## Document comparison and source analysis:

## ACPeds "SUMMARY OF GD/TG LITERATURE" (Jan 2022) / AHCA "FLORIDA MEDICAID & G/TAT" (May 2022)

Compiled by: Zinnia Jones (zinnia@genderanalysis.net), May 9-10, 2023

***Detailed comparison***

Notes: Our added bold text "**Also at refs:**" indicates instances where Andre Van Mol used the same reference with different numbering.

| **Jan 2 2022 Andre Van Mol ACPeds sources** https://trans.so/view/index.php?p=experts&view=Summary.GD_TG.VanMol.docx | **May 2022 Andre Van Mol AHCA sources** https://transgender.agency/files/dekker-v-weida/183-32.pdf |
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| (Aitken, Madison & P. VanderLaan, Doug & Wasserman, Lori & Stojanovski, Sonja & Zucker, Kenneth. Self-Harm and Suicidality in Children Referred for Gender Dysphoria. Journal of the American Academy of Child and Adolescent Psychiatry 55(6) · April 2016, pp. 513-520.) | 191 Aitken, Madison & P. VanderLaan, Doug & Wasserman, Lori & Stojanovski, Sonja &Zucker, Kenneth. Self-Harm and Suicidality in Children Referred for Gender Dysphoria. Journal of the American Academy of Child and Adolescent Psychiatry, 55(6) · April 2016, pp. 513-520.) |
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| Coleman E, Bockting W, Botzer M, et al. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. International Journal of Transgenderism 2012; 13(4): 165-232.<br>(WPATH's citation for the alleged lack of success of psychotherapy fail to support their claim. At least 15 studies or case reports exist. Michelle Cretella, Transgender Belief: A Call to Heal Minds, Preserve Bodies, and Save Lives, Joint AAPLOG/ACPeds Matthew Bulfin Medical Education Conference (online: 2020).) | (WPATH's citation for the alleged lack of success of psychotherapy fails to support their claim. At least 15 studies or case reports exist. Michelle Cretella, Transgender Belief: A Call to Heal Minds, Preserve Bodies, and Save Lives, Joint AAPLOG/ACPeds Matthew Bulfin Medical Education Conference (online: 2020).)<br>202 Coleman E, Bockting W, Botzer M, et al. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. International Journal of Transgenderism 2012; 13(4): 165-232. |
| **p. 31** | **p. 37** |

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| Adults: "GD can remit in some [adult]cases (Marks et al. 2000); perhaps psychotherapy could facilitate such remission – or a reduction in GD symptoms… in some subset of the diverse group of adults [who meet the diagnosis of] GD."<br>…"Unfortunately, these possibilities have not yet been investigated, and such investigations are strongly discouraged in the SOC – 7."<br>Zucker KJ, Lawrence AA, Kreukels BP, Gender Dysphoria in Adults, Annual Rev of Clinical Psych, 2016. 12:20.1-20.31, p. 21. | Adults: "GD can remit in some [adult]cases (Marks et al. 2000); perhaps psychotherapy could facilitate such remission – or a reduction in GD symptoms… in some subset of the diverse group of adults [who meet the diagnosis of]GD."…"Unfortunately, these possibilities have not yet been investigated, and such investigations are strongly discouraged in the SOC – 7." – Ken Zucker, PhD204<br>204 Zucker KJ, Lawrence AA, Kreukels BP, Gender Dysphoria in Adults, Annual Rev of Clinical Psych, 2016. 12:20.1-20.31, p. 21. |
| **pp. 104-105** | **p. 39** |
| "But the American Academy of Pediatrics is now on record prioritizing the opinion of a five-year-old over the considered judgment of the child's parents."<br>"The AAP would not allow a five-year-old to veto the parent's decision regarding whether to be vaccinated against diphtheria, which is today a very rare disease. Why is the AAP giving five-year-olds supreme authority for this much more profound decision?"<br>"These new guidelines are not based in evidence. On the contrary, they contradict the available research."<br>Leonard Sax, "Politicizing Pediatrics: How the AAP's Transgender Guidelines Undermine Trust in Medical Authority,"thepublicdiscourse.com March 13, 2019. https://www.thepublicdiscourse.com/2019/03/50118/ | Leonard Sax, MD209 -- "But the American Academy of Pediatrics is now on record prioritizing the opinion of a five-year-old over the considered judgment of the child's parents." "The AAP would not allow a five-year-old to veto the parent's decision regarding whether to be vaccinated against diphtheria, which is today a very rare disease. Why is the AAP giving five-year-olds supreme authority for this much more profound decision?" "These new guidelines are not based in evidence. On the contrary, they contradict tthe available research."209 Leonard Sax, "Politicizing Pediatrics: How the AAP's Transgender Guidelines Undermine Trust in Medical Authority,"thepublicdiscourse.com March 13, 2019.https://www.thepublicdiscourse.com/2019/03/50118/ |
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| Laurie Higgins, Do 66,000 Pediatricians Really Support the AAP's "Trans"-Affirmative Policy? illinoisfamily.org, April 5, 2017. https://illinoisfamily.org/homosexuality/66000-pediatricians-really-support-aaps-trans-affirmative-policy/ | 210 Laurie Higgins, Do 66,000 Pediatricians Really Support the AAP's "Trans"-Affirmative Policy? illinoisfamily.org, April 5, 2017. https://illinoisfamily.org/homosexuality/66000-pediatricians-really-support-aaps-trans-affirmative-policy/ |
| | **Note: At p. 41, Van Mol discontinues use of numbered references and instead embeds citations and URLs inline. Similar text blocks and citations are now compared here.** |
| **pp. 117-118** | **pp. 40-41** |
| "An important note about convenience sampling is that you cannot make statistical generalizations from research that relies on convenience sampling." | "An important note about convenience sampling is that you cannot make statistical generalizations from research that relies on |

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| "Convenience sampling is to be avoided always in survey research." Lior Gideon, editor. Handbook of Survey Methodology for the Social Sciences. New York: Springer, 2012. ISBN 978-1-4614-3875-5.<br><br>"The fact that modern patterns of the treatment of trans individuals are not based on controlled or long-term comprehensive follow-up studies has allowed many ethical tensions to persist."<br>Levine, S.B. Reflections on the Clinician's Role with Individuals Who Self-identify as Transgender. Arch Sex Behav (2021). https://doi.org/10.1007/s10508-021-02142-1 | convenience sampling." "Convenience sampling is to be avoided always in survey research."<br>Lior Gideon, editor. Handbook of Survey Methodology for the Social Sciences. New York: Springer, 2012. ISBN 978-1-4614-3875-5.<br>"The fact that modern patterns of the treatment of trans individuals are not based on controlled or long-term comprehensive follow-up studies has allowed many ethical tensions to persist."<br>Levine, S.B. Reflections on the Clinician's Role with Individuals Who Self identify as Transgender. Arch Sex Behav (2021). https://doi.org/10.1007/s10508-021-02142-1 |
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| 2015 US Transgender Survey.<br>James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. Retrieved January 27, 2020 from National Center for Transgender Equality website, https ://www.trans equal ity.org/sites /defau lt/files/docs/USTS-Full-Repor t-FINAL .PDF.<br>It was an online survey of transgender-identified and genderqueer adults from trans-affirming websites.<br>Recruitment bias is obvious, large and multi-faceted, e.g. only trans-identified adults who are still alive responded. | 2015 US Transgender Survey.<br>James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. Retrieved January 27, 2020 from National Center for Transgender Equality website, https ://www.trans equal ity.org/sites /defau lt/files/docs/USTS-Full-Repor t-FINAL .PDF.<br>It was an online survey of transgender-identified and genderqueer adults from trans-affirming websites.<br>Recruitment bias is obvious, large and multi-faceted, e.g. only trans-identified adults who are still alive responded. Not representative of the TG population. Excludes desisters, the dead, etc. |
| **p. 119** | **p. 41** |
| Studies based on it are by design retrospective, dependent upon people's unreliable memories through ill-fitting questions. | Studies based on it are by design retrospective, dependent upon people's unreliable memories through ill-fitting questions. |
| Gideon's 2012 textbook on survey methodology spells out a very clear warning: "An important note about convenience sampling is that you cannot make statistical generalizations from research that relies on convenience sampling." He adds, "Convenience sampling is to be avoided always in survey research."<br>Lior Gideon, editor. Handbook of Survey Methodology for the Social Sciences. New York: Springer, 2012. ISBN 978-1-4614-3875-5. | Gideon's 2012 textbook on survey methodology spells out a very clear warning: "An important note about convenience sampling is that you cannot make statistical generalizations from research that relies on convenience sampling." He adds, "Convenience sampling is to be avoided always in survey research."<br>Lior Gideon, editor. Handbook of Survey Methodology for the Social Sciences. New York: Springer, 2012. ISBN 978-1-4614-3875-5. |

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| Statistical generalizations derived from convenience samples are precisely what these type of studies produce, so they lack validity from the start.<br>Andre's opinion: With enough of these weak studies with pre-ordained conclusions in publication, confirmation bias by citation bias is highly likely. The same erroneous studies get cited in other publications and the general media, and false conclusions become the established norm.<br>Walter R Schumm, Assessing Citation Bias in Scientific Literature. 2020 - 10(3). AJBSR.MS.ID.001514. Walter Schumm, Catherine R. Pakaluk, Duane W. Crawford. Forty Years of Confirmation Bias in Social Science: Two Case Studies of<br>Selective Citations. Internal Medicine Review, Vol. 6, Iss. 4 (2020) doi.org/10.18103/imr.v6i4.875 | Statistical generalizations derived from convenience samples are precisely what these types of studies produce, so they lack validity from the start.<br>Andre's opinion: With enough of these weak studies with pre-ordained conclusions in publication, confirmation bias by citation bias is highly likely. The same erroneous studies get cited in other publications and the general media, and false conclusions become the established norm.<br>Walter R Schumm, Assessing Citation Bias in Scientific Literature. 2020 -10(3). AJBSR.MS.ID.001514. Walter Schumm, Catherine R. Pakaluk, Duane W. Crawford. Forty Years of Confirmation Bias in Social Science: Two Case Studies of Selective Citations. Internal Medicine Review, Vol. 6, Iss. 4 (2020) doi.org/10.18103/imr.v6i4.875 |
| **p. 119** | **p. 42** |
| Regarding 2015 USTS: "This survey used convenience sampling, a methodology which generates low-quality data (Bornstein, Jager, & Putnick, 2013). Specifically, the participants were recruited through transgender advocacy organizations and subjects were asked to "pledge" to promote the survey among friends and family. This recruiting method yielded a large but highly skewed sample."<br>D'Angelo, R., Syrulnik, E., Ayad, S. et al. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. Arch Sex Behav (2020). https://doi.org/10.1007/s10508-020-01844-2<br>Citing: Bornstein, M. H., Jager, J., & Putnick, D. L. (2013). Sampling in developmental science: Situations, shortcomings, solutions, and standards. Developmental Review, 33(4), 357–370. https ://doi. org/10.1016/j.dr.2013.08.003. | D'Angelo -- Regarding 2015 USTS: "This survey used convenience sampling, a methodology which generates low-quality data (Bornstein, Jager, & Putnick, 2013). Specifically, the participants were recruited through transgender advocacy organizations and subjects were asked to "pledge" to promote the survey among friends and family. This recruiting method yielded a large but highly skewed sample."<br>D'Angelo, R., Syrulnik, E., Ayad, S. et al. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. Arch Sex Behav (2020). https://doi.org/10.1007/s10508-020-01844-2<br>Citing: Bornstein, M. H., Jager, J., & Putnick, D. L. (2013). Sampling in developmental science: Situations, shortcomings, solutions, and standards. Developmental Review, 33(4), 357–370. https ://doi. org/10.1016/j.dr.2013.08.003. |
| **pp. 119-120** | **p. 42** |
| Amsterdam Cohort Study<br>Concluded: "The percentage of people who regretted gonadectomy remained small and did not show a tendency to increase." | Amsterdam Cohort Study #1 (2018)<br>Concluded: "The percentage of people who regretted gonadectomy remained small and did not show a tendency to increase." |

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| Wiepjes CM, Nota NM, de Blok CJ, et al. The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets. The Journal of Sexual Medicine 2018; 15(4): 582-90.<br>Problems:<br>"Not all data were available from the hospital registries, particularly older data or surgeries performed in other centers" (p.590)<br>"A large number of transgender people…were lost to follow-up. Although transgender people receive lifelong care, a large group (36%) did not return to our clinic after several years of treatment" (page 589).<br>Regret only tabulated for those who had gonadectomies and then requested hormone therapy consist with biological sex "and expressed regret" (p.584); excluded all who died (p.584).<br>No uniform stats on average follow-up time and variance.<br>Admitted average regret time was 130 months. Page 589 admission: ""…it might be too early to examine regret rates in people who started with HT in the past 10 years." Many more patients came later in the study, counted as non-regret without allowing the expected time for such. Shifts results. | Wiepjes CM, Nota NM, de Blok CJ, et al. The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets. The Journal of Sexual Medicine 2018; 15(4): 582-90.<br>Problems:<br>"Not all data were available from the hospital registries, particularly older data or surgeries performed in other centers" (p.590)<br>A 36% loss to follow up. "A large number of transgender people…were lost to follow-up. Although transgender people receive lifelong care, a large group(36%) did not return to our clinic after several years of treatment" (page 589).<br>"Regret" only tabulated for those who had gonadectomies and then requested hormone therapy consist with biological sex "and expressed regret" (p.584); excluded all who died (p.584).<br>No uniform stats on average follow-up time and variance.<br>Admitted average regret time was 130 months. Page 589 admission: ""…it might be too early to examine regret rates in people who started with HT in the past 10 years." Many more patients came later in the study and counted as non-regret without allowing the expected time for such. Shifts results. |
| **p. 110** | **p. 43** |
| So among people undergoing gender affirming (transition affirming) treatment, MtF transitioners had 2.8 times the completed suicide rate of general Dutch males, and FtM transitioners has 4.8 times the completed suicide rate of general Dutch females. | Among people undergoing gender affirming (transition affirming) treatment, suicide didn't really improve overall. Using further details given in the study, MtF transitioners had 2.8 times the completed suicide rate of general Dutch males, and FtM transitioners has4.8 times the completed suicide rate of general Dutch females. |
| 35 year chart review of 8,263 Dutch patients who attended their primary gender identity clinic. (Amsterdam Cohort Study 2020 update)<br>"Overall suicide deaths did not increase over the years: HR per year 0.97 (95%<br>CI 0.94–1.00). In trans women, suicide death rates decreased slightly over time (per year: HR 0.96, 95% CI 0.93–0.99), while it did not change in trans men (per year: HR 1.10, 95% CI 0.97–1.25)." | 35-year chart review of 8,263 Dutch patients who attended the nation's primary gender identity clinic. "Overall suicide deaths did not increase over the years: HR per year 0.97 (95% CI 0.94–1.00). In trans women, suicide death rates decreased slightly over time (per year: HR 0.96, 95% CI 0.93–0.99), while it did not change in trans men (per year: HR 1.10, 95% CI 0.97–1.25)." |

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| Quick summary version:<br>In 2019 (online) Bränström and Pachankis published the first total population study of 9.7 million Swedish residents titled, “Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study.” Looking at three limited measures of mental health service usage, they claimed that although “gender-affirming hormone treatment” provided no improvement, “gender-affirming surgeries” did.<br>The online August 1, 2020 American J of Psychiatry edition contained seven critical letters, including ours; a major “correction” paragraph from the editors retracting the studies main finding, and a letter from the study authors conceding their “conclusion” “was too strong.”<br>In effect, the Bränström and Pachankis study demonstrated that neither “gender-affirming hormone treatment” nor “surgery” provided reductions of the mental health treatment benchmarks examined in transgender-identified people.<br>Bränström R, Pachankis JE: Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. Am J Psychiatry 2020; 177:727–734. https://doi.org/10.1176/appi.ajp.2019.19010080<br>Andre Van Mol, Michael K. Laidlaw, Miriam Grossman, Paul R. McHugh. Gender-Affirmation Surgery Conclusion Lacks Evidence. Am J Psychiatry 2020; 177:765–766; doi: 10.1176/appi.ajp.2020.19111130.<br>[Other six are found in the endnotes of Branstrom Response to Letters below. doi: 10.1176/appi.ajp.2020.20050599.]<br>Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765 https://doi.org/10.1176/appi.ajp.2020.20060803 | Quick summary version:<br>In 2019 (online) Bränström and Pachankis published the first total population study of9.7 million Swedish residents titled, “Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study.” Looking at three limited measures of mental health service usage, they claimed that although “gender-affirming hormone treatment” provided no improvement, “gender affirming surgeries” did.<br>The online August 1, 2020 American J of Psychiatry edition contained seven critical letters, including ours; a major “correction” paragraph from the editors retracting the studies main finding, and a letter from the study authors conceding their “conclusion” “was too strong.”<br>In effect, the Bränström and Pachankis study demonstrated that neither “gender-affirming hormone treatment” nor “surgery” provided reductions of the mental health treatment benchmarks examined in transgender-identified people.<br>Bränström R, Pachankis JE: Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. Am J Psychiatry 2020; 177:727–734.https://doi.org/10.1176/appi.ajp.2019.19010080<br>Andre Van Mol, Michael K. Laidlaw, Miriam Grossman, Paul R. McHugh. Gender-Affirmation Surgery Conclusion Lacks Evidence. Am J Psychiatry 2020; 177:765–766; doi: 10.1176/appi.ajp.2020.19111130.<br>[Other six are found in the endnotes of Branstrom Response to Letters below.doi: 10.1176/appi.ajp.2020.20050599.]<br>Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020;177:765 https://doi.org/10.1176/appi.ajp.2020.20060803<br>Richard Bränström and John E. Pachankis. Toward Rigorous |

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| Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599. | Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599. |
| **pp. 124-126** | **pp. 44-45** |
| Detailed version:<br>Total population study of Sweden 9.7M:<br>Claimed that gender-affirming surgeries (SRS) reduced mental health treatment use in transgender-identified individuals.<br>While admitting "gender-affirming hormone treatment" provided no improvement.<br>Our Team found many problems with the study (endo Michael Laidlaw, child and adolescent psychiatrist Miriam Grossman, and Prof Paul McHugh of Johns Hopkins)<br>We authored a LTE of AJP critical of Branstrom.<br>Andre Van Mol, Michael K. Laidlaw, Miriam Grossman, Paul R. McHugh. Gender-Affirmation Surgery Conclusion Lacks Evidence. Am J Psychiatry 2020; 177:765–766; doi: 10.1176/appi.ajp.2020.19111130<br>August 1, 10 months later, 7 critical letters were published, including ours. Why the wait?<br>AJP issued a major "correction" retracting the study's main finding.<br>Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765 https://doi.org/10.1176/appi.ajp.2020.20060803<br>AJP editors expressed the need "to seek statistical consultations."<br>Consultants mostly agreed with us, authors reanalyzing their data.<br>Branstrom & Pachankis LTE admitted their "conclusion" "was too strong."<br>Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' | Detailed version:<br>Total population study of Sweden 9.7M:<br>Claimed that gender-affirming surgeries (SRS) reduced mental health treatment use in transgender-identified individuals.<br>While admitting "gender-affirming hormone treatment" provided no improvement.<br>Our Team found many problems with the study (endo Michael Laidlaw, child and adolescent psychiatrist Miriam Grossman, and Prof Paul McHugh of Johns Hopkins)<br>We authored a LTE of AJP critical of Branstrom.<br>Andre Van Mol, Michael K. Laidlaw, Miriam Grossman, Paul R. McHugh. Gender-Affirmation Surgery Conclusion Lacks Evidence. Am J Psychiatry2020; 177:765–766; doi: 10.1176/appi.ajp.2020.19111130<br>August 1, 10 months later, 7 critical letters were published, including ours. Why the wait?<br>AJP issued a major "correction" retracting the study's main finding.<br>Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765 https://doi.org/10.1176/appi.ajp.2020.20060803<br>AJP editors expressed the need "to seek statistical consultations."<br>Consultants mostly agreed with us, authors reanalyzing their data.<br>Branstrom & Pachankis LTE admitted their "conclusion" "was too strong."<br>Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' |

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| Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599.<br>Table 1 of their letter compared their 3 end-points for GI patients receiving and GI patients not receiving gender-affirmative surgery.<br>Psychiatric outpatient visits for any mood or anxiety disorder, prescribed medications for the same, and hospitalization after suicide attempts were all worse for the GI group receiving gender-affirmative surgery (not all statistically significant) than for those that did not.<br>AJP correction found "no advantage to surgery" for GD regarding their 3 endpoints:<br>prescriptions or health-care visits for mood or anxiety disorders<br>post-suicide attempt hospitalizations<br>With neither "gender-affirming hormone treatment" nor "surgery" providing improvement : The study now seems invalidated.<br>Study Shortcomings were many:<br>The lack of control subjects, the limited 1-year time frame, retrospective design, major loss to follow up, and the avoidance of examining completed suicides and psychiatric hospitalizations<br>Shortcomings:<br>Retrospective, not longitudinal – looking back, not following during.<br>Figure 1, "time since last gender affirming surgery" is easily misinterpreted as a prospective 10-year follow-up that did not occur<br>lack of control population<br>the limited 1-year time frame<br>Though for all living individuals in Sweden, only for calendar year 2015 for those alive on one day, Dec 31, 2014.<br>Loss to follow up strongly implied:<br>Low numbers: The 2,679 individuals diagnosed with gender incongruence in a total population study of Sweden is a full order of magnitude below prevalence expectations from DSM-5.<br>Where did they go?<br>Only 3 measured outcomes: prescriptions or health-care visits for mood or anxiety disorders, and hospitalizations post-suicide attempt | Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599.<br>Table 1 of their letter compared their 3 end-points for GD patients receiving and GD patients not receiving gender-affirmative surgery.<br>Psychiatric outpatient visits for any mood or anxiety disorder, prescribed medications for the same, and hospitalization after suicide attempts were all worse for the GI group receiving gender-affirmative surgery (not all statistically significant) than for those that did not.<br>AJP correction found "no advantage to surgery" for GD regarding their 3 endpoints:<br>prescriptions or health-care visits for mood or anxiety disorders<br>post-suicide attempt hospitalizations<br>With neither "gender-affirming hormone treatment" nor "surgery" providing improvement : The study now seems invalidated.<br>Study Shortcomings were many:<br>The lack of control subjects, the limited 1-year time frame, retrospective design, major loss to follow up, and the avoidance of examining completed suicides and psychiatric hospitalizations<br>Shortcomings:<br>Retrospective, not longitudinal – looking back, not following during.<br>Figure 1, "time since last gender affirming surgery" is easily misinterpreted as a prospective 10-year follow-up that did not occur<br>lack of control population<br>the limited 1-year time frame<br>Though for all living individuals in Sweden, only for calendar year 2015 for those alive on one day, Dec 31, 2014.<br>Loss to follow up strongly implied:<br>Low numbers: The 2,679 individuals diagnosed with gender incongruence in a total population study of Sweden is a full order of magnitude below prevalence expectations from DSM-5.<br>Where did they go?<br>Only 3 measured outcomes: prescriptions or health-care visits for mood or anxiety disorders, and hospitalizations post-suicide attempt |

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| That avoids looking at completed suicides, health care visits and hospitalizations for all other medical or psychological issues still related to GAS/SRS. Ignored them!<br>So few having had surgery of reproductive organs when such is free in Sweden.<br>Table 3: 38% of these individuals had any kind of gender-affirming surgery, but only 53% [20%] of those had surgery of reproductive organs.<br>[For those whose last surgery was 10 or more years earlier, how many completed suicide, died of other causes, or left Sweden prior to study initiation? ]<br>Findings are accessible in the Swedish national registers, these omissions are glaring. | That avoids looking at completed suicides, health care visits and hospitalizations for all other medical or psychological issues still related to GAS/SRS. Ignored them!<br>So few having had surgery of reproductive organs when such is free in Sweden.<br>Table 3: 38% of these individuals had any kind of gender-affirming surgery, but only 53% [20%] of those had surgery of reproductive organs.<br>[For those whose last surgery was 10 or more years earlier, how many completed suicide, died of other causes, or left Sweden prior to study initiation? ]<br>Findings are accessible in the Swedish national registers, these omissions are glaring. |
| **p. 128** | **pp. 45-46** |
| UK Tavistock/GIDS study 2020: "Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK."<br>"Results 44 patients had data at 12 months follow-up, 24 at 24 months and 14 at 36 months. All had normal karyotype and endocrinology consistent with birth-registered sex. All achieved suppression of gonadotropins by 6 months. At the end of the study one ceased GnRHa and 43 (98%) elected to start cross-sex hormones.<br>There was no change from baseline in spine BMD at 12 months nor in hip BMD at 24 and 36 months, but at 24 months lumbar spine BMC and BMD were higher than at baseline (BMC +6.0 (95% CI: 4.0, 7.9); BMD +0.05 (0.03, 0.07)). There were no changes from baseline to 12 or 24 months in CBCL or YSR total t-scores or for CBCL or YSR self-harm indices, nor for CBCL total t-score or self-harm index at 36 months. Most participants reported positive or a mixture of positive and negative life changes on GnRHa. Anticipated adverse events were common.<br>Conclusions Overall patient experience of changes on GnRHa treatment was positive. We identified no changes in psychological | Carmichael, UK Tavistock/GIDS study 2020: "Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK."<br>"Results 44 patients had data at 12 months follow-up, 24 at 24 months and 14 at 36months. All had normal karyotype and endocrinology consistent with birth-registered sex. All achieved suppression of gonadotropins by 6 months. At the end of the study one ceased GnRHa and 43 (98%) elected to start cross-sex hormones.<br>There was no change from baseline in spine BMD at 12 months nor in hip BMD at 24 and 36 months, but at 24 months lumbar spine BMC and BMD were higher than at baseline (BMC +6.0 (95% CI: 4.0, 7.9); BMD +0.05 (0.03, 0.07)). There were no changes from baseline to 12 or 24 months in CBCL or YSR total t-scores or for CBCL or YSR self-harm indices, nor for CBCL total t-score or self-harm index at 36 months. Most participants reported positive or a mixture of positive and negative life changes on GnRHa. Anticipated adverse events were common.<br>Conclusions Overall patient experience of changes on GnRHa treatment was positive. We identified no changes in psychological |

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| function. Changes in BMD were consistent with suppression of growth. Larger and longer-term prospective studies using a range of designs are needed to more fully quantify the benefits and harms of pubertal suppression in GD."<br>Polly Carmichael, Gary Butler, Una Masic, Tim J Cole, Bianca L De Stavola, SarahDavidson, Elin M. Skageberg, Sophie Khadr, Russell Viner. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653 https://www.medrxiv.org/content/10.1101/2020.12.01.20241653v1<br>BBC summary: https://www.bbc.com/news/uk-55282113<br>Points:<br>Took 9 years to produce yet had only 44 participants, suggesting ample loss to follow up or removal from study.<br>No control group of GD youth not given PBs. | function. Changes in BMD were consistent with suppression of growth. Larger and longer-term prospective studies using a range of designs are needed to more fully quantify the benefits and harms of pubertal suppression in GD."<br>Polly Carmichael, Gary Butler, Una Masic, Tim J Cole, Bianca L DeStavola, SarahDavidson, Elin M. Skageberg, Sophie Khadr, Russell Viner. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653 https://www.medrxiv.org/content/10.1101/2020.12.01.20241653v1<br>BBC summary on the study: https://www.bbc.com/news/uk-55282113<br>My Points:<br>Took 9 years to produce yet had only 44 participants, suggesting ample loss to follow up or removal from study.<br>No control group of GD youth not given PBs. |
| **p. 129** | **p. 46** |
| Self-harm did not improve and “no changes in psychological function,” meaning no improvement. (Also, “YSR [Youth Self Report] data at 36 months (n = 6) were not analysed.”)<br>“We found no differences between baseline and later outcomes for overall psychological distress as rated by parents and young people, nor for self-harm.”<br>“We found no evidence of change in psychological function with GnRHa treatment as indicated by parent report (CBCL) or self-report (YSR) of overall problems, internalising or externalising problems or self-harm. This is in contrast to the Dutch study which reported improved psychological function across total problems, externalising and internalising scores for both CBCL and YSR and small improvements in CGAS.” | Self-harm did not improve and “no changes in psychological function,” meaning no improvement. (Also, “YSR [Youth Self Report] data at 36 months (n = 6) were not analysed.”)<br>“We found no differences between baseline and later outcomes for overall psychological distress as rated by parents and young people, nor for self-harm.”<br>“We found no evidence of change in psychological function with GnRHa treatment as indicated by parent report (CBCL) or self-report (YSR) of overall problems, internalising or externalising problems or self-harm. This is in contrast to the Dutch study which reported improved psychological function across total problems, externalising and internalising scores for both CBCL and YSR and small improvements in CGAS.” |
| **pp. 128-129** | **pp. 46-47** |
| “All had normal karyotype and endocrinology” function in GD youth. More proof that DSDs/Intersex are not GD issues. | “All had normal karyotype and endocrinology” function in GD youth. More proof that DSDs/Intersex are not GD issues. |

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| 98% went on from puberty blocking to CSH.<br>GnRHas are gateway drugs, stepping stones to GAT/TAT.<br>BMD and growth/height both showed "suppression of growth" precisely when they should be having the surge of the lifetime.<br>"As anticipated, pubertal suppression reduced growth that was dependent on puberty hormones, i.e. height and BMD. Height growth continued for those not yet at final height, but more slowly than for their peers so height z-score fell. Similarly for bone strength, BMD and BMC increased in the lumbar spine indicating greater bone strength, but more slowly than in peers so BMD z-score fell." | 98% went on from puberty blocking to CSH.<br>GnRHas are gateway drugs, steppingstones to GAT/TAT.<br>BMD and growth/height both showed "suppression of growth" precisely when they should be having the surge of the lifetime.<br>"As anticipated, pubertal suppression reduced growth that was dependent on puberty hormones, i.e. height and BMD. Height growth continued for those not yet at final height, but more slowly than for their peers so height z-score fell. Similarly for bone strength, BMD and BMC increased in the lumbar spine indicating greater bone strength, but more slowly than in peers so BMD z-score fell." |
| **pp. 127-128** | **p. 47** |
| Professor Michael Biggs of Oxford, 2019<br>Regarding the UK's Tavistock and Portman NHS Trust's Gender Identity Development Service's experimental trial of puberty blockers for early teenagers with gender dysphoria. Oxford's Professor Michael Biggs wrote, "To summarize, GIDS launched a study to administer experimental drugs to children suffering from gender dysphoria."<br>"after a year on GnRHa [puberty blockers] children reported greater self-harm, and that girls experienced more behavioral and emotional problems and expressed greater dissatisfaction with their body—so puberty blockers exacerbated gender dysphoria."<br>(Michael Biggs, "Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence," TransgenderTrend.com, March 5, 2019. https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/) | Professor Michael Biggs of Oxford, 2019 Critique of Carmichael/Tavistock Study<br>Regarding the UK's Tavistock and Portman NHS Trust's Gender Identity Development Service's experimental trial of puberty blockers for early teenagers with gender dysphoria. Oxford's Professor Michael Biggs wrote, "To summarize, GIDS launched a study to administer experimental drugs to children suffering from gender dysphoria."<br>"after a year on GnRHa [puberty blockers] children reported greater self-harm, and that girls experienced more behavioral and emotional problems and expressed greater dissatisfaction with their body—so puberty blockers exacerbated gender dysphoria."<br>(Michael Biggs, "Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence," TransgenderTrend.com, March 5, 2019.https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/) |
| **p. 121** | **p. 47** |
| Cornell University "systematic literature review"<br>Anonymous. Cornell University, Public Policy Research Portal. "What does the scholarly research say about the effect of gender transition on transgender well-being?" Available: https://whatweknow.inequality.cornell.edu/topics/lgbt- | Cornell University "systematic literature review"<br>Anonymous. Cornell University, Public Policy Research Portal. "What does the scholarly research say about the effect of gender transition on transgender well-being?" Available: https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-thescholarly-research-say-about-the-well-being- |

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| equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/ [accessed 20 November 2019] Horvath, Hacsi. (2020). Activist-driven transgender research methods are reckless and will lead to harms. 10.13140/RG.2.2.22455.55206.<br>"In 2017, anonymous authors at Cornell University produced a document titled "What does the scholarly research say about the effect of gender transition on transgender well-being?"[3]. This document purports to be a "systematic literature review." In reality, it is a piece of propaganda, created by activists."<br>"Conclusions: The so-called "systematic literature review" produced at Cornell was nothing of the kind. "Findings" of this document should be ignored." | of-transgender-people/ [accessed 20 November 2019]Horvath, Hacsi. (2020). Activist-driven transgender research methods are reckless and will lead to harms. 10.13140/RG.2.2.22455.55206.<br>"In 2017, anonymous authors at Cornell University produced a document titled" What does the scholarly research say about the effect of gender transition on transgender well-being?"[3]. This document purports to be a "systematic literature review." In reality, it is a piece of propaganda, created by activists."<br>"Conclusions: The so-called "systematic literature review" produced at Cornell was nothing of the kind. "Findings" of this document should be ignored." |
| **p. 118** | **pp. 47-48** |
| Green, et al (2020). The Trevor Project conducted an on-line survey recruiting adolescents and young adults (AYA) who experienced "sexual orientation or gender identity conversion efforts (SOGICE)" and "who interacted with materials deemed relevant to the LGBTQ community."<br>Exclusion. This design excludes AYAs who do not or no longer identify as LGBTQ nor interact with the LGBTQ community or its materials, such as those who found therapy helpful. By excluding them it can make no conclusions about them.<br>Bias. Prior to survey "questions specific to youth mental health and suicidality," the LGBTQ-identified AYAs were instructed to contact the Trevor Project crisis intervention hot line if needed, thus revealing the study sponsors and their well-advertised biases.<br>Bias. Green's study defined SOGICE as coercive, "someone attempted to convince them to change," which ethical change-allowing therapists don't do.<br>Excluded 105 participants who said they experienced SOGICE but without someone trying to "convince them change," so it can claim nothing about non-coercive SOGICE. | Green, et al (2020). Trevor Project. Green, A.E., Price-Feeney, M., Dorison, S.H., Pick, C.J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults,2018. American Journal of Public Health, Open-Themes Research, 110(8), 1221-1227. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305701<br>The Trevor Project conducted an on-line survey recruiting adolescents and young adults (AYA) who experienced "sexual orientation or gender identity conversion efforts (SOGICE)"and "who interacted with materials deemed relevant to the LGBTQ community."<br>Cross sectional, retrospective. By definition, neither the presence nor direction of causation can be determined, but they do it anyway.<br>"Although noteworthy, our findings involve limitations that should be considered. For example, our data were cross sectional; thus, temporality cannot be determined."<br>Exclusion. This design excludes AYAs who do not or no longer identify as LGBTQ nor interact with the LGBTQ community or its |

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| Association as causation fallacy. The study asserted that LGBTQ-identified youth who were over 2 times more suicidal were more likely to have experienced SOGICE therapy. The researchers then fully commit to the association as causation fallacy by concluding, "The elevated odds of suicidality observed among young LGBTQ individuals exposed to SOGICE underscore the detrimental effects of this unethical practice…"<br>No, they don't. A more suicidal youth is more likely to seek therapy than one who is not. It does not follow that the therapy was causative of suicidality.<br>Green, A.E., Price-Feeney, M., Dorison, S.H., Pick, C.J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. American Journal of Public Health, Open-Themes Research, 110(8), 1221-1227.<br>https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305701 | materials, such as those who found therapy helpful. By excluding them it can make no conclusions about them.<br>Bias. Prior to survey "questions specific to youth mental health and suicidality," the LGBTQ-identified AYAs were instructed to contact the Trevor Project crisis intervention hot line if needed, thus revealing the study sponsors and their well advertised biases.<br>Bias. Green's study defined SOGICE as coercive, "someone attempted to convince them to change," which ethical change-allowing therapists don't do.<br>Excluded 105 participants who said they experienced SOGICE but without someone trying to "convince them change," so it can claim nothing about non-coercive SOGICE.<br>Association as causation fallacy. The study asserted that LGBTQ-identified youth who were over 2 times more suicidal were more likely to have experienced SOGICE therapy. The researchers then fully commit to the association as causation fallacy by concluding, "The elevated odds of suicidality observed among young LGBTQ individuals exposed to SOGICE underscore the detrimental effects of this unethical practice…"<br>No, they don't. A more suicidal youth is more likely to seek therapy than one who is not. It does not follow that the therapy was causative of suicidality. |
| **p. 127** | **p. 49** |
| Mastectomies on minors:<br>Questionable claim: "Chest dysphoria was high among presurgical transmasculine youth, and surgical intervention positively affected both minors and young adults."<br>Olson-Kennedy J, Warus J, Okonta V, Belzer M, Clark LF. Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. JAMA Pediatr.2018;172(5):431–436. doi:10.1001/jamapediatrics.2017.5440<br>Problems: | Olson-Kennedy, 2018, JAMA Peds about Mastectomies on minors:<br>Questionable claim: "Chest dysphoria was high among presurgical transmasculine youth, and surgical intervention positively affected both minors and young adults." Olson-Kennedy J, Warus J, Okonta V, Belzer M, Clark LF. Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. JAMA Pediatr.2018;172(5):431–436.doi:10.1001/jamapediatrics.2017.5440<br>Problems:<br>"Chest dysphoria" is a neologism of convenience, not a DSM-5 diagnosis. |

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| “Chest dysphoria” is a neologism of convenience, not a DSM-5 diagnosis.<br>The “chest dysphoria scale” measuring tool of the authors and "is not yet validated." (p. 435)<br>Mastectomies were done on girls as young as 13 or 14 yo lacking the capacity for mature decision making or informed consent.<br>Study seems flawed and unethical. | The “chest dysphoria scale” measuring tool of the authors and "is not yet validated." (p. 435)<br>Mastectomies were done on girls as young as 13 or 14 yo lacking the capacity for mature decision making or informed consent.<br>Study seems flawed and unethical. |
| **p. 107** | **p. 50** |
| A 2016 study of nearly all (98%; n=104) of Dutch patients who underwent sex reassignment surgery from 1978-2010 found no significant difference in psychiatric morbidity or mortality between male to female and female to male (FtM) “save for the total number of psychiatric diagnoses where FtM held a significantly higher number of psychiatric diagnoses overall.”<br>“ Ten individuals [nearly 10% of the study population] were registered as deceased post-SRS with an average age of death of 53.5 years.”<br>“This suggests that generally SRS may reduce psychological morbidity for some individuals while increasing it for others.”<br>SRS was not an agent of statistically significant net benefit.<br>Simonsen, R. K., Giraldi, A., Kristensen, E. & Hald, G. M. Long-term follow-up of individuals undergoing sex reassignment surgery: Psychiatric morbidity and mortality. Nord J Psychiatry 70, 241-247, doi:10.3109/08039488.2015.1081405 (2016). | Simonsen, R. K., Giraldi, A., Kristensen, E. & Hald, G. M. Long-term follow-up of individuals undergoing sex reassignment surgery: Psychiatric morbidity and mortality. Nord J Psychiatry 70, 241-247, doi:10.3109/08039488.2015.1081405 (2016).<br>A 2016 study of nearly all (98%; n=104) of Dutch patients who underwent sex reassignment surgery from 1978-2010 found no significant difference in psychiatric morbidity or mortality between male to female and female to male(FtM) “save for the total number of psychiatric diagnoses where FtM held a significantly higher number of psychiatric diagnoses overall.”<br>“This suggests that generally SRS may reduce psychological morbidity for some individuals while increasing it for others.”<br>SRS was not an agent of statistically significant net benefit. |
| **p. 124** | **p. 50** |
| 2018. Tobin J et al, The effect of GnRHa treatment on bone density in young adolescents with gender dysphoria: findings from a large national cohort, Endocrine Abstracts (2018) 58 OC8.2 \| DOI: 10.1530/endoabs.58.OC8.2.<br>Per Mike Laidlaw: For the 39 adolescent girls, “Initially, they were in the 40th percentile for bone density. By the end of two years, however, they were in the lower 3rd percentile for bone density.”<br>In the study’s conclusion: | 2018. Tobin J et al, The effect of GnRHa treatment on bone density in young adolescents with gender dysphoria: findings from a large national cohort, Endocrine Abstracts (2018) 58 OC8.2 \| DOI: 10.1530/endoabs.58.OC8.2.<br>In the study’s conclusion:<br>“We have shown that there is no actual change in BMAD or tBMD in young transgender adolescents on long term GnRHa therapy, and certainly no true fall as initially suspected. We suggest that yearly |

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| "We have shown that there is no actual change in BMAD or tBMD in young<br>transgender adolescents on long term GnRHa therapy, and certainly no true fall as initially suspected. We suggest that yearly DEXA scans may not be necessary. We also suggest that reference ranges may need to be re-defined for this patient cohort." | DEXA scans may not be necessary. We also suggest that reference ranges may need to be re-defined for this patient cohort."<br>Per Mike Laidlaw: For the 39 adolescent girls, "Initially, they were in the 40th percentile for bone density. By the end of two years, however, they were in the lower 3rd percentile for bone density." |
| **pp. 120-121** | **pp. 52-53** |
| Turban JL, King D, Carswell JM, et al. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation.<br>Pediatrics Feb 2020, 145 (2) e20191725; DOI: 10.1542/peds.2019-1725<br>"Using a cross-sectional survey of 20 619 transgender adults aged 18 to 36 years…" [2015 U.S Transgender Survey. Online survey of transgender and "genderqueer" adults recruited from trans-friendly websites.]<br>Retrospective, cross-sectional ("…cross-sectional design, which does not allow for determination of causation.").<br>Self-reporting of history of adolescent puberty suppression.<br>Not controlled for other mental health factors. "…it is plausible that those without suicidal ideation had better mental health when seeking care and thus were more likely to be considered eligible for pubertal suppression." Those with worse mental health would often be denied puberty blockage<br>Desisters and regretters would not likely be in this study group, which also only included adults, so "it does not include outcomes for people who may have initiated pubertal suppression and subsequently no longer identify as transgender." A very limited group of respondents.<br>"those who received treatment with pubertal suppression, when compared with those who wanted pubertal suppression but did not receive it, had lower odds of lifetime suicidal ideation (adjusted odds ratio = 0.3; 95% confidence interval = 0.2– 0.6)."<br>This was one measure of 9 that were evaluated, the only positive result reaching statistical significance. | Turban JL, King D, Carswell JM, et al. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. Pediatrics Feb 2020, 145 (2) e20191725; DOI: 10.1542/peds.2019-1725<br>"Using a cross-sectional survey of 20 619 transgender adults aged 18 to 36 years…"[2015 U.S Transgender Survey. Online survey of transgender and "genderqueer" adults recruited from trans-friendly websites.]<br>Retrospective, cross-sectional ("…cross-sectional design, which does not allow for determination of causation.").<br>Self-reporting of history of adolescent puberty suppression.<br>Not controlled for other mental health factors. "…it is plausible that those without suicidal ideation had better mental health when seeking care and thus were more likely to be considered eligible for pubertal suppression." Those with worse mental health would often be denied puberty blockage<br>Desisters and regretters would not likely be in this study group, which also only included adults, so "it does not include outcomes for people who may have initiated pubertal suppression and subsequently no longer identify as transgender." A very limited group of respondents.<br>"those who received treatment with pubertal suppression, when compared with those who wanted pubertal suppression but did not receive it, had lower odds of lifetime suicidal ideation (adjusted odds ratio = 0.3; 95% confidence interval =0.2– 0.6)."<br>This was one measure of 9 that were evaluated, the only positive result reaching statistical significance. |

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| But again, "…cross-sectional design, which does not allow for determination of causation."<br>However, Table 3. Under "Suicidality (past 12 mo)" reductions for suppressed group v non were seen for ideation (50.6% v 64.8%) and "ideation with plan" (55.6% v 58.2%). But "ideation with plan and attempt" for the suppressed group went up to 24.4% v 21.5% for non. "Attempt resulting in inpatient care" was 45.5% for suppression groups vs 22.8% for non.<br>This study, and most any based on the US Transgender Survery, really tells us little about the effects of puberty suppression on children with gender dysphoria. | But again, "…cross-sectional design, which does not allow for determination of causation."<br>However, Table 3. Under "Suicidality (past 12 mo)" reductions for suppressed group v non were seen for ideation (50.6% v 64.8%) and "ideation with plan" (55.6% v58.2%). But "ideation with plan and attempt" for the suppressed group went up to 24.4% v 21.5% for non. "Attempt resulting in inpatient care" was 45.5% for suppression groups vs 22.8% for non.<br>This study, and most any based on the US Transgender Survery, really tells us little about the effects of puberty suppression on children with gender dysphoria. |
| **p. 122** | **p. 53** |
| LTEs against Turban in Pediatrics: (All LTEs come under a single URL)<br>https://pediatrics.aappublications.org/content/145/2/e20191725/tab-e-letters#re-pubertal-suppression-for-transgender-youth-and-risk-of-suicidal-ideation<br>Scott S. Field, Den A. Trumbull, RE: Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation.<br>Patrick H Clarke, RE: Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation.<br>"The following is a brief summary of the flaws in the Turban et al.'s study, which render their conclusions misleading:<br>1. The source study, the United States Transgender Survey 2015 (USTS), employed a non representative, biased convenience sample. The results from this survey are unreliable.3<br>2. Over 70% of the USTS respondents demonstrably did not know what puberty blockers were, claiming to have commenced treatment after age 18. Although Turban et al. attempted to control for this, a proper adjustment was not possible.<br>3. There was no control for underlying mental health. Since more stable individuals are more likely to be eligible for puberty suppression, one cannot discern mental health benefits or harms of puberty suppression without controlling for pre-treatment mental health. | Letters to editor against Turban in Pediatrics: (All LTEs come under a single URL)<br>https://pediatrics.aappublications.org/content/145/2/e20191725/tab-eletters#re-pubertal-suppression-for-transgender-youth-and-risk-of-suicidalideation<br>Scott S. Field, Den A. Trumbull, RE: Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation.<br>Patrick H Clarke, RE: Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation.<br>"The following is a brief summary of the flaws in the Turban et al.'s study, which render their conclusions misleading:<br>1. The source study, the United States Transgender Survey 2015 (USTS), employed a non representative, biased convenience sample. The results from this survey are unreliable.3<br>2. Over 70% of the USTS respondents demonstrably did not know what puberty blockers were, claiming to have commenced treatment after age 18. Although Turban et al. attempted to control for this, a proper adjustment was not possible.<br>3. There was no control for underlying mental health. Since more stable individuals are more likely to be eligible for puberty suppression, one cannot discern mental health benefits or harms of |

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| 4. Turban et al. ignored their own finding that a history of puberty suppression was associated with an increase in recent serious suicide attempts." | puberty suppression without controlling for pre-treatment mental health.<br>4. Turban et al. ignored their own finding that a history of puberty suppression was associated with an increase in recent serious suicide attempts." |
| **p. 121** | **p. 53** |
| Michael Biggs, Puberty Blockers and Suicidality in Adolescents Suffering from Gender Dysphoria. Archives of Sexual Behavior, accepted 14 May 2020, DOI: 10.1007/s10508-020-01743-6<br>Outstanding refutation of both Turban study and general use of US Transgender Survey. | Michael Biggs, Puberty Blockers and Suicidality in Adolescents Suffering from Gender Dysphoria. Archives of Sexual Behavior, accepted 14 May 2020, DOI:10.1007/s10508-020-01743-6o<br>Outstanding refutation of both Turban study and general use of US Transgender Survey. |
| **pp. 121-122** | **p. 53** |
| Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion<br>efforts and psychological distress and suicide attempts among transgender adults. JAMA Psychiatry, 77(1), 68–76. https ://doi. org/10.1001/jamap sychi atry.2019.2285. | Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. JAMA Psychiatry, 77(1), 68–76. https ://doi.org/10.1001/jamap sychi atry.2019.2285. |
| **pp. 122-124** | **pp. 54-55** |
| Summary of : D'Angelo, R., Syrulnik, E., Ayad, S. et al. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. Arch Sex Behav (2020). https://doi.org/10.1007/s10508-020-01844-2<br>Turban et al, claimed that those responding yes to 2015 U.S. Transgender Survey (USTS) question 13.2 -- "Did any professional (such as a psychologist, counselor, religious advisor) try to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)?" – has worse mental health than those answering no, and concluded that gender identity conversion efforts (GICE) should be avoided in all ages.<br>Regarding 2015 USTS: "This survey used convenience sampling, a methodology which generates low-quality data (Bornstein, Jager, & Putnick, 2013). Specifically, the participants were recruited through transgender advocacy organizations and subjects were asked to | Summary of Critique by D'Angelo, R., Syrulnik, E., Ayad, S. et al. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. Arch Sex Behav (2020). https://doi.org/10.1007/s10508-020-01844-2<br>Turban et al, claimed that those responding yes to 2015 U.S. Transgender Survey(USTS) question 13.2 -- "Did any professional (such as a psychologist, counselor, religious advisor) try to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)?" – has worse mental health than those answering no, and concluded that gender identity conversion efforts (GICE) should be avoided in all ages.<br>Regarding 2015 USTS: "This survey used convenience sampling, a methodology which generates low-quality data (Bornstein, Jager, & Putnick, 2013). Specifically, the participants were recruited through transgender advocacy organizations and subjects were asked to |

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| "pledge" to promote the survey among friends and family. This recruiting method yielded a large but highly skewed sample."<br>Section "Invalid Measure of Gender Conversion Therapy" re USTS question 13.2: "Firstly, the question conflates mental health encounters with interactions with other types of professionals. Secondly, there is no information about whether the recalled encounter was self-initiated or coerced. Thirdly, it does not differentiate between diagnostic evaluations or a specific therapeutic intervention. There is also no information about whether the focus of the encounter was gender dysphoria or another condition. And finally, it does not determine whether shaming, threats, or other unethical tactics were utilized during the encounter."<br>"Their analysis is compromised by serious methodological flaws, including the use of a biased data sample, reliance on survey questions with poor validity, and the omission of a key control variable, namely subjects' baseline mental health status."<br>Misinterpretation of K-6 scale. "The K-6 scale, and its cutoff score of ≥ 13, was specifically developed by Kessler et al. (2003 ) in order to discriminate<br>between cases of non-specific psychological distress and cases of serious mental illness (SMI). Scoring ≥ 13 is predictive of having a DSM diagnosis of schizophrenia, bipolar disorder, and a range of other major mental health conditions that cause serious functional impairment (Substance Abuse<br>and Mental Health Services Administration, 2020 ). Thus, Turban et al.'s (2020 ) finding of an association between the recall of GICE and scoring ≥ 13 actually suggests that the USTS participants recalling GICE were more likely to have a severe mental illnesses diagnosis than those not recalling<br>GICE."<br>Section "Omission of a Key Control Variable": "In fact, failure to control for the subjects' baseline mental health makes it impossible | "pledge" to promote the survey among friends and family. This recruiting method yielded a large but highly skewed sample."<br>Section "Invalid Measure of Gender Conversion Therapy" re USTS question 13.2: "Firstly, the question conflates mental health encounters with interactions with other types of professionals. Secondly, there is no information about whether the recalled encounter was self-initiated or coerced. Thirdly, it does not differentiate between diagnostic evaluations or a specific therapeutic intervention. There is also no information about whether the focus of the encounter was gender dysphoria or another condition. And finally, it does not determine whether shaming, threats, or other unethical tactics were utilized during the encounter."<br>"Their analysis is compromised by serious methodological flaws, including the use of a biased data sample, reliance on survey questions with poor validity, and the omission of a key control variable, namely subjects' baseline mental health status."<br>Misinterpretation of K-6 scale. "The K-6 scale, and its cutoff score of ≥ 13, was specifically developed by Kessler et al. (2003 ) in order to discriminate between cases of non-specific psychological distress and cases of serious mental illness (SMI). Scoring ≥ 13 is predictive of having a DSM diagnosis of schizophrenia, bipolar disorder, and a range of other major mental health conditions that cause serious functional impairment (Substance Abuse and Mental Health Services Administration, 2020 ). Thus, Turban et al.'s (2020 ) finding of an association between the recall of GICE and scoring ≥ 13 actually suggests that the USTS participants recalling GICE were more likely to have a severe mental illnesses diagnosis than those not recalling GICE."<br>Section "Omission of a Key Control Variable": "In fact, failure to control for the subjects' baseline mental health makes it impossible to determine whether the mental health or the suicidality of subjects worsened, stayed the same, or potentially even improved after the non-affirming encounter." |

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| to determine whether the mental health or the suicidality of subjects worsened, stayed the<br>same, or potentially even improved after the non-affirming encounter."<br>Section "Internal Inconsistencies in Mental Health": "Another measure of<br>psychological distress chosen by Turban et al.—substance misuse—was not significantly different between GICE and the non-GICE group. More importantly, there is a lack of consistency in the suicide measures. While lifetime suicide attempts were elevated among the GICE group, total suicide attempts in the prior 12 months, as well as suicide attempts requiring hospitalization, which generally indicate more serious attempts rather than non-suicidal self-injury, were not significantly different between the two groups."<br>"Further, Turban et al.'s choice to interpret the said association as evidence of harms of GICE disregards the fact that neither the presence nor the direction of causation can be discerned from this study due to its cross-sectional design."<br>"Arguably, even more problematic than the flawed analysis itself is the simplistic "affirmation" versus "conversion" binary, which permeates Turban et al.'s (2020 ) narrative and establishes the foundation for their analysis and conclusions." … "at worst, it effectively mis-categorizes ethical psychotherapies that do not fit the "affirmation" descriptor as conversion therapies. Stigmatizing non-"affirmative" psychotherapy for GD as "conversion" will reduce access to treatment alternatives for patients seeking non-biomedical solutions to their distress."<br>"Turban et al.'s (2020 ) unproven assertion that non-affirming therapies are dangerous stands in contrast to the documented risks and uncertainties associated with hormonal and surgical interventions that are a core part of the "affirmation" treatment path."<br>"We call on the scientific community to resist the stigmatization of psychotherapy for GD and to support rigorous outcome research | Section "Internal Inconsistencies in Mental Health": "Another measure of psychological distress chosen by Turban et al.—substance misuse—was not significantly different between GICE and the non-GICE group. More importantly, there is a lack of consistency in the suicide measures. While lifetime suicide attempts were elevated among the GICE group, total suicide attempts in the prior 12 months, as well as suicide attempts requiring hospitalization, which generally indicate more serious attempts rather than non-suicidal self-injury, were not significantly different between the two groups."<br>"Further, Turban et al.'s choice to interpret the said association as evidence of harms of GICE disregards the fact that neither the presence nor the direction of causation can be discerned from this study due to its cross-sectional design."<br>"Arguably, even more problematic than the flawed analysis itself is the simplistic" affirmation" versus "conversion" binary, which permeates Turban et al.'s (2020 ) narrative and establishes the foundation for their analysis and conclusions." … "at worst, it effectively mis-categorizes ethical psychotherapies that do not fit the "affirmation" descriptor as conversion therapies. Stigmatizing non-"affirmative" psychotherapy for GD as "conversion" will reduce access to treatment alternatives for patients seeking non-biomedical solutions to their distress."<br>"Turban et al.'s (2020 ) unproven assertion that non-affirming therapies are dangerous stands in contrast to the documented risks and uncertainties associated with hormonal and surgical interventions that are a core part of the "affirmation" treatment path."<br>"We call on the scientific community to resist the stigmatization of psychotherapy for GD and to support rigorous outcome research investigating the effectiveness of various psychological treatments aimed at ameliorating or resolving GD." |

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