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# United States Senate

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LABOR, AND PENSIONS

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October 9, 2024

## VIA ELECTRONIC TRANSMISSION

Kate Fryer, CAE  
Chief Executive Officer  
Endocrine Society  
2055 L Street NW, Suite 600  
Washington, DC 20036

Dear Ms. Fryer:

I write to request information regarding the Endocrine Society’s clinical practice guidelines, “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” for treating children and/or adolescents suffering from “gender dysphoria.” As the Ranking Member of the Senate Committee on Health, Education, Labor, and Pensions, I have a responsibility to ensure transparency and accountability in matters that directly affect public health. As the Endocrine Society has been highly influential in directing international practice on gender transition procedures, the public must be properly informed on the scientific evidence your organization relies on, especially since these guidelines have the potential to influence physicians, minors, and patients.

In January 2020, the United Kingdom’s National Health Service (NHS) established a working group, the Cass Review, to review and publish evidence on the use of puberty blockers and cross-sex hormones in children and young adults.<sup>1</sup> The Cass Review aimed to understand the reasons for the rapid rise in children and adolescents seeking gender transition procedures and to develop recommendations to ensure that they undergo procedures that are “safe, holistic, and effective.”<sup>2</sup>

On April 10, 2024, the Cass Review Final Report (Final Report) was published. The Final Report included systematic reviews of scientific literature carried out by University of York on issues including characteristics of children and young people who are seeking gender transition procedures, the forces driving the rise in referrals and the change in patient demographics, and gender transition procedures provided through NHS-affiliated hospitals.<sup>3</sup> The University of York’s review further evaluated international guidelines on gender transition procedures, the effects of social transitioning, puberty blockers and hormone treatments, and evaluated 23 regional, national

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<sup>1</sup> NATIONAL HEALTH SERVICE, THE CASS REVIEW—INDEPENDENT REVIEW OF GENDER IDENTITY SERVICES FOR CHILDREN AND YOUNG PEOPLE—FINAL REPORT (UK).

<sup>2</sup> *Id.* at 20.

<sup>3</sup> *Id.* at 21.

and international guidelines covering key areas of practice—nearly all of which were influenced by either WPATH or Endocrine Society Guidelines.<sup>4</sup>

According to the Final Report, evidence on the use of puberty blockers and cross-sex hormones on mental or psychosocial health is “weak” and there continues to be a lack of high-quality evidence supporting their use.<sup>5</sup> The Final Report also found insufficient evidence to assess whether social transition in childhood has positive or negative effects on mental health, and weak evidence for efficacy in adolescence.<sup>6</sup> Evidence for early puberty suppression is also unclear, with unknown effects on cognitive and psychosexual development.<sup>7</sup> The Final Report also notes that, there is insufficient evidence the physical risks and benefits of these procedures.<sup>8</sup>

The Endocrine Society’s 2017 “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline” provides guidance to mental health providers, the process for obtaining informed consent, and provision of gender hormone treatments including recommended dosages.<sup>9</sup> However, in 2019, medical professionals submitted a letter to the Editor of the *Journal of Clinical Endocrinology and Metabolism* critiquing the Endocrine Society’s Clinical Practice Guidelines, noting that the increase in testosterone levels the Endocrine Society recommends is associated with ovarian cancer and metabolic abnormalities, and that the risk of venous thromboembolism increases by a factor of five for men taking estrogen.<sup>10</sup> The letter states: “The health consequences of [gender transitions procedures] are highly detrimental, the stated quality of evidence in the guidelines is low, and diagnostic certainty is poor. Furthermore, the limited long-term outcome data fail to demonstrate long-term success in suicide prevention.”<sup>11</sup>

The Final Report is similarly critical of the Endocrine Society’s guidelines, which it states “lack[s] developmental [rigor].”<sup>12</sup> The Final Report also questions the Endocrine Society’s close relationship with WPATH.<sup>13</sup> Specifically, WPATH has adopted certain Endocrine Society recommendations and served as a cosponsor providing input to drafts of the Endocrine Society’s guidelines.<sup>14</sup> In recognition of the deficiencies within its guidelines, the Endocrine Society is in the process of reexamining its gender transition procedure guidelines.<sup>15</sup>

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<sup>4</sup> *Id.* at 28.

<sup>5</sup> *Id.* at 20.

<sup>6</sup> *Id.* at 31.

<sup>7</sup> *Id.* at 32.

<sup>8</sup> *Id.* at 32, 130.

<sup>9</sup> Wylie C, Hembree et. al., *Endocrine Treatment of Gender-Dysphoric / Gender Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline*, J. OF CLINICAL ENDOCRINOLOGY & METABOLISM 3869-3903 (2017).

<sup>10</sup> Michael K. Laidlaw et. al., *Letter to the Editor: “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,”* 104 J. OF CLINICAL ENDOCRINOLOGY 686-687 (2018).

<sup>11</sup> *Id.*

<sup>12</sup> NATIONAL HEALTH SERVICE, THE CASS REVIEW—INDEPENDENT REVIEW OF GENDER IDENTITY SERVICES FOR CHILDREN AND YOUNG PEOPLE—FINAL REPORT AT 28 (UK).

<sup>13</sup> *Id.* at 130.

<sup>14</sup> *Id.*

<sup>15</sup> Jen Christensen, *First on CNN: Major medical society re-examines clinical guidelines for gender-affirming care*, CNN (Feb. 26, 2024), <https://www.cnn.com/2024/02/26/health/endocrine-society-gender-affirming-care-guidelines/index.html>.

The Endocrine Society must answer for its failures given its oversized impact on children and young adults seeking gender transition procedures. Accordingly, I ask that you respond to each of the following questions, on a question-by-question basis, **by October 24, 2024**. For the production of records, we ask these be unredacted and bates stamped.

1. Please describe the process for developing and revising the Clinical Practice Guideline.
2. What types of scientific evidence were considered when formulating the 2017 guidelines? Please produce all peer-reviewed and non-peer reviewed materials relied on when drafting the 2017 Clinical Practice Guideline.
3. Please provide the name(s) and title(s) of each individual involved in creating the 2017 guidelines.
4. When developing the 2017 Clinical Practice Guidelines, how did Endocrine Society address conflicting studies or evidence?
  - a. As stated above, the Final Review found that the evidence on the use of puberty blockers and cross-sex hormones to treat the mental or psychosocial health of minors is “weak” and there continues to be a lack of high-quality evidence. If the evidence is “weak,” how was it possible for the Endocrine Society to measure its 2017 guidelines in improving “health outcomes”?
5. In February 2024, it was reported that Endocrine Society is performing a three-year reevaluation of its guidelines for gender transition procedures. Please explain the Endocrine Society’s process for reevaluating its guidelines as well as a proposed timetable for reevaluation.
6. Produce the Endocrine Society’s organizational charts from 2017 to the present.
7. Produce a list of Endocrine Society Board of Directors from 2017 to the present.
8. Produce all records, including agendas, minutes, electronic communications, and electronic recordings, for Endocrine Society Board of Directors meetings related in any way to gender transition procedures from 2017 to the present.
9. Produce complete Form 990s that your organization has filed with the Internal Revenue Service for each year from 2017 to the present. In your submission, please also provide complete Schedule Bs.

Respectfully,

*Bill Cassidy, M.D.*

Bill Cassidy, M.D.

Ranking Member

U.S. Senate Committee on Health,  
Education, Labor, and Pensions