NO. 22-1927

In The

United States Court Of Appeals

For The Fourth Circuit

CHRISTOPHER FAIN; SHAUNTAE ANDERSON, individually and on behalf of all others similarly situated,

Plaintiffs - Appellees,

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, Bureau for Medical Services,

Defendants – Appellants.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA AT HUNTINGTON

JOINT APPENDIX – Volume II of VI
(Pages 591 – 1075)

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TABLE OF CONTENTS

Volume I of VI

Page

Exhibits to

C. Declaration of Walt Auvil,
sworn May 31, 2022 (DE250-3), Continued:

TABLE OF CONTENTS

Volume II of VI

Exhibits to

C. Declaration of Walt Auvil,
sworn May 31, 2022 (DE250-3), Continued:

Exhibits to

C. Declaration of Walt Auvil,
sworn May 31, 2022 (DE250-3), Continued:

TABLE OF CONTENTS
Volume III of VI

Exhibits to
Defendants' Motion for Summary Judgment,
filed May 31, 2022 (DE252), Continued:

TABLE OF CONTENTS

Volume IV of VI

Page

Exhibits to

<u>Exhibits</u> to

TABLE OF CONTENTS

Volume V of VI

TABLE OF CONTENTS

Volume VI of VI – Under Seal

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

CHRISTOPHER FAIN, *et al.*, individually and on behalf of all others similarly situated, *Plaintiffs,* v. WILLIAM CROUCH, *et al.*, *Defendants.*	CIVIL ACTION NO. 3:20-cv-00740 HON. ROBERT C. CHAMBERS

EXPERT DISCLOSURE REPORT OF DAN H. KARASIC, M.D.

1. My name is Dan H. Karasic. I have been retained by counsel for plaintiffs Christopher Fain, Shauntae Anderson, and Leanne James (collectively, "Plaintiffs") as an expert in connection with the above-captioned litigation.

2. The following is a summary of my opinions in this case:

- The exclusions in West Virginia's state employee health plans and Medicaid Program (together, the "Exclusion") bar coverage for medical treatments that are part of widely-accepted medical protocols for the treatment of transgender people with gender dysphoria that are recognized by major medical and mental health professional associations in the United States.

- The accepted protocols for the treatment of transgender people with gender dysphoria provide for mental-health assessments, including of co-occurring conditions; criteria for eligibility for each treatment; and an informed consent process before medical interventions are initiated.

- Decades of medical research and clinical experience have demonstrated that the medical treatments barred from coverage by the Exclusion are safe, effective, and medically-necessary to relieve gender dysphoria for transgender people.

- Denying gender-affirming medical care to transgender people for whom it is medically indicated puts them at risk of significant harm to their health and well-being, including heightened risk of depression and suicidality.

- For transgender people for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective.

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

I. BACKGROUND AND QUALIFICATIONS

4. I am a Professor Emeritus of Psychiatry at the UCSF Weill Institute for Neurosciences. I have been on faculty at the University of California – San Francisco since 1991. I have also had a telepsychiatry private practice since 2020.

5. I received my Doctor of Medicine (M.D.) degree from the Yale Medical School in 1987. In 1991, I completed my residency in psychiatry at the University of California – Los Angeles Neuropsychiatric Institute, and from 1990 to 1991 I was a postdoctoral fellow in a training program in mental health services for persons living with AIDS at UCLA.

6. For over 30 years, I have worked with patients with gender dysphoria. I am a Distinguished Fellow of the American Psychiatric Association and currently the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, as well as the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

7. Over the past 30 years, I have provided care for thousands of transgender patients. For 17 years, I was the psychiatrist for the Dimensions Clinic for transgender youth in San Francisco.

8. I previously sat on the Board of Directors of the World Professional Association for Transgender Health (WPATH) and am a co-author of the *WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, Version 7, which are

the internationally accepted guidelines designed to promote the health and welfare of transgender, transsexual, and gender variant persons. I remain active in the work of WPATH. For the upcoming WPATH Standards of Care, Version 8, I am the lead author on the Mental Health chapter.

9. As a member of the WPATH Global Education Initiative, I helped develop a specialty certification program in transgender health and helped train over 2,000 health providers. At UCSF, I developed protocols and outcome measures for the Transgender Surgery Program at the UCSF Medical Center. I also served on the Medical Advisory Board for the UCSF Center of Excellence for Transgender Care, and co-wrote the mental health section of the original *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* and the revision in 2016.

10. I have also worked with the San Francisco Department of Public Health, having developed and implemented their training program for the care of transgender patients and for mental health assessments for gender-affirming surgery. I served on the City and County of San Francisco Human Rights Commission's LGBT Advisory Committee, and I have been an expert consultant for California state agencies and on multiple occasions for the United Nations Development Programme on international issues in transgender care.

11. I have held numerous clinical positions concurrent to my clinical professorship at UCSF. Among these, I served as an attending psychiatrist for San Francisco General Hospital's consultation-liaison service for AIDS care, as an outpatient psychiatrist for HIV-AIDS patients at UCSF, as a psychiatrist for the Transgender Life Care Program and the Dimensions Clinic at Castro Mission Health Center, and the founder and co-lead of the UCSF Alliance Health Project's Transgender Team. In these clinical roles, I specialized in the evaluation and treatment of transgender, gender dysphoric, and HIV-positive patients. I also regularly provide consultation on

challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients. I have been a consultant in transgender care to the California Department of State Hospitals and am currently a consultant for the California Department of Corrections and Rehabilitation on the care of incarcerated transgender people.

12. In addition to this work, I have done research on the treatment of depression. I have authored many articles and book chapters, and edited the book *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation*.

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

14. I have also reviewed the materials listed in the attached bibliography (Exhibit B). The sources cited therein include authoritative, scientific peer-reviewed publications. They include the documents specifically cited as supportive examples in particular sections of this report.

15. I also rely upon my interviews of Ms. Anderson, Ms. James, and Mr. Fain, on December 17-9, 2021, and plaintiffs' mental health and medical records.

16. Additionally, I have reviewed the First Amended Class Action Complaint in this case.

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

scientific research or publications or in response to statements and issues that may arise in my area of expertise.

Prior Testimony

18. In the last four years, I have testified as an expert by deposition in *Kadel v. Folwell*, 1:19-cv-00272 (M.D.N.C.).

Compensation

19. I am being compensated for my work on this matter at a rate of $400.00 per hour for preparation of declarations and expert reports. I will be compensated $3,200.00 per day for any deposition testimony or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

II. EXPERT OPINIONS

Gender Identity

20. Sex assigned at birth refers to the sex assigned to a person at the time of their birth, typically based on the appearance of external genital characteristics. While the terms "male sex" and "female sex" are sometimes used in reference to a person's genitals, chromosomes, and hormones, the reality is that sex is complicated and multifactorial. Aside from external genital characteristics, chromosomes, and endogenous hormones, other factors related to sex include gonads, gender identity, and variations in brain structure and function. Because these factors may not always be in alignment as typically male or typically female, "the terms biological sex and biological male or female are imprecise and should be avoided." (Hembree, et al., 2017).

21. Gender identity is "a person's deeply felt, inherent sense of being a girl, woman, or female; a man, or male; a blend of male or female; or an alternative gender" (American Psychological Association, 2015, at 834). Gender identity does not always align with sex assigned

at birth. Gender identity, which has biological bases, is not a product of external influence and not subject to voluntary change. As documented by multiple leading medical authorities, efforts to change a person's gender identity are ineffective, can cause harm, and are unethical. (American Psychological Association, 2021, Byne, et al., 2018, Coleman, et al., 2012).

Gender Dysphoria and its Treatment

22. The term "gender dysphoria" (uncapitalized) is distress related to the incongruence between one's gender identity and attributes related to one's sex assigned at birth.

23. The diagnosis of Gender Dysphoria in the Diagnostic and Statistical Manual Fifth Edition (DSM-5), released in 2013, involves two major diagnostic criteria for adolescents and adults:

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following (one of which must be Criterion A1):

1. A marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics.

2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender.

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

24. The World Professional Association of Transgender Health (WPATH) has issued *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* ("WPATH SOC") since 1979. The current version is WPATH SOC 7, with WPATH SOC 8 due out in early 2022. WPATH SOC 7 provides guidelines for multidisciplinary care of transgender individuals and describes criteria for medical interventions to treat gender dysphoria, including hormone treatment and surgery when medically indicated. WPATH SOC 7 also states, "Treatment aimed at trying to change a person's gender identity and expression … is no longer considered ethical," because it is known to be ineffective and can cause harm to patients.

25. The WPATH Standards of Care are endorsed and cited as authoritative by many professional medical associations including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others.

26. A clinical practice guideline from the Endocrine Society (the Endocrine Society Guideline) provides similar protocols for the medically necessary treatment of gender dysphoria. (Hembree, et al., 2017).

27. Being transgender is widely accepted as a variation in human development, and is not considered a mental illness. People who are transgender have no impairment in their ability to be productive, contributing members of society simply because of their transgender status. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth

Edition (DSM 5) states: Gender dysphoria "is more descriptive than the previous DSM-IV term 'gender identity disorder' and focuses on dysphoria as the clinical problem, not identity per se." (APA, 2013). WPATH states in SOC 7, "[b]eing transsexual, transgender, or gender-nonconforming is a matter of diversity, not pathology…. Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available." The American Psychological Association states, "[w]hereas diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, incongruence between one's sex and gender is neither pathological nor a mental health disorder." (American Psychological Association, 2021). The World Health Organization states, "[g]ender incongruence has thus broadly been moved out of the 'Mental and behavioural disorders' chapter and into the new 'Conditions related to sexual health' chapter. This reflects evidence that trans-related and gender diverse identities are not conditions of mental ill health, and classifying them as such can cause enormous stigma." (WHO Europe).

28. The overarching goal of treatment is to eliminate the distress of gender dysphoria by aligning an individual patient's body and presentation with their internal sense of self. The denial of medically indicated care to transgender people not only results in the prolonging of their gender dysphoria, but causes additional distress and poses other health risks, such as depression, posttraumatic stress disorder, and suicidality. In other words, lack of access to gender-affirming care directly contributes to poorer mental health outcomes for transgender people. (Owen-Smith, et al., 2018).

29. For patients for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective. The American Psychological Association states that gender identity change efforts provide no benefit and instead do harm. (American Psychological Association, 2021).

30. Accordingly, major medical organizations, such as the American Medical Association, American Psychiatric Association, the Endocrine Society, American College of Obstetricians and Gynecologists, and American Academy of Family Physicians oppose the denial of this medically necessary care and support public and private health insurance coverage for treatment of gender dysphoria as recommended by the patient's physician. (American Medical Association, 2021; American Psychiatric Association, 2018; Endocrine Society, 2012; American College of Obstetricians and Gynecologists, 2021; American Academy of Family Physicians, 2020).

Treatment of Gender Dysphoria

31. Gender dysphoria is a condition that is highly amenable to treatment, and the prevailing treatment for it is highly effective. With access to medically-indicated care, transgender people can experience significant and potentially complete relief from their symptoms of gender dysphoria.

32. The WPATH SOC 7 and the Endocrine Society Guideline establish authoritative protocols for the treatment of gender dysphoria.

33. Treatment protocols for gender dysphoria are comparable to those for other mental health and medical conditions. WPATH lists medically necessary treatments, which include, for example, hormones, genital surgery, including vaginoplasty and orchiectomy for people assigned male at birth, and hysterectomy, oophorectomy, metoidioplasty, phalloplasty for people assigned

female at birth; chest/breast surgery, and gender-affirming facial surgery. (WPATH 2016). These or similar procedures are done on cisgender people with other diagnoses.

34. Gender-affirming medical interventions in accordance with the WPATH SOC 7 and Endocrine Society Guidelines are widely recognized in the medical community as safe, effective, and medically necessary for many transgender people with gender dysphoria. (*See* American Academy of Pediatrics, 2018; the American Medical Association, 2021; the Endocrine Society, 2020, the Pediatric Endocrine Society, 2021; the American Psychiatric Association, 2018; the American Psychological Association, 2021; the American Congress of Obstetricians and Gynecologists, 2021; the American Academy of Family Physicians, 2020; WPATH, 2012).

35. There is substantial evidence that hormone therapy and/or surgical care are effective in treating gender dysphoria. This evidence includes scientific studies assessing mental health outcomes for transgender people who are treated with these interventions, and decades of clinical experience.

36. The research and studies supporting the necessity, safety, and effectiveness of counseling, hormone therapy, and surgical care for gender dysphoria are the same type of evidence-based data that the medical community routinely relies upon when treating other medical conditions.

37. Medical treatment for gender dysphoria has been studied for over half a century, and there is substantial evidence that it improves quality of life and measures of mental health. (Aldridge et al., 2020; Almazon, et al., 2021; Baker et al., 2021; Murad, et al., 2010; Nobili et al., 2018; Pfafflin & Junge, 1998; T'Sjoen et al. 2019; van de Grift et al., 2017; White Hughto and Reisner, 2016; Wierckx et al., 2014).

38. A systematic review of 20 studies showed improved quality of life, decreased depression, and decreased anxiety with hormonal treatment in transgender people. (Baker, et al., 2021). Another systematic review showed improvement in mental health and quality of life measures in transgender people with hormonal treatment (White Hughto and Reisner, 2016). In the United Kingdom, one study demonstrated that depression and anxiety were substantially reduced over 18 months of gender-affirming hormonal treatment. (Aldridge, et al., 2020). In a secondary analysis of data from the US Transgender Survey, having had genital surgery was associated with decreased psychological distress and suicidal ideation. (Almazan, et al., 2021). In transgender patients followed 4-6 years after surgery, satisfaction was very high (over 90%) and regret was low. (van de Grift et al., 2018). The Cornell "What We Know" systematic review of 55 studies from 1991-2017 strongly supported that gender-affirming hormone and surgical treatment improved the well-being of transgender individuals. (What We Know, 2018).

39. The studies on gender-affirming medical care for treatment of dysphoria are consistent with decades of clinical experience of mental health providers across the U.S. and around the world. At professional conferences and other settings in which I interact with colleagues, clinicians report that gender-affirming medical care, for those for whom it is indicated, provides great clinical benefit. In my 30 years of clinical experience treating gender dysphoric patients, I have seen the benefits of gender-affirming medical care on my patients' health and well-being. I have seen many patients show improvements in mental health, as well as in performance in school, in social functioning with peers, and in family relationships when they experience relief from gender dysphoria with gender-affirming medical care.

40. Accordingly, treatments for gender dysphoria are not considered elective or cosmetic. WPATH (2016) states, "The medical procedures attendant to gender

affirming/confirming surgeries are not 'cosmetic' or 'elective' or 'for the mere convenience of the patient.' These reconstructive procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition. In some cases, such surgery is the **only** effective treatment for the condition, and for some people genital surgery is essential and life-saving."

41. As part of the treatment process for gender dysphoria, patients provide informed consent to their care. In addition, a treating doctor will not offer gender-affirming medical treatments unless they have concluded after weighing the risks and benefits of care that treatment is appropriate. The risks and benefits of care are discussed with the transgender patient, who must assent. This process is no different than the informed consent process for other treatments. However, for gender-affirming medical care, there is the additional safeguard of the assessment by a mental health professional, who, in addition to diagnosing gender dysphoria, also assesses capacity to consent and reviews the risks and benefits of treatment with the patient.

42. Regret among those who are treated with gender-affirming medical care is rare. For example, in one study in the Netherlands, none of the youth who received puberty blockers, hormones, and surgery, and followed over an 8-year period expressed regret. (DeVries, 2014.) Zucker, et al., (2010), summarizing key studies on regret for adolescents referred for surgery when they reached the age of majority in the Netherlands, states, "there was virtually no evidence of regret, suggesting that the intervention was effective."

43. Regret rates for gender-affirming surgery in adults are also very low. A pooled review across multiple studies of 7,928 patients receiving gender-affirming surgery showed a regret rate of 1%. (Bustos, et al., 2021). Over 50 years of gender-affirming surgery in Sweden, the regret rate, as measured by legal gender change reversal, was 2%. (Dhejne, et al., 2014). These are

very low regret rates for surgery. For example, 47% of women expressed at least some regret after reconstructive breast surgery following mastectomy for breast cancer. (Sheehan, et al., 2008).

44. For all the reasons above, I am aware of no basis in medicine or science for West Virginia's categorical Exclusion of coverage for gender-affirming care.

45. One misperception is that hormone therapy is experimental because the U.S. Food and Drug Administration ("FDA") has not yet approved its use for the specific application of treating Gender Dysphoria. Medications very commonly are prescribed for off-label uses. Many gender-affirming hormone treatments were approved for treatment of other conditions and have been used for those conditions as well as for gender-affirming care for many years, supporting their safety and efficacy. The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality states, "[Off-label prescribing] is legal and common. In fact, one in five prescriptions written today are for off-label use." *See* https://www.ahrq.gov/patients-consumers/patient-involvement/off-label-drug-usage.html.

46. Finally, the cost of providing gender-affirming care is generally very low, particularly in the context coverage through group health plans. To begin, transgender people constitute a small percentage of the overall population, approximately 0.5%. (Crissman, et. al., 2017). Furthermore, the fraction of the population receiving clinical care for Gender Dysphoria is much smaller, well under one in a thousand patients (Zhang, et al., 2020). As a result, one study estimated an average cost of $0.016 cents per member per month to provide gender-affirming care. (Padula, et al., 2016). The authors conclude: "Health insurance coverage for the U.S. transgender population is affordable and cost-effective, and has a low budget impact on U.S. society." A study by Herman (2013) similarly found low costs to providing health coverage for gender affirming care. Additionally, when a form of treatment is covered for cisgender people under an insurance

plan, it is generally not disproportionately costly to cover the same treatment for transgender people simply because it is provided to treat gender dysphoria.

* * *

Interviews of the Plaintiffs

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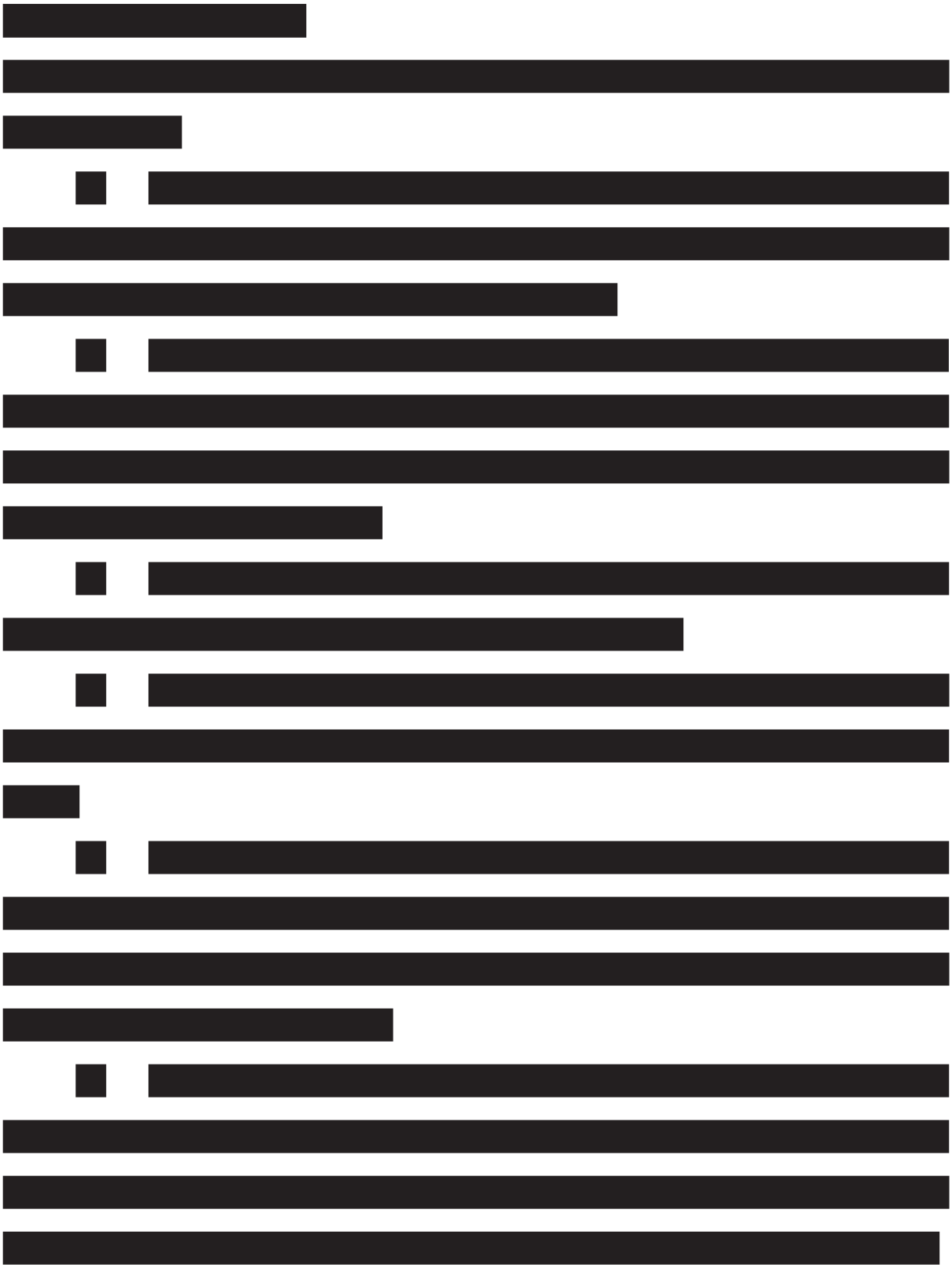

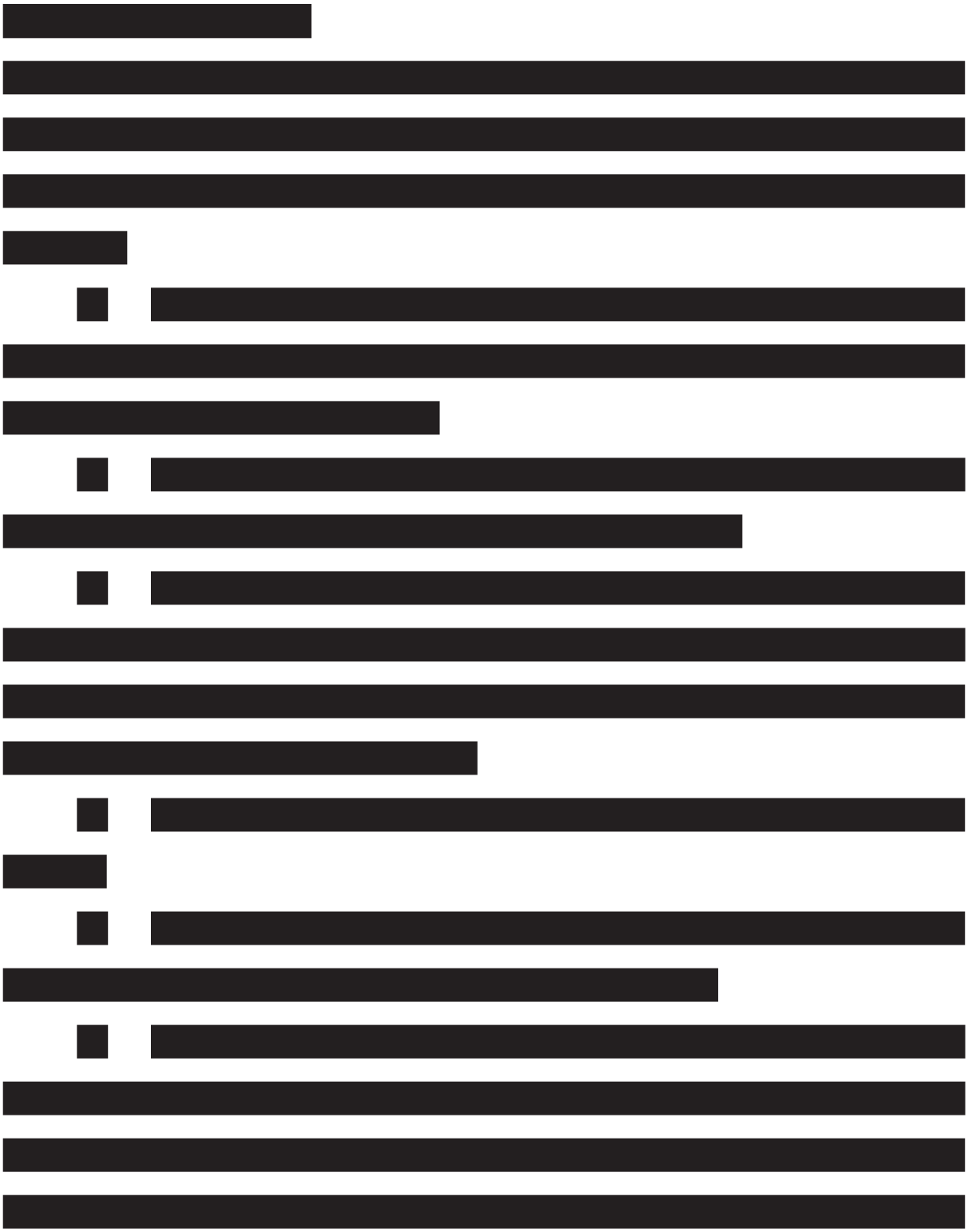

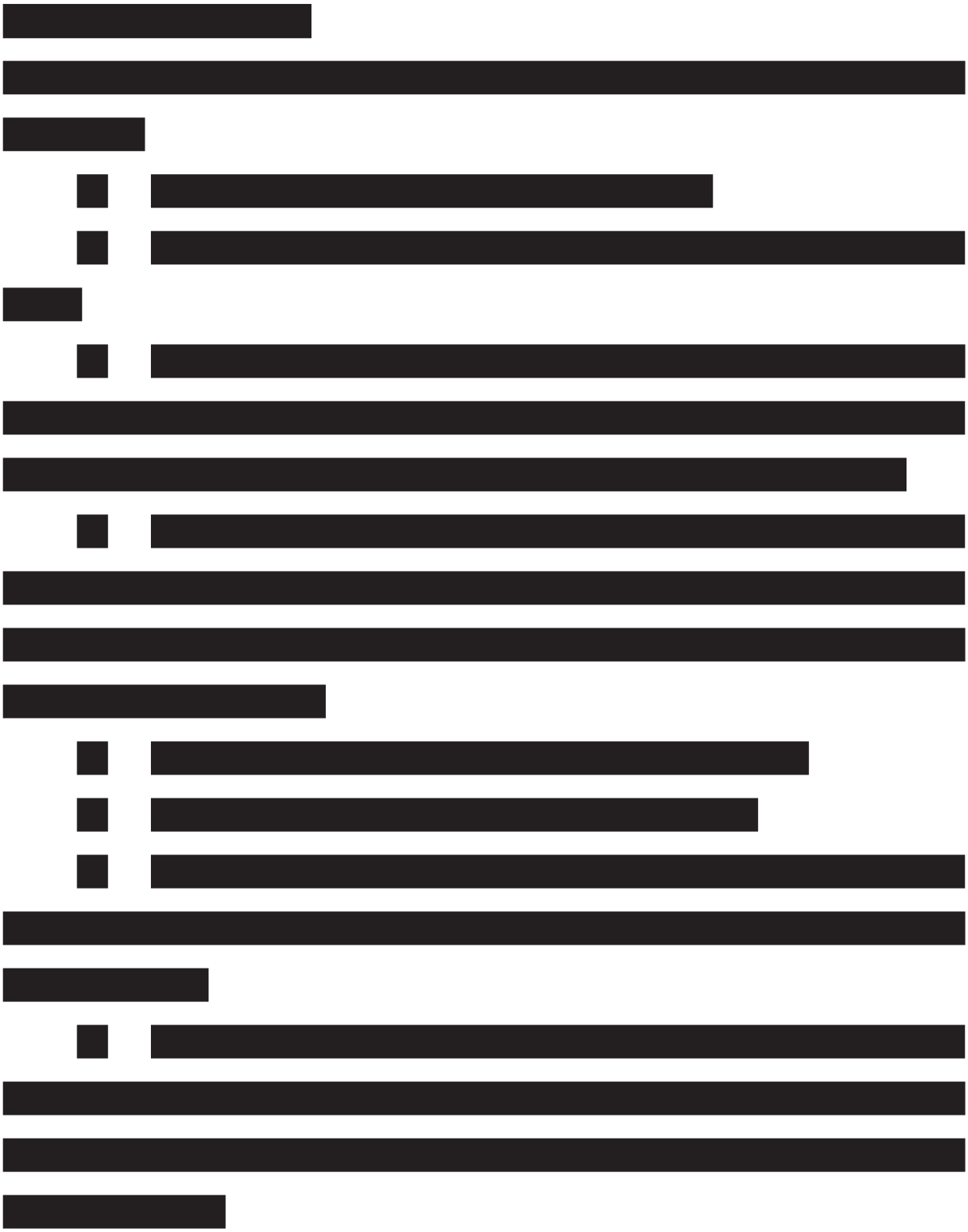

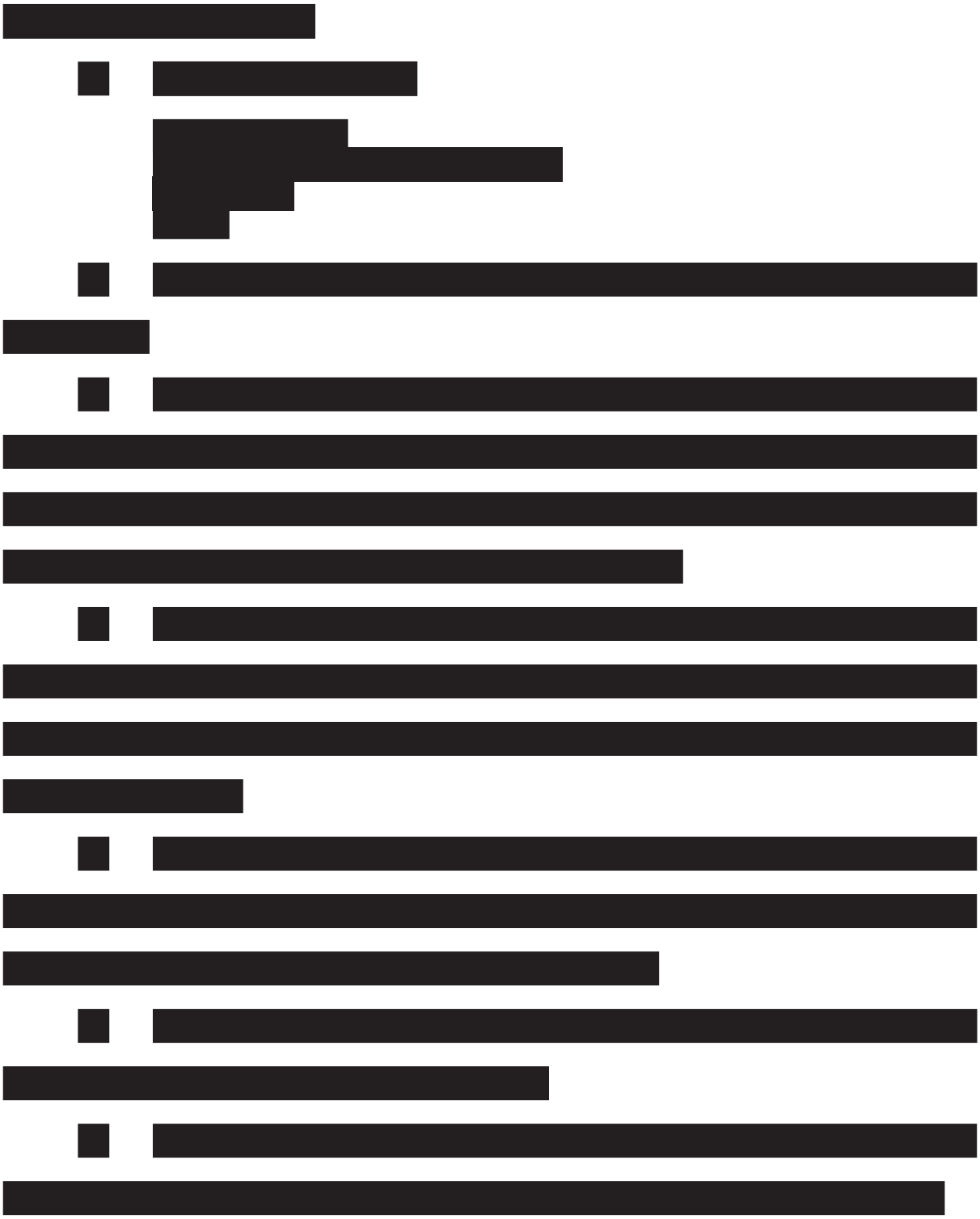

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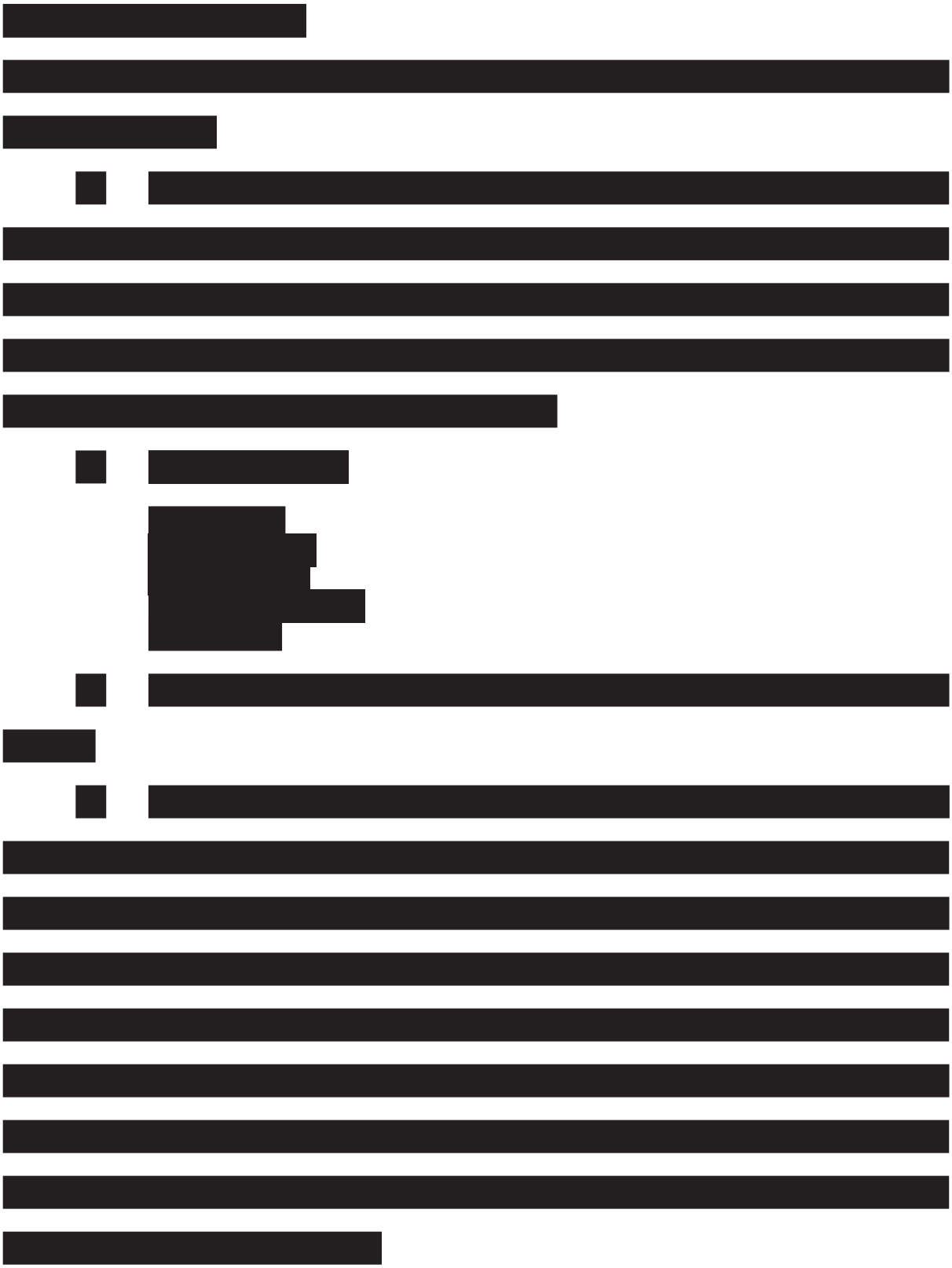

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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and corrected.

Executed this 13 day of January, 2022.

Dan H. Karasic, M.D.

Subscribed and sworn before me, a Notary Public in and for the FAIRFAX, State of VIRGINIA, this 13 day of January, 2022.

SEAL

VY NGOC THANH NGUYEN
ELECTRONIC NOTARY PUBLIC - REG. # 7305415
Commonwealth of Virginia
My Commission Expires 06/30/2024

Signature of Notary

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Exhibit A

University of California, San Francisco

CURRICULUM VITAE

Name: Dan H. Karasic, MD

Position: Professor Emeritus
Psychiatry
School of Medicine

Voice: 415-935-1511
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EDUCATION

1978 - 1982	Occidental College, Los Angeles	A.B.; Summa Cum Laude	Biology
1982 - 1987	Yale University School of Medicine	M.D.	Medicine
1987 - 1988	University of California, Los Angeles	Intern	Medicine, Psychiatry, and Neurology
1988 - 1991	University of California, Los Angeles; Neuropsychiatric Institute	Resident	Psychiatry
1990 - 1991	University of California, Los Angeles; Department of Sociology	Postdoctoral Fellow	Training Program in Mental Health Services for Persons with AIDS

LICENSES, CERTIFICATION

1990	Medical Licensure, California, License Number G65105
1990	Drug Enforcement Administration Registration Number BK1765354
1993	American Board of Psychiatry and Neurology, Board Certified in Psychiatry

PRINCIPAL POSITIONS HELD

1991 - 1993	University of California, San Francisco	Health Sciences Psychiatry Clincial Instructor
1993 - 1999	University of California, San Francisco	Health Sciences Psychiatry Assistant Clinical Professor
1999 - 2005	University of California, San Francisco	Health Sciences Psychiatry

		Associate Clinical Professor	
2005 - present	University of California, San Francisco	Health Sciences Psychiatry Clinical Professor	

OTHER POSITIONS HELD CONCURRENTLY

1980 - 1980	Associated Western Universities / U.S. Department of Energy	Honors Undergraduate Research Fellow	UCLA Medicine
1981 - 1981	University of California, Los Angeles; Medicine American Heart Association, California Affiliate	Summer Student Research Fellow	UCLA
1986 - 1987	Yale University School of Medicine; American Heart Association, Connecticut Affiliate	Medical Student Research Fellow	Psychiatry
1990 - 1991	University of California, Los Angeles Postdoctoral	Sociology Fellow	
1991 - 2001	SFGH Consultation-Liaison Service; AIDS Care	Attending Psychiatrist	Psychiatry
1991 - 2001	AIDS Consultation-Liaison Medical Student Elective	Course Director	Psychiatry
1991 - present	UCSF Positive Health Program at San General Hospital (Ward 86)	HIV/AIDS Outpatient Psychiatrist	Psychiatry Francisco
1991 - present	UCSF AHP (AIDS Health Project/Alliance Health Project)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1994 - 2002	St. Mary's Medical Center CARE Unit. The CARE Unit specializes in the care of patients with AIDS dementia.	Consultant	Psychiatry
2001 - 2010	Depression and Antiretroviral Adherence Study (The H.O.M.E. study: Health Outcomes of Mood Enhancement)	Clinical Director	Psychiatry and Medicine
2003 - 2020	Transgender Life Care Program and Clinic, Castro Mission Health Center	Psychiatrist Clinic	Dimensions Dimensions
2013 - 2020	UCSF Alliance Health Project, Co-lead, Transgender Team	Co-Lead and Psychiatrist	Psychiatry

HONORS AND AWARDS

1981	Phi Beta Kappa Honor Society	Phi Beta Kappa
1990	NIMH Postdoctoral Fellowship in Mental Health Services for People with	National Institute of Mental Health

	AIDS (1990-1991)	
2001	Lesbian Gay Bisexual Transgender Leadership Award, LGBT Task Force of the Cultural Competence and Diversity Program	SFGH Department of Psychiatry
2006	Distinguished Fellow	American Psychiatric Association
2012	Chancellor's Award for Leadership in LGBT Health	UCSF

KEYWORDS/AREAS OF INTEREST

Psychiatry, HIV/AIDS, consultation-liaison, medication adherence, gay/lesbian, transgender, gender dysphoria, sexuality, homeless/marginally housed, mood disorders, teaching/supervision

CLINICAL ACTIVITIES SUMMARY

As psychiatrist for the Positive Health Practice at Ward 86, I evaluated and treated patients with psychiatric illness and HIV. I provide consultation to internists, fellows, and nurse practitioners on managing psychiatric illness in their patients. Clinical work includes attention to the needs of special populations, including working with a multidisciplinary team in a drop-in clinic for HIV-positive women, and addressing issues emerging in HIV and Hepatitis C co-infection. As psychiatrist at the UCSF Alliance Health Project, I evaluated and treated patients and I am co-chair of the Gender Team, which provides assessment and care for transgender patients. As psychiatrist for the Transgender Life Care program and Dimensions Clinic, I evaluate and treat transgender patients, working with a multidisciplinary team at Castro Mission Health Center. In my faculty practice, I treated transgender, gender dysphoric, and HIV-positive patients referred from providers across Northern California, and I provide consultation on challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients.

MEMBERSHIPS

1992 - present Northern California Psychiatric Society

1992 - present American Psychiatric Association

2000 - 2019 Bay Area Gender Associates (an organization of psychotherapists working with transgendered clients)

2001 - present World Professional Association for Transgender Health

SERVICE TO PROFESSIONAL ORGANIZATIONS

1981 - 1982	The Occidental	News Editor
1984 - 1985	Yale University School of Medicine	Class President
1989 - 1991	Kaposi's Sarcoma Group, AIDS Project Los Angeles	Volunteer Facilitator
1992 - 1996	Early Career Psychiatrist Committee, Association of Gay and Lesbian Psychiatrists	Chair
1992 - 1996	Board of Directors, Association of Gay and Lesbian Psychiatrists	Member

1993 - 1993	Local Arrangements Committee, Association of Gay and Psychiatrists	Chair Lesbian
1994 - 1995	Educational Program, Association of Gay and Lesbian 1995 Annual Meeting	Director Psychiatrists,
1994 - 1998	Board of Directors, BAY Positives	Member
1994 - present	Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society	Member
1995 - 1997	Board of Directors, Bay Area Young Positives. BAY Positives is the nation's first community-based organization providing psychosocial and recreational services to HIV-positive youth	President
1995 - 1997	Executive Committee, Bay Area Young Positives.	Chair
1996 - 2004	Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society	Chair
1998 - 2002	City of San Francisco Human Rights Commission, Lesbian, Gay Bisexual Transgender Advisory Committee	Member
2000 - 2004	Association of Gay and Lesbian Psychiatrists.	Vice President Responsible for the organization's educational programs
2004 - 2005	Association of Gay and Lesbian Psychiatrists	President-elect
2005 - 2007	Caucus of Lesbian, Gay, and Bisexual Psychiatrists of the American Psychiatric Association	Chair
2005 - 2007	Association of Gay and Lesbian Psychiatrists	President
2007 - 2009	Association of Gay and Lesbian Psychiatrists	Immediate Past President
2009 - 2010	Consensus Committee for Revision of the Sexual and Gender Identity Disorders for DSM-V, GID of Adults subcommittee. (Wrote WPATH recommendations as advisory body to the APA DSM V Committee for the Sexual and Gender Identity Disorders chapter revision.)	Member
2010 - 2011	Scientific Committee, 2011 WPATH Biennial Symposium,	Member Atlanta
2010 -2022	World Professional Association for Transgender Care Standards of Care Workgroup and Committee (writing seventh and eighth revisions of the WPATH Standards of Care, which is used internationally for transgender care.)	Member
2010 - 2018	ICD 11 Advisory Committee, World Professional Association for Transgender Health	Member
2012 - 2014	Psychiatry and Diagnosis Track Co-chair, Scientific 2014 WPATH Biennial Symposium, Bangkok	Member Committee,
2014 - 2016	Scientific Committee, 2016 WPATH Biennial Symposium,	Member Amsterdam

2014 - 2018	Board of Directors (elected to 4 year term), World Professional Association for Transgender Health	Member
2014 - 2018	Public Policy Committee, World Professional Association for Transgender Health	Chair
2014 - 2018	WPATH Global Education Initiative: Training providers specialty certification in transgender health	Trainer and and Steering Committee Member
2014 - 2016	American Psychiatric Association Workgroup on Gender Dysphoria	Member
2016 - present	American Psychiatric Association Workgroup on Gender Dysphoria	Chair
2016	USPATH: Inaugural WPATH U.S. Conference, Los Angeles, 2017	Conference Chair

SERVICE TO PROFESSIONAL PUBLICATIONS

2011 - present Journal of Sexual Medicine, reviewer

2014 - present International Journal of Transgenderism, reviewer

2016 - present LGBT Health, reviewer

INVITED PRESENTATIONS - INTERNATIONAL

2009	World Professional Association for Transgender Health, Oslo, Norway	Plenary Session Speaker
2009	World Professional Association for Transgender Health, Oslo, Norway	Symposium Speaker
2009	Karolinska Institutet, Stockholm Sweden	Invited Lecturer
2012	Cuban National Center for Sex Education (CENESEX), Havana, Cuba	Invited Speaker
2013	Swedish Gender Clinics Annual Meeting, Stockholm, Sweden	Keynote Speaker
2013	Conference on International Issues in Transgender care, United Nations Development Programme - The Lancet, Beijing, China	Expert Consultant
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Track Chair
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Invited Speaker
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Invited Speaker
2015	European Professional Association for Transgender Health, Ghent, Belgium	Invited Speaker
2015	European Professional Association for Transgender Health, Ghent, Belgium	Symposium Chair

2015	Israeli Center for Human Sexuality and Gender Identity, Aviv	Invited Speaker Tel
2016	World Professional Association for Transgender Health, Amsterdam	Symposium Chair
2016	World Professional Association for Transgender Health, Amsterdam	Invited Speaker
2016	World Professional Association for Transgender Health, Amsterdam	Invited Speaker
2017	Brazil Professional Association for Transgender Health, Paulo	Sao
2017	Vietnam- United Nations Development Programme Asia Transgender Health Conference, Hanoi	
2018	United Nations Development Programme Asia Conference on Transgender Health and Human Rights, Bangkok	
2018	World Professional Association for Transgender Health, Buenos Aires	Invited Speaker
2021	Manitoba Psychiatric Association, Keynote Speaker	

INVITED PRESENTATIONS - NATIONAL

1990	Being Alive Medical Update, Century Cable Television	Televised Lecturer
1992	Institute on Hospital and Community Psychiatry, Toronto	Symposium Speaker
1992	Academy of Psychosomatic Medicine Annual Meeting, San Diego	Symposium Speaker
1994	American Psychiatric Association 150th Annual Meeting, Philadelphia	Workshop Chair
1994	American Psychiatric Association 150th Annual Meeting, Philadelphia	Workshop Speaker
1994	American Psychiatric Association 150th Annual Meeting, Philadelphia	Paper Session Co-chair
1995	Spring Meeting of the Association of Gay and Lesbian Psychiatrists, Miami Beach	Symposium Chair
1996	American Psychiatric Association 152nd Annual Meeting, New York	Workshop Speaker
1997	American Psychiatric Association Annual Meeting, San Diego	Workshop Speaker
1997	Gay and Lesbian Medical Association Annual	Invited Speaker Symposium
1998	American Psychiatric Association Annual Meeting,	Workshop Chair

	Toronto	
1998	American Psychiatric Association Annual Meeting, Toronto	Workshop Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Presenter
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Workshop Chair
2000	American Psychiatric Association Annual Meeting, Chicago	Workshop Chair
2000	National Youth Leadership Forum On Medicine, University of California, Berkeley	Invited Speaker
2001	American Psychiatric Association Annual Meeting, New Orleans	Workshop Chair
2001	American Psychiatric Association Annual Meeting, New Orleans	Media Program Chair
2001	Association of Gay and Lesbian Psychiatrists Symposium, New Orleans	Chair
2001	Harry Benjamin International Gender Dysphoria Association Biennial Meeting, Galveston, Texas	Invited Speaker
2002	American Psychiatric Association Annual Meeting, Philadelphia	Media Program Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2003	Association of Gay and Lesbian Psychiatrists CME	Chair Conference
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Co-Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Workshop Chair

2003	American Public Health Association Annual Meeting, San Francisco	Invited Speaker
2004	Mission Mental Health Clinic Clinical Conference	Invited Speaker
2004	Association of Gay and Lesbian Psychiatrists Conference, New York	Co-Chair
2004	Mental Health Care Provider Education Program: Los Angeles. Sponsored by the American Psychiatric Association Office of HIV Psychiatry	Invited Speaker
2005	American Psychiatric Association Annual Meeting, Atlanta	Workshop Speaker
2005	Association of Gay and Lesbian Psychiatrists Saturday Symposium	Invited Speaker
2008	Society for the Study of Psychiatry and Culture, San Francisco	Invited Speaker
2009	American Psychiatric Association Annual Meeting, San Francisco	Symposium Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Chair
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	Invited Speaker

		Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	
2011	Institute on Psychiatric Services, San Francisco	Invited Speaker
2012	Gay and Lesbian Medical Association Annual Meeting	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	American Psychiatric Association Annual Meeting, San Francisco	Invited Speaker
2013	Gay and Lesbian Medical Association, Denver, CO	Invited Speaker
2014	American Psychiatric Association Annual Meeting, New	Invited Speaker York
2014	Institute on Psychiatric Services, San Francisco	Moderator
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Workshop Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Course Faculty
2016	American Psychiatric Association Annual Meeting	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Atlanta	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Springfield, MO	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Fort Lauderdale, FL	Course Faculty
2017	World Professional Association for Transgender Health, GEI, Los Angeles Course Faculty	
	World Professional Association for Transgender Health	

Surgeon's Training, Irvine, CA Course Faculty

2017	American Urological Association Annual Meeting, San Francisco CA	Invited Speaker
2018	World Professional Association for Transgender Health GEI, Portland OR, Course Faculty	
2018	World Professional Association for Transgender Health GEI, Palm Springs, Course Faculty	
2019	American Society for Adolescent Psychiatry Annual Meeting, San Francisco, Speaker	
2019	American Psychiatric Association Annual Meeting, San Francisco, Session Chair	
2020	Psychiatric Congress, Invited Speaker	

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

1990	Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute	Invited Lecturer
1991	Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine	Symposium Speaker
1991	Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine	Workshop Panelist
1992	Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute	Invited Lecturer
1993	UCSF School of Nursing	Invited Lecturer
1995	UCSF/SFGH Department of Medicine Clinical Care Conference	Invited Speaker
1996	UCSF School of Nursing	Invited Speaker
1996	Psychopharmacology for the Primary Care AIDS/Clinician, series of four lectures, UCSF Department of Medicine	Invited Lecturer
1996	UCSF AIDS Health Project Psychotherapy Internship Training Program	
1996	UCSF/SFGH Department of Medicine AIDS Quarterly Update	Invited Speaker

		Invited Speaker
1996	San Francisco General Hospital, Division of Addiction Medicine	Invited Speaker
1996	UCSF Langley Porter Psychiatric Hospital and Clinics Rounds	Invited Speaker Grand
1997	UCSF School of Nursing	Invited Speaker
1997	UCSF Department of Medicine AIDS Program	Invited Speaker
1997	Northern California Psychiatric Society Annual Meeting, Monterey	Workshop Speaker
1997	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
1997	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
1997	Northern California Psychiatric Society LGBT Committee Chair Fall Symposium	
1997	Progress Foundation, San Francisco	Invited Speaker
1998	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
1999	Northern California Psychiatric Society Annual Meeting, Santa Rosa	Invited Speaker
1999	Northern California Psychiatric Society Annual Meeting, Santa Rosa	Invited Speaker
1999	University of California, Davis, Department of Psychiatry Rounds	Invited Speaker Grand
1999	California Pacific Medical Center Department of Grand Rounds	Invited Speaker Psychiatry
1999	San Francisco General Hospital Department of Psychiatry Departmental Case Conference	Discussant
2000	Langley Porter Psychiatric Hospital and Clinics Consultation Liaison Seminar	Invited Speaker
2000	San Francisco General Hospital, Psychopharmacology Seminar	Invited Speaker
2000	UCSF Transgender Health Conference, Laurel Heights Conference Center	Invited Speaker
2000	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2000	Community Consortium Treatment Update Symposium, California Pacific Medical Center, Davies Campus	Invited Speaker

2000	San Francisco General Hospital Department of Psychiatry Invited Speaker Grand Rounds
2001	Psychiatry Course for UCSF Second Year Medical Students Invited Lecturer
2003	Tom Waddell Health Center Inservice Invited Speaker
2003	San Francisco Veterans Affairs Outpatient Clinic Invited Speaker
2004	San Francisco General Hospital Psychiatric Emergency Service Clinical Conference Invited Speaker
2004	South of Market Mental Health Clinic, San Francisco Invited Speaker
2005	Northern Psychiatric Psychiatric Society Annual Meeting Invited Speaker
2005	Equality and Parity: A Statewide Action for Transgender HIV Prevention and Care, San Francisco Invited Speaker
2005	San Francisco General Hospital Department of Psychiatry Grand Rounds. Invited Speaker
2006	SFGH/UCSF Department of Psychiatry Grand Rounds Invited Speaker
2007	UCSF Department of Medicine, HIV/AIDS Grand Rounds, Positive Health Program Invited Speaker
2007	California Pacific Medical Center LGBT Health Symposium, San Francisco LGBT Community Center Invited Speaker
2007	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco Invited Speaker
2008	UCSF Department of Medicine, Positive Health Program, HIV/AIDS Grand Rounds Invited Speaker
2008	San Francisco General Hospital Psychiatry Grand Rounds Invited Speaker
2008	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco Invited Speaker
2010	Northern California Psychiatric Society Annual Meeting, Monterey, CA Invited Speaker
2011	Transgender Mental Health Care Across the Life Span, Stanford University Invited Speaker
2011	San Francisco General Hospital Department of Psychiatry Grand Rounds Invited Speaker
2012	UCSF AIDS Health Project Invited Speaker 2012 San Francisco Veterans Affairs Medical Center.
2013	Association of Family and Conciliation Courts Conference, Invited Speaker Los Angeles, CA
2014	UCSF Transgender Health elective Invited Speaker
2014	UCSF Department of Psychiatry Grand Rounds Invited Speaker

2014	California Pacific Medical Center Department of Grand Rounds	Invited Speaker Invited Speaker Psychaitry
2014	UCLA Semel Institute Department of Psychiatry Grand Rounds	Invited Speaker
2015	UCSF Transgender Health elective	Invited Speaker
2015	Fenway Health Center Boston, MA (webinar)	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Co-Chair
2015	Santa Clara Valley Medical Center Grand Rounds	Invited Speaker
2016	UCSF School of Medicine Transgender Health elective	Invited Speaker
2016	Langley Porter Psychiatric Institute APC Case Conference	Invited Speaker (2 session series)
2016	Zuckerberg San Francisco General Department of Psychiatry Grand Rounds	Invited Speaker
2016	UCSF Mini-Medical School Lectures to the Public	Invited Speaker
2021	Los Angeles County Department of Mental Health,	Invited Speaker

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES

2005	Northern California Psychiatric Society
2005	Northern California Psychiatric Society Annual Meeting, Napa
2005	Association of Gay and Lesbian Psychiatrist Annual Conference
2006	Annual Meeting, American Psychiatric Association, Atlanta
2006	Annual Meeting, American Psychiatric Association, Toronto
2006	Institute on Psychiatric Services, New York
2007	Association of Gay and Lesbian Psychiatrists Annual Conference
2007	American Psychiatric Association Annual Meeting, San Diego
2007	The Medical Management of HIV/AIDS, a UCSF CME Conference
2008	Society for the Study of Psychiatry and Culture, San Francisco
2009	American Psychiatric Association, San Francisco
2009	World Professional Association for Transgender Health, Oslo, Norway
2010	Annual Meeting of the Northern California Psychiatric Society, Monterey, CA

2011	Transgender Mental Health Care Across the Life Span, Stanford University
2011	National Transgender Health Summit, San Francisco
2011	American Psychiatric Association Annual Meeting, Honolulu, HI
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA
2011	Institute on Psychiatric Services, San Francisco
2012	Gay and Lesbian Medical Association Annual Meeting, San Francisco
2013	National Transgender Health Summit, Oakland, CA
2013	American Psychiatric Association Annual Meeting, San Francisco
2013	Gay and Lesbian Medical Association, Denver, CO
2014	American Psychiatric Association Annual Meeting, New York
2014	Institute on Psychiatric Services, San Francisco
2015	European Professional Association for Transgender Health, Ghent, Belgium
2015	National Transgender Health Summit, Oakland
2015	American Psychiatric Association Annual Meeting, Toronto
2016	American Psychiatric Association Annual Meeting, Atlanta
2016	World Professional Association for Transgender Health, Amsterdam

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

1998 - 2002	City and County of San Francisco Human Rights Member Commission LGBT Advisory Committee

SERVICE ACTIVITIES SUMMARY

My current service work focuses on developing transgender care at UCSF, nationally, and internationally.

I worked with urologist Maurice Garcia, MD on developing protocols as well as outcome measures for the UCSF Transgender Surgery Program at UCSF Medical Center. I am on the Medical Advisory Board of the UCSF Center of Excellence for Transgender Care, and have cowritten the mental health section of the original Primary Care Protocols and the new revision. I have chaired the Mental Health Track of UCSF's National Transgender Health Summit since its inception in 2011. I am a founder and co-chair of the Gender Team at the UCSF Alliance Health Project. I helped develop, and participated as a trainer, in the San Francisco
Department of Public Health provider training program for care of transgender patients and for mental health assessments for surgery, and have worked in program development for the SFDPH Transgender Health Services surgery program.

I am the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, which developed a CME course fort the 2015 and 2016 APA Annual Meetings, and is now embarking on a larger educational mission to train American psychiatrists to better care for transgender patients. I have been leading education efforts in transgender health at APA meetings since 1998. On the APA Workgroup on Gender Dysphoria, I am a co-author of a paper of transgender issues that has been approved by the American Psychiatric Association as a resource document and is in press for the American Journal of Psychiatry. I am also the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

I have been active internationally in transgender health through my work as a member of the Board of Directors of the World Professional Association for Transgender Health. I am an author of the WPATH Standards of Care, Version 7, and am Chapter Lead for the Mental Health Chapter of SOC 8.
I chaired of the WPATH Public Policy Committee and was a member of the Global Education Initiative, which developed a specialty certification program in transgender health. I helped plan the 2016 WPATH Amsterdam conference, and was on the scientific committee for the last four biennial international conferences. I was on the founding committee of USPATH, the national affiliate of WPATH, and I chaired the inaugural USPATH conference, in Los Angeles in 2017. As a member of the steering committee of the WPATH Global Educational Initiative, I helped train over 2000 health providers in transgender health, and helped develop a board certification program and examination in transgender health.

UNIVERSITY SERVICE UC SYSTEM AND MULTI-CAMPUS SERVICE

1991 - present	HIV/AIDS Task Force	Member
1992 - 1993	HIV Research Group	Member
1992 - 1997	Space Committee	Member
1992 - present	Gay, Lesbian and Bisexual Issues Task Force	Member
1994 - 1997	SFGH Residency Training Committee	Member
1996 - 1997	Domestic Partners Benefits Subcommittee.	Chair
1996 - 2000	Chancellor's Advisory Committee on Gay, Lesbian, and Transgender Issues.	Member Bisexual
1996 - 2003	HIV/AIDS Task Force	Co-Chair
1996 - 2003	Cultural Competence and Diversity Program	Member
2009 - present	Medical Advisory Board, UCSF Center of Excellence for Transgender Health	Member
2010 - present	Steering Committee, Child Adolescent Gender Center	Member
2011 - present	Mental Health Track, National Transgender Health Summit	Chair

DEPARTMENTAL SERVICE

1991 - present	San Francisco General Hospital, Department of Psychiatry, HIV/AIDS Task Force	Member

1992 - 1993 San Francisco General Hospital, Department of Psychiatry, Member HIV Research Group

1992 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Space Committee

1992 - 2003 San Francisco General Hospital, Department of Psychiatry, Member GLBT Issues Task Force

1994 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Residency Training Committee

1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Member Cultural Competence and Diversity Program

1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Co-Chair HIV/AIDS Task Force

2012 - 2020 San Francisco Department of Public Health Gender Member Competence Trainings Committee

2013 - 2020 San Francisco Department of Public Health Transgender Member Health Implementation Task Force

2014 - 2020San Francisco General Hospital, Department of Psychiatry, Member Transgender Surgery Planning Workgroup

PEER REVIEWED PUBLICATIONS

1. Berliner JA, Frank HJL, **Karasic D**, Capdeville M. Lipoprotein-induced insulin resistance in aortic endothelium. Diabetes. 1984; 33:1039-44.
2. Bradberry CW, **Karasic DH**, Deutch AY, Roth RH. Regionally-specific alterations in mesotelencephalic dopamine synthesis in diabetic rats: association with precursor tyrosine. Journal of Neural Transmission. General Section, 1989; 78:221-9.
3. Targ EF, **Karasic DH**, Bystritsky A, Diefenbach PN, Anderson DA, Fawzy FI. Structured group therapy and fluoxetine to treat depression in HIV-positive persons. Psychosomatics. 1994; 35:132-7.
4. Karasic DH. Homophobia and self-destructive behaviors. The Northern California Psychiatric Physician. 1996; 37 Nov.-Dec. Reprinted by the Washington State Psychiatric Society and the Southern California Psychiatric Society newsletters.
5. Karasic D. Anxiety and anxiety disorders. Focus. 1996 Nov; 11(12):5-6. PMID: 12206111
6. Polansky JS, **Karasic DH**, Speier PL, Hastik KL, Haller E. Homophobia: Therapeutic and training considerations for psychiatry. Journal of the Gay and Lesbian Medical Association. 1997 1(1) 41-47.
7. Karasic DH. Progress in health care for transgendered people. Editorial. Journal of the Gay and Lesbian Medical Association, 4(4) 2000 157-8.
8. Perry S, **Karasic D.** Depression, adherence to HAART, and survival. Focus: A Guide to AIDS Research and Counseling. 2002 17(9) 5-6.

9. Fraser L, **Karasic DH**, Meyer WJ, Wylie, K. Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults. International Journal of Transgenderism. Volume 12, Issue 2. 2010, Pages 80-85.

10. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., **Karasic D** and 22 others. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. International Journal of Transgenderism, 13:165-232, 2011

11. Tsai AC, **Karasic DH**, et al. Directly Observed Antidepressant Medication Treatment and HIV Outcomes Among Homeless and Marginally Housed HIV-Positive Adults: A Randomized Controlled Trial. American Journal of Public Health. February 2013, Vol. 103, No. 2, pp. 308-315.

12. Tsai AC, Mimmiaga MJ, Dilley JW, Hammer GP, **Karasic DH**, Charlebois ED, Sorenson JL, Safren SA, Bangsberg DR. Does Effective Depression Treatment Alone Reduce Secondary HIV Transmission Risk? Equivocal Findings from a Randomized Controlled Trial. AIDS and Behavior, October 2013, Volume 17, Issue 8, pp 2765-2772.

13. **Karasic DH.** Protecting Transgender Rights Promotes Transgender Health. LGBT Health. 2016 Aug; 3(4):245-7. PMID: 27458863

14. Winter S, Diamond M, Green J, **Karasic D**, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. Lancet. 2016 Jul 23;388(10042):390-400. doi: 10.1016/S0140-6736(16)00683-8. Review./> PMID: 27323925

15. Grelotti DJ, Hammer GP, Dilley JW, **Karasic DH**, Sorensen JL, Bangsberg DR, Tsai AC. Does substance use compromise depression treatment in persons with HIV? Findings from a randomized controlled trial. AIDS Care. 2016 Sep 2:1-7. [Epub ahead of print]/> PMID: 27590273

16. Strang JF, Meagher H, Kenworthy L, de Vries AL, Menvielle E, Leibowitz S, Janssen A, Cohen-Kettenis P, Shumer DE, Edwards-Leeper L, Pleak RR, Spack N, **Karasic DH**, Schreier H, Balleur A, Tishelman A, Ehrensaft D, Rodnan L, Kuschner ES, Mandel F, Caretto A, Lewis HC, Anthony LG.
Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents. J Clin Child Adolesc Psychol. 2016 Oct 24:1-11. [Epub ahead of print]/> PMID: 27775428

17. Milrod C, **Karasic DH.** Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. J Sex Med 2017;14:624–634.

18. **Karasic, DH** & Fraser, L Multidisciplinary Care and the Standards of Care for Transgender and Gender Non-conforming Individuals. Schechter, L & Safa, B. (Eds.) Gender Confirmation Surgery, Clinics in Plastic Surgery Special Issue, Vol 45, Issue 3, pp 295-299. 2018 Elsevier,Philadelphia. https://doi.org/10.1016/j.cps.2018.03.016

19. Milrod C, Monto M, **Karasic DH.** Recommending or Rejecting "the Dimple": WPATHAffiliated Medical Professionals' Experiences and Attitudes Toward Gender-Confirming Vulvoplasty in Transgender Women. J Sex Med. 2019 Apr;16(4):586-595. doi: 10.1016/j.jsxm.2019.01.316. Epub 2019 Mar 2.

BOOKS AND CHAPTERS

1. **Karasic DH**, Dilley JW. Anxiety and depression: Mood and HIV disease. In: The UCSF AIDS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention, and Therapeutic Practice. Dilley JW and Marks R, eds. Jossey-Bass. San Francisco, 1998, pp.227-248.
2. **Karasic DH**, Dilley JW. Human immunodeficiency-associated psychiatric disorders. In: The AIDS Knowledge Base, Third Edition. Cohen PT, Sande MA, Volberding PA, eds. Lippincott-Williams &Wilkens, Philadelphia, 1999, pp. 577-584.
3. **Karasic DH** and Drescher J. eds. Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation. 2005. Haworth Press, Binghamton, NY. (Book Co-Editor)
4. **Karasic DH.** Transgender and Gender Nonconforming Patients. In: Clinical Manual of Cultural Psychiatry, Second Edition. Lim RF ed. pp 397-410. American Psychiatric Publishing, Arlington VA. 2015.
5. **Karasic DH**. Mental Health Care of the Transgender Patient. In: Comprehensive Care of the Transgender Patient, Ferrando CA ed. pp. 8-11. Elsevier, 2019.
6. **Karasic DH.** The Mental Health Assessment for Surgery. In: Gender Confirmation Surgery – Principles and Techniques for an Emerging Field. Schechter L ed. Springer Nature, in press 2019.

OTHER PUBLICATIONS

1. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Treatment issues. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base. Waltham, MA: The Medical Publishing Group/ Massachusetts Medical Society. 1994. pp. 5.31-1-5.
2. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Clinical syndromes and diagnosis. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base, Second Edition. Waltham, MA: The Medical Publishing Group/Massachusetts Medical Society. 1994 pp. 5.30-1-5.
3. **Karasic DH.** A primer on transgender care. In: Gender and sexuality. The Carlat Report Psychiatry. April 2012. Vol 10, Issue 4.
4. **Karasic D and Ehrensaft D.** We must put an end to gender conversion therapy for kids. Wired. 7/6/15.

EXPERT WITNESS AND CONSULTATION ON TRANSGENDER CARE AND RIGHTS

2008 Consultant, California Department of State Hospitals

2012 Dugan v. Lake, Logan UT

2012 XY v. Ontario http://www.canlii.org/en/on/onhrt/doc/2012/2012hrto726/2012hrto726.html

2014 Cabading v California Baptist University

2014 CF v. Alberta
http://www.canlii.org/en/ab/abqb/doc/2014/2014abqb237/2014abqb237.html

2017 United Nations Development Programme consultant, transgender health care and legal rights in the Republic of Vietnam; Hanoi.

2017- Forsberg v Saskatchewan; Saskatchewan Human Rights v Saskatchewan
2018 https://canliiconnects.org/en/summaries/54130
https://canliiconnects.org/en/cases/2018skqb159

2018 United Nations Development Programme consultant, transgender legal rights in Southeast Asia; Bangkok.

2018 Consultant, California Department of State Hospitals

2019, 2021 Consultant/Expert, Disability Rights Washington

2019, 2021 Consultant/Expert, ACLU Washington

2021 Consultant, California Department of Corrections and Rehabilitation

2021 Expert, *Kadel v. Folwell*, 1:19-cv-00272 (M.D.N.C.).

2021 Expert, Drew Glass v. City of Forest Park - Case No. 1:20-cv-914 (Southern District Ohio)

2021-2022 Expert, Brandt et al v. Rutledge et al. 4:21-cv-00450 (E.D. Ark.)

Exhibit B

EXHIBIT B – DAN KARASIC BIBLIOGRAPHY

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First Amended Class Action Complaint, *Fain v. Crouch*, Case No. 3:20-cv-00740 (S.D.W.V.)

Health plan booklets for plans offered through the West Virginia Public Employees Insurance Agency and the West Virginia Bureau for Medicaid Services

Medical records of Plaintiffs Christopher Fain, Shauntae Anderson, and Leanne James

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

CHRISTOPHER FAIN, *et al.*, individually and on behalf of all others similarly situated, *Plaintiffs,* v. WILLIAM CROUCH, *et al.*, *Defendants.*	CIVIL ACTION NO. 3:20-cv-00740 HON. ROBERT C. CHAMBERS

EXPERT REBUTTAL REPORT OF DAN H. KARASIC, M.D.

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

2. I previously submitted an expert witness report in this case ("Karasic Report"), which contains my background and credentials.

3. I have been asked by the Plaintiffs to respond to, rebut, and provide my expert opinion regarding the report by Dr. Stephen B. Levine ("Levine Report"). I do not address each and every assertion made in Dr. Levine's report that I believe to be baseless, misleading, or mischaracterizations of the scientific literature, as there are many. Instead, my aim is to provide an explanation of the erroneous premises upon which his conclusions are based.

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

5. I reserve the right to supplement my opinions, if necessary, as the case proceeds. An updated bibliography with sources considered in forming the opinions below is attached as Exhibit A.

GENDER DYSPHORIA AND ITS TREATMENT

6. I previously explained in my original report the diagnostic criteria treatment and treatment standards for transgender adolescents and adults. (Karasic Report, ¶¶ 23-26). Because Dr. Levine's report focuses heavily on his concerns about treatment of pre-pubertal children, I briefly review the relevant diagnostic and treatment protocols for children before responding to his report specifically.

7. "Gender Dysphoria in Children" is a diagnosis applied only to pre-pubertal children, in the Diagnostic and Statistical Manual Fifth Edition (DSM-5), released in 2013. The criteria include "A: A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration." The diagnosis also requires the presence of criterion A1, which is "A strong desire to be of the other gender or insistence that one is the other gender (or some alternative gender different from one's assigned gender." The prior version of the diagnosis, Gender Identity Disorder of Children, in DSM IV, did not require this A1 criterion of gender identity, and could be applied solely on the basis of gender atypical behavior. Most research on persistence and desistance of gender identity in pre-pubertal children was conducted in the era of DSM-IV and earlier versions, and applied a broader diagnosis that could be based only on gender atypical behavior alone, without necessarily a transgender identity.

8. No medical or surgical treatment for gender dysphoria is provided to pre-pubertal children. Adolescents may be treated with medications to delay the onset of puberty, which are also used in children without gender dysphoria, but with early onset of puberty. After ongoing

work with mental health professionals, adolescents may start treatment with hormones. Adults may start hormones after work with a therapist, or after assessment by a primary care provider or endocrinologist.

9. Mental health professionals, primary care providers, endocrinologists, and surgeons often work collaboratively, whether in multidisciplinary teams, or with communication between individual professional practices.

10. Affirming care for transgender children does not mean steering children in any particular direction, but rather supporting them through their period of exploration of gender expression and increasing self-awareness of their identity (Coleman, et al., 2012). For prepubescent children, no medical or surgical intervention is involved. Instead, interventions are directed at supporting the child with family, peers, and school.

11. Puberty blockers may be indicated at Tanner Stage 2 of puberty if the onset of physical changes of puberty is causing distress. Puberty blockers allow the child time to better understand their gender identity under the care of a mental health professional, while delaying distress from the progression of the development of secondary sex characteristics. These treatments are reversible, and if stopped the youth will undergo a normal puberty.

12. It is not until later in adolescence, when the adolescent and parents—in consultation with mental health professionals and pediatricians—have had time to ensure that change in gender identity is unlikely, that the adolescent may start cross-sex hormones, with the consent of parents and agreement of mental health and medical professionals.

13. Given that prior longitudinal studies included gender nonconforming children who were not transgender due to the broad criteria for the since-abandoned "gender identity disorder in children" diagnosis, these studies shed little light into questions of persistence and desistance of

gender dysphoria in pre-pubertal children. However, longitudinal studies show that gender dysphoria in adolescence usually persists (DeVries, et al., 2011). Additionally, no medical treatment, let alone irreversible medical and surgical interventions, is used prior to puberty, so the persistence and desistance statistics of pre-pubertal children do not inform the decision whether or not to initiate these treatments.

14. Data from the Dutch experience with evaluation and care by a multidisciplinary team, using puberty blockers, followed by hormones and surgery when indicated, show that this approach appears to result in high satisfaction, a lack of regret, and mental health outcomes similar to those of a control group that was not transgender. (DeVries, et al., 2014).

15. In an American prospective study of 104 transgender and nonbinary youth, treatment with puberty blockers or hormones was associated with 60% less moderate to severe depression and 73% less suicidal ideation over 12 months, compared to youth not treated. (Tordoff, et al. 2022).

16. In another United States study, treatment with gender affirming hormones in transgender youth was associated with a substantial reduction in body dissatisfaction, as well as improvement on mental health measures (Kuper, et al., 2020).

17. Denial of this appropriate care for transgender youth is also opposed by mainstream organizations responsible for the care of youth, including the American Academy of Pediatrics, the Academy of Child and Adolescent Psychiatry, and the Pediatric Endocrine Society.

18. Parental support and other social support have been associated with dramatically less suicidal ideation in transgender people, as has treatment with hormones and completing medical transition. (Bauer, et al., 2015). Provision of puberty blockers for transgender youth likewise decreases suicidality (Turban, et al., 2020). The American Academy of Child and

Adolescent Psychiatry states, "Research consistently demonstrates that gender diverse youth who are supported to live and/or explore the gender role that is consistent with their gender identity have better mental health outcomes than those who are not." (AACAP, 2019).

19. Dr. Levine speculates that puberty-delaying treatment may lead to a series of negative health effects, in Section C of his report beginning at page 58. While other experts in this matter will respond to several of those arguments, I explain here why his claims about "psychosocial effects" and mental health issues are unfounded. Dr. Levine relies heavily on his own published opinion pieces, rather than on research to support his views. Dr. Levine does cite a paper on increased mental health symptoms in transgender youth compared to the general population. (Levine Report, ¶ 144; citing Reisner 2015), but that is not surprising given the ongoing stigma and discrimination that transgender people face, and Dr. Levine's speculation about psychological harms of puberty blockers are unfounded. In fact, the use of puberty blockers has been associated with a substantial decrease in depression and suicidal ideation, when compared to those untreated (Tordoff, et al 2022).

20. Dr. Levine grossly misrepresents the process of assessment before medical and surgical interventions for transgender adolescents. Dr. Levine states, "Yet according to WPATH, perfunctory mental health assessments, which the draft SOC 8 describe as 'brief assessment process," are sufficient to approve [medical and surgical interventions]." (Levine Report, ¶ 149). This is a fabrication by Dr. Levine, as the actual text of the SOC 8 Adolescent chapter draft says the opposite. The draft states that a "comprehensive assessment" is necessary. The SOC 8 draft describes the components of the comprehensive assessment in detail, and advises against more perfunctory assessments. Dr. Levine cites an anti-WPATH group's editorial about SOC 8, rather

than the SOC 8 draft itself (Levine Report, ¶ 149 n.221), to draw conclusions that are diametrically opposed to what is stated in the SOC 8 Adolescent draft.

DR. LEVINE'S VIEWS ARE OUTSIDE THE MAINSTREAM

21. Dr. Levine's views as described in his report are outside the mainstream of experts in transgender health and mainstream medical organizations.

22. Dr. Levine was an editor of Standards of Care 5 ("SOC 5") of the Harry Benjamin Gender Dysphoria Association (the precursor to The World Professional Association of Transgender Health, "WPATH"), which were released in 1998. After widespread criticism of the SOC 5, it was replaced by the SOC 6 in just three years. By contrast, the SOC 6 (published in 2001) and SOC 7 (published in 2012) have each been used for approximately 10 years. Dr. Levine was critical of the changes in transgender care since 1998, and has been a critic of modern transgender care since. His involvement in transgender health in recent years has centered on the denial of care to transgender people. Dr. Levine's bias and misrepresentations were noted in *Norsworthy v. Beard*, in which U.S. District Judge Jon Tigar stated: "The Court gives very little weight to the opinions of Levine, whose report misrepresents the Standards of Care; overwhelmingly relies on generalizations about gender dysphoric prisoners, rather than an individualized assessment of Norsworthy; contains illogical inferences; and admittedly includes references to a fabricated anecdote."

23. Dr. Levine uses his prior experience with WPATH—over two decades ago—to burnish his credentials as an expert in transgender health, but otherwise dismisses WPATH as an "activist," rather than a professional, organization. Many WPATH members are academics who publish in peer-reviewed journals. Many are academic leaders in endocrinology, internal medicine, plastic surgery, urology, psychiatry, psychology, and other disciplines of the health

sciences. WPATH restricts its full membership to those with professional credentials and most members are licensed clinicians. The fact that WPATH engages in advocacy on behalf of its patient population for access to beneficial care is typical of medical associations. For example, the American Psychiatric Association advocates for a wide range of public policy changes to improve access to mental health care, e.g., for migrants and for incarcerated people.[1]

24. Dr. Levine argues that dissenting views are not tolerated by myself and, in WPATH. (Levine Report, ¶ 69). I have attended several WPATH conferences since 2001, and have been a member of the Scientific Committees that have reviewed abstract submissions for the conferences, and the diversity of views presented and discussed have always been notable.

25. Dr. Levine's bias leads him to propound at length his own theories of etiology and treatment of gender dysphoria (which are unsupported by scientific peer-reviewed literature), while dismissing the approaches of modern mainstream medicine and pediatrics, as put forward in academic journals like The Lancet, the American Journal of Psychiatry, the Journal of the American Medical Association, and the New England Journal of Medicine, as well as by organizations including the American Medical Association, the American Psychiatric Association, the American Academy of Pediatrics, and the American Psychological Association. Dr. Levine's theories should be understood in the context of his own confirmation bias since, as described

[1] *See* American Psychiatric Association. (2019). Position Statement on the Care of Medically Vulnerable Migrants in the United States. *Available at* https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Care-of-Medically-Vulnerable-Migrants-in-the-US.pdf; American Psychiatric Association. (2016). Position Statement on Treatment of Substance Use Disorders in the Criminal Justice System. *Available at* https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2016-Substance-Use-Disorders-in-the-Criminal-Justice-System.pdf; *see generally* American Psychiatric Association Policy Finder, *available at* https://www.psychiatry.org/home/policy-finder.

below, he misinterprets the literature he cites and disregards the body of literature that contradicts his views.

26. Dr. Levine points to elevated rates of mental health problems in the transgender community, suggesting that being transgender is the cause of these negative outcomes and, thus, something doctors should try to prevent. (Levine Report, ¶¶ 34, 35). But being transgender is not something doctors can prevent. And these comments disregard the significant stigma transgender people continue to face, and stigma is a well-documented risk factor for mental health and substance use issues.

DR. LEVINE'S ATTEMPTS TO DISCREDIT WPATH AND THE STANDARDS OF CARE ARE BASELESS

27. Dr. Levine makes a number of inaccurate assertions regarding the widely accepted standards of care for treatment of gender dysphoria, as set forth in the WPATH SOC. Contrary to Dr. Levine's claims and as discussed in my initial report, the WPATH SOC "are endorsed and cited as *authoritative* by many professional medical associations including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others." (Karasic Report, ¶ 25).

28. Dr. Levine creates a straw man by providing a false description of care under the WPATH Standards of Care and then attacks it. He either misunderstands the prevailing protocols or assumes, without basis, that all or most providers disregard them. As a clinician who, unlike Dr. Levine, actively works with a multitude of clinicians providing care to transgender youth and

adults, I know firsthand that his characterization of treatment and care for transgender people is wholly inconsistent with the prevailing practice.

29. Dr. Levine erroneously states that a patient's diagnosis of gender dysphoria is "self-generated" and "merely recorded" by the provider. (Levine Report, ¶ 9). This is incorrect. The critical element of the gender dysphoria diagnosis is the presence of symptoms that meet the threshold for clinical impairment or distress. The diagnosis of gender dysphoria is codified in the DSM-5, which is published by the American Psychiatric Association, with attendant criteria. Psychiatrists and psychologists have many years of training to make diagnoses, which are made primary by clinical interview with the patient. This process is similar to that of diagnosing other DSM diagnoses, to determine treatment for other disorders. The process of taking a history of symptoms from a patient is not only used to determine most psychiatric treatment, but also many medical and pediatric treatments. Clinicians do not simply defer to the reported experiences of the patient, but instead use application of professional experience and expertise to assess whether the patient meets the relevant diagnostic criteria. It is surprising to hear any medical professional dismiss the importance of taking a good history from a patient. Even medical disorders that rely on blood tests and imaging for a definitive diagnosis rely first on taking a history to know which tests to order.

30. Dr. Levine also claims that WPATH has "downgraded the role of counseling or psychotherapy as a requirement" for gender-affirming care, and that there is "a crisis of inadequate or absent mental health assessments prior to" transition. (Levine Report, ¶ 75; page 67(D)). There is no requirement for psychotherapy before gender-affirming care because it may not be necessary for the patient, and requiring unnecessary care does not serve a therapeutic goal in medicine.

Rather than being a "downgrade," this allows the flexibility for the provision of the best care to each individual.

31. Dr. Levine also attempts to suggest that the clinicians who help develop the SOC have a financial conflict of interest because they also work in the field. (Levine Report, ¶ 77). To clarify, those writing WPATH Standards of Care are not paid for their efforts. Additionally, clinical practice guidelines are written by those with expertise and experience in the field, and even Dr. Levine acknowledges that "clinicians" in the field should be involved. (Levine Report, ¶ 77). For example, clinical practice guidelines for psychiatrists working with people with eating disorders were written by psychiatrists who work in that field. It would make no sense for clinical practice guidelines for the care of transgender people to be written by those without experience doing that work. (American Psychiatric Association, 2006).

32. Dr. Levine also invokes a distinction between the diagnosis in the DSM-5, which requires either "clinically significant distress or impairment in social, occupational, or other important areas of functioning," while the World Health Organization's International Classification of Diseases, 11th Revision ("ICD 11") refers to "gender incongruence." (Levine Report, ¶ 86). The U.S. currently uses ICD-10-CM, the clinical modification of ICD-10 by the Centers for Medicaid & Medicare Services, for medical claim reporting. The ICD-10-CM diagnosis is linked to the Gender Dysphoria diagnosis in DSM-5. ICD-11 is being implemented in other parts of the world but is not expected to be implemented in the U.S. for several years.

33. Dr. Levine is incorrect when he states that the diagnosis is based on a "highly personal feeling" of incongruence "not subject to objective medical criteria." (Levine Report, ¶ 86). As explained in both my original report and this report above, the diagnosis is performed by measuring the patient's symptoms according to well-defined diagnostic criteria in the DSM-5.

While Dr. Levine invokes these arguments to claim that treatment for gender dysphoria cannot meet the definition of medically necessary care in the Medicaid program and state employee health plans (Levine Report, ¶ 85; *id.* at n.124), I have examined those definitions (which are typical of medical necessity definitions in many plans I have seen), and gender dysphoria satisfies those definitions.

34. Dr. Levine points to comments by Drs. Laura Edwards-Leeper and Erica Anderson claiming that patients are being "rushed" into treatment, and comments by WPATH President-Elect Dr. Marci Bowers discussing the role of dissent within WPATH. (Levine Report, ¶¶ 23, 146). But these doctors' comments were aimed at improving care, not banning it. After making the comments cited by Dr. Levine, Dr. Bowers and Dr. Anderson were signatories to a letter from USPATH and WPATH supporting gender-affirming medical care for adolescents with gender dysphoria and opposing legislation aimed at banning care for transgender adolescents.[2] And Dr. Edwards-Leeper and Dr. Anderson similarly expressed their full support for gender-affirming care and "disgust" at legislative bans of such care.[3] Ultimately, if there are individual doctors who deviate from the accepted protocols and inappropriately provide care that is harmful to patients, medical licensing boards can address that without denying care to those who have been appropriately assessed and determined to need it.

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[2] United States Professional Association for Transgender Health and World Professional Association for Transgender Health. (2021). Joint Letter from USPATH and WPATH. *Available at* https://www.wpath.org/media/cms/Documents/Public%20Policies/2021/Joint%20WPATH%20USPATH%20Letter%20Dated%20Oct%2012%202021.pdf; *see also* World Professional Association for Transgender Health. WPATH Public Documents. *Available at* https://www.wpath.org/policies.

[3] Laura Edwards-Leeper and Erica Anderson, the Mental Health Establishment is Failing Trans Kids, Washington Post, Nov. 24, 2021, *available at* https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/.

35. Dr. Levine cites my evaluations of the Plaintiffs in this case as an example of the supposed downgrading of mental health assessments under the Standards of Care. (Levine Report, ¶ 75). But clinical interviews with patients are typically used to diagnose other DSM diagnoses and determine treatment. This widely used assessment tool is not unique to gender dysphoria. Clinical interviews also are frequently conducted via telehealth platforms and recognized by the Standards of Care as an appropriate communication mode for a variety of reasons, including as part of a response to the global pandemic.

36. Dr. Levine asserts "[i]n my experience most current members of WPATH have little ongoing experience with the mentally ill." (Levine Report, ¶ 74). I do not know what he is basing this on since he has not been involved with WPATH in two decades. But it is simply not true. I have been involved with WPATH for many years and have 35 years of experience treating people with mental illnesses. And there are many others like me in WPATH. Mental health providers make up the largest percentage of WPATH's membership. These mental health professionals are licensed and regulated by state licensing boards, and most provide care to both cisgender and transgender clients—including those with serious mental illness. Having been actively involved for three decades as a UCSF professor in the training of psychiatry residents, internal medicine residents and fellows, and medical students, as well as of mental health and medical professionals at conferences around the nation, by my observation, the mainstream views of health professionals on transgender care include widespread acceptance of the WPATH Standards of Care.

37. As a clinician who, unlike Dr. Levine, actively works with a multitude of clinicians providing care to transgender youth and adults, I am acutely aware of the dedicated professionals who provide care to transgender people, like the care they provide to others, undertaking serious

endeavor in trying to provide the best care for their patients according to prevailing standards of care, not the pushing of a political agenda.

GENDER-AFFIRMING MEDICAL CARE CAN HAVE LONG-TERM BENEFITS FOR PATIENTS

38. Dr. Levine claims that there is "no convincing evidence" that gender-affirming care results in "lasting improvements" to health and well-being. (Levine Report, ¶ 95). This is incorrect. Dr. Levine may not be convinced, but evidence of benefit has been presented. One large meta-analysis and listing of studies categorized into whether or not the study shows benefits is Cornell University's "What We Know series, What does the scholarly research say about the effect of gender transition on transgender well-being?" which lists 51 studies published between 1991 and 2017 that have shown benefits from gender-affirming care. *See* https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/ (finding "a robust international consensus in the peer-reviewed literature that gender transition, including medical treatments such as hormone therapy and surgeries, improves the overall well-being of transgender individuals").

39. Dr. Levine's claims also are inconsistent with my own decades-long clinical experience. I have treated people ranging from adolescents to the elderly. Many of my patients have remained with me for decades, e.g., where a patient is on medications that need to be monitored, and their medical transition was a positive health care decision not just in the short term but for the course of their lives.

40. Dr. Levine's assertions based on anecdotal evidence that "regret" and "detransition" are starting to mount (Levine Report, ¶¶ 38, et seq.) is inconsistent with the data. A study of everyone receiving gender-affirming surgery in Sweden over 50 years (1960 to 2010)

found a regret rate of 2.2%, declining over the years. There were ten cases of regret from 1960 to 1980, and only five cases of regret total in the last 30 years that were reviewed, from 1981-2010. (Dhejne, et al., 2014). A meta-analysis of 27 studies which reported regret after gender-affirming surgery found that of 7928 people having gender-affirming surgery, the regret rate was 1%. (Bustos, et al., 2021). Dr. Levine dismisses this study, but one that he cites (Wiepjes, et al 2018) showed even lower regret rates—0.3%-0.6%. These regret rates are very low, especially in comparison to rates of regret for a number of surgical procedures that cisgender people undergo. For example, one study of women who had mastectomy for breast cancer, followed by breast reconstructive surgery, reported a 47% regret rate for having breast reconstruction (Sheehan, et al., 2008).

41. Dr. Levine's assertion is also at odds with my clinical experience. I have had some patients who halted their transition due to challenging personal circumstances—e.g., fear of losing family support—but they still had gender dysphoria. And some came back years later to resume their transition. But in 30 years, I have never seen a patient who had undergone hormone therapy and/or surgery and later came to identify with their sex assigned at birth and, thus, regretted the treatment and wanted to undo its effects.

42. Dr. Levine's assertions that successful transition for transgender individuals "is not biologically attainable" (Levine Report, ¶ 18) due to lack of reproductive capacity are untrue. Some transgender individuals retain reproductive capacity and have children. Transgender individuals may find other ways to build families, but so do other individuals who need medical assistance with reproduction or choose to adopt. Reproductive capacity is not what makes a person a man or a woman, and we do not describe others as less of a man or woman for needing assistance with family building or choosing not to raise children.

43. Apparently in support of the unattainable goal of trying to deter people from being transgender, Dr. Levine makes the wholly unsupported statement that transgender people are not attractive, are unable to form lasting relationships and attract sexual-romantic partners, are not loved by others, and do not have friends because people will not be comfortable interacting with them. (Levine Report, ¶¶ 140, 141, 142). That may be his own view of transgender people, but it is not at all consistent with clinical experience, including my own. Many transgender people, when appropriately treated, lead fulfilling lives, forming romantic relationships and having families, and having close relationships with friends and extended family.

DR. LEVINE'S MISREPRESENTATION OF THE SCIENTIFIC LITERATURE

44. Dr. Levine misrepresents the scientific literature regarding treatment for transgender people in at least three ways. First, he makes assertions that run contrary to a large body of literature, much of which he ignores. For example, Dr. Levine states that mainstream transgender care, including gender confirming surgery, lacks a "long-term demonstrated efficacy, and points to a growing risk of harm and regret." (Levine Report, ¶ 15). In fact, transgender care, including gender confirming surgery, has been studied extensively, with much evidence of the effectiveness of such treatment, and of low regret rates. (Cornell "What We Know" systematic review; see also, e.g., Almazan and Keuroghlian, 2021; Colton-Meier, et al., 2011; Murad, et al., 2010; Smith, et al., 2005; Pfafflin & Junge, 1998).

45. Second, Dr. Levine cites a number of unscientific sources to support his opinions, including for example The Federalist, a conservative online magazine; a piece labeled "Opinion" in Newsweek; https://genderreport.ca, a non-scientific Canadian website; and pieces simply posted on a website, https://segm.org/.

46. Third, Dr. Levine mischaracterizes a number of the sources he cites. Dr. Levine discusses research by Cecelia Dhejne (2011) regarding suicidality in transgender people. These numbers were based on a total of 10 transgender people in 30 years (1973-2003) who committed suicide, versus 5 suicides in a control group of cisgender people. From 1987-2003, there was no statistically significant difference in suicide risk between transgender people and cisgender controls. The study was not designed to compare people who had gender affirming care with those who had not, and therefore no conclusions can be drawn from that study about the efficacy of gender-affirming care. (Levine Report, ¶ 109). In fact, the peer reviewed literature does show a reduction in suicidality after access to gender-affirming care (Almazan and Keuroghlian 2021; Tordoff et al. 2022) .

47. As an additional example, Dr. Levine critiques an article cited in my original report, de Vries et al. (2014), suggesting that the study showed poor health outcomes for four participants. (Levine Report, ¶ 39). Once again, Dr. Levine misrepresents the literature. One patient died from post-surgical necrotizing fasciitis, a bacterial infection that can be a side effect of any surgery. Dr. Levine falsely suggests that three patients developed obesity and diabetes due to hormone therapy (*id.*), but the study only states that three study participants were ineligible for surgery due to those conditions, and does not report them as side effects of the hormone therapy (de Vries et al. 2014).

48. Levine also cites C.M. Wiepjes, et al. (2020) in paragraph 110 n.174 of his report for the proposition that rates of suicide are similar across all stages of transition. But while this Dutch study shows a higher suicide rate in transgender patients of the clinic than in the *general* population, it also showed a *decrease* in the suicide rate for transgender women over time, and made no assertions of the effect of treatment on suicide risk. Finally, Dr. Levine invokes Bränström and Panchankis as "the most conclusive results" regarding the effects of gender

affirming care. (Levine Report, ¶ 111 et seq.). His argument appears to be that because a correction was issued as to some findings in the paper, this should be understood as casting doubt on the efficacy of this care writ large. But there is a broad body of scientific literature establishing the health benefits of access to gender-confirming care, and Dr. Levine's focus on this particular article does not affect the breadth of the larger literature establishing that this care is safe and effective.

49. Dr. Levine also claims that the Endocrine Society "implores researchers to not conflate biological sex … with the concept of gender identity." (Levine Report, ¶ 17 (citing Bhargava A., et al.)). This both misunderstands the nature of my original testimony, which is that all people have a collection of sex-related characteristics; and misconstrues Bhargava, which expressly points readers to the Endocrine Society guidelines for treatment of transgender people. As I previously explained (Karasic Report, ¶ 20), those guidelines expressed caution against the use of the term "biological sex" as imprecise. (Hembree, et al., 2017).

50. As another example, Dr. Levine attempts to undermine the WPATH Standards of Care by invoking a decision of the U.S. Department of Health and Human Services involving an exclusion of coverage for gender-affirming care. (Levine Report, ¶ 24). He neglects to mention this decision was issued as part of the agency's determination that it should *remove* the exclusion on coverage for gender-affirming care. Dep't of Health and Human Servs., Departmental Appeals Board, Appellate Div., NCD 140.3, Transsexual Surgery (2014).

51. Dr. Levine claims that I prefer to rely upon "systematic reviews of evidence commissioned and paid for by WPATH." (Levine Report, ¶ 28). Other than the WPATH Standards of Care and WPATH Position Statements, which are organized and released by WPATH, none of my citations of scientific evidence on the benefits of transgender care are

"commissioned and paid for by WPATH." The studies cited are the result of independent research that is submitted to scientific journals and subjected to peer review before publication.

52. Dr. Levine's assertions that the evidence base for treatment of gender dysphoria is of "very low quality and unfit tool for clinical decision-making." But this ignores that the quality of the evidence base for gender-affirming care is well in line with a variety of other conditions that are routinely treated. Even the source he cites, Dahlen, et al. 2021, acknowledges that "finding poor quality [clinical practice guidelines] is not confined to this area of healthcare."

53. Dr. Levine mentions ratings of quality of evidence for transgender care, including randomized control trials. (Levine Report, ¶ 96). Randomized, controlled, blinded trials of whether a child or adult is allowed to transition are not possible. Often evidence is derived from lesser-graded evidence, not only for transgender care, but for many treatments for which randomized, controlled, blinded trials are not possible.

DR. LEVINE'S DESCRIPTION OF GENDER-AFFIRMING CARE FOR ADOLESCENTS WITH GENDER DYSPHORIA BEARS NO RESEMBLANCE TO THE PREVAILING TREATMENT PROTOCOLS

54. Dr. Levine offers a description of medical care for adolescents with gender dysphoria that bears no resemblance to the widely accepted protocols for treatment articulated in the WPATH Standards of Care 7 ("WPATH SOC") and the Endocrine Society Guideline. Throughout his report, Dr. Levine claims that doctors who provide medical interventions to treat gender dysphoria "are expected to accept a patient's self-diagnosis of gender dysphoria," rush to provide medical interventions without psychiatric assessments of patients, disregard other mental health and family issues that could be causing the patient distress, oppose psychotherapy, and fail to inform patients and their families of the risks associated with treatment. (*See, e.g.*, Levine, ¶ 148).

55. Dr. Levine suggests that this is not just an accepted mode of treatment, but "expected"—but the model he describes is completely at odds with the protocols provided in the WPATH SOC and the Endocrine Society Guideline:

- The protocols provide that before any medical or surgical interventions are provided to adolescents, a careful mental health assessment should be conducted to ascertain whether the diagnostic criteria for Gender Dysphoria in Adolescents and Adults are met and the appropriateness of such care for the patient. (Coleman, et al., 2012, at 18; Hembree, et al., 2017, at 3877).
- The protocols provide for the mental health assessment to evaluate other issues that may be causing the patient distress. (Coleman, et al., 2012, at 18 ("Before any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken."); Hembree, et al., 2017, at 3876 (clinicians must be able to diagnose psychiatric conditions)).
- The protocols provide that clinicians should ensure that any psychiatric conditions are appropriately treated and that it is important that mental health care is available to patients before, during, and sometimes after transitioning. (Hembree, et al., 2017, at 3876, 3879.)
- The protocols provide for a rigorous informed consent process that includes informing the patient and their parents of side effects of treatment, including the potential loss of fertility. For hormone therapy, in addition to requiring the parents' informed consent, the adolescent must have "sufficient mental capacity . . . to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent." (Hembree, et al., 2017, at 3878.)

56. As described above, under the WPATH SOC and Endocrine Society Guideline, affirming care for transgender youth does not mean steering them in any particular direction, but rather supporting them through their period of exploration of gender expression and increasing self-awareness of their identity. (Coleman, et al., 2012, at 18; Ehrensaft, 2017). The WPATH SOC 7 makes clear that "[h]ormonal or surgical interventions are appropriate for some adolescents, but not for others." (Coleman, et al., 2012, at 16).

57. There is no basis for Dr. Levine's suggestion that providing gender-affirming medical care will cause youth with gender dysphoria who would otherwise desist to, instead, persist. (*See, e.g.*, Levine, ¶¶ 139, 154). This claim erroneously relies on the assertion that social transition in prepubertal children can cause their gender dysphoria to persist into adolescence. First, contrary to Dr. Levine's suggestion, the fact that there is a correlation between social transition prior to puberty and persistence does not establish that social transition causes persistence of gender dysphoria. A recently published study, which Dr. Levine fails to cite, has found this not to be true. The study authors found that gender identification did not meaningfully differ before and after social transition. (Rae, et al., 2019). As a Steensma study reported (*see* Steensma, 2013), the intensity of gender dysphoria prior to puberty predicted persistence, and children with more intense dysphoria were more likely to socially transition. Second, whatever conclusions can be drawn from these desistance studies about the impact of gender affirmation on the persistence rates in prepubertal children, as discussed above, this research does not apply to adolescents with gender dysphoria, for whom desistance is rare.

58. In addition, Dr. Levine's criticism, particularly with regard to desistance, relies heavily on studies relying on the now obsolete and overly broad categorizations contained in the DSM III-R and DSM IV for "Gender Identity Disorder in Children." Importantly, one could meet

criteria for the DSM III-R or DSM-IV diagnosis of gender identity disorder without identifying as transgender because the diagnostic criteria did not require identification with a gender other than the one assigned to the person at birth. This problem with the diagnosis was remedied with the new DSM-5 diagnosis of "gender dysphoria in children," which requires a child to have "a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)." It is therefore not surprising that the children discussed in the studies cited by Dr. Levine did not identify as transgender at follow-up as these children did not necessarily identify as transgender to begin with.

59. Dr. Levine cites a survey by Lisa Littman of participants on discussion websites for parents who opposed their children's gender transition and derived a theory that adolescents develop "rapid onset gender dysphoria" via "social contagion." This survey has been contradicted by the World Professional Association for Transgender Health. The survey was of parents' perception after learning of their children's transgender identity, rather than of the children themselves, and conflicts with the experience of those who work with the children themselves. No conclusions can be drawn from the Littman survey other than the fact that some anonymous people recruited from internet sites who opposed transition care for youth speculate that transgender identity is due to social contagion. This speculation from anonymous people online does not constitute a reliable source, and does not establish a true phenomenon. No study to date has demonstrated that the determinant of gender identity is psychosocial. Moreover, the diagnostic criteria for gender dysphoria are rigorous and if there were individuals claiming a transgender identity to fit into a peer group, they would not meet the criteria for a gender dysphoria diagnosis let alone be deemed to need medical interventions.

60. Furthermore, noting the serious flaws with the Littman survey, a correction to the article was later published, which noted that, "Rapid-onset gender dysphoria (ROGD) is not a formal mental health diagnosis at this time" and that the "report did not collect data from the adolescents and young adults (AYAs) or clinicians and therefore does not validate the phenomenon." The correction goes on to say that "the term should not be used in any way to imply that it explains the experiences of all gender dysphoric youth."[4]

DR. LEVINE OFFERS NO ALTERNATIVE EFFECTIVE TREATMENT FOR PEOPLE WITH GENDER DYSPHORIA

61. Dr. Levine disapproves of existing protocols for treating gender dysphoria, but the alternative treatments he proposes lack any evidence of effectiveness.

62. Dr. Levine claims there is evidence that psychotherapy can sometimes enable a return to a gender identity that matches sex assigned at birth but offers nothing but anecdotes of "reinvestment" in one's sex assigned at birth. (Levine Report, ¶ 88 ("I and other clinicians have witnessed reinvestment in the patient's biological sex in some individual patients following a period of time.")). Efforts were made in the past to assist patients to come to identify with their sex assigned at birth but those efforts have proven to be ineffective and harmful and, thus, treatment with the goal of changing a person's gender identity is no longer considered ethical. (Coleman, et al., 2012, at 16; American Psychological Association, 2021).

[4] Dr. Levine states that I attempted to "suppress the presentation of a key research paper at a scientific conference." (Levine Report, ¶ 58). This is simply incorrect. Dr. Levine is referring to the conference abstract by Littman published by the Journal of Adolescent Health in 2017. The poster was accepted for a conference sponsored by the Society for Adolescent Health and Medicine. I was not involved in this conference or organization, and had no awareness of the abstract, the conference, or the organization that held the conference until after the conference, and certainly made no effort to suppress its presentation at the conference.

63. But even Dr. Levine admits that there is no scientific support for his preferred method of withholding care from transgender youth. (Levine Report, ¶ 37 ("It is true that quality evidence proving long-term effectiveness of psychotherapy interventions [alone] is missing")). While psychotherapy can provide support with issues that arise in tandem with gender dysphoria, this approach alone is not a substitute for medical interventions where medically indicated for a particular patient.

64. Dr. Levine points to "gender-psychotherapy" and "watchful waiting" as alternative treatment approaches to the existing treatment paradigms outlined in the WPATH SOC and the Endocrine Society Guideline. (Levine Report, ¶ 160). While "watchful waiting" is an approach for prepubertal children followed by some clinicians, it is not an accepted approach used with adolescents. That is because, while there are studies finding that many prepubertal children diagnosed with Gender Identity Disorder (a precursor diagnosis to Gender Dysphoria in Children) identified with their sex assigned at birth at a later follow up, there is no evidence that gender dysphoria that continues into adolescence is likely to desist. To the contrary, all of the research on this topic makes clear that desistance is a prepubertal phenomenon. (*See, e.g.*, Steensma, 2011). Dr. Levine himself admits that his advocacy for watchful waiting is unsupported by scientific evidence. (Levine, ¶ 160 ("The results of alternative approaches, such as watchful waiting for children, or gender-psychotherapy, are likewise lacking in long-term evidence.")).

65. Dr. Levine relies significantly on the work of Kenneth Zucker in support of "watchful waiting." (*See, e.g.*, Levine, ¶ 90). But Zucker recognizes the need for medical interventions for gender dysphoria in adolescence and does not suggest that watchful waiting is appropriate for adolescents. (Zucker, et al., 2010). His clinic in Toronto provided puberty blockers and hormone therapy to adolescents with gender dysphoria. (Zucker, et al., 2010). Similarly, the

Dutch researchers who coined the term watchful waiting for prepubertal children did the seminal research on medical interventions for those patients whose gender dysphoria persists until adolescence and found that puberty blockers, hormones, and later surgery successfully treated gender dysphoria in the same youth once they were of developmental stage for those treatments. (de Vries, 2011; Steensma, 2011; de Vries, 2014). The result was that mental health outcomes significantly improved in the youth who received transition care in the study. *Id.* Other studies have also shown improvement in mental health measures in trans youth with gender- affirming medical treatment. (van der Miesen, et al., 2020; Kuper, et al., 2020). It is important to emphasize that in the Dutch research, the youth who were going to desist from the gender identity disorder diagnosis were not treated with medications and surgery, and desistance occurred before puberty. The youth whose gender dysphoria persisted to puberty, and who were therefore treated, did not have a reversion to the gender identity congruent with sex assigned at birth, nor did any research participants who transitioned experience regret at doing so.

66. Dr. Levine admits that "alternative approaches" to gender affirming care lack evidence but then states "psychotherapy is a promising intervention for young people." (Levine Report, ¶ 160). Some young people, transgender or not, benefit from psychotherapy, which is not a new treatment for those in distress. However, this therapy does not change gender identity, and is not a substitute for gender-affirming medical and surgical care in those where such interventions are medically indicated. Dr. Levine appears to endorse psychotherapy for the purpose of attempting to persuade transgender youth that they are not transgender. Gender identity change efforts, or conversion therapy, have been rejected by major mental health organizations as harmful and unethical, including the American Psychological Association and the American Psychiatric Association.

67. Dr. Levine asserts that a number of countries "have either stopped or sharply curtailed" gender-affirming care. (Levine, ¶ 102). But none of the countries he discussed—U.K., Finland, or Sweden—has banned care. Sweden, in response to the Bell v. Tavistock court decision in the U.K. (since overruled), made a decision to stop initiating gender-affirming medical interventions to minors outside of the context of research protocols, but to continue to provide care to existing patients. In none of these countries has a law banning transition care to minors been enacted and in none of these countries is gender-affirming care for minors unavailable.

68. The suggestion that adolescents can just wait until they are 18 years old to get care ignores the harm of not providing the care. Allowing endogenous puberty to advance is not a neutral decision. For many adolescents, the development of secondary sex characteristics that do not match their gender identity can have a severe negative impact on their mental health and can exacerbate lifelong dysphoria because some of those characteristics are impossible to change later through surgeries.

69. As I explained in my original report, the overarching goal of treatment is to eliminate the distress of gender dysphoria by aligning an individual patient's body and presentation with their internal sense of self. The denial of medically indicated care to transgender people not only results in the prolonging of their gender dysphoria, but causes additional distress and poses other health risks, such as depression, posttraumatic stress disorder, and suicidality. The prevalence of these mental health conditions is widely thought to be a consequence of minority stress, the chronic stress from coping with societal stigma and discrimination because of one's identity, including gender identity and gender expression. (American Medical Association, 2019). In other words, lack of access to gender affirming care directly contributes to poorer mental health outcomes for transgender people. (Owen-Smith, et al., 2018).

DR. LEVINE DRAWS INAPPROPRIATE CONCLUSIONS FROM THE NUMBERS AND SEX-RATIOS OF GENDER CLINIC REFERRALS

70. Dr. Levine references the increase in the numbers of referrals to gender clinics, and changes in sex ratios of patients. (Levine, ¶¶ 59, 91). As an initial matter, in his caricature of doctors pushing medical transition, Dr. Levine says the field is ignoring and avoiding exploration of these developments. (Levine, ¶ 59). That is not the case. Indeed, the draft WPATH SOC, 8th revision Adolescent chapter specifically discusses the increase in referrals to gender clinics and the sex ratios of these young patients. (*See* WPATH SOC Draft for Public Comment - Adolescent, Dec. 2021, at 1, 3-4). But Dr. Levine draws unsupported conclusions about the rise in number of referrals and changes in sex ratios observed in some clinics. He claims this means adolescents are rapidly adopting a transgender identity only to change their mind later, leading them to undergo irreversible medical treatments they later regret. This conclusion is unfounded.

71. The rise in numbers of referrals is hardly surprising given the greater awareness on the part of youth and their parents of what gender dysphoria is and that care is available, as well as the significant increase in the number of clinics available to provide care. In addition, the stigma associated with being transgender, while still significant, has lessened in recent years. Coming out to parents and seeking care are options that did not exist for many youth until recently, so an increase in numbers of referrals to gender clinics is not surprising.

72. While increases in numbers and changes in sex ratios of patients referred to some gender clinics have been reported, since the number of patients referred to gender clinics reflects only a small fraction of the people identifying as transgender, these changes may reflect changes in referral patterns to clinics rather than changes in the number of people identifying as transgender.

73. Sex ratios of patients vary from clinic to clinic and over time. When I was the psychiatrist for the Dimensions Clinic for transgender youth in San Francisco from 2003 to 2020, a consistent majority of my patients were assigned female at birth. Other clinics have had more assigned male at birth patients. The rise in numbers and percentage of patients assigned female at birth observed at some clinics in recent years is not surprising given the historical development of the study of gender dysphoria in youth. The first large American study of gender non-conforming youth was the Feminine Boy Study at UCLA. There was significant societal discomfort with and rejection of boys who departed from sex stereotypes—the director of the study referred to them as "sissy boys" in the book resulting from the study—and these boys often experienced bullying from peers. In this context, boys who were perceived to be effeminate were the population brought in to psychiatrists by their parents and were the population that was initially studied by researchers. (Green, 1987). Parents were not as concerned about gender non-conforming girls as they were more socially accepted. There was also less awareness among the general public of the existence of transgender males and that transitioning was an option for individuals assigned female at birth who were experiencing gender dysphoria. The increase in awareness in recent decades made it possible for individuals who ultimately came to identify as transgender men to come out and seek care.

CONCLUSION

74. Dr. Levine presents a perspective on transgender health that is far from the mainstream medicine and mental health practices. The practice of transgender health and the medical necessity of the provision of health care to treat gender dysphoria is well established. Transgender patients benefit from their healthcare, regret rates are very low, and the treatments

endorsed by mainstream medicine have been shown to improve quality of life, decrease distress, and decrease suicidality.

* * *

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and corrected.

Executed this 17 day of March, 2022.

Dan H. Karasic, M.D.

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

KETSIA MCCLEASE
Electronic Notary Public
Commonwealth of Virginia
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Final Audit Report 2022-03-17

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Exhibit A

A ARASIC I IO RA

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First Amended Class Action Complaint, *Fain v. Crouch*, Case No. 3:20-cv-00740 (S.D.W.V.)

Health plan booklets for plans offered through the West Virginia Public Employees Insurance Agency and the West Virginia Bureau for Medicaid Services

Medical records of Plaintiffs Christopher Fain, Shauntae Anderson, and Leanne James

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

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

Plaintiffs,

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

v.

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

Defendants.

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

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

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

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

MS. HUPPERT: Objection to form?

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

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

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

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

MS. HUPPERT: Objection to form.

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

individuals.

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

A. Which procedure?

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

MS. HUPPERT: Object to form.

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

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

MS. HUPPERT: Object to form.

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

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

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

coverages are not available to them?

MS. HUPPERT: Object to form.

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

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

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

MS. HUPPERT: Objection to form.

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

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

MS. HUPPERT: Object to form.

A. I don't recall the specific scale.
Q. Okay. Are you familiar with the Grade system providing a strong treatment recommendation?
MS. HUPPERT: Object to form.
A. I'd have to see the specific scale. I can't speak contemporaneously to the specifics of how they do it, how they -- how Grade grades.
Q. Okay. Now, Doctor, in your original report - and I believe that it's in Paragraph 18 - you state "The term transgender is used to describe a diverse group of individuals whose gender identity or internal sense of gender differs from the sex they were assigned at birth."
Is that an accurate statement?
A. It is.
Q. Okay. And there are a couple of different terms in there that I'd like you to define. And the first one is sex.
A. Sure. So sex is comprised of several factors, which may include one's anatomy, typically external and/or internal genitalia, chromosomes and their gender identity, their internal sense of who they know themselves to be.
Q. So an individual -- let me ask: Do you

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

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

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

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

I. PRELIMINARY STATEMENT

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

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

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

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

II. BACKGROUND AND QUALIFICATIONS

A. Qualifications

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Compensation

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

C. Previous Testimony

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

- *illis v. lagg*, Cook County, IL (trial)
- *ru e v. outh Da ota*, D. S.D. (deposition)
- *oyden v. tate of is onsin*, W.D. Wis. (deposition)
- *Kadel v. ol ell*, M.D.N.C. (deposition)
- *oomey v. tate of Ari ona*, D. Ariz. (deposition)

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

III. BASIS FOR OPINIONS

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

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

IV. DISCUSSION

A. Background on Gender Identity and Gender Dysphoria

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

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

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

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

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

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

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

1. Applicable Standards of Care for Treating Gender Dysphoria

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

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

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

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

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

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

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

2. Surgical Treatments for Gender Dysphoria

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

- Chest reconstruction surgery: augmentation mammoplasty (breast

[3] Wylie C Hembree et al., *ndo rine reatment of ender Dys hori ender n ongruent Persons An ndo rine o iety Clini al Pra ti e uideline*, 102 J. Clin. Endocrinology & Metabolism 3869 (2017).
[4] *d.*

implants);

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

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

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

3. Gender Confirmation Surgeries are Medically Necessary, Not Cosmetic

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

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

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

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

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

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

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

1. Gender Confirming Surgeries are Safe

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

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

the urethra is not properly developed), exstrophy (where the bladder develops outside the fetus), fournier's gangrene (where tissue dies because of an infection), penile webbing, or buried penis (which can occur as a result of obesity, diabetes, or recurrent infections). This would also include procedures to correct conditions such as congenital absence of the vagina or reconstruction of the vagina/vulva following oncologic resection, traumatic injury, or infection.

2. Gender Confirmation Surgeries Effectively Treat Gender Dysphoria

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

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

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

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

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

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

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

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

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

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

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

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

3. Gender Confirmation Surgeries are Cost Efficient

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

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

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

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

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

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

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

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

V. SUMMARY OF OPINIONS AND CONCLUSIONS

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

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

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[15] *d.* at 398.

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

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

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

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

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

Loren S. Schechter, M.D.

Subscribed and sworn before me, a Notary Public in and for the County of Norfolk,

State of Virginia, this 8 day of January, 2022.

KETSIA MCCLEASE
Electronic Notary Public
Commonwealth of Virginia
Registration No. 327724
My Commission Expires Apr 30, 2023

Ketsia McClease
Signature of Notary

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

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Final Audit Report 2022-01-08

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Exhibit A

Curriculum itae

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MARITAL STATUS Married (Rebecca Brown Schechter, MD)

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

EDUCATION

1986-1990	The University of Michigan	BS, 1990
1990-1994	The University of Chicago Prit ker School of Medicine	MD, 1994

POSTGRADUATE TRAINING

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

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

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

Ad unct Assistant Professor, Dept. of Surgery, Rush University Medical Center

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

LICENSURE

Illinois
Illinois Controlled Substance
DEA

STAFF APPOINTMENTS

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

HONORS AND AWARDS

2021	Chicago Maga ine Top Doctor-Surgery
2020	The University of Minnesota Program in Human Sexuality, recipient of 50 Distinguished Sexual and Gender Health Revolutionaries
2017-2020	Castle Connolly Top Doctor (Chicago)
2017	Chicago Consumer Checkbook Top Doctor
2015	University of Minnesota Program in Human Sexuality Leadership Council
2014-2015	Rosalind Franklin University of Medicine and Science Chicago Medical School Honors and recogni es 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 Pri e 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 And Honors in Economics
1990	ames B. Angell Award for Academic Distinction
1989	Omicron Delta Epsilon-National Economic Honor Society
1988	College Honors Program Sophomore Honors Award For Academic Distinction
1988	Class Honors (Dean s List)

MEMBERSHIPS

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

CURRENT HOSPITAL COMMITTEES

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

PROFESSIONAL SOCIETY COMMITTEES

WPATH Executive Committee

Treasurer, The World Professional Association for Transgender Health

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

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board Examiner

WPATH Ethics Committee

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

American Society of Plastic Surgeons, Finance and Investment Committee

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

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

OTHER

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

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical ournal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The ournal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International ournal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, ournal of Reconstructive Microsurgery

Guest Reviewer, ournal of Plastic and Reconstructive Surgery

Guest Reviewer, ournal of Sexual Medicine

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

Guest Reviewer, The ournal of Plastic and Reconstructive Surgery

PRE IOUS EDITORIAL ROLE

Guest Reviewer, EPlasty, online ournal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International ournal of Transgenderism

Guest Reviewer, Pediatrics

PRE IOUS 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

PRE IOUS 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 uality 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

PRE IOUS 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
-Subcomittee 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 Biennial Symposium WPATH

Local Organi ing 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 SER ICE

Northwest Medical Teams
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San uan, Puerto Rico)

COMMUNITY SER ICE

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

The University of Minnesota Presidents Club Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

PRE IOUS COMMUNITY SER ICE

Board of Directors, Committee on ewish Genetic Diseases, ewish 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 ewish Genetic Diseases, Cancer Genetics Subcommittee, ewish United Fund, Chicago, Illinois

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

Ma or Gifts Committee, Saint Francis Hospital Development Council, Evanston, Il

isiting 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, Swit erland, August 31-September 1, 2018
6. The Ochsner Health System, New Orleans, LA anuary 28- anuary 30, 2019
7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, October3-4, 2019, Ann Arbor, MI,

In ited 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 ournal, Invited Discussant May 7, 2019, ournal 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 Prophylatic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)

3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015

4. Uterine Transplantation, Rush University Medical Center (IRB pending)

5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)

6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant LGB T 2S Stigma Reduction Life Course Mental Wellness (application in process)

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2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and . 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. achary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog with Contrast Ultrasonography Revisited: Has the Techni ue Been Useful, and Where are We Headed Now *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.

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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. Seit , MD, David To o, MD, **Loren S Schechter**, MD Anatomy of a Medication Error: Inadvertent Intranasal In ection of Neosynephrine During Nasal Surgery A Case Report

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

7. Iris Seit , MD Craig Williams, MD, Thomas Weidrich, MD, ohn 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 . 2009 ec 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, ennifer A. Swanson, BS, Med, Ronald E. Iverson, MD., **Loren S Schechter, MD**, Robert Singer, MD, Bob Basu, MD, MPH, Lynn A. Damit , MD, Scott Bradley Bradley Glasberg, MD, Lawrence S. Glasman, MD, Michael F. McGuire, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009.

10. Philip C. Haeck, MD, ennifer A. Swanson, BS, Med, **Loren S Schechter, MD**, Eli abeth . Hall-Findlay, MD, Noel B. McDevitt, MD, Gary Smotrich, MD, Neal R. Reisman, MD, D, 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 Seit , 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*

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15. Kalliainen LK; ASPS Health Policy Committee Evidence-Based Clinical Practice Guidelines: Reduction Mammaplasty, 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)

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42. The Affordable Care Act and Its Impact on Plastic Surgery and Gender-Affirmation Surgery, The ournal of Plastic and Reconstructive Surgery, (accepted for publication)

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

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

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55. Sasha Karan Narayan1, Rayisa Hontscharuk, Sara Danker, ess Guerriero, Angela Carter, Gaines Blasdel, Rachel Bluebond-Langner, Randi Ettner, Asa Radix, Loren Schechter, ens Urs Berli, Guiding the Conversation-Types of Regret after Gender-Affirming Surgery and Their Associated Etiologies, Annals of Translational Medicine, https://atm.amegroups.com/issue/view/1060

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57. Alire a Hamidian, Sydney Horen, Amir Dorafshar, Michelle Seu, Asa Radix, Erica Anderson, amison Green, Lin Fraser, Li a ohannesson, Giuliano Testa, and Loren S. Schechter, Uterine Transplant and Donation in Transgender Individuals: Proof of Concept https://doi.org/10.1080/26895269.2021.1915635

58. Rayisa Hontscharuk, Brandon Alba, Alire a Hamidian, Loren S. Schechter, Penile Inversion Vaginoplasty Outcomes: Complications and Satisfaction, (accepted for publication, Andrology)

59. "Plastic Surgeon Financial Compensation - Incentivi ation Models in Surgical Care Delivery: The Past, Present Future" (accepted for publication, ournal of Plastic and Reconstructive Surgery)

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3. **Schechter LS**: Mission Accomplished: Achieving a Successful Microsurgical Reconstruction of the Head and Neck. *Plastic Surgery Products,* March 2004

4 **Loren S Schechter, MD**: A Helping Hand. *Plastic Surgery Products*, November 2005.

5. **Loren S Schechter, MD**: On Guard for DVT. *Plastic Surgery Products*, une 2007.

6. **Loren S Schechter, MD** and Iris Seit , MD, PhD: Mission: Possible Achieving a Successful Microsurgical Reconstruction of the Head and Neck, *Plastic Surgery Practice,* May 2009.

7. **Loren S Schechter, MD** and Iris A. Seit , MD, PhD: Soft-tissue Reconstruction of Arms and Hands, *Plastic Surgery Practice*, February, 2010.

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Textbooks and Book Chapters

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Loren S Schechter, Surgery for Gender Identity Disorder, *Plastic Surgery*, Fourth Edition, ed. Neligan, 2013, Elsevier, Vol. Four, Volume Editor (Submitted for publication): David H. Song

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6. **Loren S Schechter**, Breast and Chest Surgery in Transgender Patients, Comprehensive Care of the Transgender Patient first edition, Elsevier, 2020

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10. **Loren S Schechter**, Rebecca B. Schechteer, Surgical Effects of GnRHa Treatment, Pubertal Suppression in Transgender Youth, Elsevier, 2019

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12. **Loren S Schechter** and Alexander Fac ue, Transgender Surgery-Femini ation and Masculini ation, Tips and Tricks in Plastic Surgery, edited by Seth R. Thaller and ubin Panthaki,(Springer Nature, Editors Seth R.Thaller and ubin . Panthaki https://doi.org/10.1007/978-3-030-78028-9

13. **Loren S Schechter** and Alexander Fac ue, Aesthetic Breast Surgery in Transgender Patients: Male to Female, Spear s Surgery of the Breast: Principles and Art, 4e by Allen Gabriel, Wolters Kluwer (in publication)

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17. **Loren S Schechter**, Recipient Vessels in Reconstructive Microsurgery,

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3. **L Schechter**, Robert Walton: Plication of the Orbital Septum in Lower Eyelid Blepharoplasty. New Frontiers in Aesthetic Surgery Annual Meeting Program Manual, p.90-91, 1999

4. **Loren Schechter, M D** , K. Ali adeh, M.D., M. McKinnon, M.D., Craniofacial Osseo-Distraction: A Bridge to Eucephaly, Abstracts of the 12th Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, p. 63, 1999.

5. McKay McKinnon, M.D., K. Ali adeh, M.D., **L Schechter**, M.D., Ethnic Aesthetic Analysis and Surgery, Abstracts of the 12th Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, p. 89, 1999

6. Mark A. Grevious, **Loren S Schechter**, David H. Song, and Robert Lohman: Sural Neurocutaneous Flaps for Reconstruction of Leg Wounds The American Society of Plastic Surgery Senior Residents Conference 2001

7. **Loren S Schechter**, Mark A. Grevious, David H. Song, Risal D ohan, and Robert F. Lohman: Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes, The World Society for Reconstructive Microsurgery p.29, 2001

8. LC Wu, **LS Schechter**, and RF Lohman: Negative Pressure Wound Therapy as a Bridge Between Debridement and Free Flap Reconstruction of Extremity Wounds, The World Society for Reconstructive Microsurgery p. 31, 2001

9. Mark A. Grevious, **Loren S Schechter**, Risal D ohan, David H. Song, and Robert Lohman: Role of Free-Tissue Transfer and Sural Neurocutaneous Flaps for Reconstruction of Leg Wounds, The ournal of Reconstructive Microsurgery, 18(6):533, 2002.

10. Lawrence . Gottlieb, Alex Kaplan, Kirstin Stenson, **Loren Schechter**: The Thoracoacromial Trunk as a Recipient Vessels: A Lifeboat in Head and Neck Reconstruction, The ournal of Reconstructive Microsurgery, 18(6):563, 2002.

11. Li a C. Wu M.D., **Loren S Schechter, M D** ,Robert F.Lohman M.D., Robin Wall, P.A., Miec yslawa Franc yk, P.T., Ph.D.: Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds, Plastic Surgical Forum, Vol. V, p.245 2002.

12. Li a C. Wu, **Loren S Schechter**, Robert F. Lohman, Somchai Limsrichamren, Charles G. Winans, . Michael Millis, and David C. Cronin: Implantable Doppler Probe for Continuous Monitoring of Hepatic Artery and Portal Vein Blood Flow in Pediatric Liver Transplantation, The ournal of Reconstructive Microsurgery, 19(7): 517, 2003.

13 **Loren S Schechter, MD,** ohn C. Layke, MD, Wayne M. Goldstein, MD, Lawrence . Gottlieb, MD: The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An 18 Year Experience, Plastic Surgery Forum, Vol. VII, P. 133.

14. oseph Talarico, MD, Wayne Lee, MD, **Loren Schechter, MD**: When Component Separation Isn t Enough, American Hernia Society, Inc, Hernia Repair 2005, P. 194

15 **Loren S Schechter, MD, FACS**, ames Boffa, MD, Randi Ettner, Ph.D., and Frederic Ettner, MD: Revision Vaginoplasty With Sigmoid Interposition: A Reliable Solution for a Difficult Problem, The World Professional Association for Transgender Health (WPATH) 2007 Biennial Symposium P. 31-32

16. acob M.P. Bloom, MS, Alvin B. Cohn, MD, Ben amin Schlechter, MD, Nancy Davis, MA, **Loren S Schechter, MD**, Abdominoplasty and Intra-Abdominal Surgery: Safety First, Plastic Surgery Abstract Supplement vol. 120, no 4, p. 99

17. I.A. Seit , C.S. Williams, T.A. Wiedrich, **L S Schechter**, Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap, Plastic Surgery At The Red Sea International Symposium Book Of Abstracts, March 24-28, 2009, p. 25

18. Michael Salvino, MD and **Loren S Schechter, MD**, Microvascular Reconstruction of Iatrogenic Femoral Artery In ury in a Neonate, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

19. Michelle Roughton, MD and **Loren Schechter, MD**, Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

20. Iris A. Seit , MD, Phd, Sarah Friedewald, MD, onathon Rimler, BS, **Loren Schechter, MD, FACS**, Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010,p.26

21. Iris A. Seit , MD, Phd, Craig Williams, MD, Daniel Resnick, MD, Mano Shah, MD, **Loren Schechter, MD, FACS**, Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 28

22. Iris A. Seit , MD, Phd, Craig Williams, MD, **Loren Schechter, MD, FACS**, Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 29

23. Michelle Roughton, MD, **Loren Schechter, MD, FACS,** Patient Safety: Abdominoplasty and Intra-Abdominal Procedures,
Advocate Research Forum, Research and Case Report Presentation Abstracts, Advocate Lutheran General Hospital, May 5, 2010, p. 20

24. Iris A. Seit , MD, PhD., Sarah M. Friedewald, MD, onathon Rimler, BS, **Loren S Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.

25. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon s Fourteen Year Experience, Annals of Plastic Surgery, Vol. 74, Suppl. 3, une 2015, p. s187.

26. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery

27. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience

28. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Terhapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures

29. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery

30. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

PRESENTATIONS

1. Student Summer Research Poster Forum-The University of Chicago, an. 21, 1992: A Comparison of Dynamic Energy Expenditure Versus Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method

2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: Routine HIV Testing in A Burn Center: A Five Year Experience

3. American Burn Association Poster Session, April 20-23, 1994, Orlando, Fl: Calculated Versus Measured Energy Re uirements in Adult Burn Patients

4. 48th Annual Senior Scientific Session: The University of Chicago, May 19, 1994: Calculated Versus Measured Energy Re uirements in Adult Burn Patients

5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, T : Plication of the Orbital Septum in Lower Eyelid Blepharoplasty

6. The Chicago Society of Plastic Surgery, May 6, 1999, Plication of the Orbital Septum in Lower Eyelid Blepharoplasty

7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, T : Plication of the Orbital Septum in Lower Eyelid Blepharoplasty

8. III Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, une 27- uly 2, 1999, San Francisco, CA: Craniofacial Osseo-Distraction: A Bridge to Eucephaly

9. III Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, une 27- uly 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"

10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes

11. American Society for Reconstructive Microsurgery, anuary 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"

12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"

13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, anuary 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"

14. The 5th Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: Soft Tissue Salvage: Where Are We in 2003

15. The Midwestern Association of Plastic Surgeons, 42nd Annual Meeting, Chicago, Il May 1-2, 2004: The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience

16. The 6th Annual Chicago Trauma Sympsoium, August 12-15, 2004, Chicago, Il Complex Wound Management

17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience

18. The American Society for Reconstructive Microsurgery, anuary 15-18, 2005, Fa ardo, Puerto Rico: Surviving as a Plastic Surgeon

19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: When Component Separation Isn t Enough

20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: Hereditary Gingival Fibromatosis in Mono ygotic Twins: First Reported Case

21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: Modified Components Separation Techni ue for Two Massive Ventral Hernias

22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: Mucormycosis of the Head and Neck: A Fatal Disease

23. The 7th Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, Il Management of Complex In uries

24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, Il September 18, 2005 From Flaps to Grafts

25. Tai oon Baxamusa, M and Loren S.Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American Association For Hand Surgery Annual Scientific Meeting, anuary 11-14, 2006, Tucson, Ari ona.

26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, Il Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty

27. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon s Four Year Experience

28. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy

29. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois Abdominoplasty Graft VAC Therapy: Two Useful Ad uncts in Full-Thickness Grafting of the Mangled Upper Extremity

30. The American Association of Plastic Surgeons 85th Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina Excision of Giant Neurofibromas

31. The 8th Annual Chicago Trauma Symposium, uly 27-30, 2006, Chicago, Il Management of Complex In uries

32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California Excision of Giant Neurofibromas

33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity

34. American Medical Association-RFS 3rd Annual Poster Symposium, November 10, Las Vegas, NV, 2006 Abdominal Wall Reconstruction With Alloderm

35. Advocate In ury Institute: Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, Pit Bull Mauling: A Case Study

36. The 9th Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, Il Management of Complex In uries

37. The World Professional Association for Transgender Health (WPATH) 2007 Biennial Symposium, September 5-8. 2007, Chicago, Il Revision Vaginoplasty With Sigmoid Interposition: A Reliable Solution for a Difficult Problem

38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 ER Call: Who s ob is it Anyway

39. The 10th Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, Il Management of Complex In uries

40. 23nd Annual Clinical Symposium on Advances in Skin Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada,poster presentation Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving In ury With an Expose Achilles Tendon: A Case Report

41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, Il Panel: Fresh Faces, Real Cases

42. The American Association for Hand Surgery Annual Meeting, anuary 7-13, 2009, Maui, Hawaii, poster session: Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap.

43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap.

44. ASPS/I UAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, Advertising in Plastic Surgery

45. ASPS/I UAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, Cost-Effectiveness of Physician Extenders in Plastic Surgery

46. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, Microvascular Reconstruction of Iatrogenic Femoral Artery In ury in a Neonate

47. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures

48. The 11th Annual Chicago Trauma Symposium, August 1, 2009, Chicago, Il Management of Complex In uries

49. Societa Italiana Di Microchirurgia, III Congresso Na ionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap.

50. Societa Italiana Di Microchirurgia, III Congresso Na ionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Challenging Cases.

51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, President s Panel: The Future of the Solo Practice-Can We, Should We Survive

52. The 12th Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, Il Management of Complex In uries

53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRAEC), Dresden, Germany, September 2010

54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA

55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.

56. ASPS/ASPSN oint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA

57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA

58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16th Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada

59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 une-2 uly, 2011, Helsinki, Finland

60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 une-2 uly, 2011, Helsinki, Finland

61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Techni ue, Poster Session, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 une-2 uly, 2011, Helsinki, Finland

62. The 13th Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, Il Soft Tissue Defects-Getting Coverage

63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA Surgical Options and Decision-Making

64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting

65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE

66. IV Congresso Na ionale della Societa Italiana di Microchirugia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma

67. IV Congresso Na ionale della Societa Italiana Microchirugia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series

68. American Society for Reconstructive Microsurgery, Poster Presentation, anuary 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, Tansgender 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, uly 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, Ob ective uality Parameters for Gender Confirmation Surgery, une 18-22, 2016, Amsterdam, Netherlands

85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, une 18-22, 2016, Amsterdam, Netherlands

86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra(Poster session #195), une 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 techni ue, poster session (Poster session #198), une 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 une 23-25, 2016

89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC une 23-25, 2016

90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The ournal of retractions, what I no longer do, Washington, DC une 23-25, 2016

91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC une 23-25, 2016

92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC une 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 Techni ue 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 Techni ues

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 Techni ue

103. The 18th Annual Chicago Orthopedic Symposium, uly 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 Developlment of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation

110. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty

111. The 19th Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, Il Soft Tissue Defects-Getting Coverage

112. Midwest LGBT Health Symposium, September 14-15, 2018, Chicago, Il uality 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. Theori ing 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, III Congresso Na ionale 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. Mulitspecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, une 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 Techni ues in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, Il.

11. The Business of Reconstructive Microsurgery: Maximi ing Economic value (Chair)The American Society for Reconstructive Microsurgery, anuary 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. Minimi ing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, anuary 11-14, 2014, Kauai, Hawaii

16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, anuary 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, anuary 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, anuary 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, V 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, anuary 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 mar o 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, une 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 oint 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, uly 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, uly 20, 2019

59. Program Director, Gender Affirming Breast,Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, Fl, uly 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 Femini ing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

64. Lower Surgeries-Masculini ing (phalloplasty metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

65. Preparing for Masculini ing 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, an 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 (femini ing-vaginoplasty), preparing for femini ing lower surgeries-case based, lower surgeries-masculini ing (phalloplasty and metoidioplasty), preparing

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

69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020

70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020

71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020

72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021

73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.

74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.

75. GEI Foundations Course, Live A, March 21, 2021

76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021

77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)

78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021

79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021

80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.

81. WPATH Health Plan Provider (HPP) Training, A Panel, September 13, 14, 21 2021, via oom

82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via oom), December 9, 2021

SYMPOSIA

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

2. Fundamentals of Evidence-Based Medicine How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, uly 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, uly 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, uly 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, uly 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, uly 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, une 21, Surgical Session (0945-1045), une 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- une 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- une 1, 2019

20. Moderator, Complications in Masculini ing Genital Reconstruction Surgery, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30- une 1, 2019

21. Moderator, Preparing for Surgery and Recovery, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30- une 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- une 1, 2019

23. Program Coordinator, Surgeon s Only Course, USPATH, September 5, 2019, Washington, DC

24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020

25. WPATH 2020 Surgeons Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)

26. WPATH ournal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (oom)

FACULTY SPONSORED RESEARCH

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

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

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

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

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

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

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

8. onathan M. Hagedorn, BA, **Loren S Schechter**, MD, FACS, Dr. Mano R. Shah, MD, FACS, Matthew L. imene , MD, ustine 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. onathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seit , Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois

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

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

12. Whitehead DM, Koc ancic 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 an 13-16; Phoenix, A .

13. Whitehead DM, Koc ancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Techni ue: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 an 13-16; Phoenix, A .

14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Techni ue, 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 Techni ue MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

16. S. Marecik, . Singh. **L Schechter**, M. Abdulhai, K. Kochar, . Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utili ing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 20

Keynote Address

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

IN ITED LECTURES

1. Management of Soft Tissue In uries 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 unior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, une 2000

5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, Il une 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, anuary 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 anuary, 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 In uries, 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, uly 31, 2002

27. Management of Complex Soft Tissue In uries 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 Vaccuum Assisted Closure Device in Plastic Surgery, Indianopolis, 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 In uries 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, Kalama oo, 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 Successs: 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, une 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 Techni ues 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 uarterly 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 Eli abeth 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, une 7, 2007.

65. Private Practice Plastic Surgery: A Seven Year Perspective, Grand Rounds, The University of Chicago, Section of Plastic Surgery.

66. Meet the Experts on Breast Cancer, 7th Annual Chicagoland Day of Sharing, Sunday, April 13th, 2008

67. Gender Confirmation Surgey: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.

68. Private Practice Plastic Surgery: A Seven Year Perspective, Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.

69. Management of Lower Extremity Trauma, Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.

70. Concepts in Plastic Surgery: A Multi-Disciplinary Approach, Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008

71. Surgical Techni ues-New Surgical Techni ues/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 In ury Institute Symposium, Trauma 2009: Yes We Can , November 19-20, 2009.

78. Maxillofacial Trauma, 6th Annual Advocate In ury Institute Symposium, Trauma 2009: Yes We Can , November 19-20, 2009.

79. Management of Complex Lower Extremity In uries, Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.

80. Gender-Confirming MTF Surgery: Indications and Techni ues, 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 In uries and Impairments, Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25th, 2010.

83. Genetics and Your Health, Hadassah Heals: Healing Mind, Body, Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.

84. GCS, Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.

85. Gender Confirming Surgery, The Center, The LGBT Community Center, October 22, 2010 New York, NY.

86. Gender Confirming Surgery, the Center, The LGBT Community Center, May 20, 2011, New York, NY.

87. Gender Confirming Surgery, Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY

88. Principles of Plastic Surgery, Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.

89. Forging Multidisciplinary Relationships in Private Practice, Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il

90. Gender Confirming Surgery, Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota

91. Gender Confirming Surgery, University of Chicago, Prit ker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il

92. Facial Trauma, 8th Annual Advocate In ury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011

93. Establishing a Community-Based Microsurgical Practice, MP Reconstructive Symposium, November 18-20, 2011, Chicago, Il

94. Surgery for Gender Identity Disorder, Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011

95. Managing Facial Fractures, Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il uly 17, 2012

96. Principles of Transgender Medicine, The University of Chicago Prit ker School of Medicine, Chicago, Il, September 7, 2012

97. State of the art breast reconstruction, Advocate Health Care, 11th Breast Imaging Symposium, anuary 26, 2013, Park Ridge, Il.

98. State of the art breast reconstruction, Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.

99. Getting under your skin: is cosmetic surgery right for you Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.

100. Gender Confirming Surgery, University of Chicago, Prit ker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il

101. State of the Art Breast Reconstruction, Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il

102. Transgender Medicine and Ministry, Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il

103. Principles of Transgender Medicine and Surgery, The University of Illinois at Chicago College of Medicine, anuary 28, 2014, Chicago, Il

104. Principles of Transgender Medicine and Surgery, Latest Surgical Innovations and Considerations, 22nd Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.

105. Principles of Transgender Medicine: Gender Confirming Surgery, Loyola University Medical Center, March 12, 2014.

106. Principles of Plastic Surgery, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.

107. Gender Confirmation Surgery, The University of Chicago, Prit ker School of Medicine, October 3, 2014

108. Private Practice: Is There a Future The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.

109. Private Practice: Is There a Future The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.

110. Gender Confirmation Surgery Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.

111. Body Contour After Massive Weight Loss, The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.

112. Gender Confirmation Surgery, The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. Gender Confirmation Surgery, The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015

114. Gender Confirmation Surgery, Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015

115. Principles of Plastic Surgery, Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

116. Updates on Gender Confirmation Surgery, Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

117. Gender Confirmation Surgery, Lurie Childrens Hospital, Chicago, Il, May 18, 2015,Chicago, Il 2015.

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122. Principles of Plastic Surgery, Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015

123. Gender Confirmation Surgery, Midwest LGBT Health Symposium, Chicago, Il, October 2, 2015

124. Gender Confirmation Surgery, Southern Comfort Conference, Weston, Fl, October 3, 2015

125. Surgical Transitions for Transgender Patients, Transgender Health Training Institute, Rush University Medical Center, Chicago,Il, October 8, 2015

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127. Gender Confirmation Surgery, Weiss Memorial Medical Center, November 4, 2015, Chicago, Il

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March 2, 2016 Chicago, Il

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163. Transgender Breast Augmentation, 34th Annual Atlanta Breast Surgery Symposium, anuary 19-21, 2018, Atlanta, GA

164. Top Surgery: Transmasculine Chest Contouring, 34th Annual Atlanta Breast Surgery Symposium, anuary 19-21, 2018, Atlanta, GA

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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

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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

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181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, anuary 8, 2019

182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, anuary 23, 2019

183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, anuary 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 Sugery, 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: Optimi ing 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, anuary 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, anuary 10-14, 2020

207. Rush University Medical Center, Division of Urology, Grand Rounds, Gender Confirmation Surgery: A Single Surgeon s Experience, anuary 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 udges District 8, Live Webinar, May 28, 2020

212. Principles of Transgender Surgery, National Association of Women s udges, District 8, Webinar, une 4, 2020

213. Gender-Affirming Surgery, National Association of Women s udges, District 8, Webinar, uly 8, 2020

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

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

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

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

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

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

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

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

222. Demystifing Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, uerencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, SCH LHMC, New Delhi, WPATH September 5, 2021 (by oom)

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

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

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

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

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

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

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

230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, Gesti n uir rgica de la Disforia de G nero: Descripci n general del mane o uir rgico y los est ndares de atenci n,
December 1, 2021, Mar del Plata, Argentina

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

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

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

Exhibit

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

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

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

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

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

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

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

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

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

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

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

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

I. QUALIFICATIONS OF DR. LEVINE

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

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

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

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

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

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

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

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

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

rather than correlation. *Id.* Nothing about this changes the overall state of the literature; nor is the correction remarkable since proving causation is very difficult in medical literature. Additionally, the fact that some transgender people may need ongoing mental health care does not mean that surgical interventions were unsuccessful. Surgery treats the medical condition of gender dysphoria. Other studies also find improvement in mental health conditions such as depression or anxiety. Additionally, ongoing care for individuals can be important across a host of medical conditions. Patients receive aftercare from their oncologist after surgery for cancer, and may need mental health care as well. That does not mean the surgery was unsuccessful.

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

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

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

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

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

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

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

A. Gender-Confirming Surgery is Safe and Effective

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

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

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

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

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

dysphoria of only 5.8%.[4]

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

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[4] Megan Lane et al., *Trends in Gender-affirming Surgery in Insured Patients in the United States*, 6 Plastic and Reconstructive Surgery - Global Open e1738 (2018).
[5] M.G. Berry et al., *Female-To-Male Transgender Chest Reconstruction: A Large Consecutive, Single-Surgeon Experience*, 65 Journal of Plastic, Reconstructive & Aesthetic Surgery 711-719 (2012).; Cori A. Agarwal et al., *Quality of Life Improvement After Chest Wall Masculinization in Female-To-Male Transgender Patients: A Prospective Study Using the BREAST-Q and Body Uneasiness Test*, 71 Journal of Plastic, Reconstructive & Aesthetic Surgery 651-657 (2018).
[6] Bruce L. Cunningham et al., *Analysis of Breast Reduction Complications Derived from the BRAVO Study*, 115 Plastic and Reconstructive Surgery 1597-1604 (2005).
[7] Lene Nyhøj Heidemann et al., *Complications following Nipple-Sparing Mastectomy and Immediate Acellular Dermal Matrix Implant-based Breast Reconstruction—A Systematic Review and Meta-analysis*, 6 Plastic and Reconstructive Surgery - Global Open e1625 (2018).
[8] Nicholas G. Cuccolo et al., *Epidemiologic Characteristics and Postoperative Complications following Augmentation Mammaplasty: Comparison of Transgender and Cisgender Females*, 7 Plastic and Reconstructive Surgery - Global Open e2461 (2019).

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

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

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

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

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

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

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

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

dysphoria and "would undergo the operation again."[12]

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

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[12] Travis J. Miller et al., *Breast Augmentation in Male-to-Female Transgender Patients: Technical Considerations and Outcomes*, 21 JPRAS Open 63-74 (2019).
[13] Loren S. Schechter, *Discussion: Quantifying the Psychosocial Benefits of Masculinizing Mastectomy in Trans Male Patients with Patient-Reported Outcomes: The University of California, San Francisco*, Gender Quality of Life Survey, 147 Plastic & Reconstructive Surgery 741e-742e (2021).
[14] Emily Newfield et al., *Female-to-Male Transgender Quality of Life*, 15 Quality of Life Research 1447-1457 (2006).

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

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

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

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

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

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

C. **Quality of Evidence**

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

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

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

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

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

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

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

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

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

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

[16] Sheera F. Lerman et al., *Suicidality After Burn Injuries: A Systematic Review*, 42 Journal of Burn Care & Research 357-364 (2021).
[17] Rikke Kildevæld Simonsen et al., *Long-Term Follow-up of Individuals Undergoing Sex Reassignment Surgery: Psychiatric Morbidity and Mortality*, 70 Nordic Journal of Psychiatry 241-247 (2016).

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

35. Dr. Levine conflates various treatment options (i.e., pubertal suppression in adolescents, hormone therapy, gender-affirming surgeries) in a wide range of clinical scenarios (i.e., treatment of children, treatment of adolescents, treatment of adults, etc.). As with many areas of medicine, treatment options may differ depending upon the individual seeking care. The Center for Study of Inequality at Cornell University conducted a systematic review of all peer-reviewed articles published in English between 1991 and June 2017.[19] 93% of the studies "found that gender transition improves the overall well-being of transgender people…" Only 7%

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

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

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

E. **Informed Consent**

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

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

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

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

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

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

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

1. Fertility Counseling

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

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

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

F. **Sexual Function**

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

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

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

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

G. **"Error Rates"**

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

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[22] Jessica C. Emanu et al., *Erectile Dysfunction after Radical Prostatectomy: Prevalence, Medical Treatments, and Psychosocial Interventions*, Curr Opin Support Palliat Care, 10(1): 102–107 (March 2016); doi:10.1097/SPC.0000000000000195.

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

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

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

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[24] Chantal M. Wiepjes et al., *The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets*, 15 The Journal of Sexual Medicine 582-590 (2018).
[25] *Id.*
[26] *Id.* at 585, 587 (researchers classified "social regrets" as those experienced by individuals who still identified as transgender women, but reported feeling "ignored by surroundings" or regretted loss of relatives," and classified "true regrets" as those experienced by individuals who "thought

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

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

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

H. **Patient Diagnosis**

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

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

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

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

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

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

IV. WPATH STANDARDS OF CARE

A. WPATH is a Professional Medical Association

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

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

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

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

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

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

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

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

https://www.apa.org/practice/guidelines/transgender.pdf; Am. Psychiatric Ass'n, A Guide for Working With Transgender and Gender Nonconforming Patients (2017), https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Loren S. Schechter, M.D.

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

KETSIA MCCLEASE
Electronic Notary Public
Commonwealth of Virginia
Registration No. 327724
My Commission Expires Apr 30, 2023

Ketsia McClease
Signature of Notary

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

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Exhibit A

Curriculum Vitae

NAME: **LOREN SLONE SCHECHTER, MD, FACS**

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

E-MAIL: lorenschechter1@gmail.com

MARITAL STATUS: Married (Rebecca Brown Schechter, MD)

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

EDUCATION:

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

POSTGRADUATE TRAINING:

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

TEACHING APPOINTMENT:

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

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

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

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

LICENSURE:

	Illinois Illinois Controlled Substance DEA

STAFF APPOINTMENTS:

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

HONORS AND AWARDS:

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

1988	Class Honors (Dean's List)

MEMBERSHIPS:

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

CURRENT HOSPITAL COMMITTEES:

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

PROFESSIONAL SOCIETY COMMITTEES:

WPATH Executive Committee

Treasurer, The World Professional Association for Transgender Health

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

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board Examiner

WPATH Ethics Committee

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

American Society of Plastic Surgeons, Finance and Investment Committee

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

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

OTHER:

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

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

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

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

PREVIOUS EDITORIAL ROLE:

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of Transgenderism

Guest Reviewer, Pediatrics

PREVIOUS ACADEMIC APPOINTMENT:

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

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

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

Clinical Associate in Surgery, The University of Chicago

PREVIOUS HOSPITAL COMMITTEES:

Division Director, Plastic Surgery, Lutheran General Hospital

Division Director, Plastic Surgery, St. Francis Hospital

Medical Staff Executive Committee, Secretary, Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical Center

Section Director, Plastic Surgery, Rush North Shore Medical Center

PREVIOUS SOCIETY COMMITTEES:

PlastyPac, Chair, Board of Governors

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

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy Committee

American Society of Plastic Surgeons, Practice Management Education Committee

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

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

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

2012 Nominating Committee, American Society of Plastic Surgeons

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

President, Illinois Society of Plastic Surgeons

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

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

American Society of Plastic Surgery, Chairman, Patient Safety Committee

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

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

2003 Leadership Tomorrow Program, The American Society of Plastic Surgery

Senior Residents Mentoring Program, The American Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery, Electronic Communications Committee

American Society of Aesthetic Plastic Surgery, Intranet Steering Committee

American Society of Aesthetic Plastic Surgery, International Committee

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

The Illinois State Medical Society, Council on Economics

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

Chairman, Chicago Medical Society, Healthcare Economics Committee

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

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

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

INTERNATIONAL MEDICAL SERVICE:

Northwest Medical Teams
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

COMMUNITY SERVICE:

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

The University of Minnesota Presidents Club Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

PREVIOUS COMMUNITY SERVICE:

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

Governing Council, Lutheran General Hospital, Park Ridge, Il

Lutheran General Hospital Development Council, Park Ridge, Il

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

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

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

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

Visiting Professor:

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

6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019

7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019

8. The University of Michigan, October3-4, 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 Prophylatic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)

3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015

4. Uterine Transplantation, Rush University Medical Center (IRB pending)

5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)

6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant – LGBQT 2S Stigma Reduction & Life Course Mental Wellness (application in process)

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PEER REVIEWED ARTICLES:

1. E. Wall, D. A. Schoeller, **L. Schechter**, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.

2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation 74(6):887-889, 2002.*

3. Robert F. Lohman, **Loren S. Schechter**, Lawrence S. Zachary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog

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

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

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Advocate Research Forum, Research and Case Report Presentation Abstracts, Advocate Lutheran General Hospital, May 5, 2010, p. 20

24. Iris A. Seitz, MD, PhD., Sarah M. Friedewald, MD, Jonathon Rimler, BS, **Loren S. Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.

25. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon's Fourteen Year Experience, Annals of Plastic Surgery, Vol. 74, Suppl. 3, June 2015, p. s187.

26. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery

27. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience

28. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Terhapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures

29. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery

30. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

PRESENTATIONS:

1. Student Summer Research Poster Forum-The University of Chicago, Jan. 21, 1992: "A Comparison of Dynamic Energy Expenditure Versus Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method"

2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: "Routine HIV Testing in A Burn Center: A Five Year Experience"

3. American Burn Association Poster Session, April 20-23, 1994, Orlando, Fl: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"

4. 48th Annual Senior Scientific Session: The University of Chicago, May 19, 1994: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"

5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

6. The Chicago Society of Plastic Surgery, May 6, 1999, "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

8. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999, San Francisco, CA: "Craniofacial Osseo-Distraction: A Bridge to Eucephaly"

9. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"

10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: "Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes"

11. American Society for Reconstructive Microsurgery, January 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"

12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"

13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"

14. The 5th Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: "Soft Tissue Salvage: Where Are We in 2003?"

15. The Midwestern Association of Plastic Surgeons, 42nd Annual Meeting, Chicago, Il May 1-2, 2004: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"

16. The 6th Annual Chicago Trauma Sympsoium, August 12-15, 2004, Chicago, Il "Complex Wound Management"

17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"

18. The American Society for Reconstructive Microsurgery, January 15-18, 2005, Fajardo, Puerto Rico: "Surviving as a Plastic Surgeon"

19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"

20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"

21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Modified Components Separation Technique for Two Massive Ventral Hernias"

22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Mucormycosis of the Head and Neck: A Fatal Disease?"

23. The 7th Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, Il "Management of Complex Injuries"

24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, Il September 18, 2005 "From Flaps to Grafts"

25. Taizoon Baxamusa, M and Loren S.Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American Association For Hand Surgery Annual Scientific Meeting, January 11-14, 2006, Tucson, Arizona.

26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, Il "Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty"

27. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon's Four Year Experience"

28. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy"

29. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Abdominoplasty Graft & VAC Therapy: Two Useful Adjuncts in Full-Thickness Grafting of the Mangled Upper Extremity"

30. The American Association of Plastic Surgeons 85th Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina "Excision of Giant Neurofibromas"

31. The 8th Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il "Management of Complex Injuries"

32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California "Excision of Giant Neurofibromas"

33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il "Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity"

34. American Medical Association-RFS 3rd Annual Poster Symposium, November 10, Las Vegas, NV, 2006 "Abdominal Wall Reconstruction With Alloderm"

35. Advocate Injury Institute: "Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, "Pit Bull Mauling: A Case Study"

36. The 9th Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, Il "Management of Complex Injuries"

37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8. 2007, Chicago, Il Revision Vaginoplasty With Sigmoid Interposition: "A Reliable Solution for a Difficult Problem"

38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 "ER Call: Who's Job is it Anyway"

39. The 10th Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, Il "Management of Complex Injuries"

40. 23nd Annual Clinical Symposium on Advances in Skin & Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada,poster presentation "Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report."

41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, Il "Panel: Fresh Faces, Real Cases"

42. The American Association for Hand Surgery Annual Meeting, January 7-13, 2009, Maui, Hawaii, poster session: "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."

43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."

44. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Advertising in Plastic Surgery?"

45. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Cost-Effectiveness of Physician Extenders in Plastic Surgery"

46. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, "Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate"

47. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il,"Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures"

48. The 11th Annual Chicago Trauma Symposium, August 1, 2009, Chicago, Il "Management of Complex Injuries"

49. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap."

50. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Challenging Cases."

51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, "President's Panel: The Future of the Solo Practice-Can We, Should We Survive?"

52. The 12th Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, Il "Management of Complex Injuries"

53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRAEC), Dresden, Germany, September 2010

54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA

55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.

56. ASPS/ASPSN Joint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA

57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA

58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16th Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada

59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

62. The 13th Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, Il "Soft Tissue Defects-Getting Coverage"

63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA "Surgical Options and Decision-Making"

64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting

65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE

66. XXIV Congresso Nazionale della Societa Italiana di Microchirugia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma

67. XXIV Congresso Nazionale della Societa Italiana Microchirugia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series

68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention

69. The 14th Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, Il "Soft Tissue Defects-Getting Coverage"

70. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Reimbursement in Breast Reconstruction"

71. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace"

72. The 15th Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, Il "Soft Tissue Defects-Getting Coverage"

73. 2014 WPATH Symposium, Tansgender 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 Developlment 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. Mulitspecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.

9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.

10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, Il.

11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.

12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30th, 2012, New Orleans, LA

13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA

14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA

15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii

16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii

17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA

18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, Il

19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Overview of Surgical Treatment Options

20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, Il Surgical Procedures

21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Surgical Complications

22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Post-operative Care

23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Case Discussions: The Multidisciplinary Team

24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23,2016, Atlanta, GA Overview of Surgical Treatment Options

25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options

26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.

27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.

28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.

30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.

31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.

32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017

33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017

34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017

35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.

36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.

37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, Il

38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea

39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017

41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator

42.Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017

43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017

44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018

45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY

46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018

47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018

48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, Il

49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018

50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018

51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018

52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018

53. 25th WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator

54. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics

55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019

56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019

57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019

58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019

59. Program Director, Gender Affirming Breast,Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, Fl, July 20, 2019

60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, Il

61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning & Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)

69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020

70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020

71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020

72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021

73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.

74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.

75. GEI Foundations Course, Live Q&A, March 21, 2021

76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021

77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)

78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021

79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021

80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.

81. WPATH Health Plan Provider (HPP) Training, Q&A Panel, September 13, 14, 21 2021, via Zoom

82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via zoom), December 9, 2021

83. I want to be a gender surgeon: where do I even start, American Society for Reconstructive Microsurgery, Annual Meeting, January 17, 2022, Carlsbad, CA

SYMPOSIA:

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

2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, Il

8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, Il

9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, Il.

10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands

11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, Il

12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017

13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017

14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, Il March 10, 2017.

15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017

16: 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery

17. Program Director, 2nd Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.

18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC

24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020

25. WPATH 2020 Surgeons' Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)

26. WPATH Journal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (Zoom)

FACULTY SPONSORED RESEARCH:

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

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

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

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

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

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

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

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

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

10. Samuel Lake, Iris A. Seitz, MD, Phd, Loren S. Schechter, MD, Daniel Peterson, Phd Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCsFirst 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

16. S. Marecik, J. Singh. **L. Schechter**, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 20

Keynote Address:

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

INVITED LECTURES:

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

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

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

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

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

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

7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000

8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000

9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000

10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000

11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000

12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001

13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001

14. Wound Care, Rush North Shore Medical Center, March 2001

15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001

16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001

17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001

18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002

19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002

20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002

21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002

22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002

23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002

24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.

25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago,Il, May, 2002

26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002

27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:

28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002

29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.

30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002

31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002

32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002

33. Dressing for Success: The Role of the Vaccuum Assisted Closure Device in Plastic Surgery, Indianopolis, 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 Successs: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003

45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003

46. A Systematic Approach to Complex Reconstruction, 12th Annual Vendor Fair "Surgical Innovations," October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003

47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA

48. Beautiful You: From Botox to Weekend Surgeries, 21st Century Cosmetic Considerations, March 21, 2004 Hadassah Women's Health Symposium, Skokie, Il

49. Updates in Breast Reconstruction, The 2nd Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004

50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004

51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il

52. 4th Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, Il

53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, Il

54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, Il

55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, Il

56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, Il

57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, Il

58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, Il

59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, Il

60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, Il.

61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.

62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.

63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.

64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.

65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.

66. "Meet the Experts on Breast Cancer," 7th Annual Chicagoland Day of Sharing, Sunday, April 13th, 2008

67. Gender Confirmation Surgey: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.

68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.

69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.

70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008

71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008

72. "Genetics: *A Family Affair*" Panel Discussion: Predictive Genetic Testing, 23rd Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, Il, March 18, 2009

73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.

74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, Il.

75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, Il.

76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.

77. "Compartment Syndrome," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.

78. "Maxillofacial Trauma," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.

79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.

80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010

81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14th, 2010

82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25th, 2010.

83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.

84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.

85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.

86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.

87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY

88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.

89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il

90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota

91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il

92. "Facial Trauma," 8th Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011

93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il

94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011

95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012

96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012

97. "State of the art breast reconstruction," Advocate Health Care, 11th Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.

98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.

99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.

100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il

101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il

102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il

103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il

104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22nd Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.

105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.

106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.

107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014

108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.

109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.

110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.

111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.

112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015

114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015

115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015,Chicago, Il 2015.

118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.

119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn

120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015

121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015

122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015

123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, Il, October 2, 2015

124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, Fl, October 3, 2015

125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago,Il, October 8, 2015

126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015

127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, Il

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA

145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20,2016 Washington, DC

146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016

147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016

148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017

149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017

150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.

151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 – 50 Years of Aesthetics* - in San Diego, California April 27– May 2, 2017.

152. "Gender Confirmation Surgery: A New Surgical Frontier," 15th Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.

153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017

154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017

155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

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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," Brazlian 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' Affaris, 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 Feminiztion 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 Sugery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now?, Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2011 (by Zoom)
225. Chest Surgery, The Illinois Dept. of Corrections (by zoom), October 13, 2021.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Exhibit

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