

1 Resolution #27 2022 Leadership Conference  
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3 TITLE: In Support of a Rigorous Systematic Review of Evidence and Policy Update  
4 for Management of Pediatric Gender Dysphoria  
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6 SPONSORED BY:  
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8 DATE: April 1, 2022  
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10 DISPOSITION:  
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12 Whereas, national health systems and professional organizations in multiple countries  
13 are reconsidering the use of hormones and surgeries as first line treatment  
14 for gender dysphoric children and young people; and  
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16 Whereas, both growing numbers of parents and prominent World Professional  
17 Association for Transgender Health (WPATH) leaders are expressing deep  
18 concerns about the use of medical and surgical interventions without  
19 sufficient exploratory psychotherapy, and  
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21 Whereas, puberty blockers followed by cross sex hormones compromise future fertility  
22 and sexual function, two fundamental human rights that should not be  
23 compromised except in exceptional circumstances, and  
24  
25 Whereas, no clear diagnostic criteria exist which can reliably identify which young  
26 people will persist in a transgender identification and there is increasing  
27 evidence of regret and detransition, therefore be it  
28  
29 RESOLVED, that the Academy, in a fashion similar to the Cass Review that was  
30 commissioned by the United Kingdom’s National Health Service, will  
31 undertake a rigorous systematic review of available evidence regarding the  
32 safety, efficacy, and risks of childhood social transition, puberty blockers,  
33 cross sex hormones and surgery, and be it further  
34  
35 RESOLVED, that the Academy will update the 2018 guidelines for the care of gender  
36 dysphoric youth, based on the results of this evidence review, and in  
37 consultation with a range of stakeholders, including mental health and  
38 medical clinicians, parents and patients, with diverse views and experiences.  
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40 FISCAL NOTE: None  
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42 REFER TO: 2022 Leadership Conference  
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64 BACKGROUND

65 INFORMATION: Background Information from the Author

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67 The Cass review<sup>3</sup>, commissioned by the UK's NHS and led by Dr. Hilary Cass,  
68 an experienced pediatrician, issued its interim report in March 2022. They  
69 engaged multiple stakeholders with a range of views and undertook a  
70 rigorous review of the available evidence. In their report they express  
71 concern that puberty blockers and hormones may not be the best approach  
72 for all children and young people desiring these interventions. They identify  
73 the "affirmative model" as an American model of care.

73

74 The NHS previously commissioned the NICE evidence reviews<sup>17,18</sup>, which  
75 were published in March 2021. These systematic reviews concluded that the  
76 evidence of benefits of puberty blockers and hormonal interventions in  
77 youth is inconclusive and that the evidence basis itself is of very low quality.  
78 Several other countries have conducted similar reviews, with similar  
79 conclusions.

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81 The Finnish Health Authority also did a systematic review and similarly  
82 issued new guidelines<sup>2</sup> in 2020, stating that psychotherapy, rather than  
83 puberty blockers and cross-sex hormones, should be the first-line treatment  
84 for gender dysphoric youth.

85

86 Similarly, the Royal Australian and New Zealand College of Psychiatrists  
87 released a position statement<sup>4</sup> in August 2021 emphasizing the 'paucity of  
88 evidence' regarding optimal treatment of gender dysphoria in children and  
89 adolescents, the need for better evidence, and the importance of a  
90 comprehensive assessment which incorporates full consideration of the  
91 context, as well as features of mental illness and personal and family  
92 history.

93

94 The National Academy of Medicine in France released a statement<sup>5</sup> in  
95 February 2022 urging great caution in the use of puberty blockers and cross-  
96 sex hormones in young people, due to concerns about serious long term side  
97 effects, especially given the lack of any definitive test to distinguish transient  
98 from persistent dysphoria in young people.

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The Swedish National Board of Health and Welfare released updated recommendations<sup>1</sup> for gender dysphoria in young people in February 2022, concluding that the risks of hormone treatment for those under 18 outweigh the benefits, and that these interventions should not be offered outside of clinical trials. Sweden's Karolinska Institute's Children's Hospital had already stopped using puberty blockers and cross sex hormones to treat gender dysphoric children outside of clinic trials due to concerns about "low quality evidence" and "extensive and irreversible adverse consequences" in May 2021<sup>19</sup>.

Given the increasing numbers of children and young people identifying as transgender (as many as 9%)<sup>20</sup> and the near unified movement away from hormonal and surgical interventions as first line treatment in multiple countries, a review of the evolving evidence is imperative.

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Background Information from the Committee on Adolescence and Section on Adolescent Health

The Committee on Adolescence (COA) is a co-authoring group for the revision (underway) of the Care of Transgender Youth clinical report, which will include the current literature on gender dysphoria.

The Section on Adolescent Health (SOAH) is not addressing this issue.

Background Information from the Section on LGBT Health and Wellness

The Section on LGBT Health and Wellness (SOLGBTHW) is currently developing a clinical report “Providing Affirmative Clinical Care to Transgender and Gender-Diverse Children and Adolescents” which will be a thorough update to the 2018 statement and will review the current literature.

Background Information from the Committee on Psychosocial Aspects of Child and Family Health

COPACFH is currently working with the Section on LGBT Health and Wellness (SOLGBTHW) and the Committee on Adolescence to develop a clinical report on providing affirmative care to transgender and gender-diverse children and adolescents. This new clinical report will involve a review of the current literature and update the 2018 statement.

Background Information from the Section on Developmental and Behavioral Pediatrics

At this time, the SODBP is not addressing the issues raised in the resolved portions of this resolution.