

STATEMENT FROM ENDOCRINE SOCIETY:

We stand firm in our support of gender-affirming care. Transgender and gender-diverse people deserve access to needed and often life-saving medical care.

NHS England's recent report, the Cass Review, does not contain any new research that would contradict the recommendations made in our [Clinical Practice Guideline](#) on gender-affirming care.

The guideline, which cites more than 260 research studies, recommends a very conservative approach to care, with no medical intervention prior to puberty. Estimates indicate only a fraction of transgender and gender-diverse adolescents opt to take puberty-delaying medications, which have been used to treat early puberty in youth for four decades.

- The guideline recommends beginning treatment with puberty-delaying medications that are generally reversible.
- As adolescents grow older and can provide informed consent, then hormone therapy can be considered.
- Our guideline suggests waiting until an individual has turned 18 or reached the age of majority in their country to undergo gender-affirming genital surgery.

Medical evidence, not politics, should inform treatment decisions.

Our Clinical Practice Guidelines are developed using a [robust and rigorous process](#) that adheres to the highest standards of trustworthiness and transparency as defined by the Institute of Medicine (now the National Academy of Medicine). Our guideline development panels spend years developing each guideline based on a thorough review of medical evidence, author expertise, rigorous scientific review, and a transparent process. More than 18,000 Endocrine Society members worldwide have an opportunity to comment on guideline drafts prior to publication.

The Society is in the process of updating the 2017 Clinical Practice Guideline. It was one of six [selected](#) for a routine update. The process will incorporate the latest research and conduct systematic reviews to provide guidance on the safe and effective treatment of gender incongruence and dysphoria from an endocrine perspective.

We agree that increased funding for youth and adult transgender health research programs is needed to close the gaps in knowledge regarding transgender medical care and should be made a priority.

Although the scientific landscape has not changed significantly, misinformation about gender-affirming care is being politicized. In the United States, 24 states have enacted laws or policies barring adolescents' access to gender-affirming care, according to the [Kaiser Family Foundation](#). In seven states, the policies also include provisions that would prevent at least some adults over age 18 from accessing gender-affirming care.

Cisgender teenagers, together with their parents or guardians, are deemed competent to give consent to various medical treatments. Teenagers who have gender incongruence and their parents and guardians should not be discriminated against.

Transgender and gender-diverse teenagers, their parents, and physicians should be able to determine the appropriate course of treatment. Banning evidence-based medical care based on misinformation takes away the ability of parents and patients to make informed decisions.

Medical evidence, not politics, should inform treatment decisions.