

July 17, 2024

To:

Andrew Lam andrew.lam@cbc.ca

Ian Brimacombe ian.brimacombe@cbc.ca

Jack Nagler ombud@cbc.ca

Dear Sirs,

I am writing to you about the video "How youth can access gender-affirming care in Nova Scotia". In this video, Andrew Lam states "that [the effects of puberty blockers are] reversible with puberty beginning typically within three to six months after stopping treatment."
<https://www.youtube.com/watch?v=cnzD6unRPzo>

We are concerned that Andrew Lam's claim does not align with CBC's Journalistic Standards and Practices (JSP), specifically regarding Accuracy. As per the JSP, "We seek out the truth in all matters of public interest. We invest our time and our skills to learn, understand and clearly explain the facts to our audience. The production techniques we use serve to present the content in a clear and accessible manner."

Treatment of gender distressed youth with puberty blockers is an extremely sensitive and highly contentious topic and must be reported on in a manner that does not mislead the public. We would like the CBC to retract this claim based on 3 important points outlined below.

- 1) Evidence concerning the use of puberty blockers to treat precocious puberty is being incorrectly applied to children with gender dysphoria. This is inaccurate and can mislead viewers into believing puberty blockers are safe and reversible and without risk.

Puberty blockers have been used in the treatment of precocious puberty and have been shown to be safe and effective when administered for this purpose, although not without risks and side effects. In precocious puberty, blockers are used to suppress abnormally high hormone levels in very young children.

This is much different than blocking normally timed pubertal development in children with gender dysphoria.

The claim that when puberty blockers are stopped, puberty returns in 3-6 months is only accurate for children experiencing precocious puberty. It is not accurate to apply this statement in the context of gender-related distress.

- 2) The new gold standard of medical evidence on the usage of puberty blockers for gender incongruence in children is very clear that the use of puberty blockers for this purpose cannot be assumed to be safe.

The National Health Services of Sweden, Finland and the UK have recently conducted systematic reviews of evidence concerning the use of puberty blockers and cross-sex hormones for the treatment of gender-distressed youth.

Systematic reviews analyze, interpret, and critically appraise the data from published studies with the goal of reducing bias and are the highest standard for evidence-based medicine. Eight new systematic reviews of evidence are now available thanks to the Cass Review in England. This has created a new global standard upon which the use of puberty blockers and hormone treatments for gender distressed children must be evaluated.

<https://cass.independent-review.uk/home/publications/final-report/>

The most recent independent review was led by Dr. Hilary Cass, former president of the Royal College of Paediatrics and Child Health in the United Kingdom. The nearly 400 page report was commissioned by National Health Services England and includes recommendations based on the 8 new systematic reviews of scientific literature examining among other things the safety and efficacy of puberty blockers and hormone treatments for children and youth with gender dysphoria.

The review found that, “not enough is known about the longer-term impacts of puberty blockers for children and young people with gender incongruence to know whether they are safe or not, nor which children might benefit from their use.” From the overview of key findings, “The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health. The effect on cognitive and psychosexual development remains unknown.”

As stated in the report FAQs, “Pubertal hormones are needed for psychological, psychosexual and brain development, and there is not yet enough information on the risks of stopping the influence of pubertal hormones at this critical life stage”.

The Cass Report conclusions caution that by blocking these important functions the trajectory of development of sexuality and gender identity is altered. Instead, identity is formed based on the discomfort experienced during puberty. Unlike treatment for precocious puberty, the systematic reviews that focused on the use of puberty blockers for gender distressed youth found that 0-8% discontinue puberty suppression and that “the vast majority of those who start puberty suppression continue to masculinising/feminising hormones, particularly if they start earlier in puberty.”(p. 176).

As Dr. Cass points out, the data suggest that puberty blockers are not buying time to think but rather lock in the discomfort of puberty for youth experiencing gender-related distress. The best

available evidence about the use of puberty blockers to treat gender distress in young people now suggests that this form of treatment is concretizing their distress and increases the likelihood that young people will halt pubertal development and proceed to even more invasive medicalization. This new trajectory of “gender affirming care” has serious risks of medical harm, without good quality evidence of lasting benefits.

This new trajectory stands in stark contrast with the previous “watchful waiting” model of treatment for gender dysphoric youth where 61-98% of youth experiencing gender distress resolved these feelings during adolescence without the use of puberty blockers and other medicalization. <https://pubmed.ncbi.nlm.nih.gov/26754056/>

Further, reversibility claims of puberty blockers are not supported by the available evidence. In addition to the Cass Review, there is a literature review conducted by Sallie Baxendale, an Australian neuropsychologist: <https://pubmed.ncbi.nlm.nih.gov/38334046/>

This literature review looked at all studies involving the neuropsychological, neurobehavioral or cognitive impacts of puberty blockers on humans or animals. This review of the literature found, "There is no evidence that cognitive effects are fully reversible following discontinuation of treatment."

The key points as taken directly from the literature review are as follows:

1. Adolescence is a critical window of neurodevelopment and puberty plays a critical role in these neurodevelopmental processes.
2. The suppression of puberty impacts brain structure and the development of social and cognitive functions in mammals, the effects are complex and often sex specific.
3. No human studies have systematically explored the neuropsychological impact of pubertal suppression in transgender adolescents with an adequate baseline and follow up.
4. Animal studies, single case reports and studies of the impact of puberty blockers in children with precocious puberty indicate that these treatments may be associated with reductions in IQ.
4. The impact of pubertal suppression on measures of neuropsychological function should be an urgent priority for future research.

Experts on medical guideline development have pointed out that the strength of a recommendation must be based on the quality or strength of the evidence that supports that recommendation. There is an insufficient evidence base upon which to suggest that puberty blockers are reversible, let alone safe for the treatment of gender dysphoric youth. The only responsible conclusion that can be drawn from the current evidence base is that “there’s uncertainty about whether the long term benefits outweigh the harms”.

<https://www.bmj.com/content/380/bmj.p382>

All of the national health services that have heeded the recent systematic reviews have placed the use of puberty blockers under strict clinical research protocols and have prioritized holistic treatment models such as supportive psychotherapy as a first line of treatment. It is extremely irresponsible for the CBC to suggest that puberty blockers can be used for the treatment of

gender dysphoria without recognizing that there is not enough medical evidence available to know whether the risks will outweigh the benefits.

More information about the rigour and findings of the Cass Review can be found here:

<https://cass.independent-review.uk/home/publications/final-report/final-report-faqs/>

3) WPATH is no longer a credible Standard of Care.

We also note that the CBC refers to WPATH SOC8 to support gender affirmation treatments in young people. WPATH has recently come under scrutiny in legal proceedings and it is now widely accepted that their “standard of care” is not evidence-based.

In fact, it has recently been revealed through subpoenaed emails that WPATH blocked the release of a systematic review of evidence that they sponsored because it did not provide “positive support” for the conclusions they needed for their standard of care.

WPATH hired John's Hopkins University to conduct systematic reviews for its revised Standards of Care (SOC) 8. The unbiased review found that the evidence supporting puberty blockers and hormonal and surgical interventions for youth was mostly low or very low quality. WPATH leadership aggressively suppressed the reviews as they did not come to the conclusion WPATH had hoped:

<https://www.economist.com/united-states/2024/06/27/research-into-trans-medicine-has-been-manipulated>

It has also been revealed through subpoenaed emails that Admiral Rachel Levine, President Biden's Assistant Secretary for Health, along with the American Academy of Pediatrics exerted direct pressure on WPATH to remove age minimums from its most recent Standards of Care, (SOC) 8:

https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html?utm_source=su_bstack&utm_medium=email

In March of this year, hundreds of messages from an internal WPATH forum were leaked. The conversations between members show a profound lack of concern for the long term impacts of medical interventions despite being aware of the potential for serious harm. Patient vulnerabilities were dismissed and members admitted that they violate principles of informed consent and medical ethics:

<https://environmentalprogress.org/big-news/wpath-files>

These controversies call into question the integrity of WPATH and the processes used to create its Standards of Care. The suppression of evidence based research can only be described as

unethical and it is abundantly clear that there is intense political and activist pressure involved in maintaining WPATH's position and supporting the medicalization of trans-identified youth.

Conclusion

It is clear that Andrew Lam's claims that puberty blockers are reversible and the suggestion the public might take away from the video that they are safe is inaccurate and unsupported by excellent quality evidence. We would like to see the statements made about puberty blockers corrected. To leave such inaccurate reporting in place carries a high risk of misleading the public on a matter of healthcare that has significant life altering implications.

Further, we ask that the CBC take these recent developments seriously. Media across the western world are now exposing the level of manipulation that has occurred in recent years that has promoted gender affirmation medicalization of youth as safe and effective. Once credible organizations such as WPATH, the AAP, the Endocrine Society and others are being called into question. The Canadian public deserves to know how and why this has occurred and the media must find avenues for public discussion about how to best protect vulnerable youth from harm while providing the highest quality care that is based on solid evidence.

In the pursuit of truth as outlined in your JSP I expect future reporting on the issue of puberty blockers and hormonal and surgical interventions for youth to focus on the best evidence available. This would also help restore public trust in the CBC.

Thank you for your time and I look forward to your response.

Sincerely,

A handwritten signature in cursive script that reads "Pam Buffone".

Pamela Buffone
www.genderreport.ca

Canadian Gender Report is a non-sectarian group of parents and professionals concerned about the medical gender transition of children and the cultural forces that are promoting gender medicalization of young people. We keep tabs on what is happening in Canada and around the world. We help families of gender-distressed young people raise concerns in order to advocate for the well-being of their children and an evidence-based approach to healthcare and education.

