

1 Resolution # 2022 Leadership Conference
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3 TITLE: In Support of a Rigorous Systematic Review of Evidence and Policy
4 Update for Management of Pediatric Gender Dysphoria
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7 SPONSORED BY:
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9 DATE: March 31, 2022
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11 DISPOSITION:
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13 Whereas, national health systems¹⁻³ and professional organizations^{4,5} in multiple
14 countries are reconsidering the use of hormones and surgeries as first
15 line treatment for gender dysphoric children and young people, and
16
17 Whereas, both growing numbers of parents⁶ and prominent WPATH leaders⁷⁻⁹ are
18 expressing deep concerns about the use of medical and surgical
19 interventions without sufficient exploratory psychotherapy, and
20
21 Whereas, puberty blockers followed by cross sex hormones compromise future
22 fertility and sexual function,^{10,11} two fundamental human rights that
23 should not be 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 identification¹² and there is increasing
27 evidence of regret and detransition,¹³⁻¹⁶ 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
32 the safety, efficacy, and risks of childhood social transition, puberty
33 blockers, 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
39 experiences.
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41 FISCAL NOTE: none
42
43 Refer To: 2022 Annual Leadership Conference

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52 BACKGROUND INFORMATION: from the Authors

53 The Cass review³, commissioned by the UK's NHS and led by Dr. Hilary Cass, an experienced
54 pediatrician, issued its interim report in March 2022. They engaged multiple stakeholders with
55 a range of views and undertook a rigorous review of the available evidence. In their report they
56 express concern that puberty blockers and hormones may not be the best approach for all
57 children and young people desiring these interventions. They identify the "affirmative model"
58 as an American model of care.

59 The NHS previously commissioned the NICE evidence reviews^{17,18}, which were published in
60 March 2021. These systematic reviews concluded that the evidence of benefits of puberty
61 blockers and hormonal interventions in youth is inconclusive and that the evidence basis itself
62 is of very low quality. Several other countries have conducted similar reviews, with similar
63 conclusions.

64 The Finnish Health Authority also did a systematic review and similarly issued new guidelines² in
65 2020, stating that psychotherapy, rather than puberty blockers and cross-sex hormones, should
66 be the first-line treatment for gender dysphoric youth.

67 Similarly, the Royal Australian and New Zealand College of Psychiatrists released a position
68 statement⁴ in August 2021 emphasizing the 'paucity of evidence' regarding optimal treatment
69 of gender dysphoria in children and adolescents, the need for better evidence, and the
70 importance of a comprehensive assessment which incorporates full consideration of the
71 context, as well as features of mental illness and personal and family history.

72 The National Academy of Medicine in France released a statement⁵ in February 2022 urging
73 great caution in the use of puberty blockers and cross-sex hormones in young people, due to
74 concerns about serious long term side effects, especially given the lack of any definitive test to
75 distinguish transient from persistent dysphoria in young people.

76 The Swedish National Board of Health and Welfare released updated recommendations¹ for
77 gender dysphoria in young people in February 2022, concluding that the risks of hormone
78 treatment for those under 18 outweigh the benefits, and that these interventions should not be
79 offered outside of clinical trials. Sweden’s Karolinska Institute’s Children’s Hospital had already
80 stopped using puberty blockers and cross sex hormones to treat gender dysphoric children
81 outside of clinic trials due to concerns about “low quality evidence” and “extensive and
82 irreversible adverse consequences” in May 2021¹⁹.

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

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