

CORRECTIONS TO FL DRAFT

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P.3 item under “Behavioral Health Issues...”, 2nd to last sentence.

Issue of behavioral health preceding gender dysphoria diagnosis.

- 2015 report from Finland’s gender identity services found **75%** of adolescents they saw were or **had been undergoing psychiatric treatment for reasons other than GD**. 26% had autism spectrum disorder. 87% female.¹
- 2014. Four nation European study found almost **70%** of people with gender identity disorder had “**a current and lifetime diagnosis**.”²
- **2018. Lisa Littman’s** parental survey of Rapid Onset Gender Dysphoria:³
 - 62.5% of gender dysphoric adolescents had “a psychiatric disorder or neurodevelopmental disability (**before**) the onset of gender dysphoria”.
 - 12.3% prevalence of autism spectrum disorder.
 - (48.4%) had experienced a traumatic or stressful prior event
 - 83% female.
- **Kaiser-Permanente study** 2018 (Becerra-Culqui): Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers.⁴
 - Gleaned from **electronic medical records of 8.8M members** in GA and CA.
 - **High rates of psychiatric disorders and suicidal ideation before gender non-congruence in teens.**
 - Rates (prevalence ratios/PR) in the 6 months before first findings of GNC compared to gender congruent peers: **psych disorders 7 times higher overall**, vast PR for certain ones, **psych hospitalizations 22-44 times higher, self harm 70-144 times higher, suicidal ideation 25-54 times higher** (Tables 3 & 4 of study).
 - Suicidal ideation during said 6 months before GNC findings: 7% in biological males and 5% in biological females. Far below rates claimed by activists, but still high.

¹ Kaltiala-Heino R, Sumia M, Työläjäarvi M, Lindberg N. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.

² Heylens G, et al. “Psychiatric characteristics in transsexual individuals: multicentre study in four European countries,” *The British Journal of Psychiatry* Feb 2014, 204 (2) 151-156; DOI: 10.1192/bjp.bp.112.121954.

³ Littman, L. “Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports,” *journals.plos.org*, Aug. 16, 2018.
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>

⁴ Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics*. 2018;141(5):e20173845.

P.4 item under “Behavioral Health Services:” final sentence.

- “The World Professional Association for Transgender Health’s Standards of Care recommend an informed consent process, which is at odds with its recommendation of providing hormones on demand.” – Steven B. Levine, MD⁵

P.5 first paragraph, first sentence regarding “standard of care for gender dysphoria”

- The Endocrine Society Guidelines specifically stated, “The guidelines cannot guarantee any specific outcome, **nor do they establish a standard of care**”:
“The guidelines should not be considered inclusive of all proper approaches or methods, or exclusive of others. **The guidelines cannot guarantee any specific outcome, nor do they establish a standard of care.** The guidelines are not intended to dictate the treatment of a particular patient.”⁶ P. 3895.
- 2017 Endocrine Society Guidelines for treatment of gender dysphoric/gender-incongruent persons recommended puberty blocking and cross-sex hormone administration to selected minors **citing “low evidence” and genital surgery for selected adults citing “very low evidence.”**

P.7 “Neuroanatomical Etiology” and brain studies with MRIs.

Neuroimaging and Neuroplasticity.

- Neuroimaging:
Prof. Lawrence Mayer, 2016: “...it is now widely recognized among psychiatrists and neuroscientists who engage in brain imaging research that there are inherent and ineradicable methodological limitations of any neuroimaging study that simply associates a particular trait, such as a certain behavior, with a particular brain morphology.”⁷
- Neuroplasticity is a well-established principle. The brain changes with exposures and behaviors.⁸ The “brain as muscle” analogy.
- 1997, Dr. Mark Breedlove (then at UC Berkeley), “. . . sexual experience can alter the structure of the brain, just as genes can alter it. [I]t is possible that differences in sexual behavior cause (rather than are caused by) differences in the brain.”⁹

Brain Sex?

- Neurons have nuclei on which sex is stamped.

⁵ Stephen B. Levine (2018): Informed Consent for Transgendered Patients, *Journal of Sex & Marital Therapy*, DOI: 10.1080/0092623X.2018.1518885

⁶ Wylie C Hembree, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

⁷ Mayer L and McHugh P, “Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences,” TheNewAtlantis.com, Fall 2016, p. 103.

⁸ Gu J, Kanai, R. “What contributes to individual differences in brain structure?” *Front Hum Neurosci.* 2014 Apr 28;8:262. doi: 10.3389/fnhum.2014.00262.

⁹ Breedlove, M.S. (1997), “Sex on the brain,” *Nature*, 389, p. 801.

- Research has failed to establish that there is such a thing as a female brain or a male brain.¹⁰
- Researchers analyzed MRIs of more than 1,400 human brains from four datasets. They found extensive overlap between ‘females and males for all gray matter, white matter, and connections assessed.’ “These findings are corroborated by a similar analysis of personality traits, attitudes, interests, and behaviors of more than 5,500 individuals which reveals that internal consistency is extremely rare....**although there are sex/gender differences in the brain, human brains do not belong to one of two distinct categories: male brain/female brain.**”¹¹

P.10 “Desistance of Gender Dysphoria and Puberty Suppression” sentence 2 about “can provide extra time for adolescents to explore...”

MYTH of Buying TIME^{12 13 14}

- Puberty blocking is sold as “wait and see,” “buying time,” or “pause button”.¹⁵
 - It selects persistence rather than likely natural desistance.
 - Gateway drug committing a child to cross sex hormones and SRS.
- Laidlaw, et al: “In a study of 70 adolescents who were followed **after receiving PBA, 100% desired to continue on to cross-sex hormones** (de Vries et al. 2011). The natural patten of desistance has been broken...”¹⁶

¹⁰ Jordan-Young, R.M. Hormones, context, and “brain gender”: A review of evidence from congenital adrenal hyperplasia. (2012). *Social Science & Medicine*, 74, 1738-1744. <https://doi.org/10.1016/j.socscimed.2011.08.026>

¹¹ Joel, D., Berman, Z., Tavor, L., et al. Sex beyond the genitalia: The human brain mosaic. (2015). *PNAS*, 112(50), 15468-15473. www.pnas.org/cgi/doi/10.1073/pnas.1509654112

¹² Singh, Devita. “A Follow up Study of Boys with Gender Dysphoria.” *nymag.com*, 2012, images.nymag.com/images/2/daily/2016/01/SINGH- DISSERTATION.pdf.

¹³ Michael Laidlaw, Michelle Cretella, Kevin Donovan, *The Right to Best Care for Children Does Not Include the Right to Medical Transition*, *American Journal of Bioethics*, 19 (2):75-77 (2019). <https://doi.org/10.1080/15265161.2018.1557288>.

¹⁴ de Vries, A. L. C., T. D. Steensma, T. A. H. Doreleijers, and P. T. Cohen-Kettenis. 2011. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *The Journal of Sexual Medicine* 8(8): 2276–2283. doi: 10.1111/j.1743-6109.2010.01943.x).

¹⁵ Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone, Letter to the Editor: Endocrine Treatment of Gender-Dsyphoria/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline, *JCEM*, Online, November 23, 2018..

¹⁶ Michael Laidlaw, Michelle Cretella, Kevin Donovan, *The Right to Best Care for Children Does Not Include the Right to Medical Transition*, *American Journal of Bioethics*, 19 (2):75-77 (2019). <https://doi.org/10.1080/15265161.2018.1557288>

Cited: de Vries, A. L. C., T. D. Steensma, T. A. H. Doreleijers, and P. T. Cohen-Kettenis. 2011. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *The Journal of Sexual Medicine* 8(8): 2276–2283. doi: 10.1111/j.1743-6109.2010.01943.x.

- The **discontinuation rate** for transition **after initiating PB is low**. 1.4% per Wiepjes, et al.,¹⁷ 1.9% per Brik, et al.,¹⁸ and 3.5% per Kuper, et al.¹⁹, and 2% per Carmichael, et al.²⁰

P.13 first paragraph, 2nd sentence about “standard treatment for gender dysphoria”.

- Experimental, not proven effective or safe.
- The Endocrine Society Guidelines specifically stated, “The guidelines cannot guarantee any specific outcome, **nor do they establish a standard of care**”:
“The guidelines should not be considered inclusive of all proper approaches or methods, or exclusive of others. **The guidelines cannot guarantee any specific outcome, nor do they establish a standard of care.** The guidelines are not intended to dictate the treatment of a particular patient.”²¹ P. 3895.

P.19 last paragraph, 4th line down, “recommend that only adults (18 years old) undergo sex reassignment surgery...”

- But mastectomies are being done to 13 year olds.
- **Olson-Kennedy, 2018, JAMA Peds about Mastectomies on minors:**
 - **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
 - **Problems:**
 - “Chest dysphoria” is a neologism of convenience, not a DSM-5 diagnosis.

¹⁷ Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. *J Sex Med.* 2018;15(4):582–590

¹⁸ Brik T, Vrouwenraets LJ, de Vries MC, Hannema SE. Trajectories of adolescents treated with gonadotropinreleasing hormone analogues for gender dysphoria [published online ahead of print March 9, 2020]. *Arch Sex Behav.* doi:10.1007/s10508-020-01660-8

¹⁹ Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. *Pediatrics.* 2020;145(4):e20193006

²⁰ Polly Carmichael, Gary Butler, et al.. 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

²¹ Wylie C Hembree, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

- The “chest dysphoria scale” measuring tool of the authors and “is not yet validated.” (p. 435)
- **Mastectomies were done on girls as young as 13 or 14 yo** lacking the capacity for mature decision making or informed consent.
- Study seems flawed and unethical.

P.21 “Branstrom et al’s study”

- 2019 (online) Bränström and Pachankis. First total population study of 9.7 million Swedish residents.²² Ultimately showed neither “gender-affirming hormone treatment” nor “gender-affirming surgery” provided reductions of the mental health treatment benchmarks examined.^{23 24}

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>

Quick summary version:

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.

- **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.”**
- 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.
 - 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>

²² 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>

²³ 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>

²⁴ 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.

[Other six are found in the endnotes of Branstrom Response to Letters below. doi: 10.1176/appi.ajp.2020.20050599.]

- 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. [Other six are found in the endnotes of Branstrom Response to Letters below. doi: 10.1176/appi.ajp.2020.20050599.]
- 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>
- 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.

P.23, last paragraph concerned “2022 Olson”

Social Transitioning

- **Social transitioning** by itself leads to persistence of GD:
 - From **the Endocrine Society guidelines** themselves, even “**Social transition is associated with the persistence of GD** as a child progresses into adolescence.”²⁵
 - Ken Zucker: “Gender **social transition** of prepubertal children will **increase dramatically the rate of gender dysphoria persistence** when compared to follow-up studies of children with gender dysphoria who did not receive this type of psychosocial intervention and, oddly enough, **might be characterized as iatrogenic.**”²⁶
- Please see again the prior section on PBA use selecting persistence over natural desistance.

Additional Comments on “Regret” Rates.

- Regret rates with GAT are not low, and studies underestimate them due to “overly stringent definitions of regret” “very high rates of participant loss to follow-up (22%-63%) (D’Angelo, 2018)...”²⁷

²⁵ Hembree, W., Cohen-Kettenis, et al., (2017) Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*,102:1–35.

²⁶ Zucker, K. Debate: Different strokes for different folks. *Child and Adolescent Mental Health*. Accepted for publication: 18 March 2019.

²⁷ 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>

Citing: D’Angelo R. Psychiatry’s ethical involvement in gender-affirming care. *Australasian Psychiatry*. 2018;26(5):460-463. doi:[10.1177/1039856218775216](https://doi.org/10.1177/1039856218775216)

- The chemical sterilization/castration and surgical mutilation of normal sex organs in children is not healthcare.

Lack of Randomized Controlled Trials

- Zucker, 2019. "...the field suffers from a vexing problem: There are **no randomized controlled trials (RCT) of different treatment approaches**, so the front-line clinician has to rely on lower-order levels of evidence in deciding on what the optimal approach to treatment might be."²⁸
- Hruz, 2020. **Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria**. "Limitations of the existing transgender literature include general lack of randomized prospective trial design, small sample size, recruitment bias, short study duration, high subject dropout rates, and reliance on "expert" opinion."²⁹
- Levine, 2020. "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."³⁰

²⁸ Zucker, K. J. (2019), Debate: Different strokes for different folks. *Child Adolesc Ment Health*. doi:[10.1111/camh.12330](https://doi.org/10.1111/camh.12330)

²⁹ Hruz, P. W. (2020). Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria. *The Linacre Quarterly*, 87(1), 34–42. <https://doi.org/10.1177/0024363919873762>

³⁰ 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>