

Appendix D SUMMARY CRITERIA FOR HORMONAL AND SURGICAL TREATMENTS FOR ADULTS AND ADOLESCENTS

The SOC-8 guidelines are intended to be flexible in order to meet the diverse health care needs of TGD people globally. While adaptable, they offer consensus-based standards derived from the best available scientific evidence for promoting optimal health care and guiding the treatment of people experiencing gender incongruence. As in all previous versions of the SOC, the criteria put forth in this document for gender affirming interventions are clinical guidelines; individual health care professionals and programs, in consultation with the TGD person, may modify them. Clinical departures from the SOC may occur due to a TGD person's unique anatomic, social, or psychological situation; an experienced health care professional's evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm-reduction strategies. These departures should be recognized as such, discussed with the TGD person, and documented. This documentation is also valuable for the accumulation of new data, which can be retrospectively examined to allow for health care—and the SOC—to evolve. This summary criteria needs to be read in conjunction with the relevant chapters (see Adult Assessment and Adolescent chapters).

SUMMARY CRITERIA FOR ADULTS

Related to the assessment process

- Health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment should liaise with professionals from different disciplines within the field of trans health for consultation and referral, if required*
- If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a health care professional who has competencies in the assessment of transgender and gender diverse people is needed.

Criteria for hormones

- a. Gender incongruence is marked and sustained;
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming hormone treatment;
- d. Other possible causes of apparent gender incongruence have been identified and excluded;
- e. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- f. Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

Criteria for surgery

- a. Gender incongruence is marked and sustained;
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
- d. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
- e. Other possible causes of apparent gender incongruence have been identified and excluded;
- f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;
- g. Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).*

*These were graded as suggested criteria

SUMMARY CRITERIA FOR ADOLESCENTS

Related to the assessment process

- A comprehensive biopsychosocial assessment including relevant mental health and medical professionals;
- Involvement of parent(s)/guardian(s) in the assessment process, unless their involvement is determined to be harmful to the adolescent or not feasible;
- If written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST), only one letter of assessment from a member of the multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team that involves both medical and mental health professionals (MHPs).

Puberty blocking agents

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- f. Reached Tanner stage 2.

Hormonal treatments

- a. Gender diversity/incongruence is marked and sustained over time;
 - b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
 - c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
 - d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
 - e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
 - f. Reached Tanner stage 2.
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
 - c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
 - d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
 - e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
 - f. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

Surgery

- a. Gender diversity/incongruence is marked and sustained over time;