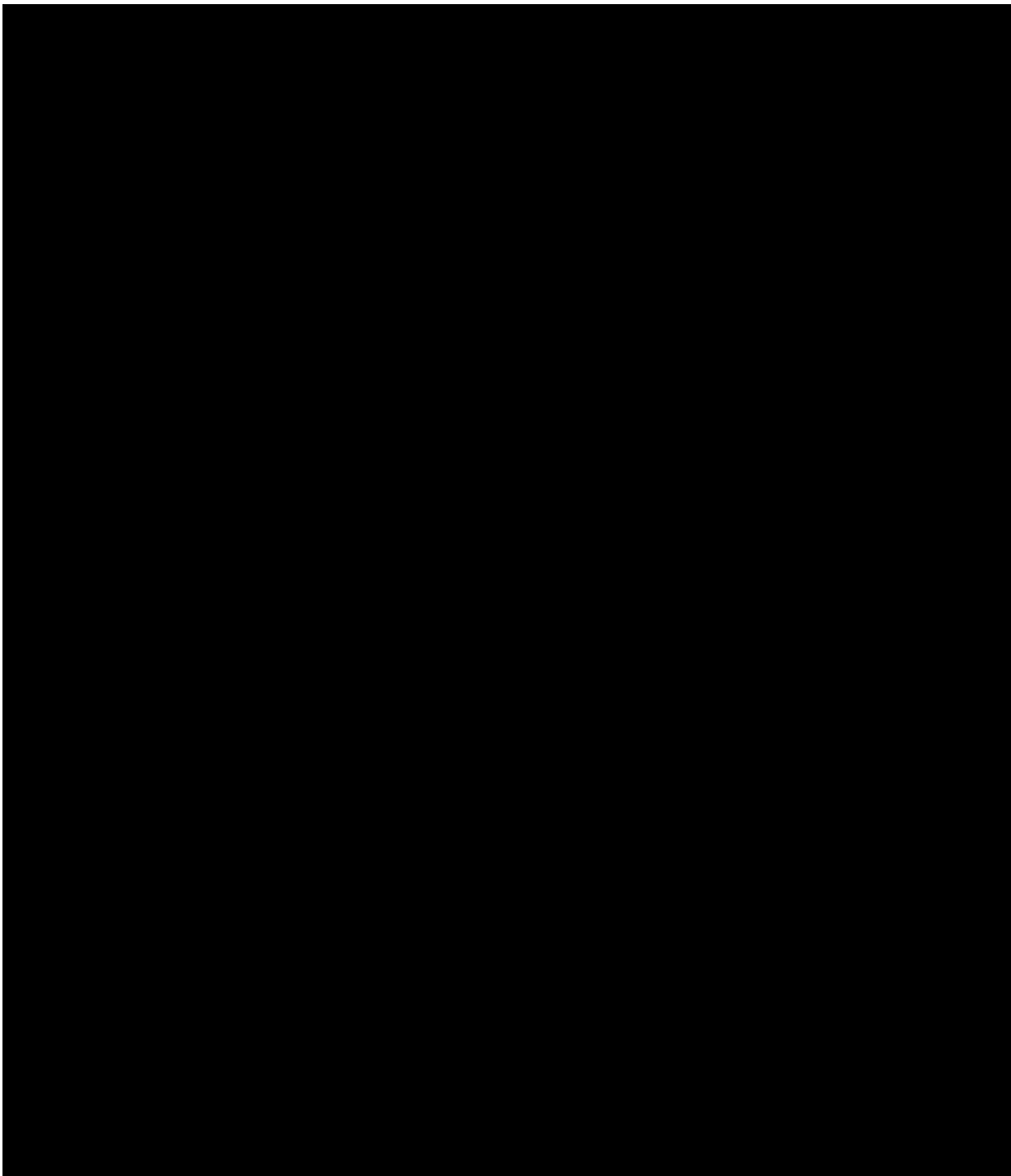
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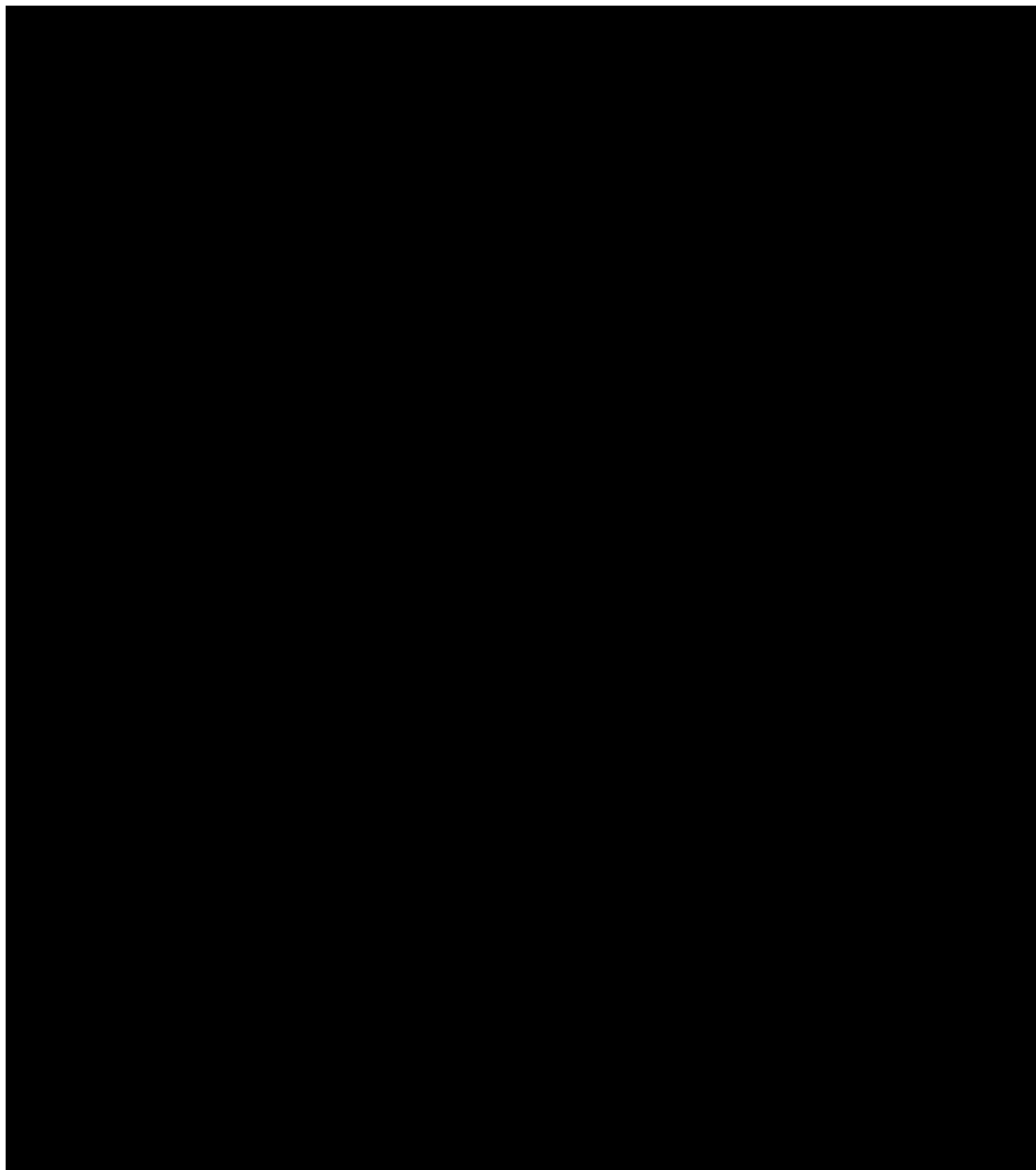
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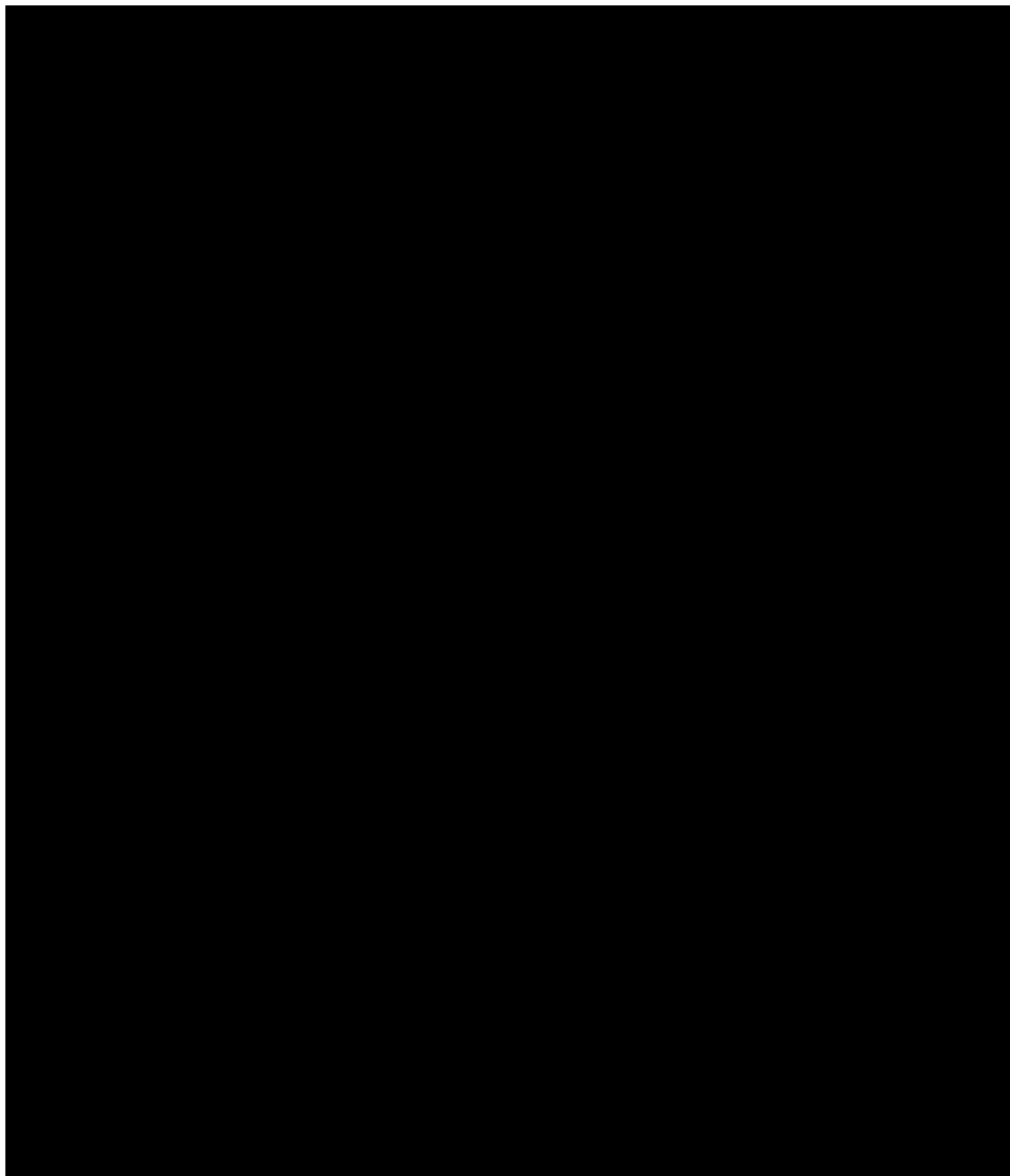
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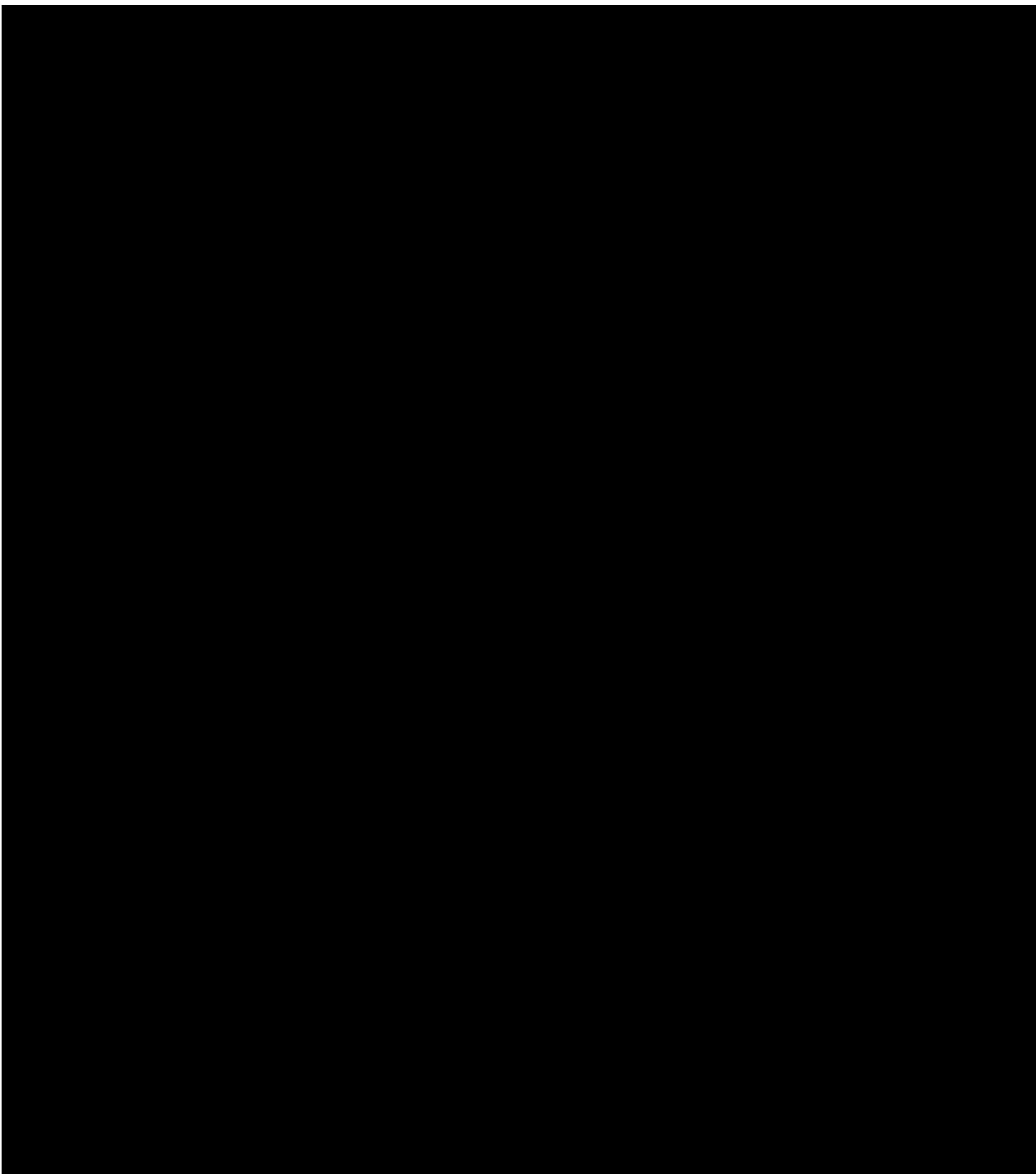
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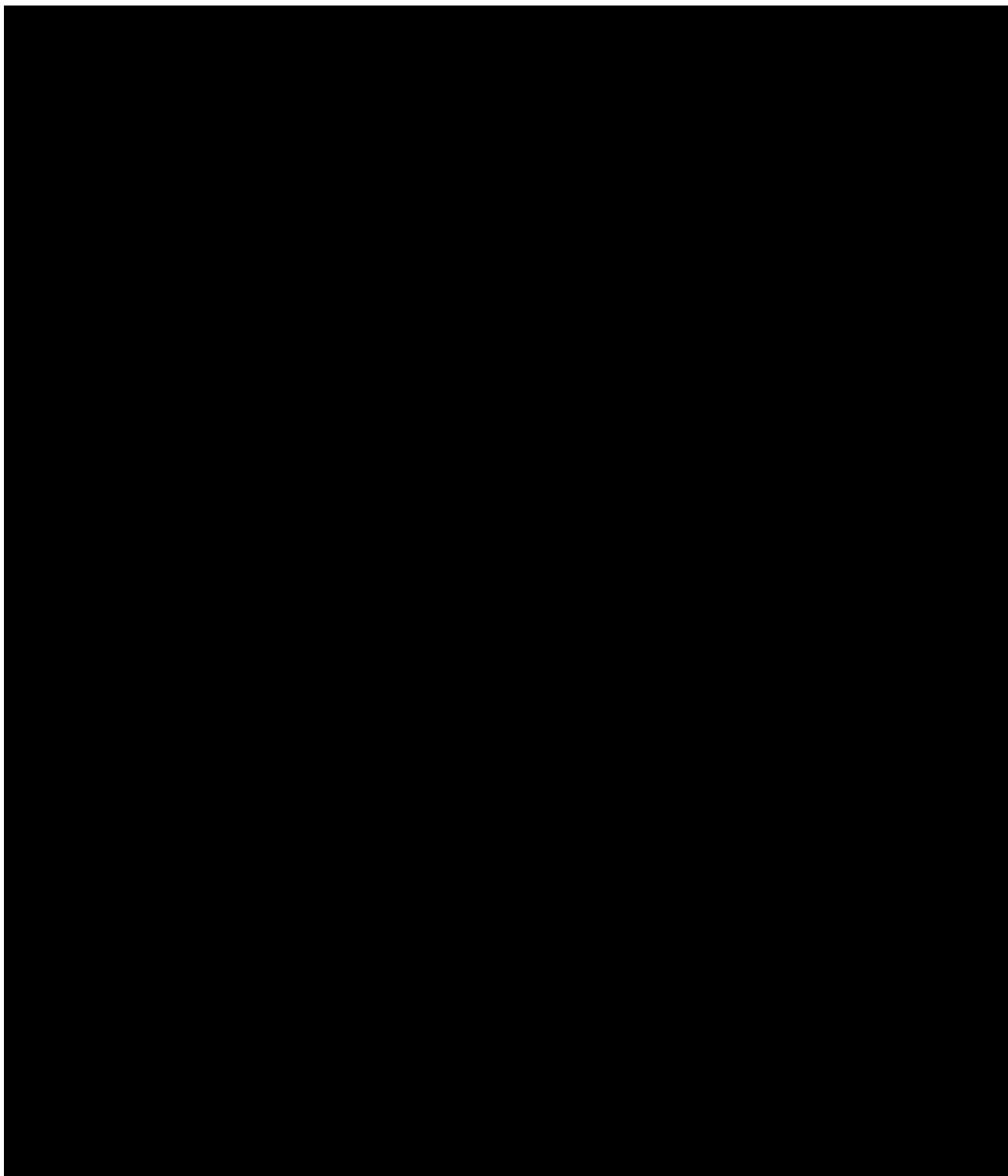
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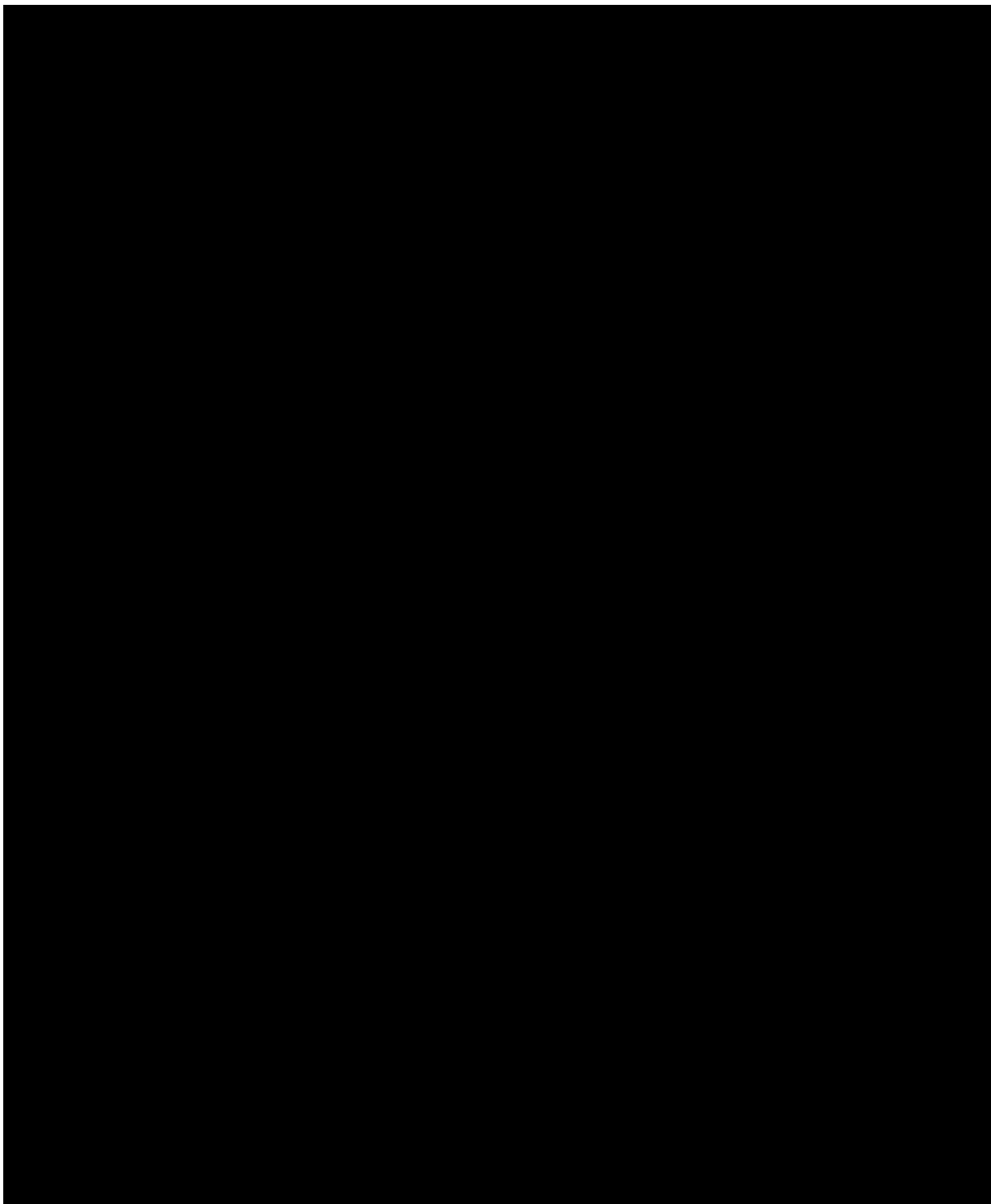




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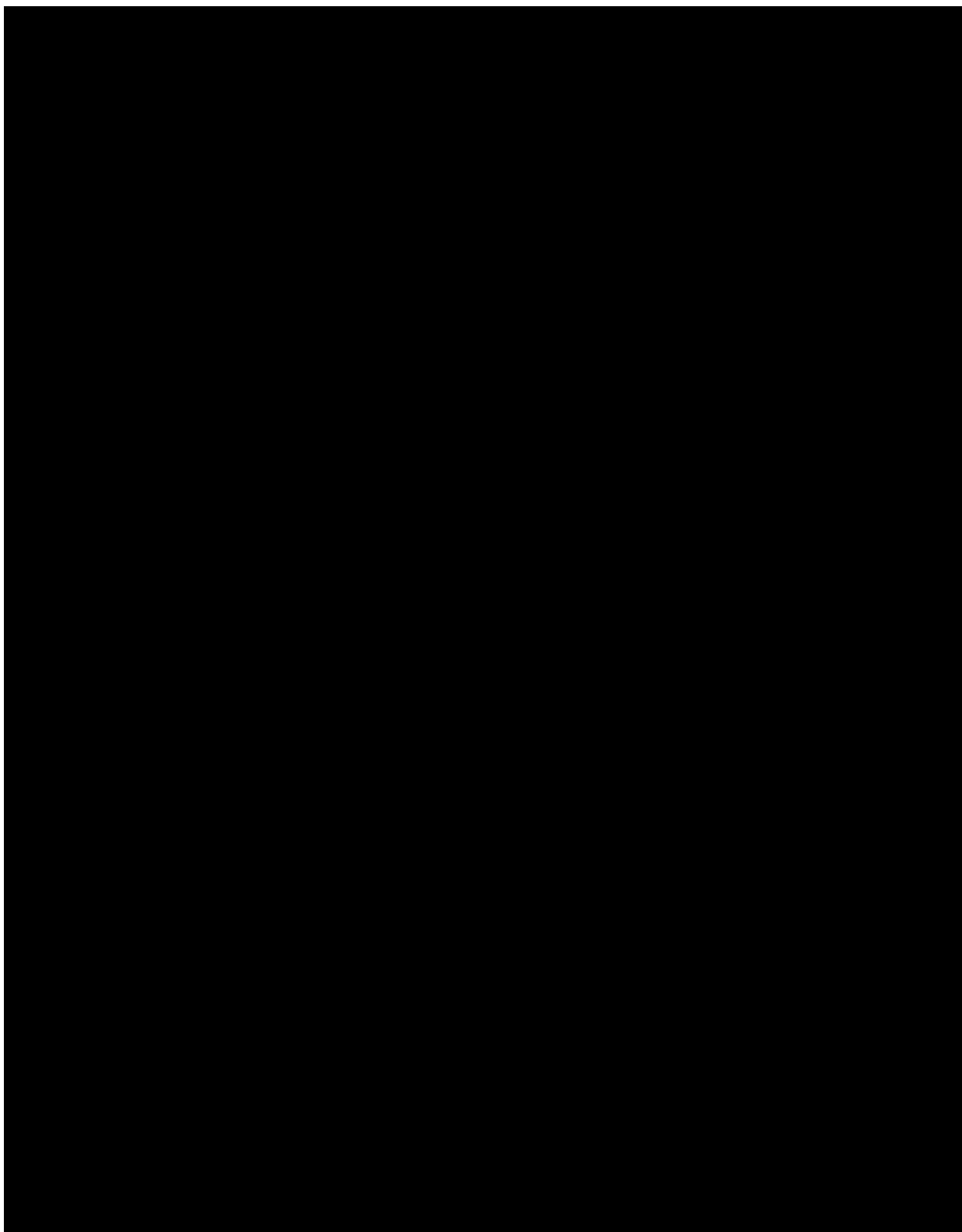
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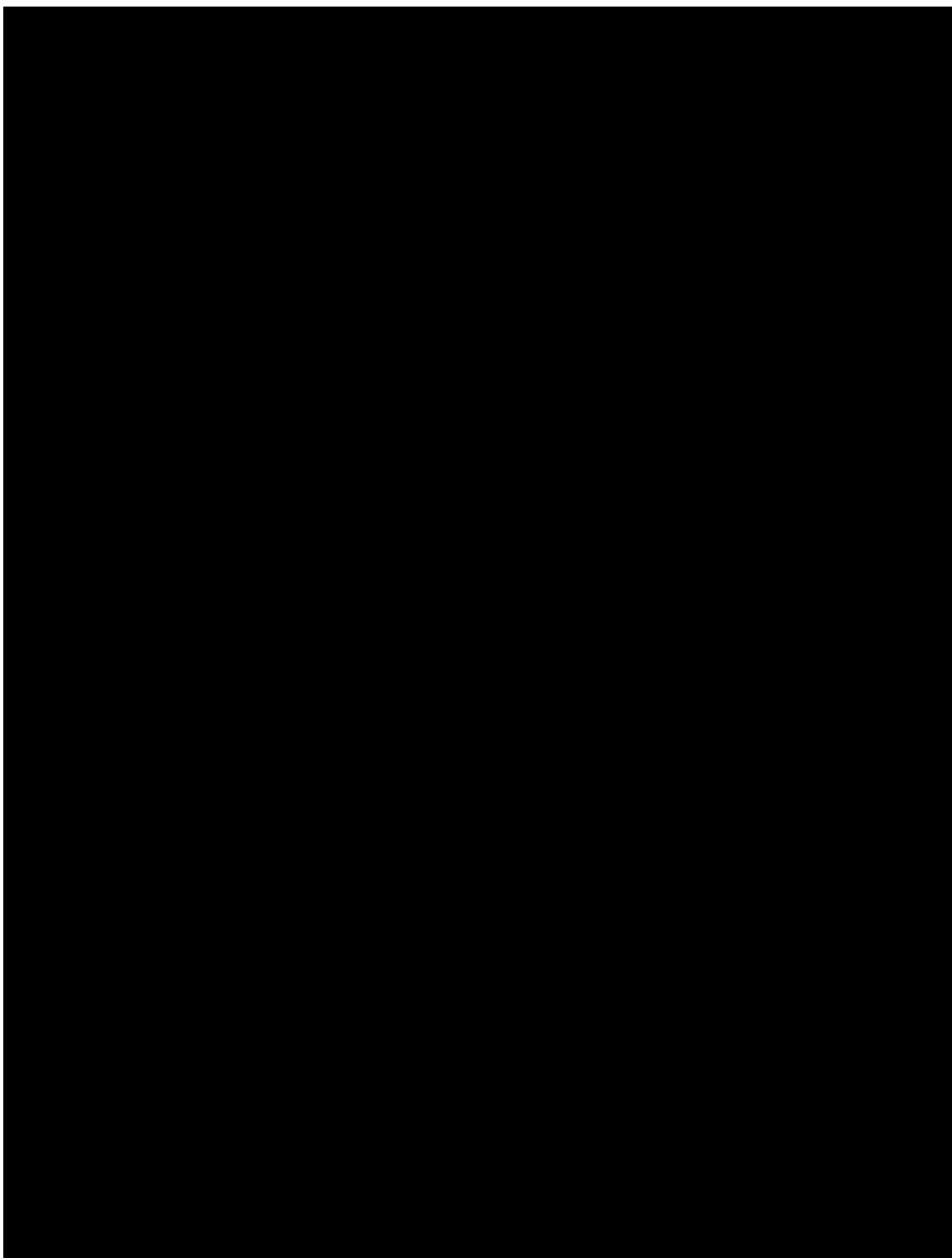
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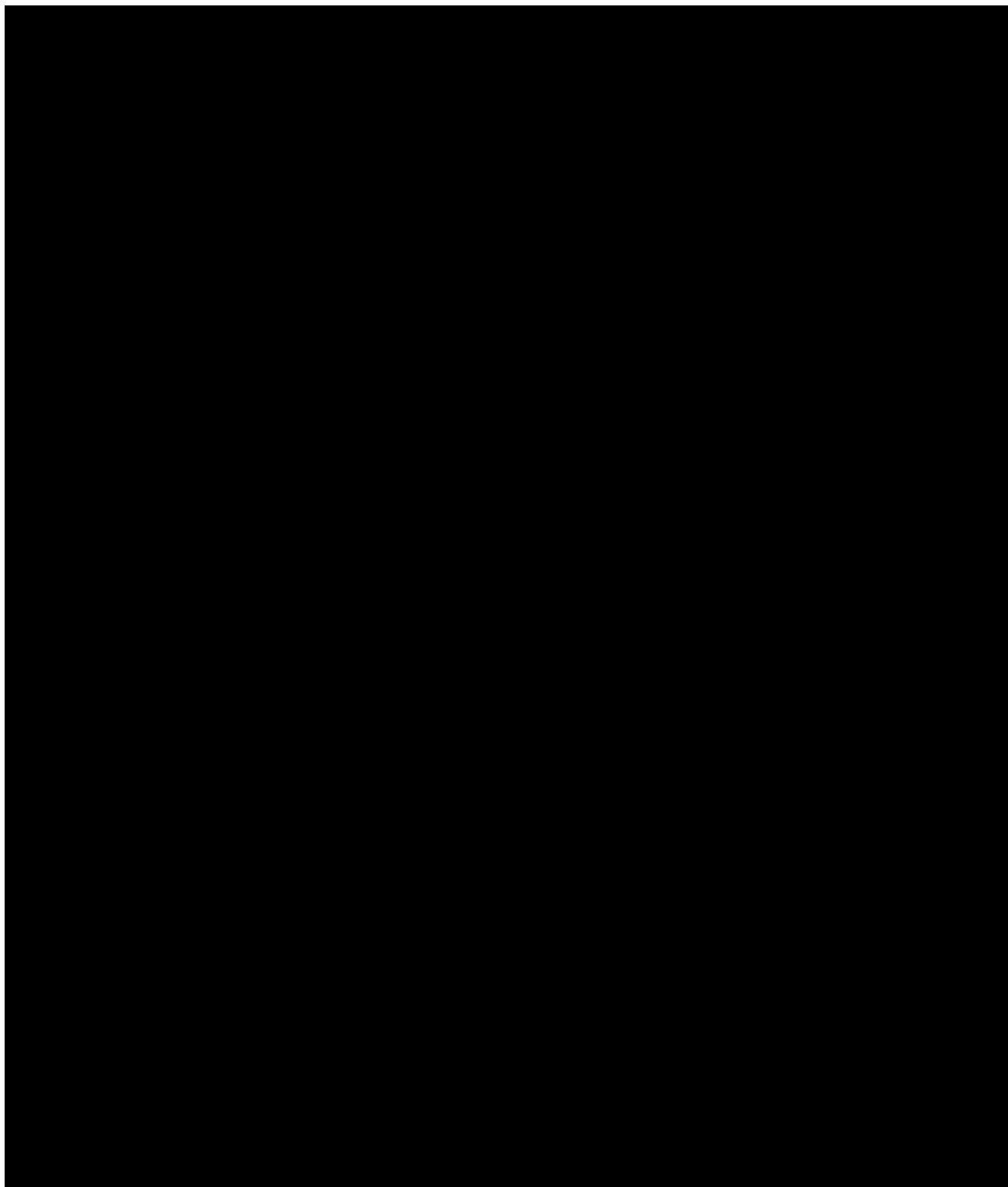
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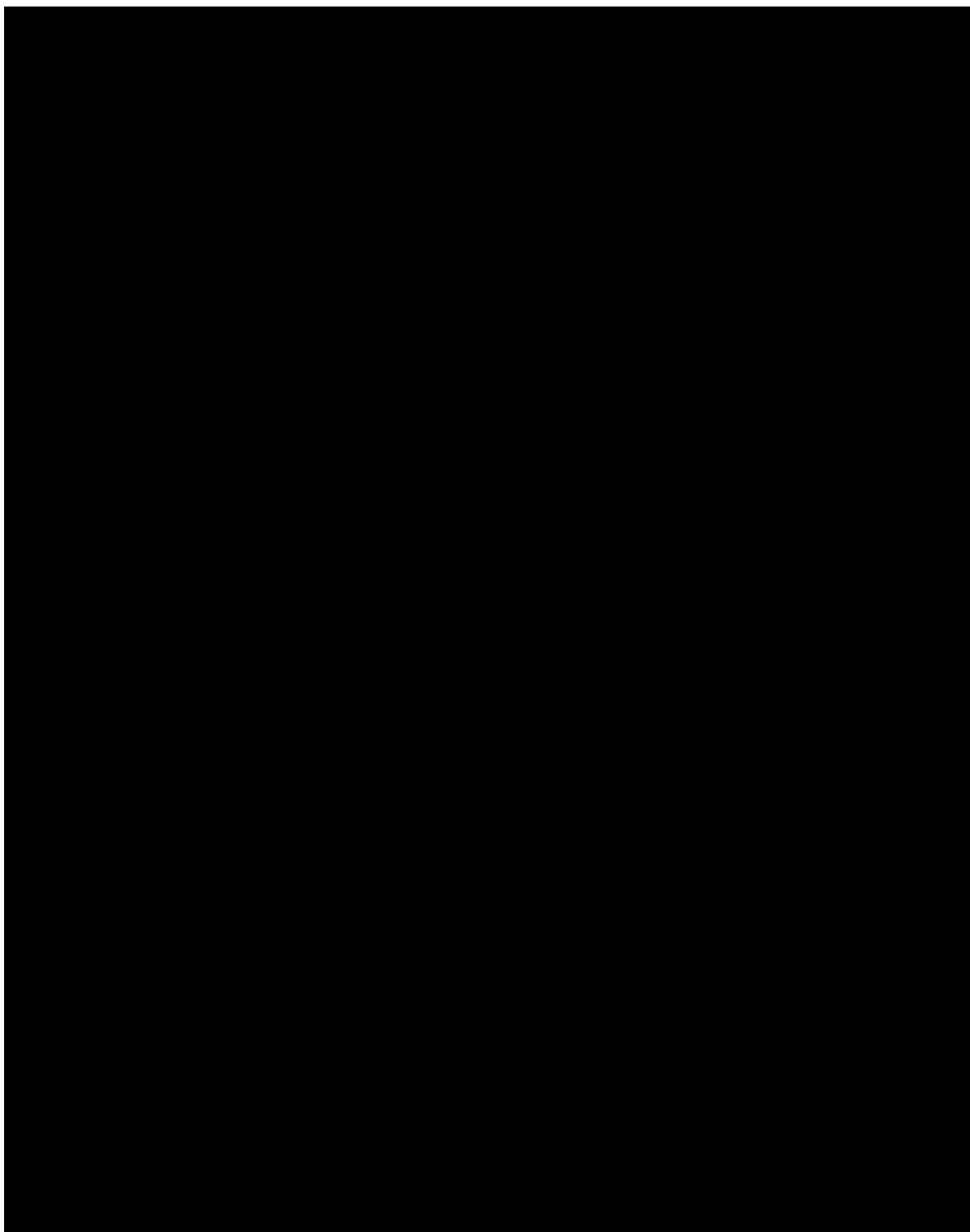
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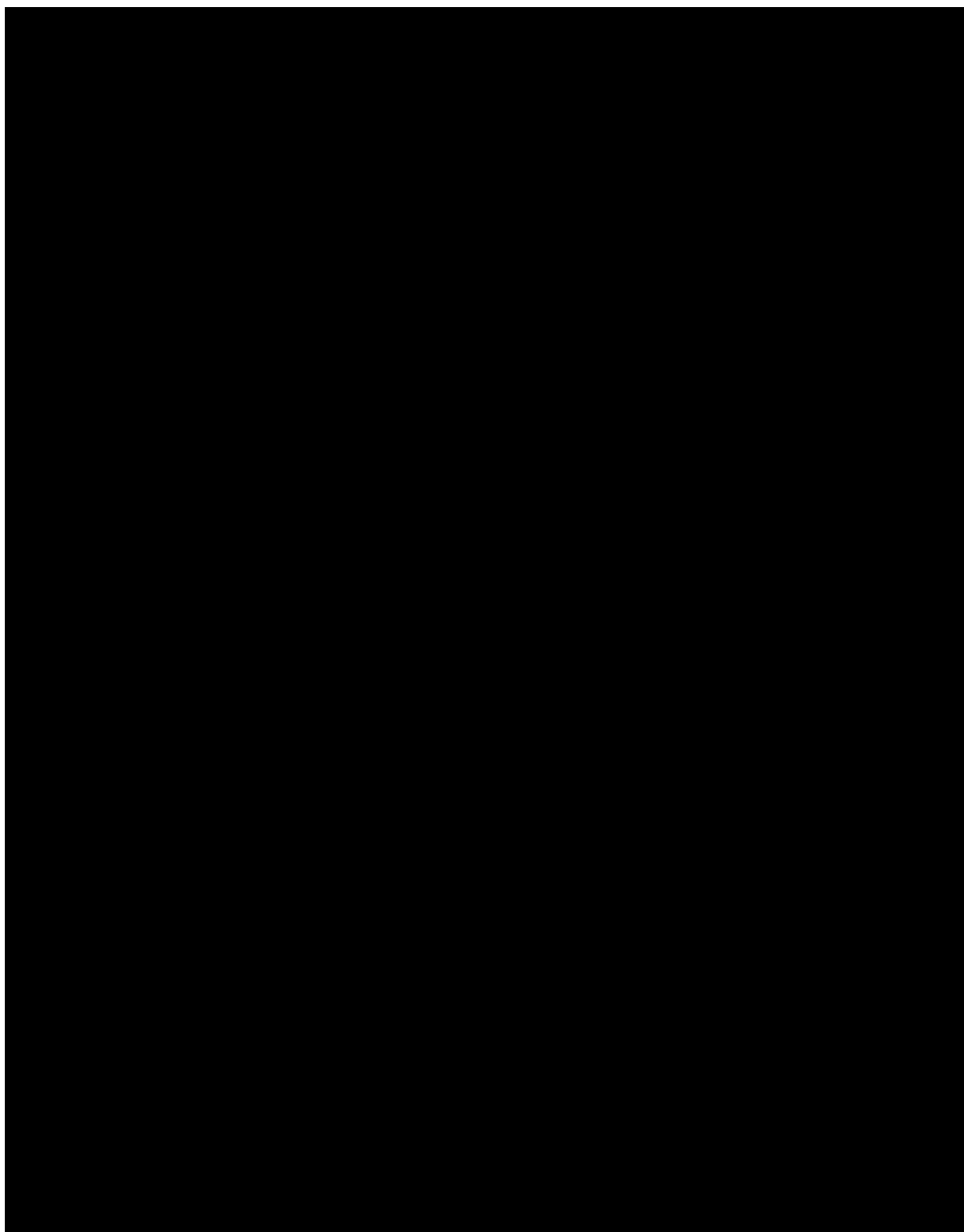
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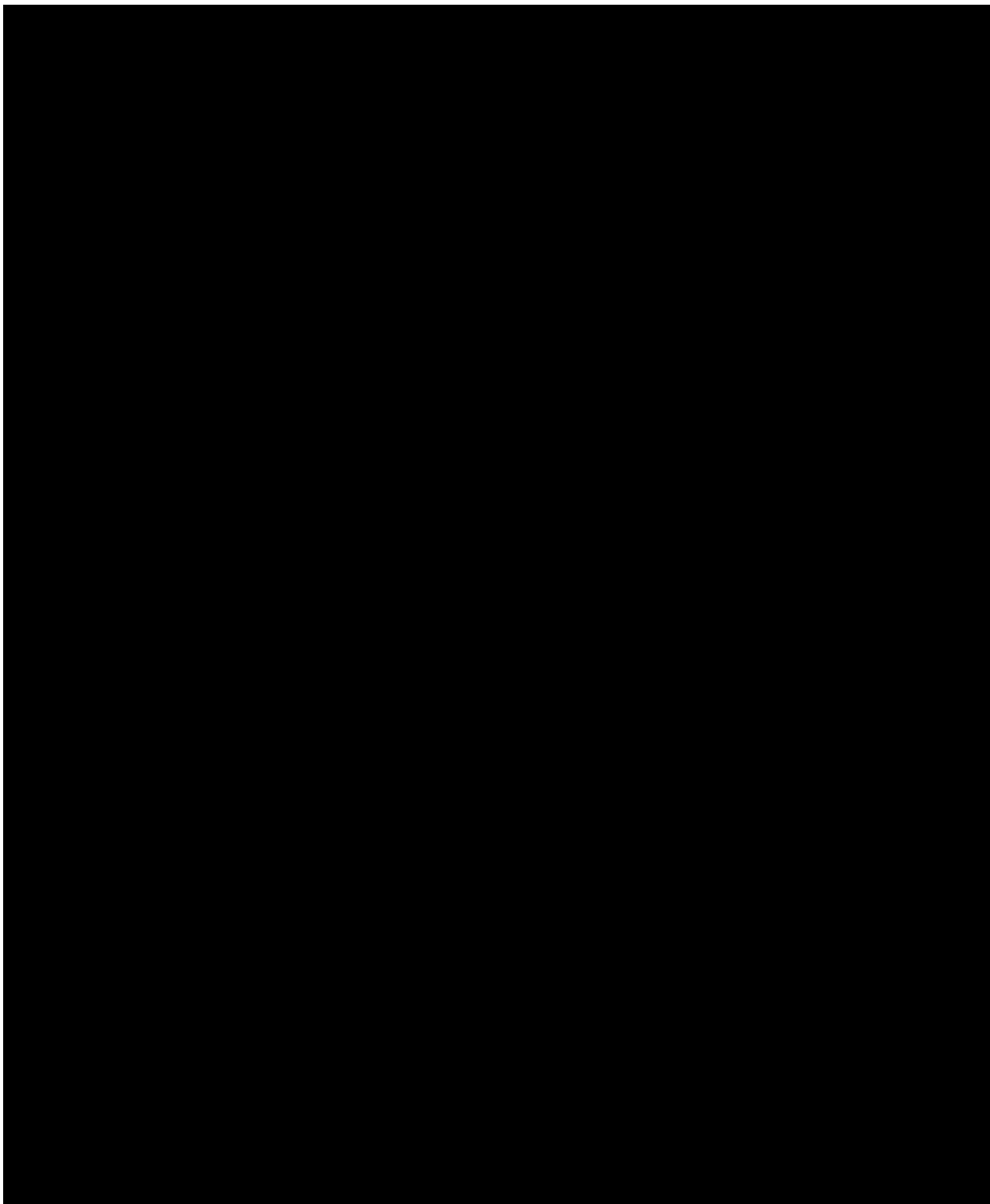
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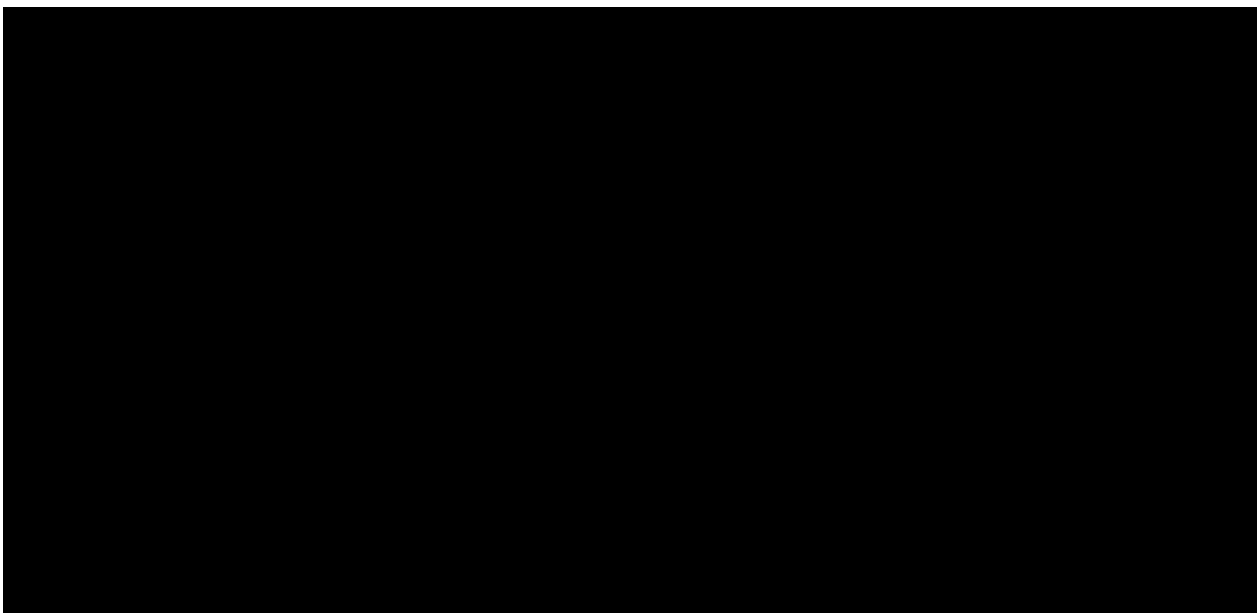
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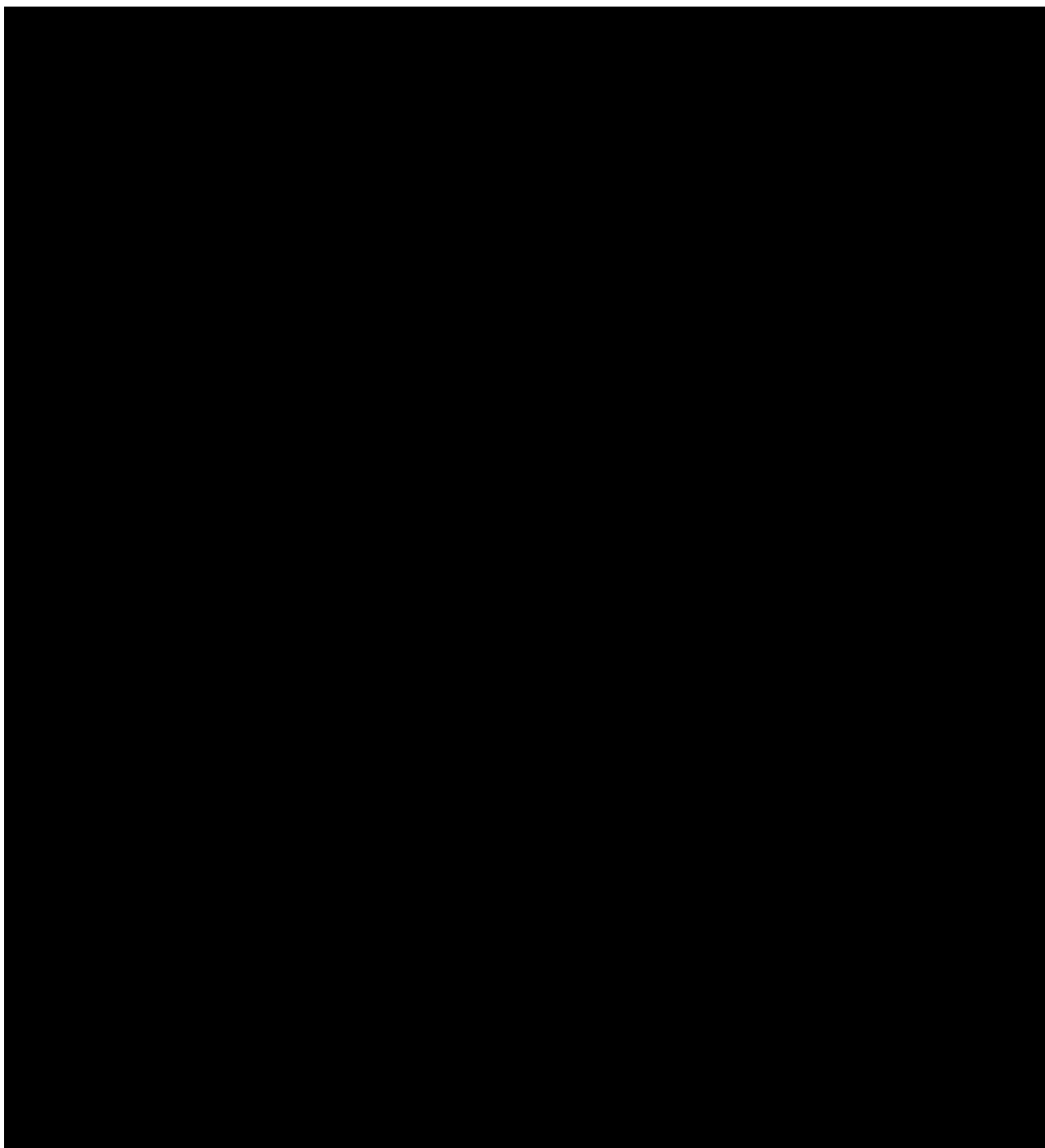
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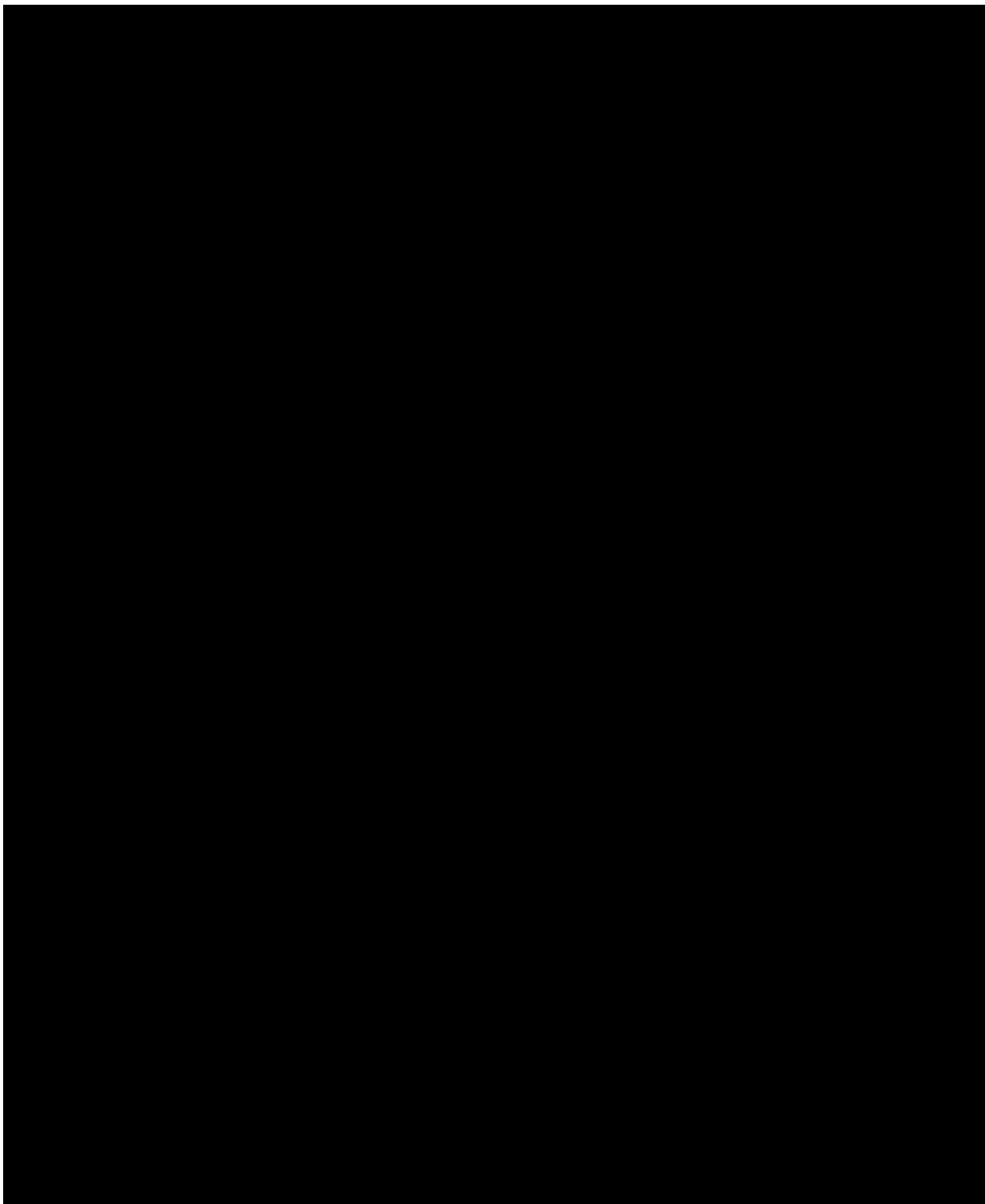
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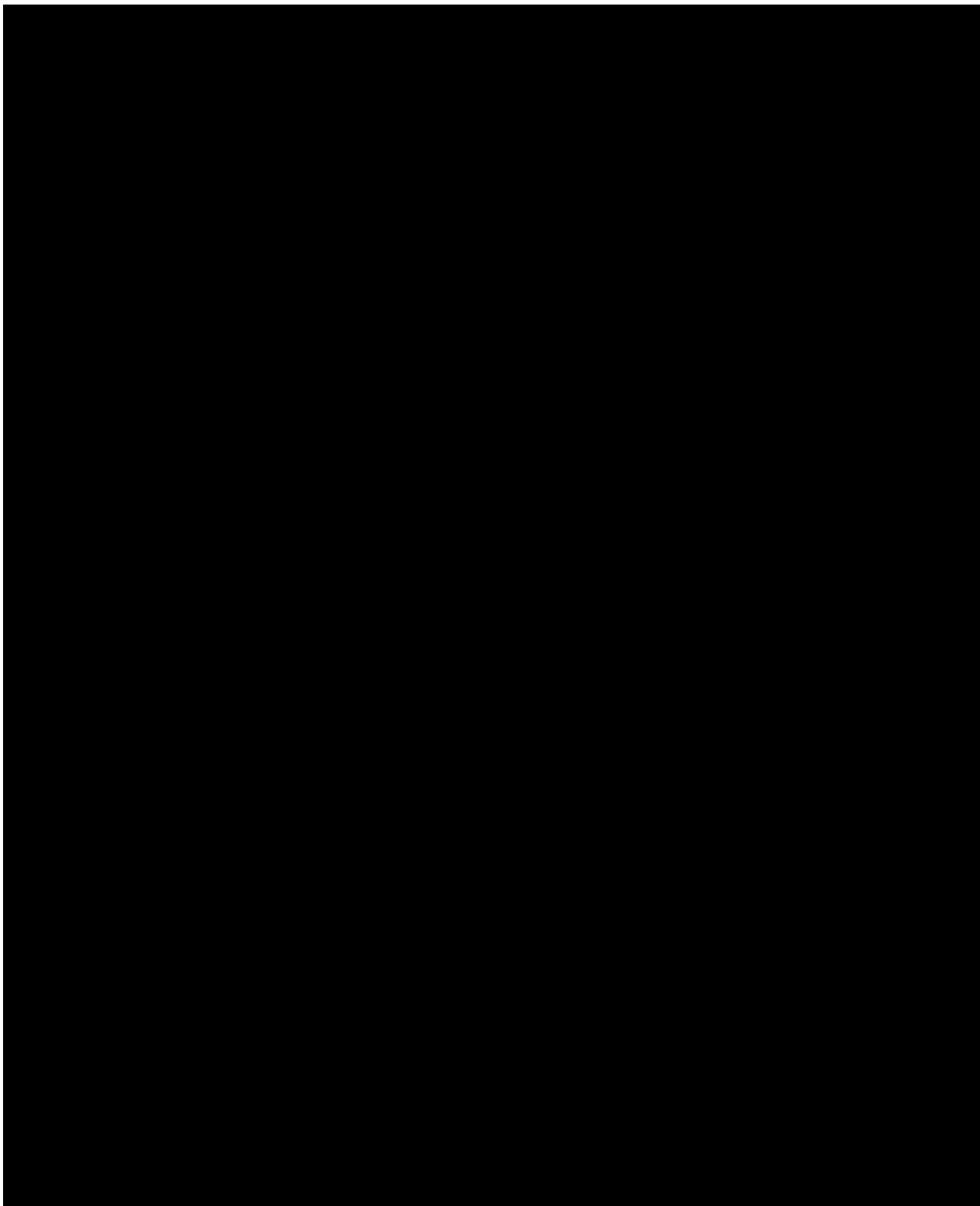
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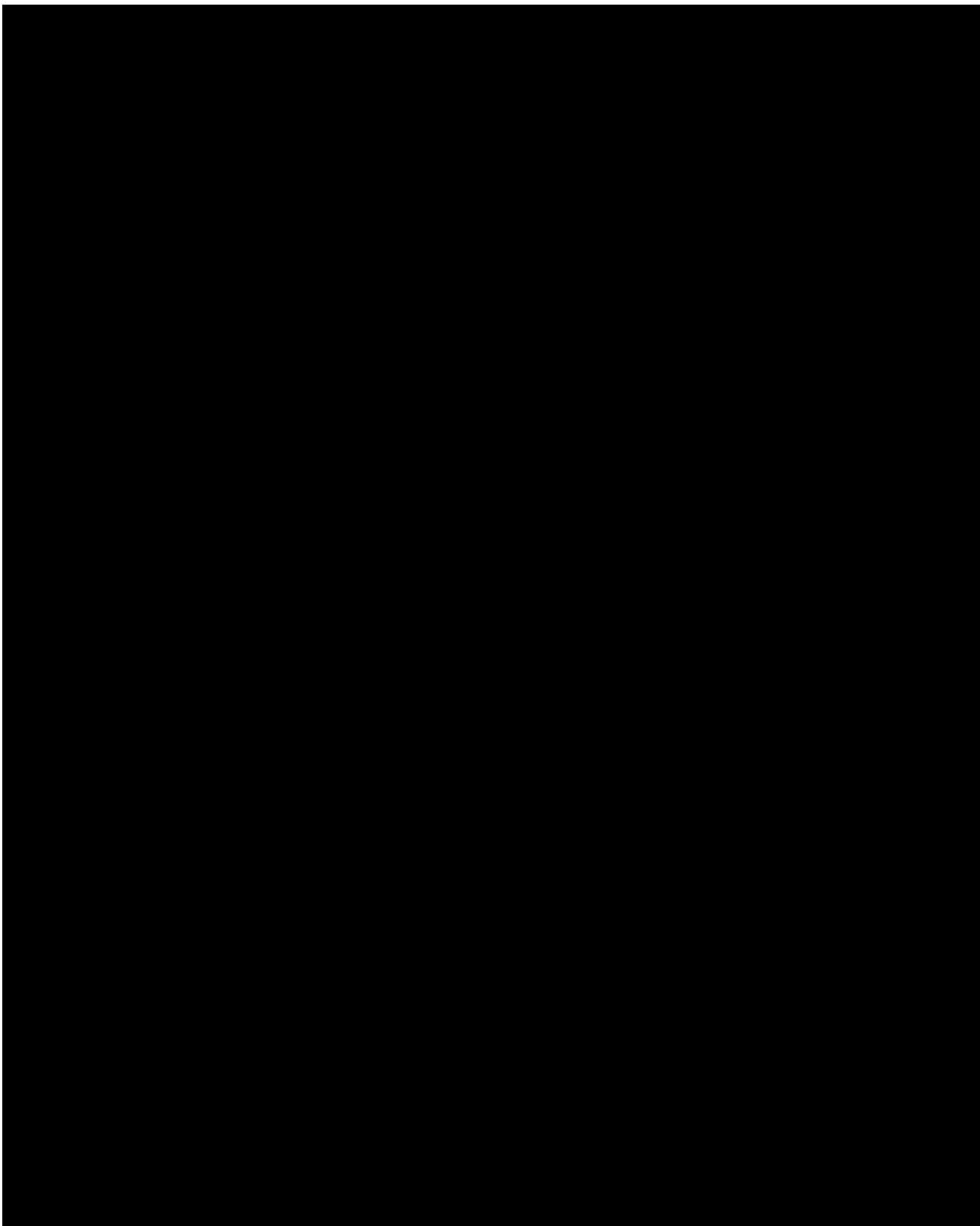
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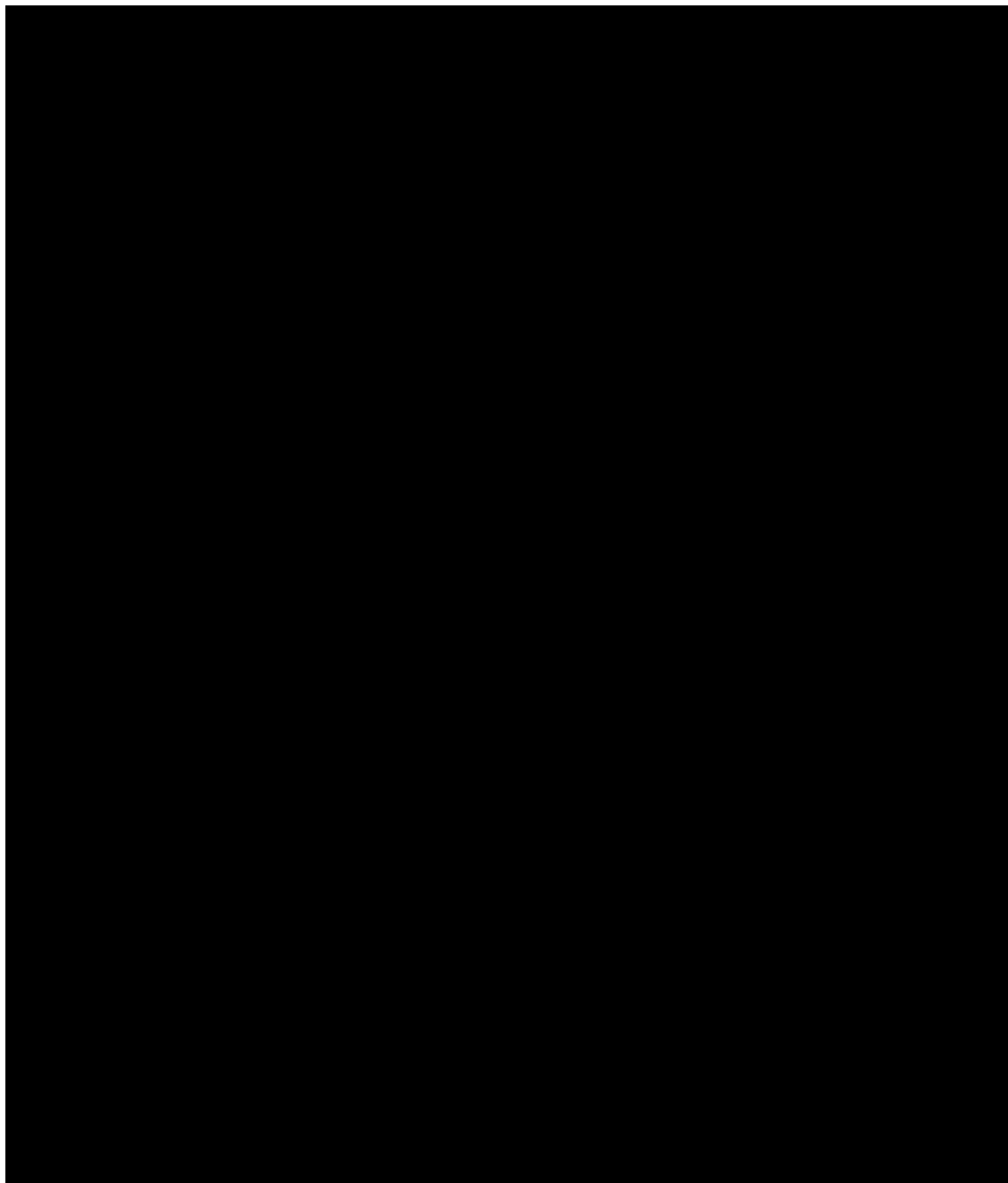
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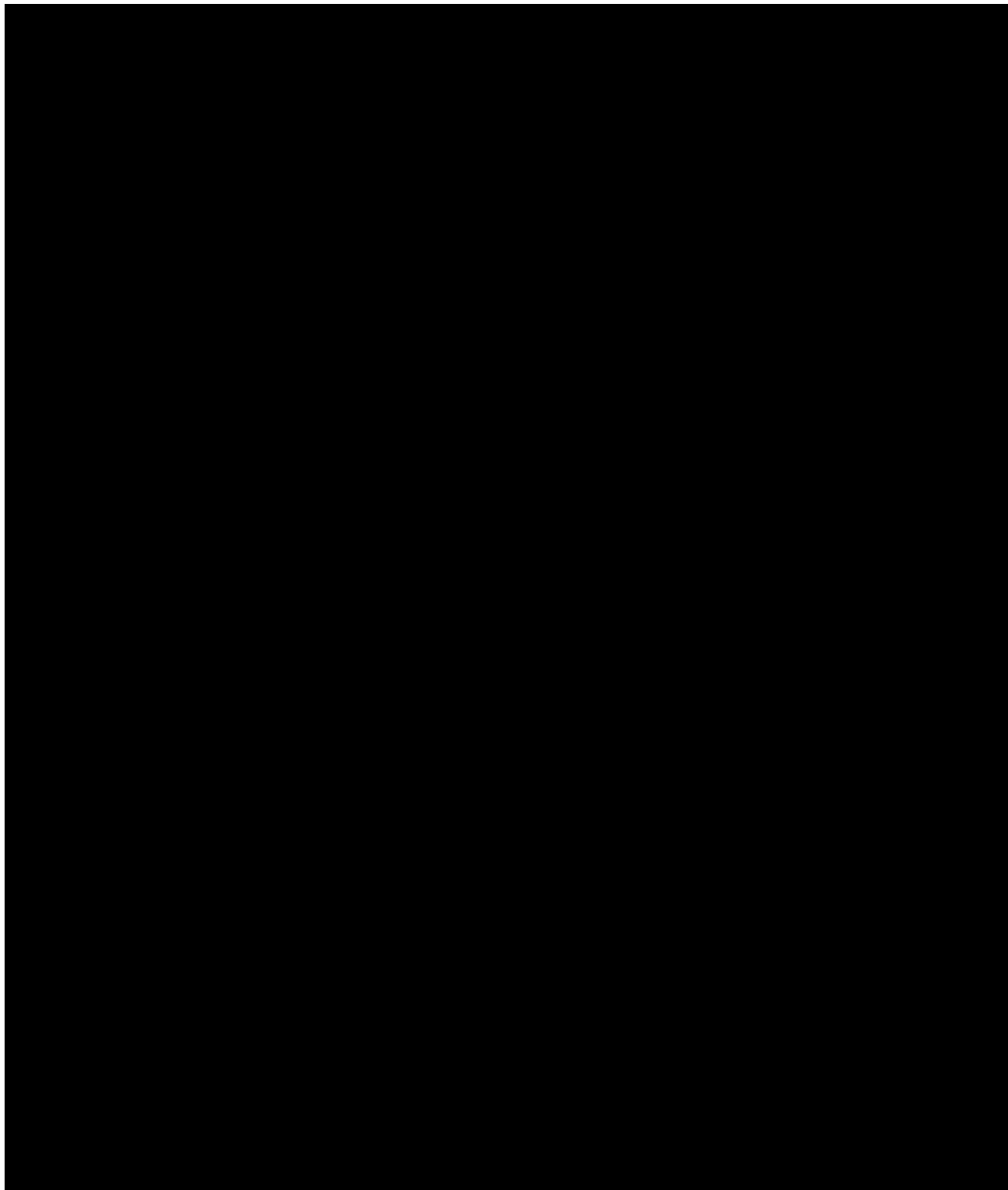
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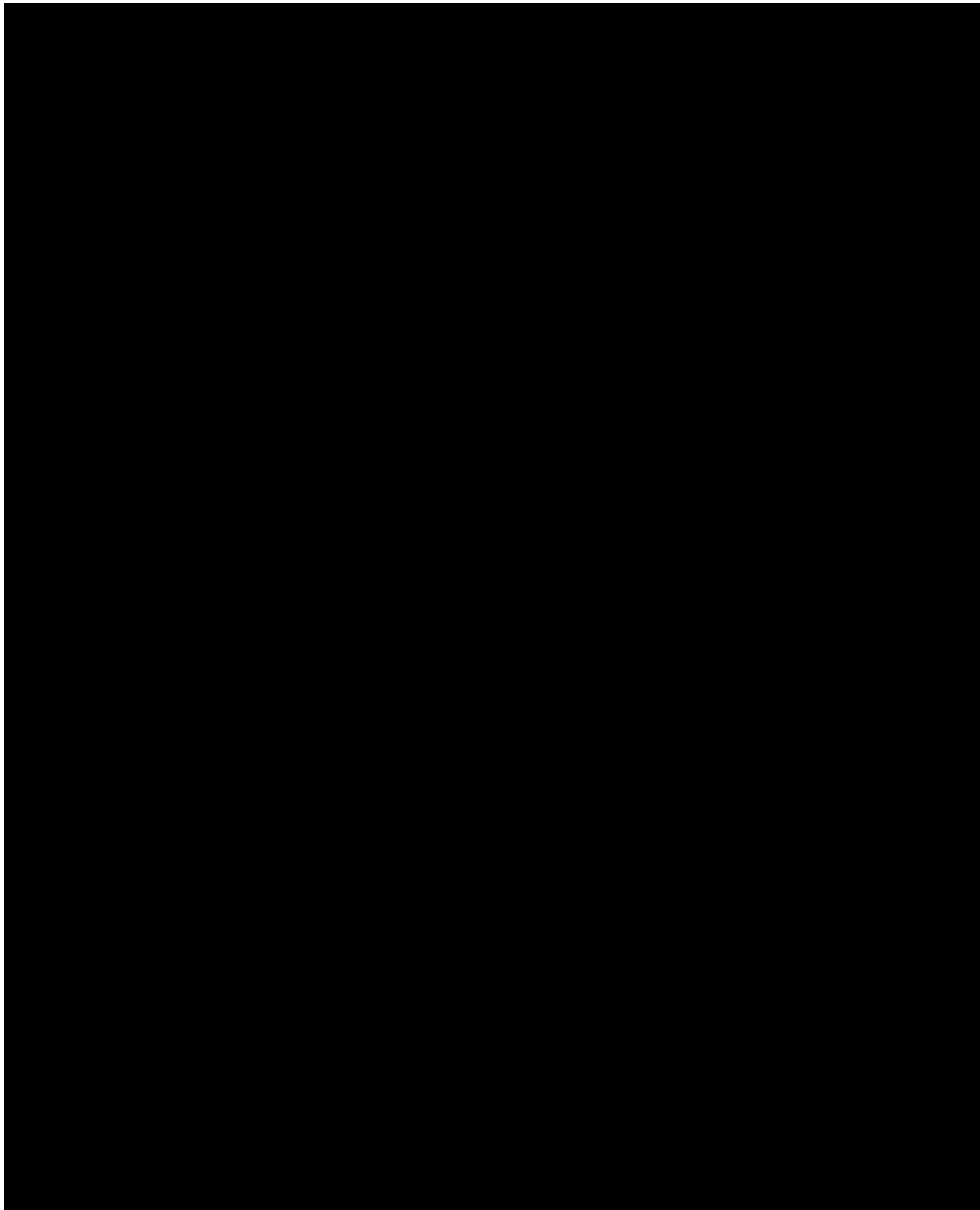
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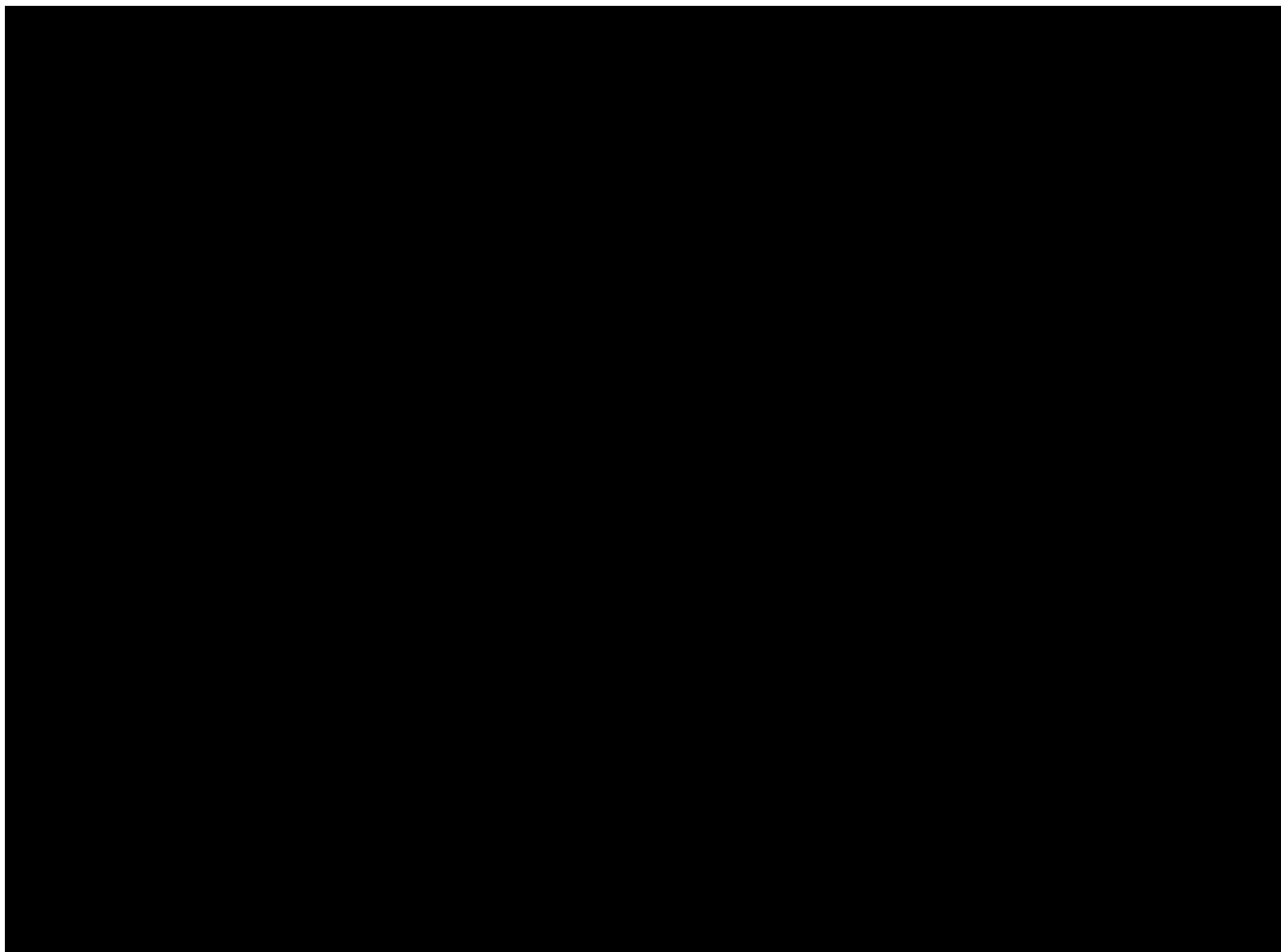




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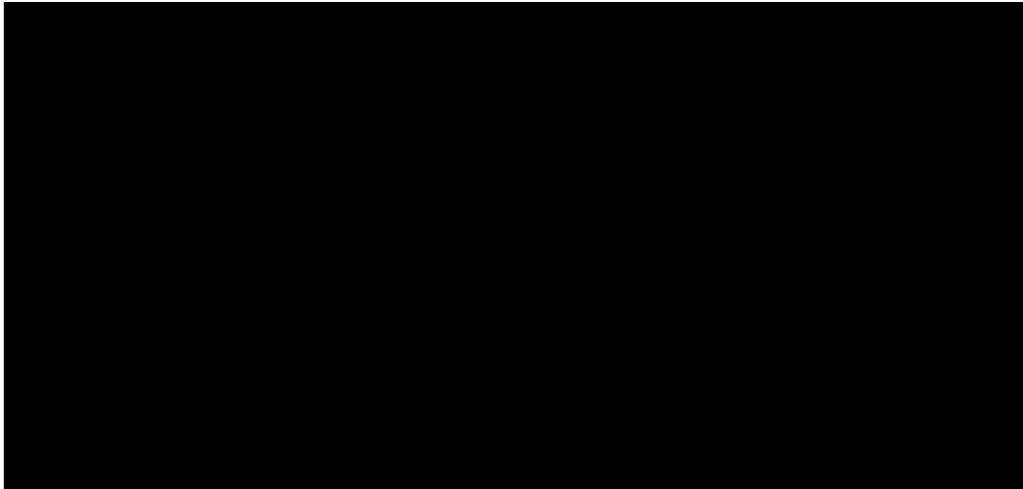
Fwd: Re: WPATH chapter on eunuchs - CONFIDENTIAL

From: [REDACTED]
To: [REDACTED]
Date: Mon, 24 Jan 2022 11:31:12 -0500
Attachments: Eunuchs.doc (29.7 kB)

Dear [REDACTED]

This is what I sent to [REDACTED]

[REDACTED]





----- Original Message -----

Subject: Re: WPATH chapter on eunuchs
Date: 2022-01-24 15:53
From: [REDACTED]
To: [REDACTED]

Thanks [REDACTED], I look forward to hearing your views before I open another can of worms.
For completeness I attach my complete review of the Eunuch Chapter.

I struggle with the concept of "Eunuch as a gender identity", but not with the concept of "Eunuch as an identity";

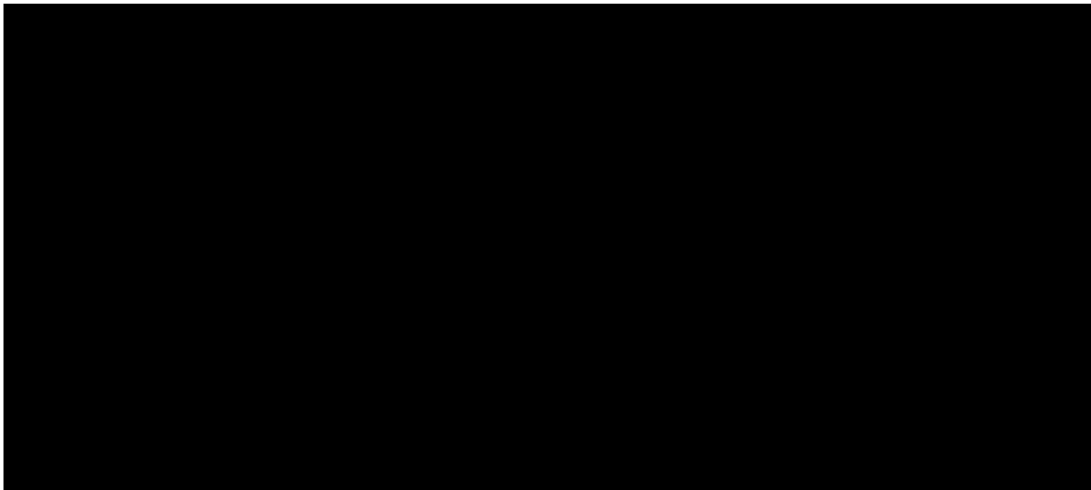
I can understand (I think) "someone who identifies as Eunuch and experiences gender dysphoria (or gender

incongruence), but struggle with the concept of subsuming "Eunuch" as an identity under TGD.

Just very interested to hear your views on this.

Warmest,

[REDACTED]



[x] [x] [x] [x]

On 2022-01-24 15:23, [REDACTED] wrote:

Hi [REDACTED] I am out of the area today with very limited internet (have to walk up the hill to get signal). I will reply by tomorrow evening CA time!

Best,

[REDACTED]

From: [REDACTED]
Sent: Saturday, January 22, 2022 10:34 AM
To: [REDACTED]
Subject: Fwd: WPATH chapter on eunuchs

This Message Is From an External Sender

This message came from outside your organization.

Hi [REDACTED]

Hope you are okay!

I went through entire SOC8: there are some issues with the assessment chapter which I think can be sorted out (with involvement of the entire BOD) and made fit for purpose for the communities WPATH serves.

In addition, there are two very "controversial" (in my view) chapters..... I commented on: Intersex and Eunuch.

I can fully comprehend the concept of people with Intersex and gender dysphoria/gender incongruence and those who identify as Eunuch with gender dysphoria/gender incongruence, but NOT all Eunuchs and people with Intersex indiscriminately..... makes no sense to me!

Anyhow, see response from one of the Working Group Chairs below..... I would really appreciate a chat with you about this before I step this up, because I am not letting this go for the sake of anyone other than following logic and reason,

All in confidence ofcourse,

With warm wishes,

[REDACTED]



Begin forwarded message:

From: [REDACTED]
Date: 22 January 2022 at 19:02:07 CET
To: [REDACTED]
Cc: [REDACTED]
Subject: WPATH chapter on eunuchs

Dear [REDACTED]

As the chapter lead for the WPATH Standards of Care chapter on eunuchs, I was very surprised and disappointed by your very long set of comments about the chapter. Yours was one of the longest and the most negative. I was especially struck by two of the comments that you made:

1. There is the creation of a new term "Male-to-Eunuch gender dysphoria", which does not exist in any diagnostic health classification system, or indeed in any scientific literature published in reputable peer-reviewed journals, or medical textbooks.

The term "Male-to-Eunuch" was fully described and discussed in two articles in the **International Journal of Transgenderism**:

Vale K, Johnson TW, Jansen MS, Lawson BK, Lieberman T, Willett KH, Wassersug RJ. (2010). The development of standards of care for individuals with a male-to-eunuch gender identity disorder. *International Journal of Transgenderism*; 12:40-51.

Johnson TW, Wassersug RJ. (2016). Recognition of gender variants outside the binary in WPATH Standards of Care, Version 7.0. *International Journal of Transgenderism*; 17:1-3.

There are also articles in a number of other peer-reviewed journals, including the Archives of Sexual Behavior, the Journal of Sexual Medicine, and Asian Journal of Andrology. Articles discussing Male-to-Eunuch have been cited in over 100 articles published in a wide variety of journals and book chapters.

You also wrote:

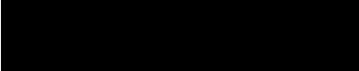
1. I have been working full-time as a trans health specialist providing psychological support, endocrine treatment (initiation, dosing, and monitoring of gender affirming hormone treatment), and referral for gender affirming surgeries for my patients since 2007. I have treated thousands of TGD people with gender affirming hormone treatment. Our Centre has approximately 3000 current patients and we receive in excess of thousand new referrals per annum. I have NEVER met a patient who identified as Eunuch and consequently, I am extremely sceptical about the veracity of this Chapter.

I have been conducting research on the eunuch community for nearly 20 years and my name is known within the community. As a result, I have had a number of individuals seeking professional care contact me to see if I might help them to find counselors or medical practitioners to help them to obtain surgical castration and/or appropriate hormone treatment.

Several years ago, before I knew better, I referred two individuals seeking care to the Nottingham Centre for Transgender Health. Both reported back to me that felt that their treatment was dismissive and abusive. I have referred no one further to the Centre. Male-to-Eunuch individuals have been there but have not been recognized. This is why the chapter on eunuchs is so important to have in the new Standards of Care. Eunuchs exist, and they require recognition and proper treatment.

I hope that you will reconsider your comments on our chapter.

Sincerely,





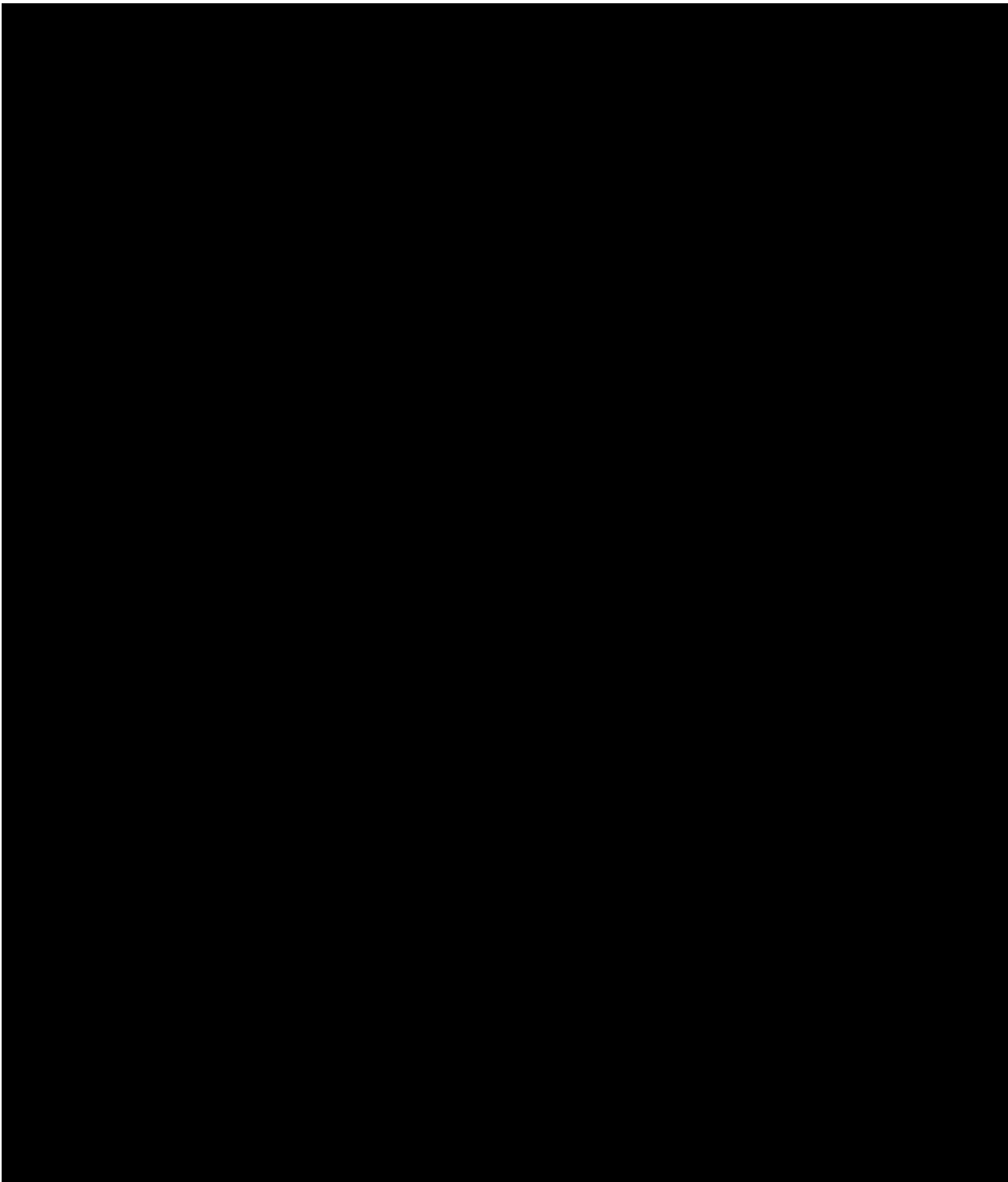
This Chapter is entitled “Eunuch”

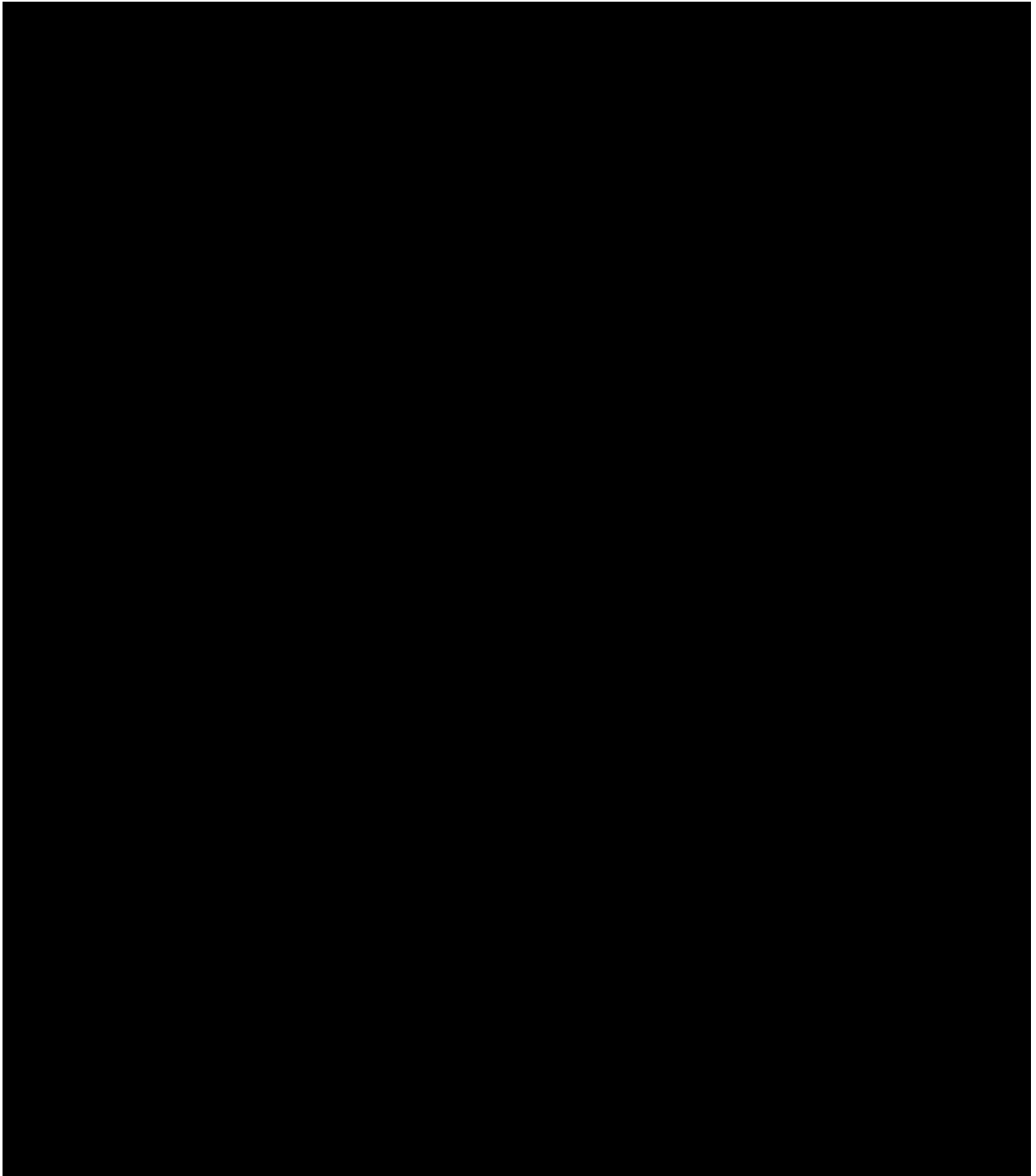
The definition of an eunuch is a man who has been castrated.

I have very serious misgivings about this entire Chapter for a number of reasons:

- 1. The Chapter makes a number of claims, such as “many people who benefit from gender affirming medical care, those who identify as eunuch are the least visible”, “eunuch-identified individuals are in need of gender affirming services”, “the identity of eunuch is a gender identity of its own”, etcetera etcetera, and the only evidence to underpin these claims is 1 website “the Eunuch Archive” established in 1998 and a repeated claim that “Eunuch-identified people usually are less visible than other gender minorities (Wassersug & Lieberman, 2010)” [read: invisible].**
- 2. Eunuch as an identity is not recognized by any reputable global health organization, such as the WHO.**
- 3. Eunuch is not classified as a bona fide condition in the ICD-11 (WHO, 2019), or indeed in the DSM-5 (APA, 2013), or any other diagnostic health classification system.**
- 4. There is significant historical and cultural misappropriation of the term Eunuch within this Chapter.**
- 5. This Chapter is very high on speculation and assumptions, whilst a robust evidence base is largely absent.**
- 6. There are comparisons with and assumptions about TGD people which I do not find appropriate (e.g., It is possible that some non-binary individuals may also seek castration to better align their bodies with their gender without identifying as eunuchs; this group also likely contains eunuch-identified individuals who were seeking a way to obtain the care they needed.).**
- 7. There is the creation of a new term “Male-to-Eunuch gender dysphoria”, which does not exist in any diagnostic health classification system, or indeed in any scientific literature published in reputable peer-reviewed journals, or medical textbooks.**
- 8. The majority of published reference works in this Chapter stems from one single person, who – as far as I am aware is not a HP. I find this concerning.**
- 9. I have been working full-time as a trans health specialist providing psychological support, endocrine treatment (initiation, dosing, and monitoring of gender affirming hormone treatment), and referral for gender affirming surgeries for my patients since 2007. I have treated thousands of TGD people with gender affirming hormone treatment. Our Centre has approximately 3000 current patients and we receive in excess of thousand new referrals per annum. I have NEVER met a patient who identified as Eunuch and consequently, I am extremely sceptical about the veracity of this Chapter.**

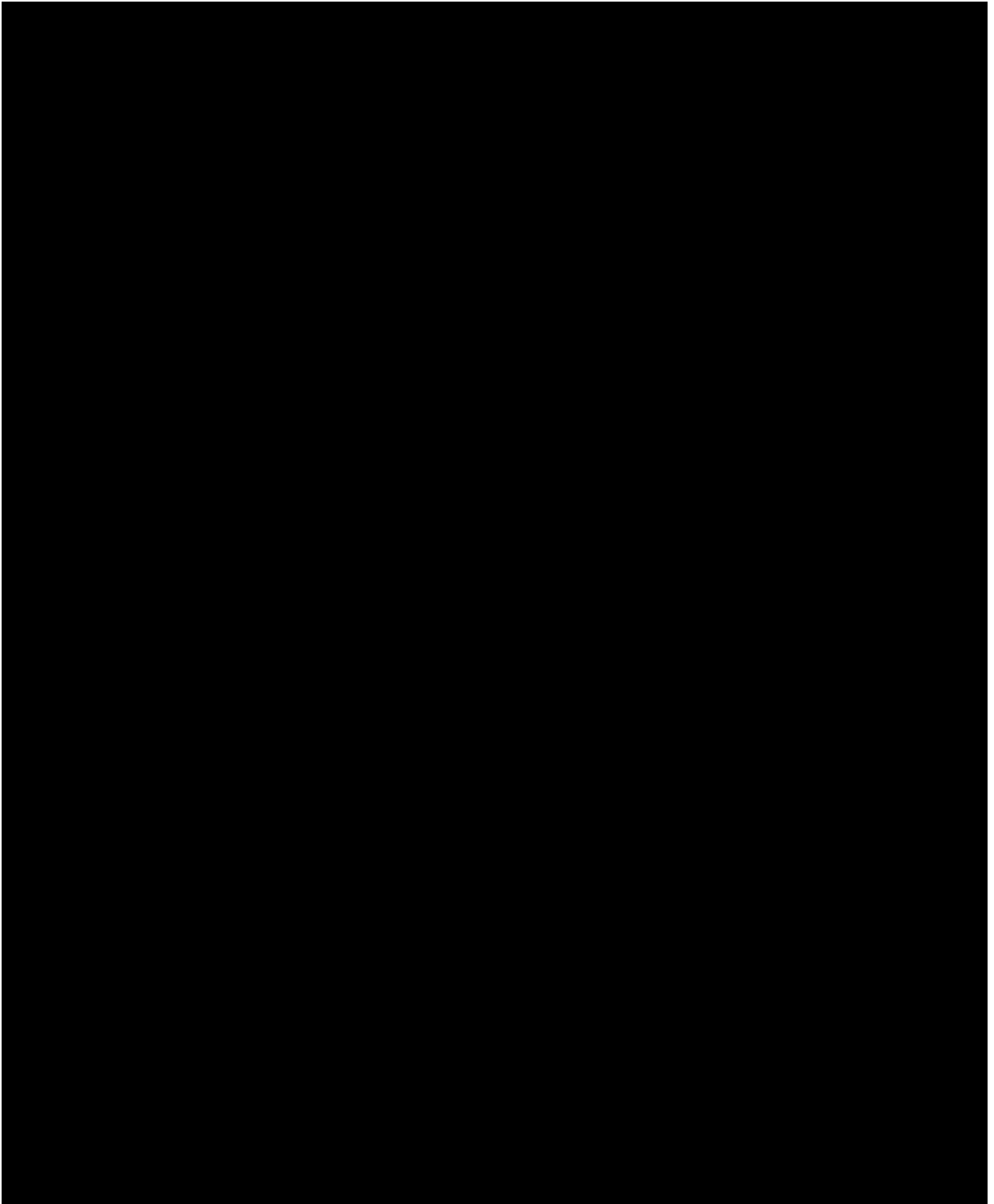
**10. Regarding the use of references (in the text and in the references section):
please use APA-7 style as is the IJTH referencing housestyle.**

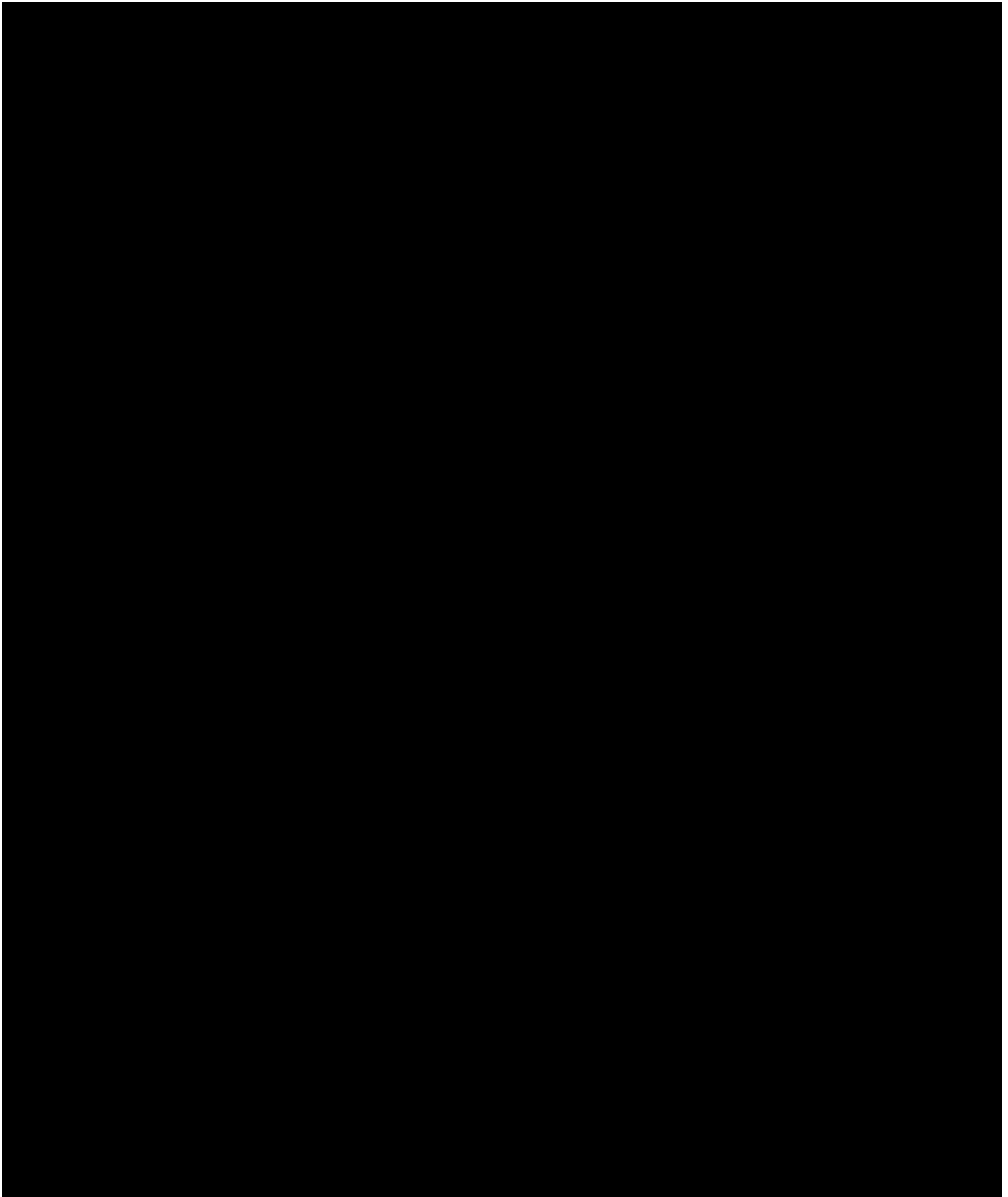


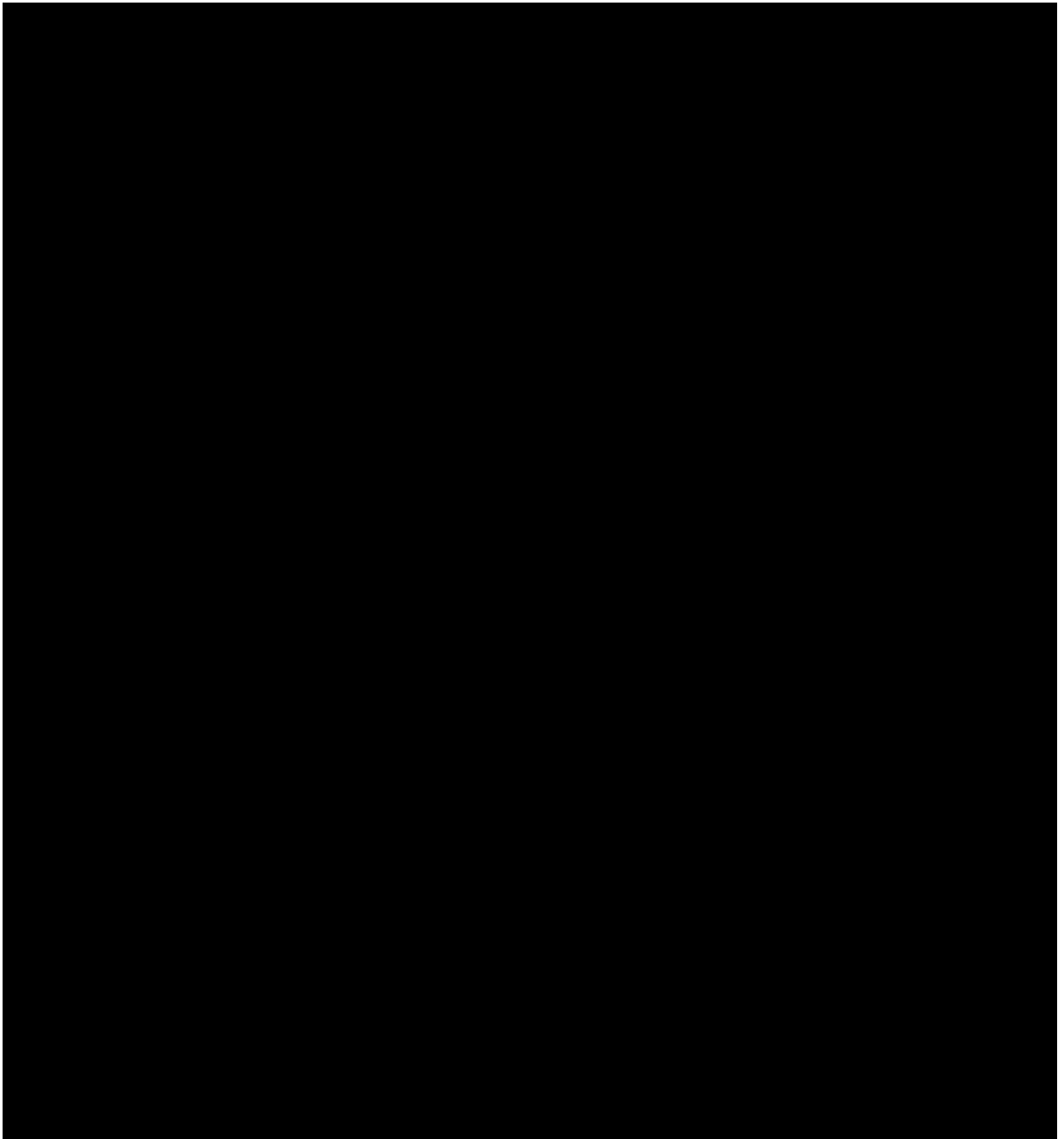


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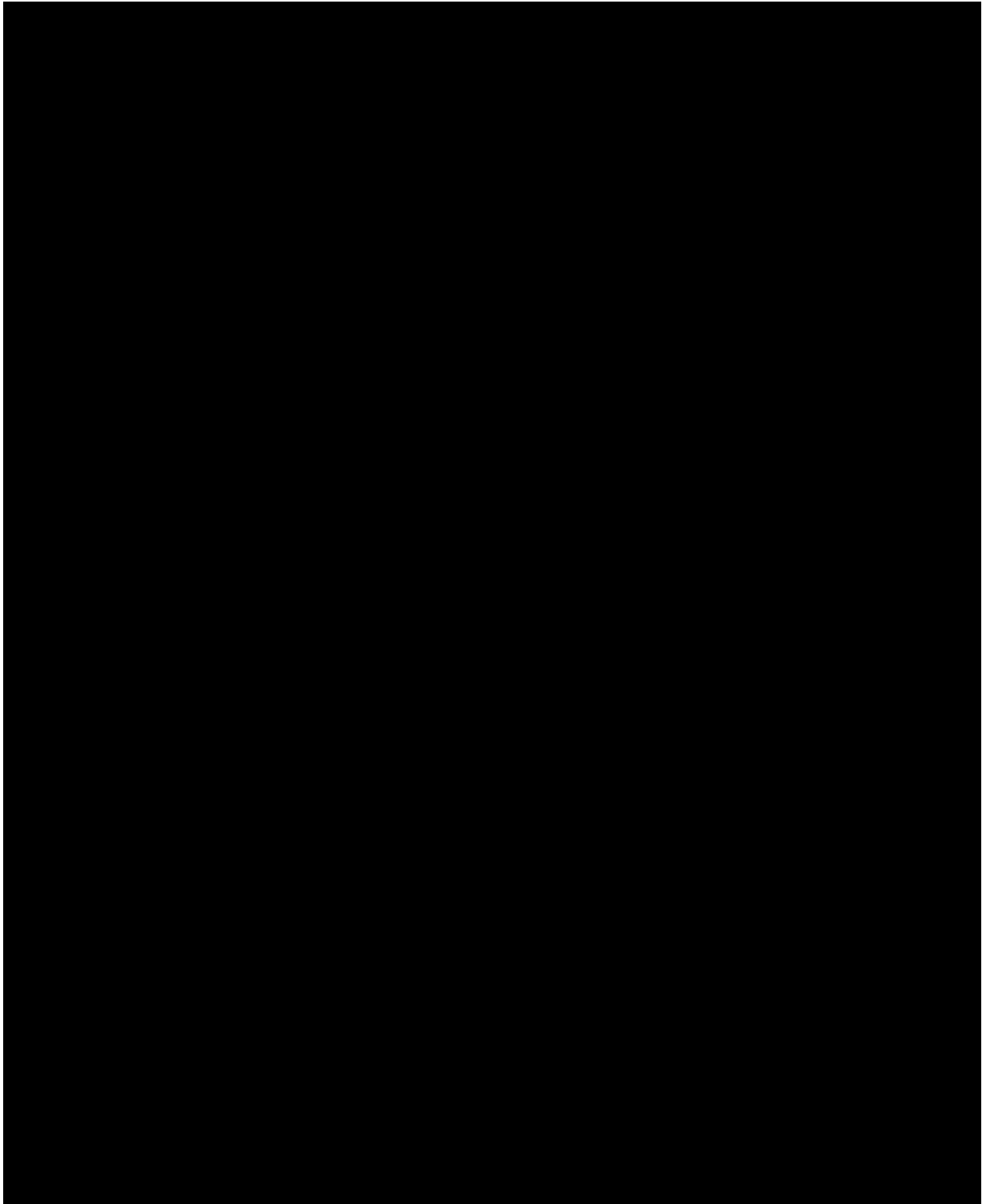


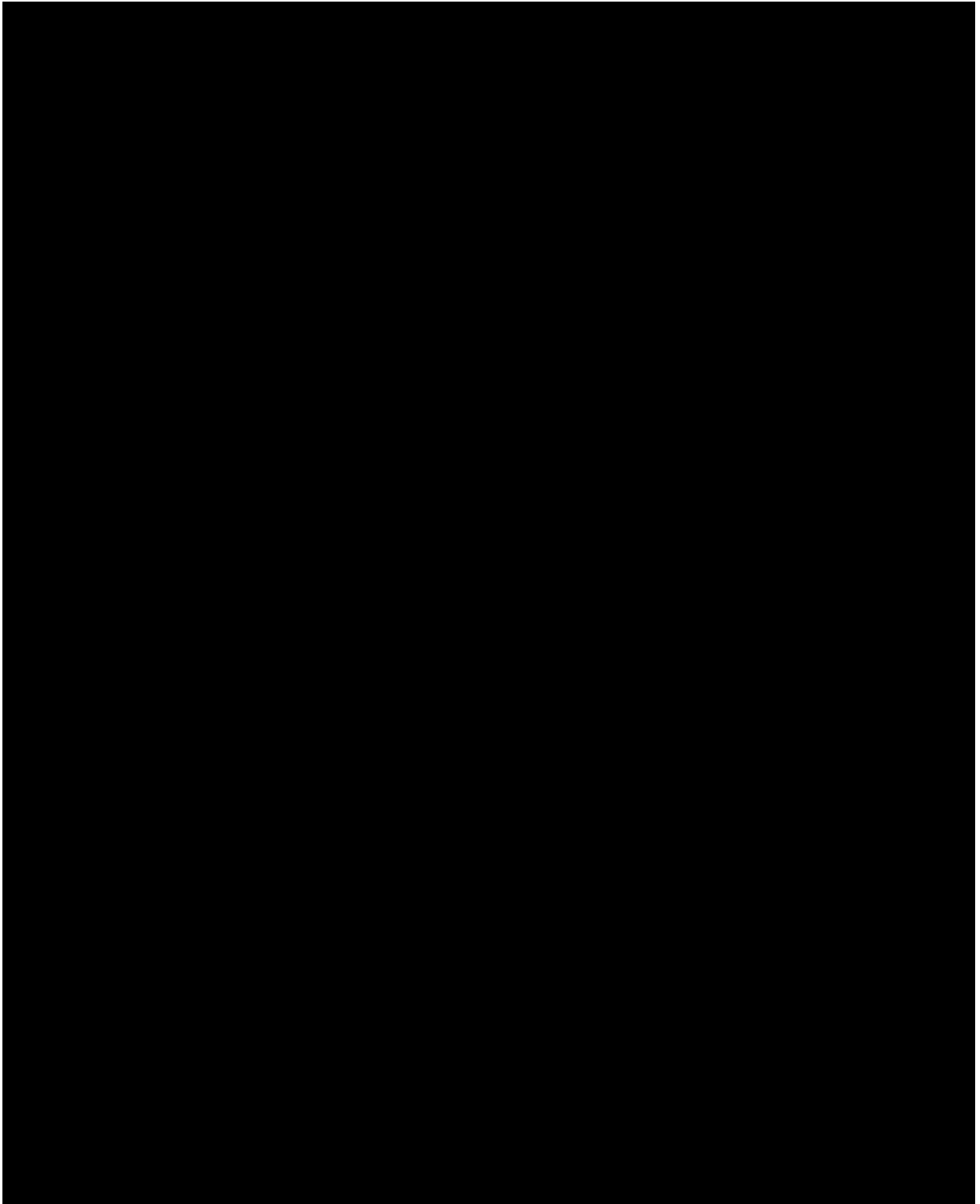


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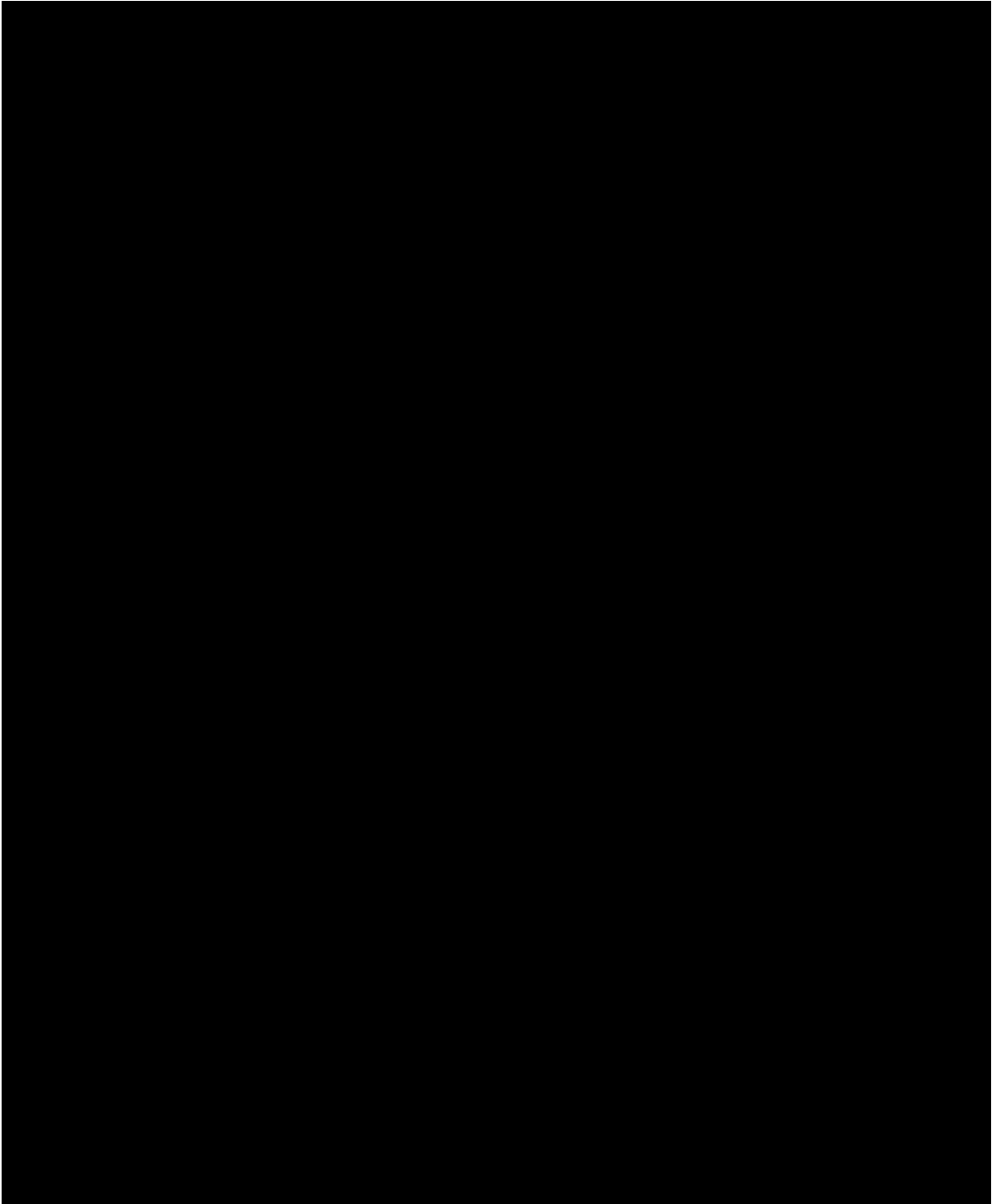
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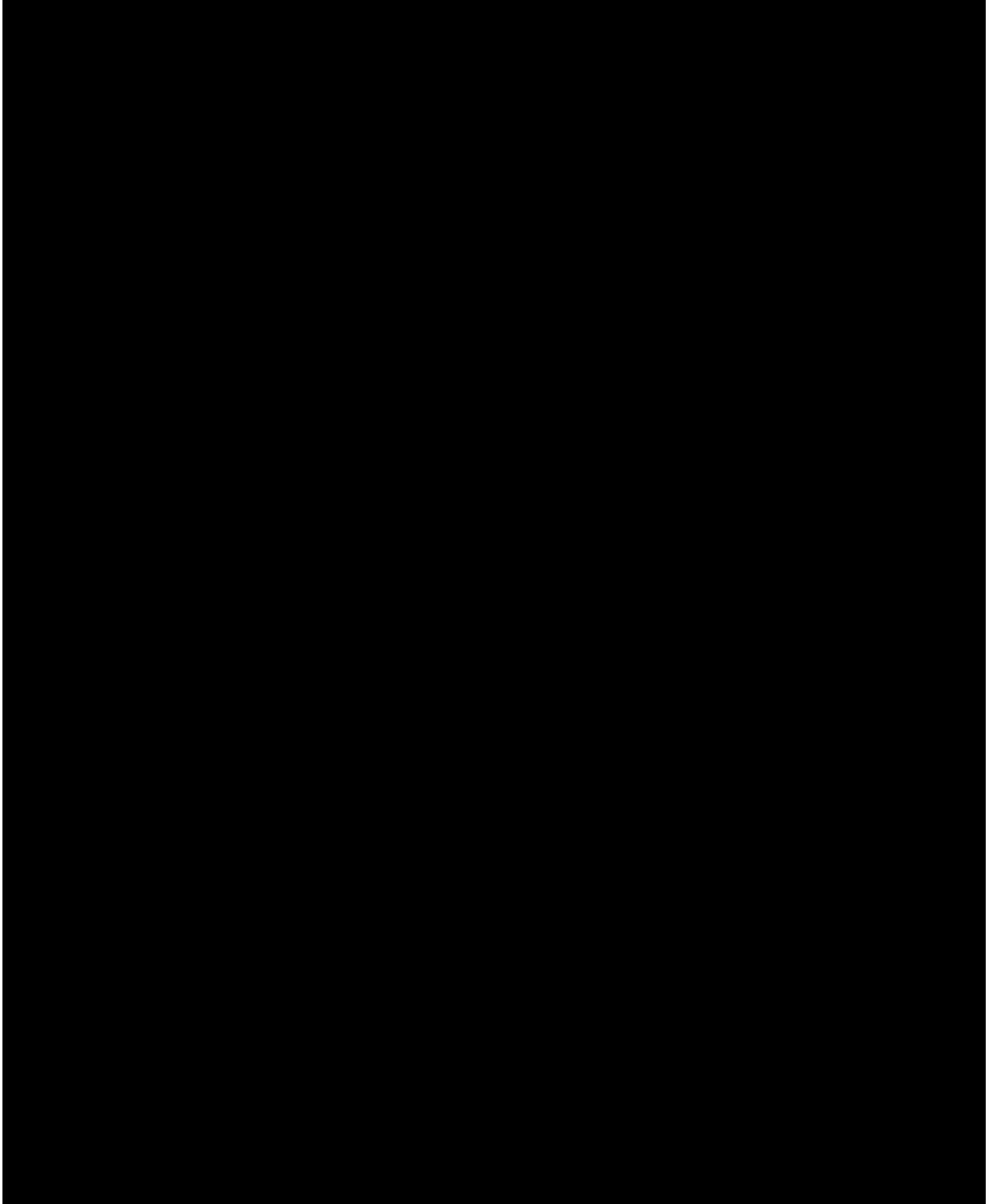




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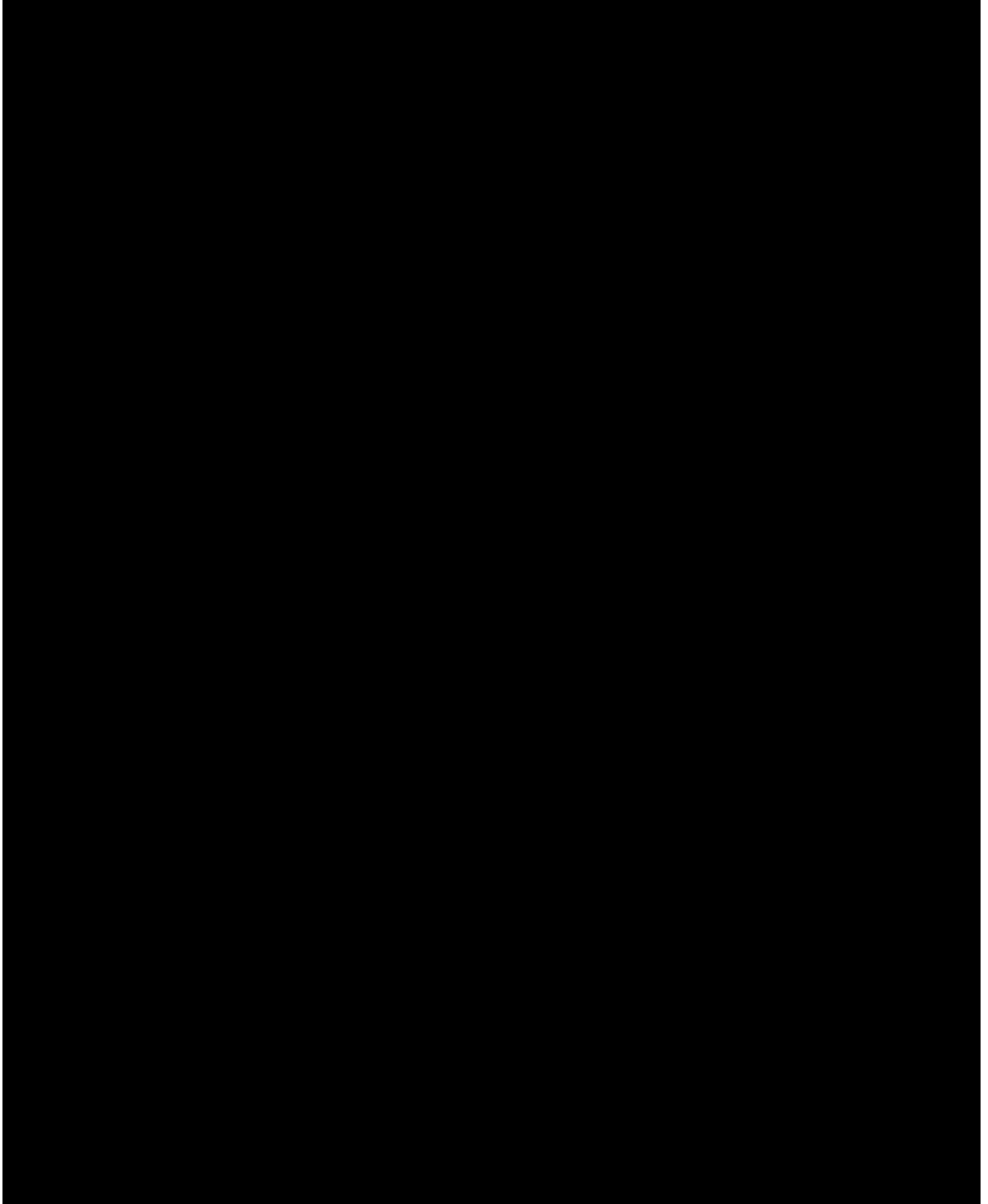
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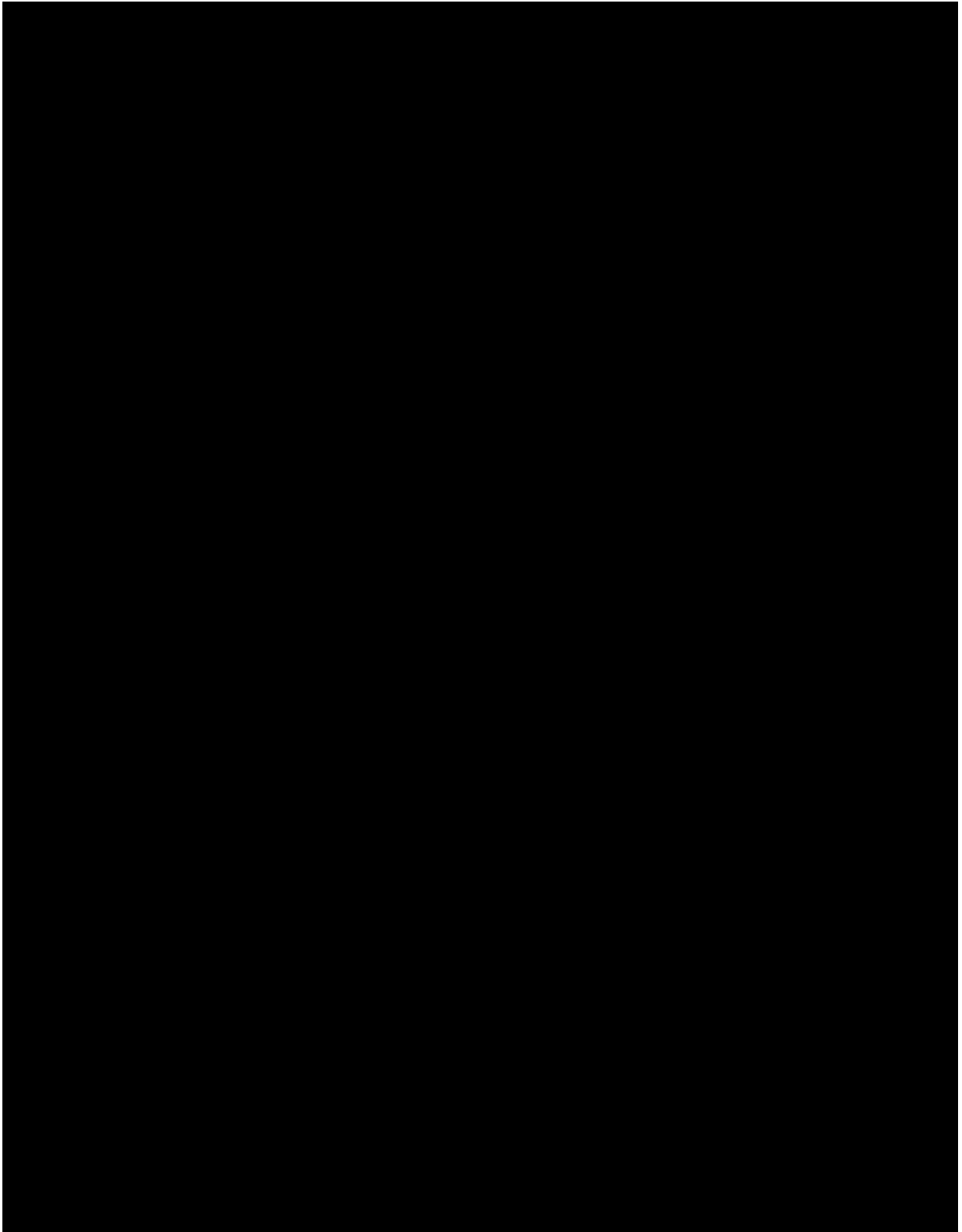


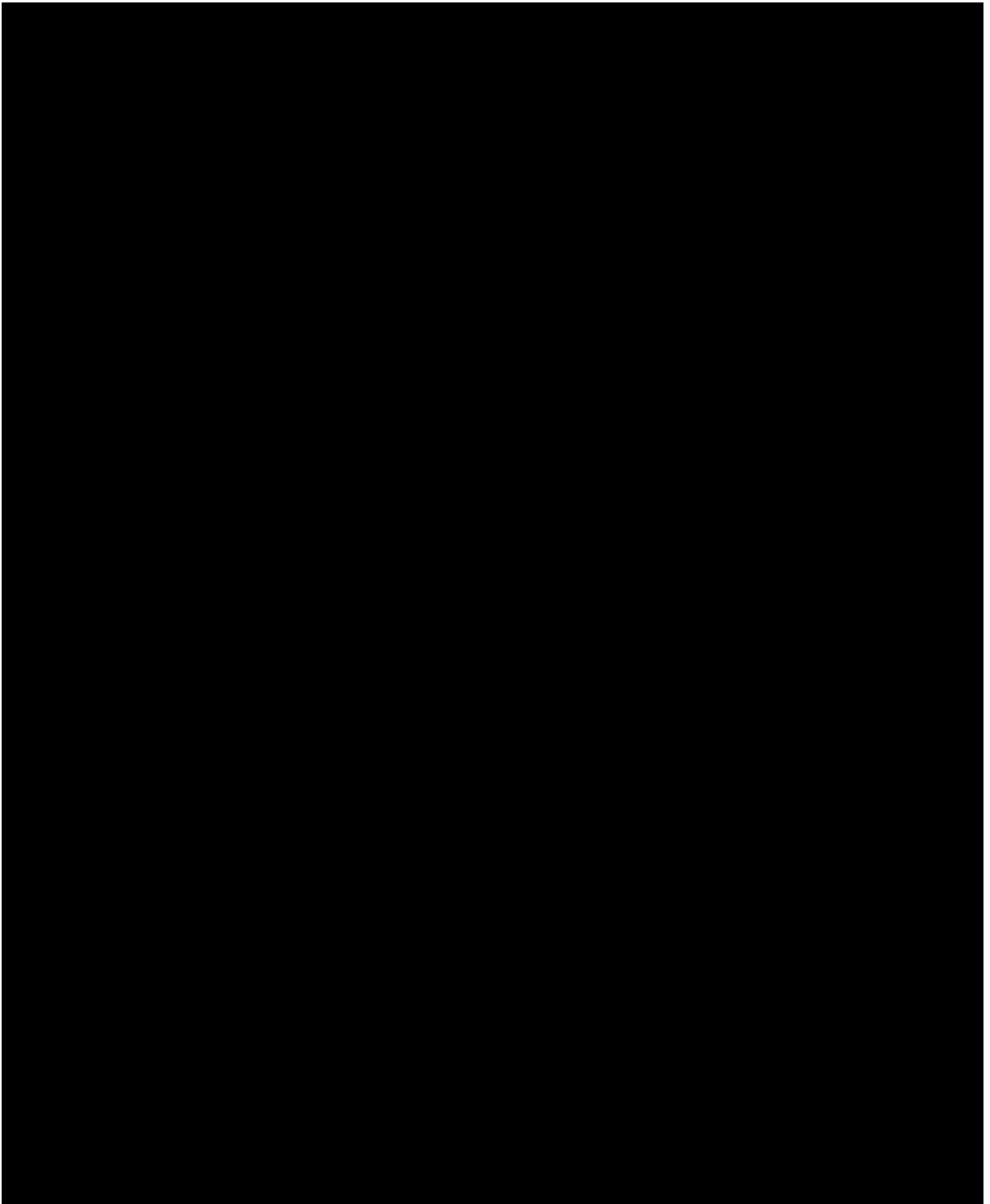


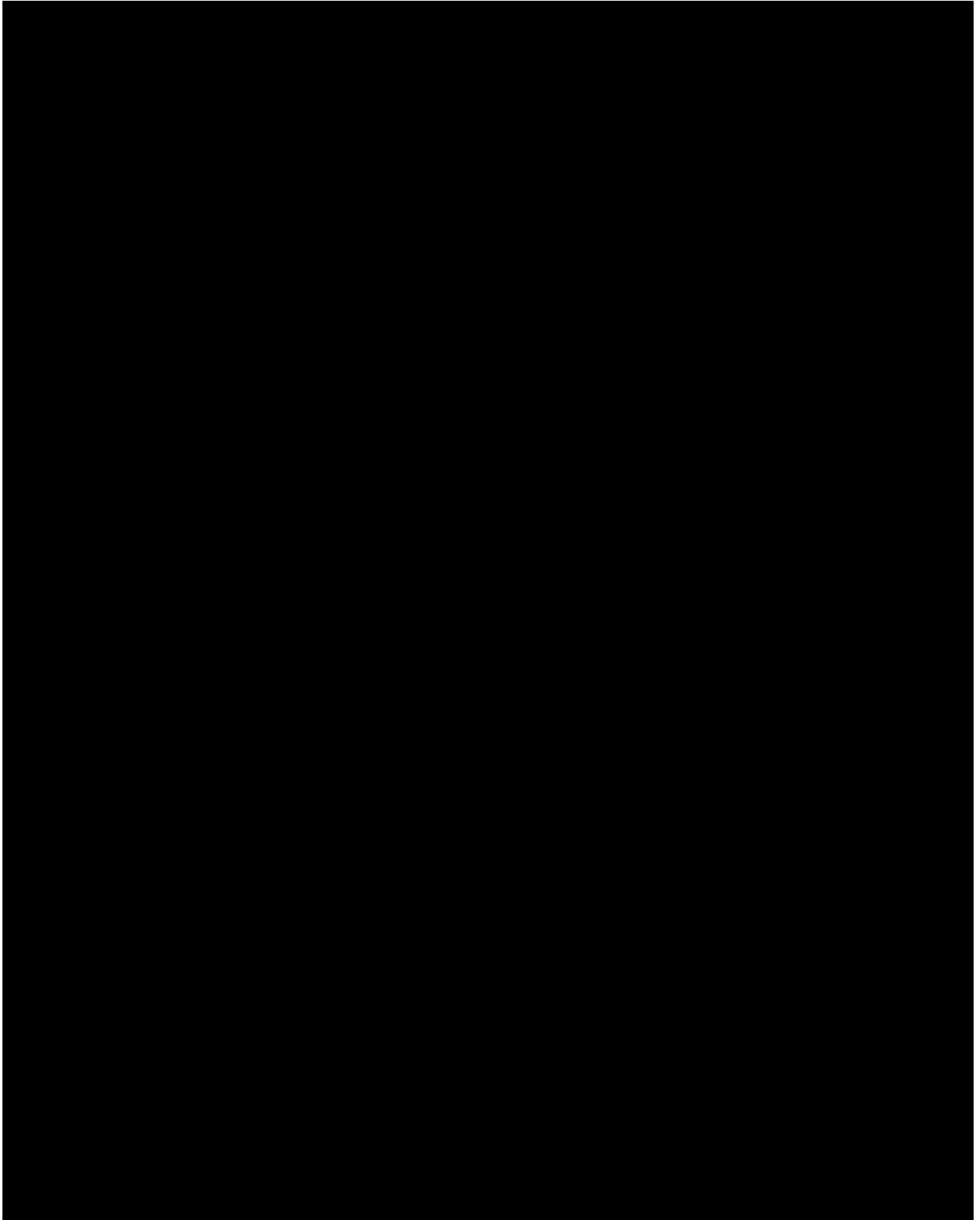
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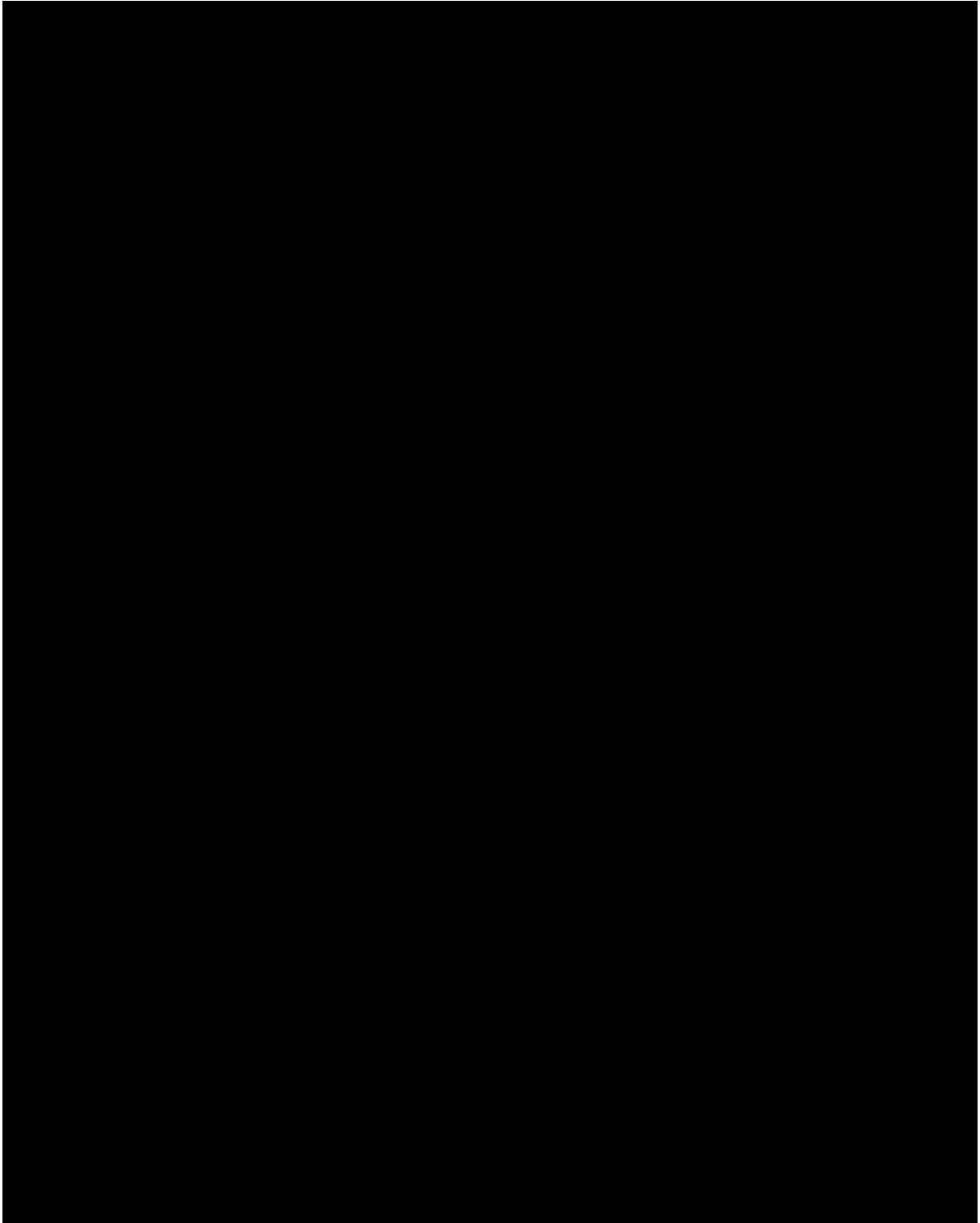
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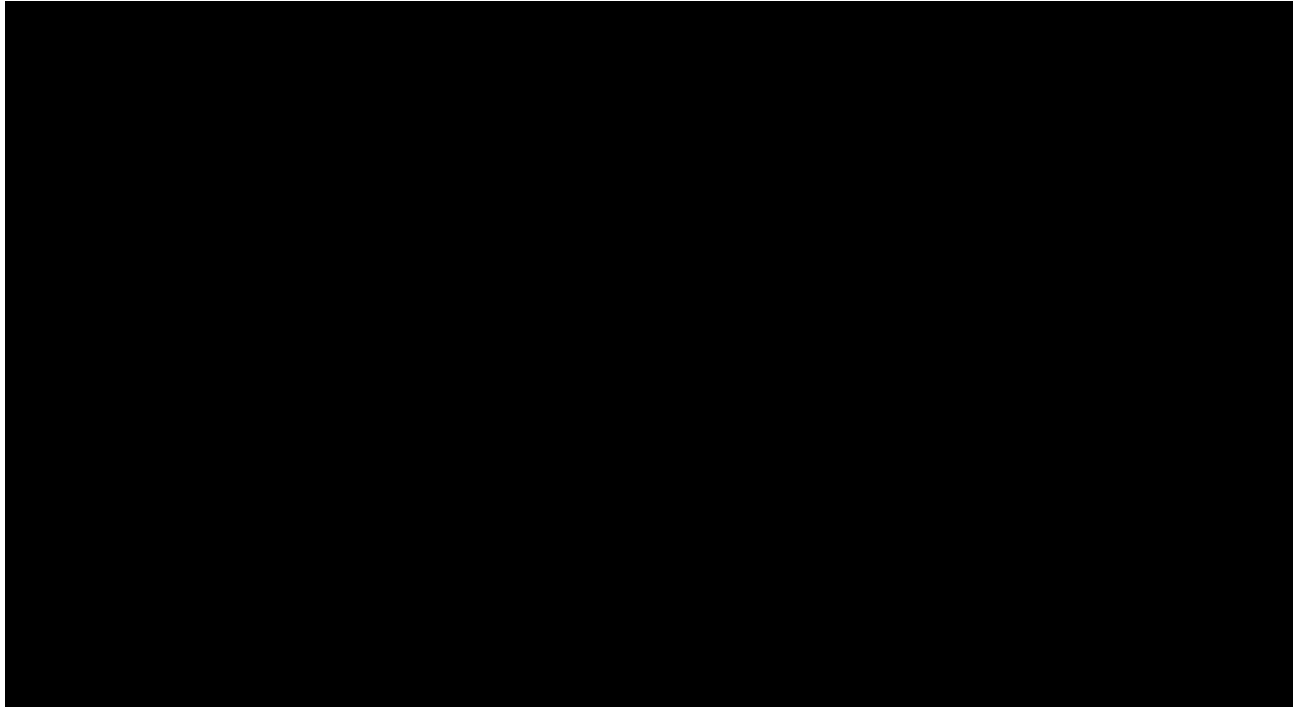






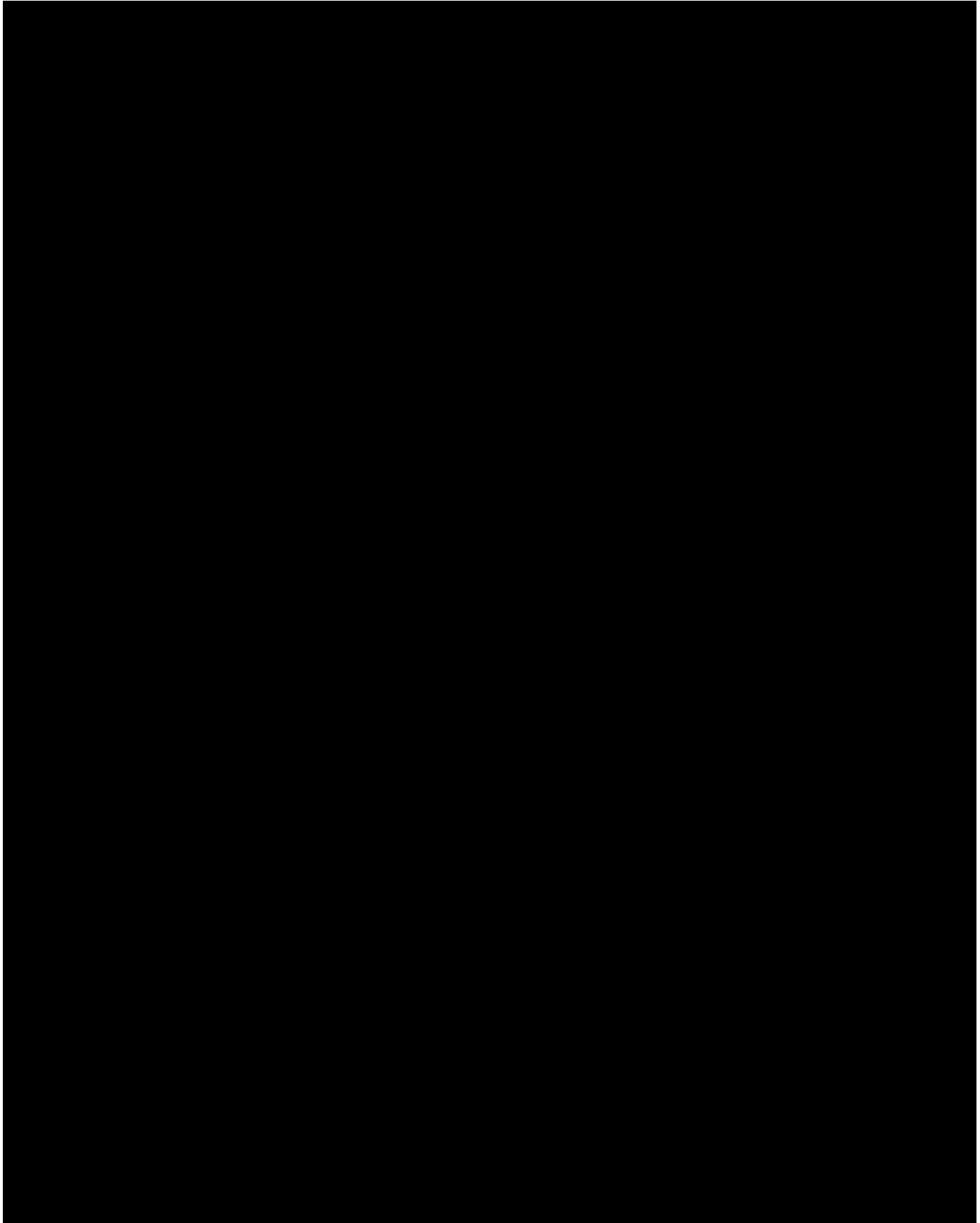
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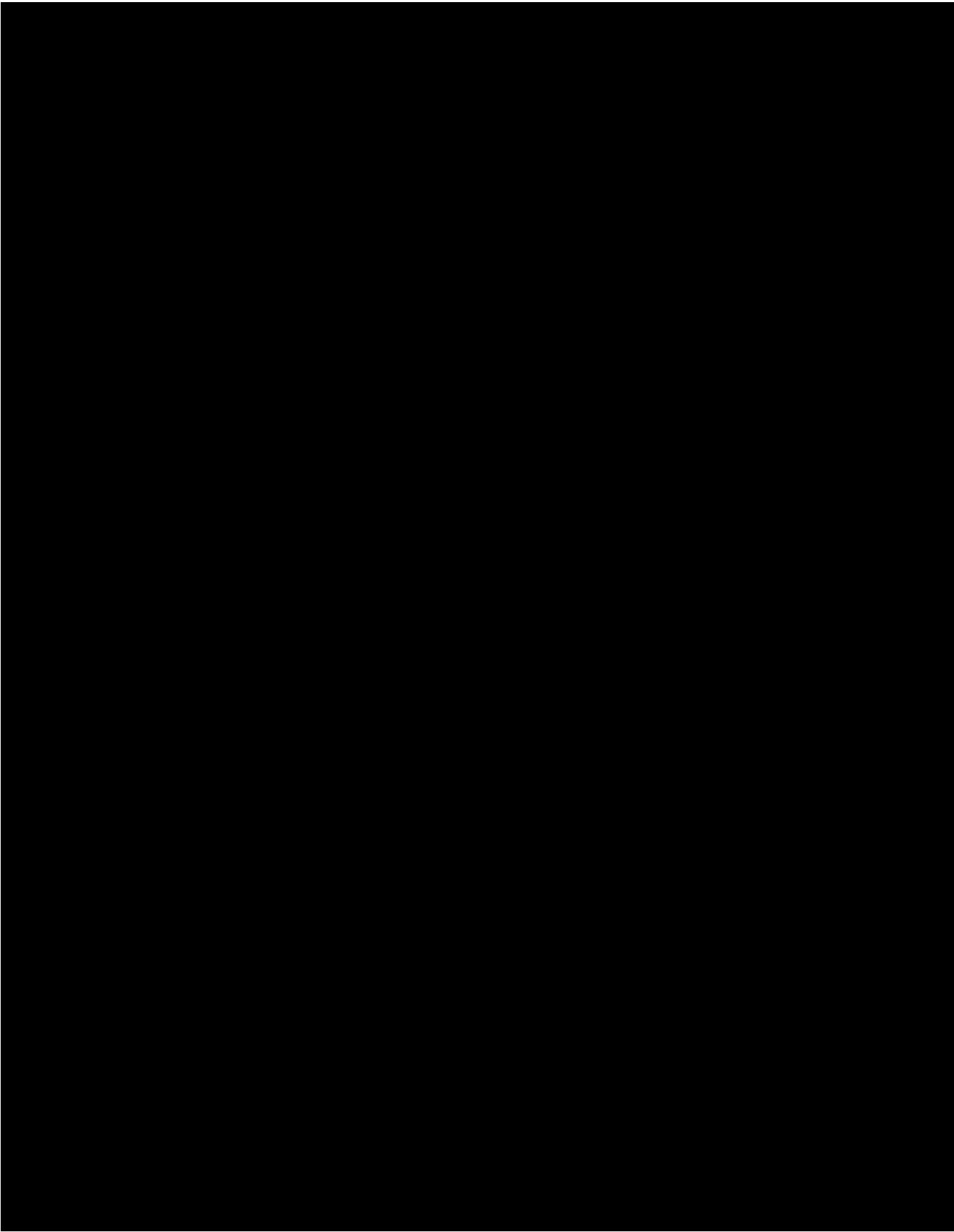
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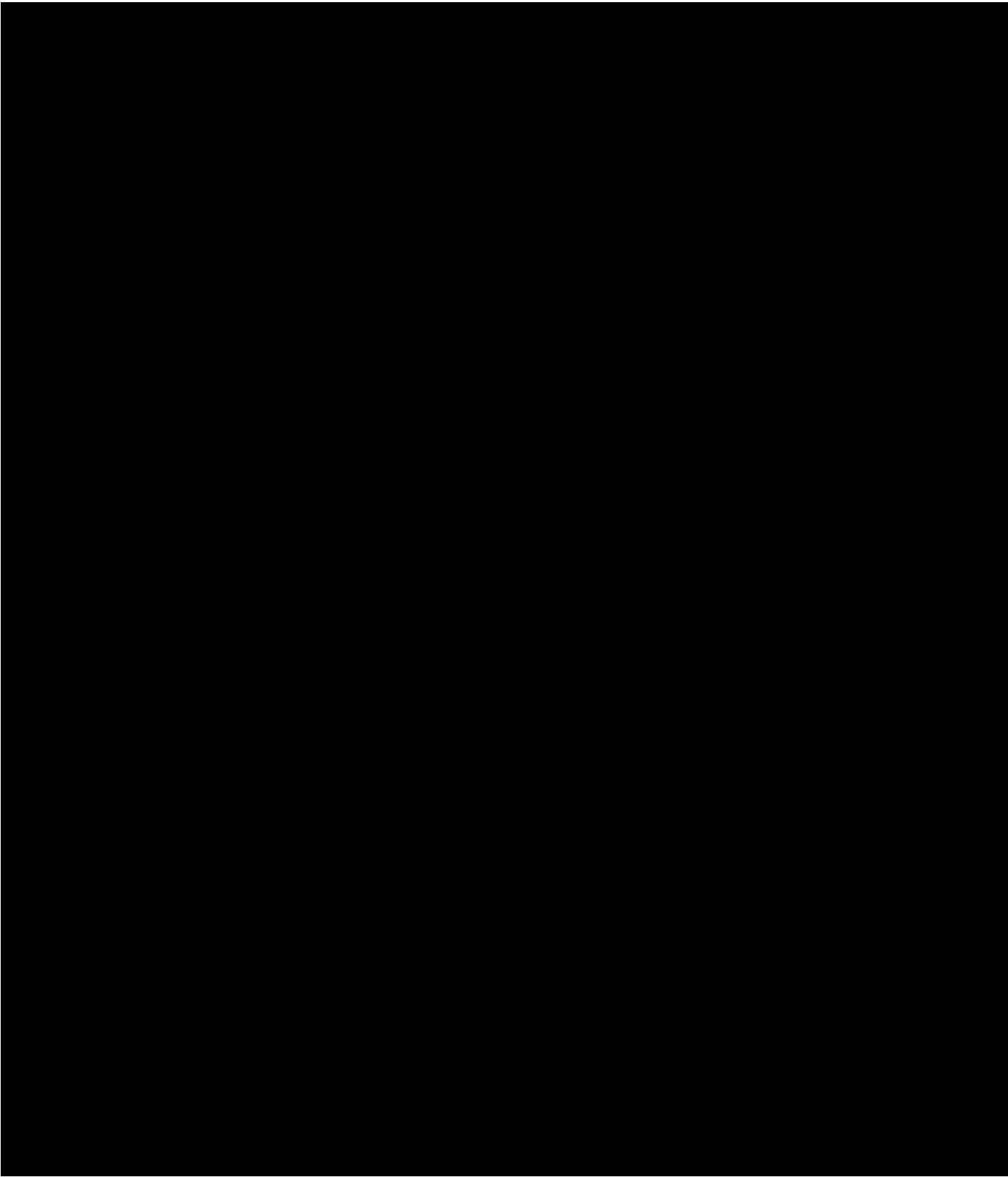


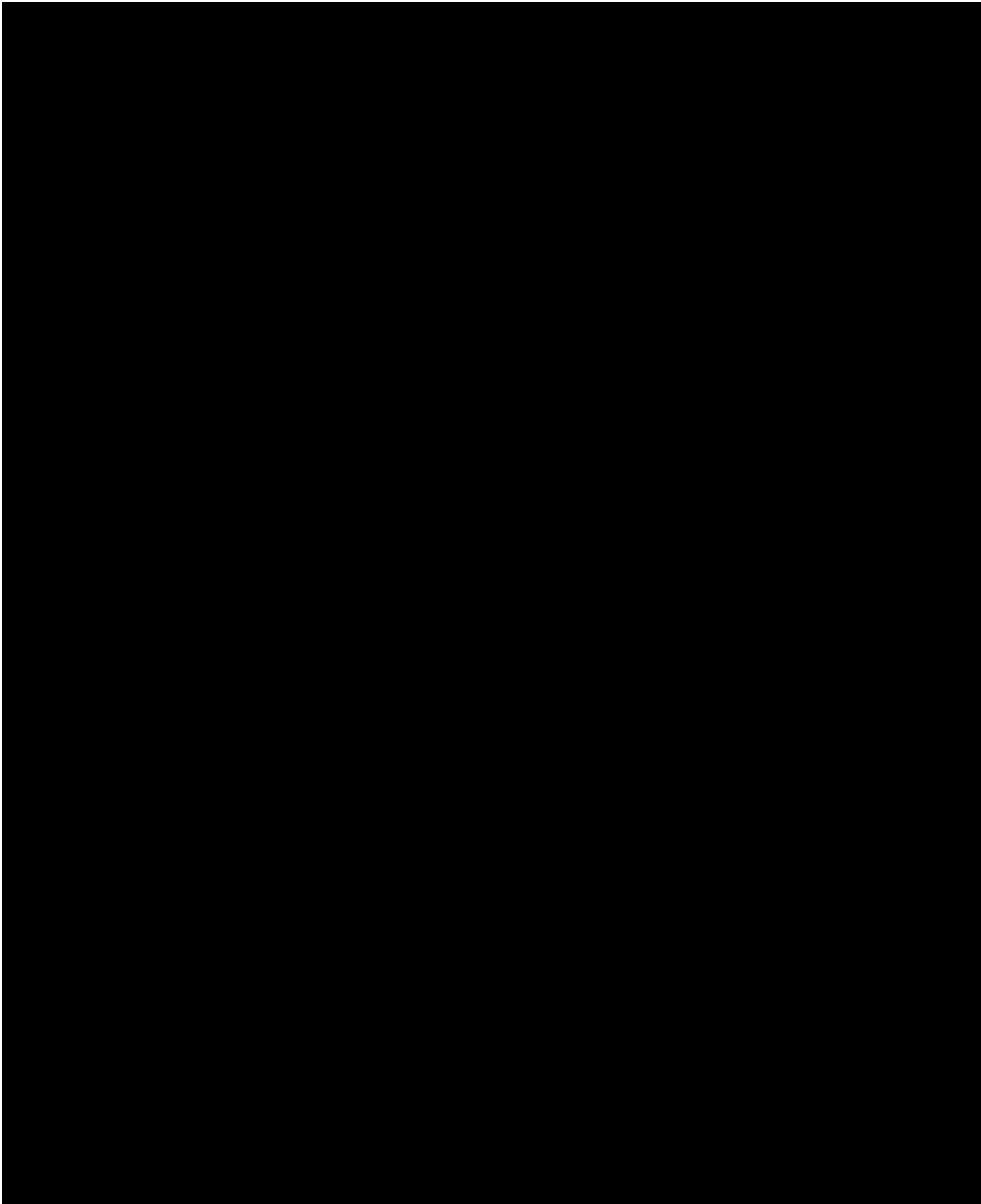
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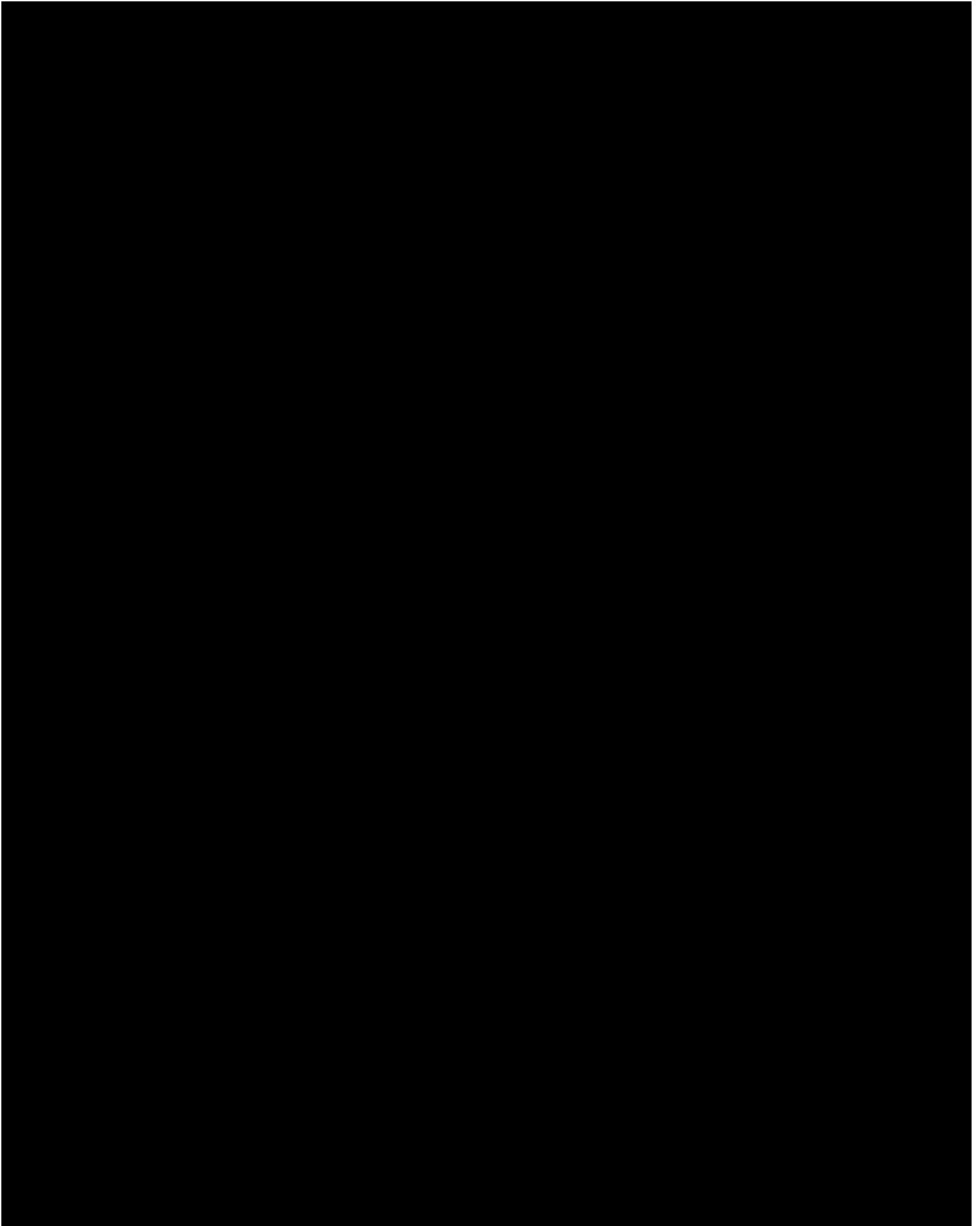
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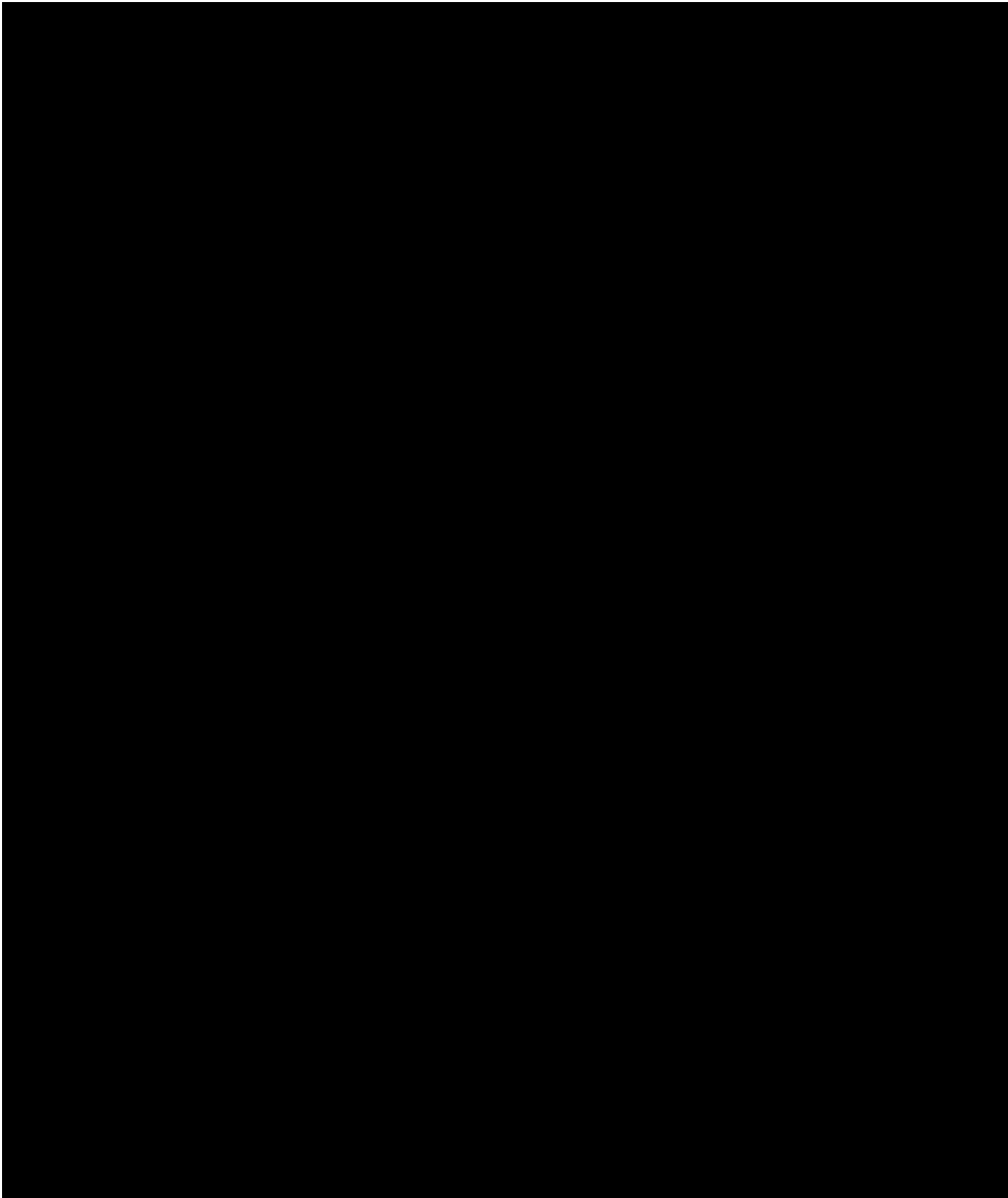


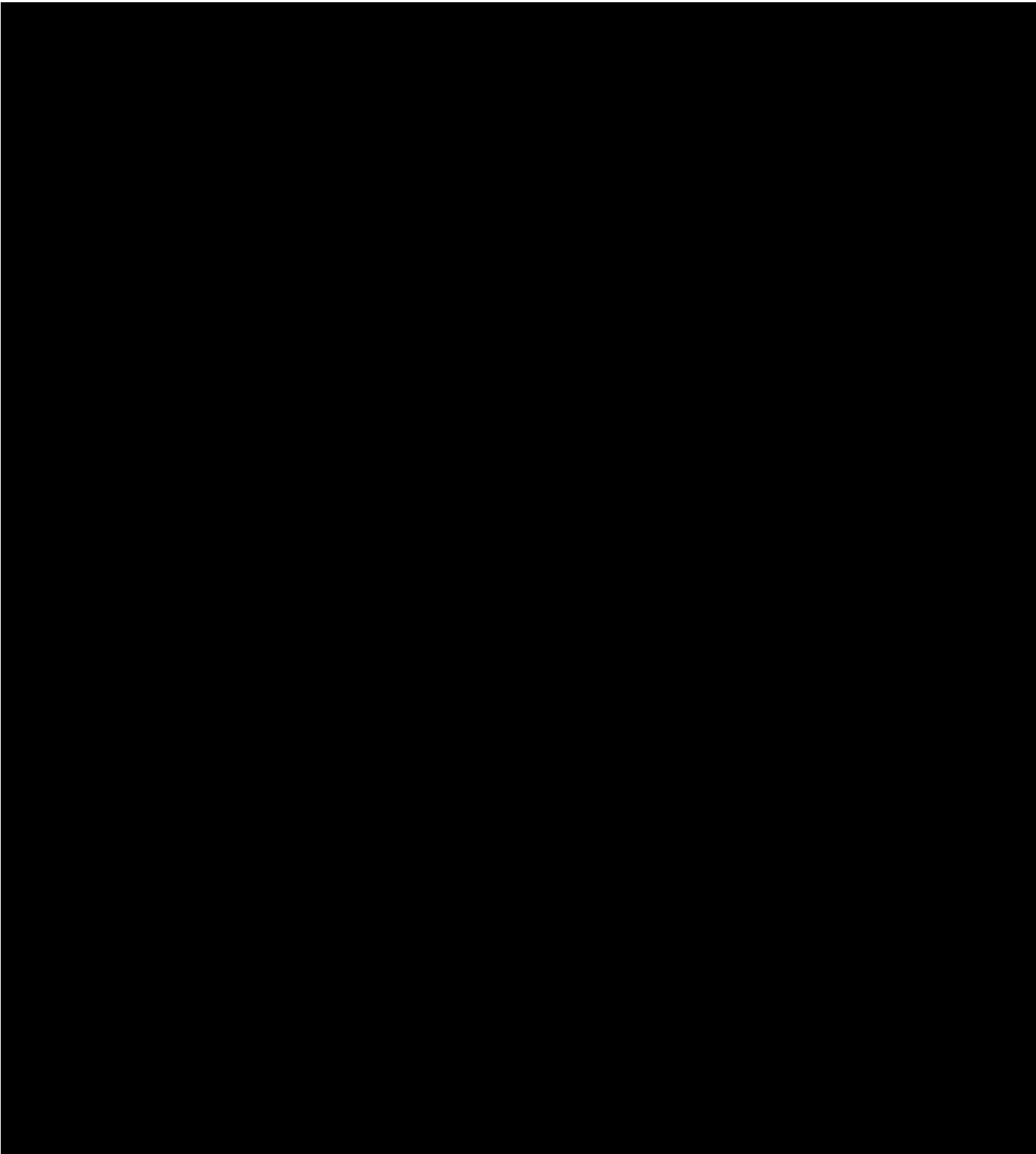






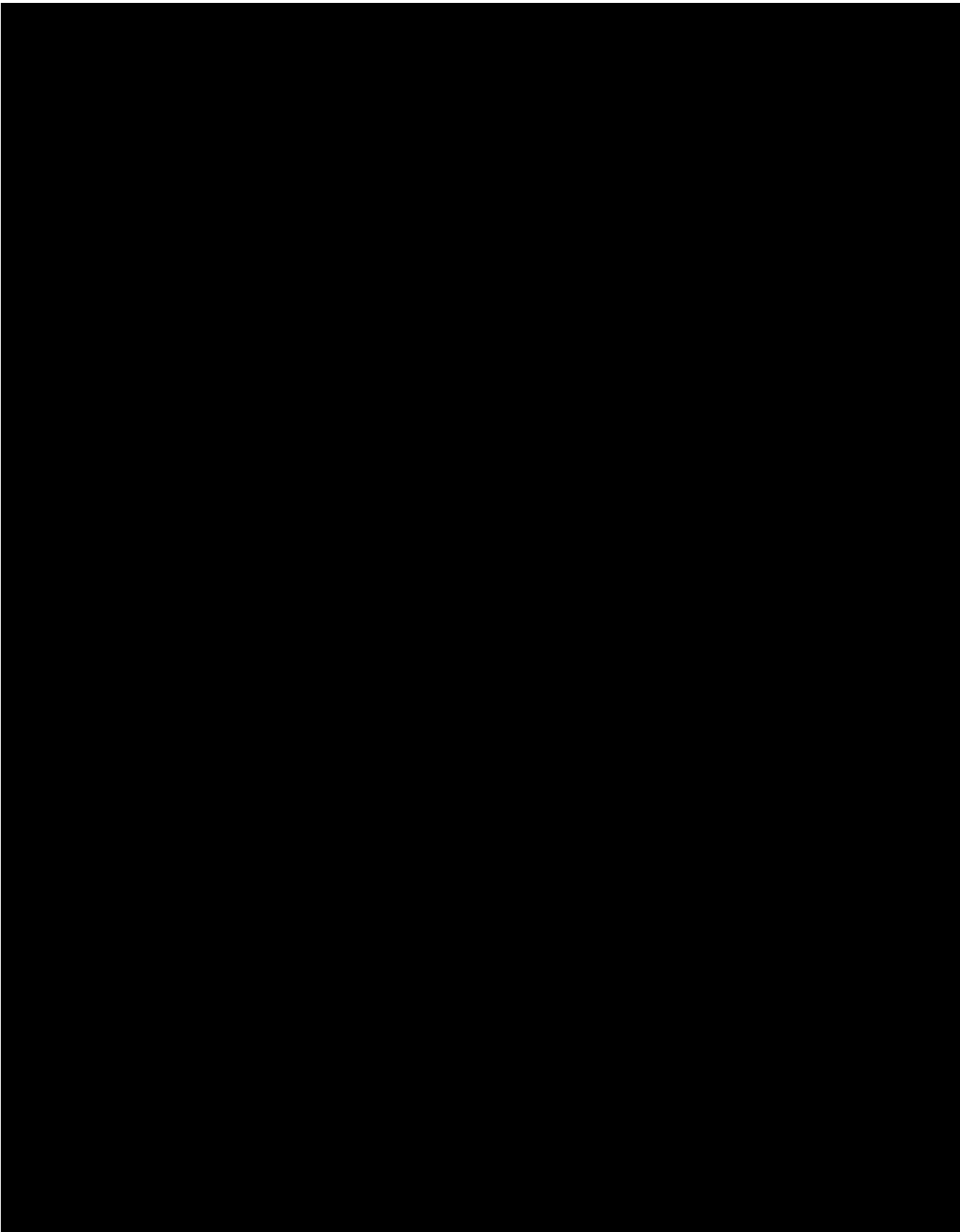


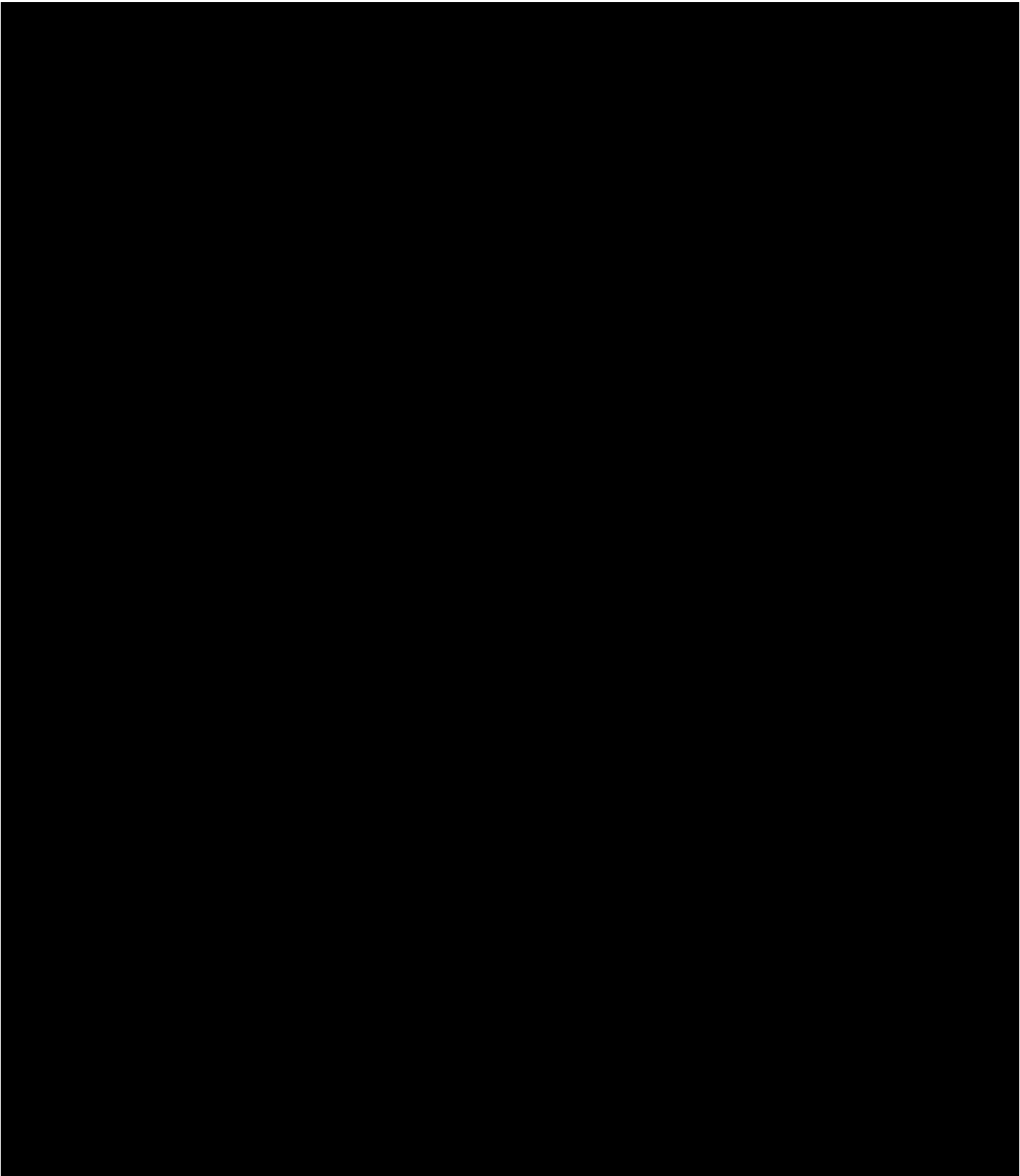


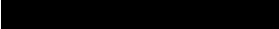
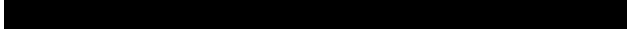
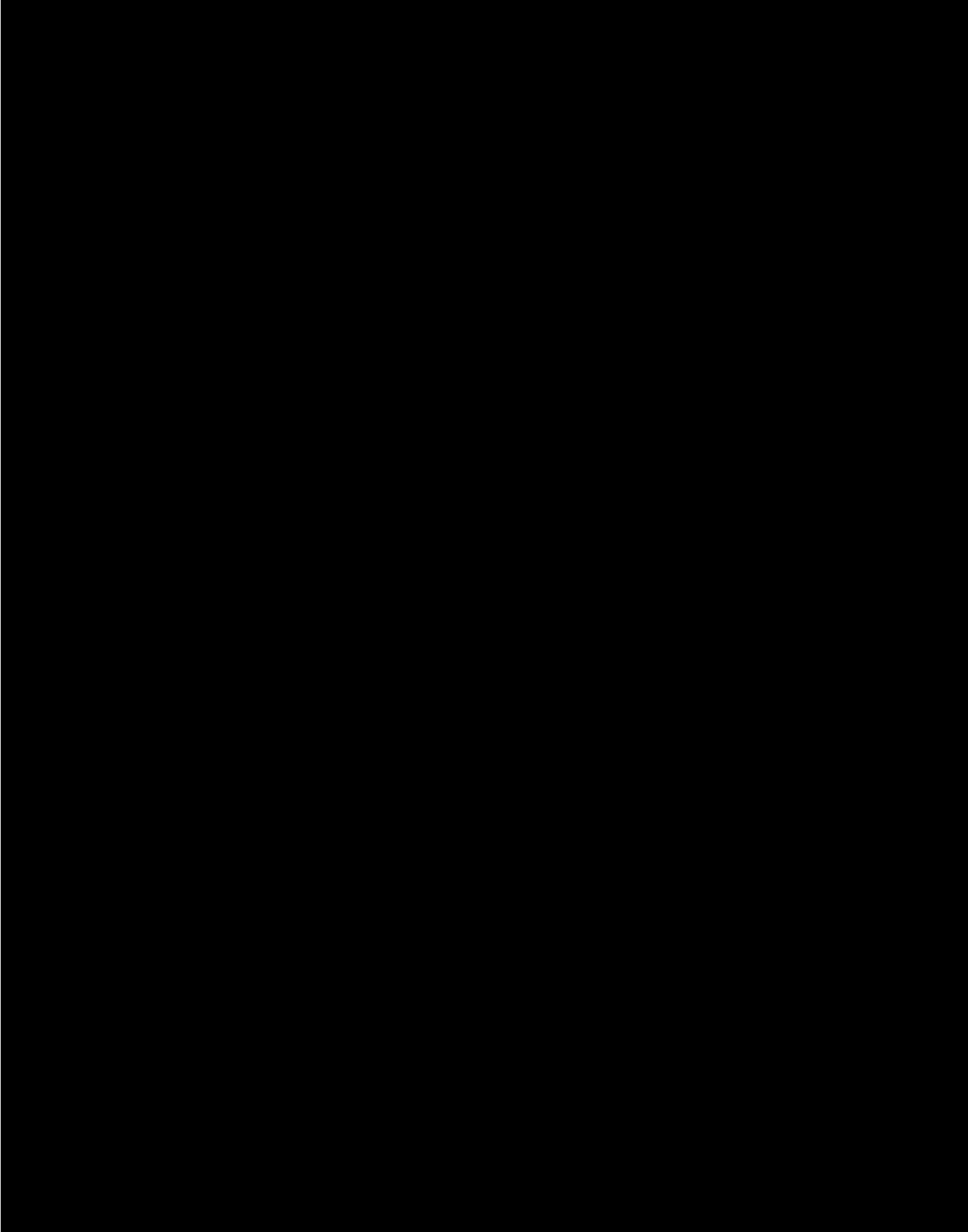


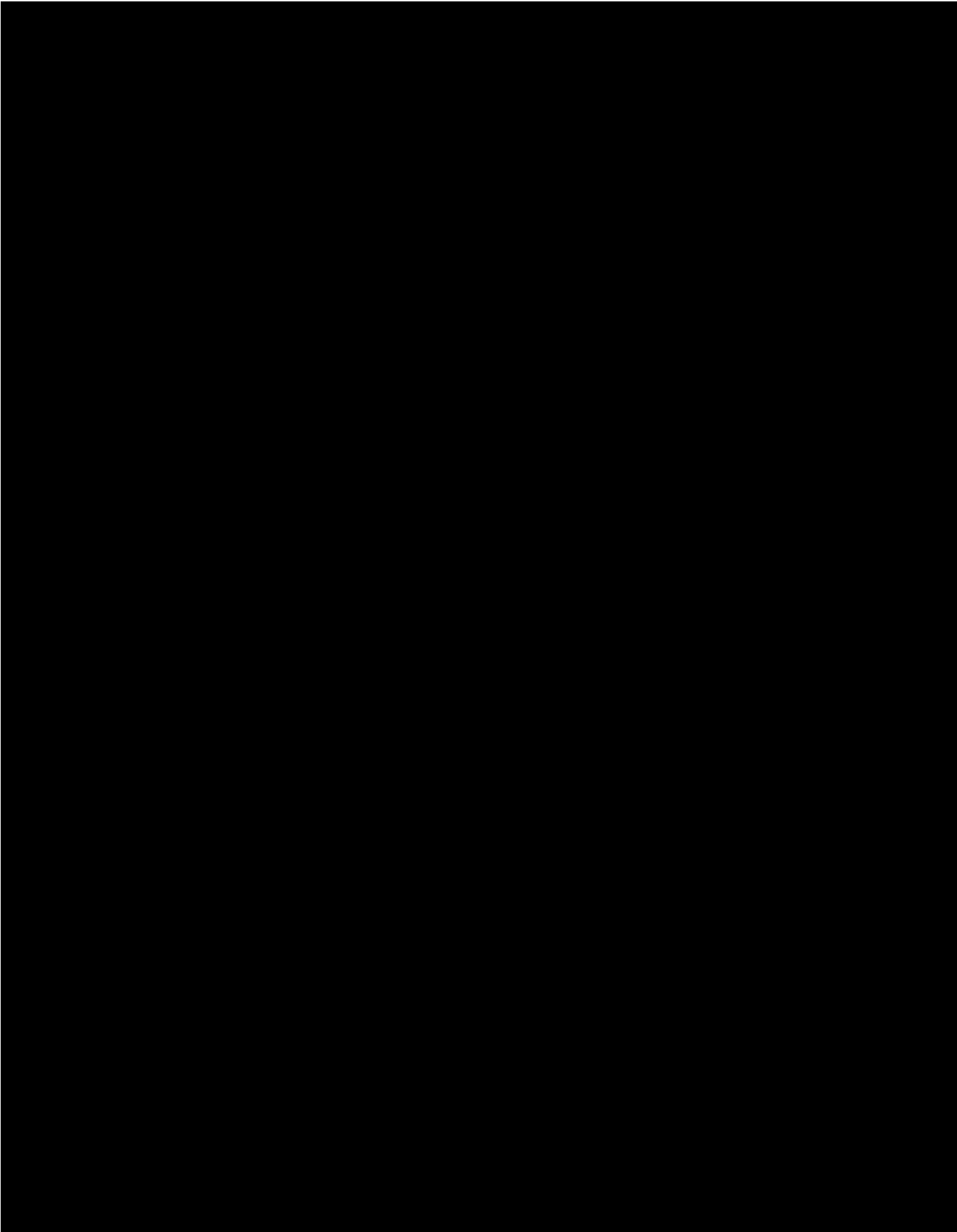
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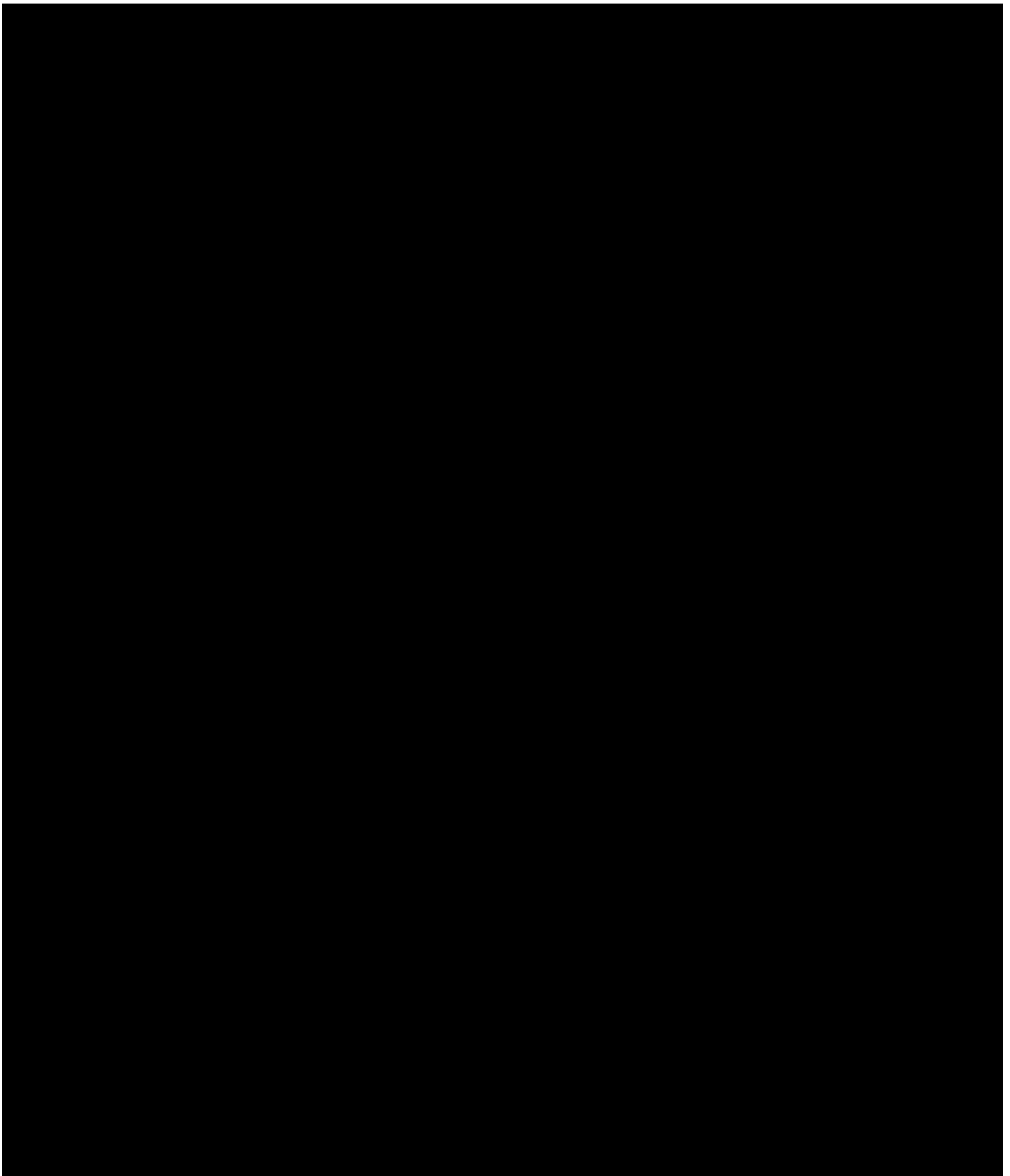
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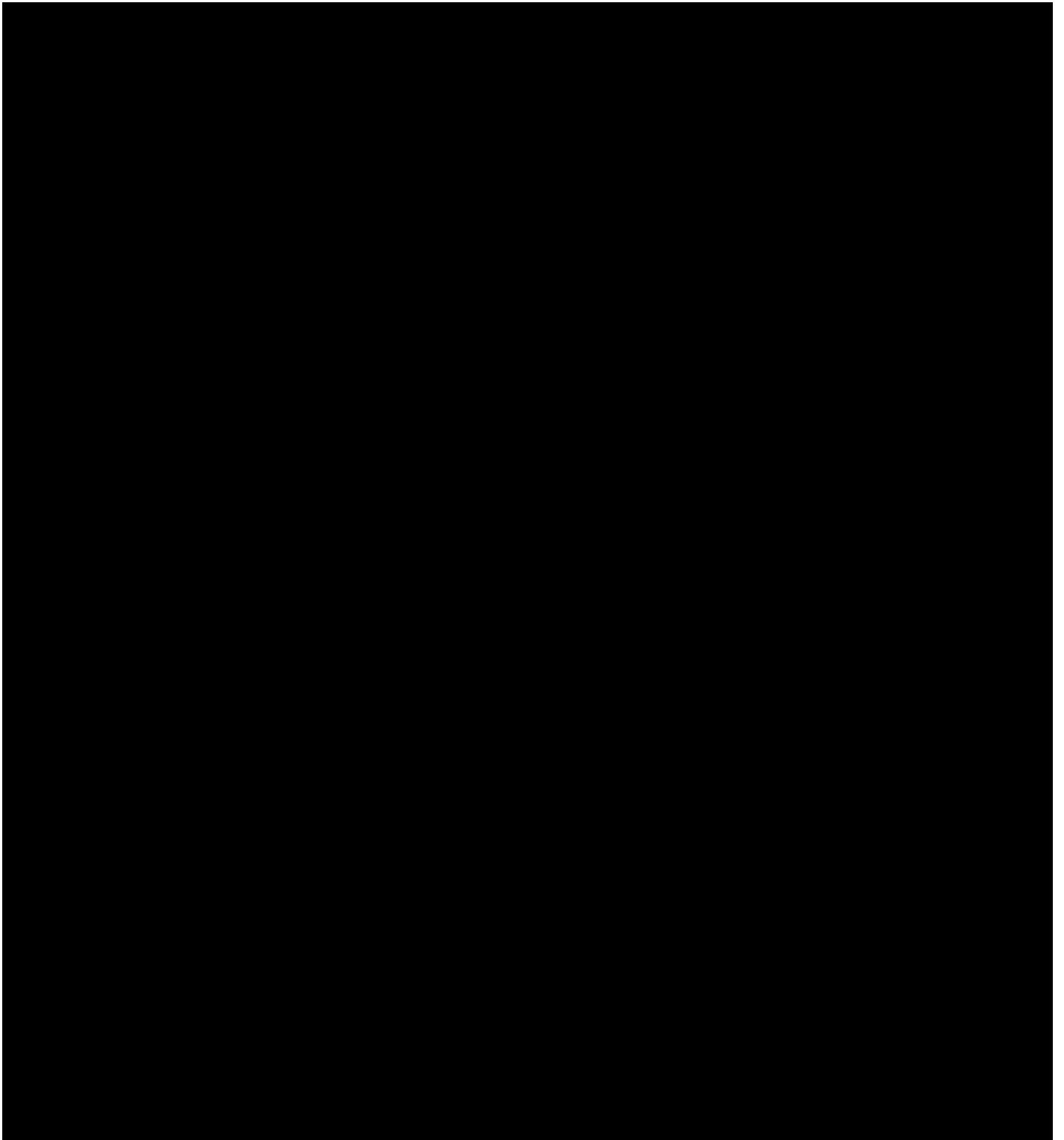






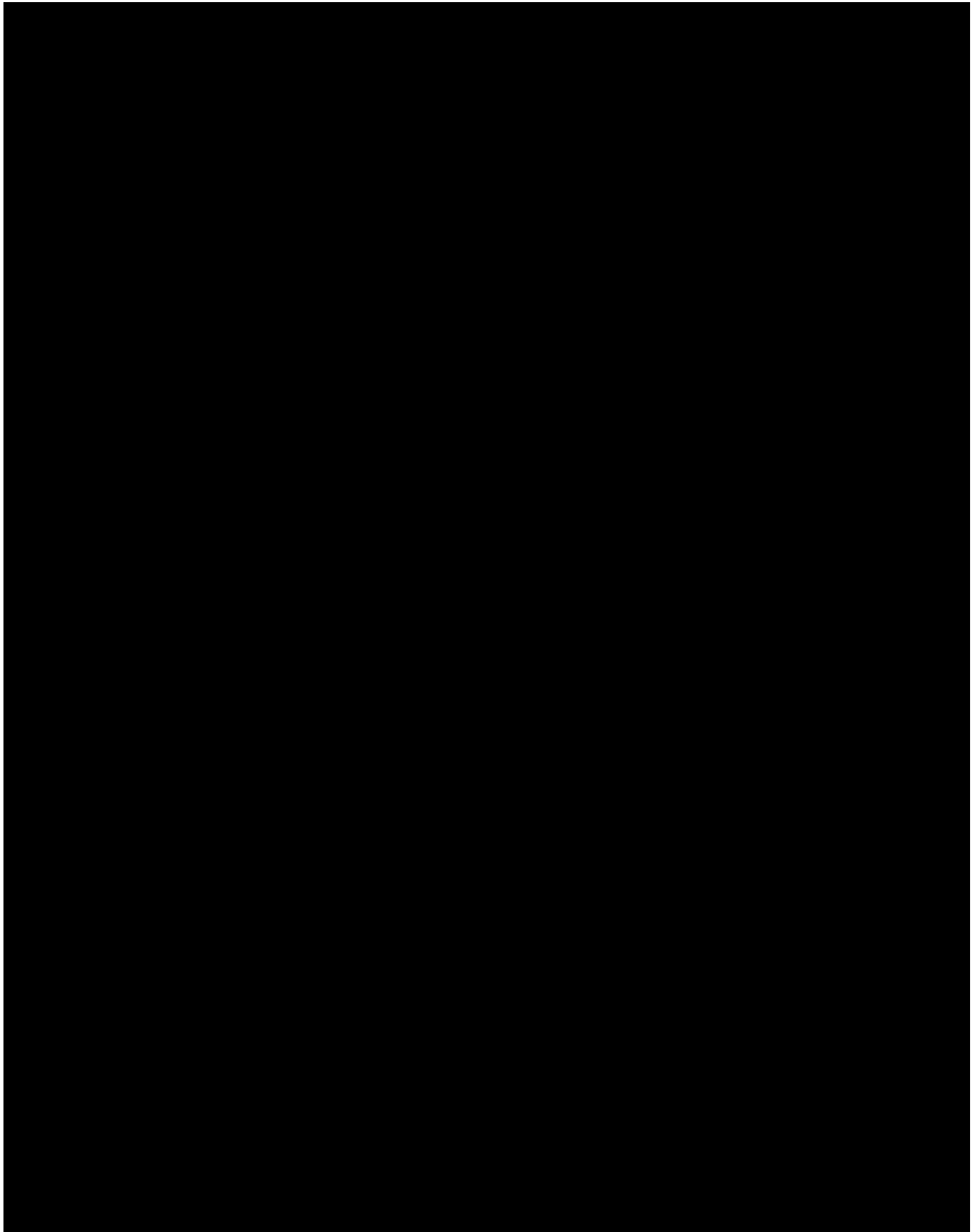


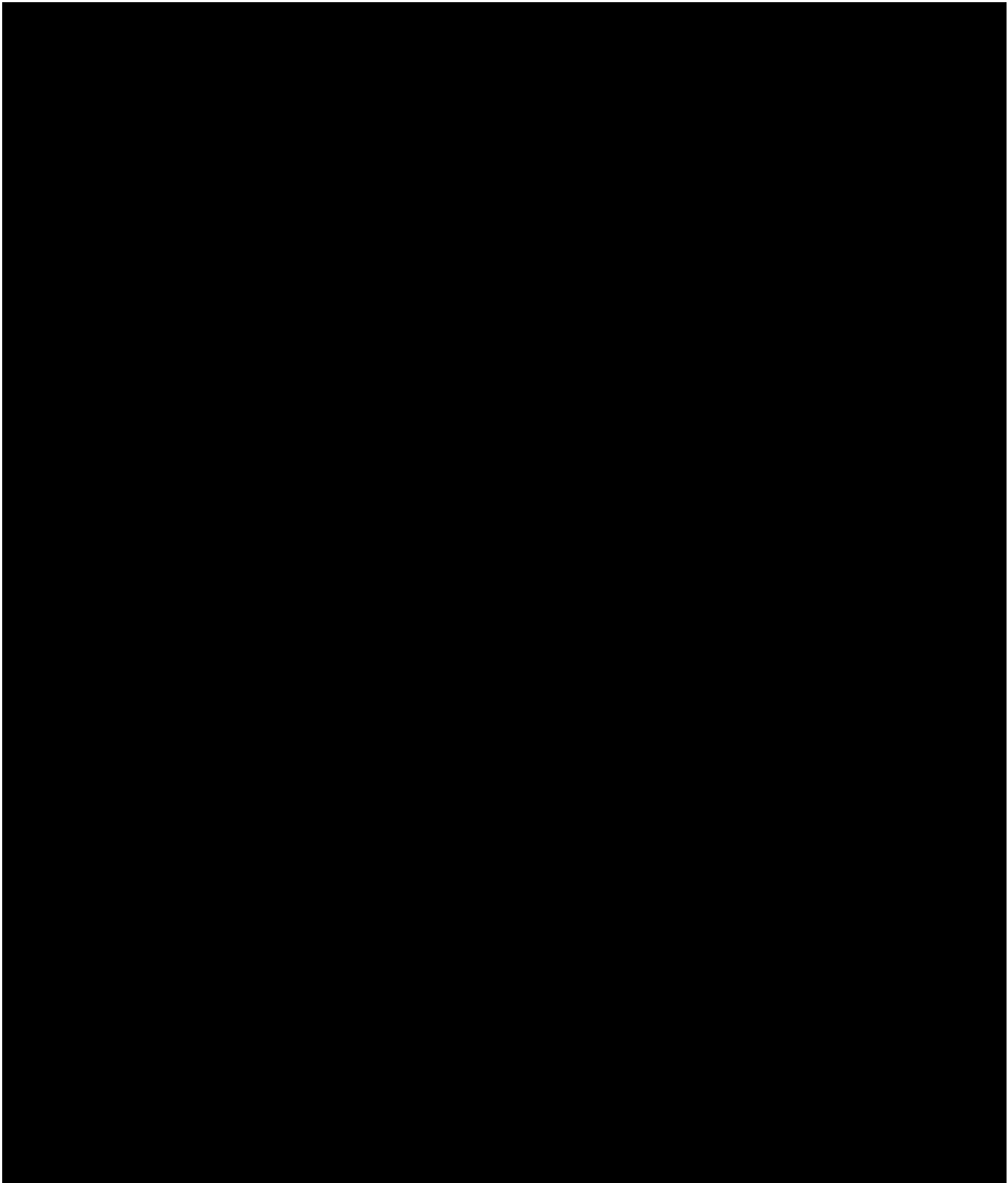


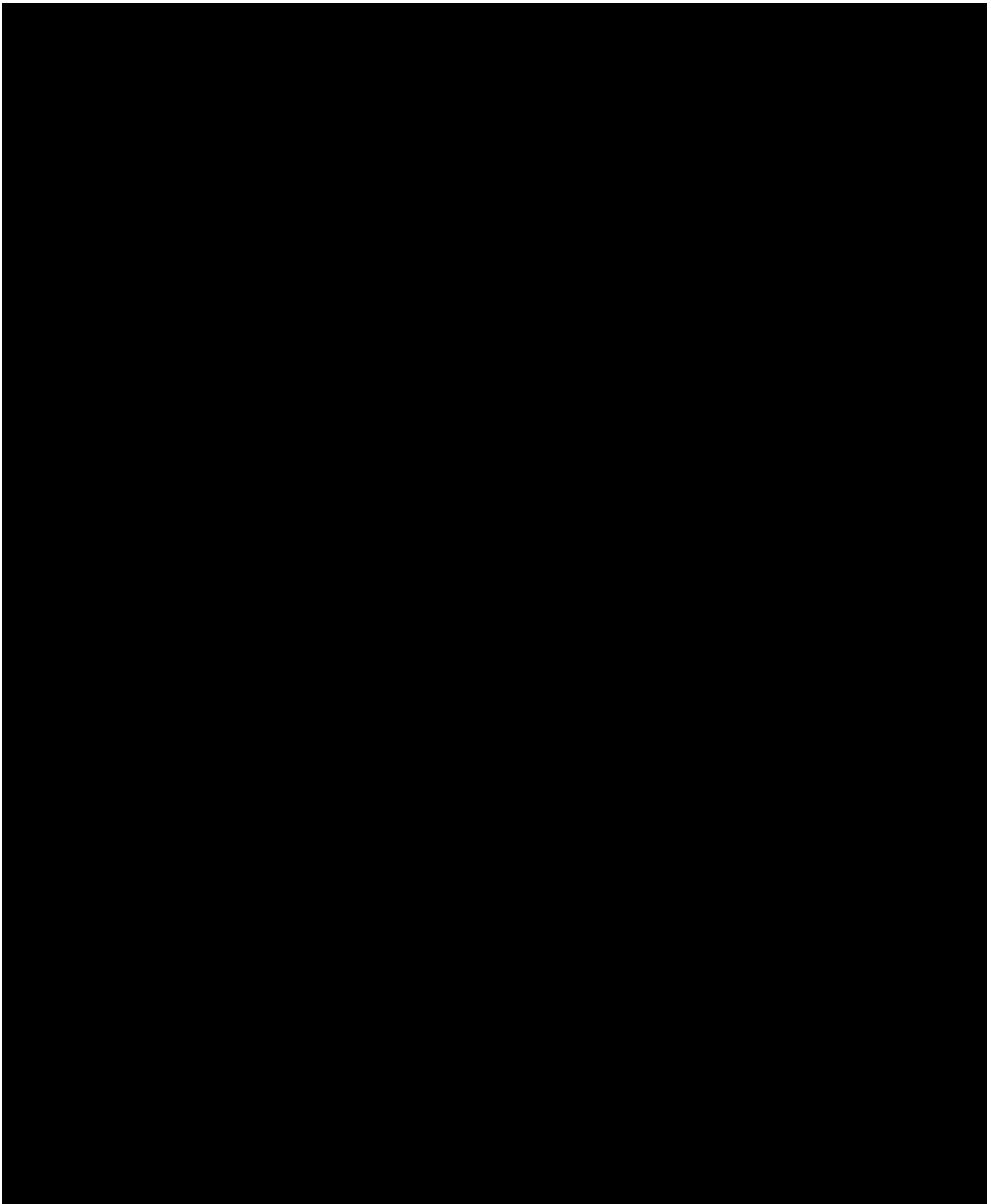


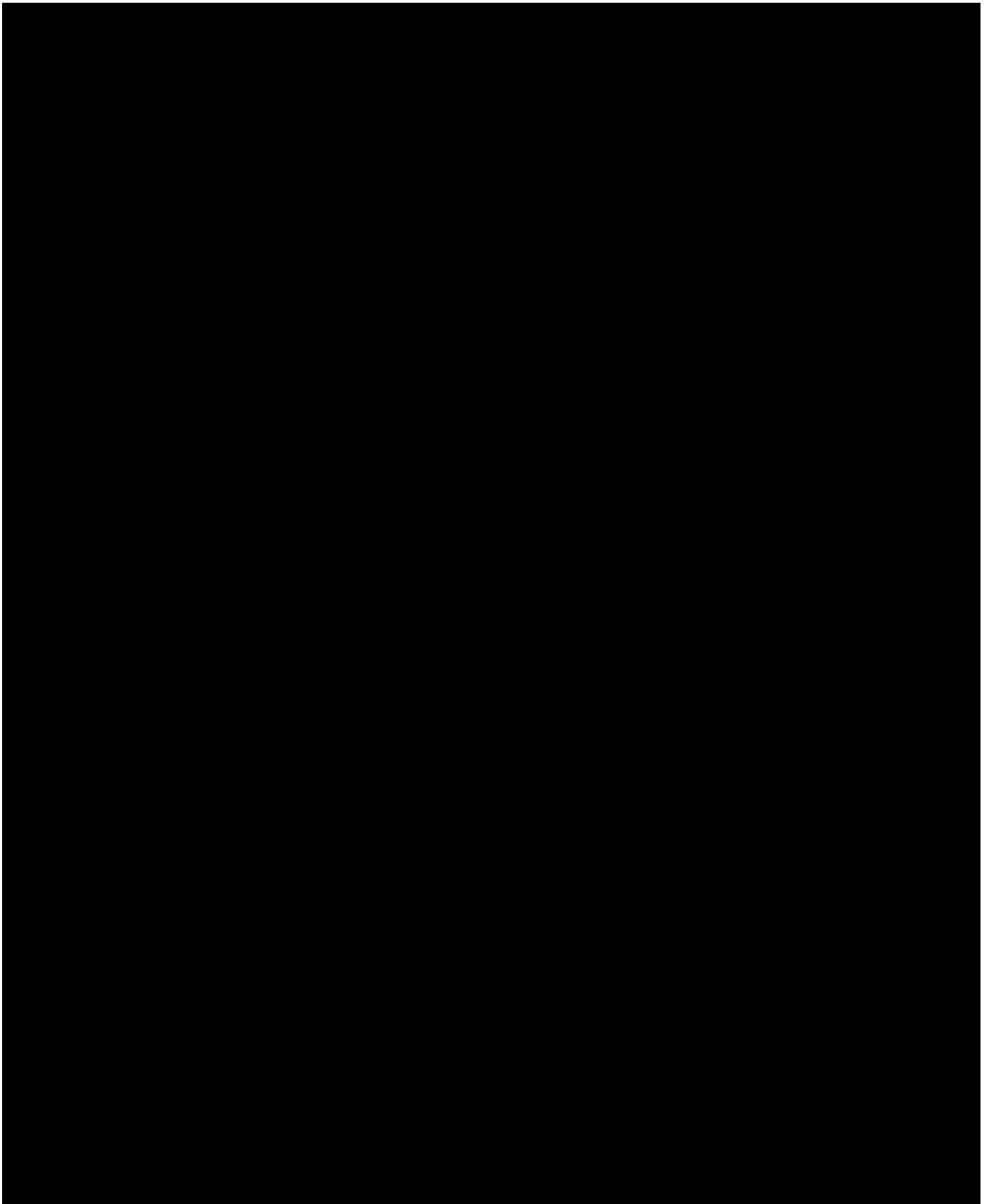
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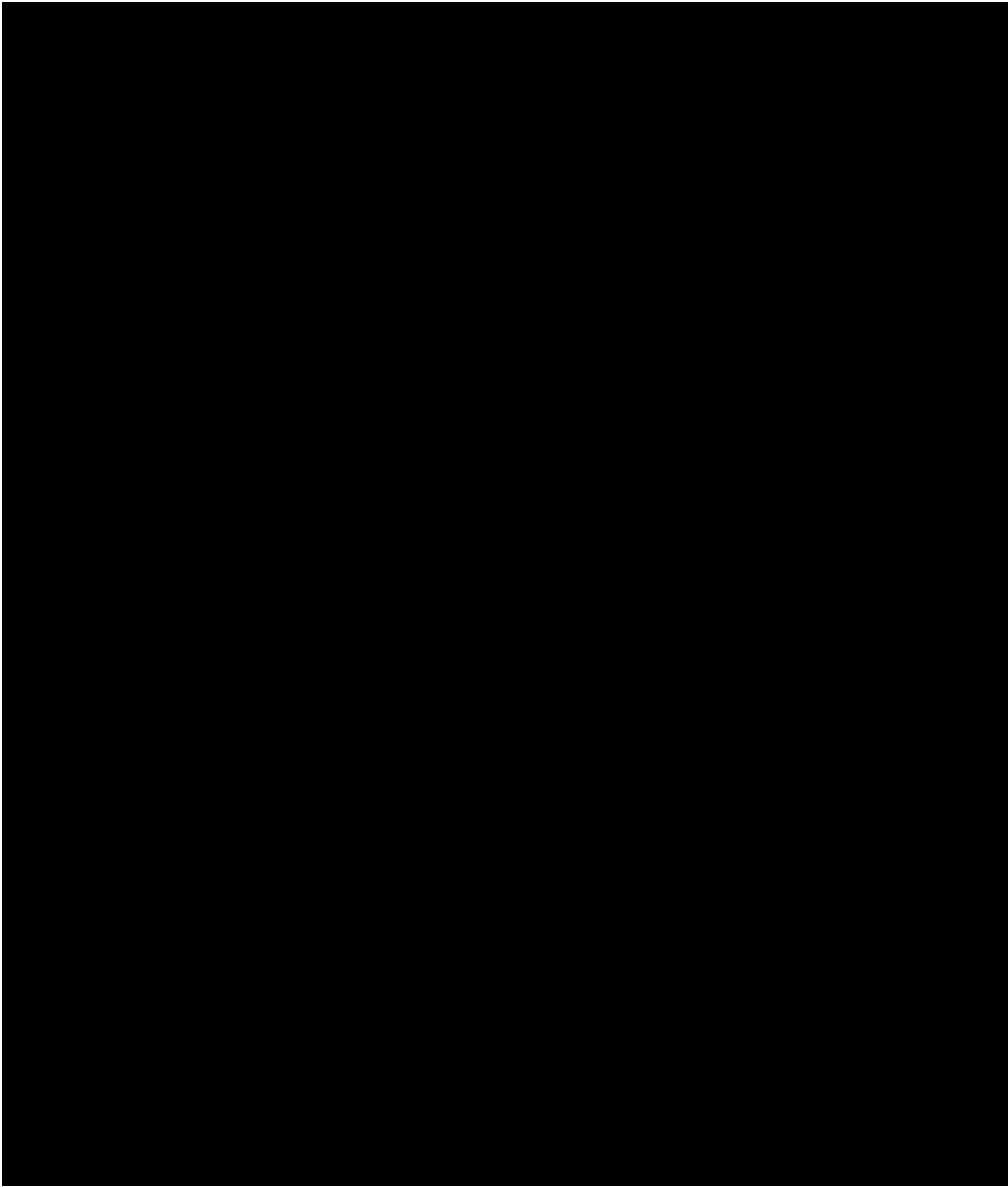
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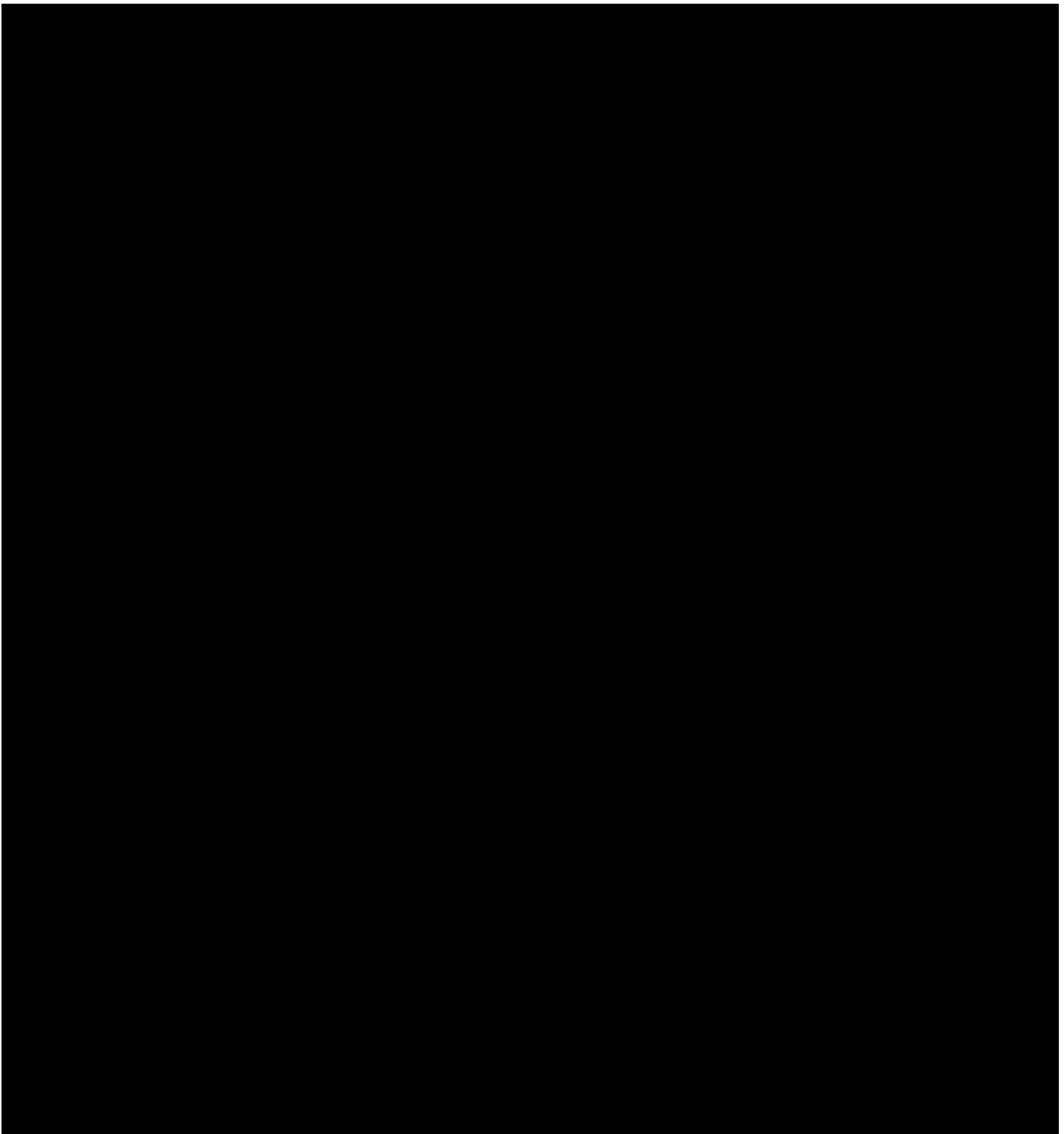






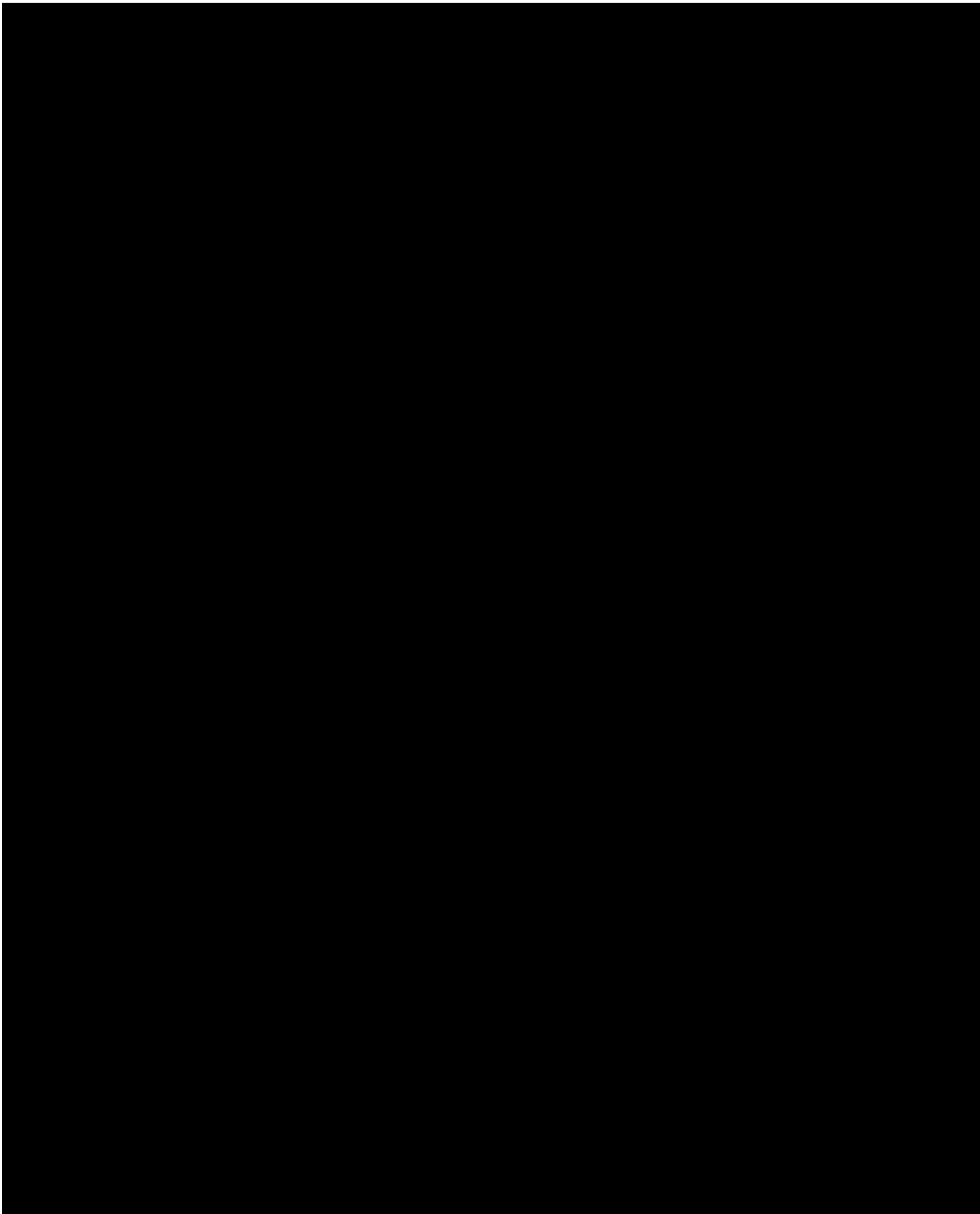


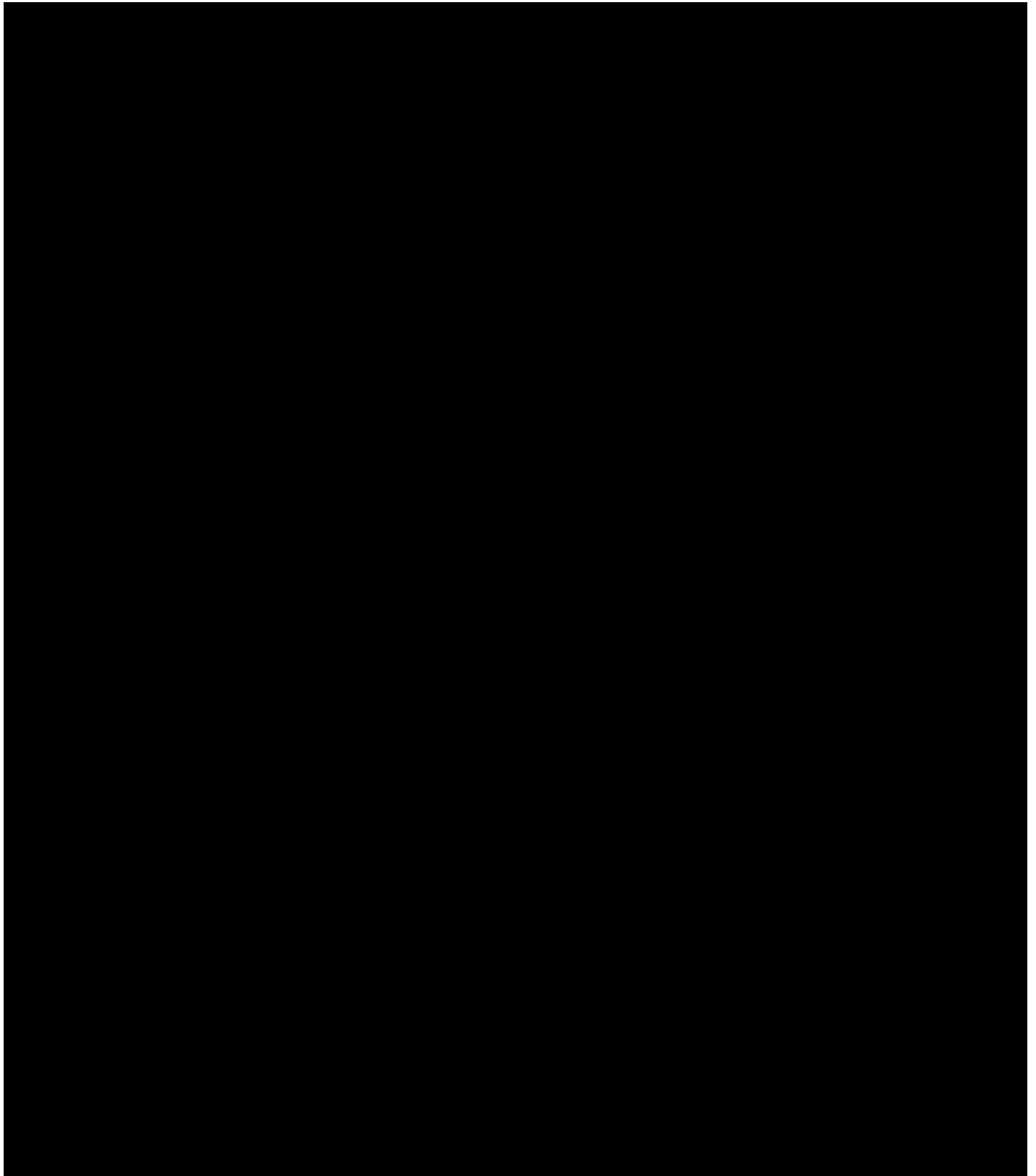




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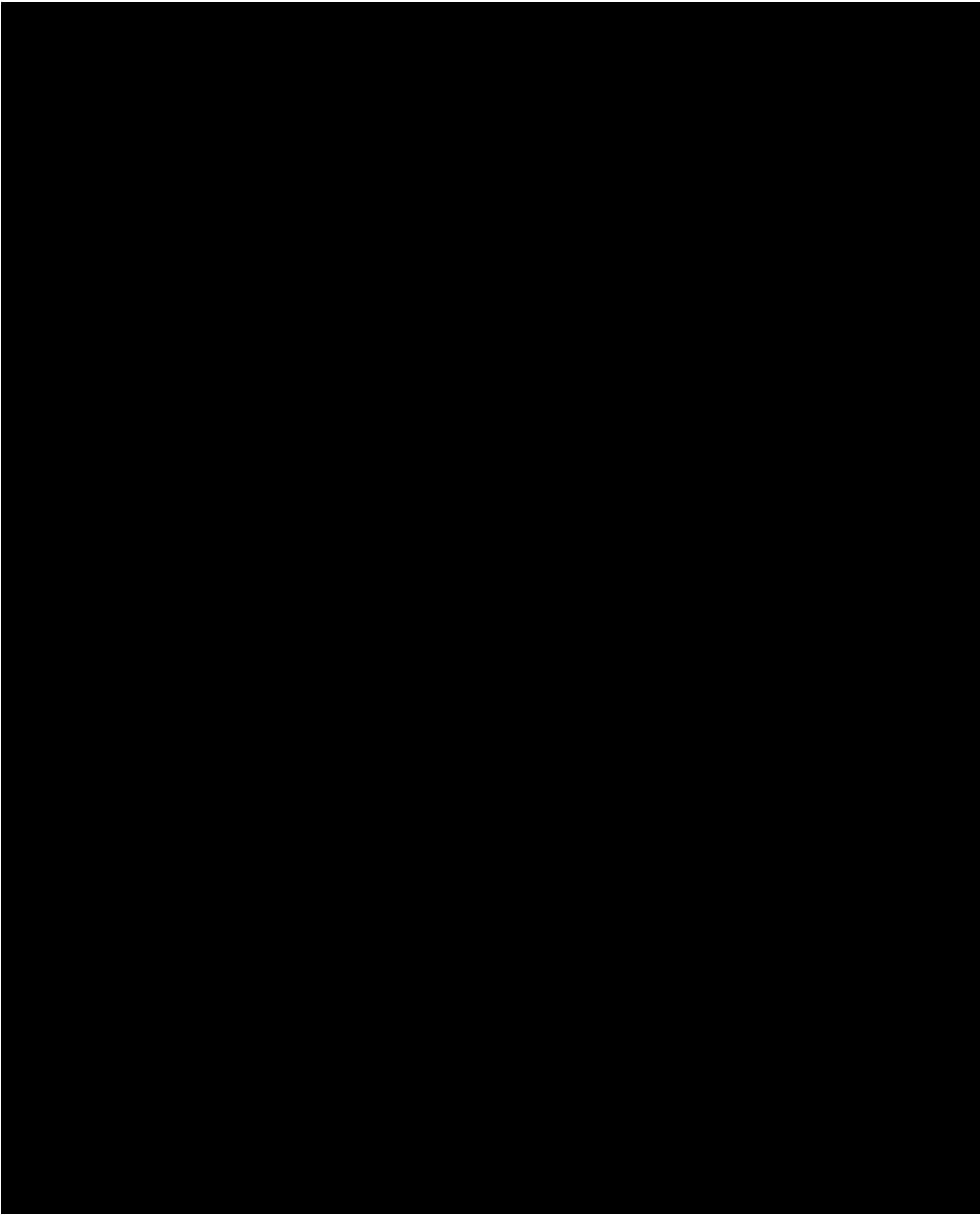
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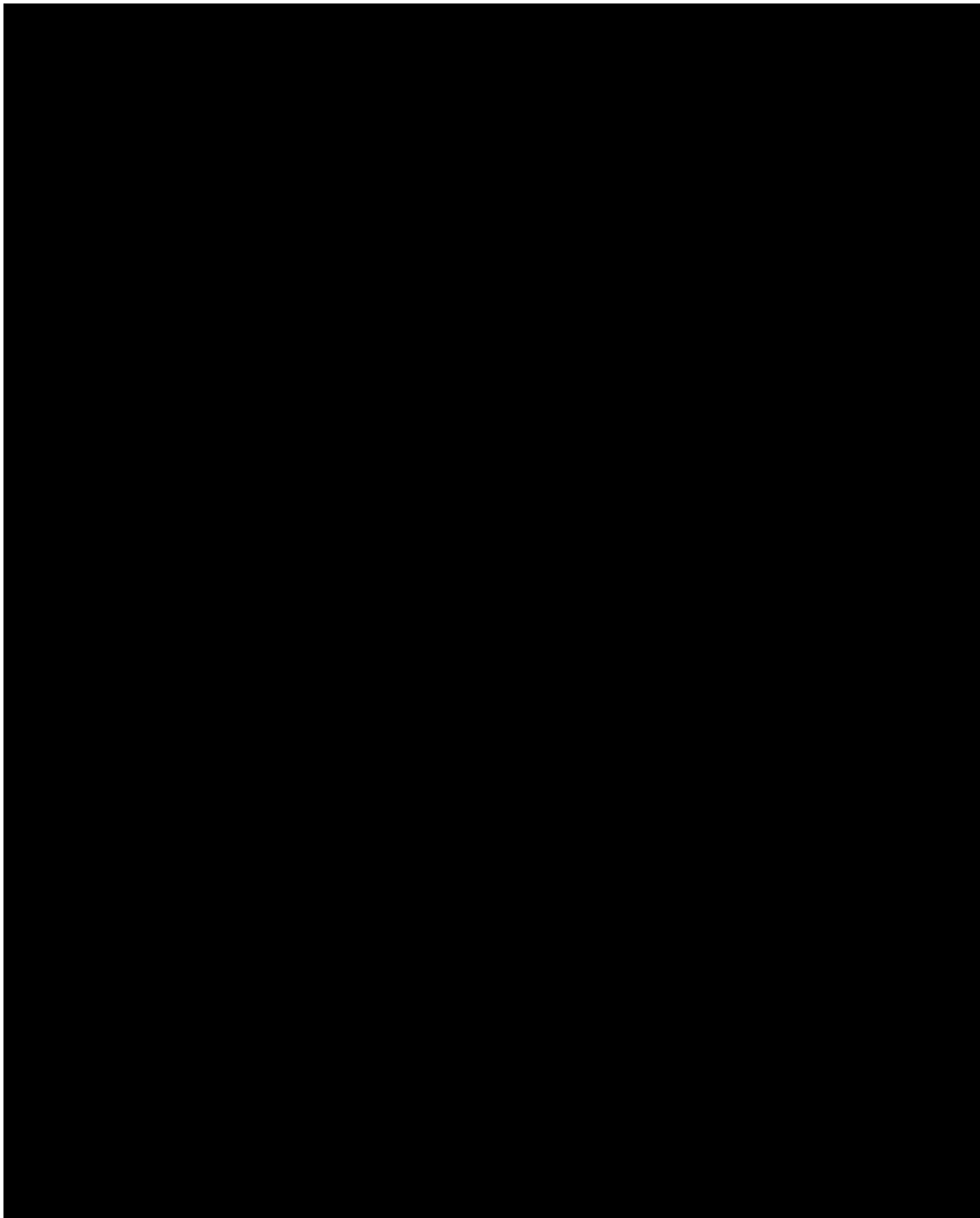


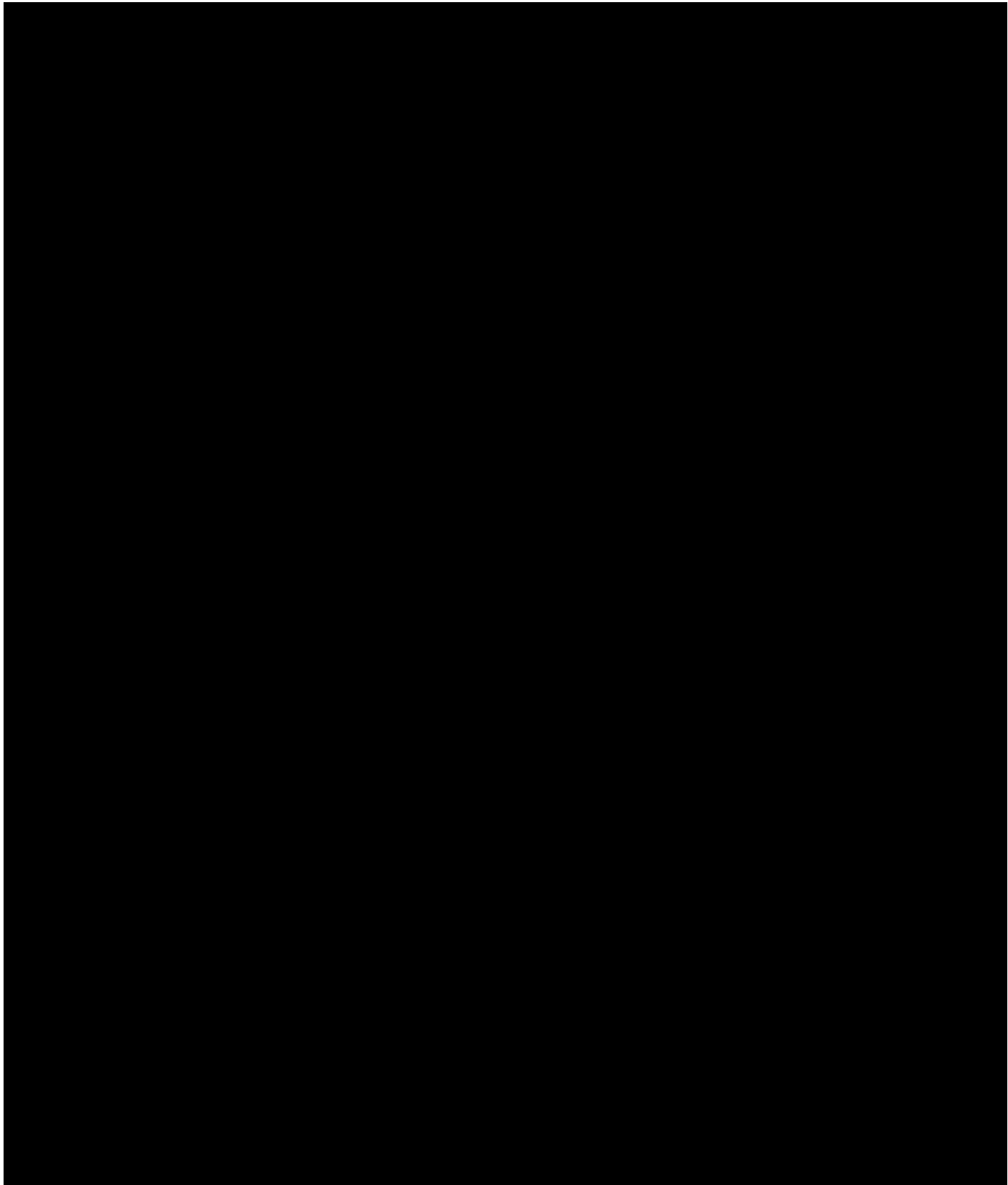


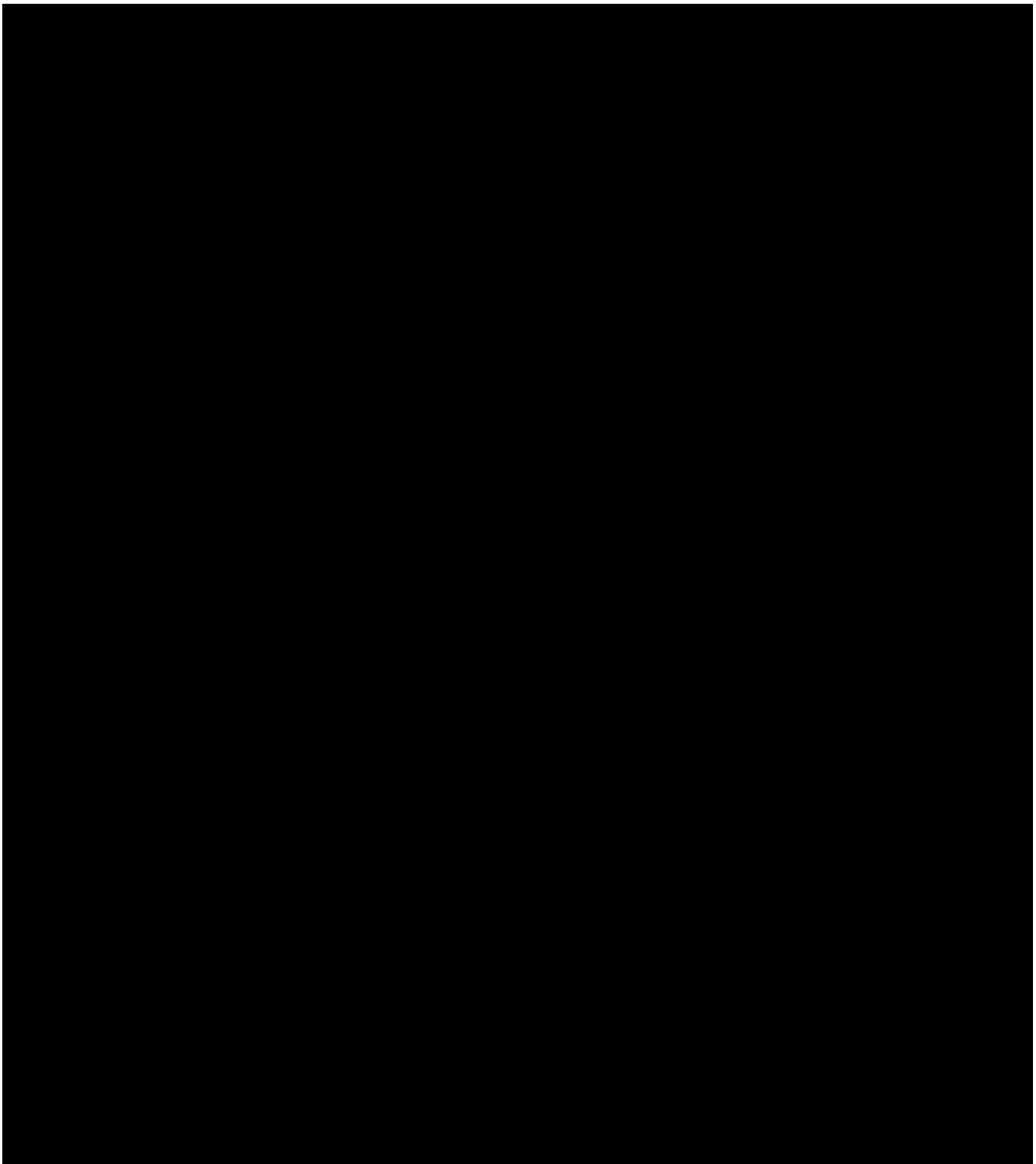
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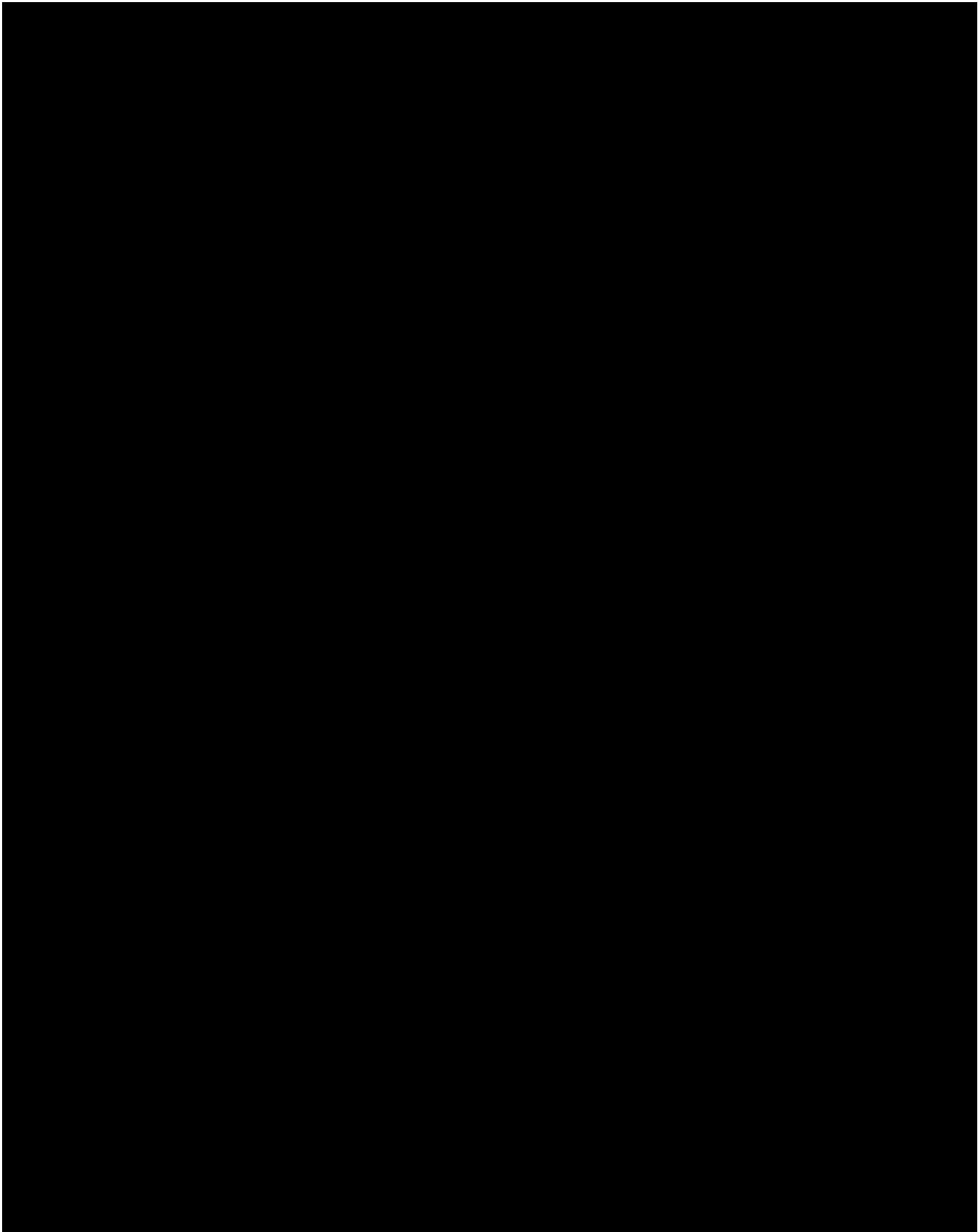


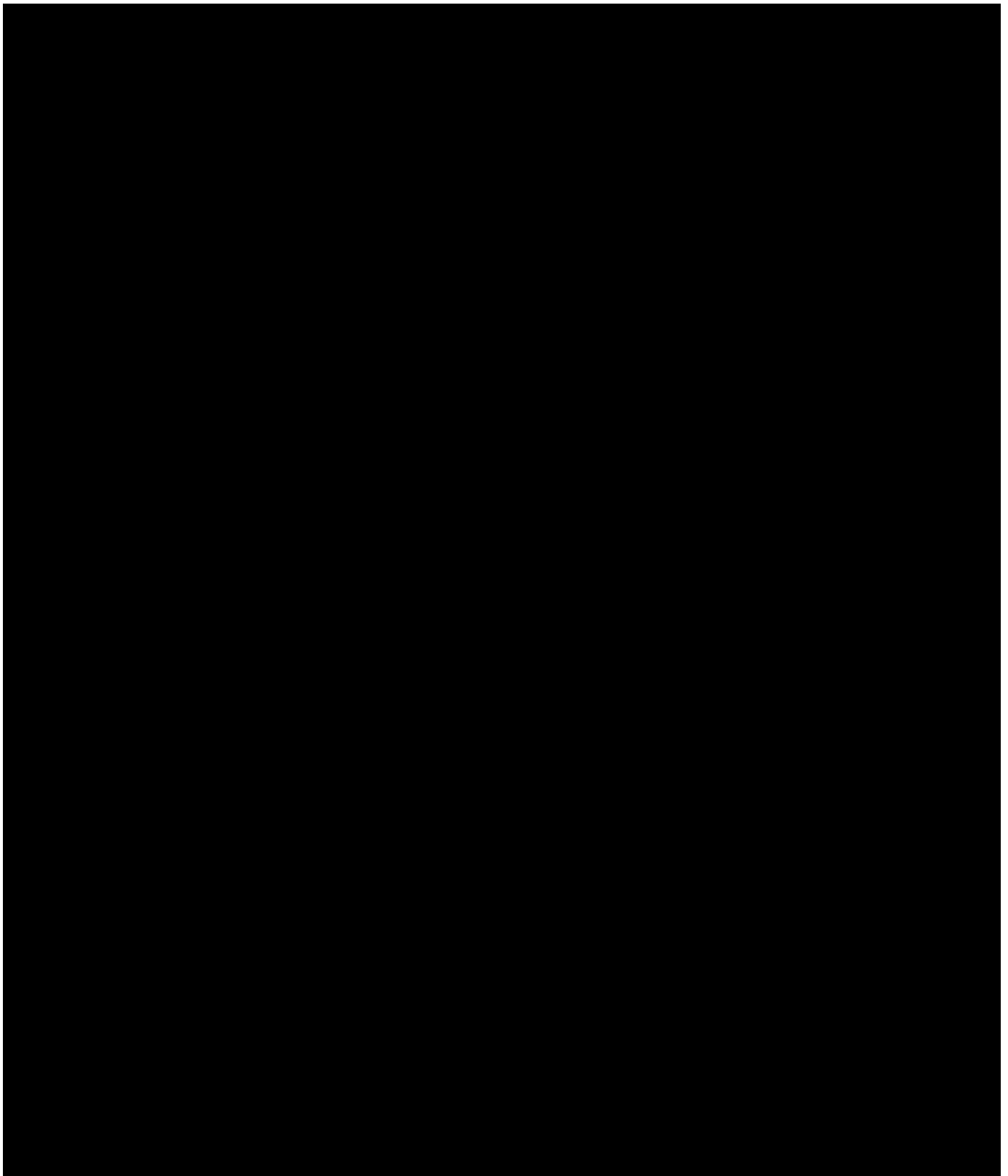




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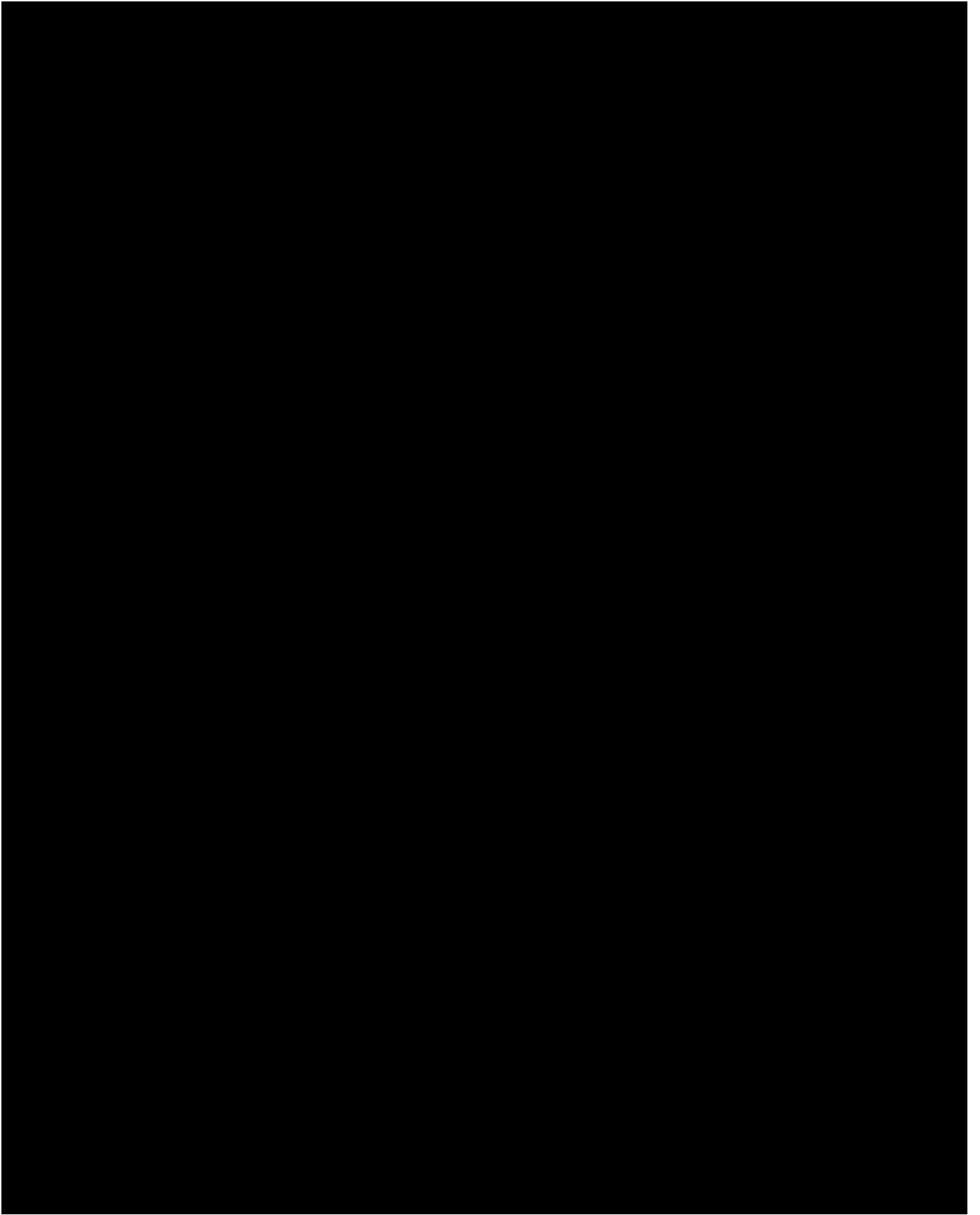
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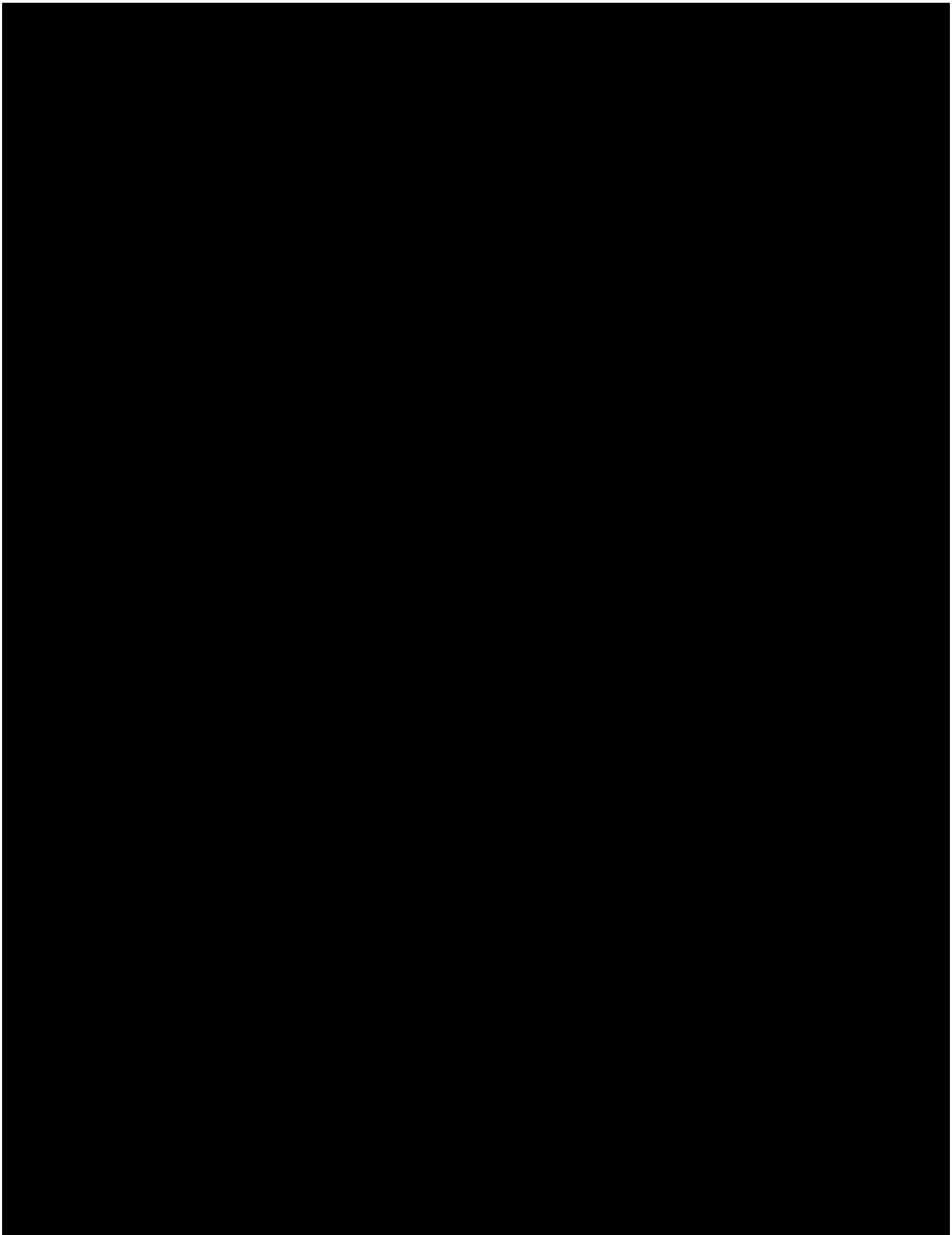


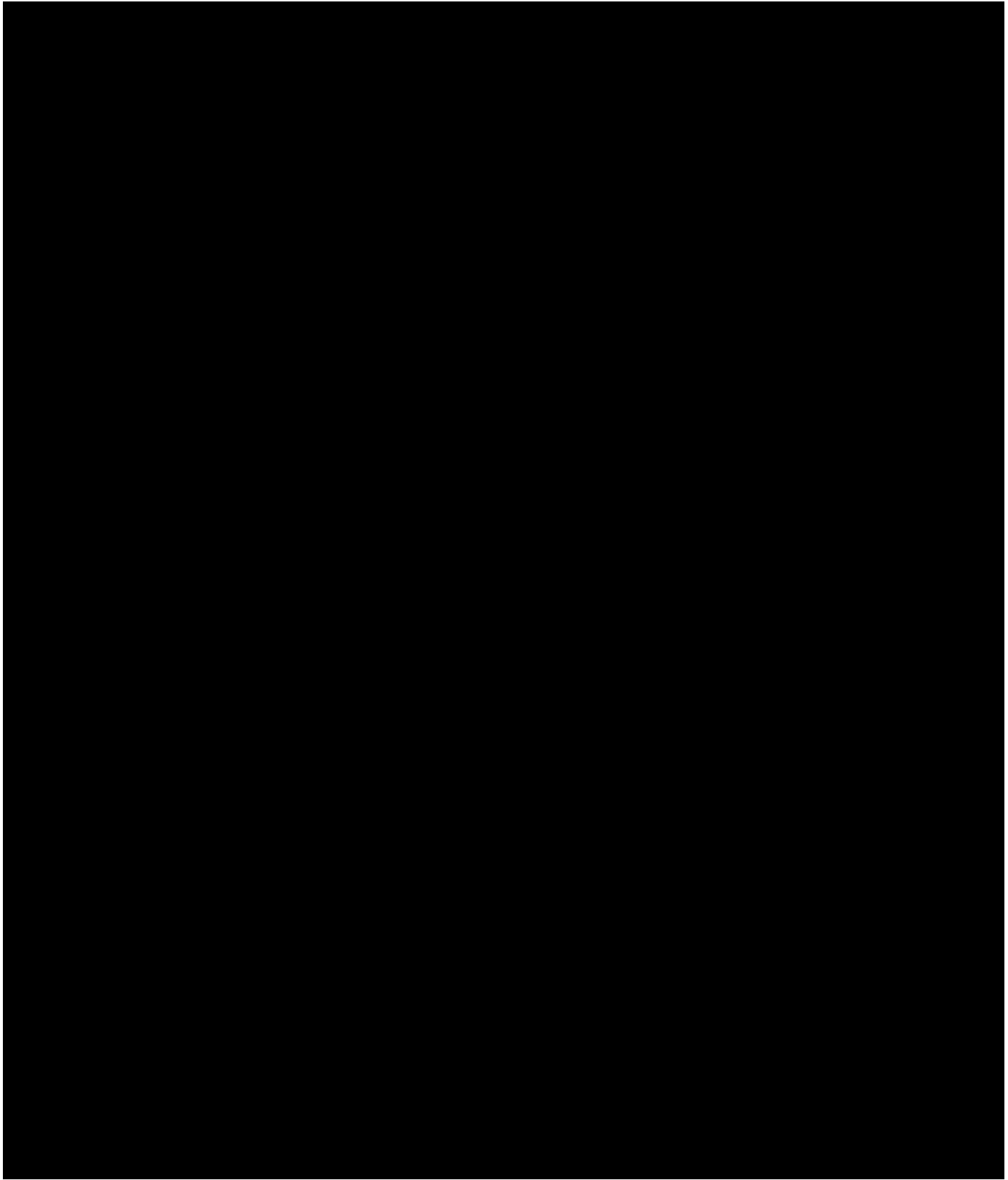


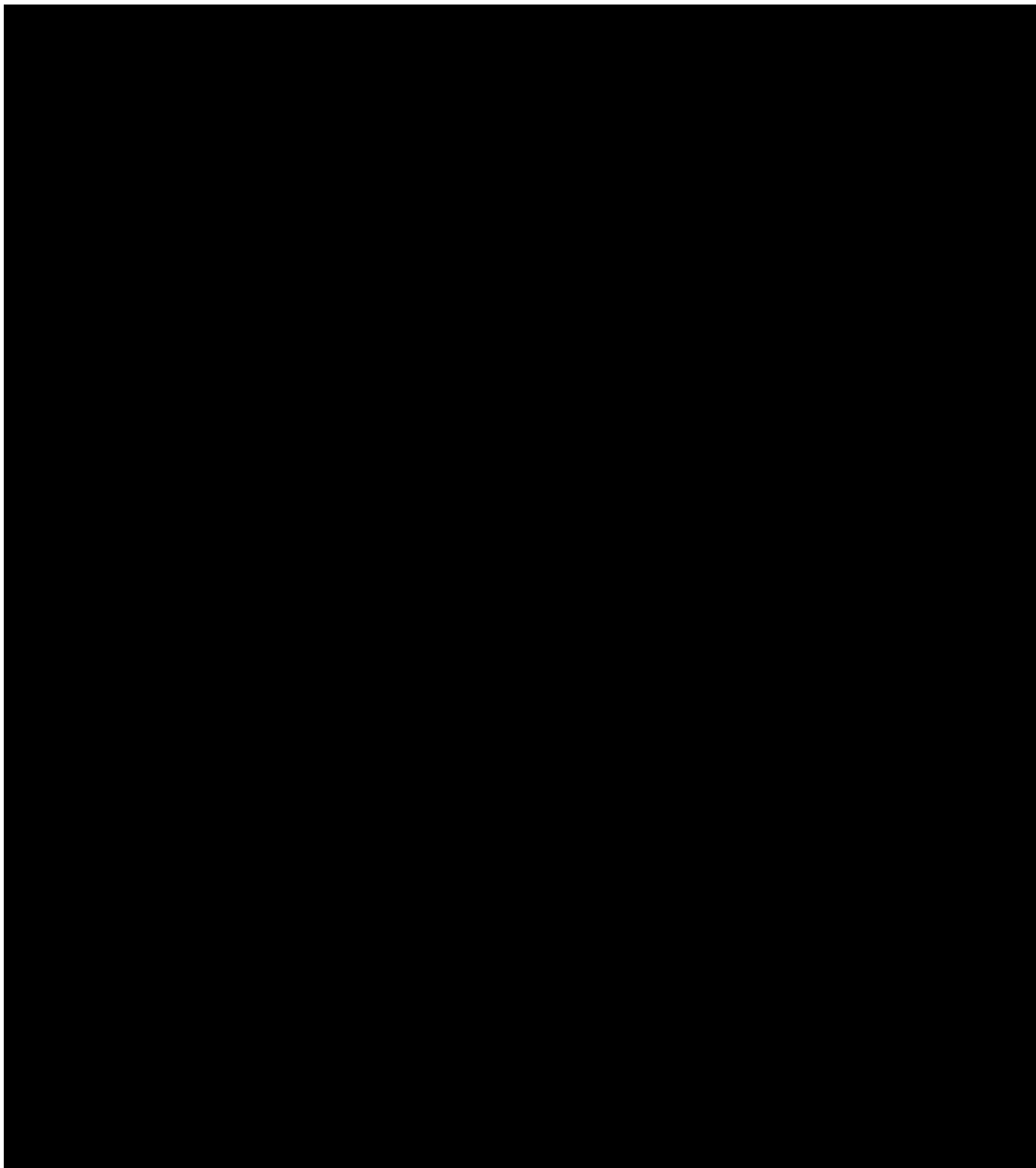
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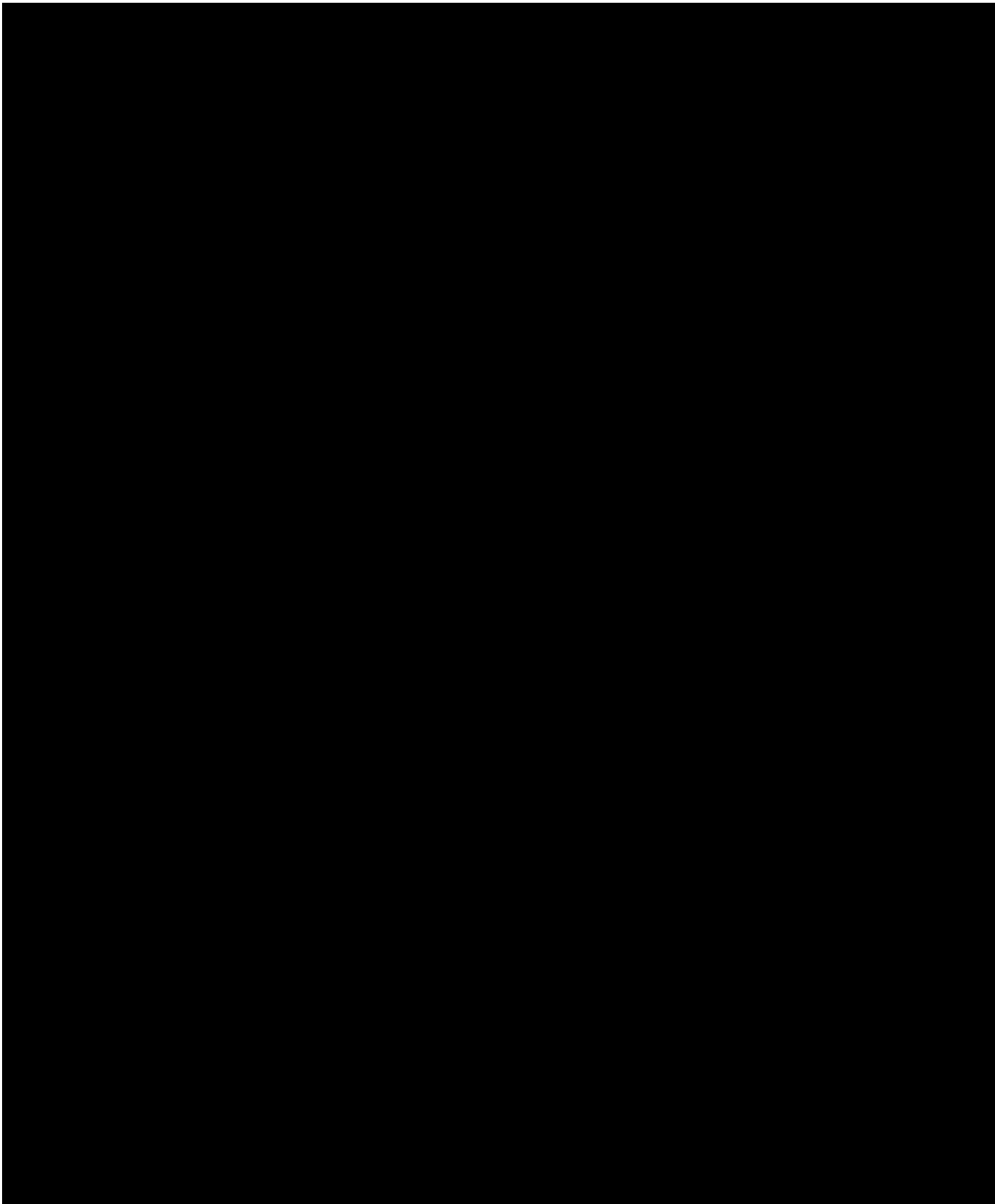


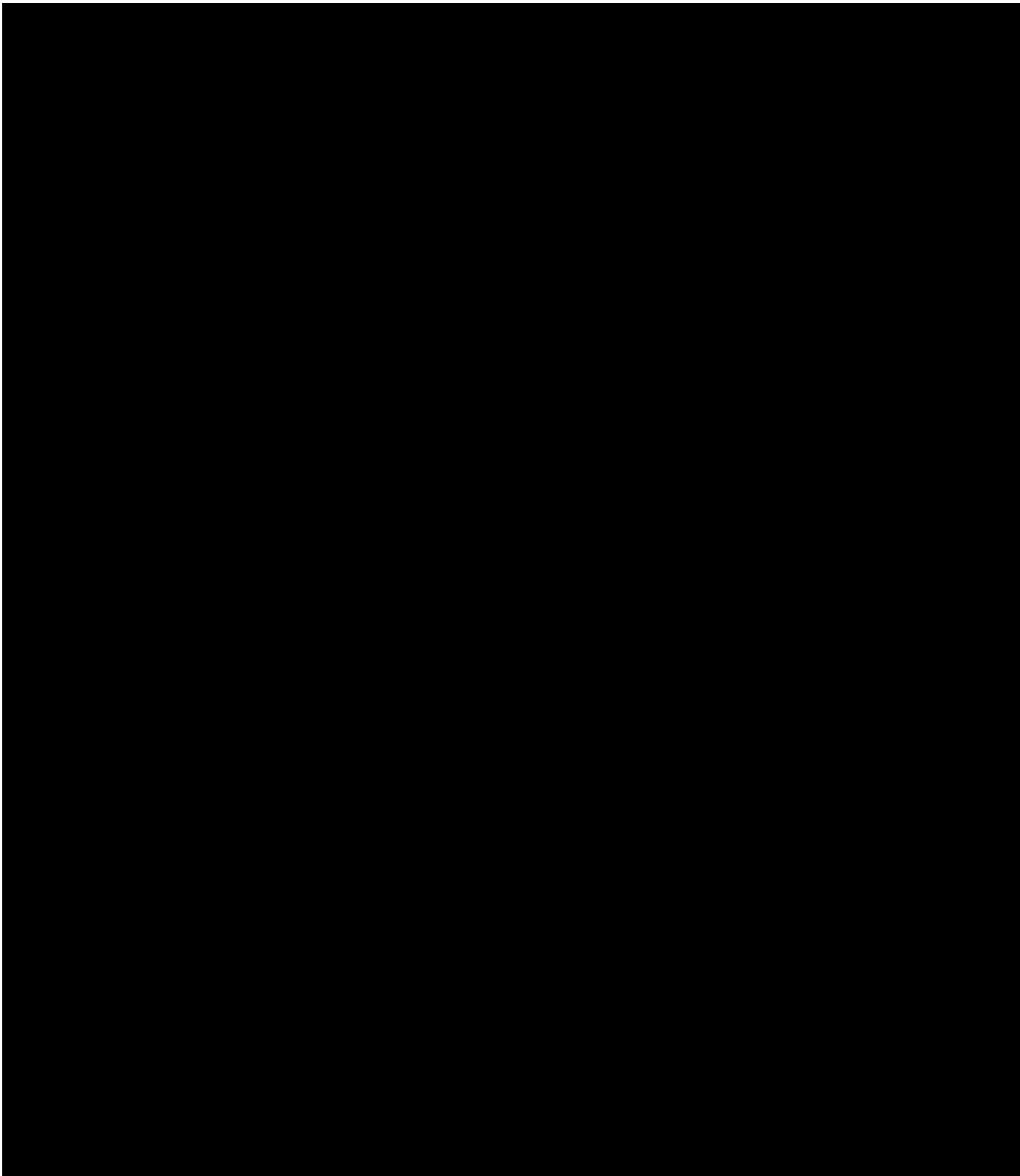




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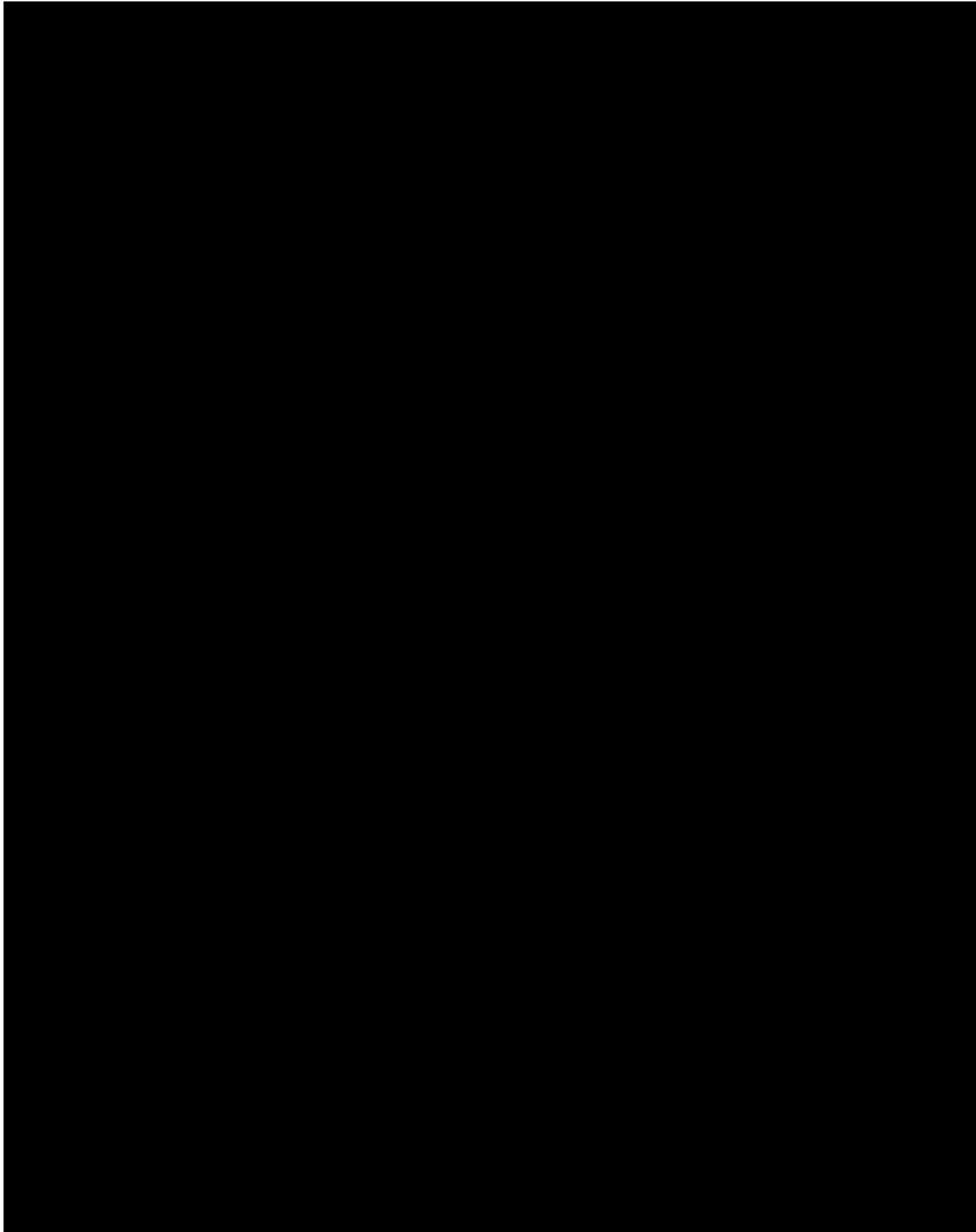
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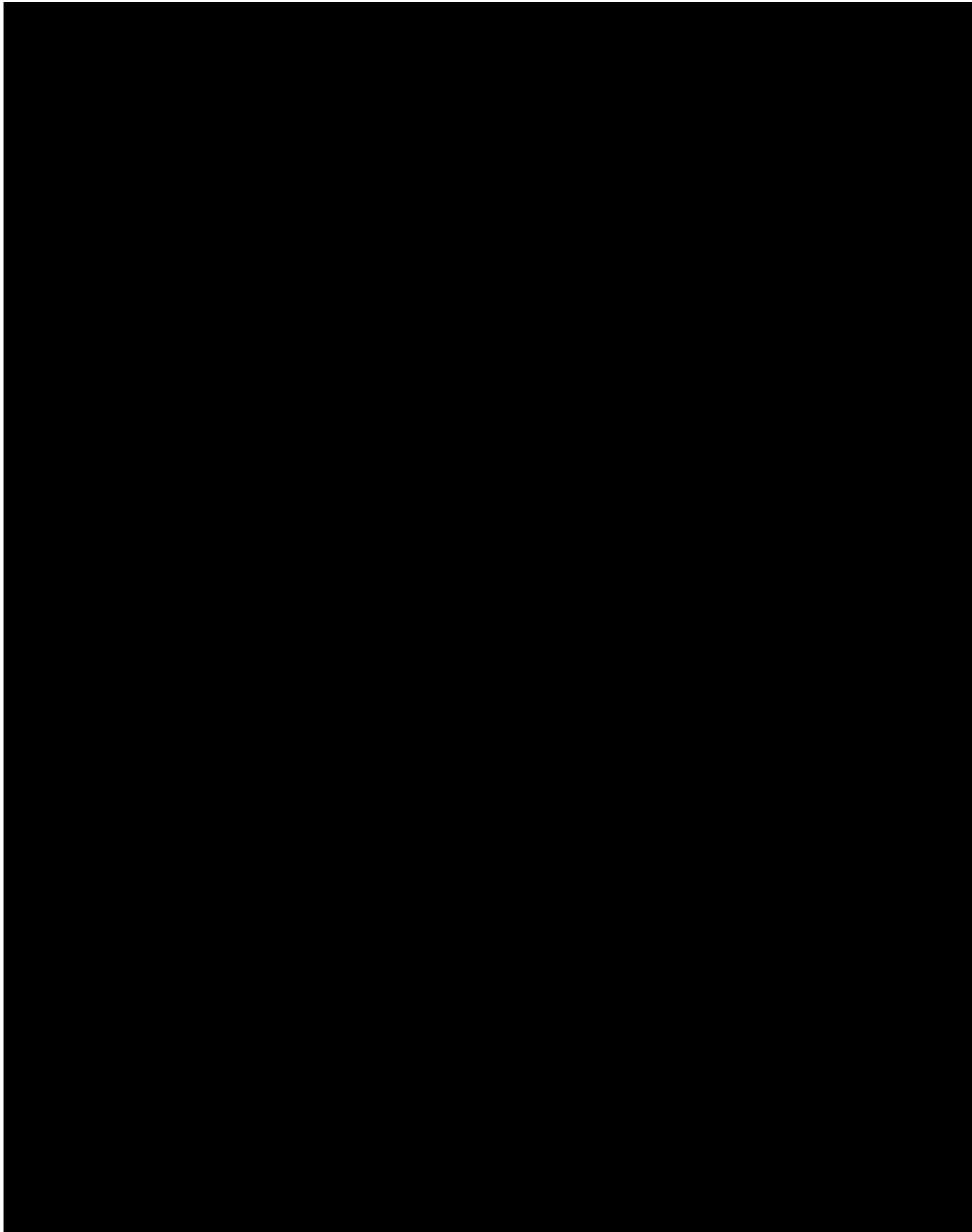


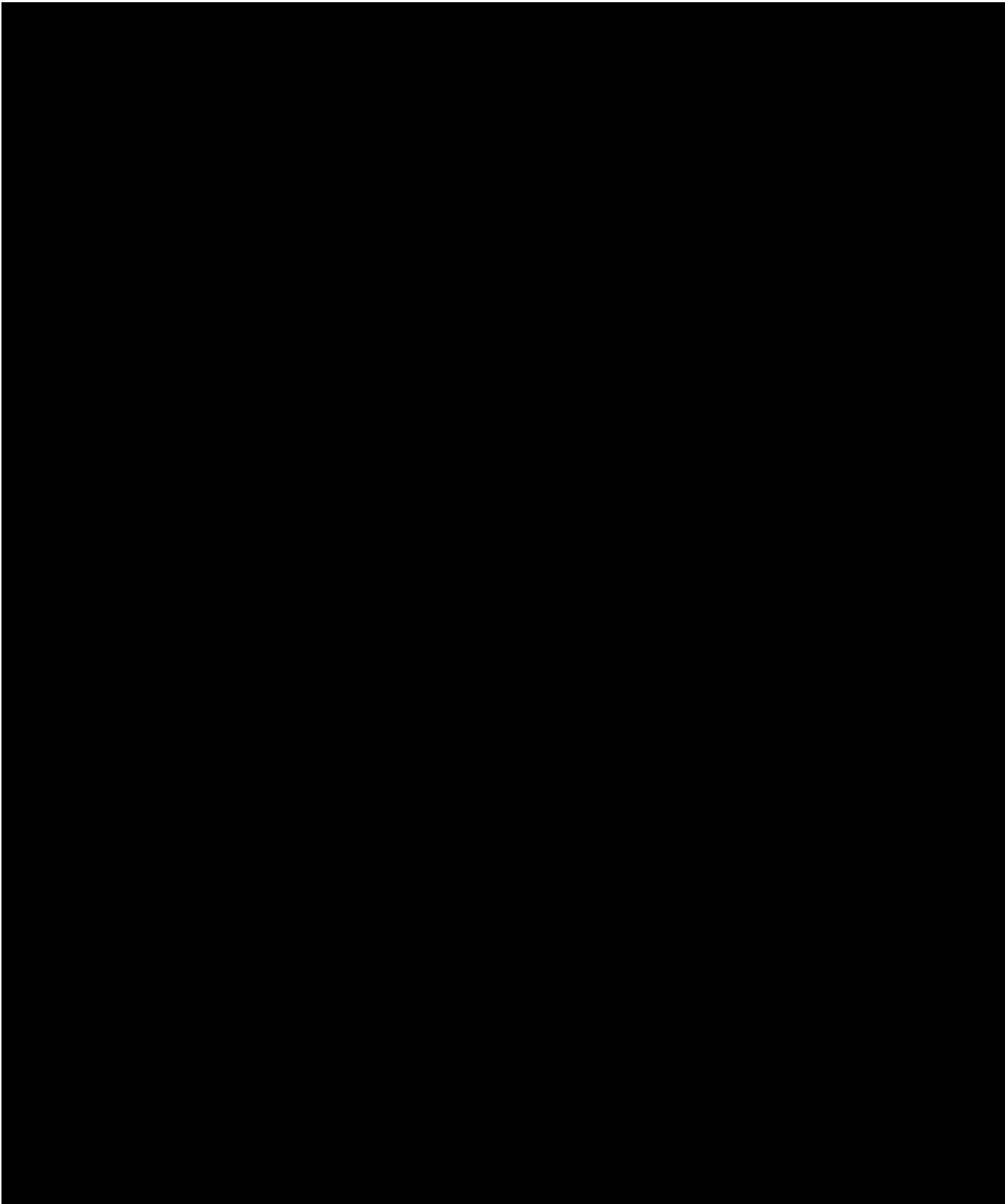


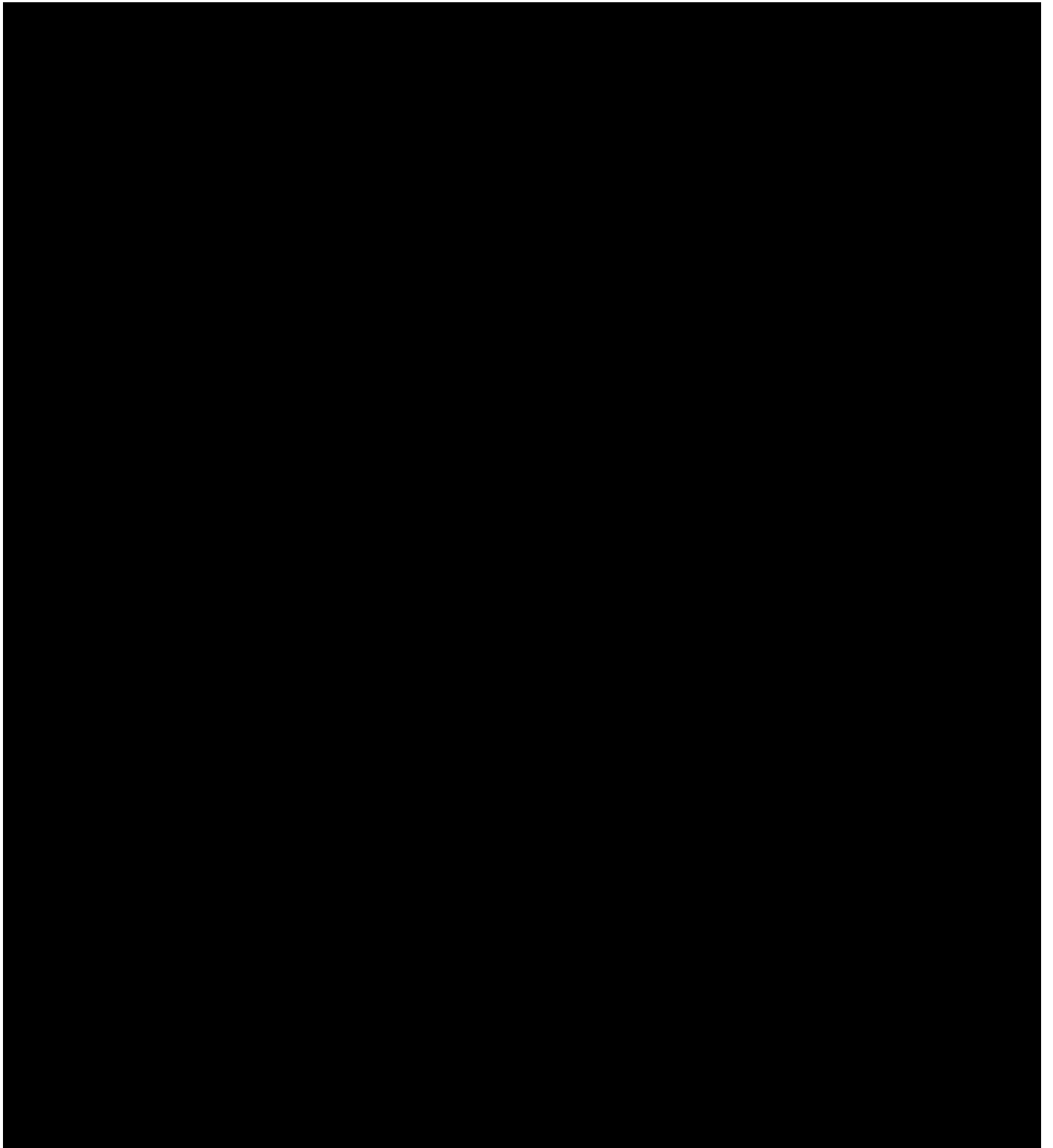
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[Redacted]

Re: International advisory - confidential

From: Eli Coleman <dreli[REDACTED]>
To: walterbouman <walterbouman[REDACTED]>
Cc: asa.radix[REDACTED], jgreen <jgreen[REDACTED]>, gail.knudson[REDACTED], Jon Arcelus [REDACTED], marcib[REDACTED], Vin Tangpricha [REDACTED]
[REDACTED]

Date: Sat, 21 Aug 2021 14:43:07 -0400

Besides, my belief that this is the right thing to do, I would be concerned what commitments have made to our international advisory committee.

Eli

On Sat, Aug 21, 2021 at 1:29 PM Walter Bouman <walterbouman[REDACTED]> wrote:
Dear Eli,

Thanks for your thoughts. What was agreed in the past, may be obsolete in the present. We will discuss this in the Board and get back to you; and i will check what Rachel Levine's point of view is on these issues, when I meet with her next week.
The sooner the SOC8 is published, the better, as it will potentially significantly improve the lives of millions of trans people and their families globally.

Best,

Walter

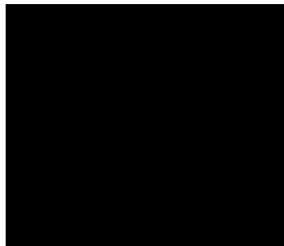
Dr Walter Pierre Bouman MD MA MSc UKCPreg PhD

Consultant in Trans Health/Hon. Professor School of Medicine, University of Nottingham, United Kingdom

President World Professional Association for Transgender Health (WPATH)

Editor-in-Chief International Journal of Transgender Health(IF = 5.333)

Nottingham National Centre for Transgender Health



On 21 Aug 2021, at 15:47, Eli Coleman <drelid@██████████> wrote:

We had agreed long ago that we would send to the International advisory committee and for legal review.

Eli

On Sat, Aug 21, 2021 at 2:18 AM Walter Bouman <walterbouman@██████████> wrote:
Okay, lets discuss this in more dept at some point as to which organization to ask to review the SOC8 and with which aim; how this fits in the current timeline; what to do if an organization objects to certain sections/Delphi statements of the SOC8.

The SOC8 are clinical guidelines, based on clinical consensus and the latest evidence based medicine; i dont recall the Endocrine Guidelines going through legal reviews before publication, or indeed the current SOC?

With warm wishes and stay safe,

Walter

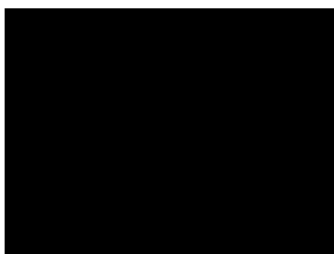
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On 20 Aug 2021, at 23:03, Asa Radix <asa.radix@██████████> wrote:

You are correct Eli. He had a lot of work going on and I don't see an ethical issue

On Fri, Aug 20, 2021, 5:39 PM Eli Coleman <drelid@██████████> wrote:

First of all, I only recall that ██████████ removed himself because he was not able to keep up with the demands - so I don't know what the ethical issue is.

Second, I don't know that you can simply select a board member of GATE to be the representative. It seems that ██████████ would be the one to decide who would review for GATE.

And, it is clearly important for GATE to review.

Eli

On Fri, Aug 20, 2021 at 4:30 PM Jamison Green <jgreen@██████████> wrote:

I agree with Asa. GATE must be included, even if it's not ██████████. Isn't ██████████ affiliated with GATE now, too? And we did ask ██████████ (thank you, Asa, for reminding me of his last name!), too, early on, so I would like to have him take a look from this perspective, apart from his role on the Global chapter, if at all possible.

And a US legal (broad) review will be necessary because sometimes a human rights approach conflicts with the civil rights available to trans people and providers in the US. We should at least be aware of any conflicts in that area, even if the SOC content doesn't change to accommodate it, because we will have to argue it in court at some point. We should know what those potentially problematic items are before we publish.

Thanks,
Jamison

On Fri, Aug 20, 2021 at 11:30 AM Asa Radix <asa.radix@██████████> wrote:

We need to include GATE. We could ask that ██████████ be the representative.

Asa

On Fri, Aug 20, 2021, 2:08 PM Walter Bouman <walterbouman@██████████> wrote:

Dear All,

I seriously think that ██████████'s position is compromised as he stepped out of the SOC8 member group, and I seriously struggle - from an ethical position - to see how he can offer a neutral point of view towards WPATH's SOC8.

My thoughts are to ask for a legal (broad) review regarding basic human rights (within reason; so you have to think this through who you ask, otherwise the SOC8 will never see the light of day); and if there is a specific appetite for an US based approach, we can look into this too.....

and then have a global open, on-line consultation period for a few weeks
- very similar to the ICD-11 process - and then - assuming there are no
very contentious issues emerging - move to publish.

Interested to hear your thoughts.

With warm wishes,

Walter

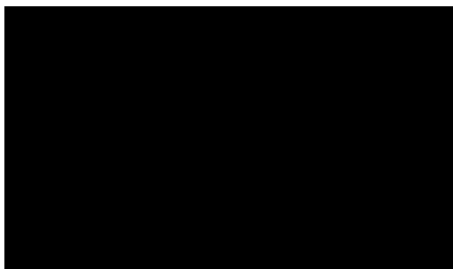
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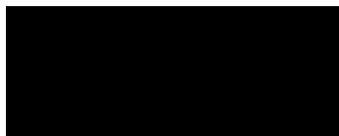
Editor-in-Chief *International Journal of Transgender Health* (Impact
Factor 2020 = 5.333)

Nottingham National Centre for Transgender Health



On 2021-08-20 03:26, G Knudson wrote:

Hi Eli,



Gail

On Fri, Aug 20, 2021 at 5:38 AM Eli Coleman <drelia@redacted>
wrote:

Who is on the international advisory to review the statements in
advance of the public period of comment on the SOC?

Thanks!

Eli

--



Eli Coleman, PhD.

Academic Chair in Sexual Health

Professor and Director

The Institute for Sexual and Gender Health

University of Minnesota Medical School

Family Medicine and Community Health

sexualhealth.umn.edu

--



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Fwd: FW: Letter to WPATH re SoC8 Methods

From: Eli Coleman <dreli[REDACTED]>
To: asa.radix[REDACTED], Jon Arcelus <jon.arcelus[REDACTED]>
Date: Wed, 13 Oct 2021 09:10:29 -0400
Attachments: Wilson 2015.pdf (237.32 kB)

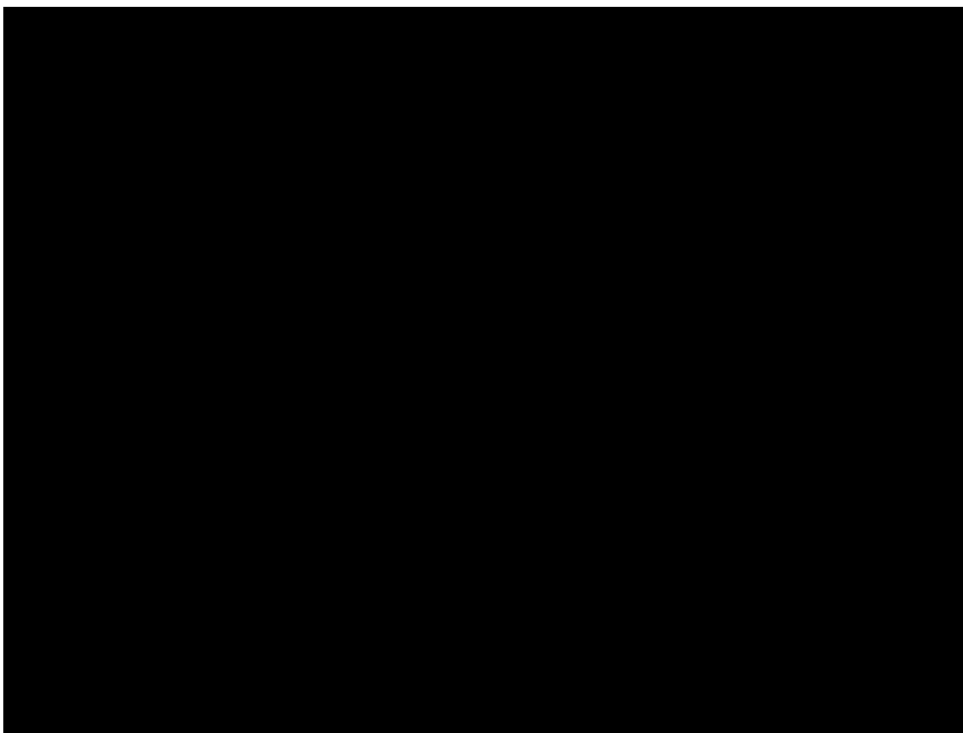
For discussion Friday.

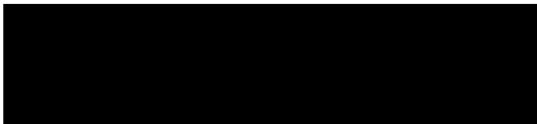
----- Forwarded message -----
From: [REDACTED]
Date: Wed, Oct 13, 2021 at 7:30 AM
Subject: FW: Letter to WPATH re SoC8 Methods
[REDACTED]

Hi

Maybe I had the wrong email for you? I would be very grateful for a response to our email below

Very many thanks





From: [Redacted]
Sent: 30 September 2021 16:56
[Redacted]
Subject: FW: Letter to WPATH re SoC8 Methods

Dear Professor Eli Coleman

I was one of the UK government's first LGBT health advisors. My academic profile is here [Redacted]. My expertise lies in systematic reviewing, especially regarding sexual and gender minority health topics and for guideline development. I lead a team of researchers who are committed to helping people live their best lives using highest quality & evidence-based healthcare advice.

We published this paper examining all international guidelines in the entire field of transgender health. The work was presented at both the WPATH 2020 and Endosoc 2021 conferences. It has garnered nearly 5000 views & 1000 PDF downloads and no dispute of the findings. We believe the community, health-care practitioners and WPATH want, and need, the next Standards of Care to be better; high-quality, unassailable and deserving of respect by peers across medical disciplines and international bodies. We hoped to be able to report on Appraisal of Guidelines for Research and Evaluation (AGREE II) scores relevant to future guidelines in trans health as they are produced or reissued, and to be able to document improvements in quality. Thus, we await the forthcoming SoC8 with interest. We apologise for not writing sooner as we'd not seen the proposed methods until recently.

We commend WPATH for the explicit aspiration for SoC8 to become evidence-based. Transparent, pre-publication of the Methods is welcome albeit incomplete. We have made a detailed analysis which we are happy to share as previous problems around evidence-based processes and content seem to remain unaddressed. In it we concentrate on a number of key areas, as delineated by [Redacted] (attached) that include:

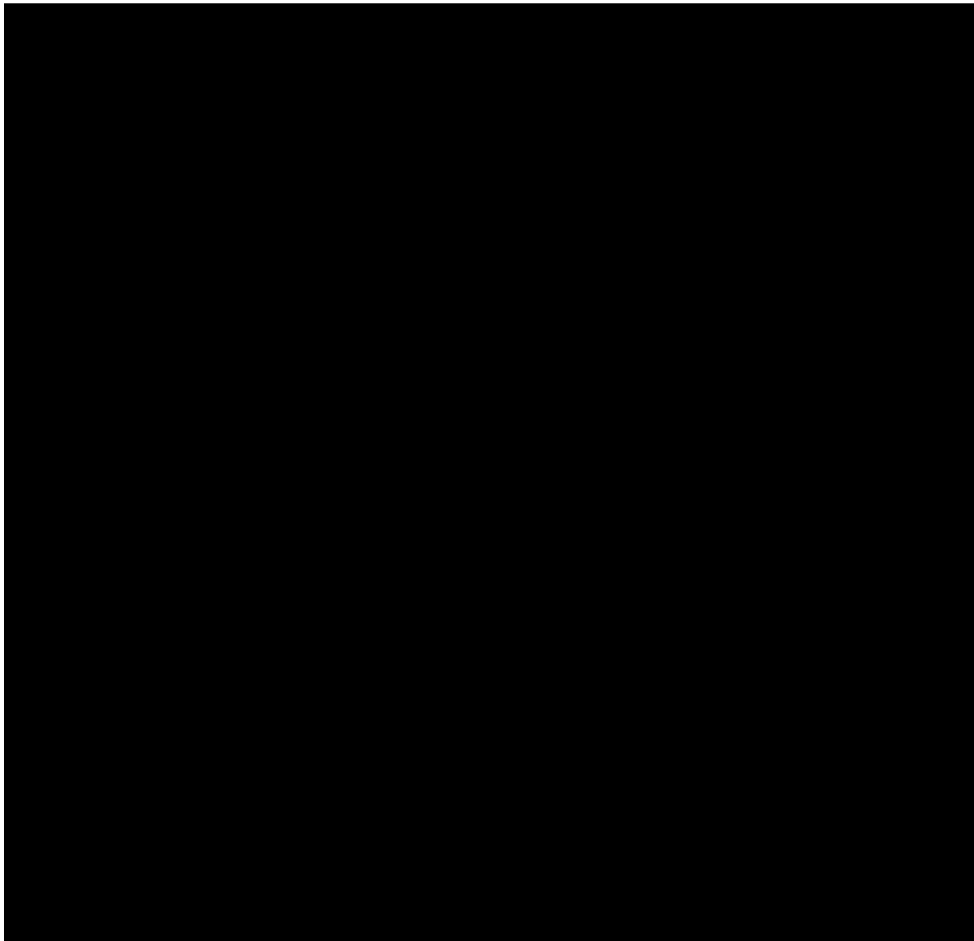
- Guideline panel

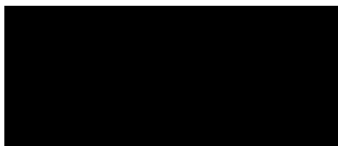
- Publicly available protocol
- How the committee gathered the evidence
- Recommendations and the supporting evidence
- External peer review

We would like to engage in dialogue, as there appear to be shortcomings in all the above areas, and weaknesses will leave WPATH SOC8 open to criticism. AGREE II would provide a good remedy. Also I attach a paper about how to make guidelines when the evidence is weak, which I hope might be useful.

Thank you in advance for acknowledging this communication and considering setting up a meeting.

Sincerely,





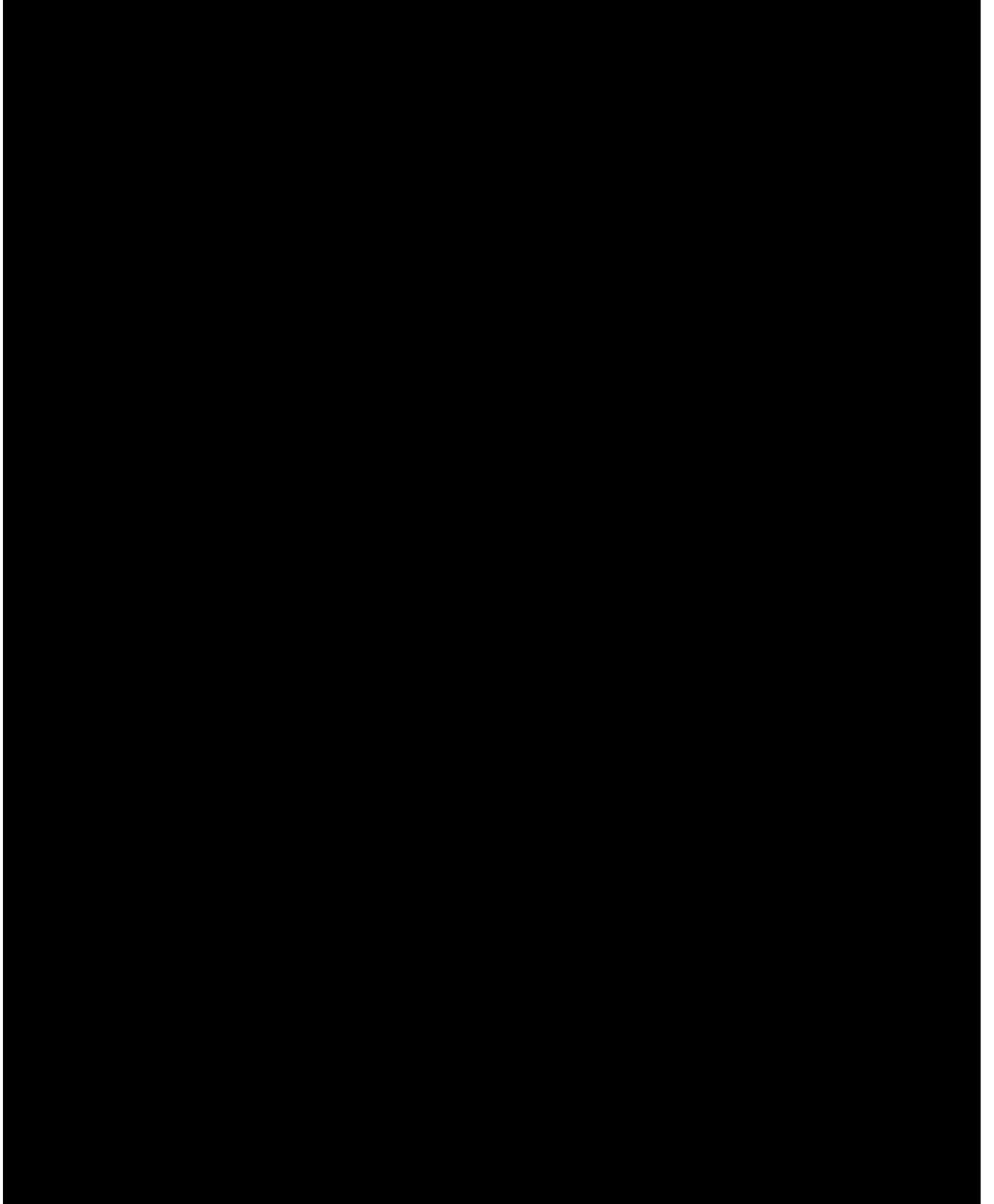
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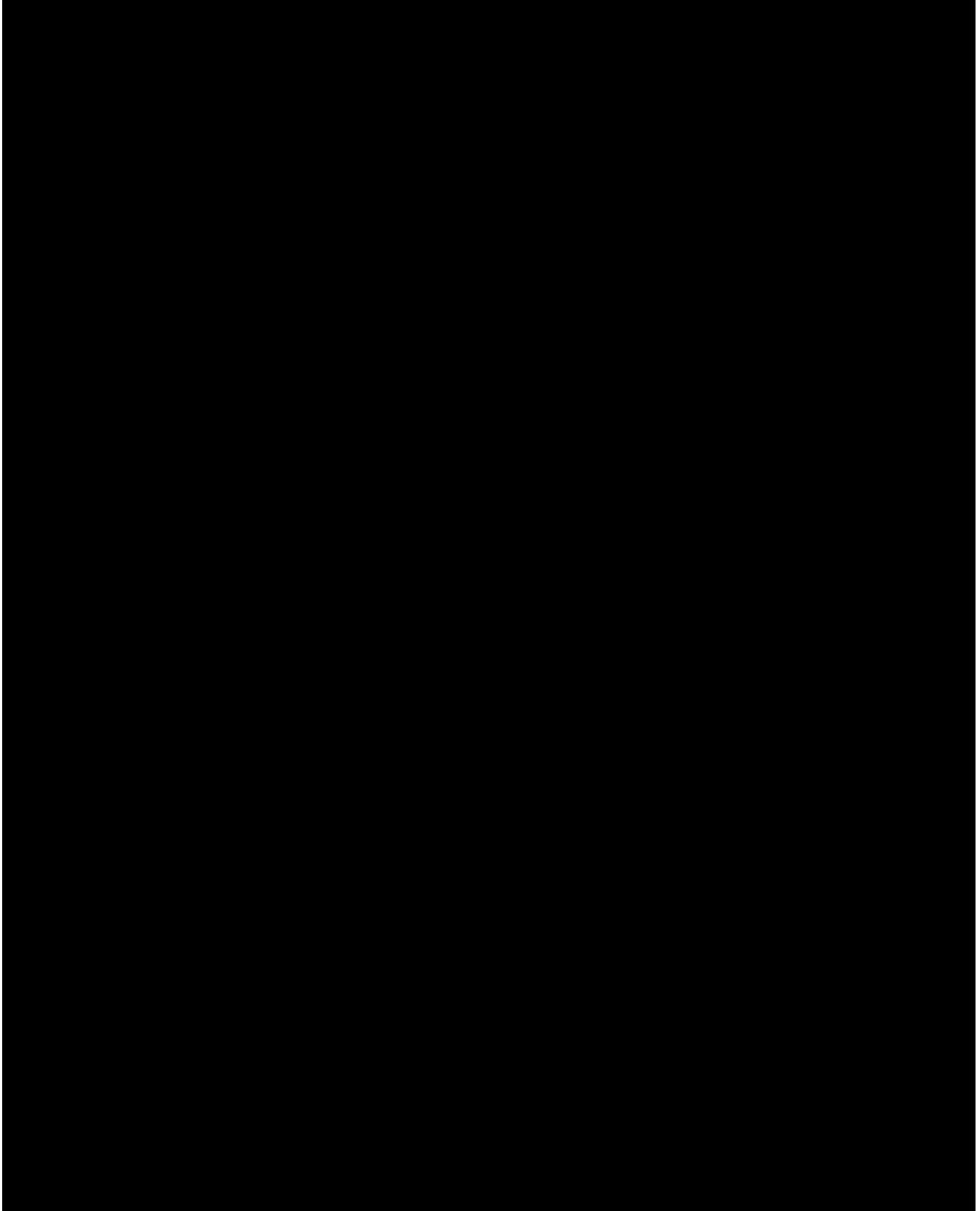


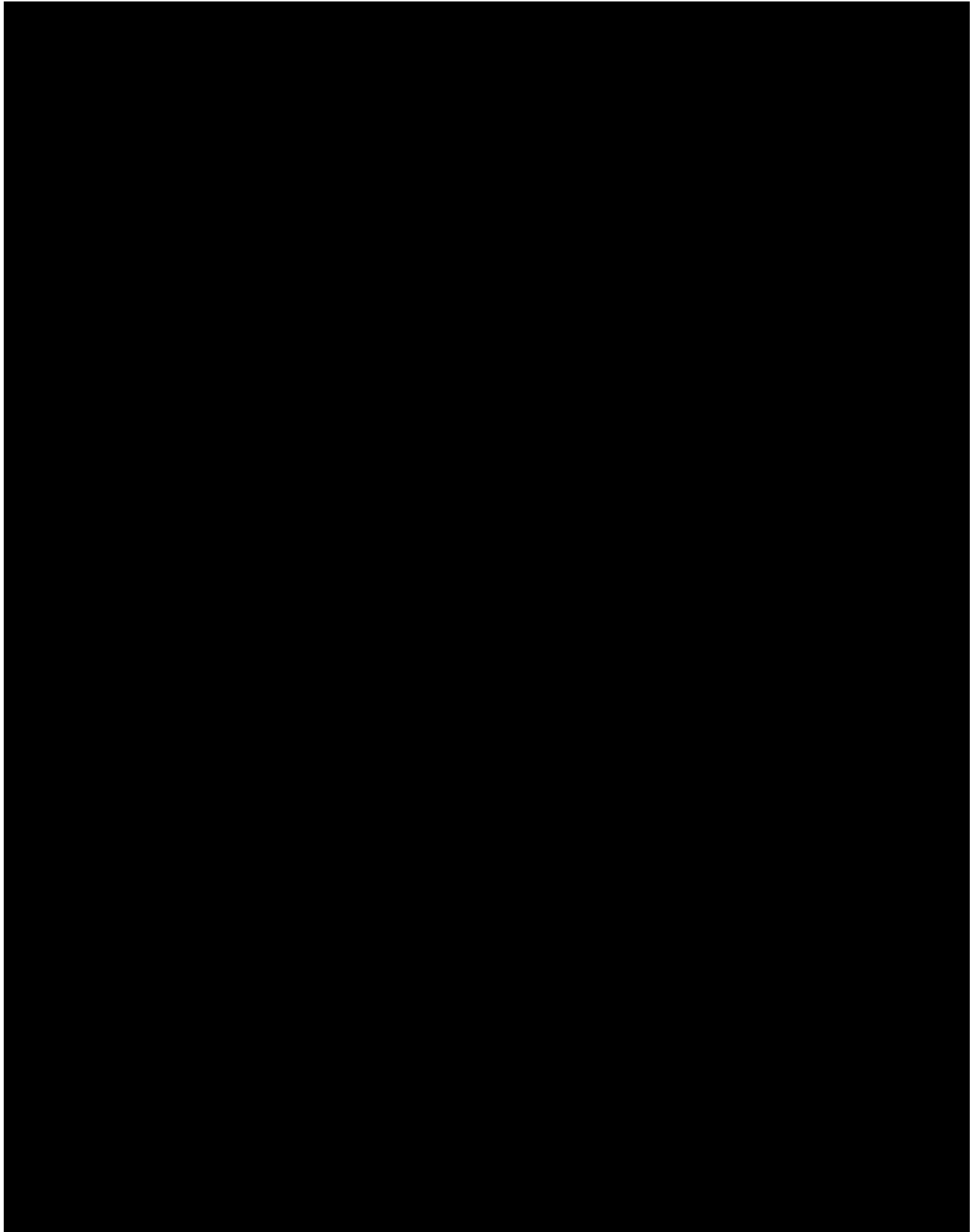
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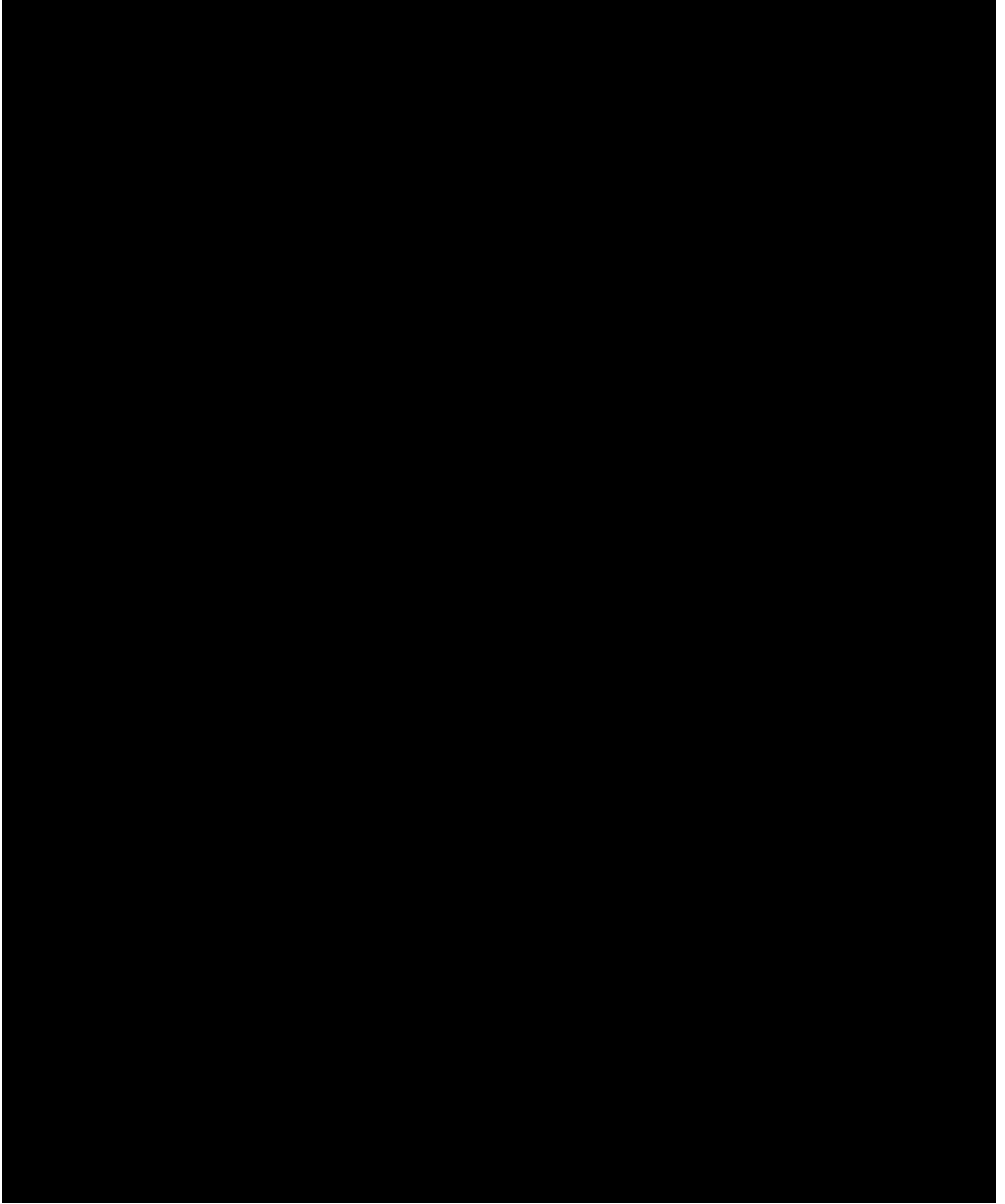


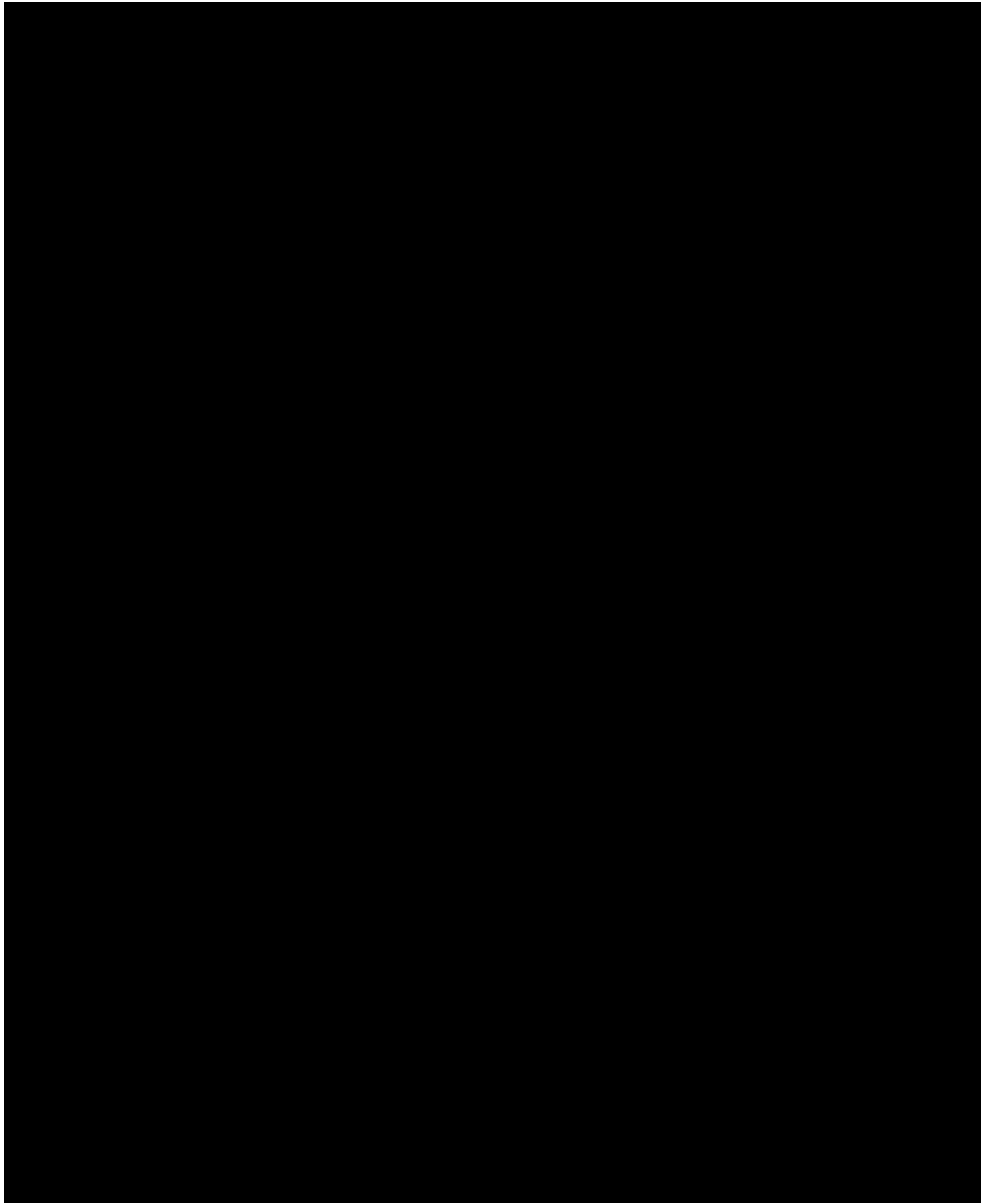
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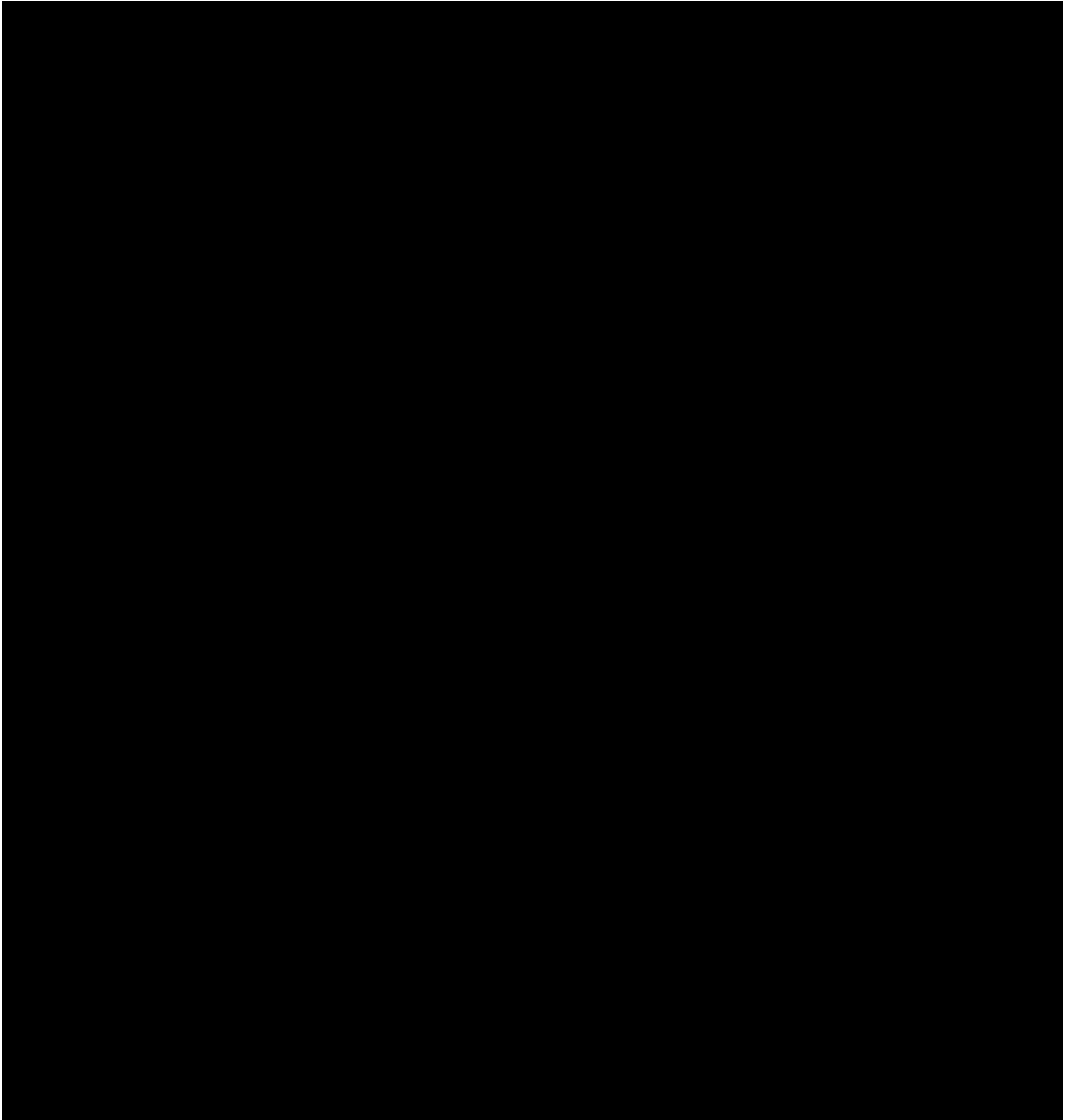


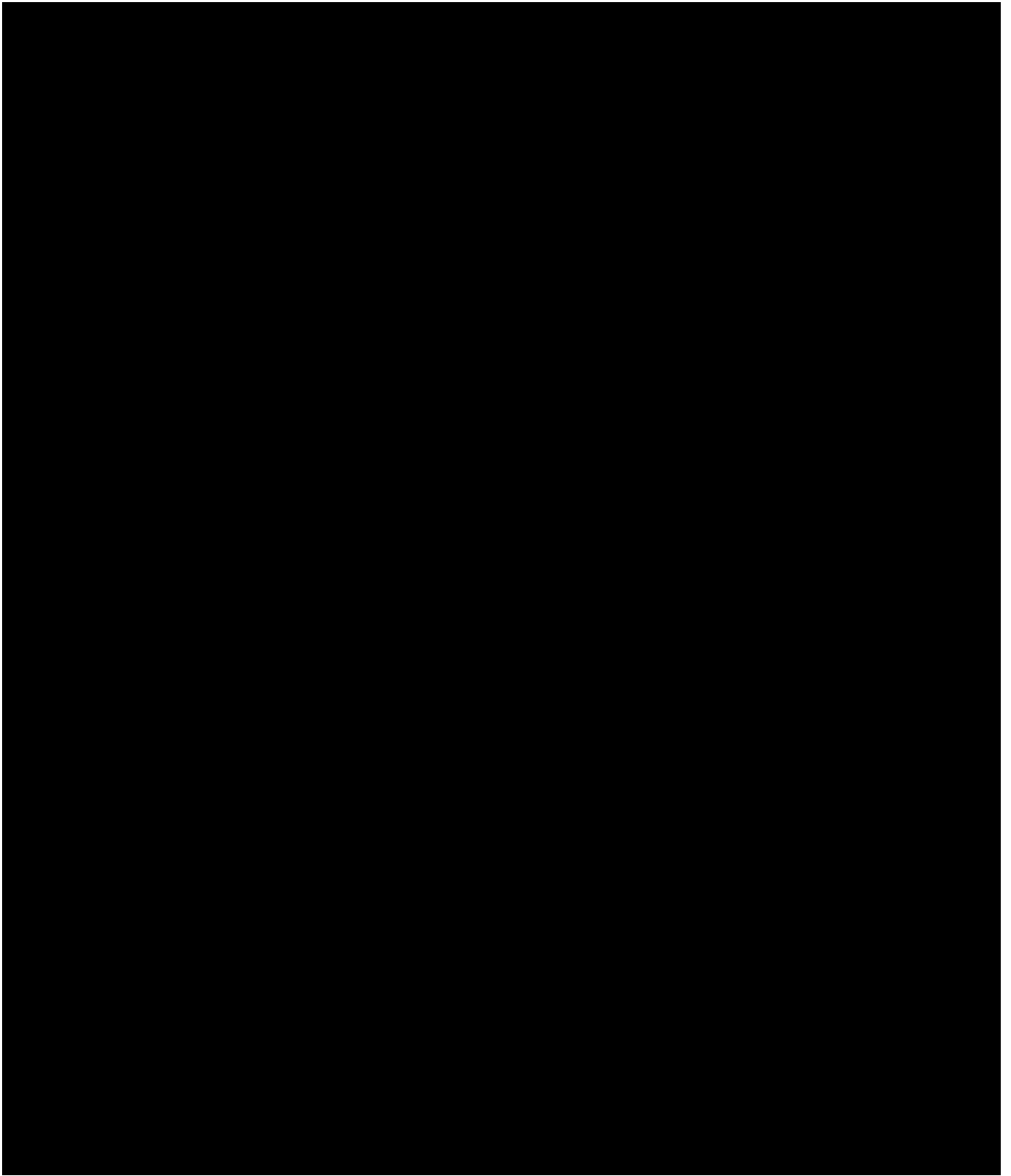


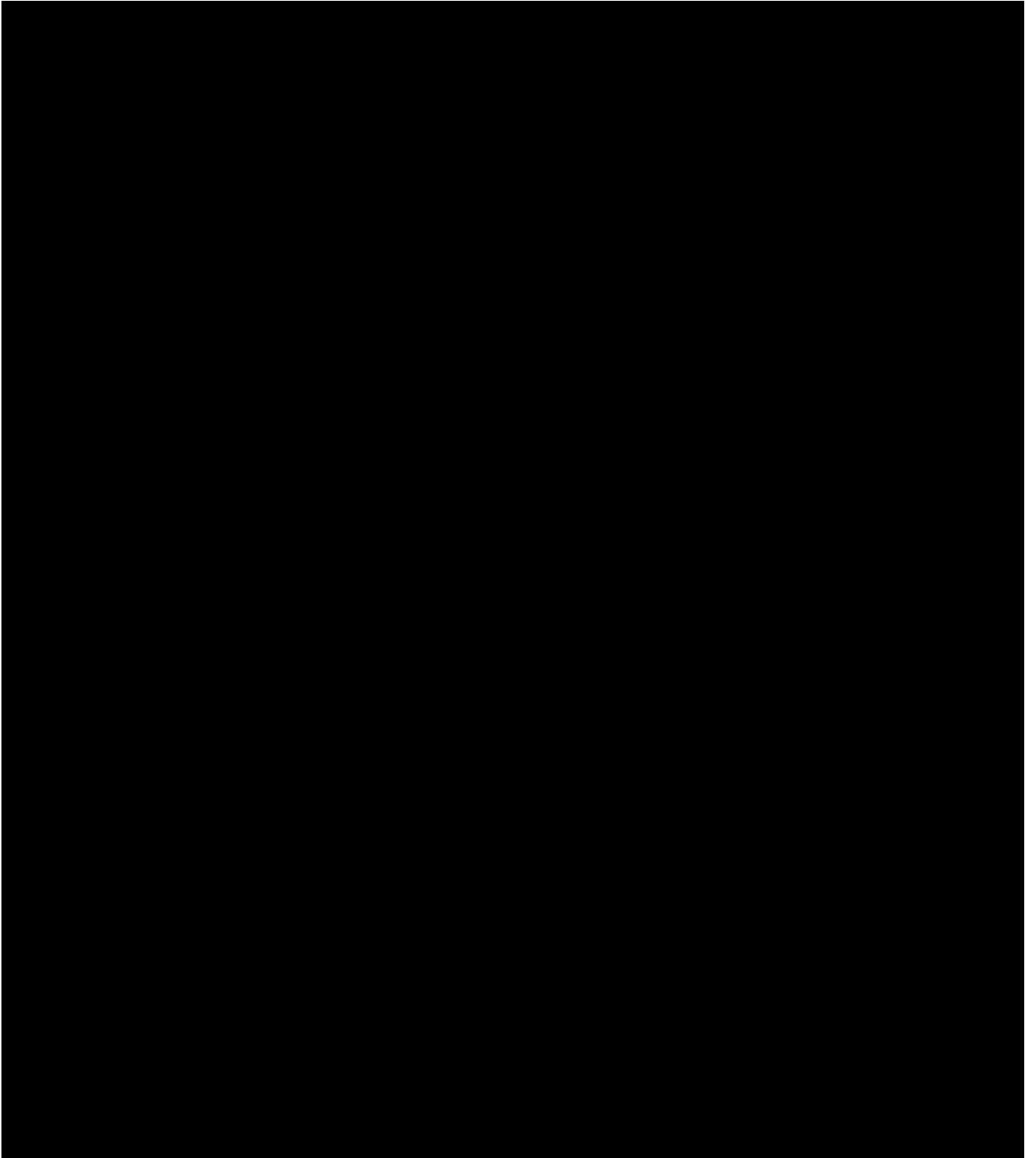


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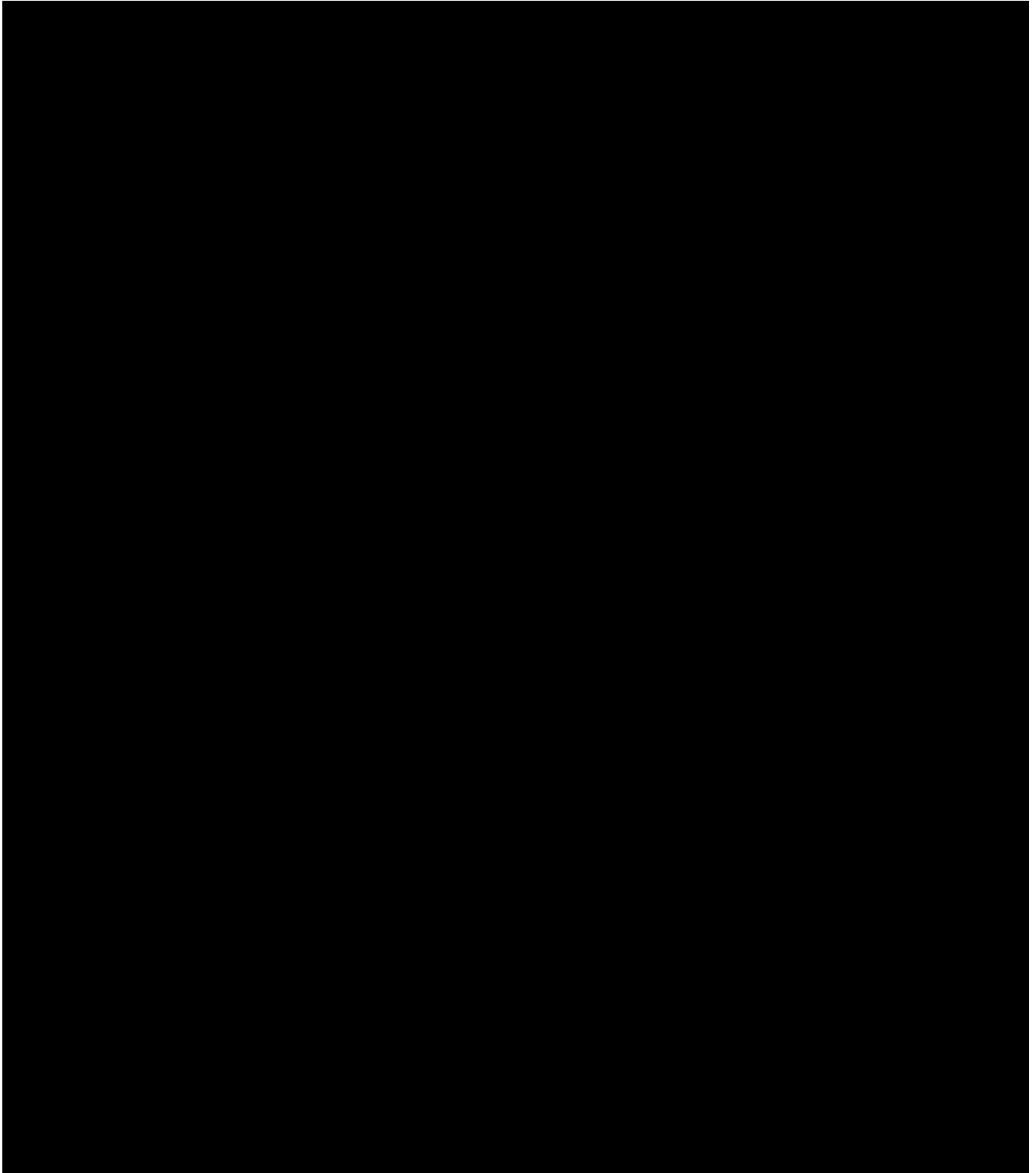






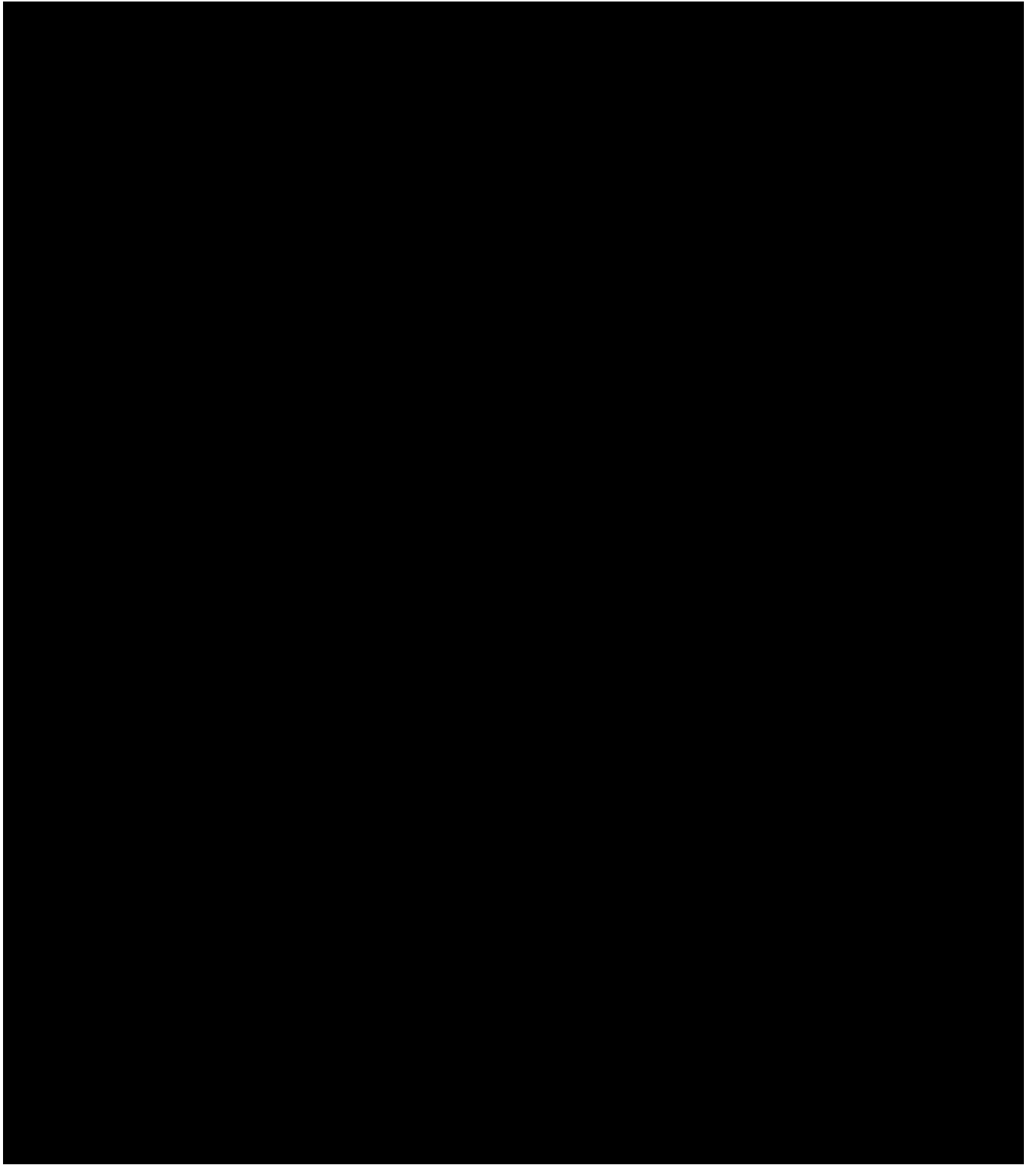
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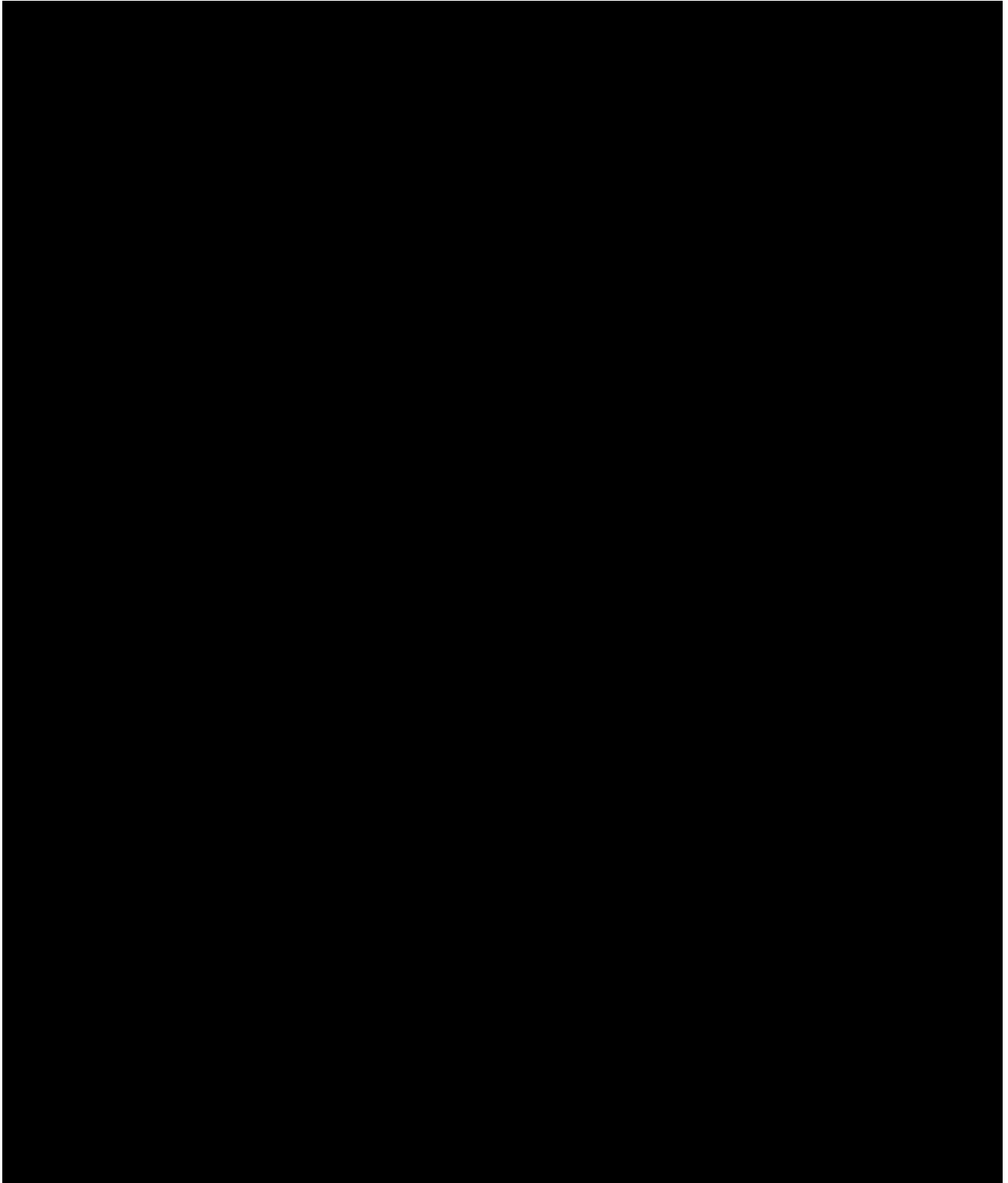
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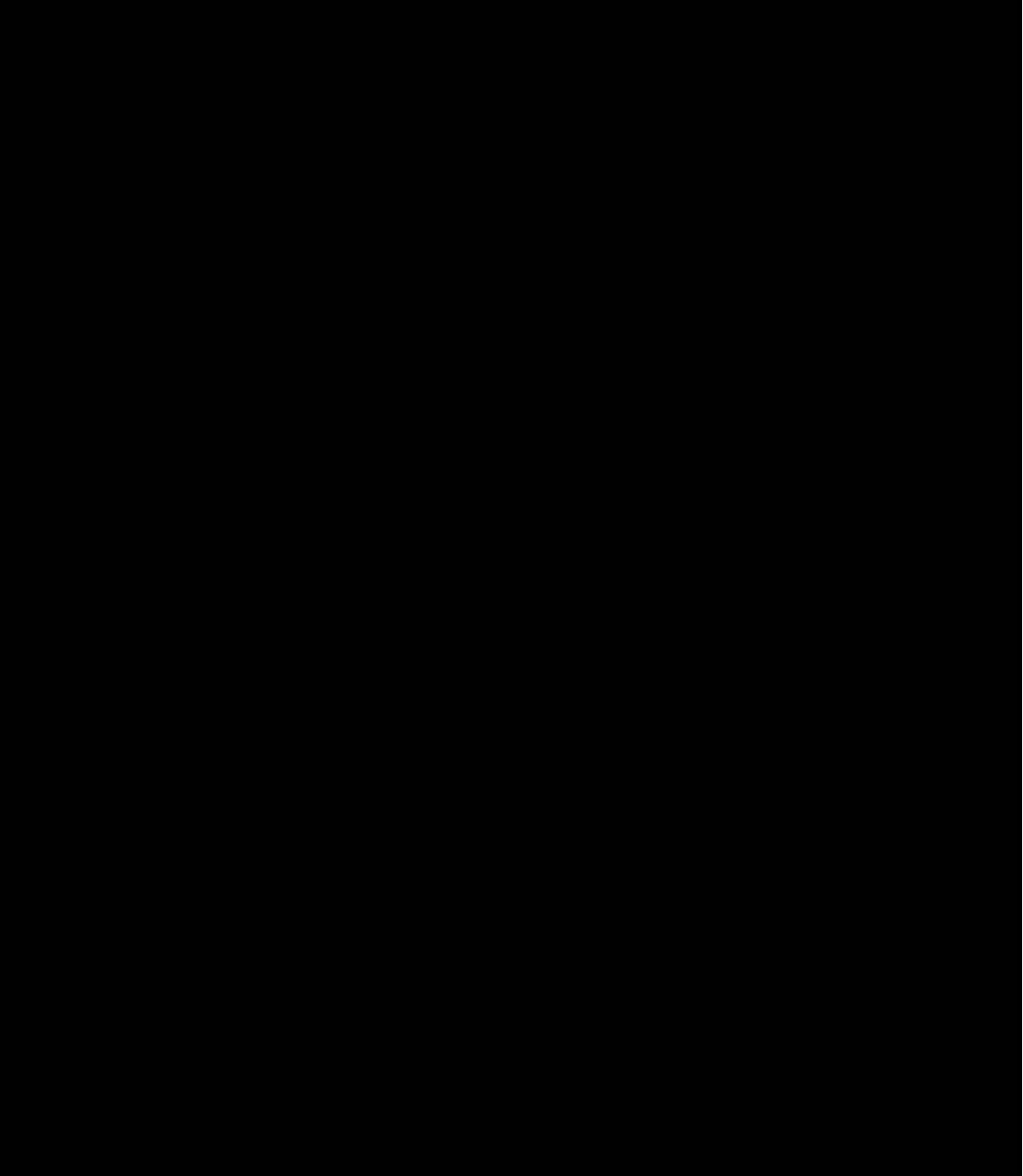
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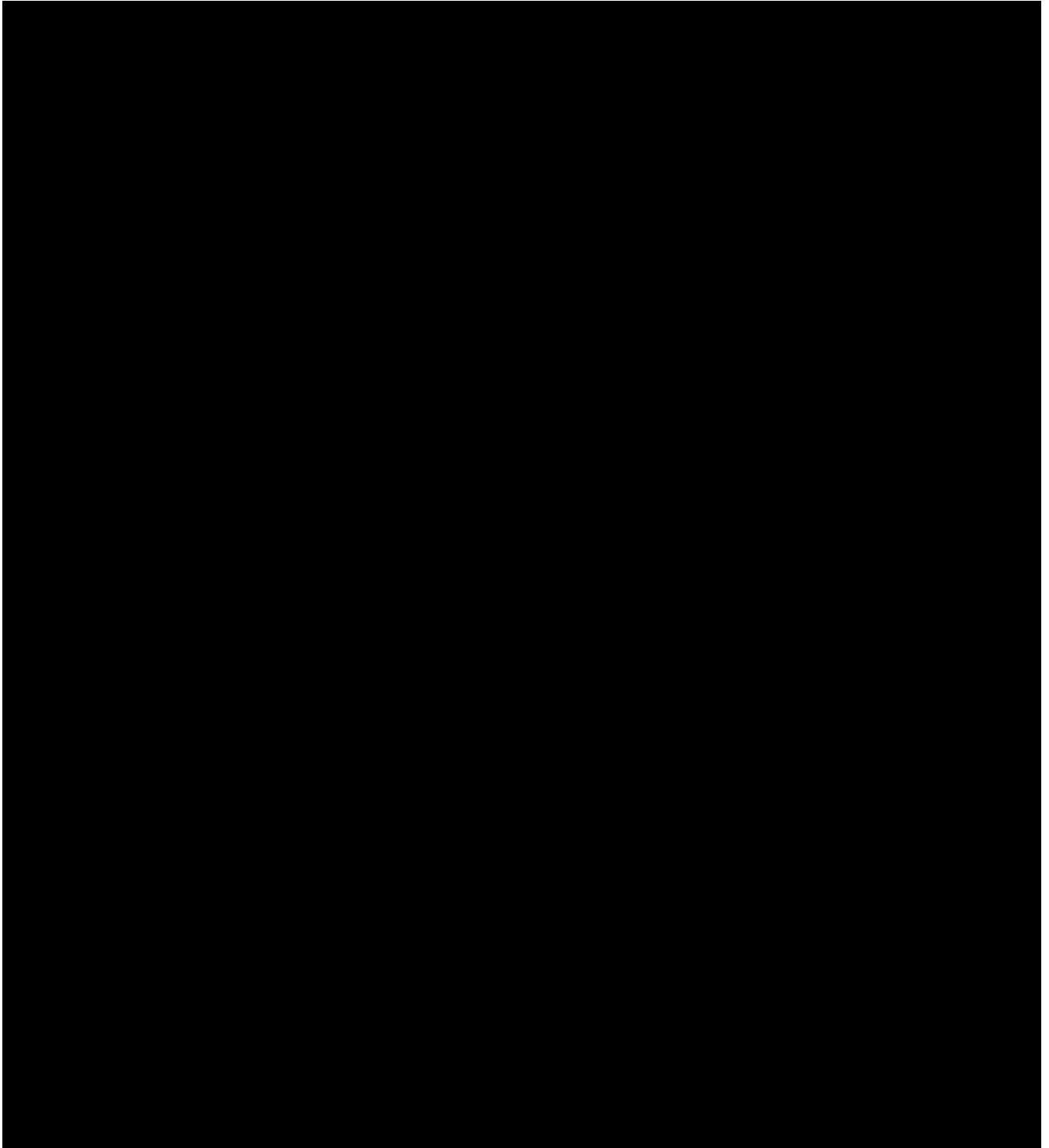
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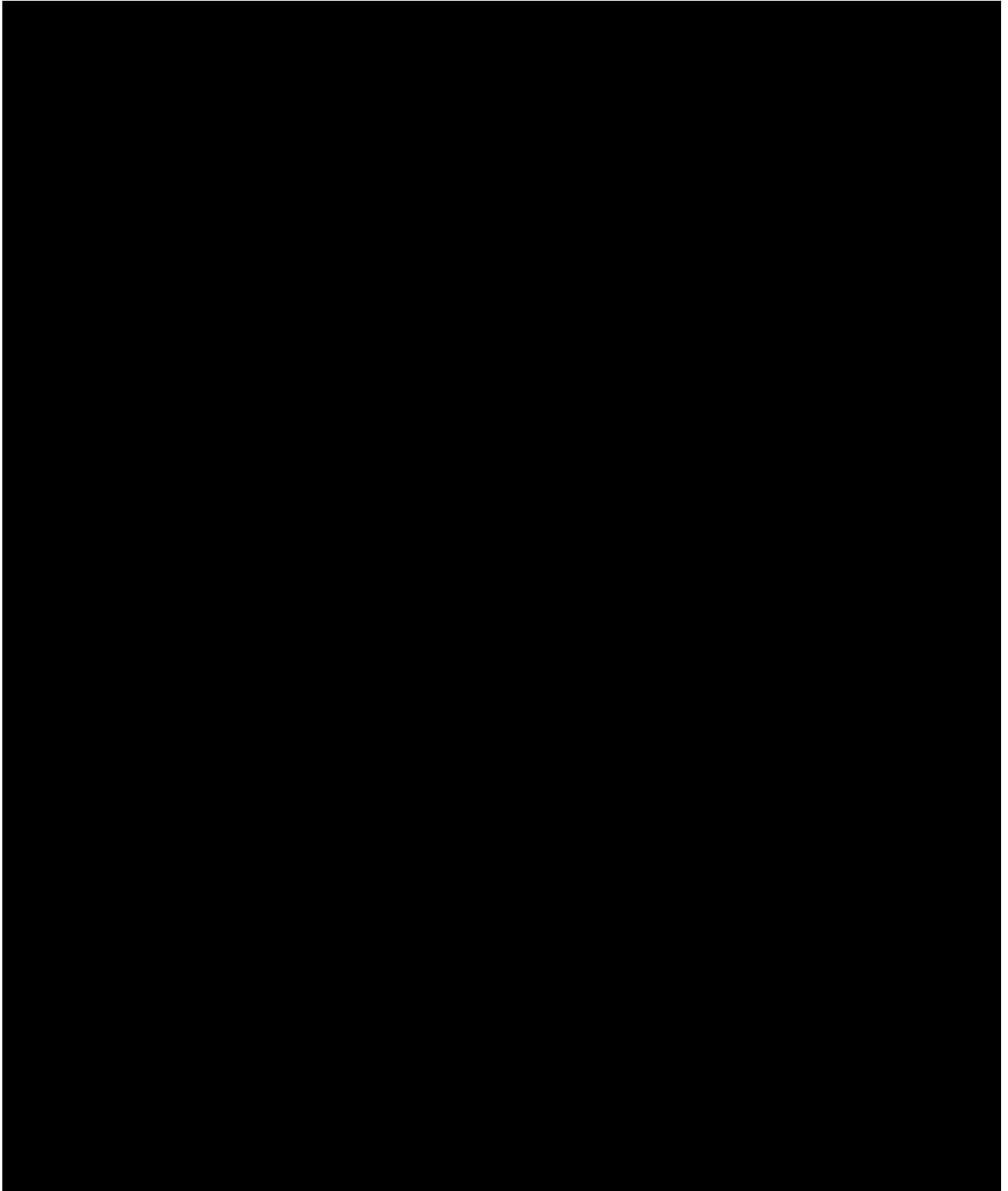
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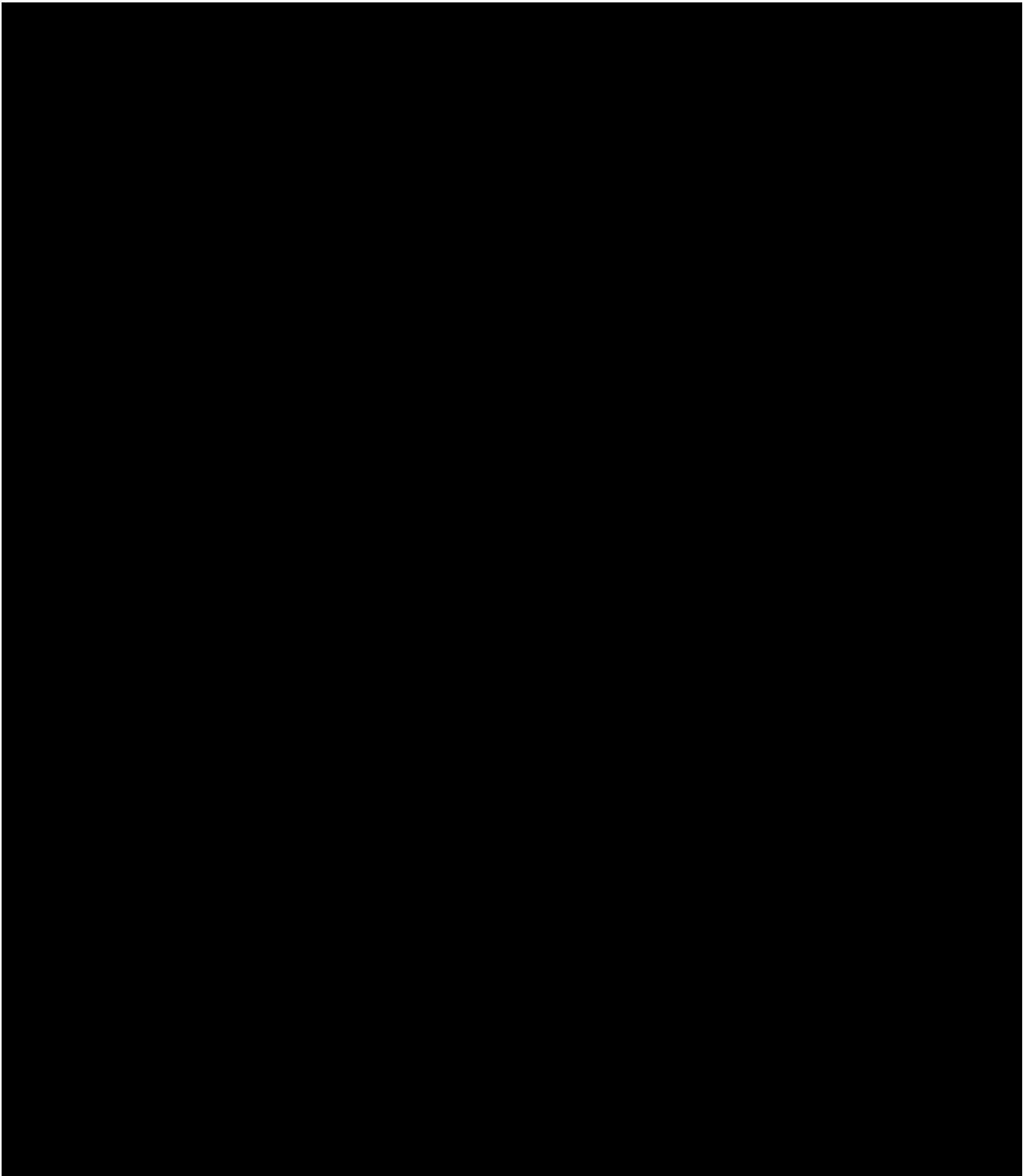
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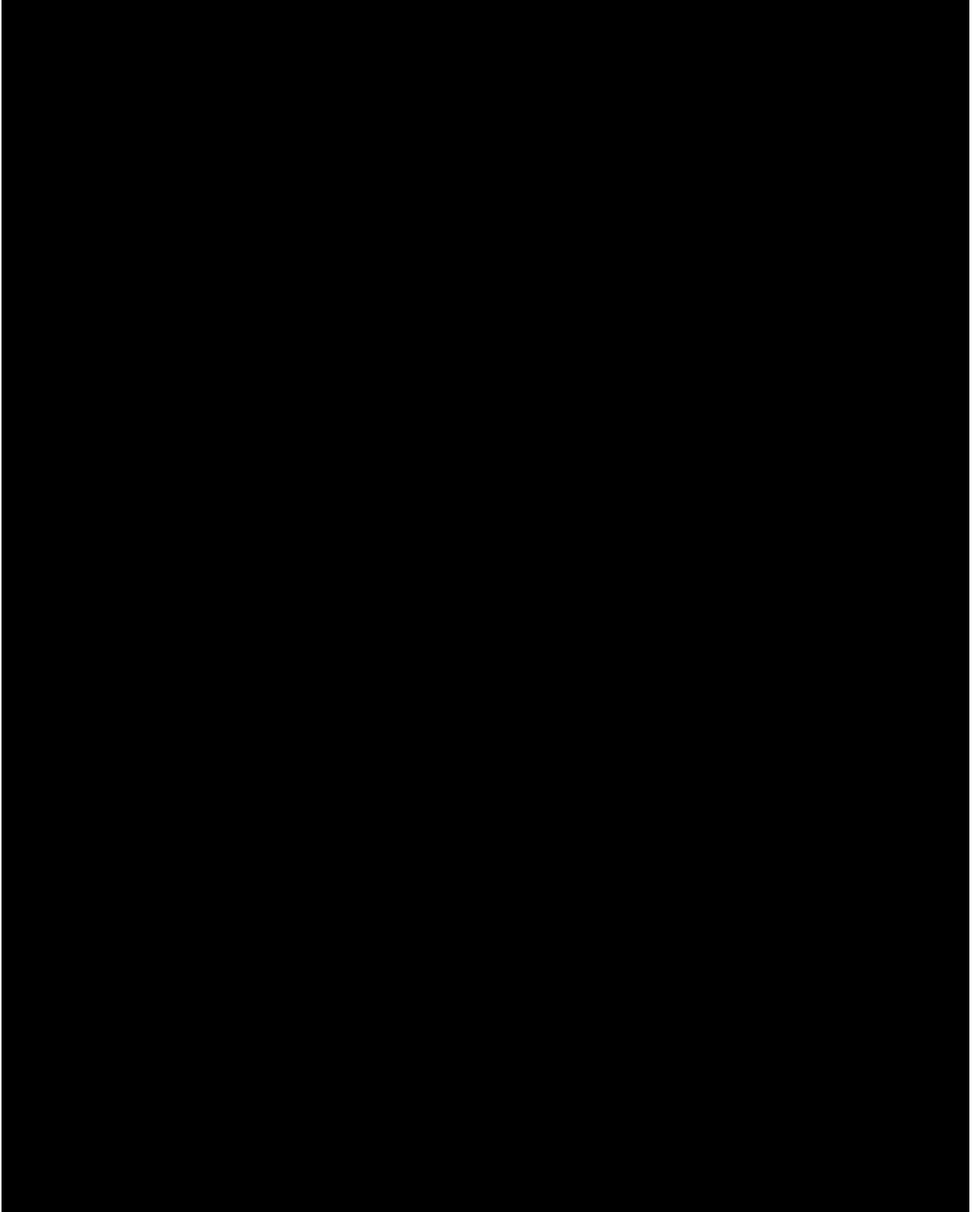
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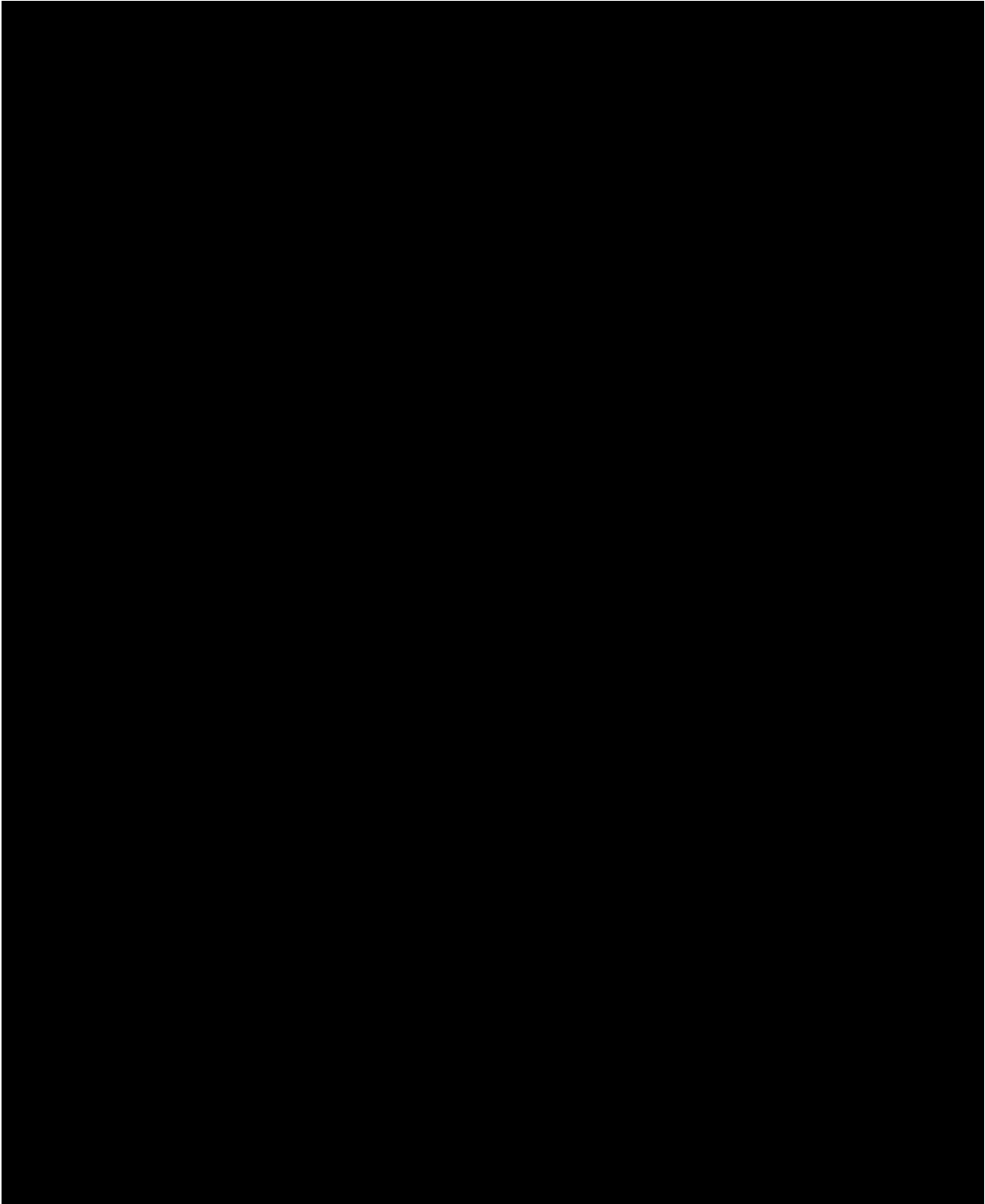




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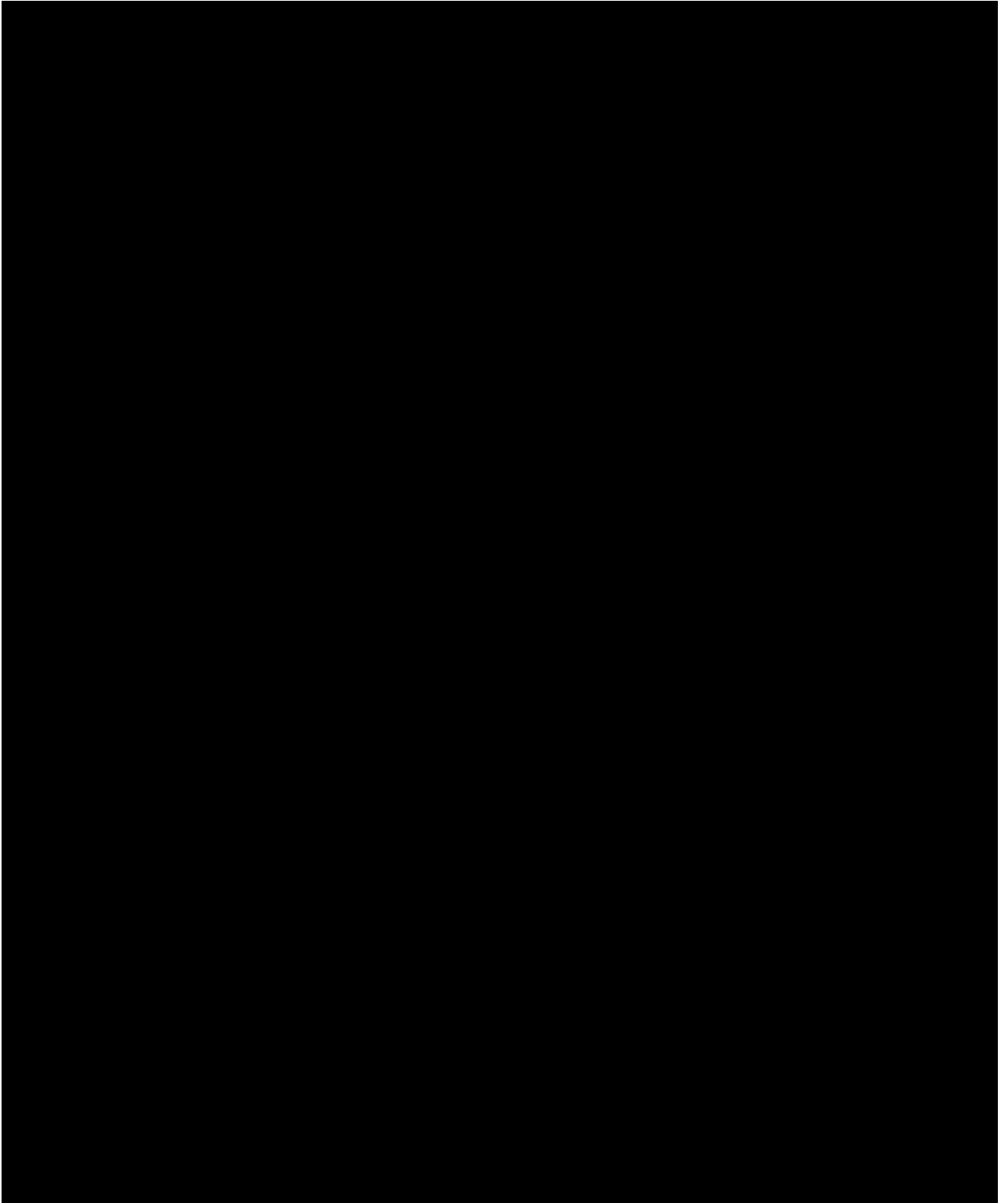
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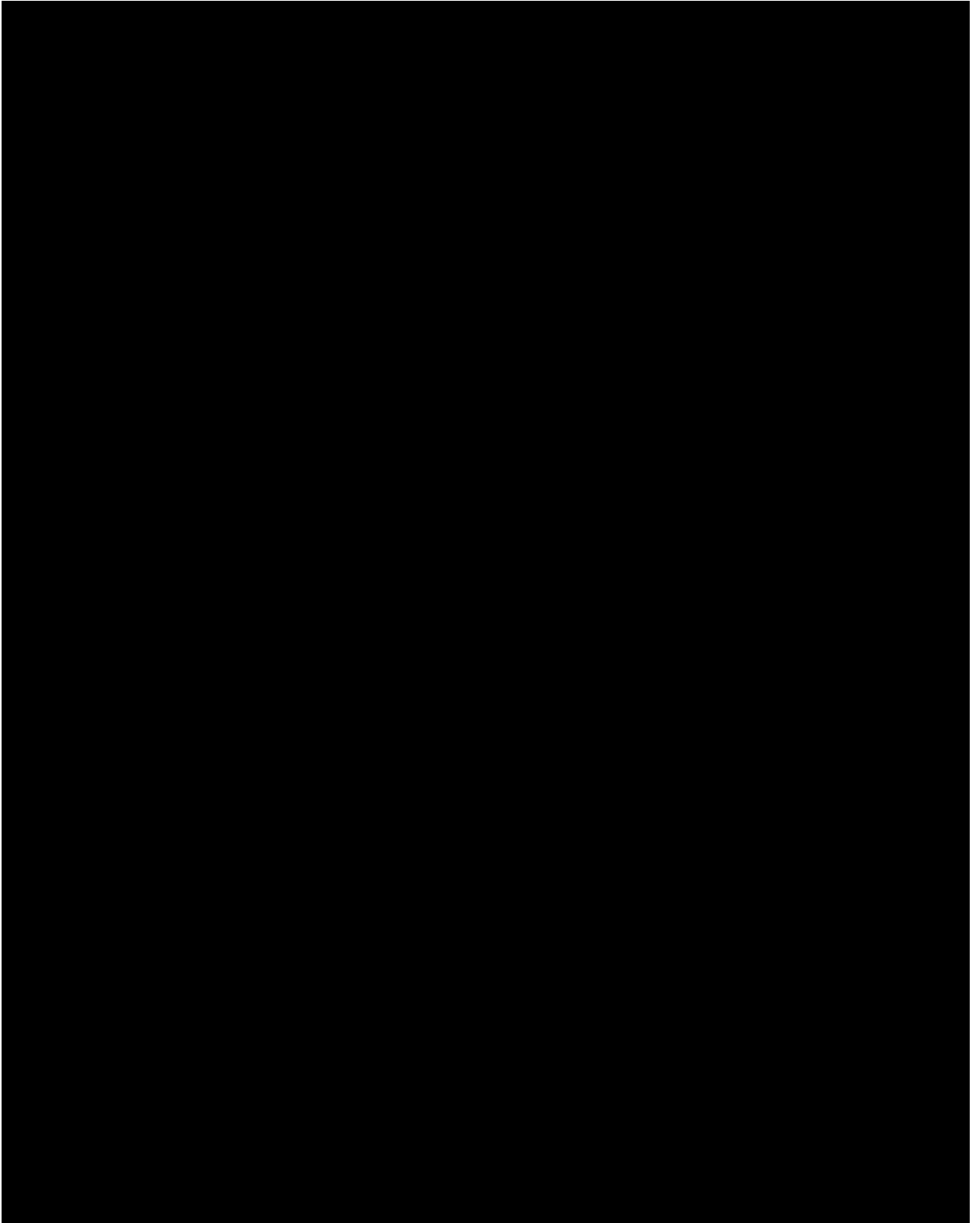




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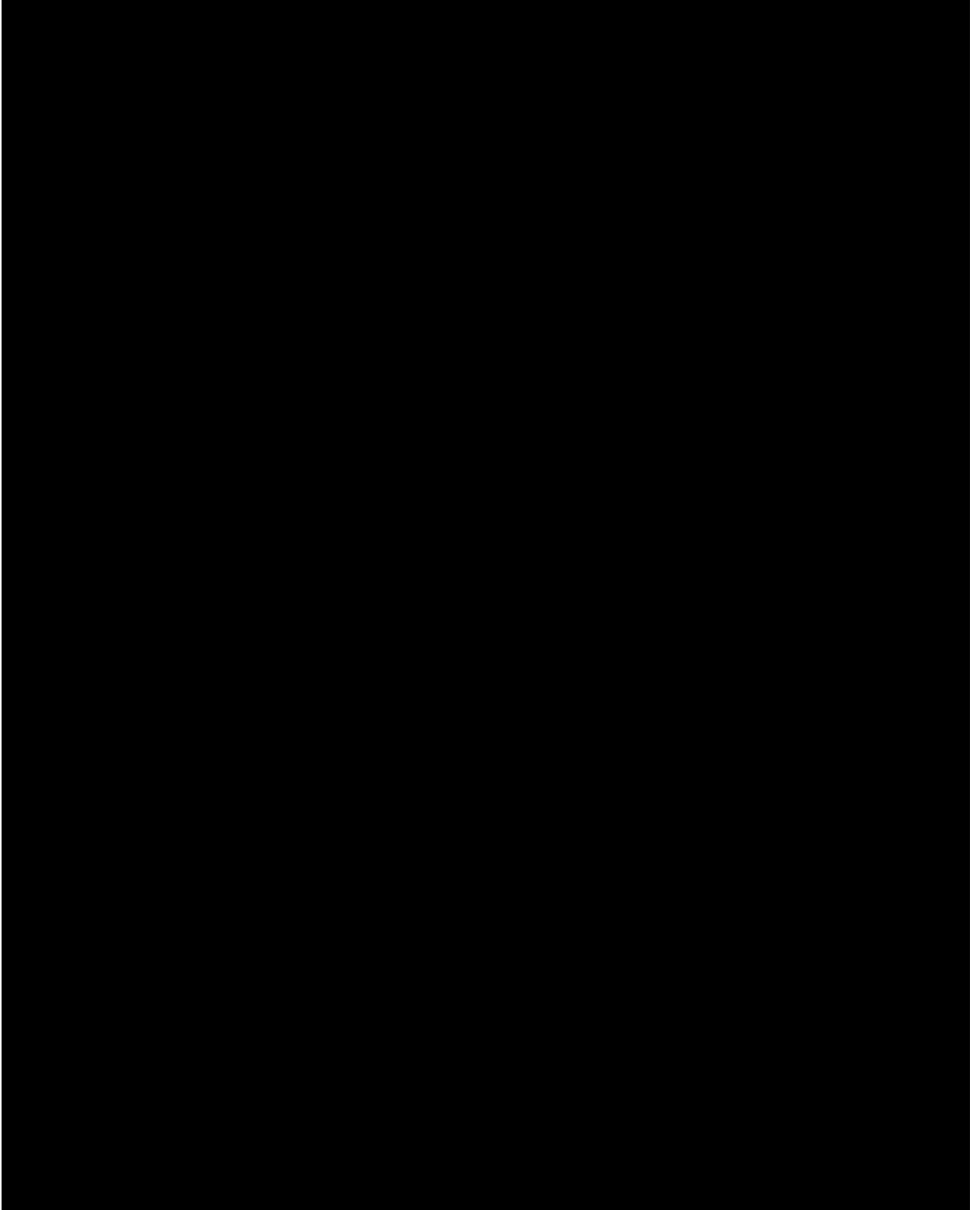
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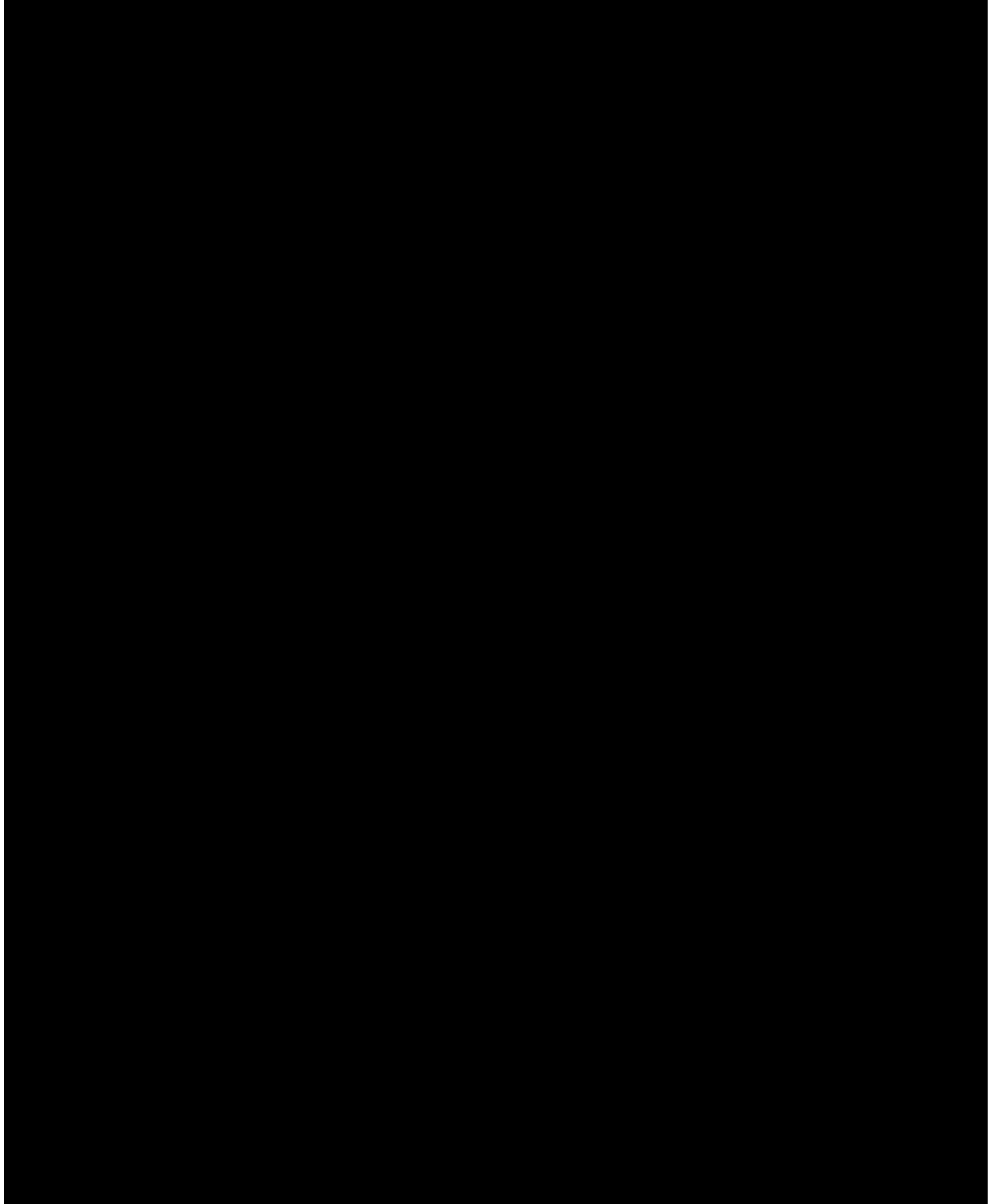
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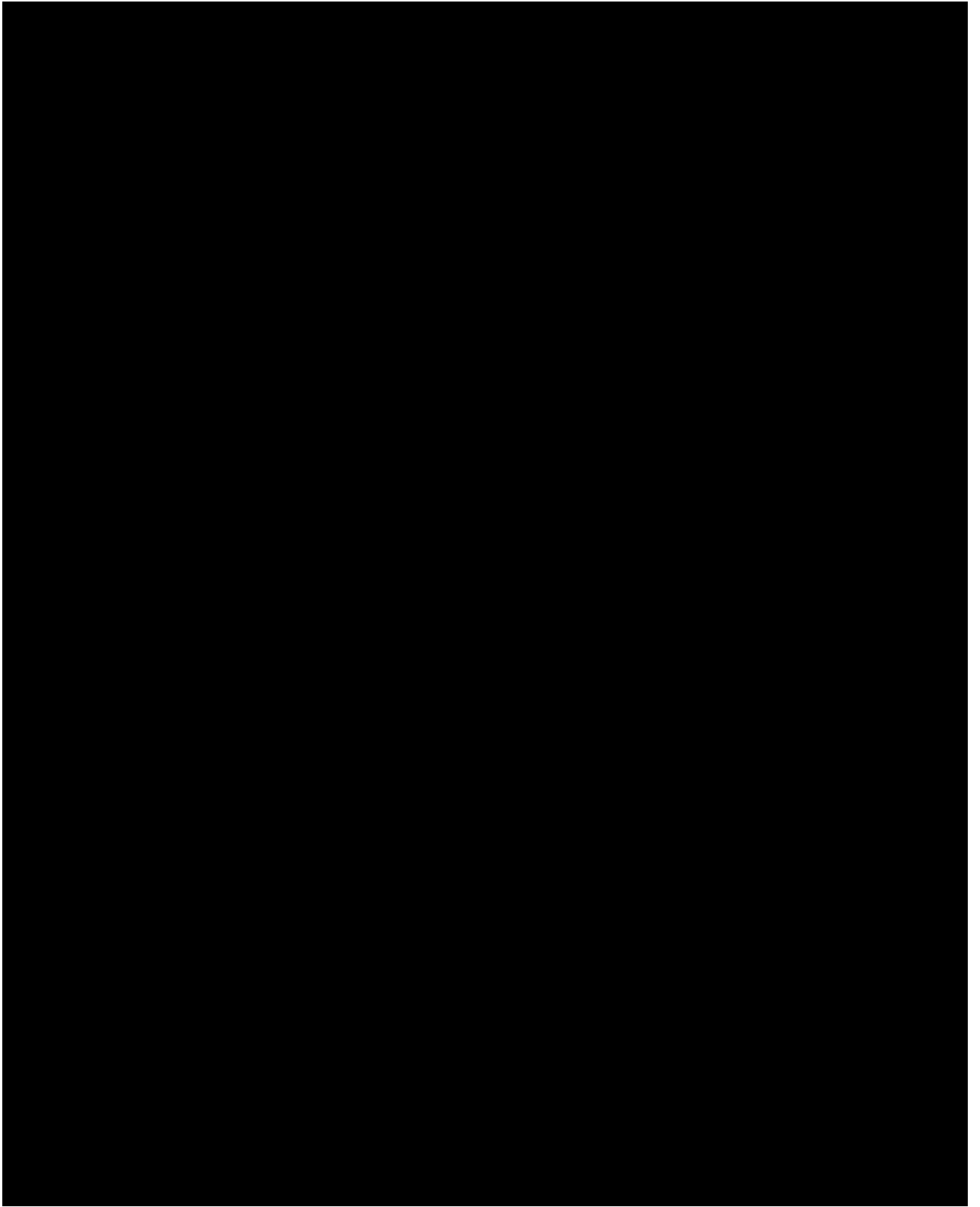
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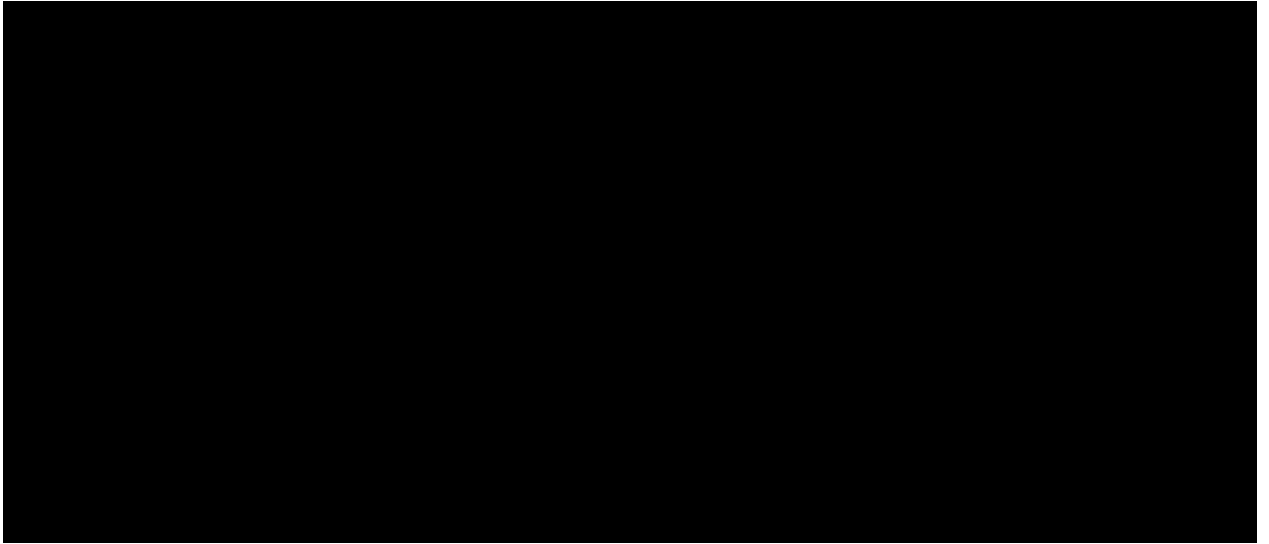


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