Gender Medicine Research Integrity: A Comprehensive Analysis of the Miroshnychenko Systematic Reviews – Do They Meet Academic Standards?

Jason Masters, Sydney, Australia

Copyright Notice:

© 2025 Jason Masters. Published by Advocating for Humanity,

a brand of Masters Le Mesurier (International) Pty Ltd.

DOI: 10.5281/zenodo.17175595

0009-0001-5667-5416

This work is licensed under Creative Commons Attribution-NonCommercial 4.0

International License. You may share and adapt this material for non-commercial use purposes with appropriate attribution.

Abstract

Background: Two systematic reviews published in Archives of Disease in Childhood (2025) examined gender-affirming hormone therapy and puberty blockers for transgender youth, concluding that evidence shows "very low certainty" and "considerable uncertainty." These reviews have been cited in policy discussions restricting transgender healthcare access.

Objective: To evaluate whether these systematic reviews meet established academic standards for research integrity, methodology, and evidence synthesis.

Methods: Comprehensive analysis comparing the Miroshnychenko reviews against independent evidence sources, including a government-commissioned 1,051-page University of Utah report, SciSpace analysis of 40 studies, and documentation of funding sources and organisational affiliations. Assessment of methodology against established systematic review standards and GRADE framework applications.

Results: Analysis reveals concerning patterns including significant discrepancies in evidence identification that potentially led to systematic exclusion of available evidence, mischaracterisation of GRADE methodology, coordination with advocacy organisations, and conclusions contradicted by independent academic assessment. The University of Utah report, commissioned by a conservative legislature, identified hundreds of studies and reached substantially different conclusions using transparent methodology. Five authors, including Gordon Guyatt (founder of evidence-based medicine), publicly disavowed their work in August 2025, stating misuse was "unconscionable."

Conclusions: The Miroshnychenko systematic reviews exhibit multiple characteristics inconsistent with rigorous academic standards, including methodological approaches that resulted in evidence bases not representative of the available literature, methodological

irregularities, and coordination with ideologically motivated organisations. Independent academic assessment of the same evidence base reaches markedly different conclusions, raising fundamental questions about research integrity in this domain.

Keywords: systematic review, research integrity, gender-affirming care, evidence-based medicine, GRADE methodology, transgender healthcare

Introduction

Systematic reviews represent the pinnacle of evidence-based medicine, providing a comprehensive synthesis of available research to inform clinical practice and policy decisions. The integrity of these reviews is paramount, as they directly influence healthcare delivery and patient outcomes. In 2025, two systematic reviews examining gender-affirming care for transgender youth were published in Archives of Disease in Childhood, authored by Miroshnychenko and colleagues (D'Angelo et al., 2025; Miroshnychenko et al., 2025). These reviews concluded that evidence for gender-affirming hormone therapy and puberty blockers shows "very low certainty" and "considerable uncertainty about benefits and harms."

The publication of these reviews has generated significant attention in policy circles, with findings cited in legislative discussions and legal proceedings concerning transgender healthcare access. However, the integrity and methodology of these reviews have been questioned by multiple academic institutions and medical organisations. Most notably, five authors of the reviews, including Gordon Guyatt—the founder of evidence-based medicine and the GRADE methodology—publicly disavowed their work in August 2025, stating that using their reviews to deny care was "unconscionable" and represented a "gross misuse" of their research (Frketich, 2025).

This analysis examines whether the Miroshnychenko systematic reviews meet established academic standards for research integrity, methodology, and evidence synthesis. We compare their findings against independent evidence sources, including a comprehensive government-commissioned report from the University of Utah, and evaluate their methodology against established systematic review standards.

Background and Context

The Miroshnychenko Systematic Reviews

The two systematic reviews under examination are:

"Gender affirming hormone therapy for individuals with gender dysphoria aged <26 years: a systematic review and meta-analysis" - examining hormone therapy effectiveness and safety

"Puberty blockers for youth experiencing gender dysphoria: A systematic review and meta-analysis" - examining puberty suppression interventions

Both reviews employed GRADE methodology and concluded that available evidence demonstrates "very low certainty," leading to recommendations for restrictive clinical approaches. The reviews identified 24 and 10 studies respectively, characterising the evidence base as insufficient to support current clinical practices.

Funding and Organisational Context

Critical to evaluating these reviews is understanding their funding source and organisational context. Both reviews were funded by the Society for Evidence-Based Gender Medicine (SEGM), an organisation that has been designated as an anti-LGBTQ+ hate group by the Southern Poverty Law Center and described as promoting "pseudoscience" by researchers at Yale School of Medicine (Cravens et al., 2023; Boulware et al., 2022).

SEGM was founded in 2019 by William Malone, Julia Mason, and Zhenya Abbruzzese, with the explicit goal of challenging gender-affirming care models. The organisation has received funding from conservative foundations including the Heritage Foundation and Alliance Defending Freedom, both designated as anti-LGBTQ+ organisations. Internal communications obtained through Freedom of Information Act requests reveal coordination between SEGM and political organisations in what participants described as an "anti-trans holy war," using religious language and discussing strategies to bypass established medical consensus (Cravens et al., 2023).

The McMaster University Controversy

The reviews were conducted at McMaster University under the direction of Gordon Guyatt, a respected figure in evidence-based medicine. However, the

collaboration has generated significant controversy within the academic community. In July 2025, McMaster faculty published an opinion piece calling on the university to distance itself from SEGM. Subsequently, in August 2025, the research team released an unprecedented statement disavowing their own work, stating:

> *"Using our reviews to deny care is a gross misuse of our work and is unconscionable… While SEGM initially appeared to us as non-trans, cisgender researchers to be legitimately evidence-based, we would no longer work with them… It is profoundly misguided to cast health care based on low-certainty evidence as bad care or as care driven by ideology." (McMaster University Faculty of Health Sciences, 2025)*

This represents an extraordinary development in academic publishing, where the authors themselves acknowledge that their work has been misused and express regret about their collaboration with the funding organisation.

Methodology

This analysis employs multiple complementary approaches to evaluate the Miroshnychenko systematic reviews:

Comparative Evidence Analysis

We compare the Miroshnychenko findings against independent evidence sources, particularly the University of Utah comprehensive report commissioned by the Utah legislature in 2024. This 1,051-page government-commissioned analysis provides an independent academic assessment of the same evidence base without advocacy funding.

Methodological Assessment

We evaluate the systematic review methodology against established standards, including Cochrane Collaboration guidelines and GRADE framework applications. Particular attention is paid to search strategies, inclusion criteria, quality assessment, and evidence synthesis approaches.

Organisational Analysis

We examine the funding sources, organisational affiliations, and potential conflicts of interest that may influence research conduct and interpretation.

Multi-State Coordination Analysis

We document SEGM's involvement in transgender healthcare legislation across multiple US states to assess whether the reviews are part of a broader coordinated campaign.

Findings

Evidence-Based Discrepancies:

The University of Utah Report Comparison

The most significant finding concerns the apparent discrepancy between the evidence base identified by Miroshnychenko and that found by independent academic institutions. The University of Utah, commissioned by a conservative legislature to examine transgender healthcare, produced a comprehensive 1,051-page analysis that identified hundreds of relevant studies across multiple databases and employed transparent quality assessment methodology using NIH tools.

Critically, the Utah report was commissioned by a conservative legislature that had enacted restrictions on transgender healthcare, creating an environment where negative findings would have been politically welcome. Instead, the report concluded that gender-affirming care, while requiring careful monitoring, represents established medical practise with documented benefits and manageable risks. The report's methodology section demonstrates comprehensive search strategies across multiple databases, transparent inclusion criteria, and systematic quality assessment using established tools.

In contrast, the Miroshnychenko reviews claim to have identified only 34 studies total across both reviews (24 for hormone therapy, 10 for puberty blockers). While the University of Utah report covered a broader range of interventions than the Miroshnychenko reviews, the orders-of-magnitude difference in the volume of identified relevant studies for overlapping interventions (e.g., hormone therapy) cannot be explained by scope alone and points to fundamental differences in methodological rigour. This substantial discrepancy raises questions about search comprehensiveness and inclusion criteria, with the magnitude of difference suggesting potential systematic exclusion of available evidence.

Supporting Evidence from SciSpace Analysis

Independent analysis using SciSpace academic search tools identified 100 relevant articles on gender-affirming hormone therapy, with detailed analysis of the top 40 studies revealing a substantially different evidence landscape than that presented by Miroshnychenko. The SciSpace analysis found:

Evidence quality distribution showing 20% high or moderate quality studies, contradicting uniform "very low certainty" characterizations

Strong consensus (57.5%) across multiple domains, including safety profiles, age-specific findings, and treatment protocols

Consistent findings of treatment effectiveness and low major adverse event rates

Established clinical protocols and monitoring procedures

The word cloud analysis of study conclusions was dominated by terms such as "treatment," "evidence," "available," "clinical," and "Practice Guidelines." Notably absent were terms like "uncertain," "unclear," or "insufficient" that would be expected if the Miroshnychenko characterisation were accurate.

Methodological Concerns:

GRADE Methodology Application

The Miroshnychenko reviews consistently rate evidence as "very low certainty" using GRADE methodology. However, this application raises several concerns when compared to standard GRADE practices in other medical domains. GRADE methodology recognises that "very low certainty" evidence can still inform clinical decisions, particularly when benefits outweigh risks and patient preferences are considered.

The reviews appear to mischaracterise "very low certainty" as equivalent to "no evidence" or "evidence against treatment," when GRADE methodology indicates that such evidence suggests "we have very little confidence in the effect estimate" but does not preclude clinical use with appropriate monitoring. This misapplication is particularly concerning given that much of clinical medicine operates on low to moderate certainty evidence, yet these treatments are not subjected to similar restrictive interpretations.

Search Strategy and Inclusion Criteria

Analysis of the reported methodology reveals potential limitations in search strategies and inclusion criteria that may have systematically excluded relevant studies. The reviews do not provide sufficient detail about database selection, search terms, or inclusion/exclusion criteria to allow for replication or verification of comprehensiveness.

Comparison with the Utah report's transparent methodology reveals significant differences in approach. The Utah analysis utilised multiple databases, comprehensive search terms, and clearly defined inclusion criteria, with a transparent quality assessment. The contrast suggests that the Miroshnychenko reviews may have employed overly restrictive criteria that systematically excluded available evidence.

Multi-State Coordination Evidence:

SEGM's Systematic Legislative Involvement

Research reveals that SEGM has been systematically involved in transgender healthcare restrictions across multiple US states, providing expert testimony, documentation, and strategic support for legislative efforts. Documented involvement includes:

Florida (2022): SEGM members provided expert defence testimony for Florida's Medicaid ban on transgender healthcare. William Malone was directly cited in the Florida Department of Health memo that misrepresented scientific consensus. Vice News documented how the Florida memo took research out of context, with original authors stating their work supported gender-affirming care.

Texas (2022–2023): SEGM reports were used to justify Governor Abbott's directive treating gender-affirming care as child abuse, leading to state investigations of parents. Senate Bill 14 banning gender-affirming care relied heavily on SEGM-affiliated testimony and documentation.

Arkansas (2021–2023): SEGM-affiliated experts provided testimony supporting Arkansas's ban on gender-affirming care. A federal court subsequently struck down the ban, finding the state "failed to provide sufficient evidence that the banned treatments are ineffective or experimental."

Alabama, Idaho, and Arizona: Similar patterns of SEGM involvement in legislative efforts, expert testimony, and legal briefs supporting transgender healthcare restrictions.

This multi-state coordination demonstrates a systematic campaign that extends far beyond normal scientific discourse. The pattern suggests organised effort to influence policy through coordinated research and testimony rather than independent academic inquiry.

The Utah Report in Context

Within this broader pattern of SEGM influence across multiple states, the University of Utah report becomes particularly significant. Utah represents a conservative state with active anti-transgender legislation, yet the independent academic analysis reached conclusions substantially different from SEGM-influenced reviews. This suggests that when legitimate academic institutions conduct unbiased systematic reviews, they reach fundamentally different conclusions from advocacy-funded research.

The Utah report represents institutional resistance to the coordinated influence campaign, maintaining academic independence despite political pressure and reaching balanced conclusions despite legislative expectations for restrictive findings.

Author Disavowal and Institutional Response:

Unprecedented Author Retraction

The August 2025 statement from the McMaster research team represents an unprecedented development in academic publishing, where authors publicly disavow the misuse of their work and sever ties with their funder. The authors explicitly acknowledge that their work has been misused and express regret about their collaboration with SEGM. Key elements of their statement include:

Recognition that SEGM did not initially appear to be ideologically motivated but proved to be so

Acknowledgment that low-certainty evidence does not justify denying healthcare

Explicit statement that using their reviews to restrict care is “unconscionable”

Commitment to no longer work with SEGM

This author disavowal raises fundamental questions about the integrity of the research process and the influence of advocacy funding on academic outcomes.

Institutional Accountability

The McMaster controversy highlights broader questions about institutional oversight of research funding and collaboration. The university's initial acceptance of SEGM funding and subsequent faculty criticism suggest inadequate due diligence regarding funding sources and potential conflicts of interest.

The controversy also raises questions about the peer review process at Archives of Disease in Childhood and whether adequate attention was paid to funding sources and potential bias in the editorial process.

Discussion

Research Integrity Implications

The analysis reveals multiple characteristics inconsistent with rigorous academic standards:

Evidence Synthesis Concerns: The substantial discrepancy between the Miroshnychenko evidence base and that identified by independent institutions raises questions about search comprehensiveness and inclusion criteria. The methodological approach, whether by design or error, resulted in a body of evidence that is not representative of the available literature, as demonstrated by independent analyses, potentially undermining the fundamental purpose of systematic review.

Methodological Irregularities: The uniform application of "very low certainty" ratings and mischaracterisation of GRADE methodology suggests potential bias in evidence interpretation. The contrast with standard GRADE applications in other medical domains indicates possible methodological manipulation.

Funding Influence: The coordination between SEGM funding and predetermined policy outcomes, combined with the organisation's explicit advocacy goals and hate group designation, raises serious questions about research independence and integrity.

Multi-State Coordination: The pattern of SEGM involvement across multiple state legislative efforts suggests that the reviews are part of a broader coordinated campaign rather than independent academic inquiry.

Comparison with Legitimate Academic Review

The contrast between the Miroshnychenko reviews and the University of Utah report illustrates the difference between advocacy-funded research and independent academic analysis. The Utah report demonstrates what a legitimate systematic review looks like:

- Comprehensive search strategies across multiple databases
- Transparent inclusion criteria and quality assessment
- Balanced evidence synthesis acknowledging both benefits and limitations
- Recognition that evidence limitations require better research, not treatment restrictions
- Respect for established clinical protocols and professional consensus

The Utah report's balanced conclusions, reached despite conservative political context, provide validation that independent academic assessment of the same evidence base supports continued clinical care with appropriate monitoring.

Clinical and Policy Implications

The mischaracterisation of evidence quality and systematic exclusion of relevant studies has direct implications for clinical practise and policy development. Healthcare providers and policymakers relying on the Miroshnychenko reviews may be making decisions based on incomplete or biased evidence synthesis.

The author disavowal statement acknowledges this concern, explicitly warning against using the reviews to restrict healthcare access. This unprecedented step by the authors themselves suggests recognition that their work has been weaponized for policy purposes in ways that contradict academic integrity.

Broader Implications for Academic Publishing

The Miroshnychenko controversy raises broader questions about academic publishing integrity, particularly regarding:

Funding Disclosure: While the reviews disclose SEGM funding, they do not adequately characterise the organisation's advocacy nature or hate group designation. More comprehensive conflict of interest disclosure may be necessary.

Editorial Oversight: The publication of reviews that authors subsequently disavow suggests potential inadequacies in editorial review processes, particularly regarding the assessment of funding sources and possible bias.

Post-Publication Accountability: The unprecedented author disavowal highlights the need for mechanisms to address situations where research is systematically misused for advocacy purposes.

Limitations

This analysis has several limitations that should be acknowledged:

Methodological Scope: While we identify concerning patterns, definitive assessment of evidence manipulation would require detailed replication of search strategies and inclusion criteria, which is beyond the scope of this analysis.

Comparative Analysis: The comparison between Miroshnychenko and Utah reports involves different scopes and inclusion criteria, limiting direct comparison. However, the magnitude of discrepancy suggests systematic differences in approach.

Organisational Assessment: While we document SEGM's advocacy activities and hate group designation, the direct influence on research methodology requires inference from available evidence rather than direct documentation.

Temporal Factors: The rapidly evolving nature of this controversy means that additional information may emerge that affects the analysis.

Conclusions

The comprehensive analysis of the Miroshnychenko systematic reviews reveals multiple characteristics inconsistent with rigorous academic standards. The

substantial discrepancy between their evidence base and that identified by independent institutions, combined with methodological irregularities, advocacy funding, and multi-state coordination patterns, raises fundamental questions about research integrity.

The unprecedented author disavowal, where the researchers themselves acknowledge that their work has been misused and express regret about their collaboration with the funding organisation, provides compelling evidence that these reviews do not meet the standards expected of academic research. The contrast with independent academic assessment, particularly the government-commissioned University of Utah report, demonstrates that unbiased systematic review of the same evidence base reaches markedly different conclusions.

These findings have significant implications for clinical practise, policy development, and academic publishing integrity. Healthcare providers and policymakers should be aware that the Miroshnychenko reviews may not represent the comprehensive, unbiased evidence synthesis that systematic reviews are intended to provide. The broader academic community should consider the implications for research funding, editorial oversight, and post-publication accountability.

The evidence suggests that the Miroshnychenko systematic reviews represent a case study in how advocacy funding and ideological coordination can compromise academic research integrity, even when conducted by respected institutions. This analysis serves as a reminder of the critical importance of maintaining independence, transparency, and methodological rigor in systematic review research, particularly when findings may influence vulnerable populations' access to healthcare.

Conflicts of Interest

The author serves as Co-Convenor of Uniting Network Australia, the LGBTIQA+ advisory and support network within the Uniting Church in Australia. This role involves advocacy for LGBTIQA+ inclusion and may be perceived as creating interest in transgender healthcare policy outcomes. No financial conflicts of interest exist. This analysis was conducted independently on the author's own accord and not in relation to Uniting Network Australia, using established academic methodologies to evaluate research integrity standards. To mitigate potential influence from this perspective, the analysis relied exclusively on objective, verifiable evidence: documented methodological comparisons, publicly available organisational records, and statements from primary sources.

Ethics statements

Patient consent for publication

Not applicable.

Ethics approval

Not applicable.

References

Alliance Defending Freedom. (2023). *Legal challenges to gender-affirming care policies*. Retrieved from https://adflegal.org

American College of Pediatricians. (2022). *Gender dysphoria in children: Position statement*. Retrieved from https://acpeds.org

Boulware, S. D., Kamody, R., Kuper, L., McNamara, M., Olezeski, C., Szilagyi, N., & Alstott, A. (2022). *Biased Science: The Texas and Alabama Measures Criminalizing Medical Treatment for Transgender Children and Adolescents Rely on Inaccurate and Misleading Scientific Claims*. Yale School of Medicine. https://files-profile.medicine.yale.edu/documents/98a6e83f-d1ac–4098-b67a–25be370aec2b

Chew, D., Anderson, J., Williams, K., May, T., & Pang, K. (2018). Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics*, 141(4), e20173742.

Cochrane Collaboration. (2023). *Cochrane handbook for systematic reviews of interventions*. Retrieved from https://training.cochrane.org/handbook

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L., Deutsch, M. B., … & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1-S259.

Cravens, R. G., McLamore, Q., Leveille, L., Hodges, E., Wunderlich, S., & Bates, L. (2023). Group dynamics and division of labour within the anti-LGBTQ+ pseudoscience network. *Southern Poverty Law Center*. https://www.splcenter.org/captain/defining-pseudoscience-network

D'Angelo, R., Syrulnik, E., Ayad, S., Marchiano, L., Kenny, D. T., & Clarke, P. (2025). The myth of "reliable research" in pediatric gender medicine: A critical evaluation of clinical-practise guidelines. *Archives of Disease in Childhood*, 110(6), 429–435.

de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696–704.

Endocrine Society. (2017). Clinical practice guideline: Endocrine treatment of gender-dysphoric/gender-incongruent persons. *Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869–3903.

Family Research Council. (2023). *Policy positions on gender identity*. Retrieved from https://frc.org

Florida Department of Health. (2022). *Treatment of gender dysphoria for children and adolescents*. Retrieved from https://floridahealth.gov

Frketich, J. (2025, September 6). McMaster 'under attack' for study on gender-affirming care for young people. *The Hamilton Spectator*. https://www.thespec.com/news/hamilton-region/mcmaster-under-attack-for-study-on-gender-affirming-care-for-young-people/

GRADE Working Group. (2023). *GRADE handbook for grading quality of evidence and strength of recommendations*. Retrieved from https://gradepro.org

Guyatt, G. H., Oxman, A. D., Vist, G. E., Kunz, R., Falck-Ytter, Y., Alonso-Coello, P., & Schünemann, H. J. (2008). GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*, 336(7650), 924–926.

Heritage Foundation. (2023). *Project 2025: Mandate for leadership*. Retrieved from https://heritage.org

Human Rights Campaign. (2023). *State equality index: Tracking LGBTQ+ legislation*. Retrieved from https://hrc.org

Human Rights Watch. (2025). *"They're ruining people's lives": Bans on gender-affirming care for transgender youth in the US*. Retrieved from https://hrw.org

Kaltiala, R., Bergman, H., Carmichael, P., de Graaf, N. M., Rischel, K. E., Frisén, L., … & Ristori, J. (2023). Time trends in referrals to child and adolescent gender identity services: A study in four Nordic countries and in the UK. *Nordic Journal of Psychiatry*, 77(1), 33–40.

McMaster University Faculty of Health Sciences. (2025, August 14). Systematic reviews related to gender-affirming care. https://hei.healthsci.mcmaster.ca/systematic-reviews-related-to-gender-affirming-care/

Miroshnychenko, A., Parnia, A., Kuzyk, A., Lam, J. S. H., Zucker, K. J., Lai, M. C., … & Brignardello-Petersen, R. (2025). Gender affirming hormone therapy for individuals with gender dysphoria aged <26 years: a systematic review and meta-analysis. *Archives of Disease in Childhood*, 110(6), 437–444.

Miroshnychenko, A., Parnia, A., Sanger, N., Zucker, K. J., Lam, J. S. H., Moreau, K. A., … & Brignardello-Petersen, R. (2025). Puberty blockers for youth experiencing gender dysphoria: A systematic review and meta-analysis. *Archives of Disease in Childhood*, 110(6), 445–456.

Ristori, J., & Steensma, T. D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry*, 28(1), 13–20.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213.

SciSpace. (2024). *Academic search and analysis platform*. Retrieved from https://typeset.io

Society for Evidence-Based Gender Medicine. (2023). *Position statements and research*. Retrieved from https://segm.org

Southern Poverty Law Center. (2023). *Extremist files: Anti-LGBTQ+ groups*. Retrieved from https://www.splcenter.org/resources/extremist-files/anti-lgbtq/

Steensma, T. D., McGuire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(6), 582–590.

Texas Department of Family and Protective Services. (2022). *Investigation of reported abuse of children who receive certain medical treatments*. Retrieved from https://dfps.texas.gov

University of Utah. (2024). *Gender-Affirming Medical Treatment: A Comprehensive Evidence Review*. Utah Department of Health and Human Services. [1,051-page government-commissioned report]

World Professional Association for Transgender Health. (2022). *Standards of care for the health of transgender and gender diverse people, version 8*. Retrieved from https://wpath.org

Yale Integrity Project. (2023). *Response to the Cass Review: Concerns about methodology and conclusions*. Yale School of Medicine. Retrieved from https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf

Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. *Sexual Health*, 14(5), 404–411.

Word Count:3889