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11 *Counsel for Plaintiffs and the Class*

12 UNITED STATES DISTRICT COURT
13 DISTRICT OF ARIZONA

15 D.H., by and through his mother, Janice
16 Hennessy-Waller; and John Doe, by his
17 guardian and next friend, Susan Doe, on
18 behalf of themselves and all others
19 similarly situated,

18 Plaintiffs,

19 vs.

20 Jami Snyder, Director of the Arizona
21 Health Care Cost Containment System,
22 in her official capacity,

22 Defendant.

No.

**DECLARATION OF D.H. IN
SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY
INJUNCTION**

1 I, D.H., hereby declare as follows:

2 1. I am a seventeen-year-old transgender Arizona resident. I live in Pima County.

3 2. I am enrolled in Arizona’s Medicaid program.

4 3. I have been diagnosed with gender dysphoria. I was identified as female at birth,
5 but I am male and live as male in every aspect my life.

6 4. I first became aware of my male gender identity around the age of four. I became
7 frustrated and angry at my inability to explain that I was transgender to my mother, Janice. I
8 developed significant psychological distress at an early age, including severe anxiety and suicidal
9 ideation. My stress related to my gender identity—combined with the other stressors I was trying
10 to navigate—was so overwhelming that I started losing my hair. My mother placed me in
11 intensive psychiatric care when I was eleven and thirteen.

12 5. In sixth grade, shortly after my first in-patient psychiatric treatment, I started to get
13 involved in dance. The movements were like therapy to me. Dance also became a social outlet; I
14 made friends and felt a sense of belonging. It was the only thing in my life that could make me
15 feel better. By the seventh grade, I was enrolled in three different dance classes: ballet, modern,
16 and jazz.

17 6. Once puberty began, however, I hated my body and everything that came with it.
18 My thoughts and fears about experiencing a female puberty—with its associated physical
19 changes that would take my body even further away from my gender identity—became all-
20 consuming and significantly affected my ability to function. I hid my changing body under baggy
21 clothes and hated being perceived as a girl at school.

22 7. Around that time, I also started to explore ways to make my appearance more
23 masculine. I began using a variety of methods to flatten my chest from multiple sports bras and
24 Ace bandages to duct tape. Those initial attempts were extremely uncomfortable and irritated my
25 skin. Needing a better and safer solution, I secretly bought my first binder to attempt to give the
26 appearance of a flat chest. Putting on the binder gave me a sense of relief that no amount of
27 therapy or medication had ever given me.
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1 8. Over the next six months, I developed the confidence to tell my mother that I was
2 transgender. After I shared that information with my mother, she arranged for me to see a mental
3 health provider with experience working with transgender youth. Thereafter, with the
4 recommendation and support of my healthcare providers, I began to transition, including medical
5 treatments, to live in accordance with my gender identity and to treat my gender dysphoria.

6 9. Wearing a binder, however, significantly interferes with my daily life. Keeping
7 the binder on for long periods of time is uncomfortable and painful. The pain and discomfort
8 caused by wearing the binder prevents me from focusing on school and homework.

9 10. The binder is also very restrictive and prevents me from engaging in physical
10 activity, especially dance which had previously been a source of relief for me. The compression
11 from the binder prevents me from breathing too deeply. I get winded too easily to dance with a
12 binder, but the dysphoria is too great for me to dance without one. I eventually had to stop
13 dancing. I tried joining theater in its place, but my binder made it difficult to sing and my mental
14 health prevented me from regularly participating in rehearsals.

15 11. I regularly wear my binder for ten hours a day. At least twice per week I will wear
16 it for longer than ten hours. On occasion, I've worn my binder for three consecutive days. I
17 sometimes struggle to take the binder off even at home, a place I feel the most comfortable being
18 myself and know that I will be treated as male.

19 12. Even with the binder, my dysphoria about my chest has become overwhelming at
20 times and contributed to my need for in-patient psychiatric treatment.

21 13. After a year of working with my therapist, at the recommendation of my mental
22 health and medical providers, I started taking testosterone. Over the last two years, my voice
23 deepened, I started growing facial hair, and developed a more masculine musculature. The
24 testosterone, however, cannot reverse the physical changes that already occurred prior to my
25 transition.

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18 behalf of themselves and all others
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21 Health Care Cost Containment System,
22 in her official capacity,

21 Defendant.

No.

**DECLARATION OF JANICE
HENNESSY-WALLER IN
SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY
INJUNCTION**

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1 I, Janice Hennessy-Waller, hereby declare as follows:

2 1. I am the mother of plaintiff D.H.

3 2. I am an Arizona resident. I live in Pima County.

4 3. I am enrolled in Arizona's Medicaid program.

5 4. My son was diagnosed with gender dysphoria. He was identified as female at birth
6 but is male and lives as male in every aspect his life.

7 5. As a child, D.H. was often frustrated and angry and I had no idea why. I tried
8 everything I could to figure out what was causing him so much distress and never suspected it
9 was because he is transgender. I continued to treat him like the girl I thought he was.
10 Unfortunately, that did not help his distress and D.H. developed significant psychological distress
11 at an early age, including severe anxiety and suicidal ideation. Over the years, I had to hospitalize
12 D.H., including in intensive psychiatric care, four times due to these issues, beginning at age
13 eleven in 2014.

14 6. When D.H. was eleven, I suggested that he get involved in dance; it was an activity
15 he liked as a little kid and I hoped it would help him cope with his anxiety and distress. He took
16 to dance immediately. It seemed to be working; he was making friends and exercising—both of
17 which helped him feel good about himself—and he finally appeared to have a handle on his
18 mental health. Once he started puberty, however, dance became another source of distress
19 because of the physical changes his body was undergoing, especially his breast development.

20 7. Soon thereafter, I noticed that D.H. started wanting to appear more masculine, such
21 as wearing boys' clothing and hairstyle. Within six months, around September 2016, he told me
22 that he was transgender. I was definitely surprised when he told me, but I wanted to support him,
23 especially if it was going improve his mental health and wellbeing.

24 8. Seeing that D.H. was still struggling with anxiety, I arranged for him to see a
25 therapist who recommended that D.H. see Tamar Reed, a mental health provider with experience
26 working with transgender youth. With the recommendation and support of Ms. Reed, D.H. began
27 to transition to live in accordance with his gender identity and to treat his gender dysphoria.
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1 9. Because dance was such an important part of his life, D.H. continued to participate
2 in dance after starting his transition. But that eventually became too difficult for him. On the ride
3 home from one of his dance competitions in January 2017—where he did well—D.H.’s mental
4 health started to deteriorate, which led me to bring him in a second time for in-patient psychiatric
5 treatment.

6 10. After a year of working with his therapist, Ms. Reed and Dr. Chin, D.H.’s then-
7 treating medical provider for his gender dysphoria, recommended that he start taking
8 testosterone. This was a very big deal for D.H. He has always been very afraid of needles, but
9 knowing how important this was for his health, D.H. overcame his fear. D.H. started taking
10 testosterone in November 2017 and has given himself the weekly testosterone shot since then.

11 11. With each prior stage of his transition, I noticed a significant change in D.H.’s
12 overall wellbeing. Still, I was not prepared for the tremendous benefit that came with him starting
13 testosterone. D.H. became happier, more confident, and calm, which I had never really seen in
14 him before that. It was certainly a welcomed change.

15 12. Even with ongoing mental health treatment and medications, D.H. still experiences
16 significant distress regarding his body and specifically his chest. In September 2018, I had to
17 hospitalize D.H. again due to chest dysphoria and suicidal ideations. Then, less than a year later
18 in April 2019, he had to enter a 30-day assessment and intervention center due to the same
19 symptoms.

20 13. As it was clear that hormone treatment was not effective in completely treating
21 D.H.’s dysphoria, his treating physician and therapist recommended that he obtain male chest
22 reconstruction surgery to further align his body with his gender identity and alleviate his gender
23 dysphoria to an extent that his current treatments cannot achieve. D.H. was over the moon when
24 he received this recommendation.

25 14. In May 2019, after completing his 30-day treatment program, D.H. consulted with
26 Dr. Ethan Larson, a surgeon who regularly performs male chest reconstruction surgery. The
27 surgeon evaluated him and determined that he was a good candidate for the surgery.
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21 in her official capacity,)

21 Defendant.)

No.

**DECLARATION OF TAMAR
REED IN SUPPORT OF
PLAINTIFFS' MOTION FOR
PRELIMINARY INJUNCTION**

1 I, Tamar Reed, hereby declare as follows:

2 1. I am a child and family therapist at Casa de los Niños in Tucson, Arizona, and am
3 currently treating D.H., a plaintiff in the above-titled action.

4 2. I make this declaration in support of Plaintiffs' Motion for Preliminary Injunction.

5 Education and Experience

6 3. I received a master's degree of Science in Counseling and Clinical Mental Health
7 Counseling from Prescott College.

8 4. I am a Licensed Professional Counselor. I work exclusively with preteens, teens,
9 and young adults. I specialize in working with LGBT young people as well as clients
10 experiencing suicidal ideation, self-harming behaviors, and complex trauma.

11 Assessment of D.H.

12 5. I started seeing D.H. in October 2016. He was referred to me by another
13 practitioner because of my expertise in working with transgender young people.

14 6. At the time I started seeing D.H. he had pervasive anxiety, chronic suicidal
15 ideations and attempts, and related self-harm issues (including cutting, burning and hair-pulling).
16 I also understood that he had recently come out as transgender.

17 7. My initial impressions of D.H. was that he was very dysregulated, highly anxious
18 and defiant with his mother. I understood that he was refusing to go to school, and that he had
19 also been hospitalized in the past. D.H. was diagnosed with gender dysphoria by his treating
20 pediatrician, a diagnosis that I confirmed.

21 8. My treatment of D.H. focused on gender dysphoria, anxiety, trauma and
22 oppositional disorder. I treated his gender dysphoria with behavioral therapy, identity and values
23 regulation and attempting to improve his relationship with his mother. I met with D.H. every
24 week for numerous months. Over that time, D.H. began his transition and his mental health
25 improved significantly. The mental-health benefits of D.H.'s transition gave him the emotional
26 energy to develop the tools he needed to continue working on improving his mental health.
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1 9. When D.H. started hormone treatment in November 2017, I saw a dramatic shift in
2 his well-being. His chronic behaviors subsided significantly, but certain behaviors persisted.
3 When his urges came back to engage in self-harm, they were specifically triggered by the sight
4 of his chest. For example, when he was in the shower, and had no opportunity to cover himself.

5 10. The topic of surgery came up early in my conversations with D.H. Although the
6 determination of whether surgery is medically necessary to treat a patient’s gender dysphoria is
7 made by a medical professional, I am consulted in this process that treatment has a distinct mental
8 health component. Based on my professional experience working with transgender young people
9 and my assessment of D.H., he met the criteria for a referral for male chest reconstruction surgery
10 under WPATH standards as early as April 2019. He is fully adjusted to living as male and exhibits
11 the psychological maturity and thoughtfulness necessary to provide independent and informed
12 consent to the procedure.

13 11. After a break of several months in mid-2019, D.H. self-referred himself back to me
14 for further treatment in October 2019, ready to tackle other issues related to his gender dysphoria.
15 Since then, I have seen D.H. weekly. Our appointments became less frequent at the beginning of
16 the COVID-19 pandemic, but soon thereafter D.H. requested to return to our regular weekly
17 appointment, which I have conduct via telehealth.

18 12. Not being able to undergo male chest reconstruction surgery would be a huge
19 setback for D.H., who has a lot of potential. D.H.’s chest would continue to be a persistent
20 obstacle to him being comfortable in his own body. It would prevent him from developing
21 healthy levels of self-esteem and confidence, which can have far-reaching implications for his
22 social and academic functioning as well as keeping him from participating in dance, an activity
23 that had a significant positive effect in his life.

24 13. Without male chest reconstruction surgery, D.H.’s significant dysphoria will also
25 exacerbate his anxiety and psychological distress caused by prior trauma. The longer his
26 dysphoria and psychological distress persist, the more difficult it will be to treat those underlying
27 mental health conditions and trauma.

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No.

**DECLARATION OF DR.
ANDREW CRONYN IN
SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY
INJUNCTION**

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1 I, Dr. Andrew Cronyn, hereby declare as follows:

2 1. I am a pediatrician based in Tucson, Arizona.

3 2. I am licensed to practice medicine in Arizona.

4 3. I specialize in providing health care to transgender and LGBTQ youth.

5 4. As detailed herein, I provide this declaration in support of Plaintiff D.H.'s request
6 that AHCCCS cover D.H.'s male chest reconstruction surgery as a medically necessary
7 procedure to treat his gender dysphoria.

8 5. My professional opinion of D.H. is based on my in-person assessments of his health
9 as well as a review of prior medical records, including notes from his previous primary care
10 doctor, Dr. Arianna Foster, who had been seeing him since 2016, and his pediatric
11 endocrinologist, Dr. Cindy Chin, who had been seeing him since 2017.

12 Education and Experience

13 6. I have a medical degree from the Albert Einstein College of Medicine.

14 7. I completed my residency in pediatric medicine at Montefiore Medical Center in
15 Bronx, New York in 2000.

16 8. Since completing my residency, I have worked as a pediatrician in Missouri and
17 Arizona.

18 9. In November 2014, after practicing in Missouri for several years, I returned to work
19 at El Rio Health Center in Tucson, Arizona. Shortly after my return, I started treating my first
20 transgender patient, a child whose pediatrician refused to continue seeing him because he is
21 transgender. I reached out to nationally recognized experts in the field to learn everything I could
22 about providing care to transgender youth. The number of transgender patients I saw grew
23 exponentially from there.

24 10. Around February 2015, I became co-leader of transgender health care within El
25 Rio. Over the past five years, the number of transgender patients at El Rio has grown significantly
26 and now treats approximately 250 transgender youth per year ranging in age from four to twenty-
27 one. Of those patients, more than forty of those patients are transgender boys who receive their
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1 health insurance coverage through AHCCCS and need male chest reconstruction surgery. El Rio
2 has a team of pediatricians, including myself, nurses, behavioral health professionals, and
3 pharmacists who treat transgender patients.

4 11. I personally treat approximately 120 transgender youth per year. I provide general
5 pediatric care in an affirming clinical setting and—when medically indicated—prescribe
6 treatments to alleviate their gender dysphoria. The treatments I prescribe for a patient are based
7 on my assessment of the patient and their unique needs and medical history, in consultation with
8 the prevailing standards of care, and cover the range of clinically indicated treatments for this
9 population. For patients who have not yet started puberty, I have prescribed and supported them
10 through social transition, including drafting letters to assist them in correcting their identity
11 documents. For those who have started puberty, I have prescribed puberty-delaying medications
12 and hormone-replacement therapy and monitored their progress on those treatments. Finally,
13 when medically necessary, I have also referred patients for gender-confirming surgeries, such as
14 male chest reconstruction surgery.

15 12. I have given lectures on health care for transgender youth on several occasions,
16 including a talk on “Creating a Primary Care Medical Home for Transgender Youth,” which I’ve
17 been invited to give at multiple conferences.

18 Assessment of D.H.

19 13. I began treating D.H. for gender dysphoria in January 2020. D.H. was assigned
20 female at birth but has identified as male for many years. When I first started treating D.H., he
21 was already living as male and had been prescribed hormone-replacement therapy (*i.e.*
22 testosterone).

23 14. I provide D.H. both primary care and specialty care. D.H.’s primary care needs
24 include general well-child care as well as ongoing care for his existing asthma. The specialty care
25 I provide D.H. is focused on treating his gender dysphoria and includes management of his social
26 transition and hormone-replacement therapy.

1 15. D.H. reports using a binder to minimize the contour of his chest since around
2 twelve-years old.

3 16. I am concerned about the consequences of his continued binding on his physical
4 health. D.H. started developing asthma in October 2019 after a bout of bronchitis. Prior to that
5 he had never had respiratory issues. This is quite uncommon at his age.

6 17. In order to be effective, a binder must sufficiently constrict the wearer's rib cage to
7 flatten the contour of their chest. That makes it difficult for the wearer to get full, deep breaths.
8 For D.H., his prolonged and extensive use of a binder contributed to his developing asthma, a
9 chronic lung condition. The deterioration of his lung capacity has resulted in him feeling short
10 of breath when he wakes up in the morning and requires him to use an inhaler when engaging in
11 increased physical activity.

12 18. Physical activity, however, is an important part of a child's development. Children
13 who don't exercise have higher rates of obesity and all the concomitant health problems. Lack of
14 exercise also contributes to mental health conditions such as depression and anxiety, conditions
15 that are already negatively affecting D.H.'s mental health.

16 19. D.H. also reports issues with back pain as a result of extended use of a binder. This
17 is a very common complaint among my patients who wear binders regularly. Although I have
18 many patients who complain about back pain, the pain caused by extended binder use is distinct
19 and located in the mid-back region. D.H. currently does stretches to relieve the pain, engages in
20 limited exercise and, when necessary, decreases binder wearing, but these steps are not sufficient
21 to alleviate the pain and other symptoms he experiences as result of wearing the binder.

22 20. Not wearing the binder, however, is not an effective solution as that will have
23 multiple negative effects on D.H.'s health. D.H. indicated that he doesn't leave his home when
24 he is not wearing his binder. The few times he recalls attempting to go outside without a binder,
25 his gender dysphoria causes severe anxiety, such that he must return home to get the binder and
26 put it on before he can leave again.

1 21. Although D.H. binds less when at home to avoid wearing the binder longer than
2 the recommended eight hours per day, he reports slouching to minimize the appearance of his
3 chest contour.

4 22. His mother has also informed me that when D.H. isn't binding, he is much moodier
5 and angrier than usual. This dates back as far as middle school, when he would miss school
6 rather than not bind. This is consistent with the experience of other patients I treat for gender
7 dysphoria.

8 23. It is my opinion that it is medically necessary for D.H. to receive chest
9 reconstructive surgery to treat his dysphoria. D.H.'s physical health will continue to decline if he
10 is not able to obtain this surgery immediately. For example, D.H.'s continued use of a binder
11 will exacerbate the symptoms of his asthma, especially if D.H. gets bronchitis or a respiratory
12 infection such as pneumonia, all of which could result in further chronic damage to his lungs.

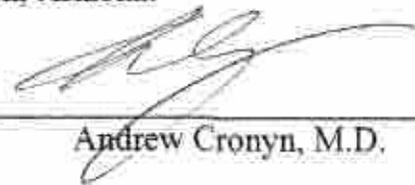
13 24. In addition, without chest reconstruction surgery, his back pain will very likely
14 worsen. D.H. currently avoids taking any medication for the pain, but that might end up changing
15 in the future if his back pain continues to increase. Approximately fifty percent of the transgender
16 boys treated at El Rio report back pain as a result of persistent binder wearing that is significant
17 enough to warrant referrals to a physical therapist or an orthopedic surgeon. I am concerned that
18 D.H. will join that group of patients if does not undergo male chest reconstruction surgery soon.

19 25. Although he has not yet reported skin irritation with wearing the binder, that is
20 common complication in the transgender boys seen at El Rio, especially with extended, years-
21 long binder use. Most skin complications associated with extended binder use are treatable,
22 however, those conditions can have significant effects on a patient's daily life. For transgender
23 boys, skin conditions are both physically uncomfortable and exacerbate their gender dysphoria,
24 which can have many cascading effects, including poorer mental health, inability to focus in
25 school, among others. Given D.H.'s binder use, especially when wearing his binder for days at
26 time, it is highly likely that he will develop skin conditions, if he does not receive chest
27 reconstruction surgery.

1 26. In my opinion, D.H. requires male chest reconstruction surgery to treat his gender
2 dysphoria and prevent the numerous physical health consequences outlined above that will result
3 from his continued use of a binder. Given that D.H. has been wearing a binder for about five
4 years, which is much longer than I would recommend any patient continue binding, and it is not
5 sufficiently alleviating his gender dysphoria, his need for male chest reconstruction surgery is
6 urgent.

7 I declare under penalty of perjury pursuant to the laws of the State of Arizona that the
8 foregoing is true and correct.

9 Executed this 3rd th day of August, 2020 at Tucson, Arizona.

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12 _____
13 Andrew Cronyn, M.D.

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No.
**EXPERT DECLARATION OF
 ARON JANSSEN, M.D. IN
 SUPPORT OF PLAINTIFFS'
 MOTION FOR PRELIMINARY
 INJUNCTION**

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I, Aron Janssen, M.D., hereby declare as follows:

1. My name is Aron Janssen, M.D. I am a board-certified child and adolescent psychiatrist. I specialize in the treatment of gender dysphoria in children and adolescents, and I am an expert in this field.

2. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit to provide an expert opinion on the standards of care for treating individuals diagnosed with gender dysphoria. In particular, I have been asked whether: (1) male chest reconstruction surgery is medically necessary for the treatment of gender dysphoria in adolescents and young adults; (2) delaying or denying male chest reconstruction surgery has serious negative implications for a transgender person’s health; and (3) a categorical exclusion on Medicaid coverage for gender-confirming surgeries violates the prevailing standards of care for treating transgender adolescents and young adults with gender dysphoria.

3. I am over the age of eighteen and submit this expert declaration based on my personal knowledge and experience.

4. If called to testify in this matter, I would testify truthfully and based on my expert opinion. The opinions and conclusions I express herein are based on a reasonable degree of scientific certainty.

Background and Qualifications

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2 5. The information provided regarding my professional background,
3 experiences, publications, and presentations are detailed in my curriculum vitae. A true and
4 correct copy of my CV is attached as Exhibit A.
5

6 6. I received my medical degree from the University of Colorado School of
7 Medicine. I completed my residency in psychiatry and a fellowship in child and adolescent
8 psychiatry at New York University Langone Medical Center.
9

10 7. In 2011, I founded the Gender and Sexuality Service at New York
11 University, a clinical service dedicated to treating children and adolescents with gender
12 dysphoria. In my last five years at NYU, that clinic served over 200 families, with 2-3 new
13 referrals each week.
14

15 8. I am currently the Vice Chair of the Pritzker Department of Psychiatry and
16 Behavioral Health and Chief Psychiatrist for the Gender Development Program at Ann and
17 Robert H. Lurie Children’s Hospital of Chicago. I am also a Clinical Associate Professor
18 of Child and Adolescent Psychiatry at Northwestern University Feinberg School of
19 Medicine. I maintain a clinical practice in Illinois where I treat patients from Illinois and
20 the surrounding states.
21

22 9. I have been treating children and adolescents with gender dysphoria for over
23 10 years. I have treated over 300 children and adolescents with gender dysphoria during
24 my medical career. Currently, approximately 90 percent of the patients in my clinical
25 practice are transgender children and adolescents.
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1 10. I am a contributing author to the Child and Adult Mental Health and Adult
2 Mental Health chapters of the Eighth Version (forthcoming) of the World Professional
3 Association for Transgender Health’s (WPATH) *Standards of Care for the Health of*
4 *Transsexual, Transgender, and Gender-Nonconforming People* (hereafter, “WPATH
5 SOC”).
6

7 11. The WPATH SOC provides clinical guidance for health professionals based
8 on the best available science and expert professional consensus. The purpose of the
9 WPATH SOC is to assist health providers in delivering necessary medical care to
10 transgender people, in order to maximize their patients’ overall health, psychological well-
11 being, and self-fulfillment. The WPATH SOC has been recognized and adopted as the
12 prevailing standard of care by the major professional association medical and mental health
13 providers in the United States, including the American Medical Association, American
14 Academy of Pediatrics, American Psychiatric Association, American Psychological
15 Association, and Pediatric Endocrine Society, among others.
16
17

18 12. In addition, I have written a number of peer-reviewed journal articles and
19 chapters in professional textbooks about treatment of gender dysphoria in children and
20 adolescents. In 2018, I co-edited *Affirmative Mental Health Care for Transgender and*
21 *Gender Diverse Youth: A Clinical Casebook*, which is the first published clinical casebook
22 on mental health treatment for children and adolescents with gender dysphoria. A full and
23 complete list of my publications is included in my CV.
24
25
26
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1 13. I am an Associate Editor for the journal *Transgender Health*, and an Ad Hoc
2 Reviewer for the journal *LGBT Health*. Each of these publications is a peer-reviewed
3 medical journal.

4 14. I am actively involved in training other medical and mental health providers
5 in the treatment of children and adolescents with gender dysphoria. I have conducted
6 trainings for over 1,000 medical and mental health providers and have given dozens of
7 public addresses, seminars, and lectures on the treatment of gender dysphoria in children
8 and adolescents. I have also taught a number of courses through WPATH's Global
9 Education Initiative, which provides training courses toward a member certification
10 program in transgender health for practitioners around the world.

11 15. I am a member of the following professional organizations: American
12 Psychiatric Association, American Academy of Child and Adolescent Psychiatry
13 (AACAP), and World Professional Association for Transgender Health (WPATH). I am
14 also a member of the Sexual Orientation and Gender Identity Committee of AACAP, the
15 Gender Dysphoria Working Group of the American Psychiatric Association, and the
16 Transgender Health Committee of the Association of Gay and Lesbian Psychiatrists.

17 16. I am being compensated at an hourly rate of \$400/hour plus expenses for my
18 time spent preparing this declaration and providing local testimony (including deposition
19 or providing hearing testimony by telephone or video-teleconference). My compensation
20 does not depend on the outcome of this litigation, the opinions I express, or the testimony
21 I may provide.
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1 assigned sex, matches that person’s gender identity. For transgender people, their assigned
2 sex does not align with their gender identity.

3 21. Gender identity is a person’s inner sense of belonging to a particular gender,
4 such as male or female. It is core and universal component of human identity.
5

6 22. By the beginning of the twentieth century, scientific research had established
7 that external genitalia alone—the critical criterion for assigning sex at birth—are not
8 always an accurate proxy for a person’s sex. Instead, a person’s sex is comprised of a
9 number of components, including, among others, internal reproductive organs, external
10 genitalia, chromosomes, hormones, gender identity, and secondary-sex characteristics.
11 When there is a divergence between these factors, as there is for transgender and intersex
12 individuals, medical science recognizes that the person’s gender identity is the most
13 important and determinative factor. It is medically inappropriate and harmful to treat a
14 transgender person inconsistently with their gender identity.
15
16

17 23. Like nontransgender people, transgender people do not simply have a
18 “preference” to act or behave consistently with their gender identity. Every person has a
19 gender identity and it is not a personal decision, preference, or belief. A transgender boy
20 cannot simply turn off his gender identity like a switch, any more than a nontransgender
21 boy or anyone else could.
22
23

24 24. Living in a manner consistent with one’s gender identity is critical to the
25 health and well-being of any person, including transgender people.
26
27
28

1 25. In other words, in terms of a person’s psychological makeup and core
2 identity, a transgender boy has always been a boy, regardless of the sex he was assigned at
3 birth. Likewise, a transgender girl has always been a girl, regardless of the sex she was
4 assigned at birth.
5

6 26. Current science recognizes that gender identity is innate and strongly
7 indicates that gender identity has a biological basis. For example, both post-mortem and
8 functional brain imaging studies in living people show that transgender men have areas of
9 the brain that are similar to the brains of other men who are not transgender, and
10 transgender women have areas of the brain that are similar to the brains of other women
11 who are not transgender. Additionally, research has found that the process of gender
12 identity development in transgender children is identical to that of nontransgender children
13 and that psychological measurements of the gender identities of children in each of the two
14 groups are indistinguishable from one another. That is, a transgender boy’s gender-related
15 development is the same as other boys who are not transgender, and a transgender girls’
16 gender-related development is the same as other girls who are not transgender.
17
18
19

20 27. The evidence demonstrating that gender identity cannot be altered, either for
21 transgender or for nontransgender individuals, further underscores the innate and
22 immutable nature of gender identity. Past attempts to “cure” transgender individuals by
23 using talk therapy, and even aversive therapy, to change their gender identity to match their
24 birth-assigned sex were ineffective and caused extreme psychological damage. All major
25 associations of medical and mental health providers, such as the American Medical
26
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1 Association, the American Psychiatric Association, American Academy of Child and
2 Adolescent Psychiatry, the American Psychological Association, and WPATH's standards
3 of care, consider such efforts harmful and unethical.

4
5 28. Gender dysphoria is the medical diagnosis for the severe and unremitting
6 psychological distress resulting from the incongruity between a person's assigned sex and
7 their gender identity. It is a serious medical condition and is listed in both the DSM-5 and
8 the World Health Organization's International Classification of Diseases, the diagnostic
9 and coding compendia for mental health and medical professionals, respectively.
10

11 ***Standard of Care for Treatment of Gender Dysphoria in Youth***

12 29. Like all children, transgender children can thrive, grow into healthy adults
13 and have the same capacity for happiness, achievement, and contribution to society as
14 others. For this particular group of young people, that means supporting their need to live
15 in a manner consistent with their gender identity in all aspects of their lives.
16

17 30. Accordingly, treatment for gender dysphoria brings a transgender person's
18 life into closer alignment with their gender identity. The process of undergoing those
19 treatments is often referred to as transition. The steps that make up a transgender person's
20 transition will depend on that individual's medical and mental health needs. There is no
21 specific step, or series of steps, a transgender person must undertake to complete their
22 transition.
23
24

25 31. Transition does not make a transgender person more of a man or more of a
26 woman than they were before; rather, the person's gender identity already exists, just as it
27
28

1 does for nontransgender people. The purpose of transition is to allow a transgender person
2 to live congruently with their gender identity, including in many cases undergoing medical
3 treatments to align the person’s body with who they are.

4
5 32. Typically, transgender people start their transition with a series of steps that
6 are commonly referred to as a “social transition.” Those steps include changing their name,
7 using different pronouns, wearing clothing and adopting grooming habits typically
8 associated with their gender identity, and using the corresponding sex-specific facilities.
9 Making those changes enable a transgender person to begin living their life consistent with
10 their gender identity and helps ensure that they are treated as such by family, peers, and
11 others in the community.
12

13
14 33. At the onset of puberty, transgender young people may also start taking
15 puberty-delaying medication to prevent their bodies from being flooded with the incorrect
16 sex hormone and the attendant development of unwanted and psychologically distressing
17 secondary-sex characteristics that are in conflict with the person’s identity. For transgender
18 young people who need that medication, any delay will increase the experience of
19 debilitating psychological distress because their body and gender identity are diverging
20 even further each day, instead of coming into closer alignment. That psychological distress
21 is heightened by the reality that some of the physical changes associated with puberty may
22 be irreversible, permanently constricting a transgender young person’s future treatment
23 options and negatively affecting their quality of life.
24
25

26
27 34. Hormone replacement therapy is medically necessary for most transgender
28

1 young people regardless of whether they have taken puberty-delaying medication. That
2 treatment causes their bodies to develop the secondary-sex characteristics associated with
3 their gender identity, such as facial and body hair in boys and breasts in girls.

4
5 35. Surgical treatment is also medically necessary for some transgender youth in
6 order to alleviate their gender dysphoria. The most common surgical procedure that is
7 medically necessary for transgender young people is male chest reconstruction surgery,
8 which involves the removal of breast tissue and the creation of a male chest.

9
10 36. Delaying any of these treatments will not only exacerbate a transgender
11 young person's gender dysphoria, but also could lead to the development of other co-
12 occurring mental health conditions, including depression, anxiety, and disordered eating.
13 Those co-occurring mental health conditions may be accompanied by unhealthy coping
14 behaviors such as self-harm, substance misuse, and suicide attempts.

15
16 ***Transition is the only Safe and Effective Treatment for Gender Dysphoria***

17
18 37. Research and clinical experience repeatedly reaffirm that transition
19 significantly improves the mental and physical health of transgender young people.

20 38. This is true of each stage of a transgender young person's transition.
21 Transgender young people who underwent a social transition in childhood demonstrated
22 better mental health profile than prior studies of gender nonconforming children. *See Lily*
23 *Durwood, et al., Mental Health and Self-Worth in Socially Transitioned Transgender*
24 *Youth*, 56 J. Am. Acad. of Child & Adol. Psychiatry 116 (2017); Kristina Olson, et al.,
25 *Mental Health of Transgender Children who are Supported in Their Identities*, 137

1 Pediatrics 1 (2016). This same outcome has also been seen in a longitudinal study of
2 transgender young people who underwent each of the three stages of transition outlined
3 above. Annelou L.C. de Vries, et al., *Young Adult Psychological Outcome After Puberty*
4 *Suppression and Gender Reassignment*, 134 Pediatrics 696 (2014). In a study specifically
5 about male chest reconstruction surgery, post-operative transgender young people
6 demonstrated significant psychological and functional improvements, from a greater
7 willingness to plan for their future and to engage activities of daily living (*e.g.*, bathing,
8 buying clothing). Johanna Olson-Kennedy, et al., *Chest Reconstruction and Chest*
9 *Dysphoria in Transmasculine Minors and Young Adults Comparisons of Nonsurgical and*
10 *Postsurgical Cohorts*, 172 JAMA Pediatrics 431, 434 (2018)

13
14 39. Transition also can—and often does—alleviate co-occurring mental health
15 issues a transgender young person experienced prior to transition. Following transition,
16 transgender young people are often able to reduce dosage of psychiatric medications and
17 see significant improvements in functioning and quality of life. Treating their gender
18 dysphoria also increases a transgender young person’s capacity to develop and maintain
19 better coping strategies to manage any co-occurring conditions.
20

21 ***Medical Necessity of Male Chest Reconstruction Surgery for Transgender Males***

22
23 40. The presence—and prominence—of secondary-sex characteristics can
24 undermine the significant psychological relief associated with transition. Those physical
25 features serve as a constant reminder to a transgender young person of the dissonance
26 between their assigned sex and gender identity. This incongruity becomes even more stark
27
28

1 as a transgender young person brings the other aspects of their appearance into closer
2 alignment with their gender identity. *See, e.g.,* Olson-Kennedy, *supra*, 172 JAMA
3 Pediatrics at 435 (“Chest dysphoria was higher for those who had been taking testosterone
4 longer, increasing by 0.33 points for each month taking testosterone.”).

5
6 41. Secondary-sex characteristics can also serve as markers that cause others to
7 incorrectly refer to a transgender person by their assigned sex or deny them access to sex-
8 separated spaces, which is already a source of anxiety for many transgender young people.
9 That anxiety is often compounded by fears that those incidents would force them to
10 disclose their transgender status and expose them to further mistreatment, or even violence.

11
12 42. The secondary-sex characteristic that commonly causes the most dysphoria
13 for transgender males is their chest. Transgender males will wear constrictive binders
14 designed to flatten their chest and give the appearance of male-chest contour. Binders offer
15 transgender males a critical method for self-treating the dysphoria they experience due to
16 the appearance of their chest. Without binders, many transgender males, including
17 adolescents and young adults, would experience debilitating gender dysphoria that would
18 significantly interfere with their daily functioning, let alone their overall mental health and
19 well-being.
20
21

22
23 43. But the benefits of wearing a binder are limited and temporary. Although
24 binders can dampen a transgender male’s chest dysphoria during the day, they rarely
25 eliminate it. Even when wearing a binder, a transgender male’s chest dysphoria can still
26 impair their ability to function at school—academically, socially, and otherwise. And, they
27
28

1 must remove the binder each night. Once removed, transgender males often experience a
2 significant increase in their gender dysphoria, a painful reminder that they are not yet able
3 to live fully as male. For that, and many other reasons, transgender males will regularly
4 wear their binder longer than recommended, jeopardizing their physical health.
5

6 44. Binders also becomes less effective over time at treating gender dysphoria.
7 Hormone replacement therapy—another critical element of transition—causes transgender
8 males to develop facial hair, prominent Adam’s apple, deeper voice, and other secondary-
9 sex characteristics associated with males. Those changes make the appearance of their
10 chest even more pronounced and discomfiting.
11

12 45. The restrictiveness of a binder also often causes physical discomfort and
13 limits the ability of transgender males to engage in physical activity, which can also
14 exacerbate gender dysphoria or other forms of psychological distress.
15

16 46. Male chest reconstruction surgery is the only effective treatment for the chest
17 dysphoria experienced by transgender males. The psychological relief that surgery
18 provides is palpable. The surgery removes the source of their psychological distress and
19 physical discomfort and significantly improves a transgender boy’s self-image and ability
20 to confidently move through the world as male.
21

22 47. Denying or delaying access to male chest reconstruction surgery can have
23 serious short- and long-term consequences for a young transgender male’s mental health.
24 At a minimum, the prolonged psychological distress associated with that delay can result
25 in a worsening of a transgender young person’s gender dysphoria, which can manifest in
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28

1 myriad ways from increased anxiety and depression to engaging in negative coping
2 behaviors such as self-harm (*i.e.* cutting, burning). The more severe the distress becomes,
3 the more likely that it will be harder to treat and have a longer-lasting effect on a
4 transgender young person's mental health and wellbeing. Untreated chest dysphoria in
5 transgender males can result in suicidal ideation and attempts.
6

7 **Conclusion**

8 48. Categorically excluding coverage for male chest reconstruction surgery to treat
9 gender dysphoria has no basis in the prevailing standards of care, peer-reviewed medical literature,
10 and clinical experience.
11

12 49. Male chest reconstruction surgery is medically necessary treatment for gender
13 dysphoria. That treatment is critical for the health, safety, and overall wellbeing of transgender
14 males, including adolescents and young adults. Any delay or denial of care will likely result in
15 serious psychological harm that could have lifelong implications.
16

17
18 I declare under penalty of perjury under the laws of the United States that the foregoing is
19 true and correct.

20 Executed this 3th day of August, 2020 at Chicago, Illinois.

21
22 
23 _____
24 Aron Jaassen, M.D.

Exhibit A

Curriculum Vitae

Aron Janssen, M.D.

312-227-7783

aron.janssen@nyumc.org

Personal Data

Born Papillion, Nebraska
Citizenship USA

Academic Appointments

2011-2017 Clinical Assistant Professor of Child and Adolescent Psychiatry
2011-2019 Founder & Clinical Director, NYU Gender and Sexuality Service
Director, LGBT Mental Health Elective, NYULMC
2015-2019 Co-Director, NYU Pediatric Consultation Liaison Service
New York University Department of Child and Adolescent Psychiatry
2017-present Clinical Associate Professor of Child and Adolescent Psychiatry
2019-present Vice Chair, Pritzker Department of Psychiatry and Behavioral Health
Ann and Robert H. Lurie Children's Hospital of Chicago

Education

Year	Degree	Field	Institution
6/97	Diploma		Liberty High School
5/01	B.A.	Biochemistry	University of Colorado
5/06	M.D.	Medicine	University of Colorado

Postdoctoral Training

2006-2009 Psychiatry Residency Ze'ev Levin, M.D. NYU Department of Psychiatry
2009-2011 Child and Adolescent Psychiatry Fellowship – Fellow and Clinical Instructor
Jess Shatkin, M.D. NYU Dept of Child/Adolescent Psychiatry

Licensure and Certification

2007-present New York State Medical License
2011-present Certification in Adult Psychiatry, American Board of Psychiatry and Neurology
2013-present Certification in Child and Adolescent Psychiatry, ABPN

Academic Appointments

2009-2011 Clinical Instructor, NYU Department of Child and Adolescent Psychiatry
2011-present Clinical Asst Professor, NYU Dept of Child and Adolescent Psychiatry
2011-present Clinical Director, NYU Gender and Sexuality Service
2015-present Co-Director, NYU Pediatric Consultation-Liaison Service

Awards and Honors

2006 Adler Scholarship
2001 Dean Van Ek Award
2001 Phi Beta Kappa

Major Committee Assignments

National and Regional

2015-present Department of Child Psychiatry Diversity Ambassador
 2013-present Sexual Orientation and Gender Identity Committee Member, AACAP
 2012-present Founder and Director, Gender Variant Youth and Family Network
 2012-present Association of Gay and Lesbian Psychiatrists, Transgender Health Committee
 2012-2019 NYULMC, Chair LGBTQ Advisory Council
 2012-2019 NYULMC, Child Abuse and Protection Committee
 2013-2015 NYULMC, Pediatric Palliative Care Team
 2003-2004 American Association of Medical Colleges (AAMC), Medical Education Delegate
 2004-2006 AAMC, Western Regional Chair

Psychiatry Residency

2006-2009 Resident Member, Education Committee
 2007-2008 Resident Member, Veterans Affairs (VA) Committee

Medical School

2002-2006 Chair, Diversity Curriculum Development Committee
 2002-2006 AAMC, Student Representative
 2003-2004 American Medical Student Assoc. (AMSA) World AIDS Day Coordinator
 2003-2004 AMSA, Primary Care Week Coordinator
 2004-2006 Chair, Humanism in Medicine Committee

Memberships, Offices, and Committee Assignments In Professional Societies

2006-present American Psychiatric Association (APA)
 2009-present American Academy of Child and Adolescent Psychiatry (AACAP)
 2011-present World Professional Association for Transgender Health (WPATH)
 2011-present Director, Gender Variant Youth and Family Network, NYC
 2013-present Chair, NYU Langone Medical Center LGBTQ Council
 2015-present Clinical Associate Editor, *Transgender Health*

Editorial Positions

2016-present Clinical Assistant Editor, *Transgender Health*
 2014-present Ad Hoc Reviewer, *LGBT Health*
 2018-present Associate Editor, *Transgender Health*

Principal Clinical and Hospital Service Responsibilities

2011-2019 Staff Psychiatrist, Pediatric Consultation Liaison Service
 2011-2019 Faculty Physician, NYU Child Study Center
 2011-2019 Founder and Clinical Director, NYU Gender & Sexuality Service
 2015-2019 Co-Director, Pediatric Consultation Liaison Service
 2019-present Vice Chair, Pritzker Dept of Psychiatry and Behavioral Health
 2019-present Chief Psychiatrist, Gender Development Program

Program Development

Gender and Sexuality Service
 -founded by Aron Janssen in 2011, who continues to direct the service
 -first mental health service dedicated to transgender youth in NYC
 -served over 200 families in consultation, with 2-3 referrals to the gender clinic

per week

- trained over 500 mental health practitioners in transgender mental health – 1 or 2 full day trainings in partnership with the Ackerman Institute’s Gender and Family Project (GFP) and with WPATH Global Educational Initiative (GEI)
- New hires in Adolescent Medicine, Psychology, Plastic Surgery, Urology, Gynecology, Endocrinology, Social Work, Department of Population Health with focus on transgender care has led to expansion of available services for transgender youth at NYULMC in partnership with the Gender and Sexuality Service
- development of partnerships with Ackerman Institute, Callen-Lorde Health Center – both institutions have been granted access to our IRB and have agreed to develop shared research and clinical priorities with the Gender and Sexuality Service. Two active projects are already underway
- multiple IRB research projects underway, including in partnership with national and international clinics
- model has been internationally recognized

NYU Consultation-Liaison Service

- 3-fold increase in number of consults since becoming co-director
- expansion into outpatient pediatrics
- oversaw hiring of 5 new clinicians
- initiated and expanded research/QI projects within service
 - RCT for novel model of CBT for IBD (in process, currently in recruitment for a study to test a novel 4-session CBT-based treatment)
 - RCT for treatment of delirium (in process, finalizing IRB submission)
 - QI project on stress/resilience for families in the PICU – over 90% of patients screened each week with stress thermometer with standardized response protocol.
 - Development of Pediatric and Family Behavioral Emergency Response Team

Clinical Specialties/Interests

Gender and Sexual Identity Development
Pediatric Consultation/Liaison Psychiatry
Psychotherapy

- Gender Affirmative Therapy, Supportive Psychotherapy, CBT

Teaching Experience

- 2002-2006 Course Developer and Instructor, LGBT Health (University of Colorado School of Medicine)
- 2011-present Instructor, Cultural Competency in Child Psychiatry (NYU Department of Child and Adolescent Psychiatry) – 4 hours per year
- 2011-present Course Director, Instructor “Sex Matters: Identity, Behavior and Development” – 100 hours per year
- 2011-present Course Director, LGBT Mental Health Elective (NYU Department of Psychiatry) - 50 hours of direct supervision/instruction per year
- 2011-present Course Director, Transgender Mental Health (NYU Department of Child and Adolescent Psychiatry – course to begin in Spring 2018.
- 2015-present Instructor, Gender & Health Selective (NYU School of Medicine) – 4 hours per year.

Academic Assignments/Course Development

New York University Department of Child and Adolescent Mental Health Studies

-Teacher and Course Director: “Sex Matters: Identity, Behavior and Development.”

A full semester 4 credit course, taught to approximately 50 student per year since 2011, with several students now in graduate school studying sexual and gender identity development as a result of my mentorship.

NYU Department of Child and Adolescent Psychiatry

-Instructor: Cultural Competency in Child and Adolescent Psychiatry

-Director: LGBTQ Mental Health Elective

World Professional Association of Transgender Health

-Official Trainer: Global Education Initiative – one of two child psychiatrists charged with training providers in care of transgender youth and adults.

Peer Reviewed Publications

1. Janssen, A., Erickson-Schroth, L., “A New Generation of Gender: Learning Patience from our Gender Non-Conforming Patients,” *Journal of the American Academy of Child and Adolescent Psychiatry*, Volume 52, Issue 10, pp. 995-997, October, 2013.
2. Janssen, A., et. al. “Theory of Mind and the Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning Autism Spectrum
3. Janssen A, Huang H, and Duncan C., *Transgender Health*. February 2016, “Gender Variance Among Youth with Autism: A Retrospective Chart Review.” 1(1): 63-68. doi:10.1089/trgh.2015.0007.
4. Goedel WC, Reisner SL, Janssen AC, Poteat TC, Regan SD, Kreski NT, Confident G, Duncan DT. (2017). Acceptability and Feasibility of Using a Novel Geospatial Method to Measure Neighborhood Contexts and Mobility Among Transgender Women in New York City. *Transgender Health*. July 2017, 2(1): 96-106.
5. Janssen A., et. al., “Gender Variance Among Youth with ADHD: A Retrospective Chart Review,” in review
6. Janssen A., et. al., “Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents,” *Journal of Child & Adolescent Psychology*, 105-115, January 2018.
7. Janssen A., et. al., “A Review of Evidence Based Treatments for Transgender Youth Diagnosed with Social Anxiety Disorder,” *Transgender Health*, 3:1, 27–33, DOI: 10.1089/ trgh.2017.0037.
8. Janssen A., et. al., “The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study,” *Archives of Sexual Behavior*, 2019. # 3563492
9. Kimberly LL, Folkers KM, Friesen P, Sultan D, Quinn GP, Bateman-House A, Parent B, Konnoth C, Janssen A, Shah LD, Bluebond-Langner R, Salas-Humara C., “Ethical Issues in Gender-Affirming Care for Youth,” *Pediatrics*, 2018 Dec;142(6).
10. Strang JF, Janssen A, Tishelman A, Leibowitz SF, Kenworthy L, McGuire JK, Edwards-Leeper L, Mazefsky CA, Rofey D, Bascom J, Caplan R, Gomez-Lobo V, Berg D, Zaks Z, Wallace GL, Wimms H, Pine-Twaddell E, Shumer D, Register-Brown K, Sadikova E, Anthony LG., “Revisiting the Link: Evidence of the Rates of Autism in Studies of Gender Diverse Individuals,” *Journal of the American Academy of Child and Adolescent Psychiatry*, 2018 Nov;57(11):885-887.
11. Goedel William C, Regan Seann D, Chaix Basile, Radix Asa, Reisner Sari L, Janssen Aron C, Duncan Dustin T, “Using global positioning system methods to explore

- mobility patterns and exposure to high HIV prevalence neighbourhoods among transgender women in New York City,” *Geospatial Health*, 2019 Jan; 14(2): 351-356.
12. Madora, M., Janssen, A., Junewicz, A., “Seizure-like episodes, but is it really epilepsy?” *Current Psychiatry*. 2019 Aug; 18(8): 42-47.
 13. Janssen, A., Busa, S., Wernick, J., “The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study,” *Archives of Sexual Behavior*. 2019 Oct; 48(7): 2003-2009.
 14. Wernick Jeremy A, Busa Samantha, Matouk Kareen, Nicholson Joey, Janssen Aron, “A Systematic Review of the Psychological Benefits of Gender-Affirming Surgery,” *Urol Clin North Am*. 2019 Nov; 46(4): 475-486.
 15. Strang, J.F., Knauss, M., van der Miesen, A.I.R., McGuire, J., Kenworthy, L., Caplan, R., Freeman, A.J., Sadikova, E., Zacks, Z., Pervez, N., Balleur, A., Rowlands, D.W., Sibarium, E., McCool, M.A., Ehrbar, R.D., Wyss, S.E., Wimms, H., Tobing, J., Thomas, J., Austen, J., Pine, E., Willing, L., Griffin, A.D., Janssen, A., Gomez-Lobo, A., Brandt, A., Morgan, C., Meagher, H., Gohari, D., Kirby, L., Russell, L., Powers, M., & Anthony, L.G., (in press 2020). A clinical program for transgender and gender-diverse autistic/neurodiverse adolescents developed through community-based participatory design. *Journal of Clinical Child and Adolescent Psychology*. DOI 10.1080/15374416.2020.1731817
 16. Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. (In press 2020). Evidence-based psychological practice for transgender and non-binary youth: Defining the need, framework for treatment adaptation, and future directions. *Evidence-based Practice in Child and Adolescent Mental Health*.
 17. Janssen, A., Voss, R. (In press 2020). Policies sanctioning discrimination against transgender patients flout scientific evidence and threaten health and safety. *Transgender Health*.

Published Abstracts

1. Thrun, M., Janssen A., et. al. “Frequency of Patronage and Choice of Sexual Partners may Impact Likelihood of HIV Transmission in Bathhouses,” original research poster presented at the 2007 Conference on Retroviruses and Opportunistic Infections, February, 2007.
2. Janssen, A., “Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations.” Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting, October 2012.
3. Janssen, A., “Gender Variance in Childhood and Adolescents: Training the Next Generation of Psychiatrists,” 23rd Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, February 2014.
4. Janssen, A., “When Gender and Psychiatric Acuity/Comorbidities Overlap: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth,” AACAP Annual Meeting, October 2014.
5. Janssen, A., “Patient Experiences as Drivers of Change: A unique model for reducing transgender health disparities as an academic medical center,” Philadelphia Transgender Health Conference, June 2016.
6. Janssen, A., “How much is too much? Assessments & the Affirmative Approach to TGNC Youth,” 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.

7. Janssen, A., "Trauma, Complex Cases and the Role of Psychotherapy," 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
8. Janssen, A., "Gender Variance Among Youth with Autism: A Retrospective Chart Review," Research Poster, 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
9. Janssen, A., "Gender Fluidity and Gender Identity Development," Center for Disease Control – STD Prevention Conference, September 2016.
10. Janssen, A., "Transgender Identities Emerging During Adolescents' Struggles With Mental Health Problems," AACAP Annual Conference, October 2016.
11. Janssen, A., "How Much is Too Much? Assessments and the Affirmative Approach to Transgender and Gender Diverse Youth," US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
12. Janssen, A., "Trauma, Complex Cases and the Role of Psychotherapy," US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
13. Sutter ME, Bowman-Curci M, Nahata L, Tishelman AC, Janssen AC, Salas-Humara C, Quinn GP. Sexual and reproductive health among transgender and gender-expansive AYA: Implications for quality of life and cancer prevention. Oral presentation at the Oncofertility Consortium Conference, Chicago, IL. November 14, 2017.
14. Janssen, A., Sidhu, S., Gwynette, M., Turban, J., Myint, M., Petersen, D., "It's Complicated: Tackling Gender Dysphoria in Youth with Autism Spectrum Disorders from the Bible Belt to New York City," AACAP Annual Conference, October 2017.
15. May 2018: "A Primer in Working with Parents of Transgender Youth," APA Annual Meeting.
16. October 2018: "Gender Dysphoria Across Development" – Institute for AACAP Annual Conference.
17. November 2018: "Gender Variance Among Youth with Autism," World Professional Association for Transgender Health Biannual Conference.
18. March 2019: "Gender Trajectories in Child and Adolescent Development and Identity," Austin Riggs Grand Rounds.
19. Janssen, A., et. al., "Ethical Principles in Gender Affirming Care," AACAP Annual Conference, October 2019.
20. Janssen, A., "Gender Diversity and Gender Dysphoria in Youth," EPATH Conference, April 2019
21. Englander, E., Janssen A., et. al., "The Good, The Bad, and The Risky: Sexual Behaviors Online," AACAP Annual Conference, October 2020

Books

1. Janssen, A., Leibowitz, S (editors), *Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook*, Springer Publishing, 2018.

Book Chapters

1. Janssen, A., Shatkin, J., "Atypical and Adjunctive Agents," *Pharmacotherapy for Child and Adolescent Psychiatric Disorders*, 3rd Edition, Marcel Dekker, Inc, New York, 2012.

2. Janssen, A; Liaw, K: “Not by Convention: Working with People on the Sexual & Gender Continuum,” book chapter in The Massachusetts General Hospital Textbook on Cultural Sensitivity and Diversity in Mental Health. Humana Press, New York, Editor R. Parekh, January 2014.
3. Janssen, A; Glaeser, E., Liaw, K: “Paving their own paths: What kids & teens can teach us about sexual and gender identity,” book chapter in Cultural Sensitivity in Child and Adolescent Mental Health, MGH Psychiatry Academy Press, Editor R. Parekh, 2016
4. Janssen A., “Gender Identity,” Textbook of Mental and Behavioral Disorders in Adolescence, February 2018.
5. Busa S., Wernick, J., & Janssen, A. (In Review) Gender Dysphoria in Childhood. Encyclopedia of Child and Adolescent Development. Wiley, 2018.
6. Janssen A., Busa S., “Gender Dysphoria in Childhood and Adolescence,” Complex Disorders in Pediatric Psychiatry: A Clinician’s Guide, Elsevier, Editors Driver D., Thomas, S., 2018.
7. Wernick J.A., Busa S.M., Janssen A., Liaw K.R.L. “Not by Convention: Working with People on the Sexual and Gender Continuum.” Book chapter in The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health, editors Parekh R., Trinh NH. August, 2019.
8. Weis, R., Janssen, A., & Wernick, J. The implications of trauma for sexual and reproductive health in adolescence. In *Not Just a nightmare: Thinking beyond PTSD to help teens exposed to trauma*. 2019
9. Connors J., Irastorza, I., Janssen A., Kelly, B., “Child and Adolescent Medicine,” The Equal Curriculum: The Student and Educator Guide to LGBTQ Health, editors Lehman J., et al. November 2019.
10. Janssen, A., et. al., “Gender and Sexual Diversity in Childhood and Adolescence,” Dulcan’s Textbook of Child and Adolescent Psychiatry, 3rd edition, editor Dulcan, M., (in press)

Invited Academic Seminars/Lectures

1. April 2006: “How to Talk to a Gay Medical Student” – presented at the National AAMC Meeting.
2. March 2011: “Kindling Inspiration: Two Model Curricula for Expanding the Role of Residents as Educators” – workshop presented at National AADPRT Meeting.
3. May 2011: Janssen, A., Shuster, A., “Sex Matters: Identity, Behavior and Development,” Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
4. March 2012: Janssen, A., Lothringer, L., “Gender Variance in Children and Adolescents,” Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
5. June 2012: Janssen, A., “Gender Variance in Childhood and Adolescence,” Grand Rounds Presentation, Woodhull Department of Psychiatry
6. October 2012: “Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations.” Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting.
7. March 2013: “Gender Variance in Childhood and Adolescence,” Sexual Health Across the Lifespan: Practical Applications, Denver, CO.

8. October 18th, 2013: “Gender Variance in Childhood and Adolescence,” Grand Rounds Presentation, NYU Department of Endocrinology.
9. October, 2014: GLMA Annual Conference: “Theory of Mind and Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning ASD,” Invited Presentation
10. October 2014: New York Transgender Health Conference: “Mental Health Assessment in Gender Variant Children,” Invited Presentation.
11. November, 2014: Gender Spectrum East: “Affirmative Clinical Work with Gender-Expansive Children and Youth: Complex Situations.”
12. October 2015: “Gender Dysphoria and Complex Psychiatric Co-Morbidity,” LGBT Health Conference, Invited Speaker
13. October 2015: “Transgender Health Disparities: Challenges and Opportunities,” Grand Rounds, Illinois Masonic Department of Medicine
14. November 2015: “Autism and Gender Variance,” Gender Conference East, Invited Speaker
15. February 2016: “Working with Gender Variant Youth,” New York State Office of Mental Health State Wide Grand Rounds, Invited Speaker
16. March, 2016: “Working with Gender Variant Youth,” National Council for Behavioral Health Annual Meeting, Invited Speaker
17. March 2016: “Gender Variance Among Youth with Autism: A Retrospective Chart Review and Case Presentation,” Working Group on Gender, Columbia University, Invited Speaker.
18. September, 2016: “Best Practices in Transgender Mental Health: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth,” DeWitt Wallace Institute for the History of Psychiatry, Weill Cornell.
19. October, 2016: “LGBTQ Youth Psychiatric Care,” Midwest LGBTQ Health Symposium
20. October, 2016: “Gender Fluidity and Gender Identity Development,” NYU Health Disparities Conference.
21. February, 2017: “Best Practices in Transgender Mental Health,” Maimonides Grand Rounds
22. March, 2017: “Transgender Health: Challenges and Opportunities,” Invited speaker, Center for Disease Control STD Prevention Science Series.
23. September 2017: “Autism and Gender Dysphoria,” Grand Rounds, NYU Department of Neurology.
24. November 2017: “Consent and Assent in Transgender Adolescents,” Gender Conference East.
25. November 2017: “Transgender Mental Health: Challenges and Opportunities,” Grand Rounds, Lenox Hill Hospital.
26. April 2018: “Gender Trajectories in Childhood and Adolescent Development and Identity,” Sex, Sexuality and Gender Conference, Harvard Medical School.
27. September 2019: “Social and Psychological Challenges of Gender Diverse Youth,” Affirmative Mental Health Care for Gender Diverse Youth, University of Haifa.
28. October 2019: “Best Practices in Transgender Mental Health,” Grand Rounds, Rush Department of Psychiatry.
29. February 2020: “The Overlap of Autism and Gender Dysphoria,” Grand Rounds, Northwestern University Feinberg School of Medicine Department of Psychiatry
30. February 2020: “Gender Dysphoria and Autism,” Grand Rounds, University of Illinois at Chicago Department of Psychiatry

Selected Invited Community Seminars/Lectures

1. April 2012: “Gender and Sexuality in Childhood and Adolescence,” Commission on Race, Gender and Ethnicity, NYU Steinhardt Speakers Series.
2. February 2013: “Supporting Transgender Students in School,” NYC Independent School LGBT Educators Panel, New York, NY.
3. June 2013: “LGBT Health,” Presentation for Neuropsychology Department
4. August 2013: “Chronic Fatigue Syndrome: Etiology, Diagnosis and Management,” invited presentation.
5. September 2013: Panelist, “LGBTQ Inclusive Sex Education.”
6. April 2015: Transgender Children, BBC News, BBCTwo, invited expert
7. January 2016: Gender Dysphoria and Autism – Ackerman Podcast - <http://ackerman.podbean.com/e/the-ackerman-podcast-22-gender-dysphoria-autism-with-aron-janssen-md/>
8. February 2016: “Best Practices in Transgender Mental Health,” APA District Branch Meeting, Invited Speaker.
9. May 2016: “Best Practices in Transgender Mental Health,” Washington D.C., District Branch, APA, Invited Speaker
10. July 2016: “Transgender Youth,” Union Square West
11. November 2017: “Understanding Gender: Raising Open, Accepting and Diverse Children,” Heard in Rye, Conversations in Parenting.
12. January 2018: “The Emotional Life of Boys,” Saint David’s School Panel, Invited Speaker
13. June 2018: “Supporting Youth Engaged in Gender Affirming Care,” NYU Child Study Center Workshop.
14. October 2018: “Medicine in Transition: Advances in Transgender Mental Health,” NYCPS HIV Psychiatry and LGBT Committee Meeting.
15. October 2018: “Understanding Gender Fluidity in Kids,” NYU Slope Pediatrics.

Selected Mentoring of Graduate Students, Residents, Post-Doctoral Fellows

- | | |
|--------------|---|
| 2013-2014 | Rebecca Hopkinson, Adult Psychiatry Resident, Provided clinical supervision for one year and training in transgender mental health. Dr. Hopkinson works as an Attending Child Psychiatrist at Seattle Children’s and works with transgender youth |
| 2013-2014 | Sara Weekly, Chief Child and Adolescent Psychiatry Resident. Provided clinical supervision. Dr. Weekly is now an attending physician at Bay Area Children’s Association in Oakland, California. |
| 2013-present | Elizabeth Glaeser, Undergraduate Student. Provided research and administrative supervision. Elizabeth is now a PhD candidate in Psychology at Columbia and the director of research at the Gender and Family Project |
| 2014-2015 | Laura Erickson Schroth, Adult Psychiatry Resident. Provided clinical supervision for one year and training in transgender mental health. Dr. Erickson Schroth is the editor of Trans Bodies, Trans Selves, and Attending Psychiatrist at the Hetrick Martin Institute |
| 2015-2016 | Brandon Ito, Child Psychiatry Fellow, Provided Clinical Supervision. Dr. Ito is now an Attending Child and Adolescent Psychiatrist at UCLA. |

2015-2017	Howard Huang, Undergraduate Student. Provided research supervision. Howard is now a PhD candidate in psychology at Boston College, pursuing work in gender and sexuality with published peer-reviewed literature.
2016-2019	Samantha Busa, PsyD, Post-Doctoral Fellow. Provide clinical supervision in transgender health. Dr. Busa joined the NYU Gender and Sexuality Service as faculty in 2017.
2016-2019	Lara Brodsinzky, PhD, Attending Psychologist. Provide clinical supervision in transgender health. Dr. Brodsinzky is an Attending Psychologist on the NYU Pediatric Consultation Liaison Service.
2016-2019	Jeremy Wernick, MSW. Provide clinical and administrative supervision.
2017-2019	Serena Chang, Child Psychiatry Fellow; provide clinical and research supervision.

Major Research Interests

Gender and Sexual Identity Development
 Member, AGIR: Adolescent Gender Identity Research Group
 Member, Research Consortium for Gender Identity Development
 Delirium: Assessment, Treatment and Management

Research Studies

<u>Study Title</u>	<u>IRB Study#</u>	<u>Dates</u>
Adolescent Gender Identity Research Study (principal investigator) - unfunded	s15-00431	4/15-5/19
Co-Occurrence of Autism Spectrum Disorders and Gender Variance: Retrospective Chart Review (principal investigator) - unfunded	s14-01930	10/14-5/19
Expert Consensus on Social Transitioning Among Prepubertal Children Presenting with Transgender Identity and/or Gender Variance: A Delphi Procedure Study (principal investigator) - unfunded	s13-00576	3/16-5/19
Co-Occurrence of ADHD/Gender Dysphoria (principal investigator) - unfunded	s16-00001	1/16-5/19
PICU Early Mobility- unfunded	s16-02261	12/16-5/19
Metformin for Overweight and Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics – Funded by PCORI	s16-01571	8/16-present

Other

Direct income for the department generated by teaching Sex Matters: Identity, Behavior and Development for the Child and Adolescent Mental Health Studies (CAMS) undergraduate program at NYU:

<u>Time Frame</u>	<u>Income</u>
2011 - 2016	\$1,968,950

Selected Media Appearances:

Guest Expert on Gender Identity on Anderson, “When Your Husband Becomes Your Wife,” Air
Date February 8th, 2012
Guest Host, NYU About Our Kids on Sirius XM, 2011
NYU Doctor Radio: LGBT Health, September 2013
NYU Doctor Radio: LGBT Kids, November 2013
NYU Doctor Radio: LGBT Health, July 2014
NYU Doctor Radio: Gender Variance in Childhood, December 2014
BBC Two: Transgender Youth, April 2015
NYU Doctor Radio: Transgender Youth, June 2015
Fox-5 News: Trump’s proposed military ban and Transgender Youth, July, 2017
Healthline.com: Mental Health Experts Call President’s Tweets ‘Devastating’ for Trans Teens,
July, 2017
Huffington Post: What the Military Ban Says to Our Transgender Youth: August, 2017
Metro: How to talk to your transgender kid about Trump, August 2017
NYU Doctor Radio: Transgender Youth, August 2017

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11 *Counsel for Plaintiffs and the Class*

12 UNITED STATES DISTRICT COURT
13 DISTRICT OF ARIZONA

14 D.H., by and through his mother, Janice)
15 Hennessy-Waller; and John Doe, by his)
16 guardian and next friend, Susan Doe, on)
17 behalf of themselves and all others)
18 similarly situated,)
19 Plaintiffs,)
20 vs.)
21 Jami Snyder, Director of the Arizona)
22 Health Care Cost Containment System,)
in her official capacity,)
23 Defendant.)

No.
**EXPERT DECLARATION OF
LOREN S. SCHECHTER, M.D.
IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY
INJUNCTION**

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

2 1. My name is Loren S. Schechter, M.D. I am a board certified plastic surgeon.
3
4 I specialize in performing gender confirming surgeries (including chest reconstruction
5 surgeries, genital reconstruction surgeries, and other procedures to feminize or
6 masculinize the body, as described in more detail below),¹ and I am a recognized expert
7
8 in this field.

9 2. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit
10 to provide an expert opinion on the standards of care for treating individuals diagnosed
11 with gender dysphoria. In particular, I have been asked whether: (1) male chest
12 reconstruction surgeries are a safe, effective, and medically accepted treatment for gender
13 dysphoria experienced by transgender individuals, including adolescents up to age 21; and
14 (2) a categorical exclusion on Medicaid coverage for gender confirming surgeries violates
15 the prevailing standards of care for treating transgender adolescents who have been
16 diagnosed with gender dysphoria. In addition, counsel for Plaintiffs have requested that I
17 evaluate whether chest reconstruction surgery would be a safe and effective treatment for
18 D.H. and John Doe.
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22 3. I have personal knowledge of the matters stated in this declaration.
23

24 ¹ I refer to this family of procedures as gender-confirmation or gender-affirming surgeries because they are one of
25 the therapeutic tools used to enable people to live in accordance with their gender identities. None of the myriad
26 other labels I've heard for these procedures—sex-reassignment surgery, gender-reassignment surgery, and sex-
27 change operation, to name a few—is as accurate when it comes to describing what is actually taking place. Most, if
28 not all, 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’s about using one or more surgical procedures as
therapeutic tools to improve a patient’s functioning and enable people to live authentically.

Background and Qualifications

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2 4. The information provided regarding my professional background,
3 experiences, publications, and presentations are detailed in my curriculum vitae. A true
4 and correct copy of my CV is attached as Exhibit A.
5

6 5. I received my medical degree from the University of Chicago, Pritzker
7 School of Medicine. I completed my residency and chief residency in plastic and
8 reconstructive surgery and a fellowship in reconstructive microsurgery at the University
9 of Chicago Hospitals.
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11 6. I am currently a Clinical Professor of Surgery at the University of Illinois at
12 Chicago and an attending surgeon at Rush University Medical Center in Chicago. I also
13 maintain a clinical practice in plastic surgery in Illinois where I treat patients from around
14 the world.
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16 7. I have been performing gender confirming surgeries for over 20 years. For
17 the past four or five years, I have been performing approximately 150 gender confirming
18 procedures every year. I have performed over 1,000 gender confirming surgeries during
19 my medical career. Currently, approximately 90-95 percent of the patients in my clinical
20 practice are transgender individuals seeking gender confirmation surgeries. Of my patients
21 who are seeking gender confirmation surgeries, about 50 percent are transgender men, and
22 about two-thirds of those individuals are seeking male chest reconstruction surgery. I
23 perform gender confirming procedures on patients ranging from age 14 to age 75.
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1 8. In 2014 there was a large increase in patients seeking gender-affirming
2 surgery as both Medicare and many private health plans removed their coverage
3 restrictions for those surgical treatments. I began to see more adolescent patients after
4 2014, and over the last three or four years, adolescent patients have become quite common.
5 At this time, approximately 15-20 percent of the top surgeries I perform for transgender
6 men are performed on patients under age 21. I have performed about 100-150 top surgeries
7 for patients under age 21 to date, and that number continues to grow. Currently, such
8 surgeries constitute a significant part of my practice.
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11 9. I was a contributing author to the Seventh Version (current) of the World
12 Professional Association for Transgender Health’s (WPATH) *Standards of Care for the*
13 *Health of Transsexual, Transgender, and Gender-Nonconforming People* (hereafter,
14 “WPATH SOC”). In particular, I wrote the section focused on the relationship of the
15 surgeon with the treating mental health professional and the physician prescribing
16 hormone therapy. WPATH is in the midst of drafting the eighth version of the WPATH
17 SOC. I am the co-lead on the surgical and postoperative care chapter in the eighth version.
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20 10. The WPATH SOC provides clinical guidance for health professionals based
21 on the best available science and expert professional consensus. The purpose of the
22 WPATH SOC is to assist health providers in delivering medical care to transgender people
23 to provide them with safe and effective treatment for gender dysphoria, in order to
24 maximize their overall health, psychological well-being, and self-fulfillment.
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1 11. In addition, I have written a number of peer-reviewed journal articles and
2 chapters in professional textbooks about gender confirmation surgeries. In 2016, I
3 published *Surgical Management of the Transgender Patient*, the first surgical atlas (a
4 reference guide for surgeons on how to perform surgical procedures using safe, well-
5 established techniques) dedicated to gender confirming surgeries. I published a second
6 book, *Gender Confirmation Surgery, Principles and Techniques for an Emerging Field*,
7 earlier this year. A full and complete list of my publications is included in my CV.
8
9

10 12. I am a guest reviewer for several peer-reviewed medical journals, including
11 the *Journal of Plastic and Reconstructive Surgery*, the *Journal of Reconstructive*
12 *Microsurgery*, the *Journal of the American College of Plastic Surgeons*, the *Journal of*
13 *Plastic and Reconstructive Surgery*, *The Journal of Plastic and Aesthetic Research*, and
14 the *Journal of Sexual Medicine*. I also serve on the editorial board of both *Transgender*
15 *Health* and the *International Journal of Transgender Health*. Each of these publications
16 is a peer-reviewed medical journal. A full and complete list of my reviewerships and
17 editorial roles is included in my CV.
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20 13. I am actively involved in training other surgeons to perform gender
21 confirming surgeries. In 2017, I started the surgical fellowship in gender surgery, now
22 placed at Rush University Medical Center in Chicago. I am also the Medical Director of
23 the Center for Gender Confirmation Surgery at Weiss Memorial Hospital. In addition, I
24 am the site director for a fellowship in reconstructive urology and gender surgery at Weiss
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1 Memorial Hospital, under the auspices of the Department of Urology at the University of
2 Illinois at Chicago.

3 14. I have given dozens of public addresses, seminars, and lectures on gender
4 confirming surgery, including many through the American Society of Plastic Surgeons. I
5 have also taught a number of courses through WPATH's Global Education Initiative,
6 which provides training courses toward a member certification program in transgender
7 health for practitioners around the world. In addition, in 2018, I co-directed the first live
8 surgery course in gender confirming procedures at Mount Sinai Hospital in New York
9 City. Also, in 2018, I presented on "Gender Dysphoria Across Development:
10 Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender
11 Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and
12 Outcomes," at the American Academy of Child and Adolescent Psychiatry's 65th Annual
13 Meeting in Seattle. In 2019, I directed the inaugural Gender Affirming Breast, Chest, and
14 Body Master Class for the American Society of Plastic Surgeons. This Master Class
15 included a panel on surgeries for adolescents.

16 15. I am also a former member of the Board of Governors of the American
17 College of Surgeons and a current member of the Board of Directors of WPATH.

18 16. I am being compensated at an hourly rate of \$400/hour plus expenses for
19 my time spent preparing this declaration and providing local testimony (including
20 deposition or providing hearing testimony by telephone or video-teleconference). My
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1 compensation does not depend on the outcome of this litigation, the opinions I express, or
2 the testimony I may provide.

3 17. In the previous four years, I have given expert testimony by declaration on
4 behalf of the plaintiff in *Edmo v. Idaho Dept. of Corrs.* in the U.S. District Court for the
5 District of Idaho; for the plaintiffs in *Flack v. Wisconsin Dept. of Health Servs.* in the U.S.
6 District Court for the Western District of Wisconsin; for the plaintiff in *Bruce v. South*
7 *Dakota* in the U.S. District Court for the District of South Dakota; for the plaintiff in
8 *Fletcher v. State of Alaska* in the U.S. District Court for the District of Alaska; for the
9 plaintiff in *Lange v. Houston County Georgia* in the U.S. District Court for the Middle
10 District of Georgia; for the plaintiff in *Being v. Crum* in the U.S. District Court for the
11 District of Alaska; for the plaintiffs in *Boyden v. State of Wisconsin* in the U.S. District
12 Court for the Western District of Wisconsin; for the defendant in *Royin Herrin v. Crane*
13 in the Superior Court of California for the County of San Francisco; and for the plaintiff
14 in *Paige v. Maercks* in Florida Circuit Court. I do not remember giving expert testimony
15 at a trial or at a deposition in any other case in the last four years.

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20 **Basis for Opinions**

21 18. My opinions contained in this report are based on: (1) my clinical experience
22 as a surgeon performing gender confirming surgeries for patients, including adolescents
23 and young adults; (2) my knowledge of the peer-reviewed research, including my own,
24 regarding gender confirming surgeries, which reflects the clinical advancements in these
25 procedures and the corresponding growth in research related to their safety and
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1 effectiveness in treating gender dysphoria; (3) my work as a contributing author of the
2 WPATH SOC; (4) my work as an author and teacher of surgical techniques used in gender
3 confirming surgeries; (5) my review of the statements provided by Tamar Reed, Dr.
4 Andrew Cronyn, and Dr. Mischa Cohen Peck, and medical records from the office of Dr.
5 Veenod Chulani; and (6) my surgical consultations with D.H. and John Doe, which I
6 performed virtually due to the coronavirus pandemic.
7

8 Discussion

9 *Background on Gender Identity and Gender Dysphoria*

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11 19. Many transgender individuals experience gender dysphoria at some point in
12 their lives. Gender dysphoria is defined as distress caused by a discrepancy between a
13 person's gender identity and that person's primary and/or secondary sexual
14 characteristics.
15

16 20. Gender dysphoria is a serious medical condition recognized by the
17 International Classification of Diseases-10 (ICD-10) and the Diagnostic and Statistical
18 Manual of Mental Disorders (DSM-V) published by the American Psychiatric
19 Association. Individuals diagnosed with gender dysphoria have an intense and persistent
20 discomfort with the primary and/or secondary sex characteristics of the sex they were
21 assigned at birth.
22

23
24 21. If untreated, gender dysphoria can lead to debilitating anxiety and
25 depression, as well as serious incidents of self-harm, including self-mutilation, suicide
26 attempts, and suicide.
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1 22. Appropriate medical care, including mental health services, hormone
2 therapy, and gender confirming surgeries, can help alleviate gender dysphoria. Gender
3 confirming surgeries, which bring a person’s body into better alignment with their gender
4 identity, have been shown to be an effective treatment for gender dysphoria.
5

6 ***Gender Confirming Surgeries are Standard, Medically Accepted Treatments for***
7 ***Gender Dysphoria and Are Medically Necessary for Many Transgender People***

8 23. The World Professional Association for Transgender Health is a non-profit
9 professional and educational organization devoted to transgender health. WPATH’s
10 mission is “to promote evidence-based care, education, research, public policy, and
11 respect in transgender health.” WPATH, Mission and Vision, [https://www.wpath.org/](https://www.wpath.org/about/mission-and-vision)
12 [about/mission-and-vision](https://www.wpath.org/about/mission-and-vision).
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14 24. WPATH publishes *Standards of Care for the Health of Transsexual,*
15 *Transgender, and Gender Nonconforming People*. The WPATH SOC are based on the
16 best available scientific evidence and professional consensus of experts in the many
17 disciplines involved in working with transgender patients.
18

19 25. WPATH published the first version of the standards of care in 1979. The
20 guidelines have since been updated, the most current version being the seventh edition.
21 These updates reflect the significant advances made in the understanding, management,
22 and care of transgender individuals.
23

24 26. The WPATH SOC are widely recognized guidelines for the clinical
25 management of transgender individuals with gender dysphoria and have been adopted by
26 many major associations of healthcare professionals in the United States. Surgeons who
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1 regularly treat individuals experiencing gender dysphoria, including myself, practice in
2 accordance with the WPATH SOC.

3 27. As indicated in the WPATH SOC, the only safe and effective treatment
4 options for gender dysphoria include psychotherapy, hormone therapy to feminize or
5 masculinize the body, and various surgical procedures to align a person's primary and/or
6 secondary sex characteristics with the person's gender identity. (SOC at 9-10).

7
8 28. Surgery is often the last and most considered of the treatment options.
9 Evidence shows that while some transgender individuals do not require surgery, "for many
10 others surgery is essential and medically necessary to alleviate their gender dysphoria. For
11 the latter group, relief from gender dysphoria cannot be achieved without modification of
12 their primary and/or secondary sex characteristics to establish greater congruence with
13 their gender identity." (SOC at 54-55).

14
15 29. Chest surgery to treat gender dysphoria is a medically necessary
16 reconstructive procedure. As discussed further below, some procedures to treat gender
17 dysphoria are similar to other reconstructive procedures performed for other diagnoses
18 (e.g., breast cancer). No particular surgery is inherently cosmetic or inherently
19 reconstructive; rather, the underlying diagnosis determines whether the procedure is
20 considered cosmetic or reconstructive. Because these medically necessary procedures
21 significantly alleviate gender dysphoria and ensure transgender individuals can live in a
22 manner more consistent with their gender identity, the professional medical consensus
23 recognizes that these are appropriately categorized as reconstructive procedures.
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1 30. The current version of the WPATH standards of care recognizes male chest
2 reconstruction surgery is medically necessary for many transgender young people under
3 eighteen. As with all medical care, the standards recommend that clinicians take a case-
4 by-case approach to evaluate whether and when the procedure is medically necessary for
5 a particular patient. (SOC at 21). Beyond those recommendations, the standards of care
6 have general criteria for initiation of surgical treatment. For individuals seeking male chest
7 reconstruction, the criteria are:
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- 9
- 10 • The patient has the capacity to make fully informed decisions and to
11 consent for treatment;
 - 12 • If the patient has other significant medical or mental health concerns,
13 they are reasonably well-controlled prior to surgery; and
 - 14 • The patient has a referral from at least one mental health professional
15 documenting the patient’s necessity and preparedness for male chest
16 reconstruction surgery. (SOC at 59).
17
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19 31. The Endocrine Society – the leading professional organization devoted to
20 research on hormones and the clinical practice of endocrinology – has also issued clinical
21 guidelines for the treatment of transgender individuals. Wylie C Hembree et al., *Endocrine*
22 *Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society*
23 *Clinical Practice Guideline*, 102 J. Clin. Endocrinology & Metabolism 3869 (2017). The
24 guidelines indicate that for many transgender individuals, gender confirming surgery is a
25 necessary and effective treatment. *Id.* The guidelines also specify that there is no specific
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1 age requirement for “breast surgery for transgender males,” but rather recommend that
2 clinicians “determine the timing of [such surgery] based upon the physical and mental
3 health status of the individual.” *Id.*

4
5 32. The broader medical community, including the American Medical
6 Association, American Academy of Pediatrics, and American College of Obstetricians
7 and Gynecologists, explicitly recognizes that gender confirming surgery is standard,
8 appropriate, and necessary treatment for many adolescents with gender dysphoria.
9

10 ***Chest Reconstruction Surgeries are Safe and Effective Treatment for Gender***
11 ***Dysphoria, Including for Many Adolescents and Young Adults***

12 33. The available peer-reviewed literature concludes that when performed in
13 accordance with the prevailing standards of care, male chest reconstruction surgery is safe
14 and effective in alleviating gender dysphoria, including in adolescents.

15
16 34. For example, a recent study in JAMA Pediatrics concluded that: “Chest
17 dysphoria was high among presurgical transmasculine youth, and surgical intervention
18 positively affected both minors and young adults.”² Another study found that transgender
19 men who received chest reconstruction experienced few clinical complications and were
20 overwhelmingly satisfied with their surgical outcomes; that study included patients ages
21 15 to 71.³ Yet another peer-reviewed study of transgender men ages 18 and older who
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² Olson-Kennedy, J. et al., (2018). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young
27 Adults, JAMA Pediatrics, 172(5), 431-436.

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

1 received chest reconstruction found that the procedure improved psychosocial well-being
2 and physical well-being among participants.⁴

3 35. Prior to undergoing chest reconstruction, transgender men often use
4 constrictive materials to bind their chest. Binding can cause any number of health issues.
5 People may have difficulty maintaining a healthy body weight and body mass index when
6 they have a large amount of chest tissue. Binding may interfere with their breathing and,
7 as a result, their ability to exercise. Binding also stretches the skin and can cause rashes
8 and skin irritation. One of the many benefits of top surgery is that individuals no longer
9 need to engage in binding. Typically, the longer someone has been binding, the more
10 likely it is that male chest reconstruction surgery for that person will require longer
11 incisions and free nipple and areolar grafting techniques. This results in more visible
12 scarring and has a higher likelihood of permanent loss of nipple and areolar sensation.
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16 36. When performing gender confirming surgery, surgeons use many of the
17 same procedures that they use to treat other medical conditions. For example, surgeons
18 regularly perform mastectomies and chest/breast reconstruction to treat individuals with
19 cancer, or a genetic predisposition to cancer (BRCA 1, 2 genes in the case of prophylactic
20 mastectomy).
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25 ⁴ Agarwal, C. et al., (2018). Quality of life improvement after chest wall masculinization in female-to-male
26 transgender patients: A prospective study using the BREAST-Q and Body Uneasiness Test, 71, 651-657. *See also*
27 Van de Grift, T., et al., (2017). Surgical Indications and Outcomes of Mastectomy in Transmen: A Prospective
28 Study of Technical and Self-Reported Measures. *Plastic and Reconstructive Surgery*, 140(3), 415e-424e.
doi:10.1097/PRS.0000000000003607 (similar findings); 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 (same).

1 his mother. On that same day, I had an initial phone consultation with John Doe and his
2 grandmother. At that time, my office was not equipped for video appointments.

3 40. Each phone consultation took approximately 45 minutes and proceeded as
4 follows: My medical assistant gathered basic in-take information. A physician assistant in
5 my office then obtained a detailed medical history. I reviewed the medical history with
6 the patients and their guardians and discussed the surgical options with the patient and
7 their guardian.
8

9
10 41. I later performed a second consultation with each of the Plaintiffs over
11 video. Those consultations each took approximately 15-30 minutes. On May 27, 2020, I
12 conducted a video consultation with D.H. and his mother. On June 1, 2020, I conducted a
13 video consultation with John Doe and his grandmother. The purpose of each consultation
14 was to examine the patient's chest to determine which precise surgical approach to
15 recommend.
16

17
18 42. After I met with D.H. and with John Doe, counsel for the Plaintiffs sent me
19 declarations provided by D.H.'s and John Doe's treating providers. With respect to D.H.,
20 I reviewed statements provided by Tamar Reed and Dr. Andrew Cronyn. With respect to
21 John Doe, I reviewed medical records from the office of Dr. Veenod Chulani and a
22 statement by Dr. Mischa Cohen Peck.
23

24 43. Based on my discussions with D.H. and his mother, my virtual examination
25 of his chest, and my review of the declarations provided by his treating providers, D.H.
26 appears to be a good candidate for male chest reconstruction surgery. I did not find any
27
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1 evidence of mental health or medical conditions that would complicate the surgery or
2 D.H.'s recovery from the procedure. I am confident that D.H. is fully aware of the risks
3 and benefits associated with the procedure, and is prepared to take the steps necessary to
4 recover after surgery.
5

6 44. Based on my discussions with John Doe and his mother, my virtual
7 examination of his chest, and my review of the declarations provided by his treating
8 providers, John Doe appears to be a good candidate for male chest reconstruction surgery.
9 I did not find any evidence of mental health or medical conditions that would complicate
10 the surgery or John Doe's recovery from the procedure. I am confident that John Doe is
11 fully aware of the risks and benefits associated with the procedure, and is prepared to take
12 the steps necessary to recover after surgery.
13
14

15 45. To make a final assessment of D.H.'s and John Doe's suitability for surgery,
16 I would need to perform an in-person exam to rule out any pathology (*i.e.*, masses, lumps,
17 nipple retraction, all of which would be highly unusual for an adolescent) and to assess
18 skin elasticity. At that time, I would also confirm the specific operative approach with
19 D.H. and with John Doe, respectively. Currently, due to the pandemic, a negative COVID-
20 19 test is also required before surgery.
21
22

23 **Conclusions**

24 46. It is my professional opinion, consistent with the prevailing standards of
25 care, that male chest reconstruction surgery is safe, effective, and medically necessary for
26 many individuals with gender dysphoria, including adolescents.
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1 47. In my experience, the overwhelming number of individuals who undergo
2 gender confirming procedures, including male chest reconstruction surgery, describe a
3 reduction in or relief from their gender dysphoria and improvement in their quality of life
4 and overall functioning. Based on my experience and review of the literature, it is my
5 professional opinion that the denial of necessary medical care is likely to perpetuate
6 gender dysphoria and create or exacerbate other medical issues, such as depression and
7 anxiety, leading to an increased possibility of self-harm, negative health outcomes, and
8 even suicide.
9
10

11 48. In my professional opinion, the Arizona regulation prohibiting Medicaid
12 coverage of gender confirming surgery is not consistent with the prevailing standards of
13 care for treating transgender individuals diagnosed with gender dysphoria, nor is it
14 consistent with the peer-reviewed scientific and medical research demonstrating that male
15 chest reconstruction surgery is a safe, effective, and essential treatment for gender
16 dysphoria. To the extent the Arizona regulation is premised on the assumption that gender
17 confirming surgical care is never medically necessary, that assumption is wrong. The
18 standards of care confirm, based on clinical evidence, that gender confirmation surgeries
19 are medically necessary to help people alleviate an often lifelong struggle to find peace of
20 mind and lasting comfort with their bodies.
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24 49. Based on my clinical assessment of D.H. and John Doe, it is my professional
25 opinion that male chest reconstruction surgery is a safe, effective, and medically necessary
26
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1 treatment for each of them, assuming the absence of any pathology. I anticipate that male
2 chest reconstruction would alleviate both D.H.'s and John Doe's gender dysphoria.

3 I declare under penalty of perjury under the laws of the United States that the
4 foregoing is true and correct.
5

6 Executed this 3rd day of August, 2020 at Chicago, Illinois.

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Loren S. Schechter, M.D.

Exhibit A

Curriculum Vitae

NAME: LOREN SLONE SCHECHTER, MD, FACS

OFFICE: 9000 Waukegan Rd.
Suite 210
Morton Grove, Il 60053
Tel: 847.967.5122
Fax: 847.967.5125

E-MAIL: lss@univplastics.com

WEB SITE: www.univplastics.com
www.plasticsurgery.org/md/DRLOREN.htm

BIRTHDATE: August 14, 1968

BIRTHPLACE: Galveston, Texas

MARITAL STATUS: Married

SPOUSE: Rebecca Brown Schechter, MD

CHILDREN: Owen Slone Schechter

Miles Slone Schechter

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

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:

Clinical Professor of Surgery, The University of
Illinois at Chicago

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:

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

HONORS AND AWARDS:

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 48th
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

1990 And Honors in Economics
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 :

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

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:

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:

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

BIBLIOGRAPHY:

PEER REVIEWED ARTICLES:

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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,

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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. 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]

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

21. **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

22. 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

23. 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

24. **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

25. 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

26. 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

27. 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

28. 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

29. Editor: **Loren S. Schechter**, Bauback Safa, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), July 2018

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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 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

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

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, Midwestern 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

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 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, 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