

Exhibit 18

CHRISTOPHER FAIN, ET AL vs.
WILLIAM CROUCH, ET AL

LOREN S. SCHECHTER, MD
03/28/2022

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 HUNTINGTON DIVISION

4 CHRISTOPHER FAIN; ZACHARY
5 MARTELL; BRIAN MCNEMAR, SHAWN
6 ANDERSON a/k/a SHAUNTAE ANDERSON;
7 and LEANNE JAMES, individually
8 and on behalf of all others
9 similarly situated,

10 Plaintiffs,

Civil Action No. 3:20-cv-00740
Hon. Robert C. Chambers, Judge

11 v.

12 WILLIAM CROUCH, in his official
13 capacity as Cabinet Secretary
14 of the West Virginia Department
15 of Health and Human Resources;
16 CYNTHIA BEANE, in her official
17 capacity as Commissioner for
18 the West Virginia Bureau for
19 Medical Services; WEST VIRGINIA
20 DEPARTMENT OF HEALTH AND HUMAN
21 RESOURCES, BUREAU FOR MEDICAL
22 SERVICES; JASON HAUGHT, in his
23 official Capacity as Director
24 of the West Virginia Public
Employees Insurance Agency;
and THE HEALTH PLAN OF WEST
VIRGINIA, INC.,

Defendants.

VIDEO CONFERENCE DEPOSITION
OF
LOREN S. SCHECHTER, M.D.
March 28, 2022

CHRISTOPHER FAIN, ET AL vs.
WILLIAM CROUCH, ET AL

LOREN S. SCHECHTER, MD
03/28/2022

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VIDEO CONFERENCE DEPOSITION
OF
LOREN S. SCHECHTER, M.D.
March 28, 2022

Videconference deposition of DR.

LOREN S. SCHECHTER taken by the Defendants
under the West Virginia Rules of Civil
Procedure in the above-entitled action,
pursuant to notice, before Teresa S. Evans, a
Registered Merit Reporter, all parties located
remotely, on the 28th day of March, 2022.

REALTIME REPORTERS, LLC
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CHRISTOPHER FAIN, ET AL vs.
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CHRISTOPHER FAIN, ET AL vs.
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LOREN S. SCHECHTER, MD
03/28/2022

1 Q. And when you reviewed that policy, did you
2 believe that those procedures were entirely
3 excluded or -- excuse me, or not covered for
4 transgender patients or for people with gender
5 dysphoria?

6 MS. HUPPERT: Objection to form?

7 A. So it would typically only be transgender
8 individuals who would seek to access those
9 interventions.

10 Q. Well, for instance, in your report, you
11 frequently mention that individuals with breast
12 cancer receive double mastectomy. That's a common
13 occurrence for an individual with cancer, correct?

14 A. That can be, yes, one of the options, as --
15 there may be others.

16 Q. Did you see anything in any of the
17 insurance policies that you reviewed that said if a
18 individual has breast cancer and a double
19 mastectomy is the procedure that is recommended,
20 that the transgendered individual cannot undergo
21 that procedure, it's not covered?

22 MS. HUPPERT: Objection to form.

23 A. So again, I'm -- sex transformation
24 procedures would only be done for transgender

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LOREN S. SCHECHTER, MD
03/28/2022

1 individuals.

2 Q. Okay. What if a cisgender individual
3 wanted one of those procedures?

4 A. Which procedure?

5 Q. A -- we'll do a top surgery. What if a
6 cisgender individual requested a top surgery from
7 -- requested prior approval for coverage for a top
8 surgery from West Virginia Medicaid?

9 MS. HUPPERT: Object to form.

10 A. And again, I would need to know more about
11 the situation. "Top surgery" meaning --

12 Q. A -- we'll say a double mastectomy.

13 MS. HUPPERT: Object to form.

14 A. Cisgender individuals may undergo double
15 mastectomies for a variety of indications: A
16 predisposition, for example, to breast cancer. So
17 an individual, cisgender woman - or for that
18 matter, a cisgender man - may have a genetic
19 predisposition, a strong family history.

20 Mastectomy may be one of the treatment
21 options open to them.

22 Q. And is there anything that you reviewed
23 that would suggest to you that in those same
24 situations for transgender individuals, that those

CHRISTOPHER FAIN, ET AL vs.
WILLIAM CROUCH, ET AL

LOREN S. SCHECHTER, MD
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1 coverages are not available to them?

2 MS. HUPPERT: Object to form.

3 A. So again, the sex transformation -- again,
4 I apologize. I don't like that particular term,
5 but we'll use, I believe, what's in it. Sex
6 transformation would only be performed for a
7 transgender individual.

8 A cisgender individual -- at least I
9 haven't had that experience in my practice, to seek
10 a, quote, sex transformation procedure.

11 Q. Are you aware of West Virginia Medicaid
12 denying coverage for a double mastectomy for
13 someone with cancer because they are transgender?

14 MS. HUPPERT: Objection to form.

15 A. Again, my issue is the exclusion or the
16 lack of coverage for sex transformation procedures,
17 which again, are only performed on transgender
18 individuals.

19 Q. So I can ask the question again. Are you
20 aware of West Virginia Medicaid denying coverage to
21 an individual with cancer, noncoverage for a double
22 mastectomy, for an individual with cancer because
23 they are transgender?

24 MS. HUPPERT: Object to form.

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1 A. I don't recall the specific scale.

2 Q. Okay. Are you familiar with the Grade
3 system providing a strong treatment recommendation?

4 MS. HUPPERT: Object to form.

5 A. I'd have to see the specific scale. I
6 can't speak contemporaneously to the specifics of
7 how they do it, how they -- how Grade grades.

8 Q. Okay. Now, Doctor, in your original report
9 - and I believe that it's in Paragraph 18 - you
10 state "The term transgender is used to describe a
11 diverse group of individuals whose gender identity
12 or internal sense of gender differs from the sex
13 they were assigned at birth."

14 Is that an accurate statement?

15 A. It is.

16 Q. Okay. And there are a couple of different
17 terms in there that I'd like you to define. And
18 the first one is sex.

19 A. Sure. So sex is comprised of several
20 factors, which may include one's anatomy, typically
21 external and/or internal genitalia, chromosomes and
22 their gender identity, their internal sense of who
23 they know themselves to be.

24 Q. So an individual -- let me ask: Do you

Exhibit 19

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FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

CHRISTOPHER FAIN, *et al.*, individually and
on behalf of all others similarly situated,

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

**EXPERT DISCLOSURE REPORT OF
LOREN S. SCHECHTER, M.D.**

I. PRELIMINARY STATEMENT

1. I am a board-certified plastic surgeon. I specialize in performing gender confirming surgeries (including chest reconstruction surgeries, genital reconstruction surgeries, and other procedures to feminize or masculinize the face and body, as described in more detail below), and I am a recognized expert in this field.

2. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit to provide an expert opinion on: 1) the standards of care for treating individuals diagnosed with gender dysphoria; 2) the safety, efficacy, and cost of gender confirming surgeries as treatment for gender dysphoria; 3) the similarities between surgical techniques to treat gender dysphoria with those utilized for surgical treatment of other diagnoses; and 4) whether the categorical exclusions of transition-related surgical care in both the West

Virginia state employee healthcare plans and West Virginia's Medicaid Program are consistent with the standards of care for treating transgender individuals diagnosed with gender dysphoria.

3. I refer to the family of procedures discussed in this report as "gender confirmation," "gender confirming surgeries," or "gender affirming surgeries" because they are one of the therapeutic tools used to enable people to be comfortable living in accordance with their gender identities. Out of the myriad of labels I've heard for these procedures "sex reassignment surgery," "gender reassignment surgery," and "sex change operation," to name but a few none is as accurate when it comes to describing what is actually taking place as "gender confirmation" or "gender affirmation surgery." Most, if not all, of the other names used for these procedures suggest that a person is making a choice to switch genders, or that there is a single "surgery" involved. From the hundreds of discussions I have had with patients over the years, nothing could be further from the truth. This is not about choice; it is about using one or more surgical procedures as therapeutic tools to enable people to live authentically.

II. BACKGROUND AND QUALIFICATIONS

A. Qualifications

4. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae ("CV"). A true and correct copy of my most up-to-date CV is attached as Exhibit A.

5. I received my medical degree from the University of Chicago, Pritzker

School of Medicine. I completed my residency and chief residency in plastic and reconstructive surgery and a fellowship in reconstructive microsurgery at the University of Chicago Hospitals.

6. I previously served as a Clinical Professor of Surgery at the University of Illinois at Chicago, and resigned that position to become the Director of Gender Affirmation Surgery at Rush University Medical Center beginning April 2022. I will also serve as Professor of Surgery at Rush University Medical Center (pending academic review). I also maintain a clinical practice in plastic surgery in Illinois where I treat patients from around the country, as well as from around the world.

7. I have been performing gender confirming surgeries for more than 27 years. For at least the past five years, I have been performing approximately 150 gender confirmation procedures every year. I have performed over 1,500 gender confirmation surgeries during my medical career. Currently, approximately 90 percent of the patients in my clinical practice are transgender individuals seeking gender confirmation surgeries.

8. I was a contributing author to the Seventh Version (current) of the World Professional Association for Transgender Health's ("WPATH") Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People ("Standards of Care"). In particular, I wrote the section focused on the relationship of the surgeon with the treating mental health professional and the physician prescribing hormone therapy. WPATH is in the final stages of drafting the eighth version of the Standards of Care, and I am the co-lead author of the surgical and postoperative care chapter.

9. The Standards of Care provide clinical guidance for health professionals based on the best available science and expert professional consensus. The purpose of the Standards of Care is to assist health providers in delivering medical care to transgender people in order to provide them with safe and effective pathways to achieving lasting personal comfort with their gendered selves and to maximize their overall health, psychological well-being, and self-fulfillment.

10. In addition, I have written a number of peer-reviewed journal articles and chapters in professional textbooks about gender confirmation surgeries. In 2016, I published *Surgical Management of the Transgender Patient*, the first surgical atlas (a reference guide for surgeons on how to perform surgical procedures using safe, well-established techniques) dedicated to gender confirming surgeries. In 2020, I published a guide for surgeons entitled *Gender Confirmation Surgery: Principles and Techniques for an Emerging Field*. A full and complete list of my publications is included in my CV.

11. I am a guest reviewer for several peer-reviewed medical journals, including the *Journal of Plastic and Reconstructive Surgery*, the *Journal of Reconstructive Microsurgery*, the *Journal of the American College of Plastic Surgeons*, the *Journal of Plastic and Reconstructive Surgery*, *The Journal of Plastic and Aesthetic Research*, and the *Journal of Sexual Medicine*. I also serve on the editorial board of both *Transgender Health* and the *International Journal of Transgender Health*. Each of these publications is a peer-reviewed medical journal. A full and complete list of my reviewerships and editorial roles is included in my CV.

12. I am actively involved in training other surgeons to perform gender confirmation surgeries. In 2017, I started the surgical fellowship in gender surgery, now placed at Rush University Medical Center in Chicago. I am also the Medical Director of the Center for Gender Confirmation Surgery at Weiss Memorial Hospital. I am a co-investigator on a study regarding uterine transplantation for transgender women.

13. I have given dozens of public addresses, seminars, and lectures on gender confirming surgery, including many through the American Society of Plastic Surgeons. I have also taught a number of courses through WPATH's Gender Education Institute, which provides training courses toward a member certification program in transgender health for practitioners around the world. In addition, in 2018, I co-directed the first live surgery course in gender confirming procedures at Mount Sinai Hospital in New York City, and I am the Director for that live surgery course in 2022. In 2019, I directed the inaugural Gender Affirming Breast, Chest, and Body Master Class for the American Society of Plastic Surgeons.

14. I am also a founding member and president of the American Society of Gender Surgeons; a current member of the Executive Committee of the Board of Directors of the World Professional Association for Transgender Health, where I serve as treasurer; and a former member of the Board of Governors of the American College of Surgeons. I am a guest examiner for the American Board of Plastic Surgery, which involves administering the plastic surgery oral board exam to surgeons who have completed their plastic surgery training and seek board certification. I am the former

Chair of the Patient Safety Committee for the American Society of Plastic Surgeons. I have been an invited discussant at the Pentagon regarding transgender servicemembers.

B. Compensation

15. I am being compensated at an hourly rate of \$400/hour plus expenses for my time spent preparing written testimony and reports, and providing local testimony (including deposition or providing hearing testimony by telephone or video-teleconference). I will be compensated a flat daily rate of \$7,500 for any out-of-town deposition or hearing testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. Previous Testimony

16. Over the past four years, I have given expert testimony at trial or by deposition in the following cases:

- *Illis v. Lagg*, Cook County, IL (trial)
- *Rue v. South Dakota*, D. S.D. (deposition)
- *Boyd v. State of Wisconsin*, W.D. Wis. (deposition)
- *Kadel v. Orell*, M.D.N.C. (deposition)
- *Boomey v. State of Arizona*, D. Ariz. (deposition)

To the best of my recollection, I have not given expert testimony at a trial or at a deposition in any other case during this period.

III. BASIS FOR OPINIONS

17. My opinions contained in this report are based on all of the following: (1)

my clinical experience of over 27 years of caring for transgender individuals; (2) my review and familiarity with relevant peer-reviewed literature;¹ and (3) discussions with colleagues and other experts in the field, including attendance and participation in various educational conferences both nationally and internationally. The research I relied on in preparing this report is cited in the footnotes and detailed in the reference list attached as Exhibit B to this report. I also have reviewed the First Amended Class Action Complaint (ECF No. 140) in this case, as well as the exclusions being challenged in this matter.

IV. DISCUSSION

A. Background on Gender Identity and Gender Dysphoria

18. The term “transgender” is used to describe a diverse group of individuals whose gender identity, or internal sense of gender, differs from the sex they were assigned at birth.

19. Many transgender individuals experience gender dysphoria at some point in their lives. Gender dysphoria is a serious medical condition, defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) published by the American Psychiatric Association as “a difference between one’s experienced/expressed gender and

¹ I regularly and routinely perform literature searches as an educator, including in my roles as clinical professor of surgery at the University of Illinois and attending surgeon at Rush University, where I participate in fellow, resident, and student education; Director of the Center for Gender Confirmation Surgery at Weiss Memorial Hospital; lecturer for the Global Education Initiative for WPATH; invited lecturer at national and international conferences; co-lead author of the surgery and post-operative care chapter of the upcoming WPATH Standards of Care Version 8; an editor and reviewer for peer-reviewed publications; and a course director for various educational opportunities for WPATH, American Society of Plastic Surgeons, and other organizations.

assigned gender, and significant distress or problems functioning.” Gender dysphoria is also recognized by the International Classification of Diseases-11 (ICD-11), under the label of gender incongruence, and the International Classification of Diseases-10 (ICD-10). Individuals diagnosed with gender dysphoria have an intense and persistent discomfort with the primary and/or secondary sex characteristics of the sex they were assigned at birth. Gender dysphoria can lead to debilitating anxiety and depression, as well as serious incidents of self-harm, including self-mutilation, suicide attempts, and suicide.

20. Appropriate medical care, including mental health services, hormone therapy, and gender confirmation surgeries can help alleviate gender dysphoria. Gender confirmation surgeries, which bring a person’s body into better alignment with their gender identity, have been shown to be an effective treatment for gender dysphoria.

B. Gender Confirming Surgeries are Standard, Medically Accepted, and Medically Necessary Treatments for Gender Dysphoria for Transgender People

21. It is my professional opinion, supported by the prevailing consensus of the medical community, that procedures used to treat gender dysphoria are medically necessary treatments for many transgender individuals; these procedures are properly considered as medically necessary, and are not cosmetic in nature; and these procedures are safe and effective treatments for gender dysphoria.

1. *Applicable Standards of Care for Treating Gender Dysphoria*

22. WPATH is a non-profit professional and educational organization devoted

to transgender health. WPATH's mission is "to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health."² WPATH publishes the Standards of Care. The Standards of Care are based on the best available scientific evidence and expert professional consensus. WPATH published the first version of the Standards of Care in 1979. Since that time, the guidelines have been updated through seven versions, reflecting the significant advances made in the understanding, management, and care of transgender individuals. The Standards of Care are widely recognized guidelines for the clinical management of transgender individuals with gender dysphoria. Most surgeons who regularly treat individuals experiencing gender dysphoria, including myself, practice in accordance with the Standards of Care.

23. As indicated in the Standards of Care, effective treatment options for gender dysphoria include mental health care, hormone therapy, and various surgical procedures to align a person's primary and/or secondary sex characteristics with the person's gender identity. (Standards of Care at 9-10.) Surgery is often the last and most considered of the treatment options for gender dysphoria in transgender individuals. Not every transgender person may undergo every available surgical procedure. In fact, the Standards of Care note that "the number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs." (Standards of Care at 58.) Evidence shows that while some transgender individuals do not require surgery, "for many others surgery is essential and medically necessary to alleviate their gender dysphoria. For the latter group,

² WPATH, Mission and Vision, <https://www.wpath.org/about/mission-and-vision>.

relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.” (Standards of Care at 54-55.)

24. The Standards of Care set forth criteria for initiation of surgical treatment. The Endocrine Society—the leading professional organization devoted to research on hormones and the clinical practice of endocrinology—has also issued clinical guidelines for the treatment of transgender individuals.³ The guidelines indicate, that for transgender individuals, gender confirming surgeries often are necessary and effective treatments.⁴

25. The broader medical community, including the American Medical Association, American Psychological Association, American Psychiatric Association, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and World Health Organization, recognizes that gender confirming surgeries are standard, appropriate, and often necessary treatments for people with gender dysphoria.

2. *Surgical Treatments for Gender Dysphoria*

26. For transgender women and non-binary people assigned male at birth, surgical treatment options that are generally accepted in the medical community and are consistent with the Standards of Care include, but are not limited to:

- Chest reconstruction surgery: augmentation mammoplasty (breast

³ Wylie C Hembree et al., *Endocrine Treatment of Gender Dysphoria in Gender Noncongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. Clin. Endocrinology & Metabolism 3869 (2017).

⁴ *Id.*

implants);

- Genital reconstruction surgeries: penectomy (removal of the penis), orchiectomy (removal of the testes), vaginoplasty, clitoroplasty, and/or vulvoplasty (creation of female genitalia including the labia minora and majora);
- Non-genital, non-breast surgical interventions: facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), and hair reconstruction, among others.

27. For transgender men and non-binary people assigned female at birth, surgical treatment options that are generally accepted in the medical community and are consistent with the Standards of Care include, but are not limited to:

- Chest reconstruction surgery: subcutaneous mastectomy, creation of a male chest;
- Genital surgery: hysterectomy/oophorectomy, reconstruction of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses;
- Non-genital, non-breast surgical interventions: liposuction, lipofilling, pectoral implants, various aesthetic procedures, and sometimes voice surgery (rare).

3. Gender Confirmation Surgeries are Medically Necessary, Not Cosmetic

28. The medical community and insurance providers recognize a distinction between surgery which is medically necessary, and cosmetic surgery, which generally is not. No particular procedure is inherently cosmetic or inherently medically necessary; rather, the underlying diagnosis determines whether the procedure is considered cosmetic or medically necessary.

29. With respect to surgical treatments for gender dysphoria, the medical community generally consider those surgeries to be medically necessary. This is true

even though the same surgical procedures might be considered cosmetic when performed on someone without gender dysphoria. Gender confirming surgeries are not cosmetic because, when performed in accordance with the Standards of Care, they are clinically indicated to treat the underlying medical condition of gender dysphoria. Indeed, as explained further below, the surgical procedures listed above to treat gender dysphoria are similar to surgical procedures performed for other diagnoses (e.g., breast cancer). Because these medically necessary procedures help transgender individuals live and present in a manner more consistent with their gender identity and therefore reduce and/or treat their gender dysphoria, the professional medical consensus is that these are appropriately categorized as medically necessary.

30. Certain surgical procedures are medically necessary when used to treat gender dysphoria or another medical condition, but are cosmetic when they are used only to alter one's appearance without an underlying medical diagnosis (e.g., a non-transgender woman obtaining a breast augmentation for aesthetic reasons). While the procedures themselves are technically similar, the reasons for performing the procedures are not.

C. Gender Confirming Surgeries are Safe, Effective, and Cost Efficient

31. The prevailing peer-reviewed clinical research, as well as my own clinical expertise as a plastic surgeon specializing in gender confirmation surgeries, shows that surgical procedures for gender dysphoria are safe, effective, and cost efficient; and that

many of these procedures are analogous to surgical procedures used to treat other medical conditions.

1. Gender Confirming Surgeries are Safe

32. It is my professional opinion, based on my clinical experience and review of available peer-reviewed research, that gender confirmation surgeries are safe. Notably, when performing gender confirmation surgeries, surgeons use many of the same procedures that they use to treat other medical conditions. The fact that the medical community deems these analogous procedures sufficiently safe to treat conditions other than gender dysphoria is by itself more than sufficient to support the safety of those surgeries to treat gender dysphoria. There is no medical basis to conclude that the same surgical procedures are more or less safe simply because they are used to treat gender dysphoria, versus other underlying medical conditions.

33. For example, surgeons regularly perform mastectomies and chest/breast reconstruction, hysterectomies/salpingo-oophorectomies (which includes removal of the fallopian tubes and ovaries), and orchiectomies to treat individuals with cancer, or a genetic predisposition to cancer (BRCA 1, 2 genes in the case of prophylactic mastectomy or oophorectomy). Similarly, surgeons perform procedures to reconstruct external genitalia for individuals who have certain medical conditions (e.g., cancer) or who have suffered traumatic injuries or disabling infections to their genitalia. This would include procedures to correct conditions such as hypospadias (a disorder in which the urinary opening is not in the typical location on the glans penis), epispadias (a condition where

the urethra is not properly developed), exstrophy (where the bladder develops outside the fetus), Fournier's gangrene (where tissue dies because of an infection), penile webbing, or buried penis (which can occur as a result of obesity, diabetes, or recurrent infections).

This would also include procedures to correct conditions such as congenital absence of the vagina or reconstruction of the vagina/vulva following oncologic resection, traumatic injury, or infection.

2. *Gender Confirmation Surgeries Effectively Treat Gender Dysphoria*

34. It is my professional opinion, based on decades of clinical experience, as well as a substantial body of peer-reviewed research, that standard medical surgical treatments for gender dysphoria are effective when performed in accordance with the Standards of Care.

35. Peer-reviewed studies find that transgender women who undergo one or more gender confirmation surgeries report positive health outcomes. For example, a peer-reviewed study of transgender women found that those who underwent breast reconstruction surgeries experienced statistically significant improvements in their psychosocial well-being.⁵ Another peer-reviewed study of transgender women who had vaginoplasty found that study participants' mean improvement in quality of life after

⁵ Weigert, R., Frison, E., Sessiecq, Q., Mutairi, K. A., & Casoli, V. (2013). Patient Satisfaction with Breasts and Psychosocial, Sexual, and Physical Well-Being after Breast Augmentation in Male-to-Female Transsexuals. *Plastic and Reconstructive Surgery*, 132(6), 1421-1429. doi:10.1097/01.prs.0000434415.70711.49.

surgery was 7.9 on a scale from one to ten.⁶ Another study of transgender women found that surgical interventions were highly correlated with alleviating gender dysphoria.⁷ A recent literature review concluded that in appropriately selected individuals, gender confirmation surgery is effective at improving quality of life, overall happiness, and sexual functioning in transgender women who are diagnosed with gender dysphoria.⁸ Another recent post-operative and six-month follow-up survey of transgender female patients found improvements in quality of life in a significant majority of patients.⁹

36. The available peer-reviewed literature likewise concludes that when performed in accordance with the prevailing standards of care, male chest reconstruction surgery is safe and effective in alleviating gender dysphoria. For example, one study found that transgender men who received chest reconstruction experienced few clinical complications and were overwhelmingly satisfied with their surgical outcomes.¹⁰ Another peer-reviewed study of transgender men who received chest reconstruction found

⁶ Horbach, S. E. R., Bouman, M., Smit, J. M., Ozer, M., Buncamper, M. & Mullender, M. G. (2015). Outcome of Vaginoplasty in Male-to-Female Transgenders: A Systematic Review of Surgical Techniques.

⁷ Hess, J., Neto, R., Panic, L., Rubben, H. & Senf, W. (2014). Satisfaction with Male-to-Female Gender Reassignment Surgery. (Among survey respondents, the majority (90.2%) said that that their expectations for life as a woman were fulfilled after surgery. A similarly high percentage (85.4%) saw themselves as women.)

⁸ Hadj-Moussa, M., et al. Feminizing Genital Gender-Confirmation Surgery, 2018, 1-14. 2018 Jul;6(3):457-468.e2. doi: 10.1016.

⁹ Papadopulos, N.A., et al. Male-to-Female Sex Reassignment Surgery Using the Combined Technique Leads to Increase Quality of Life in a Prospective Study. *Plast Reconstr Surg.* 2017 Aug;140(2):286-294. doi: 10.1097.

¹⁰ Frederick, M. et al., (2017), Chest Surgery in Female to Male Transgender Individuals, *Annals of Plastic Surgery*, 78(3), 249-253.

that the procedure improved psychosocial well-being and physical well-being among participants.¹¹ Numerous other studies have reached similar conclusions.¹² These findings extend to adolescents; for example, a recent study in JAMA Pediatrics concluded that: “Chest dysphoria was high among presurgical transmasculine youth, and surgical intervention positively affected both minors and young adults.”¹³

37. The overwhelming majority of patients who obtain gender confirmation surgery in a manner consistent with the Standards of Care are both satisfied and experience a reduction of gender dysphoria. For the vast majority of transgender people who seek such surgery, the surgery is successful at treating gender dysphoria and alleviating a lifelong struggle to find peace of mind and comfort with their bodies.

3. Gender Confirmation Surgeries are Cost Efficient

38. When billing insurers for reimbursement, health care providers use Current Procedural Terminology (CPT) codes, which are developed and maintained by the American Medical Association. The same code or codes may apply to a particular

¹¹ Agarwal, C. et al., (2018). Quality of life improvement after chest wall masculinization in female-to-male transgender patients: A prospective study using the BREAST-Q and Body Uneasiness Test, 71, 651-657.

¹² .g., Olson-Kennedy, J. et al., (2018), Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults, JAMA Pediatrics, 172(5), 431-436; Van de Grift, T., et al., (2017), Surgical Indications and Outcomes of Mastectomy in Transmen: A Prospective Study of Technical and Self-Reported Measures. Plastic and Reconstructive Surgery, 140(3), 415e-424e. doi:10.1097/PRS.0000000000003607; Berry, M.G. et al., (2012), Female-to-male transgender chest reconstruction: A large consecutive, single-surgeon experience. Journal of Plastic, Reconstructive & Aesthetic Surgery 65, 711-719.

¹³ Olson-Kennedy, J. *su ra* at n. 12. Additionally, Frederick et al., *su ra* at n. 10, included adolescents aged 15-17, as well as adults.

procedure regardless of whether the procedure is performed on a transgender patient or a non-transgender patient. For example, vaginoplasty may be performed for a non-transgender woman as treatment for congenital absence of the vagina or for a transgender woman with gender dysphoria. The same CPT code(s) may be used for both procedures. The same is true for a subcutaneous mastectomy, which may be performed for a non-transgender woman to reduce her risk of breast cancer or for a transgender man with gender dysphoria.

39. Researchers affiliated with the Johns Hopkins Bloomberg School of Public Health, the Commonwealth of Massachusetts Group Insurance Commission, and the University of Colorado, found access to gender confirmation surgeries through insurance to be a likely cost-effective treatment long-term.¹⁴ Gender confirmation surgery typically results in, at a minimum, a significant reduction of gender dysphoria. Transgender people with gender dysphoria who, for lack of insurance access, are unable to obtain gender confirmation surgeries tend to have higher rates of negative health outcomes such as depression, HIV, drug abuse, and suicidality. These researchers found that the one-time costs of gender confirmation surgeries coupled with standard post-operative care, primary and maintenance care, were overall less expensive at 5- and 10-year marks, as compared to the long-term treatment of the negative health outcomes associated with lack of

¹⁴ William V Padula, Shiona Heru & Jonathan D Campbell, Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis, *J Gen Intern Med*, 31(4), 394–401 (2015). doi: 10.1007/s11606-015-3529-6.

insurance and resulting healthcare access.¹⁵ Similarly, a RAND Corporation study reported findings that due to discrimination, lack of insurance, and problematic interactions with providers, transgender people often avoid seeking treatment for gender dysphoria and other more common health issues. This avoidance resulted in negative healthcare outcomes and greater potential costs related to treating to those outcomes in the long-term.¹⁶ Additionally, this research confirms that coverage for gender confirmation surgeries is affordable and a nominal percentage of the care offered through group health plans.

V. SUMMARY OF OPINIONS AND CONCLUSIONS

40. Based on over 27 years of clinical experience performing gender confirmation procedures and caring for transgender individuals, my knowledge of the standards of care and relevant peer-reviewed literature, and my discussions and interactions with experts throughout the world, it is my professional opinion that gender confirmation surgeries are safe, effective, and medically necessary treatments for gender dysphoria in transgender individuals. In my experience, the overwhelming number of individuals who undergo gender confirmation procedures describe relief and/or reduction of their gender dysphoria and improvement in their quality of life and overall functioning.

41. Furthermore, based on my clinical and professional experience and my

¹⁵ *d.* at 398.

¹⁶ Schaefer, Agnes Gereben, Radha Iyengar Plumb, Srikanth Kadiyala, Jennifer Kavanagh, Charles C. Engel, Kayla M. Williams, and Amii M. Kress, *The Implications of Allowing Transgender Personnel to Serve Openly in the U.S. Military*. Santa Monica, CA: RAND Corporation, 2016. https://www.rand.org/pubs/research_briefs/RB9909.html.

ongoing review of the literature, it is my professional opinion that the denial of necessary medical care is likely to perpetuate gender dysphoria and create or exacerbate other medical issues, such as depression and anxiety, leading to an increased possibility of self-harm, negative health outcomes, and even suicide.

42. In conclusion, it is my professional opinion that the categorical exclusion of transition-related surgical care in both the West Virginia state employee healthcare plans and West Virginia's Medicaid Program are 1) inconsistent with the Standards of Care for treating transgender individuals diagnosed with gender dysphoria, 2) inconsistent with the peer-reviewed scientific and medical research demonstrating that gender confirmation surgeries are safe, effective, and more cost efficient treatments for gender dysphoria over the long-term, 3) and inconsistent with expert medical and surgical consensus. To the extent the exclusion is premised on the assumption that gender confirmation surgical care is not medically necessary, that assumption is wrong. The Standards of Care confirm, based on clinical evidence, that gender confirmation surgeries are medically necessary to help people alleviate the often serious and life-threatening symptoms of gender dysphoria.

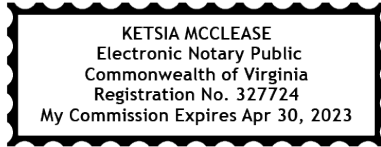
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 8th day of January, 2022.


Loren Schechter

Loren Schechter (Jan 8, 2022 09:53 CST)

Loren S. Schechter, M.D.

Subscribed and sworn before me, a Notary Public in and for the County of Norfolk,
State of Virginia, this 8 day of January, 2022.





Signature of Notary

This notarial act was performed online by way of
two-way audio/video communication technology.






1641473539-1-fain-v-crouch-schechter-report413913-5

Final Audit Report

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CV

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MARITAL STATUS Married (Rebecca Brown Schechter, MD)

CERTIFICATION The American Board of Plastic Surgery, 2001
Certificate Number 6271
Date Issued: September 2001
Maintenance of Certification: 2011
Maintenance of Certification: 2021

EDUCATION
1986-1990 The University of Michigan BS, 1990
1990-1994 The University of Chicago MD, 1994
Pritzker School of Medicine

POSTGRADUATE TRAINING
Residency: The University of Chicago Hospitals 1994-1999
Coordinated Training Program in
Plastic and Reconstructive Surgery
Chief Resident: The University of Chicago Hospitals 1998-1999
Section of Plastic and Reconstructive
Surgery
Fellowship: Reconstructive Microsurgery 1999-2000
The University of Chicago Hospitals
Section of Plastic and Reconstructive
Surgery

TEACHING APPOINTMENT
Professor of Surgery, Chief Section of Gender-Affirmation
Surgery, Rush University Medical Center-In Process

Clinical Professor of Surgery, The University of Illinois at
Chicago-resigned to accept position at Rush University

Adjunct Assistant Professor, Dept. of Surgery, Rush University
Medical Center

Associate Professor, Physician Assistant Program, College of
Health Professionals, Rosalind Franklin University

LI ENSURE

Illinois
Illinois Controlled Substance
DEA

STAFF APPOINTMENTS

Rush University Medical Center
Advocate Lutheran General Hospital
Louis A. Weiss Memorial Hospital
Illinois Sports Medicine and Orthopedic Surgery
Center

HONORS AND AWARDS

2021	Chicago Magazine Top Doctor-Surgery
2020	The University of Minnesota Program in Human Sexuality, recipient of 50 Distinguished Sexual and Gender Health Revolutionaries
2017-2020	Castle Connolly Top Doctor (Chicago)
2017	Chicago Consumer Checkbook Top Doctor
2015	University of Minnesota Program in Human Sexuality Leadership Council
2014-2015	Rosalind Franklin University of Medicine and Science Chicago Medical School Honors and recognitions for dedication and commitment to teaching
2014	National Center for Lesbian Rights honored guest
2013	Illinois State Bar Association Award for Community Leadership
2010	Advocate Lutheran General 2009 Physicians Philanthropy Leadership Committee-Outstanding Leadership
2009	Advocate Lutheran General Hospital Value Leader (received for compassion)
1994	Doctor of Medicine with Honors
1994	University of Chicago Department of Surgery Award for Outstanding Performance in the Field of Surgery
1994	Catherine Dobson Prize for the Best Oral Presentation Given at the 48 th Annual Senior Scientific Session in The Area of Clinical Investigation
1993	Alpha Omega Alpha

1991 University of Chicago National Institutes
Of Health Summer Research Award
1990 Bachelor of Science with High Distinction
And Honors in Economics
1990 James B. Angell Award for Academic Distinction
1989 Omicron Delta Epsilon-National Economic Honor
Society
1988 College Honors Program Sophomore Honors Award
For Academic Distinction
1988 Class Honors (Dean's List)

MEMBERSHIP

2018- The American Association of Plastic Surgeons
2016- The American Society for Gender Surgeons
(founding member and president-elect)
2010- World Society for Reconstructive Microsurgery
2005- The University of Chicago Plastic Surgery Alumni
Association
2005- The Chicago Surgical Society
2004- The American Society for Reconstructive Microsurgery
2003- The American College of Surgeons
2002- The American Society of Plastic Surgeons
2001- Illinois Society of Plastic Surgeons (formerly Chicago Society of
Plastic Surgeons)
2001- The American Society of Maxillofacial Surgeons
2001- American Burn Association
2001- Midwest Association of Plastic Surgeons
2001- WPATH
1994- The University of Chicago Surgical Society
1994- The University of Chicago Alumni Association
1992- American Medical Association
1992- Illinois State Medical Society
1992- Chicago Medical Society
1990- The University of Michigan Alumni Association

CURRENT HOSPITAL COMMITTEES

Director, Center for Gender Confirmation Surgery,
Louis A. Weiss Memorial Hospital

PROFESSIONAL SOCIETY COMMITTEES

WPATH Executive Committee

Treasurer, The World Professional Association for Transgender
Health

Chair, Finance and Investment Committee, The American Society of Plastic Surgeons

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board Examiner

WPATH Ethics Committee

American College of Radiology Committee on Appropriateness Criteria Transgender Breast Imaging Topic, Expert Panel on Breast Imaging: Transgender Breast Cancer Screening Expert Panel on Breast Imaging

American Society of Plastic Surgeons, Finance and Investment Committee

Board of Directors, at-large, The World Professional Association for Transgender Health

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

OT ER

American Board of Plastic Surgery-Oral Board Guest Examiner (2020, 2021)

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery, Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

PREVIOUS EDITORIAL ROLE

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of Transgenderism

Guest Reviewer, Pediatrics

PREVIOUS ACADEMIC APPOINTMENT

Visiting Clinical Professor in Surgery, The University of Illinois at Chicago

Chief, Division of Plastic and Reconstructive Surgery, Chicago Medical School, Rosalind Franklin University of Medicine and Science

Associate Professor of Surgery, The College of Health Professionals, Rosalind Franklin University

Clinical Associate in Surgery, The University of Chicago

PREVIOUS HOSPITAL COMMITTEES

Division Director, Plastic Surgery, Lutheran General Hospital

Division Director, Plastic Surgery, St. Francis Hospital

Medical Staff Executive Committee, Secretary,
Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General
Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical Center

Section Director, Plastic Surgery, Rush North Shore Medical
Center

PREVIOUS SOCIETY COMMITTEES

PlastyPac, Chair, Board of Governors

Chair of the Metro Chicago District 2 Committee on Applicants,
American College of Surgeons

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy
Committee

American Society of Plastic Surgeons, Practice Management
Education Committee

Board of Governors, Governor-at-large, The American College of
Surgeons

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of The American College of Surgeons

2012 Nominating Committee, American Society of Plastic Surgeons

Program Committee, The World Society for Reconstructive Microsurgery, 2013 Bi-Annual Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic Surgeons (formerly the Chicago Society of Plastic Surgery)

Vice-President, The Metropolitan Chapter of the American College of Surgeons

American Society of Plastic Surgery, Chairman, Patient Safety Committee

2006-2007 Pathways to Leadership, The American Society of Plastic Surgery

2005 – 2006 President, The University of Chicago Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American Society of Plastic Surgery

Senior Residents Mentoring Program, The American Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery, Electronic Communications Committee

American Society of Aesthetic Plastic Surgery, Intranet Steering Committee

American Society of Aesthetic Plastic Surgery, International Committee

Membership Coordinator, The Chicago Society of Plastic Surgeons
The Illinois State Medical Society, Governmental Affairs Council

The Illinois State Medical Society, Council on Economics

Chicago Medical Society, Physician Review Committee
-Subcommittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare Economics Committee

Secretary/Treasurer, The Metropolitan Chicago Chapter of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

Council Member, The Metropolitan Chicago Chapter of the American College of Surgeons

INTERNATIONAL MEDICAL SERVICE

Northwest Medical Teams
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

COMMUNITY SERVICE

Alumni Council, The University of Chicago Medical and Biological Sciences Alumni Association

The University of Minnesota Presidents Club Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

PREVIOUS COMMUNITY SERVICE

Board of Directors, Committee on Jewish Genetic Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital, Park Ridge, IL

Lutheran General Hospital Development Council, Park Ridge, IL

Lutheran General Hospital Men's Association, Park Ridge, IL

Advisory Board, Committee on Jewish Genetic Diseases, Cancer Genetics Subcommittee, Jewish United Fund, Chicago, Illinois

Health Care Advisory Board, Congressman Mark Kirk, 10th Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital Development Council, Evanston, IL

Primer

1. University of Utah, Division of Plastic Surgery, November 6-8, 2014.
2. Northwestern University, Division of Plastic Surgery, April 21-22, 2016.
3. The University of North Carolina, Division of Plastic Surgery, March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-18, 2017
5. The University of Basel, Basel, Switzerland, August 31-September 1, 2018
6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019
7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, October 3-4, 2019, Ann Arbor, MI,

Invited

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H. Deputy Assistant Secretary of Defense for Health Services Policy Oversight, The Pentagon, November 9, 2017
2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

R r I r

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)
2. Robotic-Assisted Bilateral Prophylactic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)
3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015
4. Uterine Transplantation, Rush University Medical Center (IRB pending)
5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)
6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant LGB T 2S Stigma Reduction Life Course Mental Wellness (application in process)

I LIOGRAP Y
PEER RE IE ED ARTI LES

1. E. Wall, D. A. Schoeller, L S r, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.
2. David C. Cronin, II, L r S r, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation* 74 6 :887-889, 2002.
3. Robert F. Lohman L r S S r, Lawrence S. achary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog with Contrast Ultrasonography Revisited: Has the Technique Been Useful, and Where are We Headed Now *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.
4. Alvin B. Cohn, Eric Odessey, Francis Casper, L r S S r: Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection in Lieu of Traditional Therapy, *The Annals of Plastic Surgery* ol 57, Number 5, November 2006.
5. Eric Odessey, Al Cohn, Kenneth Beaman, and L r S r: Mucormycosis of the Maxillary Sinus: Extensive Destruction with an Indolent Presentation, *Surgical Infections*, Vol. 9, Number 1, 2008
6. Iris A. Seit , MD, David Tojo, MD, L r S S r, MD Anatomy of a Medication Error: Inadvertent Intranasal Injection of Neosynephrine During Nasal Surgery A Case Report

and Review of The Literature *Plast Reconstr Surg.* 2010 Mar;125(3):113e-4e. doi: 10.1097/PRS.0b013e3181cb68f9

7. Iris Seit , MD Craig Williams, MD, Thomas Weidrich, MD, John Seiler, MD, Ginard Henry, MD, and L r S S r MD: Omental Free Tissue Transfer for Coverage of Complex Upper Extremity Defects: The Forgotten Flap *Nec 44 :397-405. doi: 10.1007/s11552-009-9187-6. Epub 2009 Mar 25.*

8. Michael Salvino and L r S S r: Microvascular Reconstruction of Iatrogenic Femoral Artery Thrombus in an Infant: A Case Report and Review of the Literature *ePlasty* Volume 9 ISSN: 19357-5719, E-location ID: e20

9. Phillip C. Haeck, MD, Jennifer A. Swanson, BS, Med, Ronald E. Iverson, MD., L r S S r MD, Robert Singer, MD, Bob Basu, MD, MPH, Lynn A. Damit , MD, Scott Bradley Bradley Glasberg, MD, Lawrence S. Glasman, MD, Michael F. McGuire, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009.

10. Philip C. Haeck, MD, Jennifer A. Swanson, BS, Med, L r S S r MD, Eli abeth J. Hall-Findlay, MD, Noel B. McDevitt, MD, Gary Smotrich, MD, Neal R. Reisman, MD, JD, Scot Bradley Glasberg, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Blood Dyscrasias, Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009.

11. L r S S r MD, The Surgeon's Relationship with The Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association of Transgender Health's Standards of Care *International Journal of Transgenderism* 11 (4), p.222-225 Oct-Dec 2009

12. Iris A Seit , MD, PhD, Craig Williams, MD, L r S S r MD, Facilitating Harvest of the Serratus Fascial Flap With Ultrasonic Dissection, *Eplasty* 2010 Feb 23 10:e18

13. Seit , I, Friedewald SM, Rimler, J, S r LS, Breast MRI helps define the blood supply to the nipple-areolar complex, *Plastische Chirurgie*, Supplement 1, 10. Jahrgang, September 2010, p. 75

14. Iris A. Seit Sally Friedwald, MD; Jonathon Rimler, L r S S r, Breast MRI to Define The Blood Supply to The Nipple-Areolar Complex. *Plast Recon Surg Suppl* 126 26 p. 27 Oct 2010

15. Kalliainen LK; ASPS Health Policy Committee Evidence-Based Clinical Practice Guidelines: Reduction Mammoplasty, The American Society of Plastic Surgeons *Plast Reconstr Surg.* 2012 Oct;130(4):785-9 L r S S r (member and contributor, ASPS Health Policy Committee)

16. Eli Coleman, Walter Bockting, Marsha Bot er, Peggy Cohen-Kettenis, Griet DeCuypere, Jamie Feldman, Lin Fraser, Jamison Green, Gail Knudson, Walter J. Meyer, Stan Monstrey, Richard K. Adler, George R. Brown, Aaron H. Devor, Randall Ehrbar, Randi Ettner, Evan Eyler, Rob Garofalo, Dan H. Karasic, Arlene Istar Lev, Gal Mayer, Heino Meyer-Bahlburg, Blaine Paxton Hall, Friedmann Pf fflin, Katherine Rachlin, Bean Robinson, L r S S r, Vin Tangpricha, Mick van Trotsenburg, Anne Vitale, Sam Winter, Stephen Whittle, Kevan R. Wylie Ken ucker, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, *International Journal of Transgenderism*, 13 4 p. 165-232, August 2012.

17. Jonathan Bank, M.D., Lucio A. Pavone, M.D., Iris A. Seit , M.D., Ph.D., Michelle C. Roughton M.D., L r S S r M D Case Report and Review of the Literature - Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominal Recontouring, eplasty Ref.: Ms. No. EPLASTY-D-12-00050R1

18. Seit IA, Siwinski P, Rioux-Forker D, Pavone L, S r LS Upper and Lower Limb Salvage with Omental Free Flaps: A Long-Term Functional Outcome Analysis, *Plast Reconst Surg*. 2014; 134 (4 Suppl 1): 140. Doi: 10.1097/01.prs.0000455514.83516.31. No abstract available. PMID: 25254872 PubMed - in process

19. Seit IA, Friedewald S, S r LS, “NACsomes”: A Classification system of the blood supply to the nipple areola complex (NAC) based on diagnostic breast MRI exams, accepted for publication, *Plast Reconstr Aesthet Surg*. 2015 Jun;68(6):792-9. doi: 10.1016/j.bjps.2015.02.027. Epub 2015 Feb 19.

20. L r S S r, Gender Confirmation Surgery: An Update for the Primary Care Provider, *Transgender Health*. Jan 2016, 1(1): 32-40.

21. L r S S r, Mimis N. Cohn, Gender Confirmation Surgery: A New Frontier in Plastic Surgery Education, *Journal of Plastic and Reconstructive Surgery*, October 2016, 138 (4): 784 e

22. Berli JU, Knudson G, Fraser L, Tangpricha V, Ettner R, Ettner FM, Safer JD, Graham J, Monstrey S, S r L, Gender Confirmation Surgery: What Surgeons Need To Know When Providing Care For Transgender Individuals, *JAMA Surg*. 2017 Apr 1;152(4):394-400. doi: 10.1001/jamasurg.2016.5549

23. Seit , I.A., Lee, J.C., Sulo, S, Shah, V, Shah, M, Jimene , M, S r L, Common characteristics of functional and adverse outcomes in acute lower-extremity trauma reconstruction, *The European Journal of Plastic Surgery*, (2017) doi:10.1007/s00238-016-1268-5

24. L r S S r, Salvatore D’Arpa, Mimis Cohen, Ervin Kocjancic, Karel Claes, Stan Monstrey, Gender Confirmation Surgery: Guiding Principles *J Sex Med*. 2017 Jun;14(6):852-856. doi: 10.1016/j.jsxm.2017.04.001. Epub 2017 May 3

25. Response to Letter to the Editor: "Gender Confirmation Surgery: Guiding Principles".
S r L S. J Sex Med. 2017 Aug;14(8):1067. doi: 10.1016/j.jsxm.2017.06.002. PMID: 28760249
26. Iris A. Seit , L r S S r, "Successful Tongue Replantation Following Segmental Auto-Amputation Using Supermicrosurgical Technique," J Reconstr Microsurg Open 2017; 02(02): e132-e135 DOI: 10.1055/s-0037-1606584
27. Berli JU, Knudson G, S r L. Gender Confirmation Surgery and Terminology in Transgender Health-Reply. JAMA Surg. 2017 Nov 1;152(11):1091. doi: 10.1001/jamasurg.2017.2347. PMID: 28724140
28. Randi Ettner, Fred Ettner, Tanya Freise, L r S r, Tonya White, "Tomboys Revisited: A retrospective comparison of childhood behavioral patterns in lesbian women and transmen" Journal of Child and Adolescent Psychiatry ISSN: 2643-6655 Volume No: 1 Issue No: 1
29. Editor: L r S S r, Bauback Safa, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), July 2018
30. L r S S r, Bauback Safa, Preface: Gender Surgery: A Truly Multidisciplinary Field, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), p. xiii July 2018 (editors Loren S. Schechter, Bauback Safa)
31. Introduction to Phalloplasty. S r L S, Safa B. Clin Plast Surg. 2018 Jul;45(3):387-389. doi: 10.1016/j.cps.2018.03.014. Epub 2018 May 1. Review. PMID: 29908627
32. David Whitehead, L r S S r, Cheek Augmentation Techniques, Facial Plastic Surgery Clinics of North America 27 (2019) 199-206
33. Mosser SW, S r L S, Facque AR, et. al, Nipple Areolar Complex Reconstruction in an Integral Part of Chest Reconstruction in the Treatment of Transgender and Gender Diverse People, The International Journal of Transgenderism, DOI: 10.11080/15532739.2019.1568343
34. Kocjancic E, Jaunarena JH, S r L, Acar . Inflatable penile prosthesis implantation after gender affirming phalloplasty with radial forearm free flap. Int J Impot Res. 2020 Jan;32(1):99-106. doi: 10.1038/s41443-019-0153-8. Epub 2019 Jun 6.
35. L r S S r, Mimis N. Cohen, "Gender Confirmation Surgery: Moving Forward," The Journal of Craniofacial Surgery, Vol. 30, No. 5, July 2019, P. 1364
36. L r S S r, Rebecca Schechter, "Training Surgeons in Gender Confirmation Surgery," The Journal of Craniofacial Surgery, Vol 30, No 5, July 2019, p. 1380
37. Facque AR, Atencio D, S r L S. Anatomical Basis and Surgical Techniques Employed in Facial Feminization and Masculinization. J Craniofac Surg. 2019 Jul;30(5):1406-1408. doi: 10.1097/SCS.0000000000005535. PMID: 31299732

38. Walter Pierre Bouman MD PhD, Jon Arcelus MD PhD, Griet De Cuypere MD PhD, M. Pa Galupo PhD, Baudewijntje P.C. Kreukels PhD, Scott Leibowitz MD, Damien W. Riggs PhD, L r S S r MD FA S, Guy T'Sjoen MD PhD, Jaimie Veale PhD, Transgender and gender diverse people's involvement in transgender health research, *International Journal of Transgenderism*, vol. 19, no. 4, 357-358.
39. Bustos SS, Kapoor T, S r LS, Ciudad P, Forte AJ, Del Corral G, Manrique OJ."Impact of Social Media Presence on Online Reviews Among Plastic Surgeons Who Perform Gender Affirming Surgeries" *J Plast Reconstr Aesthet Surg*. 2020 Apr;73(4):783-808. doi: 10.1016/j.bjps.2019.11.031. Epub 2019 Nov 28.
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41. Rayisa Hontacharuk, Brandon Alba, L r S r, *International Journal of Impotence Research*, Invited Commentary on: "Suprapubic Pedicled Phalloplasty in Transgender Men: A Multi-Centric Retrospective Cohort Analysis" (accepted for publication, *The International Journal of Impotence Research*)
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3. American Burn Association Poster Session, April 20-23, 1994, Orlando, FL: “Calculated Versus Measured Energy Requirements in Adult Burn Patients”
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19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"
20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"
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31. The 8th Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il “Management of Complex Injuries”
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33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il “Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity”
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35. Advocate Injury Institute: “Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, “Pit Bull Mauling: A Case Study”
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37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8. 2007, Chicago, Il Revision Vaginoplasty With Sigmoid Interposition: “A Reliable Solution for a Difficult Problem”
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39. The 10th Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, Il “Management of Complex Injuries”
40. 23rd Annual Clinical Symposium on Advances in Skin Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada, poster presentation “Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report
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44. ASPS/I UAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, “Advertising in Plastic Surgery ”
45. ASPS/I UAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, “Cost-Effectiveness of Physician Extenders in Plastic Surgery”
46. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, “Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate”
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54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA
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59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
62. The 13th Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, IL “Soft Tissue Defects-Getting Coverage”
63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA “Surgical Options and Decision-Making”
64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting
65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE
66. XXIV Congresso Nazionale della Società Italiana di Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma
67. XXIV Congresso Nazionale della Società Italiana Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series
68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention
69. The 14th Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, IL “Soft Tissue Defects-Getting Coverage”
70. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA “Reimbursement in Breast Reconstruction”
71. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA “Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace”
72. The 15th Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, IL “Soft Tissue Defects-Getting Coverage”
73. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, “Short Scar Chest Surgery.”

74. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, “Intestinal Vaginoplasty with Right and Left Colon.”
75. 24th Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, “Gender Confirmation Surgery: State of the Art.”
76. The 15th Annual Chicago Trauma Symposium, September 4-7, 2014, Chicago, IL “Soft Tissue Defects-Getting Coverage”
77. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL “Gender Confirmation Surgery: A Single-Surgeon’s Experience”
78. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL, Moderator, Gender Reassignment.
79. the American Society of Plastic Surgeons 2015 Professional Liability Insurance and Patient Safety Committee Meeting, July 17, 2015, “Gender Confirmation Surgery.”
80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments
81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery
82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.
83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE
84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra(Poster session 195), June 18-22, 2016, Amsterdam, Netherlands
87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session 198), June 18-22, 2016, Amsterdam, Netherlands
88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve , Washington, DC June 23-25, 2016

89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016
90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016
91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016
92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016
93. The 16th Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, IL “Soft Tissue Defects-Getting Coverage”
94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature
95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty Management Options in Gender Confirmation Surgery
96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification
97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra
98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty
99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques
100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty
101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program
102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique
103. The 18th Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, IL “Soft Tissue Defects-Getting Coverage”

104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women
105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker
106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery
107. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience
108. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
109. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Development of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation
110. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty
111. The 19th Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, IL “Soft Tissue Defects-Getting Coverage”
112. Midwest LGBT Health Symposium, September 14-15, 2018, Chicago, IL “Quality Parameters in Gender Confirmation Surgery”
113. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach
114. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship
115. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training
116. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery
117. “Theorizing the Phantom Penis,” The Psychotherapy Center for Gender and Sexuality’s 6th Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY

INSTRU TIONAL OURSES

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, Il
2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, Il
3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity
4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims
5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice
6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons
7. 10th Congress of The European Federation of Societies for Microsurgery, May 22, 2010, Genoa, Italy, "The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction."
8. Multispecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.
9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.
10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, Il.
11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.
12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30th, 2012, New Orleans, LA
13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA

14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA
15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA
18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, IL
19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Overview of Surgical Treatment Options
20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, IL Surgical Procedures
21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Surgical Complications
22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Post-operative Care
23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Case Discussions: The Multidisciplinary Team
24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23,2016, Atlanta, GA Overview of Surgical Treatment Options
25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options
26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.

27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.
28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.
30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.
31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.
32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017
33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017
34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017
35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.
36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.
37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, IL
38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea
39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017

41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator
42. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017
43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017
44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018
45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY
46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018
47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018
48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, IL
49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018
50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018
51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018
52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018
53. 25th WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator
54. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics

55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019
56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019
57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019
58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019
59. Program Director, Gender Affirming Breast, Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, Fl, July 20, 2019
60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, Il
61. Upper Surgeries (chest surgery breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
62. Preparing for Upper Surgeries-Case Based (chest surgery breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
64. Lower Surgeries-Masculinizing (phalloplasty metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing

for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)

69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020
70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020
71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020
72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021
73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.
74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.
75. GEI Foundations Course, Live A, March 21, 2021
76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021
77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)
78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021
79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021
80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.
81. WPATH Health Plan Provider (HPP) Training, A Panel, September 13, 14, 21 2021, via oom
82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via oom), December 9, 2021

SYMPOSIA

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,

2. Fundamentals of Evidence-Based Medicine How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
3. Understanding Outcome Measures in Breast Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL
8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, IL
9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, IL.
10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands
11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, IL
12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, IL March 10, 2017.

15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
16. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery
17. Program Director, 2nd Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.
18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC
24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020
25. WPATH 2020 Surgeons' Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)
26. WPATH Journal Club 3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (oom)

FAULTY SPONSORED RESEARCH

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Free Tissue Transfer in the Treatment of mycogomycosis." Presented by Michelle Roughton, MD

2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, IL, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seit , MD, PhD.

3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seit , MD, PhD.

4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seit , MD, PhD.

5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seit , MD, PhD.

6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD

7. The Midwestern Association of Plastic Surgeons, 49th Annual Scientific Meeting, May 15th, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seit , MD, PhD.

8. Jonathan M. Hagedorn, BA, L r S S r, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimene , MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.

9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seit , Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois

10. Samuel Lake, Iris A. Seit , MD, PhD, Loren S. Schechter, MD, Daniel Peterson, PhD Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCs First Place, Rosalind Franklin University Summer Research Poster Session

11. J. Siwinski, MS II, Iris A. Seit , MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suare Research Day, Midwestern University, Downers Grove, IL, May 2014

12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, Serrano LS. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ .

13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, Serrano LS. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ .

14. Whitehead, DM Inflation Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL

15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL

16. S. Marecik, J. Singh. L Serrano, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 2020

Address

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

INTELLECTUAL PROPERTY

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999

2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, IL March 2000

3. Wounds, Lincolnwood Family Practice, Lincolnwood, IL April 2000

4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000

5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, IL June 2000

6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000

7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000
8. Change of Face; Is Cosmetic Surgery for You , Adult Education Series, Rush North Shore Medical Center, October, 2000
9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000
10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000
11. Change of Face; Is Cosmetic Surgery for You , Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000
12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001
13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001
14. Wound Care, Rush North Shore Medical Center, March 2001
15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001
16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001
17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001
18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002
19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002
20. The Vacuum Assisted Closure Device in Acute Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002
21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002
22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002

23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002
24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.
25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago,Il, May, 2002
26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002
27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:
28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002
29. Getting Under Your Skin...Is Cosmetic Surgery for You , Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.
30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary s Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002
31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002
32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002
33. Dressing for Success: The Role of the Vacuum Assisted Closure Device in Plastic Surgery, Indianapolis, In November 11, 2002
34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002
35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003
36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003
37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003
38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003

39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003
40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, Wi March 26, 2003
41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il March 27, 2003
42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, Il, April 11, 2003
43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, Mn, April 24, 2003
44. Dressing For Success: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003
45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003
46. A Systematic Approach to Complex Reconstruction, 12th Annual Vendor Fair “Surgical Innovations,” October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003
47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA
48. Beautiful You: From Botox to Weekend Surgeries, 21st Century Cosmetic Considerations, March 21, 2004 Hadassah Women’s Health Symposium, Skokie, Il
49. Updates in Breast Reconstruction, The 2nd Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004
50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004
51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il
52. 4th Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, Il

53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, Il
54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, Il
55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, Il
56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, Il
57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, Il
58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, Il
59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, Il
60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, Il.
61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.
62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.
63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.
64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.
65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.
66. "Meet the Experts on Breast Cancer," 7th Annual Chicagoland Day of Sharing, Sunday, April 13th, 2008
67. Gender Confirmation Surgery: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.

68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.
69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.
70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008
71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008
72. "Genetics: *A Family Affair*" Panel Discussion: Predictive Genetic Testing, 23rd Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, IL, March 18, 2009
73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.
74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, IL.
75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, IL.
76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.
77. "Compartment Syndrome," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can , November 19-20, 2009.
78. "Maxillofacial Trauma," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can , November 19-20, 2009.
79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, IL.
80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010
81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14th, 2010
82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25th, 2010.

83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.
84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.
85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.
86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.
87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY
88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.
89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il
90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota
91. "Gender Confirming Surgery," University of Chicago, Prit ker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il
92. "Facial Trauma," 8th Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011
93. "Establishing a Community-Based Microsurgical Practice," MP Reconstructive Symposium, November 18-20, 2011, Chicago, Il
94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011
95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012
96. "Principles of Transgender Medicine," The University of Chicago Prit ker School of Medicine, Chicago, Il, September 7, 2012
97. "State of the art breast reconstruction," Advocate Health Care, 11th Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.
98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.

99. "Getting under your skin: is cosmetic surgery right for you " Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.
100. "Gender Confirming Surgery," University of Chicago, Prit ker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il
101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il
102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il
103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il
104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22nd Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.
105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.
106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.
107. "Gender Confirmation Surgery," The University of Chicago, Prit ker School of Medicine, October 3, 2014
108. "Private Practice: Is There a Future " The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.
109. "Private Practice: Is There a Future " The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.
110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.
111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.
112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015
114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015
115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015
116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015
117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015,Chicago, Il 2015.
118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.
119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn
120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015
121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015
122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015
123. "Gender Confirmation Surgery," Midwest LGBT Health Symposium, Chicago, Il, October 2, 2015
124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, Fl, October 3, 2015
125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago,Il, October 8, 2015
126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015
127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, Il

128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, IL

129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, IL

130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, IL

131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, IL

132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, IL

133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, IL

134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA

135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA

136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, IL 60068

137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY

138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, IL.

139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, IL

140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, IL

144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA
145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20, 2016 Washington, DC
146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016
147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016
148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017
149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.
151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 50 years of Aesthetics* - in San Diego, California April 27 - May 2, 2017.
152. "Gender Confirmation Surgery: A New Surgical Frontier," 15th Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.
153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017
154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017
155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017

158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017
159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de S o Paulo (Unifesp), November 1-4, 2017
160. "Gender Confirmation Surgery," Brazilian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de S o Paulo (Unifesp), November 1-4, 2017
161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, IL
162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, IL
163. "Transgender Breast Augmentation," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
164. "Top Surgery: Transmasculine Chest Contouring," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
165. "Gender Confirmation Surgery," The 17th International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China
166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97th Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA
167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY
168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affairs, May 24, 2018
169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018
170. "WPATH State of the Art," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
171. "Facial Feminization Surgery: The New Frontier " 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

172. “Current Techniques and Results in Mastectomies,” 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
173. “Gender Confirmation Surgery,” The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, IL.
174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, IL
175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, IL
176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
179. The Center for Gender Confirmation Surgery Lecture Series, “Introduction to Gender Confirmation Surgery,” Weiss Memorial Hospital, October 17, 2018, Chicago, IL
180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65th Annual Meeting, October 22-27, 2018, Seattle, WA
181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019
182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019
183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA
184. Master Series of Microsurgery: Battle of the Masters
One Reconstructive Problem Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019

185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019
186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019
187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019
188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
189. Gender Surgery: Where are We Now , Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019
192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.
193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019
194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy
195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, Il
196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019
197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019
198. The 20th Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, Il "Soft Tissue Defects-Getting Coverage"

199. Gender Confirmation Surgery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann Robert H. Lurie Children's Hospital of Chicago, August 19, 2019
200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, IL.
201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, IL.
202. Moderator, Patient Selection in Gender Affirming Surgery, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
204. Breast Reconstruction, State of the Art, NYU-Langone Health, NYU School of Medicine, Standards of Care and Insurance Coverage, Saturday, November 23, 2019, New York, NY.
205. ASRM Masters Series in Microsurgery: Think Big, Act Small: The Building Blocks for Success, "Building a Microsurgery Private Practice from the Ground Up", 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
206. ASPS/ASRM Combined Panel II: Gender Affirmation Surgery: Reconstruction Challenges of Function and Sensation, 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
207. Rush University Medical Center, Division of Urology, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," January 22, 2020
208. Rush University Medical Center, Department of General Surgery, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," February 5, 2020.
209. WPATH/AMSA (American Medical Association) Gender Scholar Course, Webinar, March 11, 2020
210. Rush University Medical Center, Division of Plastic Surgery, Weekly Presentation, Gender Confirmation Surgery: Can a Surgeon Provide Informed Consent , April 29, 2020
211. Legal Issues Faced by the Transgender Community, ISBA Standing Committee on Women and The Law and the ISBA Standing Committee on Sexual Orientation and Gender Identity, Co-Sponsored by the National Association of Women Judges District 8, Live Webinar, May 28, 2020
212. Principles of Transgender Surgery, National Association of Women's Judges, District 8, Webinar, June 4, 2020

213. Gender-Affirming Surgery, National Association of Women's Judges, District 8, Webinar, July 8, 2020
214. Gender-Affirming Surgery, The University of Chicago, Prit ker School of Medicine, 1st year Anatomy, September 15, 2020
215. Gender-Affirming Surgery, Rush University Medical School, 2nd year Genitourinary Anatomy, September 16, 2020.
216. Surgical Management of the Transgender Patient, Rosalind Franklin University, The Chicago Medical School, Plastic Surgery Interest Group, October 7, 2020
217. Breast Augmentation in Transgender Individuals, The American Society of Plastic Surgeons Spring Meeting, March 20, 2021
218. International Continence Society Institute of Physiotherapy Podcast 5-Pelvic Floor Most Common Disorders and Transgender Patients (recorded April 30, 2021)
219. The American Association of Plastic Surgeons Annual Meeting, Reconstructive Symposium, Gender Affirmation Panel, Complications of GCS, Miami, FL, May 15, 2021 (presented virtually)
220. Gender Confirmation Surgery, Grand Rounds, Rush University, Section of Urology, June 8, 2021.
221. Genitourinary introduction lecture, M2, Rush University School of Medicine, September 2, 2021 (by oom)
222. Demystifying Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, uerencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, JSCH LHMC, New Delhi, WPATH September 5, 2021 (by oom)
223. Gender Confirmation Surgery, The University of Chicago Prit ker School of Medicine, MS-1, Anatomy lecture, September, 14, 2021, Chicago Il.
224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now , Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2011 (by oom)
225. Chest Surgery, The Illinois Dept. of Corrections (by oom), October 13, 2021.
226. Vaginoplasty, The Illinois Dept. of Corrections (by oom), October 15, 2021.
227. International Continence Society, 20th Physioforum, Pelvic Floor Physical Therapy and Gender-Affirming Surgery, October 16, 2021, Melbourne, Australia (by oom)

228. Rush University Division of Plastic Surgery, Gender Affirmation Surgery: Where Are We Now , educational conference, November 23, 2021, Chicago, IL

229. 51 Congreso Argentino de Cirugia Plastica, Microsurgery Symposium, SACPER-FILACP, 3 Step Approach to Lower Extremity Trauma, November 29, 2021, Mar del Plata, Argentina

230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, “Gestión quirúrgica de la Disforia de Género: Descripción general del manejo quirúrgico y los estándares de atención,”
December 1, 2021, Mar del Plata, Argentina

231. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery II, Cirugía Genital Masculinizada (Metoidioplastia y Faloplastia), December 2, 2021, Mar del Plata, Argentina

232. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery III, Faloplastia: optimización de resultados y reducción de complicaciones, December 2, 2021, Mar del Plata, Argentina

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Exhibit 20

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

CHRISTOPHER FAIN, *et al.*, individually and
on behalf of all others similarly situated,

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

**EXPERT REBUTTAL REPORT OF
LOREN S. SCHECHTER, M.D.**

I, Loren S. Schechter, M.D., declare as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I previously submitted an expert witness report in this case (“Schechter Report”). I submit this report to respond to points raised in the Expert Disclosure Report of Dr. Stephen B. Levine, M.D. (“Levine Report”) provided by Defendants.

3. My background, qualifications, and compensation for my services in this case, and the bases for my opinions in this case are described in my original report. In preparing this report, I was provided with and reviewed the Levine Report and the accompanying exhibits.

4. My opinions contained in this report are based on my professional background as described in my updated curriculum vitae (attached as Exhibit A); my clinical experience of nearly 25 years of caring for transgender individuals; my review and familiarity with relevant

peer-reviewed literature, including my own research;¹ and discussions with colleagues and other experts in the field, including attendance and participation in various educational conferences both nationally and internationally. The research I relied on in preparing this report is cited in my curriculum vitae, my original expert report, and the sources cited herein and the updated bibliography attached as Exhibit B.

5. As explained in my original report, I refer to the family of procedures discussed in this report interchangeably as “gender confirmation,” “gender confirming surgeries,” or “gender affirming surgeries” because they are one of the therapeutic tools used to enable people to live in accordance with their gender identities. This care applies specifically to people who are transgender because they are the only ones who undergo procedures for gender dysphoria (or gender incongruence).

6. I have personal knowledge of the matters stated in this report. I may further supplement these opinions in response to information produced by Defendants in discovery and in response to additional information from Dr. Levine or any other expert testimony Defendants may disclose.

I. QUALIFICATIONS OF DR. LEVINE

7. Based on the disclosures in Dr. Levine’s report, he appears to lack the requisite

¹ As mentioned in my original report, I regularly and routinely perform literature searches in my academic roles at Rush University; and as Director of the Center for Gender Confirmation Surgery at Weiss Memorial Hospital (a role I will hold until April 5, 2022, when I will assume the position of Director of Gender Affirmation Surgery at Rush University Medical Center); Guest Examiner for The American Board of Plastic Surgery; lecturer for the Global Education Initiative for WPATH; invited lecturer at national and international conferences; co-lead author of the surgery and post-operative care chapter of the upcoming WPATH Standards of Care Version 8; an editor and reviewer for peer-reviewed publications; and a course director for various educational opportunities for WPATH, American Society of Plastic Surgeons, and other organizations.

qualifications to offer his opinions. Dr. Levine opines on surgical interventions pertaining to gender dysphoria, but he provides no evidence as to training or experience in a surgical discipline. Additionally, he is not a member of the World Professional Association for Transgender Health (“WPATH”), which is recognized by the mainstream medical consensus as the authoritative entity that has established comprehensive Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (“Standards of Care”). Dr. Levine’s previous involvement with the Standards of Care, Version 5 would seem to indicate that he does not support categorical bans on coverage for surgery, since those guidelines recognized that surgery can be medically necessary care for transgender people.

II. DR. LEVINE’S CRITIQUE OF MY EXPERT TESTIMONY IS UNFOUNDED

8. Although Dr. Levine has been designated to rebut my expert opinions, he says little about my expert report specifically. The few points he does raise misrepresent my testimony and the scientific literature, as explained below. Dr. Levine offers a number of other general critiques about the state of the science, and I respond to those further below.

9. Dr. Levine first claims that I seem “to be unaware of the body of literature that shows that gender-affirming interventions fail to improve mental health or to reduce suicidality or suicide long-term.” Levine Report at 32 ¶ 62. He cites scant literature in support and largely ignores the extensive sources cited in the bibliography to my original expert report. I am nonetheless familiar with his cited sources, which do not contradict the opinions in my original report.

10. For example, Dr. Levine cites “key systematic review of surgeries for adults conducted by the HHS in 2016.” Levine Report at 32 ¶ 63 (citing Tamara Syrek Jensen et al., *Final Decision Memorandum on Gender Reassignment Surgery for Medicare Beneficiaries with*

Gender Dysphoria, Centers for Medicare & Medicaid Services (2016)). He neglects to mention these systematic reviews of the literature followed a decision of the agency to *eliminate* a categorical ban on gender-affirming surgery, like the one West Virginia maintains in its Medicaid program and state employee programs. Dep't of Health and Human Servs., Departmental Appeals Board, Appellate Div., NCD 140.3, Transsexual Surgery (2014). In fact, the agency found that gender-affirming "surgery is an effective, safe and medically necessary treatment for transsexualism." *Id.* While the agency declined to issue a National Coverage Determination ("NCD") requiring the care to be made available without limitation, that was based on factors specific to the average Medicare participant such as age. In older individuals, additional medical conditions may increase the risk for surgery generally. Coverage is still available on a case-by-case basis. Additionally, many widely accepted surgical procedures and surgical conditions do not have NCDs under Medicare. The fact that gender-affirming surgery does not have an NCD is not unusual.

11. Dr. Levine also cites to an article entitled "Reduction in Mental Health Treatment Utilization among Transgender Individuals after Gender-affirming Surgeries: A Total Population Study," by Bränström R, Pachankis, *Am J Psychiatry* 2020; 177: 727–734. Levine Report at 32 n.101; 55-56 ¶¶ 111-13. I have previously reviewed this article, which found in the Swedish population a correlation between gender-affirming care and "a reduction in mental health treatment as a function of time since completing such treatment." *Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters*, *Am J Psychiatry* 2020; 177:769–772; doi: 10.1176/appi.ajp.2020.20050599. A correction was issued after initial publication indicating that language in the article too strongly suggested causation

rather than correlation. *Id.* Nothing about this changes the overall state of the literature; nor is the correction remarkable since proving causation is very difficult in medical literature.

Additionally, the fact that some transgender people may need ongoing mental health care does not mean that surgical interventions were unsuccessful. Surgery treats the medical condition of gender dysphoria. Other studies also find improvement in mental health conditions such as depression or anxiety. Additionally, ongoing care for individuals can be important across a host of medical conditions. Patients receive aftercare from their oncologist after surgery for cancer, and may need mental health care as well. That does not mean the surgery was unsuccessful.

12. Dr. Levine also cites Wiepjes CM, den Heijer M, Bremmer MA, et al., Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017). *Acta Psychiatr Scand.* 2020;141(6):486-491; doi:10.1111/acps.13164. I am familiar with this article too, which found a slight *reduction* in deaths by suicide for trans women. Additionally, reduction in suicide is not the only measure by which we determine whether care is medically necessary. Regardless, nothing in the literature suggests that categorically denying coverage for surgery, as West Virginia does, improves rates of suicidality or other health outcomes.²

13. Finally, Dr. Levine invokes a review by the Hayes Corporation, which reviews treatments for insurance companies. Levine Report at 32-33 ¶ 63. The Hayes Corporation itself, however, states that it is “not intended to be used as the sole basis for determining coverage policy,” or “as the sole basis for defining treatment protocols, or medical modalities.” The

² Additionally, measures already exist to ensure that risk for suicidality is assessed before surgery. For example, my patients undergoing inpatient surgery have a required preoperative suicide assessment as required by The Joint Commission.

Hayes Corporation also describes a key part of its mission as “provid[ing] the best *business solutions* proven to enhance efficiencies, reduce cost, and reduce risk” (emphasis added). See <https://www.hayesinc.com/about-hayes/>.

14. Dr. Levine describes the Hayes Corporation as rating the evidence for gender-affirming surgery for adults and adolescents as low-quality, but this misrepresents the meaning and significance of such reviews. Scientific ratings of evidence generally employ extremely high standards that are not satisfied for many commonly-prescribed treatments and procedures.³ Such ratings do not mean that the treatment is unsupported in the literature and clinical practice, or that it is not medically necessary. The level of evidence does not always speak to the quality of the research, including because high-level evidence (generally Level I evidence) is not always the optimal or appropriate choice for a particular research question, and in some areas, is not feasible or ethical to conduct. The Hayes Corporation itself acknowledges that the literature shows gender-affirming surgeries improve outcomes across multiple areas for transgender people, including, for example, significant reductions in gender dysphoria. (Hayes Corp. 2018).

15. Dr. Levine mentions two other issues with respect to my testimony specifically, including purported conflicts of interest and rates of complications after surgery. Levine Report at 33 ¶ 65. As I explain below, both points are unsupported.

III. DR. LEVINE’S OPINIONS ARE INCONSISTENT WITH THE MAINSTREAM MEDICAL CONSENSUS

A. Gender-Confirming Surgery is Safe and Effective

16. As discussed in my original report, the research, as well as my own clinical

³ See, e.g., Bernard T. Lee, et al., *Evidence-Based Clinical Practice Guideline: Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps*, *Plastic and Reconstructive Surgery*, 140(5):651e-664e (Nov. 2017); doi: 10.1097/PRS.0000000000003768.

expertise, show that surgical procedures for gender dysphoria are safe and effective, and that many of these procedures are analogous to surgical procedures used to treat other medical conditions. The fact that the medical community deems these analogous procedures sufficiently safe to treat conditions other than gender dysphoria is by itself more than sufficient to support the safety of those surgeries to treat gender dysphoria, since nothing about the safety of these procedures varies when they are used to treat gender dysphoria.

17. Dr. Levine claims that gender-affirming surgeries have high complication rates, *see, e.g.*, Levine Report at 33 ¶ 65; at 60-61 ¶¶ 125-26. But as explained further below, Dr. Levine's interpretation of the surgical literature demonstrates his lack of understanding of surgery. Additionally, Dr. Levine's sources for these opinions share the same flaws that run throughout his report generally. He frequently cites sources in misleading ways, implying that they support his opinions when the sources in fact establish support for access to gender affirming care. *See, e.g.*, Levine Report at 60 n.198 (citing de Vries, et al. (2014), which reported results showing that after gender-affirming care, gender dysphoria was alleviated in young adults and psychological functioning steadily improved); Levine Report at 61 n.199 (Olson-Kennedy, et al. (2018), which reported that serious complications were rare in post-surgical cohort).

18. When compared with analogous procedures for other conditions, gender-confirming surgeries do not have a particularly high rate of complications. For example, a recent study of 7,905 persons with gender dysphoria, of whom 1,047 underwent surgery between 2009-2015, revealed an overall complication rate for all surgical procedures on persons with gender

dysphoria of only 5.8%.⁴

19. Looking specifically at the complication rates for chest surgeries (subcutaneous mastectomy and chest wall contouring), two recent studies reveal a complication rate among transgender men of between 11% -12%,⁵ in comparison to the complication rate of 43% for cisgender women undergoing breast reduction shown in a 2005 study.⁶ Likewise, in a systematic review of cisgender women undergoing nipple-sparing mastectomy and immediate breast reconstruction using breast implants and acellular dermal matrix the complication rates include: 11% skin necrosis, 5% nipple necrosis, 12% infection, 1% hematoma, 5% seroma, 4% explantation, and 9% unplanned return to the operating room.⁷ Similarly, in a study which queried the American College of Surgeons National Surgical Quality Improvement database from 2006-2017 regarding augmentation mammoplasty in 1,360 cisgender and transgender individuals, “the rates of all-cause complications were low in both cohorts, and differences were not significant” (1.6% for transgender women versus 1.8% for cosmetic breast augmentation).⁸

⁴ Megan Lane et al., *Trends in Gender-affirming Surgery in Insured Patients in the United States*, 6 *Plastic and Reconstructive Surgery - Global Open* e1738 (2018).

⁵ M.G. Berry et al., *Female-To-Male Transgender Chest Reconstruction: A Large Consecutive, Single-Surgeon Experience*, 65 *Journal of Plastic, Reconstructive & Aesthetic Surgery* 711-719 (2012).; Cori A. Agarwal et al., *Quality of Life Improvement After Chest Wall Masculinization in Female-To-Male Transgender Patients: A Prospective Study Using the BREAST-Q and Body Uneasiness Test*, 71 *Journal of Plastic, Reconstructive & Aesthetic Surgery* 651-657 (2018).

⁶ Bruce L. Cunningham et al., *Analysis of Breast Reduction Complications Derived from the BRAVO Study*, 115 *Plastic and Reconstructive Surgery* 1597-1604 (2005).

⁷ Lene Nyhøj Heidemann et al., *Complications following Nipple-Sparing Mastectomy and Immediate Acellular Dermal Matrix Implant-based Breast Reconstruction—A Systematic Review and Meta-analysis*, 6 *Plastic and Reconstructive Surgery - Global Open* e1625 (2018).

⁸ Nicholas G. Cuccolo et al., *Epidemiologic Characteristics and Postoperative Complications following Augmentation Mammoplasty: Comparison of Transgender and Cisgender Females*, 7 *Plastic and Reconstructive Surgery - Global Open* e2461 (2019).

20. Additionally, complication rates for vaginoplasties in transgender women are commensurate to rates of complications for cisgender women undergoing vaginal or vulvar reconstruction for other medical conditions (e.g., cancer).⁹

21. Dr. Levine also asserts, without supporting literature, that “[r]e-operations are frequently performed.” Levine Report at 61 ¶ 126. This statement reflects a lack of understanding of surgical literature. Re-operations are not uncommon across many areas in plastic surgery, including for example for breast reconstruction surgeries for cisgender women,¹⁰

⁹ For example, a 2018 study looking at complications and patient reported outcomes in 3716 cases of male-to-female vaginoplasty found complication rates of 2% fistula, 14% stenosis and strictures, 1% tissue necrosis, and 4% prolapse with patient-reported satisfaction of 93% (overall results). See Oscar J. Manrique et al., *Complications and Patient-Reported Outcomes in Male-to-Female Vaginoplasty—Where We Are Today*, 80 *Annals of Plastic Surgery* 684-691 (2018). An additional 2018 study published in the *Journal of Urology* evaluated 330 patients presenting for primary vaginoplasty. The overall complication rate in this study was 28.7%. Thomas W. Gaither et al., *Postoperative Complications following Primary Penile Inversion Vaginoplasty Among 330 Male-to-Female Transgender Patients*, 199 *Journal of Urology* 760-765 (2018). In comparison, studies examining complication rates in cisgender women undergoing vaginal and vulvar reconstruction demonstrate complication rates ranging as high as 61%. Melissa A. Crosby et al., *Outcomes of Partial Vaginal Reconstruction with Pedicled Flaps following Oncologic Resection*, 127 *Plastic and Reconstructive Surgery* 663-669 (2011). And additional studies demonstrate complication rates for cisgender women of 22.3%-26.7% for flap-related complications and between 7%-22% for donor site and flap-related complications. See Violante Di Donato et al., *Vulvovaginal Reconstruction After Radical Excision From Treatment of Vulvar Cancer: Evaluation of Feasibility and Morbidity of Different Surgical Techniques*, 26 *Surgical Oncology* 511-521 (2017). (flap-related complications); Adrian McArdle et al., *Vaginal Reconstruction Following Radical Surgery for Colorectal Malignancies: A Systematic Review of the Literature*, 19 *Annals of Surgical Oncology* 3933-3942 (2012). (donor site and flap-related complications). Additional studies reviewing reconstruction of congenital deformities found complication rates as high as 57%. H. P. Versteegh et al., *Postoperative Complications After Reconstructive Surgery for Cloacal Malformations: A Systematic Review*, 19 *Techniques in Coloproctology* 201-207 (2015).

¹⁰ Amanda Roberts et al., *Reoperation cascade in postmastectomy breast reconstruction and its associated factors: Results from a long-term population-based study*, *J. Surg. Oncol.*, 2020 Dec;122(7):1300-1306 (Dec. 2020), doi: 10.1002/jso.26166; Maryam Saheb-Al-Zamani et al., *Early Postoperative Complications From National Surgical Quality Improvement Program: A Closer Examination of Timing and Technique of Breast Reconstruction*, *Ann. Plast. Surg.*, 86(3S Suppl 2):S159-S164 (March 2021), doi: 10.1097/SAP.0000000000002590.

and reconstruction of soft tissue defects in lower extremity (i.e., the leg, ankle, and foot).¹¹ That does not affect the fact that the care is medically necessary. Additionally, most revisions for gender-affirming care are minor scar revisions, which are ubiquitous in plastic surgery.

22. In summary, Dr. Levine does appear to acknowledge that “surgical complications are common for all surgeries.” Levine Report at 61 ¶ 126. While this paints complication rates with too broad a brush, Dr. Levine is correct to the extent he recognizes that this is generally true regardless of whether the patient is transgender or cisgender, although cisgender patients often receive coverage for this care as a matter of course.

23. Dr. Levine also suggests that “‘patient desire’ for transgender interventions has supplanted the traditional definition of medical necessity used in all other areas of medicine.” This is incorrect. The medical community and insurance providers recognize a distinction between plastic surgery that is cosmetic and reconstructive plastic surgery that is medically necessary. No particular surgery is inherently cosmetic or inherently reconstructive; rather, the underlying diagnosis determines whether the procedure is considered cosmetic or reconstructive. Gender-confirming surgeries are not cosmetic surgeries because, when performed in accordance with the Standards of Care, they are clinically indicated to treat the medical condition of gender dysphoria. The professional medical consensus recognizes that these are appropriately categorized as reconstructive procedures. In a study published in 2019 by Miller, et al., 100% of transgender women who underwent breast augmentation reported improvement in their gender

¹¹ Lingyun Xiong et al., *Free flaps for reconstruction of soft tissue defects in lower extremity: a meta-analysis on microsurgical outcome and safety*, *Microsurgery*, 36(6):511-24 (Sept. 2016); doi: 10.1002/micr.30020.

dysphoria and “would undergo the operation again.”¹²

24. Additionally, reconstructive surgery often has the additional benefit of promoting and improving a patient’s quality of life and well-being, which is often a component of medically necessary care. Indeed, aside from the primary purpose of alleviating or reducing a patient’s gender dysphoria, gender confirmation surgery also has been demonstrated to have other salutary effects, such as improving quality of life and reducing negative health outcomes. In a prospective study utilizing a validated quality of life assessment tool, Alcon, et al. demonstrated significant improvements in quality of life up to 1 year following chest surgery.¹³ The authors indicated that “the effect sizes were large and...exhibited excellent internal validity.” The authors report that “every patient surveyed at 1 year reported that gender-affirming surgery changed their life for the better” and that, “every patient surveyed after surgery said they would choose it (surgery) again knowing what they know.” In addition, in a 2006 study published in *Quality of Life Research*, Newfield, et al. found that, “Chest reconstruction not only enhances the FTM transgender identity, increases self-esteem, and improves body image, but provides some security and safety for those who remove their shirts in public areas, such as gyms or beaches. Those who had received top surgery reported higher QOL (quality of life) scores than those who had not received surgery, statistically significant findings ($p < 0.01$) for the General Health, Social Functioning, and all three mental health concepts.”¹⁴

¹² Travis J. Miller et al., *Breast Augmentation in Male-to-Female Transgender Patients: Technical Considerations and Outcomes*, 21 *JPRAS Open* 63-74 (2019).

¹³ Loren S. Schechter, *Discussion: Quantifying the Psychosocial Benefits of Masculinizing Mastectomy in Trans Male Patients with Patient-Reported Outcomes: The University of California, San Francisco, Gender Quality of Life Survey*, 147 *Plastic & Reconstructive Surgery* 741e-742e (2021).

¹⁴ Emily Newfield et al., *Female-to-Male Transgender Quality of Life*, 15 *Quality of Life Research* 1447-1457 (2006).

25. The overwhelming majority of patients who obtain gender confirmation surgery in a manner consistent with the Standards of Care are both satisfied and experience a reduction of gender dysphoria. For the vast majority of transgender people who seek such surgery, the surgery is successful at alleviating and/or reducing gender dysphoria and alleviating a lifelong struggle to find peace of mind and comfort with their bodies.

B. Medically Necessary Care to Treat Gender Dysphoria is Not Experimental

26. It is my professional medical opinion that the contention of Dr. Levine that gender-confirming surgeries are experimental is unsupported by the professional medical consensus and prevailing standards of care for treating gender dysphoria, and is inconsistent with mainstream medical standards. Levine Report 37 ¶ 75. To the contrary, the prevailing consensus of the medical community recognizes that procedures used to treat gender dysphoria are reconstructive, not experimental, and are medically necessary.

27. Surgical care is not considered experimental when it uses accepted techniques and has demonstrative benefits. The techniques used in gender-affirming care are employed in other surgeries and are well-established. For example, urethroplasties, orchiectomies, skin grafts, and mastectomies are all accepted techniques for congenital, oncological, and traumatic conditions. They are not experimental simply because they are applied to the well-established diagnosis of gender dysphoria.

28. Gender-affirming surgery has been performed for decades, utilizes accepted surgical techniques, and yields demonstrated benefits for patients. In addition, gender-affirming surgeries are: 1) part of the core curriculum in plastic surgery resident education; and 2) a component of both the written and oral board exams in plastic surgery. I have given presentations at multiple professional societies, and none of them consider gender-affirming

surgery experimental. In the disclosures required to give presentations of this kind there is no requirement that they be called experimental. It is widely accepted by professional surgical societies that gender-affirming surgeries are not experimental.

C. Quality of Evidence

29. The quality of the evidence supporting gender-affirming surgeries is comparable to that supporting many surgeries and clinical procedures. While prospective, randomized, double-blind, placebo-controlled studies are the gold standard, they cannot be used to evaluate many clinical procedures. There are simply inherent limitations to our ability to conduct such studies in clinical medicine. First, it is unethical to withhold medically necessary care. As such, in many situations, clinicians cannot conduct a study that uses a control group who is deprived of the treatment being studied. Practice guidelines published in 2013 by the Royal College of Psychiatrists indicated that a randomized controlled study to evaluate feminizing vaginoplasty would be “impossible to carry out.”¹⁵

30. It is not possible to perform a double-blind study of surgeries that modify body parts, nor is there a placebo that can mimic such a surgery – unlike studies that use placebo drug regimens, for example, people will know if they have had an operation or not. For relatively uncommon conditions like gender dysphoria, sample sizes of individuals with the condition who are available to participate in a clinical study tend to be small. This is especially true where treatment for a condition has not been covered by insurance programs and plans, and where additional barriers (such as ongoing stigmatization) prevent patients from accessing care. That very lack of access to the procedure results in there being fewer people who have received

¹⁵ Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria, Royal College of Psychiatrists 1-59 (2013).

treatment and who can participate in a prospective study of that treatment's effect.

31. Put simply, the scientific literature pertaining to gender-affirming surgical interventions is similar to that of other accepted plastic surgery procedures. The recommendation for ongoing research is a standard recommendation in many, if not most or all clinical scenarios. This recommendation for ongoing study in a particular clinical area does not mean that surgical care is withheld.

D. Misrepresentation of the Literature on Medical Necessity, Safety, and Effectiveness

32. The overwhelming weight of the scientific and medical literature supports the benefits of gender-affirming surgical interventions. Gender-affirming interventions have been performed for decades, and the safety and efficacy of these procedures have been reported by multiple surgeons practicing at different institutions in different countries and continents. Dr. Levine fails to acknowledge this literature, referencing instead several non-scientific sources to support his opinions. As a few representative examples, he relies on a conservative website called The Federalist (Levine Report at 33 n.111); and a Canadian website (<https://genderreport.ca>) which does not represent a professional medical or scientific organization (Levine Report at 35 n.113).

33. Dr. Levine cites a study by Dhejne, et al. to imply that because individuals who received gender confirming surgeries had higher morbidity and mortality rates compared to the general population, the surgeries are not effective. Levine Report at 54 ¶ 109; 59 ¶ 119. He appears to misunderstand that study. First, the study itself clearly states that it is not intended to evaluate whether gender-affirming surgeries are “an effective treatment or not.” Second, those who receive medically necessary surgery generally have reduced morbidity and mortality

compared to those with the same condition who do not, even if morbidity and mortality for both groups are higher than average. Third, the study includes patients who had surgery prior to the development of the current standards of care. Finally, the fact that gender confirming surgeries do not entirely resolve all possible causes of morbidity and mortality among transgender individuals is completely unsurprising. While surgery can treat gender dysphoria by aligning transgender people's bodies with their gender identity, surgery alone cannot fully eliminate the stigma and discrimination that transgender people face. Moreover, it is rare for any surgery to eliminate morbidity and mortality. For example, people who have surgery to remove a cancerous tumor may still experience higher rates of morbidity and mortality than the general population, but that does not mean that they should not undergo the surgery. In addition, individuals suffering from other medical conditions (including chronic conditions and traumatic injuries such as burns) are also at elevated risk of suicide. The increased risk of suicide does not preclude treatment of burn patients.¹⁶

34. For instance, one study cited by Dr. Levine concluded that gender-affirming surgeries “may reduce psychological morbidity for some individuals while increasing it for others.”¹⁷ Levine Report at 54 n.173; 59 n.192. The fact that surgery does not always reduce morbidity for everyone who receives it does not mean that the surgery is not safe or effective, particularly given the number of potential confounding factors that can impact morbidity. Similarly, the continued existence of elevated morbidity and mortality rates, compared to the

¹⁶ Sheera F. Lerman et al., *Suicidality After Burn Injuries: A Systematic Review*, 42 *Journal of Burn Care & Research* 357-364 (2021).

¹⁷ Rikke Kildevæld Simonsen et al., *Long-Term Follow-up of Individuals Undergoing Sex Reassignment Surgery: Psychiatric Morbidity and Mortality*, 70 *Nordic Journal of Psychiatry* 241-247 (2016).

population at large, say nothing about whether a treatment is a safe and effective way to treat a particular condition. Similarly, in a study regarding “quality of life and patient satisfaction in adults treated for a cleft lip and palate,” Kappen, et al. found that although some study participants “had accepted their diagnosis they were not entirely satisfied with their treatment outcome. These participants were still thinking about a possible correction in the future, occasionally inquired about new treatment options, and/or had to weigh the risk of complications or adverse outcomes against the (minor) benefits of surgery.” The authors also state that, “Two patients ... still had difficulties coping ... Both were psychologically affected at the time of interview: one was coping with depression, while the other was experiencing a mild form of generalized anxiety.” Additionally, four patients sought “professional psychological help ...”¹⁸ But that does not suggest that withholding medically necessary care is appropriate for those patients, any more than it is for transgender people.

35. Dr. Levine conflates various treatment options (i.e., pubertal suppression in adolescents, hormone therapy, gender-affirming surgeries) in a wide range of clinical scenarios (i.e., treatment of children, treatment of adolescents, treatment of adults, etc.). As with many areas of medicine, treatment options may differ depending upon the individual seeking care. The Center for Study of Inequality at Cornell University conducted a systematic review of all peer-reviewed articles published in English between 1991 and June 2017.¹⁹ 93% of the studies “found that gender transition improves the overall well-being of transgender people...” Only 7%

¹⁸ Isabelle F. P. M. Kappen et al., *Quality of Life and Patient Satisfaction in Adults Treated for a Cleft Lip and Palate: A Qualitative Analysis*, 56 *The Cleft Palate-Craniofacial Journal* 1171-1180 (2019).

¹⁹ What does the scholarly research say about the effect of gender transition on transgender well-being? What We Know (2021), <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.

of the studies reported “mixed or null findings.” In addition, no studies concluded that gender transition causes overall harm.

E. Informed Consent

36. Dr. Levine misunderstands the informed consent process for surgical care. Levine Report at 69 ¶ 149. Gender-affirming surgical procedures have been shown beneficial by multiple surgeons, in multiple countries, over decades. The risks of gender-affirming surgical procedures are well-known and well-described in the literature.²⁰ Additionally, because analogous surgical techniques have long been used to treat other underlying diagnoses, the risks of these techniques are well-understood.

37. The Standards of Care specifically discuss the obligation of the surgeon to obtain informed consent and recommend health assessments prior to these gender-affirming surgical interventions. The options, including the potential complications, and risks and benefits of each, are discussed with patients. For adolescents, these discussions include the caregiver or parents who must consent as well.

38. The process of securing informed consent is done in a multidisciplinary way. The Standards of Care specifically indicate the importance of health assessments prior to surgery, as well as the importance of a multi-disciplinary and collaborative approach between surgeons, mental health professionals, and primary care providers. *See* Standards of Care at 56-57. Working in this interdisciplinary way, surgeons determine if a patient has any medical or mental

²⁰ *See, e.g.,* Loren S. Schechter, *The Surgeon's Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health's Standards of Care*, 11 *International Journal of Transgenderism* 222-225 (2009).

health conditions that could affect their suitability for surgery or complicate their recovery after surgery. *See* Standards of Care at 59.

39. Accordingly, the patient undergoes a preoperative assessment by a qualified professional. One component of that preoperative mental health evaluation is an assessment of the individual's ability to provide informed consent. This represents a clinical standard which exceeds the threshold to perform many other types of surgical interventions, including those that are sterilizing. For this reason, Dr. Levine's claims that patients are "being rushed into" gender-affirming care are spurious. Levine Report at 68 ¶ 146. To the contrary, the preoperative process is careful and deliberate.

40. Dr. Levine also expresses concern about provisions in the Standards of Care for obtaining informed consent when the person has limited capacity to consent. Levine Report at 69 ¶ 146. I believe that he is referring to a provision of the Standards of Care that describes a series of options for obtaining meaningful consent in this circumstance, including a comprehensive and thorough assessment by a multidisciplinary healthcare team, or an alternative decisionmaker such as a legal guardian. Far from being a detriment, this provision of the Standards of Care recognizes the reality of medicine and healthcare across all fields: at times, people who require interventions have a limited capacity to consent. The Standards of Care go further than many other areas of medicine by first, recognizing this fact and second, describing a process to address it.

1. Fertility Counseling

41. Dr. Levine invokes concerns around care that leads to sterility, but notably his discussion focuses almost entirely on treatment for children. Levine Report at 61-62 ¶¶ 127-30. To clarify, surgical procedures are not performed on children under the Standards of Care, and

select procedures are performed in limited circumstances on adolescents only after extensive evaluation and informed consent. But Dr. Levine does not express any specific concerns about procedures that are sterilizing in adults, stating only that it should be considered as an important factor for any patient. Levine Report at 62 ¶ 130.

42. As discussed in the Standards of Care, individuals are counseled as to fertility-preserving options prior to undergoing sterilizing procedures. Individuals make decisions regarding interventions that affect fertility in a variety of clinical circumstances. These include procedures such as vasectomy, tubal ligation, and oophorectomy (whether for cancer or as a risk-reduction strategy). In the case of gender-affirming surgery, not only does the surgeon discuss the issue of fertility prior to surgery, individuals typically address this with their medical and/or mental health professionals as well. Once again, individuals seeking gender-affirming surgical interventions must meet a higher standard as compared to individuals undergoing sterilizing procedures for diagnoses or reasons other than gender dysphoria.

F. Sexual Function

43. Dr. Levine claims that “sexual dysfunction is not an uncommon complication of genital surgery.” Levine Report at 63 ¶ 133. Once again, this demonstrates Dr. Levine’s lack of understanding of surgery. Both my clinical experience and the literature indicate that sexual function generally improves after surgery where it is medically indicated.²¹ Additionally, Dr. Levine fails to mention that lack of access to medically necessary care can be a significant source

²¹ See, e.g., Sara Bungener, *Sexual Experiences of Young Transgender Persons During and After Gender-Affirmative Treatment*, *Pediatrics*, 146(6):e20191411 (Dec. 2020); doi:[10.1542/peds.2019-1411](https://doi.org/10.1542/peds.2019-1411) (finding that one year after surgery, young transgender adults reported a significant increase in experiences with all types of sexual activities).

of distress and exacerbate gender dysphoria, leading to decreased rates of intimacy and sexual satisfaction for transgender people.

44. Separately, Dr. Levine suggests that there is a “sexual-romantic risk” to gender-affirming care because few people will want to form relationships with them, and if they “do not pass well” their relationship options are largely limited to those looking for “exotic sexual experiences.” Levine Report at 66 ¶ 142. Setting aside Dr. Levine’s disparaging suggestion that transgender people are less likely to be able to form healthy and fulfilling relationships, the fact that surgery can affect multiple domains of a person’s life is not unique to gender-affirming surgery. For example, an oophorectomy may cause hot flashes and mood swings and affect one’s romantic life, but there is no requirement that cisgender women see a mental health professional before obtaining that care. The same is true for prostatectomy, which may result in erectile dysfunction, but does not involve any requirement to see a mental health professional.²² In contrast, transgender people are subject to a higher standard because they are required to undergo an assessment before accessing the same kinds of surgical procedures.

G. “Error Rates”

45. Dr. Levine briefly references “error rates” for clinical decisions. Levine Report at 9 ¶ 12. To the extent Dr. Levine intends to refer to rates of complications or regret, rates of complications are regularly discussed in medical literature on treatments for gender dysphoria. Rates of regret for procedures among individuals with gender dysphoria remain extremely low.²³

²² Jessica C. Emanu et al., *Erectile Dysfunction after Radical Prostatectomy: Prevalence, Medical Treatments, and Psychosocial Interventions*, *Curr Opin Support Palliat Care*, 10(1): 102–107 (March 2016); doi:10.1097/SPC.000000000000195.

²³ Sasha Karan Narayan et al., *Guiding the Conversation—Types of Regret After Gender-Affirming Surgery and Their Associated Etiologies*, 9 *Annals of Translational Medicine* 605-616 (2021).

46. Dr. Levine expresses concerns that transgender patients may “desist” and cease to want to transition. *See, e.g.*, Levine Report at 42 ¶ 89; 43-44 ¶ 91. Among other sources, Dr. Levine cites the work of Dr. Miroslav Djordjevic regarding his experience with patients seeking reversal of their surgeries, Levine Report at 42 n.129, but those patients all received surgery without following the Standards of Care. Dr. Levine also cites “online community of young women who have desisted,” Levine Report at 43 ¶ 91, but that is not a medical or scientific source. In fact, all available scientific research indicates that reports of regret are extremely low when gender confirming surgery is provided in accordance with the Standards of Care.²⁴

47. Dr. Levine points to his own knowledge of “several” individuals no longer pursuing transition, including in the prison context. Levine Report at 42 ¶ 89. That Dr. Levine states that he has seen this happen several times in almost 40 years does not mean that it is a common occurrence among transgender individuals generally or among those who have received gender confirming surgery. All available research—as well as my own clinical experience—indicates that very few patients experience regret when gender confirming surgery is provided in accordance with the WPATH SOC and by a qualified surgeon. Regret of any kind is rare (0.6% in transgender women and 0.3% in transgender men),²⁵ but “true regrets,” as opposed to regrets due to lack of social or familial acceptance, comprise an even smaller percentage (approximately half this group, roughly 0.3% in transgender women and 0.15% in transgender men).²⁶ Having

²⁴ Chantal M. Wiepjes et al., *The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets*, 15 *The Journal of Sexual Medicine* 582-590 (2018).

²⁵ *Id.*

²⁶ *Id.* at 585, 587 (researchers classified “social regrets” as those experienced by individuals who still identified as transgender women, but reported feeling “ignored by surroundings” or regretted loss of relatives,” and classified “true regrets” as those experienced by individuals who “thought

performed gender confirming surgeries for over 20 years, I have never had a patient request a reversal of male chest reconstruction.

48. In a recent study I co-authored regarding regret following gender-affirming surgery, Narayan, et al. queried 154 surgeons surgically treating between 18,125 to 27,325 individuals.²⁷ The rate of regret was found to be between 0.2-0.3%, consistent with previous literature.

49. Moreover, issues pertaining to regret following surgical procedures are not limited to gender-affirming surgical interventions.²⁸ Some cisgender women experience regret following breast reconstruction (40%), some cisgender women expressed regret following prophylactic mastectomy (6%) and prophylactic oophorectomy (7%). Additionally, in my clinical experience, many people regretted not having access to gender-affirming care before access was expanded through insurance coverage.

H. Patient Diagnosis

50. Dr. Levine suggests that gender-affirming care is provided based on a “a patient’s self-diagnosis of gender dysphoria,” which purportedly clears the way for “rapid approval for hormonal and surgical interventions.” Levine Report at 68 ¶ 148. This misrepresents the

gender affirming treatment would be a ‘solution’ for, for example, homosexuality or [lack of] personal acceptance, but, in retrospect, regretted the diagnosis and treatment”).

²⁷ Sasha Karan Narayan et al., *Guiding the Conversation—Types of Regret After Gender-Affirming Surgery and Their Associated Etiologies*, 9 *Annals of Translational Medicine* 605-616 (2021).

²⁸ Toni Zhong et al., *Decision Regret Following Breast Reconstruction: The Role of Self-Efficacy and Satisfaction With Information in the Preoperative Period*, 132 *Plastic and Reconstructive Surgery* 724e-734e (2013).; Leslie L. Montgomery et al., *Issues of Regret in Women With Contralateral Prophylactic Mastectomies*, 6 *Annals of Surgical Oncology* 546-552 (1999).; Elizabeth M. Swisher et al., *Prophylactic Oophorectomy and Ovarian Cancer Surveillance*, 46 *The Journal of Reproductive Medicine* 87-94 (2001).

preoperative process and multidisciplinary assessment that occurs prior to gender-affirming surgical interventions.²⁹ Dr. Levine fails to accurately describe the process of diagnosis that is performed before the transgender patient is eligible for surgery, and also the role and responsibility of the surgeon in providing this care.

51. The surgeon receives in writing one or more assessments of the patient's diagnosis and medical necessity of the care by one or more mental health professionals, as required for the relevant procedure under the Standards of Care. But that is only one step in the assessment for surgical interventions. The surgeon remains ultimately responsible for deciding whether a particular surgical intervention is medically indicated. The surgeon evaluates the patient and makes the final decision about whether it is safe and medically indicated to proceed. This includes an evaluation of the patient's understanding of the condition, their self-awareness, and their goals and expectations for the intervention. The surgeon also evaluates other health factors that would affect the patient's fitness for the surgery, and determines whether additional studies might be required, such as x-rays or laboratory work. The surgeon also typically obtains an assessment from their primary care physician about their overall health. In my own clinical practice, I have had occasion to decline to perform a requested intervention based on my exercise of professional judgment.

IV. WPATH STANDARDS OF CARE

A. WPATH is a Professional Medical Association

52. Dr. Levine attempts to discount the broad medical consensus that gender

²⁹ See the Standards of Care; Loren S. Schechter, *The Surgeon's Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health's Standards of Care*, 11 *International Journal of Transgenderism* 222-225 (2009). (now *International Journal of Transgender Health*).

confirming surgeries are medically necessary by claiming that WPATH is an “advocacy organization” and not a professional one. Levine Report at 34 ¶ 69. First, most medical associations and societies engage in advocacy on behalf of health care professionals, their patients, and their medical specialty generally. For example, the Endocrine Society describes itself as devoted to “advocating on behalf of the global endocrinology community,” including patients with endocrine conditions. Endocrine Soc’y, Who We Are, <https://www.endocrine.org/about-us>; *see also* Endocrine Soc’y, Advocacy, <https://www.endocrine.org/advocacy>, Endocrine Soc’y, Shaping Healthcare and Research Policy, <https://www.endocrine.org/our-community/shaping-healthcare-and-research-policy>. Similarly, the American Society of Plastic Surgeons uses advocacy “to support its members in the provision of excellent patient care.” Am. Soc’y of Plastic Surgeons, About ASPS, <https://www.plasticsurgery.org/about-asps>. Far from being unique, engaging in advocacy is the norm among professional medical associations. *See, e.g.*, Am. Medical Ass’n, Health Care Advocacy, <https://www.ama-assn.org/health-care-advocacy>; Am. Psychiatric Ass’n, Make a Difference Through APA Advocacy, <https://www.psychiatry.org/psychiatrists/advocacy>; Am. Acad. of Pediatrics, Advocacy, <https://services.aap.org/en/advocacy/>.

53. WPATH has transgender members who are licensed professionals in the wide range of specialties associated with transgender health as well as transgender members who bring the voice of the community into the organization. This is analogous to other professional societies, such as The American Burn Association, in which firefighters may be members. *See* <https://ameriburn.org/> (The American Burn Association website).

54. Dr. Levine critiques WPATH because transgender members of the community may attend its biennial meetings, suggesting that it “limits ... honest, methodologically

competent debate” and means the organization cannot be considered “purely professional.” The presence and participation of transgender people in WPATH in no way restricts “honest, methodologically competent debate” among professionals. Levine Report at 34 ¶ 68. To the contrary, it enriches the discussion of important topics, just as the participation of patients and patient support groups does during discussions at conferences for other professional societies to which I belong. Having transgender members is vital to WPATH and the development of the Standards of Care, but notably, voting privileges are limited to members who are professionals. Thus, the implication that the participation of transgender members degrades WPATH’s scientific integrity or impartiality has no merit. Moreover, in conjunction with WPATH’s biennial conference, it hosts a meeting that is limited to surgeons and healthcare professionals directly involved in surgical care (a meeting that I started at the 2007 WPATH Biennial meeting in Chicago and continue to organize and participate in at each of the subsequent meetings). During the meeting, surgeons openly discuss a wide range of issues, including surgical techniques and ethical questions.

B. Every Major Medical Organization Supports the Current Standards of Care

55. Dr. Levine ignores that every relevant medical and behavioral health association agrees that gender-confirming care is a medically necessary treatment for individuals with gender dysphoria. *See, e.g.*, Schechter Report ¶ 25 (noting that the American Medical Association, American Psychological Association, American Psychiatric Association, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and World Health Organization recognize gender confirming surgeries as standard, appropriate, and necessary treatments for major gender dysphoria); *see also* Am. Psychological Ass’n, Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (2015),

<https://www.apa.org/practice/guidelines/transgender.pdf>; Am. Psychiatric Ass’n, A Guide for Working With Transgender and Gender Nonconforming Patients (2017),

<https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients>.

C. WPATH Standards of Care 8, and Clinical Guidelines Generally, are Determined Through Literature Review and Expert Testimony

56. Dr. Levine fundamentally mischaracterizes how clinical guidelines, and the Standards of Care 8 specifically, are developed. I am the co-lead author of the surgical and postoperative care chapter of the eighth version of the Standards of Care, which is in the final stages of preparation before release. I also have served as chairman on prior committees that have drafted clinical guidance. In 2011, I helped to co-write the reduction mammoplasty clinical guidelines. The establishment of clinical guidelines generally involves:

- Careful evaluation of the relevant medical and scientific peer-reviewed literature.
- Testimony from experts in the relevant field.
- Disclosure of conflicts of interest.

57. Dr. Levine insinuates that Standards of Care 8 are not evidence-based because purportedly “none of the recommendations are linked to the evidence.” Levine Report at 38 ¶ 79. This is incorrect. Contrary to Dr. Levine’s assertions, the Standards of Care are the result of careful and deliberate reviews of the relevant medical and scientific literature and expert testimony.

58. Additionally, experts in the field often serve as author or co-author on practice guidelines—including, for example, practice guidelines in other areas of plastic surgery, such as for reduction mammoplasty. Contrary to Dr. Levine’s suggestion, that poses no inherent conflict of interest. Levine Report at 33 ¶ 65. This is because it would make no sense to exclude the

providers who actually perform the care for which the guidelines are developed. Professional societies and organizations have mechanisms to address and mitigate potential or perceived conflicts. It is unreasonable to assume that individuals without expertise in a field of study would be asked to author professional guidelines.

59. Review of guidelines is a constant revision process based on the latest available evidence. There is no area of medicine where there is complete and absolute knowledge where no further research is needed.

V. GENDER-AFFIRMING CARE MEETS THE STANDARDS OF MEDICAL NECESSITY UNDER WEST VIRGINIA’S MEDICAID PROGRAM AND STATE EMPLOYEE HEALTH PLANS

60. Dr. Levine states that, “[t]o determine whether West Virginia Medicaid and PEIA should be forced to categorically cover medical and surgical interventions for gender dysphoria, one will need to consider the balance of benefits and harms of such a decision.” But that is already what the Standards of Care require, which aligns with how all surgical treatment is provided.

61. Dr. Levine also claims that “[f]inancial considerations must also be taken into account.” Levine Report at 75 ¶ 162. But his testimony simply offers unsupported conjecture about costs; he cites no literature or other supporting sources, and fails to respond to the testimony in my original report. Schechter Report at 16-17 ¶¶ 38-39.

62. Dr. Levine describes the standards for medical necessity in the relevant programs and plans as follows:

A. West Virginia Medicaid: “items or services furnished to a patient that are reasonable and necessary for the diagnosis or treatment of illness or injury, to improve the functioning of a malformed body member, to attain, maintain, or regain functional capacity, for

the prevention of illness, or to achieve age appropriate growth and development.” Levine Report at 40 ¶ 85 (citing National Academy for State Health Policy, “State Definitions of Medical Necessity under the Medicaid EPSDT Benefit,” <https://www.nashp.org/medical-necessity/>). Chapter 200 of the West Virginia Bureau for Medical Services Policy Manual defines medically necessary services as:

Services and supplies that are appropriate and necessary for the symptoms, diagnosis, or treatment of an illness. They are provided for the diagnosis or direct care of an illness within the standards of good practice and not for the convenience of the plan, member, caregiver, or provider. The appropriate level of care can be safely provided and the most efficient and cost effective services/supplies to meet the member’s need.

See <https://dhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20200%20Definitions%20and%20Acronyms.pdf>.

B. PEIA: “A service is considered to be medically necessary if it is: consistent with the diagnosis and treatment of the injury or illness; in keeping with generally accepted medical practice standards; not solely for the convenience of the patient, family or health care provider; not for custodial, comfort or maintenance purposes; rendered in the most cost-efficient setting and level appropriate for the condition; and not otherwise excluded from coverage under the PEIA PPB Plans.” Levine Report at 40 n.124.

63. I am familiar with a variety of definitions of medical necessity across health plans, many of which are similar to the definitions in the health plans at issue here. Gender-affirming surgery satisfies these standards. This care is widely recognized as treating a serious medical condition, significantly improves functioning for a majority of people who receive it, and is generally the most cost efficient and effective treatment for this condition.

64. As explained above, Dr. Levine’s prior involvement with the Standards of Care, Version 5 suggests that he does not support categorical bans on coverage for surgical care, since those guidelines recognized that surgery can be medically necessary for transgender people. Instead, his report largely seems to critique the way that some people can access this care. But this does not support West Virginia’s categorical exclusions of coverage, which contravene the established research, peer-reviewed literature, and clinical evidence in this area. Instead, the evidence base shows that surgical care can be medically necessary and lead to significant improvement in outcomes for transgender patients.

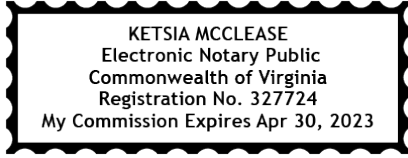
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 17 day of March, 2022.

Loren Schechter

Loren Schechter (Mar 17, 2022 11:11 CDT)

Loren S. Schechter, M.D.

Subscribed and sworn before me, a Notary Public in and for the County of Norfolk, State of
Virginia, this 17 day of March, 2022.



A handwritten signature in cursive script that reads "Ketsia McClease".

Signature of Notary

This notarial act was performed online by way of two-way audio/video communication technology.






1647505231-fain-v-crouch-schechter-rebuttal-report419424-10

Final Audit Report

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Exhibit

Curriculum Vitae

NAME: LOREN SLONE SCHECHTER, MD, FACS

OFFICE: 4700 Marine Dr.
Suite 515
Chicago, Il 60640
Tel: 773.564.6500

E-MAIL: lorenschechter1@gmail.com

MARITAL STATUS: Married (Rebecca Brown Schechter, MD)

CERTIFICATION: The American Board of Plastic Surgery 2001
Certificate Number 6271
Date Issued: September 2001
Maintenance of Certification: 2011
Maintenance of Certification: 2021

EDUCATION:
1986-1990 The University of Michigan BS, 1990
1990-1994 The University of Chicago MD, 1994
Pritzker School of Medicine

POSTGRADUATE TRAINING:

Residency: The University of Chicago Hospitals 1994-1999
Coordinated Training Program in
Plastic and Reconstructive Surgery
Chief Resident: The University of Chicago Hospitals 1998-1999
Section of Plastic and Reconstructive
Surgery
Fellowship: Reconstructive Microsurgery 1999-2000
The University of Chicago Hospitals
Section of Plastic and Reconstructive
Surgery

TEACHING APPOINTMENT:

Professor of Surgery, Chief Section of Gender-Affirmation Surgery, Rush University Medical Center-In Process, Director, Gender Affirmation Surgery-Rush University Medical Center-effective April 5, 2022

Clinical Professor of Surgery, The University of Illinois at Chicago-resigned to accept position at Rush University

Adjunct Assistant Professor, Dept. of Surgery, Rush University Medical Center

Associate Professor, Physician Assistant Program,
College of Health Professionals, Rosalind Franklin
University

LICENSURE:

Illinois
Illinois Controlled Substance
DEA

STAFF APPOINTMENTS:

Rush University Medical Center
Advocate Lutheran General Hospital
Louis A. Weiss Memorial Hospital
Illinois Sports Medicine and Orthopedic Surgery
Center

HONORS AND AWARDS:

2022	Chicago Magazine Top Doctor
2021	Chicago Magazine Top Doctor-Surgery
2020	The University of Minnesota Program in Human Sexuality, recipient of 50 Distinguished Sexual and Gender Health Revolutionaries
2017-2020	Castle Connolly Top Doctor (Chicago)
2017	Chicago Consumer Checkbook Top Doctor
2015	University of Minnesota Program in Human Sexuality Leadership Council
2014-2015	Rosalind Franklin University of Medicine and Science Chicago Medical School Honors and recognizes for dedication and commitment to teaching
2014	National Center for Lesbian Rights honored guest
2013	Illinois State Bar Association Award for Community Leadership
2010	Advocate Lutheran General 2009 Physicians Philanthropy Leadership Committee-Outstanding Leadership
2009	Advocate Lutheran General Hospital Value Leader (received for compassion)
1994	Doctor of Medicine with Honors
1994	University of Chicago Department of Surgery Award for Outstanding Performance in the Field of Surgery
1994	Catherine Dobson Prize for the Best Oral Presentation Given at the 48 th Annual Senior Scientific Session in The Area of Clinical Investigation
1993	Alpha Omega Alpha
1991	University of Chicago National Institutes Of Health Summer Research Award
1990	Bachelor of Science with High Distinction And Honors in Economics
1990	James B. Angell Award for Academic Distinction
1989	Omicron Delta Epsilon-National Economic Honor Society
1988	College Honors Program Sophomore Honors Award For Academic Distinction

1988 Class Honors (Dean's List)

MEMBERSHIPS:

2018- The American Association of Plastic Surgeons
2016- The American Society for Gender Surgeons
(founding member and president-elect)
2010- World Society for Reconstructive Microsurgery
2005- The University of Chicago Plastic Surgery Alumni
Association
2005- The Chicago Surgical Society
2004- The American Society for Reconstructive Microsurgery
2003- The American College of Surgeons
2002- The American Society of Plastic Surgeons
2001- Illinois Society of Plastic Surgeons (formerly Chicago
Society of Plastic Surgeons)
2001- The American Society of Maxillofacial Surgeons
2001- American Burn Association
2001- Midwest Association of Plastic Surgeons
2001- WPATH
1994- The University of Chicago Surgical Society
1994- The University of Chicago Alumni Association
1992- American Medical Association
1992- Illinois State Medical Society
1992- Chicago Medical Society
1990- The University of Michigan Alumni Association

CURRENT HOSPITAL COMMITTEES:

Director, Center for Gender Confirmation Surgery,
Louis A. Weiss Memorial Hospital

PROFESSIONAL SOCIETY COMMITTEES:

WPATH Executive Committee

Treasurer, The World Professional Association for
Transgender Health

Chair, Finance and Investment Committee, The American
Society of Plastic Surgeons

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research
Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board
Examiner

WPATH Ethics Committee

American College of Radiology Committee on
Appropriateness Criteria Transgender Breast Imaging
Topic, Expert Panel on Breast Imaging: Transgender
Breast Cancer Screening Expert Panel on Breast Imaging

American Society of Plastic Surgeons, Finance and Investment Committee

Board of Directors, at-large, The World Professional Association for Transgender Health

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

OTHER:

American Board of Plastic Surgery-Oral Board Guest Examiner (2020, 2021)

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery, Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

PREVIOUS EDITORIAL ROLE:

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of
Transgenderism

Guest Reviewer, Pediatrics

PREVIOUS ACADEMIC APPOINTMENT:

Visiting Clinical Professor in Surgery, The University
of Illinois at Chicago

Chief, Division of Plastic and Reconstructive Surgery,
Chicago Medical School, Rosalind Franklin University
of Medicine and Science

Associate Professor of Surgery, The College of Health
Professionals, Rosalind Franklin University

Clinical Associate in Surgery, The University of
Chicago

PREVIOUS HOSPITAL COMMITTEES:

Division Director, Plastic Surgery, Lutheran General
Hospital

Division Director, Plastic Surgery, St. Francis
Hospital

Medical Staff Executive Committee, Secretary,
Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General
Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General
Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical
Center

Section Director, Plastic Surgery, Rush North Shore
Medical Center

PREVIOUS SOCIETY COMMITTEES:

PlastyPac, Chair, Board of Governors

Chair of the Metro Chicago District #2 Committee on Applicants, American College of Surgeons

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy Committee

American Society of Plastic Surgeons, Practice Management Education Committee

Board of Governors, Governor-at-large, The American College of Surgeons

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of The American College of Surgeons

2012 Nominating Committee, American Society of Plastic Surgeons

Program Committee, The World Society for Reconstructive Microsurgery, 2013 Bi-Annual Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic Surgeons (formerly the Chicago Society of Plastic Surgery)

Vice-President, The Metropolitan Chapter of the American College of Surgeons

American Society of Plastic Surgery, Chairman, Patient Safety Committee

2006-2007 Pathways to Leadership, The American Society of Plastic Surgery

2005 & 2006 President, The University of Chicago
Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American Society
of Plastic Surgery

Senior Residents Mentoring Program, The American
Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education
Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery,
Electronic Communications Committee

American Society of Aesthetic Plastic Surgery,
Intranet Steering Committee

American Society of Aesthetic Plastic Surgery,
International Committee

Membership Coordinator, The Chicago Society of Plastic
Surgeons

The Illinois State Medical Society, Governmental
Affairs Council

The Illinois State Medical Society, Council on
Economics

Chicago Medical Society, Physician Review Committee
-Subcommittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare
Economics Committee

Secretary/Treasurer, The Metropolitan Chicago Chapter
of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

Council Member, The Metropolitan Chicago Chapter of
the American College of Surgeons

INTERNATIONAL MEDICAL SERVICE:

Northwest Medical Teams
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

COMMUNITY SERVICE:

Alumni Council, The University of Chicago Medical and Biological Sciences Alumni Association

The University of Minnesota Presidents Club
Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

PREVIOUS COMMUNITY SERVICE:

Board of Directors, Committee on Jewish Genetic Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital, Park Ridge, Il

Lutheran General Hospital Development Council, Park Ridge, Il

Lutheran General Hospital Men's Association, Park Ridge, Il

Advisory Board, Committee on Jewish Genetic Diseases, Cancer Genetics Subcommittee, Jewish United Fund, Chicago, Illinois

Health Care Advisory Board, Congressman Mark Kirk, 10th Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital Development Council, Evanston, Il

Visiting Professor:

1. University of Utah, Division of Plastic Surgery, November 6-8, 2014.
2. Northwestern University, Division of Plastic Surgery, April 21-22, 2016.
3. The University of North Carolina, Division of Plastic Surgery, March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-18, 2017
5. The University of Basel, Basel, Switzerland, August 31-September 1, 2018

6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019
7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, October 3-4, 2019, Ann Arbor, MI,

Invited Discussant:

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H. Deputy Assistant Secretary of Defense for Health Services Policy & Oversight, The Pentagon, November 9, 2017
2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know? A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

Research Interests:

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)
2. Robotic-Assisted Bilateral Prophylactic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)
3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015
4. Uterine Transplantation, Rush University Medical Center (IRB pending)
5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)
6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant - LGBTQ 2S Stigma Reduction & Life Course Mental Wellness (application in process)

BIBLIOGRAPHY:

PEER REVIEWED ARTICLES:

1. E. Wall, D. A. Schoeller, **L. Schechter**, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.
2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation* 74(6):887-889, 2002.
3. Robert F. Lohman, **Loren S. Schechter**, Lawrence S. Zachary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog

with Contrast Ultrasonography Revisited: Has the Technique Been Useful, and Where are We Headed Now? *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.

4. Alvin B. Cohn, Eric Odessey, Francis Casper, **Loren S. Schechter**: Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection in Lieu of Traditional Therapy, *The Annals of Plastic Surgery* Vol 57, Number 5, November 2006.

5. Eric Odessey, Al Cohn, Kenneth Beaman, and **Loren Schechter**: Mucormycosis of the Maxillary Sinus: Extensive Destruction with an Indolent Presentation, *Surgical Infections*, Vol. 9, Number 1, 2008

6. Iris A. Seitz, MD, David Tojo, MD, **Loren S. Schechter**, MD Anatomy of a Medication Error: Inadvertent Intranasal Injection of Neosynephrine During Nasal Surgery - A Case Report and Review of The Literature *Plast Reconstr Surg*. 2010 Mar;125(3):113e-4e. doi: 10.1097/PRS.0b013e3181cb68f9

7. Iris Seitz, MD Craig Williams, MD, Thomas Weidrich, MD, John Seiler, MD, Ginard Henry, MD, and **Loren S. Schechter, MD**: Omental Free Tissue Transfer for Coverage of Complex Upper Extremity Defects: The Forgotten Flap (N Y). *2009 Dec;4(4):397-405. doi: 10.1007/s11552-009-9187-6. Epub 2009 Mar 25.*

8. Michael Salvino and **Loren S. Schechter**: Microvascular Reconstruction of Iatrogenic Femoral Artery Thrombus in an Infant: A Case Report and Review of the Literature *ePlasty* Volume 9 ISSN: 19357-5719, E-location ID: e20

9. Phillip C. Haeck, MD, Jennifer A. Swanson, BS, Med, Ronald E. Iverson, MD., **Loren S. Schechter, MD**, Robert Singer, MD, Bob Basu, MD, MPH, Lynn A. Damitz, MD, Scott Bradley Bradley Glasberg, MD, Lawrence S. Glasman, MD, Michael F. McGuire, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery, Supplement to *Plastic and Reconstructive Surgery*, Volume 124, Number 4s, October Supplement 2009.

10. Philip C. Haeck, MD, Jennifer A. Swanson, BS, Med, **Loren S. Schechter, MD**, Elizabeth J. Hall-Findlay, MD, Noel B. McDevitt, MD, Gary Smotrich, MD, Neal R. Reisman, MD, JD, Scot Bradley Glasberg, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Blood Dyscrasias, Patient Selection and Procedures in Ambulatory Surgery, Supplement to *Plastic and Reconstructive Surgery*, Volume 124, Number 4s, October Supplement 2009.

11. **Loren S. Schechter, MD**, The Surgeon's Relationship with The Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association of Transgender Health's Standards of Care *International Journal of Transgenderism* 11 (4), p.222-225 Oct-Dec 2009

12. Iris A Seitz, MD, PhD, Craig Williams, MD, **Loren S. Schechter, MD**, Facilitating Harvest of the Serratus Fascial Flap With Ultrasonic Dissection, *Eplasty* 2010 Feb 23;10:e18

13. Seitz, I, Friedewald SM, Rimler, J, **Schechter, LS**, Breast MRI helps define the blood supply to the nipple-areolar complex, *Plastische Chirurgie, Supplement 1*, 10. Jahrgang, September 2010, p. 75

14. Iris A. Seitz, Sally Friedwald, MD; Jonathon Rimler, **Loren S. Schechter**, Breast MRI to Define The Blood Supply to The Nipple-Areolar Complex. *Plast Recon Surg Suppl* 126 (26) p. 27 Oct 2010

15. Kalliainen LK; ASPS Health Policy Committee Evidence-Based Clinical Practice Guidelines: Reduction Mammoplasty, The American Society of Plastic Surgeons *Plast Reconstr Surg*. 2012 Oct;130(4):785-9 **Loren S. Schechter** (member and contributor, ASPS Health Policy Committee)

16. Eli Coleman, Walter Bockting, Marsha Botzer, Peggy Cohen-Kettenis, Griet DeCuyper, Jamie Feldman, Lin Fraser, Jamison Green, Gail Knudson, Walter J. Meyer, Stan Monstrey, Richard K. Adler, George R. Brown, Aaron H. Devor, Randall Ehrbar, Randi Ettner, Evan Eyler, Rob Garofalo, Dan H. Karasic, Arlene Istar Lev, Gal Mayer, Heino Meyer-Bahlburg, Blaine Paxton Hall, Friedmann Pfäfflin, Katherine Rachlin, Bean Robinson, **Loren S. Schechter**, Vin Tangpricha, Mick van Trotsenburg, Anne Vitale, Sam Winter, Stephen Whittle, Kevan R. Wylie & Ken Zucker, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, *International Journal of Transgenderism*, 13 (4) p. 165-232, August 2012.

17. Jonathan Bank, M.D., Lucio A. Pavone, M.D., Iris A. Seitz, M.D., Ph.D., Michelle C. Roughton M.D., **Loren S. Schechter M.D.** Case Report and Review of the Literature - Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominal Recontouring, eplasty Ref.: Ms. No. EPLASTY-D-12-00050R1

18. Unusual Sequela from a Pencil Stab Wound Reveals a Retained Graphite Foreign Body, Seitz IA, Silva BA, **Schechter LS**, *Pediatr Emerg Care* 2014 Aug;30(8):568-70. PMID: 25098803 DOI: 10.1097/PEC.0000000000000192,

19. Seitz IA, Siwinski P, Rioux-Forker D, Pavone L, **Schechter LS** Upper and Lower Limb Salvage with Omental Free Flaps: A Long-Term Functional Outcome Analysis, *Plast Reconstr Surg*. 2014; 134 (4 Suppl 1): 140. Doi: 10.1097/01.prs.0000455514.83516.31. No abstract available. PMID: 25254872 [PubMed - in process]

20. Seitz IA, Friedewald S, **Schechter LS**, "NACsomes": A Classification system of the blood supply to the nipple areola complex (NAC) based on diagnostic breast MRI exams, accepted for publication, *Plast Reconstr Aesthet Surg*. 2015 Jun;68(6):792-9. doi: 10.1016/j.bjps.2015.02.027. Epub 2015 Feb 19.

21. **Loren S. Schechter**, Gender Confirmation Surgery: An Update for the Primary Care Provider, *Transgender Health*. Jan 2016, 1(1): 32-40.

22. **Loren S. Schechter**, Mimis N. Cohn, Gender Confirmation Surgery: A New Frontier in Plastic Surgery Education, *Journal of Plastic and Reconstructive Surgery*, October 2016, 138 (4): 784 e

23. Berli JU, Knudson G, Fraser L, Tangpricha V, Ettner R, Ettner FM, Safer JD, Graham J, Monstrey S, **Schechter L**, Gender Confirmation Surgery: What Surgeons Need To Know When Providing Care For Transgender Individuals, *JAMA Surg.* 2017 Apr 1;152(4):394-400. doi: 10.1001/jamasurg.2016.5549
24. Seitz, I.A., Lee, J.C., Sulo, S, Shah, V, Shah, M, Jimenez, M, **Schechter, L**, Common characteristics of functional and adverse outcomes in acute lower-extremity trauma reconstruction, *The European Journal of Plastic Surgery*, (2017) doi:10.1007/s00238-016-1268-5
25. **Loren S. Schechter**, Salvatore D'Arpa, Mimis Cohen, Ervin Kocjancic, Karel Claes, Stan Monstrey, Gender Confirmation Surgery: Guiding Principles *J Sex Med.* 2017 Jun;14(6):852-856. doi: 10.1016/j.jsxm.2017.04.001. Epub 2017 May 3
26. Response to Letter to the Editor: "Gender Confirmation Surgery: Guiding Principles". **Schechter LS**. *J Sex Med.* 2017 Aug;14(8):1067. doi: 10.1016/j.jsxm.2017.06.002. PMID: 28760249
27. Iris A. Seitz, **Loren S. Schechter**, "Successful Tongue Replantation Following Segmental Auto-Amputation Using Supermicrosurgical Technique," *J Reconstr Microsurg Open* 2017; 02(02): e132-e135 DOI: 10.1055/s-0037-1606584
28. Berli JU, Knudson G, **Schechter L**. Gender Confirmation Surgery and Terminology in Transgender Health-Reply. *JAMA Surg.* 2017 Nov 1;152(11):1091. doi: 10.1001/jamasurg.2017.2347. PMID: 28724140
29. Randi Ettner, Fred Ettner, Tanya Freise, **Loren Schechter**, Tonya White, "Tomboys Revisited: A retrospective comparison of childhood behavioral patterns in lesbian women and transmen" *Journal of Child and Adolescent Psychiatry* ISSN: 2643-6655 Volume No: 1 Issue No: 1
30. Editor: **Loren S. Schechter**, Bauback Safa, Gender Confirmation Surgery, *Clinics in Plastic Surgery*, Vol. 45 (3), July 2018
31. **Loren S. Schechter**, Bauback Safa, Preface: Gender Surgery: A Truly Multidisciplinary Field, *Gender Confirmation Surgery, Clinics in Plastic Surgery*, Vol. 45 (3), p. xiii July 2018 (editors Loren S. Schechter, Bauback Safa)
32. Introduction to Phalloplasty. **Schechter LS**, Safa B. *Clin Plast Surg.* 2018 Jul;45(3):387-389. doi: 10.1016/j.cps.2018.03.014. Epub 2018 May 1. Review. PMID: 29908627
- 33 David Whitehead, **Loren S. Schechter**, Cheek Augmentation Techniques, *Facial Plastic Surgery Clinics of North America* 27 (2019) 199-206
34. Mosser SW, **Schechter LS**, Facque AR, et. al, Nipple Areolar Complex Reconstruction in an Integral Part of Chest Reconstruction in the Treatment of Transgender and Gender Diverse People, *The International Journal of Transgenderism*, DOI: 10.11080/15532739.2019.1568343
35. Kocjancic E, Jaunarena JH, **Schechter L**, Acar Ö. Inflatable penile prosthesis implantation after gender affirming phalloplasty with radial

forearm free flap. *Int J Impot Res.* 2020 Jan;32(1):99-106. doi: 10.1038/s41443-019-0153-8. Epub 2019 Jun 6.

36. **Loren S. Schechter**, Mimis N. Cohen, "Gender Confirmation Surgery: Moving Forward," *The Journal of Craniofacial Surgery*, Vol. 30, No. 5, July 2019, P. 1364

37. **Loren S. Schechter**, Rebecca Schechter, "Training Surgeons in Gender Confirmation Surgery," *The Journal of Craniofacial Surgery*, Vol 30, No 5, July 2019, p. 1380

38. Facque AR, Atencio D, **Schechter LS**. Anatomical Basis and Surgical Techniques Employed in Facial Feminization and Masculinization. *J Craniofac Surg.* 2019 Jul;30(5):1406-1408. doi: 10.1097/SCS.0000000000005535.PMID: 31299732

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40. Bustos SS, Kapoor T, **Schechter LS**, Ciudad P, Forte AJ, Del Corral G, Manrique OJ."Impact of Social Media Presence on Online Reviews Among Plastic Surgeons Who Perform Gender Affirming Surgeries" *J Plast Reconstr Aesthet Surg.* 2020 Apr;73(4):783-808. doi: 10.1016/j.bjps.2019.11.031. Epub 2019 Nov 28.

41. Wiegmann AL, **Schechter LS**, *Aesthetic Surgery Journal*, Invited Commentary on: "Gender Surgery Beyond Chest and Genitals: Current Insurance Landscape" *Aesthetic Surgery Journal*, sjz318, <https://doi.org/10.1093/asj/sjz318> Published:28 December 2019

42. Rayisa Hontacharuk, Brandon Alba, **Loren Schechter**, *International Journal of Impotence Research*, Invited Commentary on: "Suprapubic Pedicled Phalloplasty in Transgender Men: A Multi-Centric Retrospective Cohort Analysis" (accepted for publication, *The International Journal of Impotence Research*)

43. "The Affordable Care Act and Its Impact on Plastic Surgery and Gender-Affirmation Surgery," *The Journal of Plastic and Reconstructive Surgery*, (accepted for publication)

44. Ara A. Salibian, MD; **Loren S. Schechter, MD**, FACS; William M. Kuzon, MD; Mark-Bram Bouman, MD, PhD; Lee C. Zhao, MD; Rachel Bluebond-Langner, MD "Vaginal Canal Reconstruction in Penile Inversion Vaginoplasty with Flaps, Peritoneum or Skin Grafts: Where Is The Evidence," *The Journal of Plastic and Reconstructive Surgery* (submitted for publication)

45. Devin Coon, MD MSE, Rachel Bluebond-Langner, MD, Pierre Brassard, MD, William Kuzon, MD, Stan Monstrey, MD, **Loren S. Schechter, MD**, "The State of the Art in Vaginoplasty: A Comparison of Algorithms, Surgical Techniques

and Management Practices Across Six High-Volume Centers," The Journal of Plastic and Reconstructive Surgery (in preparation)

46. Rayisa Hontscharuk, Brandon Alba, Devin Coon, Elyse Pine, Catherine Manno, Madeline Deutsch, **Loren Schechter**, Perioperative Transgender Hormone Management: Avoiding VTE and other Complications, The Journal of Plastic and Reconstructive Surgery (accepted for publication, the Journal of Plastic and Reconstructive Surgery)

47. **Loren S. Schechter** and Rayisa Hontscharuk, Invited Commentary, Phantom Penis: Extrapolating Neuroscience and Employing Imagination for Trans Male Embodiment, Studies in Gender and Sexuality (accepted for publication)

48. Omer Acar, Ervin Kocjancic, Susan Talamini, and **Loren Schechter**' Masculinizing Genital Gender Affirming Surgery: Metoidioplasty and Urethral Lengthening, Int J Impot Res. 2020 Mar 19. doi: 10.1038/s41443-020-0259-z. [Epub ahead of print] Review.PMID: 32203431

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50. Siotos, Cheah, Damoulakis, Kelly, Siotou, **Schechter**, Shenaq, Derman and Dorafshar, Trends of Medicare Reimbursement Rates for Common Plastic Surgery Procedures (accepted for publication, Journal of Plastic and Reconstructive Surgery)

51. **Loren S. Schechter**, Discussion: Quantifying the psychosocial benefits of masculinizing mastectomy in trans-male patients with patient reported outcomes: The UCSF Gender Quality of Life (QoL) survey, The Journal of Plastic and Reconstructive Surgery Plastic and Reconstructive Surgery May 2021; 147(5)

52. Alireza Hamidian Jahromi, **Loren Schechter**, Commentary on: Telemedicine in Transgender Care: A Twenty First-Century Beckoning, Plastic and Reconstructive Surgery, May 1; 147 (5): 898e-899e.

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7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
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12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"
13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"
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31. The 8th Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il "Management of Complex Injuries"
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63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA "Surgical Options and Decision-Making"
64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting
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70. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Reimbursement in Breast Reconstruction"
71. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace"
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73. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Short Scar Chest Surgery."
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75. 24th Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, "Gender Confirmation Surgery: State of the Art."
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80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments
81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery
82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.
83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE
84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra(Poster session #195), June 18-22, 2016, Amsterdam, Netherlands
87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session #198), June 18-22, 2016, Amsterdam, Netherlands
88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve?, Washington, DC June 23-25, 2016
89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016
90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016
91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016

92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016
93. The 16th Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, IL "Soft Tissue Defects-Getting Coverage"
94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature
95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty-Management Options in Gender Confirmation Surgery
96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification
97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra
98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty
99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques
100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty
101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program
102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique
103. The 18th Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, IL "Soft Tissue Defects-Getting Coverage"
104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women
105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker
106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery

107. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience
108. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
109. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Development of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation
110. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty
111. The 19th Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, Il "Soft Tissue Defects-Getting Coverage"
112. Midwest LGBTQ Health Symposium, September 14-15, 2018, Chicago, Il "Quality Parameters in Gender Confirmation Surgery"
113. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach
114. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship
115. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training
116. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery
117. "Theorizing the Phantom Penis," The Psychotherapy Center for Gender and Sexuality's 6th Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY

INSTRUCTIONAL COURSES:

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, Il
2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, Il
3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity

4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims
5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice
6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons
7. 10th Congress of The European Federation of Societies for Microsurgery, May 2-22, 2010, Genoa, Italy, "The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction."
8. Multispecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.
9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.
10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, Il.
11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.
12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30th, 2012, New Orleans, LA
13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA
14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA
15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA
18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, Il

19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Overview of Surgical Treatment Options
20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, Il Surgical Procedures
21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Surgical Complications
22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Post-operative Care
23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Case Discussions: The Multidisciplinary Team
24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23,2016, Atlanta, GA Overview of Surgical Treatment Options
25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options
26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.
27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.
28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.
30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.
31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.
32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017

33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017
34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017
35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.
36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.
37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, IL
38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea
39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017
41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator
42. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017
43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017
44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018
45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY
46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018

47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018
48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, IL
49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018
50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018
51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018
52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018
53. 25th WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator
54. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics
55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019
56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019
57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, FL, July 20, 2019
58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, FL, July 20, 2019
59. Program Director, Gender Affirming Breast, Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, FL, July 20, 2019
60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, IL
61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning & Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)
69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020
70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020
71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020
72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021
73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.
74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.
75. GEI Foundations Course, Live Q&A, March 21, 2021
76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021
77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)
78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021

79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021
80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.
81. WPATH Health Plan Provider (HPP) Training, Q&A Panel, September 13, 14, 21 2021, via Zoom
82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via zoom), December 9, 2021
83. I want to be a gender surgeon: where do I even start, American Society for Reconstructive Microsurgery, Annual Meeting, January 17, 2022, Carlsbad, CA

SYMPOSIA:

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,
2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, Il
8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, Il
9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, Il.

10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands
11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, Il
12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, Il March 10, 2017.
15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
- 16: 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery
17. Program Director, 2nd Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.
18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC

24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020
25. WPATH 2020 Surgeons' Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)
26. WPATH Journal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (Zoom)

FACULTY SPONSORED RESEARCH:

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Free Tissue Transfer in the Treatment of Zygomycosis." Presented by Michelle Roughton, MD
2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, Il, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seitz, MD, PhD.
5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seitz, MD, PhD.
6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD
7. The Midwestern Association of Plastic Surgeons, 49th Annual Scientific Meeting, May 15th, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
8. Jonathan M. Hagedorn, BA, **Loren S. Schechter**, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimenez, MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.
9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seitz, Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois

10. Samuel Lake, Iris A. Seitz, MD, PhD, Loren S. Schechter, MD, Daniel Peterson, PhD Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCs First Place, Rosalind Franklin University Summer Research Poster Session
11. J. Siwinski, MS II, Iris A. Seitz, MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suarez Research Day, Northwestern University, Downers Grove, IL, May 2014
12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.
13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.
14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL
15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL
16. S. Marecik, J. Singh. **L. Schechter**, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 20

Keynote Address:

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

INVITED LECTURES:

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999
2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, IL March 2000
3. Wounds, Lincolnwood Family Practice, Lincolnwood, IL April 2000
4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000
5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, IL June 2000

6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000
7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000
8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000
9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000
10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000
11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000
12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001
13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001
14. Wound Care, Rush North Shore Medical Center, March 2001
15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001
16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001
17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001
18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002
19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002
20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002
21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002
22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002

23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002
24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.
25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago, Il, May, 2002
26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002
27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:
28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002
29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.
30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002
31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002
32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002
33. Dressing for Success: The Role of the Vacuum Assisted Closure Device in Plastic Surgery, Indianapolis, In November 11, 2002
34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002
35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003
36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003
37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003
38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003
39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003

40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, Wi March 26, 2003
41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il March 27, 2003
42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, Il, April 11, 2003
43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, Mn, April 24, 2003
44. Dressing For Success: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003
45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003
46. A Systematic Approach to Complex Reconstruction, 12th Annual Vendor Fair "Surgical Innovations," October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003
47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA
48. Beautiful You: From Botox to Weekend Surgeries, 21st Century Cosmetic Considerations, March 21, 2004 Hadassah Women's Health Symposium, Skokie, Il
49. Updates in Breast Reconstruction, The 2nd Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004
50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004
51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il
52. 4th Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, Il
53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, Il
54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, Il
55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, Il

56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, Il
57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, Il
58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, Il
59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, Il
60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, Il.
61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.
62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.
63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.
64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.
65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.
66. "Meet the Experts on Breast Cancer," 7th Annual Chicagoland Day of Sharing, Sunday, April 13th, 2008
67. Gender Confirmation Surgey: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.
68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.
69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.
70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008
71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008

72. "Genetics: *A Family Affair*" Panel Discussion: Predictive Genetic Testing, 23rd Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, Il, March 18, 2009
73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.
74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, Il.
75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, Il.
76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.
77. "Compartment Syndrome," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
78. "Maxillofacial Trauma," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.
80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010
81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14th, 2010
82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25th, 2010.
83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.
84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.
85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.
86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.
87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY
88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.

89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il
90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota
91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il
92. "Facial Trauma," 8th Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011
93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il
94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011
95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012
96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012
97. "State of the art breast reconstruction," Advocate Health Care, 11th Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.
98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.
99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.
100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il
101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il
102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il
103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il
104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22nd Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.
105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.

106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.
107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014
108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.
109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.
110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.
111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.
112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.
113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015
114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015
115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015
116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015
117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015, Chicago, Il 2015.
118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.
119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn
120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015
121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015
122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015

123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, Il, October 2, 2015
124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, Fl, October 3, 2015
125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago, Il, October 8, 2015
126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015
127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, Il
128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, Il
129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, Il
130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, Il
131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, Il
132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, Il
133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, Il
134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA
135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA
136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, Il 60068
137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY
138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, Il.
139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, Il

140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, Il
144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA
145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20,2016 Washington, DC
146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016
147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016
148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017
149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.
151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 - 50 Years of Aesthetics* - in San Diego, California April 27- May 2, 2017.
152. "Gender Confirmation Surgery: A New Surgical Frontier," 15th Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.
153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017
154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017
155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017
158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017
159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
160. "Gender Confirmation Surgery," Brazilian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, IL
162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, IL
163. "Transgender Breast Augmentation," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
164. "Top Surgery: Transmasculine Chest Contouring," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
165. "Gender Confirmation Surgery," The 17th International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China
166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97th Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA
167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY
168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affairs, May 24, 2018
169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018
170. "WPATH State of the Art," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

171. "Facial Feminization Surgery: The New Frontier?" 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
172. "Current Techniques and Results in Mastectomies," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
173. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, IL.
174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, IL
175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, IL
176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
179. The Center for Gender Confirmation Surgery Lecture Series, "Introduction to Gender Confirmation Surgery," Weiss Memorial Hospital, October 17, 2018, Chicago, IL
180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65th Annual Meeting, October 22-27, 2018, Seattle, WA
181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019
182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019
183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA
184. Master Series of Microsurgery: Battle of the Masters

One Reconstructive Problem - Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019

185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019

186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019

187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019

188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

189. Gender Surgery: Where are We Now?, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019

192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.

193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019

194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy

195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, Il

196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

198. The 20th Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, Il "Soft Tissue Defects-Getting Coverage"

199. Gender Confirmation Surgery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019

200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, Il.

201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, Il.

202. Moderator, Patient Selection in Gender Affirming Survey Surgery, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA

203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA

204. Breast Reconstruction, State of the Art, NYU-Langone Health, NYU School of Medicine, Standards of Care and Insurance Coverage, Saturday, November 23, 2019, New York, NY.

205. ASRM Masters Series in Microsurgery: Think Big, Act Small: The Building Blocks for Success, "Building a Microsurgery Private Practice from the Ground Up", 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020

206. ASPS/ASRM Combined Panel II: Gender Affirmation Surgery: Reconstruction Challenges of Function and Sensation, 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020

207. Rush University Medical Center, Division of Urology, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," January 22, 2020

208. Rush University Medical Center, Department of General Surgery, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," February 5, 2020.

209. WPATH/AMSA (American Medical Association) Gender Scholar Course, Webinar, March 11, 2020

210. Rush University Medical Center, Division of Plastic Surgery, Weekly Presentation, Gender Confirmation Surgery: Can a Surgeon Provide Informed Consent?, April 29, 2020

211. Legal Issues Faced by the Transgender Community, ISBA Standing Committee on Women and The Law and the ISBA Standing Committee on Sexual Orientation and Gender Identity, Co-Sponsored by the National Association of Women Judges District 8, Live Webinar, May 28, 2020

212. Principles of Transgender Surgery, National Association of Women's Judges, District 8, Webinar, June 4, 2020

213. Gender-Affirming Surgery, National Association of Women's Judges, District 8, Webinar, July 8, 2020

214. Gender-Affirming Surgery, The University of Chicago, Pritzker School of Medicine, 1st year Anatomy, September 15, 2020

215. Gender-Affirming Surgery, Rush University Medical School, 2nd year Genitourinary Anatomy, September 16, 2020.

216. Surgical Management of the Transgender Patient, Rosalind Franklin University, The Chicago Medical School, Plastic Surgery Interest Group, October 7, 2020

217. Breast Augmentation in Transgender Individuals, The American Society of Plastic Surgeons Spring Meeting, March 20, 2021

218. International Continence Society Institute of Physiotherapy Podcast 5-Pelvic Floor Most Common Disorders and Transgender Patients (recorded April 30, 2021)

219. The American Association of Plastic Surgeons Annual Meeting, Reconstructive Symposium, Gender Affirmation Panel, Complications of GCS, Miami, FL, May 15, 2021 (presented virtually)

220. Gender Confirmation Surgery, Grand Rounds, Rush University, Section of Urology, June 8, 2021.

221. Genitourinary introduction lecture, M2, Rush University School of Medicine, September 2, 2021 (by Zoom)

222. Demystifying Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, Querencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, JSCH & LHMC, New Delhi, WPATH September 5, 2021 (by zoom)

223. Gender Confirmation Surgery, The University of Chicago Pritzker School of Medicine, MS-1, Anatomy lecture, September, 14, 2021, Chicago Il.

224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now?, Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2011 (by Zoom)

225. Chest Surgery, The Illinois Dept. of Corrections (by zoom), October 13, 2021.

226. Vaginoplasty, The Illinois Dept. of Corrections (by zoom), October 15, 2021.

227. International Continence Society, 20th Physioforum, Pelvic Floor Physical Therapy and Gender-Affirming Surgery, October 16, 2021, Melbourne, Australia (by Zoom)

228. Rush University Division of Plastic Surgery, Gender Affirmation Surgery: Where Are We Now?, educational conference, November 23, 2021, Chicago, Il

229. 51 Congreso Argentino de Cirugia Plastica, Microsurgery Symposium, SACPER-FILACP, 3 Step Approach to Lower Extremity Trauma, November 29, 2021, Mar del Plata, Argentina

230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, "Gestión Quirúrgica de la Disforia de Género: Descripción general del manejo quirúrgico y los estándares de atención," December 1, 2021, Mar del Plata, Argentina

231. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery II, Cirugía Genital Masculinizante (Metoidioplastia y Faloplastia), December 2, 2021, Mar del Plata, Argentina

232. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery III, Faloplastia: optimización de resultados y reducción de complicaciones, December 2, 2021, Mar del Plata, Argentina

233. Government of India, Ministry of Health and Welfare, National AIDS Control Organization, Meeting with AIIMS on Gender Affirmation Care (GAC) Clinic Pilot Intervention, December 21, 2021, New Delhi (virtual)

234. Affirming Care for Gender Diverse Patients, Rosalind Franklin University, January 5, 2022, North Chicago, Il (Virtual by Zoom)

235. Sub-Unit Transplantation, Penile Transplant, WSRM/ASRT Mini-Symposium VCA Transplant, World Society for Reconstructive Microsurgery/American Society for Reconstructive Transplantation/American Society for Reconstructive Microsurgery Annual Meeting, January 14, 2022, Carlsbad, CA

236. Strategies for Penile Transplantation, American Society for Reconstructive Microsurgery, Annual Meeting, January 16, 2022, Carlsbad, CA

237. ASRM/WSRM/ASRT Battle of the Frontiers: To Transplant or Not? Conventional Reconstruction (Phalloplasty), American Society for Reconstructive Microsurgery, Annual Meeting, January 16, 2022, Carlsbad, CA

238. Strategies for Penile Innervation, American Society for Gender Surgeons, Annual Meeting, January 18, 2022, Carlsbad, CA

239. Pathway To Informed Consent: Vaginoplasty, Illinois Dept. of Corrections (virtual), February 10, 2022

240. Gender Confirmation Surgery From Top to Bottom: A Single Surgeon's 22 Year Experience, Where are We Now, Grand Rounds (virtual), Department of Plastic Surgery, University of South Florida, February 14, 2022

Exhibit

References

1. Cori A. Agarwal et al., *Quality of Life Improvement After Chest Wall Masculinization in Female-To-Male Transgender Patients: A Prospective Study Using the BREAST-Q and Body Uneasiness Test*, 71 *Journal of Plastic, Reconstructive & Aesthetic Surgery* 651-657 (2018).
2. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Washington, DC (2013).
3. M.G. Berry et al., *Female-To-Male Transgender Chest Reconstruction: A Large Consecutive, Single-Surgeon Experience*, 65 *Journal of Plastic, Reconstructive & Aesthetic Surgery* 711-719 (2012).
4. Bränström & Pachankis, *Reduction in Mental Health Treatment Utilization among Transgender Individuals after Gender-affirming Surgeries: A Total Population Study*, *Am J Psychiatry*, 177: 727–734 (2020).
5. Sara Bungener et al., *Sexual Experiences of Young Transgender Persons During and After Gender-Affirmative Treatment*, *Pediatrics*, 146(6) (2020), <https://doi.org/10.1542/peds.2019-1411>.
6. Centers for Medicare & Medicaid Services, *Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)* (2016).
7. Michael L. Conforti et al., *Evaluation of Performance Characteristics of the Medicinal Leech (*Hirudo medicinalis*) for the Treatment of Venous Congestion*, 109 *Plastic and Reconstructive Surgery* 228-235 (2001).
8. Melissa A. Crosby et al., *Outcomes of Partial Vaginal Reconstruction with Pedicled Flaps following Oncologic Resection*, 127 *Plastic and Reconstructive Surgery* 663-669 (2011).
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Exhibit 21

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY)
MARTELL; BRIAN MCNEMAR, SHAWN)
ANDERSON a/k/a SHAUNTAE)
ANDERSON and LEANN JAMES,)
individually and on behalf of)
all others similarly)
situated,)

Civil Action No.

3:20-cv-00740

Plaintiffs,)

vs.)

WILLIAM CROUCH, in his)
official capacity as Cabinet)
Secretary of the West)
Virginia Department of Health)
and Human Resources; CYNTHIA)
BEANE, in her official)
capacity as Commissioner for)
the West Virginia Bureau for)
Medical Services; WEST)
VIRGINIA DEPARTMENT OF HEALTH)
AND HUMAN RESOURCES, BUREAU)
FOR MEDICAL SERVICES; JASON)
HAUGHT, in his official)
Capacity as Director of the)
West Virginia Public)
Employees Insurance Agency;)
and THE HEALTH PLAN OF WEST)
VIRGINIA, INC.,)

REMOTE VIDEOTAPED DEPOSITION OF

JOHANNA OLSON-KENNEDY, M.D.

April 25, 2022

Defendants.)
_____)

Reported By: Amy E. Simmons, CSR, RPR, CRR, CRC

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REMOTE VIDEOTAPED DEPOSITION OF
JOHANNA OLSON-KENNEDY, M.D.

BE IT REMEMBERED that the remote videotaped deposition of JOHANNA OLSON-KENNEDY, M.D., was taken via videoconference by the Defendants before Veritext Legal Solutions, Amy E. Simmons, Court Reporter and Notary Public in and for the County of Ada, State of Idaho, on Monday, the 25th day of April, 2022, commencing at the hour of 8:39 a.m. Pacific Daylight Time in the above-entitled matter.

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12 Videographer: Jonathan Hernandez

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13 Also Present: Michele Clanton-Lockhart

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1 So I think what is important is thinking
2 about what people are balancing when they make
3 those decisions.

4 Q. (BY MR. DAVID) Is there a more
5 significant post-surgical period of recovery for a
6 genital surgery than there is for a chest surgery?

7 MS. BORELLI: Objection; form.

8 THE WITNESS: Generally speaking,
9 absolutely.

10 Q. (BY MR. DAVID) And as a foundational
11 question, I assume that when you are referring a
12 patient for a surgical consultation for
13 gender-affirming surgery, that is to treat gender
14 dysphoria, correct?

15 MS. BORELLI: Objection; form.

16 THE WITNESS: That's correct in my
17 practice, yes.

18 Q. (BY MR. DAVID) And so the goal would be
19 to reduce the distress associated with -- sticking
20 with chest surgery -- the stress associated with
21 that person's chest; is that right?

22 MS. BORELLI: Objection; form.

23 THE WITNESS: That's correct.

24 Q. (BY MR. DAVID) Are there other risks
25 that you are hoping that will be reduced as a

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REPORTER'S CERTIFICATE

STATE OF IDAHO)
) ss.
COUNTY OF ADA)

I, AMY E. SIMMONS, Certified Shorthand Reporter and Notary Public in and for the State of Idaho, do hereby certify:

That prior to being examined, the witness named in the foregoing deposition was by me duly sworn remotely to testify to the truth, the whole truth and nothing but the truth;

That said deposition was taken down by me in shorthand at the time and place therein named and thereafter reduced to typewriting under my direction, and that the foregoing transcript contains a full, true and verbatim record of said deposition.

I further certify that I have no interest in the event of the action.

WITNESS my hand and seal this 10th day of May, 2022.



AMY E. SIMMONS
CSR, RPR, CRR, CRC and Notary
Public in and for the
State of Idaho.

My Commission Expires: 06-13-2022

Exhibit 22

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

CHRISTOPHER FAIN, *et al.*, individually and
on behalf of all others similarly situated,

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

EXPERT REBUTTAL REPORT OF DR. JOHANNA OLSON-KENNEDY, M.D., M.S.

I, Johanna Olson-Kennedy, M.D., M.S., declare as follows:

1. My name is Johanna Olson-Kennedy. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I have been asked by Plaintiffs' counsel to provide my expert opinion on gender identity, the treatment and diagnosis of gender dysphoria, particularly as it pertains to children and adolescents, and to respond to, rebut, and provide my expert opinion regarding the report by Dr. Stephen B. Levine in this case ("Levine Report").

3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

I. BACKGROUND AND QUALIFICATIONS

4. I received my Doctor of Medicine (M.D.) degree from the Chicago Medical School in 1997. In 2000, I completed my residency in pediatrics at the Children's Hospital of

Orange County, California, and from 2000 to 2003, I was a Fellow in adolescent medicine at the Children's Hospital of Los Angeles.

5. I have been a licensed physician in California since 2000 and am Double Board Certified by the American Board of Pediatrics in Pediatrics and in Adolescent Medicine. I specialize in the care of transgender youth and gender diverse children, and am currently the Medical Director of the Center for Transyouth Health and Development, in the Division of Adolescent Medicine at the Children's Hospital in Los Angeles, California. The Center is one of the largest clinics in the United States for transgender youth and provides gender diverse youth with both medical and mental health services, including consultation for families with gender diverse children and routine use of medications to suppress puberty in peri-pubertal youth (i.e., youth at the onset of puberty), gender affirming hormone use for masculinization and feminization as well as surgical referrals. Under my direction, the Center conducts rigorous research aimed at understanding the experience of gender diversity and gender dysphoria from childhood through early adulthood.

6. Over the course of my work with this population during the past 16 years, I have provided services for approximately 1,000 young people and their families, and currently have an active panel of around 650 patients of varying ages, up to 25 years old.

7. I have been awarded research grants to examine the impact of early interventions, including puberty-delaying treatment and gender affirming hormones, on the physiological and psychosocial development of gender diverse and transgender youth. I have lectured extensively on the treatment and care of gender diverse children and transgender adolescents, including topics such as pubertal suppression, gender affirming hormone therapy, transitioning teens and the adolescent experience, age considerations in administering hormones, and the needs, risks,

and outcomes of hormonal treatments. I have published numerous articles and chapters, both peer reviewed and non-peer reviewed, on transgender health-related issues.

8. I am currently the principal investigator on a multisite NIH grant which recently received funding to continue, for an additional 5 years, an ongoing study examining the impact of gender affirming medical care for transgender youth on physiologic and psychological health and well-being. The first five years have already been completed. This is the first study of its kind in the U.S. to determine longitudinal outcomes among this population of vulnerable youth. The study to date has yielded approximately 26 manuscripts.

9. I am an Associate Professor at the Keck School of Medicine at the University of Southern California and attending physician at Children's Hospital of Los Angeles. I have been a member of the World Professional Association for Transgender Health (WPATH) since 2010, and a Board Member of the U.S. Professional Association for Transgender Health (USPATH) since 2017. I am also a member of the Society for Adolescent Health and Medicine and the American Academy of Pediatrics. In addition, I am a member of the LGBT Special Interest Group of the Society for Adolescent Health and Development.

10. I am the 2014 Recognition Awardee for the Southern California Regional Chapter of the Society for Adolescent Health and Medicine.

11. In 2019, I was invited by the University of Bristol as a Benjamin Meaker visiting professor, the purpose of which is to bring distinguished researchers from overseas to Bristol in order to enhance the research activity of the university.

12. In preparing this report, I have relied on my training and years of research and clinical experience, as set out in my curriculum vitae, and on the materials listed therein. A true and accurate copy of my curriculum vitae is attached hereto as Exhibit A. It documents my

education, training, research, and years of experience in this field and includes a list of publications.

13. I have also reviewed the materials listed in the attached bibliography (Exhibit B). The sources cited therein are authoritative, scientific peer-reviewed publications. I generally rely on these materials when I provide expert testimony, and they include the documents specifically cited as supportive examples in particular sections of this declaration.

14. In addition, I have reviewed the First Amended Complaint in this case and the report by Dr. Levine.

15. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

Prior Testimony

16. In the last four years, I have testified as an expert at trial or by deposition in the following cases: *Kadel v. Folwell*, Case No. 1:19-cv-00272-LCB-LPA (M.D.N.C.); *In the interest of JA.D.Y. and JU.D.Y., Children*, Case No. DF-15-09887 (255th Jud. District Ct., Dallas Cty., Tex.); and *Paul E. v. Courtney F.*, No. FC2010-051045 (Superior Ct., Maricopa Cty., Ariz.).

Compensation

17. I am being compensated for my work on this matter at a rate of \$200.00 per hour for preparation of declarations and expert reports, as well as any pre-deposition and/or pre-trial

preparation and any deposition testimony or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

II. EXPERT OPINIONS¹

A. Gender Identity

18. Gender identity, often simply termed “gender,” is a distinct characteristic and is defined as one’s internal sense of being male, female, both, neither, or some other gender identity. It has a strong biological basis. Every person has a gender identity. The term cisgender refers to a person whose gender identity matches their sex assigned at birth. The term transgender refers to a person whose gender identity does not match their sex assigned at birth.

19. Historically, “gender” was equated with a person’s sex assigned at birth, which refers to the sex assigned to a person when they are born, generally based on external genitalia. However, a more contemporary understanding of gender shows that one’s gender identity may differ from one’s sex assigned at birth.

20. While both gender identity and sex are often assumed and treated as binary and oppositional, they are more accurately experienced as along a spectrum. For example, there are multiple sex characteristics, such as genitalia, chromosomal makeup, hormones, and variations in brain structure and function. For some of these characteristics there is significant variance as reflected by the dozens of intersex mechanisms and varying gender identities. Additionally, not all sex characteristics, including gender identity, are always in alignment. Accordingly, the Endocrine Society Guidelines, state that, “As these may not be in line with each other (*e.g.*, a

¹ Subsections A and B of this report explain several concepts and provide some necessary background information that is necessary to understand the more specific critiques of the report by Dr. Levine that I lay out in subsection C.

person with XY chromosomes may have female-appearing genitalia), the terms biological sex and biological male or female are imprecise and should be avoided.”

21. As early as 1966 it has been understood that gender identity cannot be changed. Efforts to do so have been shown to be unsuccessful and harmful.

22. “Conversion” or “reparative” therapy refers to the practice of attempting to change an individual’s sexual orientation and attractions from members of the same sex to those of the other sex. A similar model of therapy for individuals with a transgender identity or experience has historically been an approach promoted by some individuals, such as Dr. Levine, notwithstanding its ineffectiveness and harmful effects. Accordingly, 20 states and the District of Columbia have banned reparative therapy for youth, and major medical organizations have issued statements deeming the practice to be unethical.

23. A Williams Institute report published in 2018 estimates that just under 700,000 LGBT individuals in the United States have undergone “conversion therapy” at some point in their lifetime, about half of those during adolescence. Because some psychiatrists and sexologists working in the 1960’s and 70’s perpetuated the idea that being transgender was likely the result of a pathological early childhood experience, many professionals and lay community members continue to believe that gender is malleable. Tactics have ranged from simple redirection, thought pattern alteration or hypnosis to aversion techniques including induction of vomiting, nausea, paralysis, or electric shocks to change the expression, behavior, and assertion of one’s authentic gender. (Mallory, et al., 2019). However, multiple studies show that gender identity has a strong biological basis and cannot be changed. As such, reparative therapy is both ineffective and harmful for transgender and gender diverse youth.

B. Gender Dysphoria and its Treatment

24. Gender Dysphoria (GD) is a serious medical condition characterized by distress due to a mismatch between assigned birth sex and a person's internal sense of their gender. By definition this diagnosis applies to transgender people, not cisgender people. GD was formerly categorized as Gender Identity Disorder (GID) but the condition was renamed in May 2013, with the release by the American Psychiatric Association (APA)'s fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). In announcing this change, the APA explained that in addition to the name change, the criteria for the diagnosis were revised "to better characterize the experiences of affected children, adolescents, and adults." The APA further stressed that "gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."

25. On May 25, 2019, the World Health Assembly approved International Classification of Diseases (ICD) version 11 that had been published by the World Health Organization in 2018. In this newest version of the ICD, all transgender-related diagnostic codes were removed from the chapter "Mental and Behavioral Disorders," and the code "Gender incongruence" was included in a new chapter "Conditions related to sexual health." These codes replaced the outdated "Gender Identity Disorder of childhood" (F64.2), "Gender Identity Disorder not otherwise specified" (F64.9), "transsexualism" (F64.0), and "Dual-role transvestism" (F64.1) codes which perpetuated the idea that patients seeking and undergoing medical interventions for this medical condition are mentally ill. (Suess Schwend, 2020).

26. For a person to be diagnosed with GD, there must be a marked difference between the individual's expressed/experienced gender and their assigned sex at birth, present for at least

six months. In children, the desire to be of the other gender must be present and verbalized.²

The condition must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

27. The World Professional Association of Transgender Health (WPATH) has clear recommendations for the health of transgender and gender non-conforming people in what is now the Standards of Care version 7. The SOC are based on the best available science and expert professional consensus. They are currently under revision to create an updated version 8. The WPATH Standards of Care have been endorsed and cited as authoritative by most major medical associations in the United States, including the American Medical Association, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American College of Physicians, and the American Academy of Family Physicians, among others.

28. The UCSF Center for Excellence in Transgender Care as well as the Endocrine Society have both published comprehensive guidelines for the care of transgender and non-binary individuals that are largely consistent with the WPATH Standards of Care.

29. There are a significant number of *pre-pubertal* children who demonstrate an interest or preference for clothing, toys, and games that are stereotypically of interest to members of the “other” gender. Some of these children are transgender and some are not. It is the study of such *pre-pubertal* children that has created confusion about the persistence of gender dysphoria into adolescence and adulthood. Specifically, the *pre-pubertal* children who were the

² Notably, the DSM-IV included a separate diagnosis for GID in children, which required the child to display a number of behaviors stereotypical of the non-natal gender. That diagnosis, and its list of behavioral requirements, have been deleted from the DSM-V and replaced by updated and more precise diagnostic criteria.

subject of research endeavors in the late 20th century included both of these groups of children, those that would have met current criteria for a diagnosis of “Gender Dysphoria in Children” and those who would be considered “sub-threshold” for this diagnosis. At the time of these studies, criteria B had not yet been added to the diagnosis, which is “the presence of clinically significant distress associated with the condition.” In addition, the criteria for then-used “gender identity disorder in children” diagnosis did not require a child to have “a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender),” which the current “gender dysphoria in children” diagnosis does. Thus, given the broader criteria used at the time, it is unsurprising that some of the research undertaken toward the end of the 20th century demonstrated that most children who exhibited gender-nonconforming behavior did not go on to have a transgender identity in adolescence. Yet, notwithstanding its inapplicability and faulty underpinnings, this “evidence” has been used to argue against gender affirmation for children and adolescents.

30. In any event, these arguments are wholly irrelevant to the question of coverage and provision of medical care as treatment for GD. That is because the majority of desistance research to date is among gender non-conforming pre-pubescent children, and my clinical experience has been that if gender dysphoria and gender identification with a gender other than that recorded at birth persists into adolescence, then desistance is incredibly rare. No medical or surgical treatments are recommended for *pre-pubertal* children.

31. Additionally, no studies have ever demonstrated that gender affirmation in childhood “leads to” a child being transgender who otherwise might not have been. Studies have demonstrated that the majority of youth whose GD and cross-gender identity continue to be present in adolescence, or those whose GD emerges in adolescence, are highly unlikely to

identify and live as cisgender individuals. Youth with GD, particularly those who are unaffirmed and denied care, are at high risk for depression, anxiety, isolation, self-harm and suicidality at the onset of puberty-related changes that feel wrong to them.

32. In his report, Dr. Levine discusses a number of approaches to care, though he fails to properly describe them and to discuss their limitations.

33. One of the approaches discussed by Dr. Levine is also known as “reparative” or “corrective” therapy. As discussed above, this so-called “therapy” has proven to be ineffective at best, and harmful at worst, and has been deemed to be unethical.

34. **“Redirection”** – Under this approach, advocated by people like Dr. Levine, a mental health therapist would encourage caregivers to use positive reinforcement to try to “redirect” children toward behavior that is more typical of their birth-designated sex or less gender specific. Underlying this approach is the assumption that a child’s gender identity is malleable through social interventions. The goal of redirection is thus to eliminate gender-diverse desires and expressions over time, and to try to prevent the transgender child from being transgender. This approach is not recommended because negative reinforcement (e.g., shaming the child for gender diverse expression) has substantial negative mental and social health consequences. (Turban and Ehrensaft, 2018; Ehrensaft, 2017). It also ignores that gender identity is innate and cannot be involuntarily changed.

35. **Wait-and-see** – The wait-and-see approach (also called watchful waiting) involves waiting to see if the child’s gender identity will change as the child gets older. This approach typically recommends that caregivers prohibit a prepubertal social transition but may allow cross-gender play and clothing within the home or support both masculine and feminine activities as the child explores their interests in other social settings. The wait-and-see approach

assumes that gender is binary and becomes fixed at a certain age; it pathologizes gender diversity. It is distinguished from following the child's lead, an affirming approach that allows the child to present in the gender role that feels correct and moves at a pace that is largely directed by the child. This watchful waiting approach ignores evidence that young children thrive when given permission to live in the gender that is most authentic to them and are at risk for symptomatic behaviors if prevented from doing so. (Ehrensaft, 2017).

36. **Affirmation** – The affirmative approach considers no gender identity outcome: transgender, cisgender, or otherwise, to be preferable. (Turban and Ehrensaft, 2018). It permits a child to explore gender development and self-definition within a safe setting. A fundamental concept of this approach is that gender diversity is not a mental illness. The gender affirmative model is defined as a method of therapeutic care that includes allowing children to speak for themselves about their self-experienced gender identity and expressions and providing support for them to evolve into their authentic gender selves, no matter at what age. Under this model, a child's self-report is embedded within a collaborative model with the child as subject and the collaborative team including the child, parents, and professionals. Support is not characterized by "encouraging" children or youth to be transgender or not, but rather by allowing children who express a desire to undergo a social transition (which may include changing names, pronouns, clothing, hairstyles, etc.) to do so. **For children who have not yet reached puberty, medical intervention is unnecessary and unwarranted.** After the onset of puberty medical interventions such as puberty blockers, and later hormones and surgery may be appropriate.

37. While some argue that gender affirmation leads a child or adolescent down a path of inevitable transgender identity, no such evidence exists, either in the scientific or the clinical

setting. To the contrary, studies show that gender identification does not meaningfully differ before and after social transition. (Rae, et al., 2019).

38. Under both the “wait and see” and affirmative care models, as understood in the scientific literature, medical care is recommended following the onset of puberty. (Ehrensaft, 2017).

39. The most effective treatment for adolescents and young adults with GD, in terms of both their mental and medical health, contemplates an approach allowing each patient to access care based on their particular need. Medical and surgical treatment interventions are determined by the care team (usually a medical and mental health professional) in collaboration with the patient, and the patient’s family. These medical decisions are made by the care team in conjunction with the patient and the patient’s family and consider the patient’s social situation, the level of gender dysphoria, developmental stage, chronologic age, existing medical conditions, and other relevant factors. Sometimes treatment begins with puberty delaying medications (also referred to as puberty blockers), later followed by gender affirming hormones. Most youth accessing treatment are already well into or have completed puberty. Gender-affirming genital surgeries are generally sought after hormone treatment has commenced.

40. *Puberty blockers*: The beginning signs of puberty in transgender youth (the development of breast buds in birth-assigned females and increased testicular volume in birth-assigned males) is often a painful and sometimes traumatic experience that brings increased body dysphoria and the potential development of a host of comorbidities including depression, anxiety, substance abuse, self-harming behaviors, social isolation, high-risk sexual behaviors, and increased suicidality. Puberty blocking, which involves the administration of gonadotrophin-releasing hormone analogues (GnRH), essentially pauses puberty, thereby

allowing the young person an opportunity to explore gender without having to experience the anxiety and distress associated with developing the undesired secondary sexual characteristics. In addition, for parents/guardians uneducated about gender diversity and/or who have only recently become aware of their child's transgender identity, puberty blockers provide additional time and opportunity to integrate this new information into their own experience and to develop skills to support their child. Puberty suppression also has the benefit of potentially rendering obsolete some gender-affirming surgeries down the line, such as male chest reconstruction, tracheal shave, facial feminization, and vocal cord alteration, which otherwise would be required to correct the initial "incorrect" puberty.

41. Puberty suppression has been used safely for decades in children with other medical conditions and is a reversible intervention. If the medication is discontinued, the young person continues their endogenous puberty several months after puberty suppression is discontinued. The "Dutch protocol," developed from a study conducted in the Netherlands and published in 2006, calls for the commencement of puberty blockers for appropriately diagnosed and assessed gender dysphoric youth as early as 12 years of age. (de Vries, et al., 2014). Both the Endocrine Society and the WPATH's Standards of Care, however, recommend initiation of puberty suppression at the earliest stages of puberty (usually, Tanner 2, assuming someone is engaged in services before or around this time), regardless of chronological age, in order to avoid the stress and trauma associated with developing secondary sex characteristics of the natal sex.

42. A growing body of evidence that demonstrates the positive impact of pubertal suppression in youth with GD on psychological functioning including a decrease in behavioral and emotional problems, a decrease in depressive symptoms, and improvement in general functioning. (Turban, et al., 2020; de Vries, et al., 2014).

43. Puberty-delaying treatment, thus, affords youth the opportunity to undergo a single, correct pubertal process and avoid many of the surgical interventions previously necessary for assimilation into an authentic gender role. It is a simple reversible intervention that has the capacity to improve health outcomes and save lives. Over the course of my work in the past sixteen years with gender diverse and transgender youth, I have prescribed hormone suppression for over 300 patients. All of those patients have benefitted from putting their endogenous puberty process on pause, even the small handful who discontinued GnRH analogues and went through their endogenous puberty. Many of these young people were able to matriculate back into school environments, begin appropriate peer relationships, participate meaningfully in therapy, and family functions. Children who had contemplated or attempted suicide or self-harm (including cutting and burning) associated with monthly menstruation or the anxiety about their voice dropping were offered respite from those dark places of despair. GnRH analogues for puberty suppression are, in my opinion, a sentinel event in the history of transgender medicine, and have changed the landscape almost as much as the development of synthetic hormones.

44. *Gender affirming hormones*: Cross-gender or gender affirming hormone therapy involves administering steroids of the experienced sex (i.e., their gender identity) (estrogen for transfeminine individuals and testosterone for transmasculine individuals). The purpose of this treatment is to attain the appropriate masculinization or feminization of the transgender person to achieve a gender phenotype that matches as closely as possible to their gender identity. Gender affirming hormone therapy is a partially reversible treatment in that some of the effects produced by the hormones are reversible (e.g., changes in body fat composition, decrease in facial and body hair) while others are irreversible (e.g., deepening of the voice, breast development).

Eligibility and medical necessity should be determined case-by-case, based on an assessment of the youth's unique cognitive and emotional maturation and ability to provide knowing and informed consent. The decision would be made only after a careful review with the youth and parents/guardians of the potential risks and benefits of hormone therapy. The youth's primary care provider, therapist, or another experienced mental health professional can help document and confirm the patient's history of gender dysphoria, the medical necessity of the intervention, and the youth's readiness to transition medically.

45. *Gender-affirming surgeries:* Some transgender individuals need surgical interventions to help bring their phenotype into alignment with their gender. Surgical interventions may include vaginoplasty, tracheal shave, liposuction, breast implants, and orchiectomy for transfeminine individuals and chest reconstruction, hysterectomy, oophorectomy, salpingectomy, construction of neo-scrotum, and metoidioplasty or phalloplasty for transmasculine individuals.

46. The current WPATH Standards of Care recommend that genital surgery – i.e., surgery which may render the individual sterile – not be carried out until the individual reaches the legal age of majority to give consent for medical procedures, while acknowledging that care is individualized. In addition, the Standards recommend that the other surgical interventions (e.g., chest surgery for transgender males and breast augmentation for transgender females) may occur earlier than the legal age of consent, preferably after ample time living in the desired gender role and after one year of hormone therapy. The Standards of Care, however, further recognize that these are individual determinations and that “different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression.”

47. Gender affirming medical interventions are considered medically necessary and are recognized as such by many major professional organizations. The denial of this care results in negative health consequences.

48. There are those, like Dr. Levine, who would make the argument that the recent uptick in youth presenting for services related to GD is the result of “social contagion.” But if “social contagion” applied to gender and gender identity, there would be zero transgender people because of the consistent exposure to an overwhelming majority of cisgender people. The social contagion argument that is posited by some confuses the relationship between one’s recognition of their gender and their exposure to gender related information and community – particularly with regard to internet activity – asserting that youth are declaring themselves to be transgender or gender diverse because they were exposed to this online, or they have multiple friends who are also experiencing GD. But adolescent development includes finding like groups of peers, which extends to finding friend groups who are also gender diverse. Finally, attributing GD to “social contagion” is a simplistic perspective that ignores that the process of seeking care is complex and difficult and involves parental consent for minors.

49. There is no scientific evidence that one develops gender dysphoria from being exposed to people with GD. To the contrary, most evidence shows that gender identity has a biological basis (Korpaisarn, et al., 2019; Saraswat, et al., 2015) and is affixed by early childhood (Slaby, et al., 1975).

C. Specific Critiques

50. Overall, Dr. Levine shows a lack of familiarity and understanding regarding the existing research about gender identity and gender dysphoria, as well as the clinical experience surrounding the treatment of gender dysphoria, particularly regarding transgender youth. This

lack of familiarity and understanding makes sense, as Dr. Levine appears to have very limited experience working with transgender youth and has not been a member of WPATH for decades.

51. Dr. Levine has critiqued and opposed the provision of gender affirming care as treatment for gender dysphoria for decades. Yet, in all of these years, he has not undertaken the research he calls for to answer the questions he raises. Rather it seems his primary goal is opposing affirming care for transgender people, instead of finding answers to questions and providing the best care for transgender people suffering from gender dysphoria.

52. Below I outline additional, more specific critiques regarding Dr. Levine's report.

53. Dr. Levine's claim that treatment for gender dysphoria is experimental and unproven is simply a statement of opinion, and not fact. *See, e.g.*, Levine Report ¶ 23. We have decades of research and clinical experience on gender dysphoria and its care. To be sure, as with all medical care, there is a range of quality in the existing data regarding the treatment of gender dysphoria (see UCSF Guidelines), and there is certainly a need for additional studies of a longitudinal nature. But again, that is true with most medical care.

54. One of the intrinsic elements of rating the quality of evidence is the study design. Randomized controlled studies are considered the highest quality in the grading of evidence. But given the length of time that gender affirming medical interventions have been around and vast amount of clinical knowledge about their efficacy, having untreated control groups of patients with gender dysphoria is unethical. For that reason, the majority of studies investigating the impact of gender affirming medical interventions are observational. This is not uncommon. For example, "Despite GnRH analogue treatment being used in precocious puberty for more than 20 years, there are no randomized controlled trials to evaluate the effect of GnRHa on a final height compared with untreated controls." (Mul, et al., 2008). However, there are several studies

which demonstrate the safety and positive impact of gender affirming medical interventions. Additionally, larger longitudinal studies are currently underway to help substantiate the significant existing data we have. (de Vries, et al, 2021; Weinand, 2015).

55. Additionally, although it is not possible to ethically conduct randomized control trials for gender-affirming care, we have a large de facto group of untreated individuals with gender dysphoria who experience significant psychiatric symptoms because of widespread barriers to access to care. Clinicians who are competent in the care of transgender individuals practice according to a “first do no harm” ethic which understands that doing nothing is not a neutral option for those with gender dysphoria. Multiple studies have demonstrated the safety of gender affirming hormones, and a growing body of evidence does the same with regards to the safety of GnRH analogs. (Kuper, et al., 2020; Chew, et al., 2018; Colton-Meier, et al., 2011). The same is true with regards to surgery. (Marano, et al., 2021; Olson-Kennedy, et al., 2018; Murad, et al., 2010; Smith, et al., 2005; Pfafflin & Junge, 1998).

56. Dr. Levine inaccurately suggests that diagnosis of gender dysphoria is done solely through a patient’s self-diagnosis. Levine Report ¶ 148. His critique demonstrates a fundamental misunderstanding of how gender affirming care is provided. While we have continued to attain a greater understanding about the etiology of gender incongruence, patients do not “self-diagnose,” as Dr. Levine suggests. However, it is not unusual or extraordinary in medicine for a provider to consider patients’ reports of their symptoms as part of the medical assessment. Much like the diagnosis of many clinical conditions, providers rely on self-report to ascertain accurate diagnoses. Consider the diagnosis of chronic fatigue. The diagnostic criteria for this diagnosis include the following: fatigue so severe that it interferes with the ability to engage in pre-illness activities; of new or definite onset (not lifelong); not substantially alleviated

by rest; worsened by physical, mental or emotional exertion. Like gender dysphoria, these diagnostic criteria are a subjective telling of an individual's personal experience. It is incumbent upon providers of gender affirming care to acquire skills that help them ascertain many details about their patient's gender experience including but not limited to the history, developmental trajectory and expectations regarding treatment options.

57. Dr. Levine also discusses the increase in numbers of youth presenting for care related to GD in recent years. Levine Report ¶ 59. For one, varying estimates of prevalence are the result of inconsistent measures of transgender populations. Some studies have assessed the fraction of a population which had received the DSM-IV diagnosis of GID or the ICD 10 diagnosis of transsexualism, both of which were limited to clinical populations who sought a binary transition (male-to-female or female-to-male). For example, the prevalence reported in DSM-5 (0.005–0.014% for birth-assigned males; 0.002–0.003% for birth-assigned females) are based on people who received a diagnosis of GID or transsexualism and were seeking hormone treatment and surgery from gender specialty clinics, and, therefore, do not reflect the prevalence of all individuals with gender dysphoria or who identify as transgender. Other studies have reported on those who self-identified as transgender or gender incongruent and found that measuring self-identity yields much higher numbers. In 2016, data from the Center for Disease Control's Behavioral Risk Factor Surveillance System suggested that 0.6% of U.S. adults identify as transgender, double the estimate utilizing data from the previous decade. (Byrne, et al., 2018). Ultimately, there is nothing surprising about the fact that more transgender people have begun identifying themselves to others as societal stigma has started to abate.

58. Dr. Levine further suggests that after "self-diagnosis" transgender patients will receive "rapid approval" for medical interventions. Levine Report ¶ 148. Self-reporting of

symptoms, as discussed above, is considered by the medical community to be an important aspect of history taking to assist professionals in the process of providing a diagnosis, but it is only part of the process. While many patients may have an acute understanding that they are experiencing gender dysphoria, providers in this field rely on their own understanding and clinical experience in working with patients with GD in order to exercise professional judgment while making this diagnosis and providing recommendations for care. Rather than providing hasty approval as Dr. Levine suggests, the process is careful, thoughtful, and considered. If anything, historically, unnecessarily long periods of psychiatric evaluation were required prior to initiating any medical intervention because gender incongruence was considered a psychopathologic condition.

59. Dr. Levine claims that there is a lack of consensus among psychiatrists and psychotherapists about the cause of, and therapeutic response to, gender dysphoria and because of this, the field is experimental. The entire field of medicine is dynamic, growing as more information becomes available. This does not preclude professionals from providing interventions and necessary care. For example, in the field of cancer care a more complete understanding of how cancer is acquired, spread, and contained leads to improvement in chemotherapy, as well as other modalities for intervention. Whether or not individuals consider the field of cancer to be experimental or not is irrelevant and does not preclude practitioners from providing available treatment.

60. In his discussion about “biology,” Dr. Levine makes several assertions that bear examination. First, Dr. Levine references that no matter how many endocrinological or surgical procedures an individual undergoes, they can never be made a “complete man” or “complete woman,” reserving that label to those who possess the germinal cells of ovaries or testes and can

reproduce. Levine Report ¶ 18. Terms like “complete man” or “complete woman” are not scientific, as even recognized by the work of Magnus Hirschfield over a century ago and ignore the current scientific understanding of sex. Note that, as described above, there are multiple sex characteristics. Indeed, aside from its offensiveness, Dr. Levine’s opinion would mean that people born with differences in sex development (DSD) conditions could not also be considered a “complete man” or “complete woman.”

61. Dr. Levine also references “rapid-onset gender dysphoria,” and critiques WPATH for not discussing it in WPATH’s upcoming eighth version of the Standards of Care. Levine Report ¶ 79. This is a fabricated name for a fabricated entity that arose out of a deeply flawed research endeavor that gathered parents of youth with gender dysphoria from distinctly anti-gender affirming websites. (Littman 2021.) Investigators and clinicians who practice in this area of expertise do not utilize this terminology.

62. Dr. Levine asserts that a disproportionate number of children from communities of color are diagnosed with gender dysphoria. Levine Report ¶ 156. This is patently untrue across the United States. In fact, the opposite is true. The youth seeking puberty suppression do not deviate significantly from general demographics; indeed, the preponderance of youth seeking puberty suppression are of European descent. In any event, this is irrelevant. Many medical conditions impact some communities more than others. (Manton, et al., 1997). That is not a reason to deny medically necessary health care. Additionally, nothing in the science supports withholding medically necessary care from patients simply because they are neuro-diverse, and the predominant recommendation is certainly not that individuals with ASD be denied care related to their gender dysphoria simply for being neuro-atypical.

63. Dr. Levine distorts the literature to suggest that gender-affirming care does not lower suicidality, and indeed insinuates that such care may contribute to suicidality. *See, e.g.*, Levine Report ¶ 95. Dr. Levine misuses the data, specifically, the Cecilia Djhene manuscript about suicidality among transgender women who underwent genital surgery compared to the entire population statistics. This research has been consistently misused, much to the dismay of the first author, whom I have communicated with about this very issue. The Dhejne study specifically states that, “For the purpose of evaluating whether sex reassignment is an effective treatment for gender dysphoria, it is reasonable to compare reported gender dysphoria pre and post treatment. Such studies have been conducted either prospectively or retrospectively and suggest that sex reassignment of transsexual persons improves quality of life and gender dysphoria.” Dr. Levine’s characterization of the Dhejne research is misleading, because the two comparison groups were transgender women who underwent surgery and aged matched individuals from the general population of Sweden. It is well known that transgender individuals have a higher suicide rate than cisgender individuals. That is explained by the fact that transgender people, even after obtaining gender affirming care, suffer from large and disproportionate rates of discrimination, harassment, family rejection, and violence, all of which could contribute to larger suicidality rates when compared to the general population. Additionally, the data in the Dhejne study was gathered from patients seeking surgery between 1973 and 2003. The political and cultural context is vastly different in 2021 and the surgical techniques are improved.

64. Dr. Levine further equates participants who are lost to follow up as a potential indicator of desistance and/or who regretted undergoing medical interventions, Levine Report ¶ 92, but he provides no support for his assertions. A recent study confirms that the majority of

people who detransition do so because of external factors such as pressure from family and societal stigma. (Turban, et al., 2021). In addition, studies show that regret rates for those who have undertaken gender affirming care are extremely low. (Narayan, et al., 2021; Wiepjes, et al., 2018).

65. Dr. Levine and others who espouse similar “concern” about gender affirming medical procedures have had decades to test their own recommendations about how gender dysphoria should be managed. Nothing scientific has come from those efforts, except several accountings of the negative sequelae experienced by many who underwent conversion therapy. Dr. Levine also assumes that gender-affirming care focuses only on moving youth down a transgender pathway, without spending any time or effort addressing the young person’s mental health. Both of these claims are false. Mental health practitioners who are practicing an affirming model of care are providing a safe space in which mental health symptoms or issues can be identified and addressed. Conversion therapy is not supported by any scientific evidence or rigorous data.

66. It is concerning that Dr. Levine consistently misrepresents the affirmative model of care, particularly in pre-pubertal children. Affirming approaches promote exploration of gender development and self-definition within a safe setting. A fundamental concept of this approach is that gender diversity is not a mental illness. The gender affirmative model is defined as a method of therapeutic care that includes allowing children to speak for themselves about their gender identity and expressions and providing support for them to evolve into their authentic gender selves. Support is not characterized by “encouraging” children or youth to be transgender or not. Interventions may include social transition, the changing of one’s

presentation to more closely align with one's gender, as well as later medical interventions after the onset of puberty, such as puberty blockers, hormones, or surgery.

67. Dr. Levine asserts that there is a growing body of evidence that suggests that affirmation of gender diverse children results in a higher likelihood of persistence of gender incongruence. He cites an article entitled "The myth of persistence: Response to 'A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children'" by Temple Newhook et al. (2018) written by Ken Zucker. This is not a research article. It simply provides a rebuttal by Dr. Zucker to a previous manuscript. In it Dr. Zucker reviews some of the existing literature about persistence and desistance of gender incongruence among children over time. As previously noted, though, the studies upon which Dr. Zucker relies were based on the now obsolete and overly broad categorizations contained in the diagnosis for "Gender Identity Disorder in Children." None of the studies use the current DSM-5 "Gender Dysphoria in Children" diagnosis. Thus, the desistance rates of which Dr. Levine speaks include children who did not identify as transgender to begin with or would be considered "sub-threshold" for a Gender Dysphoria diagnosis. In addition, research shows that children who identify as transgender into adolescence, which is when any medical treatment begins, persist in their transgender identity. (de Vries, et al., 2011).

68. Dr. Levine attempts to create a causal relationship by asserting that gender affirmation (social transition specifically) in childhood causes children to continue to assert a gender incongruent with the sex they assigned at birth and that they would not have done so had they not undergone social transition. There is a failure to consider the clinical observation that children who end up socially transitioning are often experiencing the greatest distress about their gender incongruence, a discussed predictor of persistence. He presents an argument against

affirmation, social transition in particular, in light of the data that suggests the majority of children with gender non-conforming behaviors in childhood grow out of those behaviors and feelings as they move into adolescence. However, research shows that that gender identification does not meaningfully differ before and after social transition. (Rae, et al., 2019).

69. Even if we fully embrace the idea that most children who are gender non-conforming in childhood do not go on to assert gender incongruence in adolescence, it has no relevance to the medical treatment of adolescents and adults who do have gender incongruence, which is the subject of this case. The question is not “should we provide access to medical interventions for people who had GD in childhood that dissipated in adolescence?” because that population is not the population presenting for treatment and medical care is not indicated for that population of children. Transgender adolescents and adults with gender dysphoria are the patients we are discussing.

70. Dr. Levine goes on to discuss the purported lack of quality evidence regarding the impact of gender affirming interventions. Like all areas of medicine, clinical care often outpaces the science in various respects, as is the case with transgender youth care. But the current evidence base for treatment of transgender youth is commensurate with the evidence base for many other types of treatment for adolescents. Additionally, the increase in younger patients seeking services is being paralleled by the increase in data collection, with the promise of the creation of a rich database to better answer some of the still unanswered questions. Nothing about that is unique to gender dysphoria. Additionally, many existing studies have small numbers of participants because transgender experience is uncommon, there exist multiple barriers to accessing services, and there is a historical mistrust of medical institutions based on

an unimaginable amount of harm that such institutions have perpetuated upon this vulnerable community. (Sharman, 2016).

71. Dr. Levine also “wonder[s]” whether using medications off label (i.e., without formal approval by the U.S. Food and Drug Administration) is supportable. Levine Report ¶ 103. But it is common for medications to be used “off label” across all domains of medicine. In addition to there being fewer studies in children and adolescents, pharmaceutical companies often do not want to spend the money to get an FDA indication for use in a very small population.

72. Dr. Levine critiques the Endocrine Society’s guidelines for the treatment of gender dysphoria, Levine Report ¶ 104, observing that the guidelines grade the evidence supporting hormone interventions for adolescents as low quality. Dr. Levine fails to understand that this is typical of clinical guidelines for many widely accepted types of care. In fact, within the Endocrine Society Guidelines for the clinical care of pediatric obesity, 48% of the recommendations are graded as very low-quality evidence. By contrast, within the Endocrine Society Gender Dysphoria/Gender Incongruence guidelines, only 23% of the recommendations are graded as very low-quality evidence. It is unlikely that Dr. Levine would suggest we don’t treat pediatric obesity because the recommendations are based on low quality evidence. This is another example of applying a different standard to gender affirming care than to other areas of medicine.

73. Dr. Levine asserts that there is no data to suggest that affirmation will lower suicide deaths more than a psychotherapeutic model or watchful waiting, *see e.g.*, Levine Report ¶ 95, while also admitting that his preferred model of providing psychotherapy and withholding other medical interventions is “lacking in long-term evidence” and “quality evidence.” Levine

Report ¶¶ 37, 160. However, there is evidence that youth who have been exposed to both a psychotherapeutic model and/or a watchful waiting approach, which deny affirmation and withhold medical care from adolescents, have died by suicide. It does not seem logical to keep employing a method that has been unsuccessful in preventing such deaths. His criticism of Jack Turban's manuscript includes that there was a high level of suicidality (both ideation and attempts) among both those who wanted and received blockers and those who wanted and did not receive blockers. Levine Report ¶ 114. That was not the thrust of the article. The article was demonstrating a decrease of suicidal ideation among the cohort that got blockers. While it is true that the raw data indicates that a higher percentage of the group that had access to puberty blockers had hospitalizations related to suicide attempts (n=5), this difference was not statistically significant, whereas lifetime suicidal ideation was statistically significantly lower in that cohort.

74. Dr. Levine opines about what he believes are a series of health risks related to gender-affirming care. Levine Report ¶¶ 118-144. As a psychiatrist, Dr. Levine is not qualified to offer opinions on several of these topics, including the intricacies of gender-affirming surgery. Nonetheless, I respond to several of his claims here.

75. **Disease and mortality:** Dr. Levine suggests that a series of health effects are associated with gender-affirming care, Levine Report ¶¶ 119-123, but his claims simply demonstrate a lack of familiarity with how these medical interventions are provided. For example, he cites risks involved with hormonal interventions, Levine Report ¶¶ 119, 122-123, but seems unfamiliar with the fact that newer evidence is demonstrating that the cardiovascular risk from gender affirming hormones is actually much lower than previously thought, as even one of his own sources show. As with every area of medicine, the risks and benefits of treatment

are discussed with the patient, and patients are monitored to ensure that their risk profile remains within the normal range.

76. Dr. Levine also refers briefly to puberty-delaying treatment as affecting height. Levine Report ¶ 134. The use of puberty blockers may impact height, but primarily providing an opportunity for transmasculine youth to grow taller, which is generally a desirable feature. Additionally, Dr. Levine makes the conclusory allegation that “[s]hortened life expectancy has been repeatedly documented.” Levine Report ¶ 120. To the extent he suggests that gender-affirming care reduces one’s life expectancy, no data support that exclusion—in fact, as discussed above they support the opposite conclusion.

77. **Fertility:** Dr. Levine expresses concerns about fertility from surgery and cross-sex hormone therapy, and claims (inaccurately) that puberty blockers may cause infertility as well. Levine Report ¶¶ 127-128. Aside from this being an overly simplistic perspective about a significantly long and complicated process, it is wholly divorced from the reality of care for transgender people. First, like all health care, gender affirming care for every transgender person is individualized. There simply is no one specific route. Second, there is no evidence that affirmation of pre-pubertal children in their identity or the provision of puberty blockers lead to sterility. Indeed, the effects of puberty blockers are reversible. To the extent a person desires and needs hormone treatment or surgery, such care is not provided until well into maturity and after discussion of the effects of such. In addition, patients who may need a procedure or treatment that will result in the side-effect of sterility are informed of such consequences and are provided with alternative options such as fertility preservation before initiating such care. (Chen, et al., 2017).

78. **Sexual function:** Dr. Levine asserts, without support, that puberty blockers may contribute to lack of sexual function. When data are lacking, we rely on clinical experience gathered from patient care and conversations as well as existing data on extrapolatable cases. There is a body of research on the capacity of minors for sexual arousal and orgasm, and there is no data to support the idea that gender affirmation diminishes sexual capacity. More commonly youth with GD experience dysphoria from the act of masturbation, and often even the possibility or thoughts around sexual intimacy. In fact, there is data that demonstrates improved satisfaction with sexual intimacy after gender affirming interventions.

79. Informed consent is the legal embodiment of the concept that each individual has the right to make decisions affecting their health. Physicians engaged in patient-physician relationships involving medical informed consent have a moral responsibility to identify the best treatments for each patient on the basis of available medical evidence and to discuss with patients the hoped-for benefits and the potential risks. Physicians must allow for patients' questions about the proposed treatments, benefits, and risks and must answer those questions from the available medical literature and their professional experience. This exchange of information and ideas is the foundation of the patient-physician partnership and promotes informed decision making in the most complex medical situations. (Paterick, et al., 2008). As noted above, speaking from my own clinical experience, at our center we strive to ensure that we are obtaining informed consent from every patient (and their parent/guardian) throughout the course of treatment.

80. **Psychosocial effects:** Dr. Levine expresses concern that puberty-delaying medication will “halt” maturation, and cause transgender adolescents to “undergo[] puberty at a substantially older age.” Levine Report ¶¶ 134-135. Dr. Levine’s assertion that puberty

suppression for a limited time has adverse effects on cognition is not supported by evidence within the realm of transgender youth care. Additionally, puberty suppression does not impact somatic growth, or emotional maturation. Dr. Levine fails to point out that experiencing the changes of a puberty that does not align with one's gender identity creates significant problems for transgender and nonbinary youth, including an exacerbation of anxiety, depression, isolation and sometimes poor coping mechanisms including self-harm and substance abuse. Youth going through an endogenous puberty that does not align with their gender express that it is difficult for them to participate in school, therapy, family and social activities. Most youth who utilize puberty blockers will likely go on to add exogenous hormones so that they do undergo puberty on the somewhat older side of normal range, but still well within normal range.

III. CONCLUSION

81. In conclusion, I do not disagree that, as with every field of medicine, there is more to learn in the field of transgender youth care. That is why I became an investigator. However, there is room to provide gender affirming medical interventions in a thoughtful manner that extrapolates from relevant fields of science and medicine, existing data, and clinical expertise while simultaneously carrying out further investigations. The denial of much needed care only serves to harm transgender people.

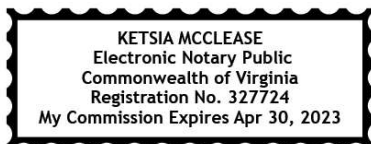
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 17 day of March, 2022.




Johanna Olson-Kennedy (Mar 17, 2022 10:26 PDT)

Johanna Olson-Kennedy, M.D., M.S.

Subscribed and sworn before me, a Notary Public in and for the County of Norfolk, State of
Virginia, this 17 day of March, 2022.





Signature of Notary

This notarial act was performed online by way of two-way audio/video communication technology.

1647520704-olson-kennedy-rebuttal-report_final

Final Audit Report

2022-03-17

Created:	2022-03-17
By:	Ketsia McCleave (ketsiac@aol.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAswFYOj-D8L2uAsOS7TCX_olnkhTVI2

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Exhibit A

CURRICULUM VITAE
JOHANNA OLSON-KENNEDY MS, MD
MAY 8, 2021

EDUCATION AND PROFESSIONAL APPOINTMENTS

EDUCATION:

<i>Year</i>	<i>Degree, Field, Institution, City</i>
1992	BA, Mammalian Physiology, UC San Diego, San Diego
1993	MS, Animal Physiology, The Chicago Medical School, Chicago
1997	MD, Medical Doctor, The Chicago Medical School, Chicago
2015	MS, Clinical and Biomedical Investigations in Translational Science, USC, Los Angeles

POST-GRADUATE TRAINING:

<i>Year-Year</i>	<i>Training Type, Field, Mentor, Department, Institution, City</i>
1997-1998	Internship, Pediatrics, Children's Hospital Orange County, Orange
1998-2000	Residency, Pediatrics, Antonio Arrieta, Children's Hospital Orange County, Orange
2000-2003	Fellowship, Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles
2012-2015	Master's Degree, Clinical and Biomedical Investigations in Translational Science, USC

ACADEMIC APPOINTMENTS:

<i>Year-Year</i>	<i>Appointment</i>	<i>Department, Institution, City, Country</i>
2012-present	Medical Director	The Center for Transyouth Health and Development, Division of Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles, USA
2008-2012	Fellowship Director	Division of Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles, USA
2006-2016	Assistant Professor of Clinical Pediatrics	Division of Adolescent Medicine, Children's Hospital Los Angeles/USC Keck School of Medicine, Los Angeles, USA
2016 - Present	Associate Professor of Clinical Pediatrics	Division of Adolescent Medicine, Children's Hospital Los Angeles/USC Keck School of Medicine, Los Angeles, USA

LICENSURE, CERTIFICATIONS

LICENSURE:

<i>Year</i>	<i>License number, State, Status</i>
2000	A-67352, California, Active

BOARD CERTIFICATION OR ELIGIBILITY:

<i>Year</i>	<i>Board, State, Status</i>
2001, 2009, 2015	Pediatrics, California, active

SPECIALTY CERTIFICATION:

<i>Year</i>	<i>Specialty Certification, Status</i>
2003, 2013	Adolescent Medicine, California, active

HONORS, AWARDS:

<i>Year</i>	<i>Description</i>	<i>Awarding agency, address, city</i>
2019	Benjamin Meaker Visiting Professorship	University of Bristol, Bristol UK
2015	The Champion Award	The Division of Adolescent Medicine; CHAMPION FUND 5000 Sunset Blvd. Los Angeles
2014	Recognition Award for Outstanding Compassionate and Innovative Service	SoCal Society for Adolescent Health and Medicine Regional Chapter, Los Angeles
2014	Anne Marie Staas Ally Award	Stonewall Democratic Club; 1049 Havenhurst Drive #325, West Hollywood
2012	Extraordinary Service Award	Equality California, 202 W 1st St., Suite 3-0130 Los Angeles
2010	Clinical Research Academic Career Development Award	Saban Research Center TSRI Program: Community Health Outcomes and Intervention, Los Angeles
2009	Health Care Advocacy Champion	Democratic Advocates for Disability Issues, Los Angeles

TEACHING**UNDERGRADUATE, GRADUATE AND MEDICAL STUDENT (OR OTHER) MENTORSHIP:**

<i>Year-Year</i>	<i>Trainee Name</i>	<i>Trainee Type</i>	<i>Dissertation/Thesis/Project Title</i>
2020-Present	Richard Mateo Mora	MD	Fertility Preservation Among Transgender Women
2019-2021	Laer Streeter	MD	Comparison of Histrelin Implants
2016-Present	Jonathan Warus	MD/KL2	Affecting Pre-Exposure Prophylaxis (PreP) Decision Making to Improve Youth Engagement in HIV Prevention Services
2015-2020	Shannon Dunlap	PhD	Developmental Aspects of Gender Non-Conformong Youth
2015-2016	David Lyons	MD	Transgender Youth Clinical Clerkship
2014-2015	Michael Haymer	MD	Transgender Youth Clinical Clerkship

POSTGRADUATE MENTORSHIP:

<i>Year-Year</i>	<i>Trainee Name</i>	<i>If past trainee, current position and location</i>
2020-Present	Marianela Gomez-Rincon	Adolescent Medicine Fellow
2015-2018	Jonathan Warus, MD	Faculty, CHLA/USC Keck School of Medicine
2015-2017	Patrick Shepherd, MD	CHLA Endocrinology Fellow
2014	Julie Spencer, MD	Adolescent Medicine Provider Kaiser Hospital
2013	Shelley Aggarwal, MD	Clinical Instructor – Stanford University School of Medicine
2012-2013	Lisa Simons, MD	Clinical Instructor – Lurie Children’s Hospital

SERVICE**DEPARTMENT SERVICE:**

<i>Year-Year</i>	<i>Position, Committee</i>	<i>Organization/Institution</i>
2010-2015	Secretary, The CHAMPION Fund Executive Board	The Division of Adolescent Medicine, Children’s Hospital Los Angeles

PROFESSIONAL SERVICE:

<i>Year-Year</i>	<i>Position, Committee</i>	<i>Organization/Institution</i>
2012-present	Member, LGBT Special Interest Group	Society for Adolescent Health and Medicine

CONSULTANTSHIPS AND ADVISORY BOARDS:

<i>Year</i>	<i>Position, Board</i>	<i>Organization/Hospital/School, Institution</i>
2017 - Present	Board Member	US Professional Association of Transgender Health
2021	Member, Advisory Board	The National LGBTQIA+ Health Education Center
2010-2017	Member, Advisory Board	Transyouth Family Allies
2017-present	Member, National Medical Committee	Planned Parenthood

PROFESSIONAL SOCIETY MEMBERSHIPS:

<i>Year- Year</i>	<i>Society</i>
2017 - present	US Professional Association for Transgender Health
2014-present	Society for Pediatric Research
2010-present	World Professional Association for Transgender Health
2006-2011	Los Angeles Pediatric Society (Past president 2010)
2005-2012	American Academy of Pediatrics
2003-present	Society for Adolescent Health and Medicine

MAJOR LEADERSHIP POSITIONS: (E.G., DEAN, CHAIR, INSTITUTE DIRECTOR, HOSPITAL ADMINISTRATION, ETC.)

RESEARCH AND SCHOLARSHIP**EDITORSHIPS AND EDITORIAL BOARDS:**

<i>Year-Year</i>	<i>Position</i>	<i>Journal/Board Name</i>
2015-present	Associate Editor	Journal of Transgender Health

MANUSCRIPT REVIEW:

<i>Year-Year</i>	<i>Journal</i>
2018-present	Journal of Transgender Health
2018 - present	Clinical Child Psychology and Psychiatry
2018 - present	Journal of Sexual Medicine
2015-present	Journal of Transgender Health
2014-present	International Journal of Transgenderism
2014-present	LGBT Health
2014-present	Journal of Adolescent Health
2014-present	Pediatrics

MAJOR AREAS OF RESEARCH INTEREST

Research Areas
1. Gender diverse children, transgender youth and young adults
2. HIV medication adherence

GRANT SUPPORT - CURRENT:

<i>Grant No. (PI) 2R01HD082554-06A1</i>	<i>Dates of Award: 2021-2026</i>
<i>Agency: NICHD</i>	<i>Percent Effort 25%</i>
<i>Title: The Impact of Early Medical Treatment in Transgender Youth</i>	
<i>Description: This is the continuations of a multicenter study, the first of its kind in the U.S. to evaluate the long-term outcomes of medical treatment for transgender youth. This study will provide essential, evidence-based information on the physiological and psychosocial impact, as well as safety, of hormone blockers and cross-sex hormones use in this population.</i>	
<i>Role: Principle Investigator</i>	
<i>Total Direct Costs: \$4,918,586</i>	

<i>Grant No. (PI) 1R01HD097122-01</i>	<i>Dates of Award: 2019-2024</i>
<i>Agency: NICHD</i>	<i>Percent Effort 10%</i>
<i>Title: A Longitudinal Study of Gender Nonconformity in Prepubescent Children</i>	
<i>Description: The purpose of this study is to establish a national cohort of prepubertal transgender/gender nonconforming (TGNC) children (and their parents), and longitudinally observe this cohort to expand the body of empirical knowledge pertaining to gender development and cognition in TGNC children, their mental health symptomology and functioning over time, and how family-initiated social gender transition may predict or alleviate mental health symptoms and/or diagnoses.</i>	
<i>Role: Co-Investigator</i>	
<i>Total Direct Costs: \$2,884,950</i>	

GRANT SUPPORT - PAST:

<i>Grant No. (PI)</i> 1R01HD082554-01A1	<i>Dates of Award:</i> 2015-2020
<i>Agency:</i> NICHD	<i>Percent Effort</i> 45%
<i>Title:</i> The Impact of Early Medical Treatment in Transgender Youth	
<i>Description:</i> This is a multicenter study, the first of its kind in the U.S. to evaluate the long-term outcomes of medical treatment for transgender youth. This study will provide essential, evidence-based information on the physiological and psychosocial impact, as well as safety, of hormone blockers and cross-sex hormones use in this population.	
<i>Role:</i> Principle Investigator	
<i>Total Direct Costs:</i> \$4,631,970	
<i>Grant No. (COI)</i> R01AI128796-01	<i>Dates of Award:</i> 2/24/17-1/31/18
<i>Agency:</i> NIAID	<i>Percent Effort:</i> 5%
<i>Title:</i> Maturation, Infectibility and Trauma Contributes to HIV Susceptibility in Adolescents	
<i>Description:</i> This proposal explores the overarching hypothesis that fluctuations in sex steroid levels and mucosal trauma (sexual activity) are key determinants of mucosal immune activation and epithelial integrity, and that microbial communities are central to these processes. We will pursue this hypothesis by examining longitudinal changes in the anogenital microbiome as well as protein expression at these mucosal sites during sexual maturation (cisgender youth) and in hormonally-controlled sexual maturation (transgender youth). Associations between sex steroid levels, microbial community composition, mucosal trauma, and vaginal proteins will be determined and modeled.	
<i>Role:</i> Co-Investigator	
<i>Total Direct Costs:</i> \$44,816	

<i>Grant No. (PI)</i> U01HD040463	<i>Dates of Award</i> 2006 – 2016
<i>Agency:</i> NIH/NICHD	<i>Percent Effort:</i> 10%
<i>Title:</i> Adolescent Medicine Trials Network for HIV/AIDS	
<i>Description:</i> Adolescent Medicine Trials Network for HIV/AIDS	
<i>Role:</i> Co-Investigator	
<i>Total Direct Costs:</i> 2,225,674	

<i>Grant No. (PI)</i> SC CTSI 8KL2TR000131	<i>Dates of Award:</i> 2012-2014
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<i>Agency:</i> KL2 Mentored Career Research Development Program of the Center for Education, Training and Career Development	<i>Percent Effort:</i> 37.5%
<i>Title:</i> The Impact of Hormone Blockers on the Physiologic and Psychosocial Development of Gender Non-Conforming Peri-Pubertal Youth	
<i>Description:</i> This study aimed to understand the impact of puberty blocking medications on mental health and physiologic parameters in peri-pubertal transgender youth.	
<i>Role:</i> Principal Investigator	
<i>Total Direct Costs:</i> 191,525	

Invited Lectures, Symposia, keynote addresses

<i>Year</i>	<i>Type</i>	<i>Title, Location</i>
2021	Invited Lecture	Approach to the Care of Gender Diverse Children and Transgender Youth, USC Keck Medical School, Virtual Lecture
2021	Invited Lecture	Caring for Gender Diverse and Transgender Youth. SLO Acceptance, Cal Poly, Virtual Presentation
2020	Symposium	Trans Youth Care, Chico Transgender Week, Virtual Presentation
2020	Invited Lecture	Gender Nonconforming and Transgender Youth, Novartis, Virtual Presentation
2020	Invited Lecture	Advanced Hormones; More than Just T and E, CHLA, Virtual Presentation
2020	Invited Lecture	Video Telehealth and Transgender Youth, Telehealth Best Practices for the Trans Community, The Central Texas Transgender Health Coalition, Virtual Presentation
2020	Invited Lecture	Caring for Gender Diverse and Transgender Youth , Center for Juvenile Justice Reform Supporting the Well-Being of LGBTQ Youth Certificate Program, Virtual Presentation
2020	Invited Lecture	Gear Talk, Transforming Families, Virtual Lecture
2020	Invited Lecture	Tips for Parenting a Trans or Gender Diverse Youth, Models of Pride, Virtual Presentation
2020	Invited Lecture	Caring for Gender Diverse and Transgender Youth, LGBTQ+ Clinical Academy, Palo Alto University, Virtual presentation
2020	Invited Lecture	Approach to the Care of Gender Non-conforming Children and Transgender Youth, USC Medical School, Los Angeles, CA
2020	Invited Lecture	Medical Interventions for transgender youth, Cal State Los Angeles, Los Angeles
2020	Plenary Session	Understanding Issues Involving Gender Non-Conforming and Transgender Individuals Coming to a Courtroom Near You, Mid-Winter Workshop for Judges of the Ninth Circuit, Palm Springs, CA
2019	Keynote	Transgender Youth Care, SickKids, Toronto, Canada

2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Cal State Los Angeles, California
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Claremont Colleges, California
2019	Symposium	TransYouth Care; Flagstaff, AZ
2019	Keynote	Future Directions, USPATH, Washington DC
2019	Invited Lecture	Just a Boy, Just a Girl, Gender Odyssey San Diego, San Diego, CA
2019	Invited Lecture	Hormonas que Affirman el Genero pasa Juventud y Adultos Menores Trans, Transformando Desde el Amor y Las Familias, Colombia
2019	Invited Lecture	Infancia Trans y da Genero Diverso, Transformando Desde el Amor y Las Familias, Colombia
2019	Invited Lecture	Gender Dysphoria; A Deeper Dive Beyond the Diagnosis, Keynote address, Inaugural LGBTQ summit, Santa Clara CA
2019	Invited Lecture	Transgender and Gender Non-conforming Youth, Ascend Residential Treatment, Utah
2019	Invited Lecture	Gender Diverse and Transgender Youth; What Pediatricians Should Know, Common Problems in Pediatrics Conference, Utah AAP, Utah
2019	Invited Lecture	Gender Diverse and Transgender Youth; What Pediatricians Should Know, Common Problems in Pediatrics Conference, Utah AAP, Utah
2019	Invited Lecture	Caring for Gender Diverse and Transgender Youth, Grand Rounds, UCLA Olive View, CA
2019	Invited Lecture	Caring for Gender Diverse and Transgender Youth, Grand Rounds, Good Samaritan, CA
2019	<i>Invited Lecture</i>	Gender Dysphoria; A Deeper Dive Beyond the Diagnosis, Advance LA Conference, California
2019	Invited Lecture	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth, USC Keck School of Medicine Reproductive Health Section. Los Angeles, CA
2019	Invited Lecture	Transgender Youth: Medical and Mental Health Needs, Bristol, United Kingdom
2019	Invited Lecture	Rethinking Gender, University of Bristol, United Kingdom
2019	Invited Lecture	Puberty Suppression in Youth with Gender Dysphoria, Fenway Trans Health Program, Boston
2019	Invited Lecture	Recognizing the Needs of Transgender Youth, California Department of Corrections And Rehabilitation, Ventura, CA
2019	Invited Lecture	Gender Dysphoria; Beyond the Diagnosis, Gender Education Demystification Symposium, GA
2019	Invited Lecture	Caring for Gender Nonconforming and Transgender Youth, Los Angeles Superior Court/Los Angeles Bar Association Training, CA
2019	Invited Lecture	Supporting Gender Diverse and Transgender Youth; A Deeper Look at Gender Dysphoria, Oakwood School, CA

2018	Invited Lecture	Chest Reconstruction and Chest Dysphoria in Transmasculine Adolescents and Young Adults: Comparison of Nonsurgical and Postsurgical Cohorts, Buenos Aires, Argentina
2018	Invited Lecture	Transyouth Care – An NIH Multisite Study About the Impact of Early Medical Treatment in Transgender Youth in the US, Buenos Aires, Argentina
2018	Invited Lecture	Transgender Youth and Gender Affirming Hormones; A 6-8 year follow-up, Buenos Aires, Argentina
2018	Invited Lecture	Supporting Gender Diverse and Transgender Youth: A Deeper Look at Gender Dysphoria, Studio City, CA
2018	Invited Lecture	Gender Dysphoria: Beyond the Diagnosis, Washington DC
2018	Invited Lecture	Uso de Hormonas Reafirmantes de Genero en Adolescentes Transgenero, Trans Amor Congreso Nacional de Transexualidad Juvenil y Infantes, Monterey, Mexico
2018	Invited Lecture	Bloqueadores de la Pubertad, Trans Amor Congreso Nacional de Transexualidad Juvenil y Infantes, Monterey, Mexico
2018	Invited Lecture	Working with Trans and Gender Non-Conforming Youth, Children's Hospital Orange County, CA
2018	Invited Lecture	Caring for gender Non-conforming and Transgender Youth and Young Adults, Ascend Residential, Encino CA
2018	Invited Lecture	Gender Dysphoria; Beyond the Diagnosis; Midwest LGBTQ Health Symposium, Chicago, IL
2018	Invited Lecture	Caring for gender Non-conforming and Transgender Youth and Young Adults, California State University Northridge, Northridge, CA
2018	Invited Lecture	Puberty Suppression and Gender Affirming Hormones, Gender Fest, Las Vegas, NV
2018	Invited Lecture	Gender Google; Gender Odyssey Family Conference, Seattle WA
2018	Invited Lecture	Gender Dysphoria; Beyond the Diagnosis, Gender Odyssey Family Conference, Seattle WA
2018	Invited Lecture	Puberty Suppression: What, When, and How, Gender Odyssey Family Conference, Seattle WA
2018	Invited Lecture	Gender Dysphoria; School Nurse Organization of Idaho Annual Conference, Idaho
2018	Invited Lecture	Understanding Gender Dysphoria, Gender Spectrum Family Conference, Moraga, CA
2018	Invited Lecture	Puberty Suppression and Gender Affirming Hormones, Gender Odyssey Family, Los Angeles, CA
2018	Invited Lecture	Gender Dysphoria – Beyond the Diagnosis, Gender Odyssey Family, Los Angeles, CA
2018	Invited Lecture	Gender and What You Should Know, Archer School for Girls, Brentwood, CA
2018	Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Oceanside, CA

2018	Invited Lecture	Gender Dysphoria: Beyond the Diagnosis, Advance LA, Los Angeles, CA
2018	Invited Lecture	Caring for Gender Non-Conforming and Transgender Youth, Andrology Society of America Clinical Symposium, Portland, OR
2018	Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Los Angeles, CA
2018	Invited Lecture	Caring for Gender Non-Conforming and Transgender Youth, Center for Early Education, Los Angeles, CA
2017	Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Santa Barbara, CA
2017	Invited Lecture	Gender Dysphoria, Beyond the Diagnosis, Pink Competency, Oslo Norway
2017	Invited Lecture	“Just a Boy, Just a Girl” Gender Infinity, Houston TX
2017	Invited Lecture	Caring for Gender Non-Conforming Children and Transgender Adolescents:
		A United States Perspective, Pink Competency, Oslo Norway
2017	Invited Lecture	Gender Dysphoria; Beyond the Diagnosis, Models of Pride, Los Angeles, CA
2017	Invited Lecture	Puberty Delay and Cross Hormones for Trans* Youth, Models of Pride, Los Angeles, CA
2017	Invited Lecture	Healthcare for TGNC Youth, Expanding Competency for LGBT Youth in the System, Washington DC
2017	Invited Lecture	Gender Non-conforming and Transgender Children and Youth; Center for Early Education, West Hollywood, CA
2017	Invited Lecture	Rethinking Gender, University of Massachusetts
		Annual Convocation Welcome Luncheon, Worcester, MA
2017	Invited Lecture	Puberty Delay and Cross Hormones for Trans* Youth, Gender Odyssey Family Conference, Seattle, WA
2017	Invited Lecture	Puberty Suppression; What, When and How, Gender Odyssey Family Conference, Seattle, WA
2017	Invited Lecture	Just a Boy, Just a Girl, Gender Odyssey, Los Angeles, California
2017	Invited Lecture	Puberty Blockers and Cross Sex Hormones, Gender Odyssey, Los Angeles, California
2017	Invited Lecture	Caring for Gender Non-conforming and Transgender youth and Young Adults, Diverse Families Forum: The Importance of Family Support In The Trans And LGBT Children, Organized by COPRED and The International Association Of Families For Diversity (FDS), Mexico City, Mexico
2017	Invited Lecture	Gender Non-Conforming Children and Transgender Youth, Board of Behavioral Sciences, Orange, CA
2017	Invited Lecture	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth, Santa Monica Rape Treatment Center, Santa

		Monica, CA
2017	Invited Lecture	Gender Nonconforming and Transgender Youth, CSU Fullerton, Fullerton, CA
2017	Invited Lecture	Rethinking Gender, Chico TransGNC Week, Chico, California
2017	Invited Lecture	Caring for Gender Non-Conforming and Transgender Youth, Chico TransGNC Week, Chico, California
2017	Invited Lecture	Transgender Youth Care in the New Millennium, USC Law and Global Health Initiative, Los Angeles, CA

Invited Grand Rounds, CME Lectures

<i>Year</i>	<i>Type</i>	<i>Title, Location</i>
2021		
2020	CME Lecture	Histrelin Implants for Suppression of Puberty in Youth with Gender Dysphoria: a Comparison of 50 mcg/day (Vantas) and 65 mcg/day (SupprelinLA), WPATH Conference, Virtual Presentation
2020	CME Lecture	Chest Reconstruction and Chest Dysphoria in Transmasculine Adolescents and Young Adults, Comparison of Post-surgical and Non-surgical Cohorts, WPATH Conference, Virtual Presentation
2020	CME Lecture	Gender Affirmation Through a Social Justice Lens, SAHM Conference, Virtual Presentation
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, AAP Conference, Virtual Lecture
2020	CME Lecture	Conversations with LGBTQ youth; the role of the pediatrician, AAP Conference, Virtual Lecture
2020	Grand Rounds	Creating Affirming Environments for Trans and Gender Diverse Patients, USC OB/Gyn Grand Rounds, Virtual Presentation
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Resident Lecture, CHLA
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Facey Medical Group, Los Angeles, CA
2020	Plenary Lecture	Reframing Gender Dysphoria, LEAH Conference, Los Angeles, CA
2020	CME Lecture	Gender Affirming Care for Pre and Peri-pubertal Trans and Gender Diverse Youth, LEAH Conference, Los Angeles, CA
2020	CME Lecture	Introduction to the Care of Gender Diverse and Transgender Youth, Division of Endocrinology, USC, Los Angeles, CA
2020	Plenary Session	Understanding Issues Involving Gender Non-Conforming and Transgender Individuals Coming to a Courtroom Near You, Mid-Winter Workshop for Judges of the Ninth Circuit, Palm Springs, CA
2019	Symposium	Recognizing the Needs of Transgender Youth, California Department of Corrections and Rehabilitation, Stockton, CA

2019	Keynote	Transgender Youth Care, SickKids, Toronto, Canada
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Cal State Los Angeles, California
2019	Symposium	The Care of Trans and Gender Non-Conforming Youth and Young Adults, Claremont Colleges, California
2019	CME Lecture	Gender Diverse and Transgender Youth, Harbor UCLA Medical Center Grand Rounds, Torrance, CA
2019	CME Lecture	Gender Dysphoria – Beyond the Diagnosis, Gender Odyssey San Diego, San Diego, CA
2019	CME Lecture	Hormones 201 – Beyond T and E, Gender Odyssey San Diego, San Diego, CA
2019	<i>Grand Rounds</i>	Transgender Youth; What's New in 2019?, Children's Hospital Los Angeles, CA
2019	Oral Presentation	Male Chest Reconstruction and Chest Dysphoria in Transmasculine Adolescents and Young Adults, European Professional Association of Transgender Health, Rome Italy
2019	Oral Presentation	Transgender Youth and Gender Affirming Hormones; 5-7 Year Follow Up, European Professional Association of Transgender Health, Rome Italy
2019	CME Educational Lecture	Gender Dysphoria; Beyond the Diagnosis, European Professional Association of Transgender Health, Rome Italy
2019	CME Symposium	Caring for Gender Nonconforming and Transgender Youth, Children's Hospital Orange County, CA
2019	CME Symposium	Caring for Gender Nonconforming and Transgender Youth, Stanislaus County Behavioral Health and Recovery Services, CA
2019	CME Educational Lecture	Rethinking Gender, Olive View Medical Center Grand Rounds, CA
2018	CME Symposium	Caring for Gender Nonconforming and Transgender Youth, Glendale Unified School District, CA
2018	CME Educational Lecture	Caring for Gender Non-Conforming Children and Transgender Youth, CME by the Sea, CA
2018	CME Symposium	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, Austin, TX
2018	CME Educational Lecture	Gender Affirming Hormone Therapy for Transmasculine Adolescents and Young Adults, Gender Infinity, Houston, Texas
2018	CME Educational Lecture	Outside of the Binary; Care for Non-Binary Adolescents and Young Adults, Gender Infinity, Houston, Texas
2018	CME Educational Lecture	Chest Dysphoria and the Impact of Chest Reconstruction, Gender Infinity, Houston, Texas
2018	CME Educational Lecture	Just a Girl, Just a Boy, Gender Infinity, Houston, Texas
2018	CME Educational Lecture	Hormones 201: More than Testosterone and Estrogen, Gender Odyssey Professional Symposium, WA
2018	CME Educational Lecture	Male Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults, Gender Odyssey Professional Symposium,

		WA
2018	CME Educational Lecture	Chest Surgery, Gender Spectrum, Moraga, CA
2018	CME Educational Lecture	Understanding Gender Dysphoria, Gender Spectrum, Moraga, CA
2018	CME Educational Lecture	Puberty Suppression and Gender Affirming Hormones, Gender Odyssey, Los Angeles, CA
2018	CME Educational Lecture	Gender Dysphoria – Beyond the Diagnosis, Gender Odyssey, Los Angeles, CA
2018	CME Educational Lecture	Approach to the Care of Gender Non-Conforming Children and Transgender Youth, Desert Oasis Healthcare, Palm Desert, CA
2018	CME Educational Lecture	Puberty Blockers and Gender Affirming Hormones for Transgender Youth: What Do We Know, and What Have We Learned, Pediatric Academic Societies, Toronto, Canada
2018	CME Workshop	Mental and Medical Healthcare for Transgender Adolescents, California Association of Marriage and Family Therapists, Garden Grove, CA
2018	CME Educational Lecture	Approach to the Care of Gender Non-Conforming Children and Transgender Youth, Keck School of Medicine, Los Angeles, CA
2018	Grand Rounds	Caring for Gender Non-Conforming Children and Transgender Adolescents, Primary Children’s Hospital, Salt Lake City, UT
2018	CME Educational Lecture	Caring for Transgender Youth, Chico Trans Week, Chico, CA
2018	CME Educational Lecture	Rethinking Gender, UCSD Medical School, San Diego, CA
2018	CME Educational Lecture	Rethinking Gender, UCLA Medical School, Los Angeles, CA
2018	CME Educational Lecture	Transyouth Care – Self-reflection On Personal Biases and Their Impact On Care, Society for Adolescent Health and Medicine, Seattle WA
2018	CME Educational Lecture	Rethinking Gender, Society for Adolescent Health and Medicine, Seattle WA
2018	CME Educational Lecture	Providing 360 degree transgender hormone therapy: beyond the protocols, Medical Directors Council (MeDC) 14th Annual Clinical Update in Reproductive Health and Medical Leadership, Snowbird, Utah
2018	CME Educational Lecture	Gender Dysphoria: Beyond the Diagnosis, Gender Education and deMystification Symposium, Salt Lake City, Utah
2018	CME Educational Lecture - Keynote	Rethinking Gender, SoCal LGBTQIA health conference, Los Angeles, CA
2017	CME Educational Seminar	The Care of Gender Non-Conforming children and Transgender Youth; Orange County Health Care Agency, Orange County, CA
2017	CME Educational Lecture	Rethinking Gender, Adolescent Grand Rounds, Children’s Hospital Los Angeles, Los Angeles, CA
2017	CME Educational Lecture	“Just a Boy, Just a Girl” Gender Infinity, Houston TX
2017	CME Educational Lecture	Chest Dysphoria – The Impact of Male Chest Reconstruction, Gender Infinity, Houston TX

2017	CME Educational Lecture	Outside of the Binary; Care for Non-Binary Adolescents and Young Adults, Gender Infinity, Houston TX
2017	CME Educational Lecture	Puberty Blockers; What, When and How, Gender Infinity, Houston TX
2017	CME Educational Lecture	Gender Non-Conforming Children and Transgender Youth, Pasadena CA
2017	CME Educational Lecture	Gender Non-Conforming Children and Transgender Youth; Integrated Care Conference, Los Angeles, CA
2017	CME Educational Lecture	Gender Non-Conforming and Transgender Children and Adolescents; A Multidisciplinary Approach, California Psychiatric Association Annual Conference, Yosemite, CA
2017	CME Educational Lecture	Gender Non-Conforming and Transgender Children and Adolescents, Developmental Pediatrics continuing education lecture, Children's Hospital Los Angeles, CA
2017	CME Educational Lecture	Masculinizing Hormones, Central Texas Transgender Health Conference, Austin, TX
2017	CME Educational Lecture	Children, Youth, Families and Hormone Blockers, Central Texas Transgender Health Conference, Austin, TX
2017	CME Educational Lecture	Chest Dysphoria – The Impact of Male Chest Reconstruction, Gender Odyssey Professional Symposium, Seattle, WA
2017	CME Educational Lecture	Puberty Delay and Cross Hormones for Transyouth, Gender Odyssey Professional Symposium, Seattle, WA
2017	CME Invited Lecture	Just a Girl, Just a Boy, Gender Odyssey Professional Symposium, Seattle, WA
2017	CME Educational Lecture	Gender Dysphoria, Gender Spectrum Family Conference, Moraga, CA
2017	CME Educational Lecture	Care of Gender Non-Conforming Children and Transgender Adolescents, Lopez Family Foundation Educational Lecture, Los Angeles, CA
2017	CME Educational Lecture	Puberty Suppression and Hormones; Medical Interventions for Transgender Youth, USC Keck School of Medicine Reproductive Health, Los Angeles, CA
2017	CME Educational Seminar	Caring for Gender Non-Conforming and Transgender Youth, TransYouth Care, San Diego, CA
2017	CME Educational Lecture	Puberty Suppression in the United States; practice models, lessons learned, and unanswered questions, US Professional Association of Transgender Health, Los Angeles, CA
2017	CME Educational Lecture	The Impact of Male Chest Reconstruction on Chest Dysphoria in Transmasculine Adolescents and Young Men; A Preliminary Study, US Professional Association of Transgender Health, Los Angeles, CA
2017	CME Educational Lecture	Outside of the Binary; Care for Non-Binary Adolescents and Young Adults, US Professional Association of Transgender Health, Los Angeles, CA

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* INDICATES TRAINEES

** INDICATE YOURSELF AS CO-FIRST OR CO-CORRESPONDING OR SENIOR AUTHORS

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Exhibit B

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Pediatrics

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The journal of sexual medicine 15

Exhibit 23



**Exhibit
0001**

CHAPTER 100– GENERAL INFORMATION CHANGE LOG

Replace	Title	Change Date	Effective Date
Sections: 110, 121, 150, 151, 152, 153, 160, 161, 170, 180, 191	Various	12/02/04	01/01/05
Section 140	Manual Updates	12/02/04	01/01/05
Section 153	Other Contact Information	12/02/04	01/01/05
	Medicaid Managed Care	12/02/04	01/01/05
Section 161	General Non-Covered Services	12/02/04	01/01/05

CHAPTER 100– GENERAL INFORMATION 12/2/2004

Sections: 110, 121, 150, 151, 152, 153, 160, 161, 170, 180, 191

Introduction: The terms beneficiary and recipient have been replaced by member throughout the entire manual.

Directions: Replace the pages containing these sections.

Change: Replace current sections with the updated ones.

Section 140

Introduction: The manual update process has undergone some changes. Also the contact phone numbers in this section have changed.

Directions: Replace the page containing this section.

Change: Replace old phone numbers with the new ones.

Section 153

Introduction: Some of the contact phone numbers in this section have changed because of the change in contractors.



Directions: Replace the page containing this section.

Change: Replace old phone numbers with the new ones.

Introduction: Added wording related to PCCM Program.

Directions: Replace the page containing this section.

Change: Add PCCM Program.

Section 161

Introduction: Removed Gastric By-pass from the section since this surgery is now a covered service under certain conditions.

Directions: Replace the page containing this section.

Change: Delete gastric by-pass as a non-covered service.



CHAPTER 100—GENERAL INFORMATION TABLE OF CONTENTS

TOPIC	PAGE NO.
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110 Medicaid Program Overview	2
120 Purpose of the Manual	3
121 Organization of the Manual	3
130 Other Resource Information	3
140 Manual Updates	4
150 Written or Phone Inquiries	4
151 Voice Response System	4
152 Contacting Provider Services	5
153 Other Contacts	6
160 Covered Services	9
161 General Non-Covered Services	10
170 Relationship to Medicare	11
180 Out-of-State Services	11
190 Fraud and Abuse	12
191 Confidentiality	13



- Speech and Hearing Services
- Transportation Services
- Vision Services.

Certain services are covered only for specific categories of eligible members. All covered Medicaid services, both traditional and special services, must be medically necessary, may be limited in scope, i.e., specific number of units of services, and may be subject to prior authorization.

BMS contracts with West Virginia Medical Institute (WVMI) for the review and approval of all hospital inpatient services for Medicaid members. However, physicians, acute care hospitals, rehab hospitals for members under age 21 only, and psychiatric hospitals for members under 21 only, must obtain prior authorization before admission of the patient. For documented emergencies, the patient may be admitted, but the request for prior authorization must be made to WVMI within 24 hours or the first working day after admission.

Refer to appropriate the applicable provider manual for specific provider policy and billing instructions for each of these covered services.

161 GENERAL NON-COVERED SERVICES

The WV Medicaid Program does not cover certain services and items regardless of medical necessity.

Some examples are identified below:

- Acupuncture
- Artificial insemination, in vitro fertilization, infertility services, or sterilization reversal
- Autopsy
- Christian Science services
- Cosmetic surgery services
- Dental services for members 21 years of age and over (except for treatment of fractures of mandible and maxilla and biopsy), removal of cysts and tumors, and emergency extractions
- Drugs for weight gain or loss, hair growth, fertility, cosmetic use, and those considered investigational or unproven
- Duplicate services
- Equipment or supplies which are primarily for patient comfort and/or family or caretaker convenience (Note: One mobility item is covered in a five-year period.)
- Experimental or investigational/research services or drugs
- Inpatient psychiatric services for individuals between 22 and 65 years of age, except acute care admissions
- Optometry services for individuals over age 21, except the first pair of glasses after cataract surgery
- Personal comfort and convenience items or services, whether on an inpatient or outpatient basis, such as television, telephone, barber or beauty service, guest services, and similar incidental services and supplies, even when prescribed by a physician
- Radial Keratotomy; Lasik surgery



- Services rendered outside the scope of a provider's license
- Sterilization for individuals under age 21
- **Transsexual surgery**
- Fees for missed appointments*
- Fees to copy medical records
- Weight loss programs or drugs for weight loss
- Services rendered by students as part of their clinical or academic training.

* Enrolled providers cannot bill Medicaid members for missed appointments.

The above list is illustrative only. It should not be construed as a complete or exhaustive list of excluded items or services.

Refer to Chapter 400 for additional information on member responsibilities for payment, and applicable provider manuals for specific covered and non-covered services.

The "WV Works" Program covers dental and optometry services for certain eligible adult Medicaid members. Please note: Not all Medicaid-eligible members are eligible for enrollment in the "WV Works" Program. Contact the local DHHR office for questions regarding specific benefits and possible coverage for patients.

170 RELATIONSHIP TO MEDICARE

Medicaid covers medically necessary health services furnished to individuals who meet specific income, resource, and eligibility standards. Medicare is a federal program that offers health insurance coverage to individuals 65 years of age or older, to those who have received social security disability benefits for 24 consecutive months, to those who have end-stage renal disease, to those on advanced life support, and to other eligible individuals, as specified by other provisions of the Social Security Act.

WV Medicaid covers the applicable co-insurance and deductible amounts, not to exceed Medicaid's allowable payment, for services covered by Medicare Parts A and B for all eligible Medicaid members who are also entitled to Medicare benefits. The Medicaid Program may also provide payment for services not covered by Medicare.

A member with both Medicare and Medicaid coverage is identified as "dual eligible." Medicaid reimburses secondary to Medicare. If a Medicare Supplemental policy exists in addition to Medicare and Medicaid coverage, Medicaid is the third-party payer subsequent to Medicare and Medicare Supplemental payments. Medicaid is always the payer of last resort.

Refer to Chapter 300 for more specific provider information on the Medicare program and its relationship to WV Medicaid, including Medicare provider numbers as part of your Medicaid participation responsibilities.

For information related to claim submission procedures for services rendered to a "dual eligible" member, refer to Chapter 300.

180 OUT-OF-STATE SERVICES

Non-emergency, out-of-state services provided to WV Medicaid members routinely require prior authorization from the BMS Out-of-State Unit, Bureau for Medical Services. For HMO members, follow the respective HMO prior-authorization requirements. If applicable, contact BMS at 1-304-558-1700.