

TRANSCRIPT**FRONTLINE: Growing Up Trans****Puberty Blockers: Part 2**

NARRATOR: The treatment of transgender kids can be controversial. It's a field of medicine with very little research, and the few studies that do exist suggest that for most kids, the distress about gender will shift with time.

LISA SIMONS, M.D., Adolescent Medicine, Lurie Children's Hosp.: The majority of children with gender dysphoria will not grow up to be transgender adolescents or adults. But I think the challenge is that we're not able to definitively predict for whom gender dysphoria will continue, and for those that it may not continue.

Dr. COURTNEY FINLAYSON, M.D., Ped. endocrinologist, Lurie Children's Hospital: Our goal is to try to figure out which children are going to continue to identify as different than their natal sex. And we don't have any definitive test to do that right now. And that's— that's very challenging. I wish there was a test to say, "Oh, yeah. Of course. You're 5 and you think this now, and you will when you're 15, and you will when you're 30." I mean, we don't have it, though. So it's a real challenge.

NARRATOR: But there is growing consensus that the more intense gender dysphoria is in childhood, the more likely it is to persist and that puberty itself can also be a telling predictor.

Dr. LISA SIMONS: And I just wanted to see if you were noticing any changes in your body recently that had you maybe feeling worried or sad?

DANIEL: Well, this one over here— it— like, it started getting real tender.

SARA HEUMANN, Daniel's mother: I think Daniel had been really concerned about how quickly this was going to happen and just really feeling strongly about not developing breasts.

And my husband and I want to do anything we need to to keep his emotional wellbeing in mind and how he feels about himself.

Dr. LISA SIMONS: OK.

Early intervention does make a huge difference. Once physical changes— some physical changes of puberty have occurred— you know, voice deepening in boy-bodied people, for instance— they're irreversible. So really starting puberty-blocking medications as early as possible is really important for some people who are really experiencing distress.

Dr. COURTNEY FINLAYSON: So there is a very, very faint amount of breast tissue under the— under the right breast. I mean, it's just a little tiny bit. We typically want to see that a child has had a little bit of pubertal development. But that's the point at which we can start sort of talking about blocking puberty. The medications that we use for puberty blockers all work, and for the most part have few side effects.

This is a sample of what the implant is.

SARA HEUMANN: That's small.

Dr. COURTNEY FINLAYSON: Yeah.

The medications are very expensive, and so they can be \$15,000 to \$25,000 a year for some of these things, which is cost-prohibitive for most people. So we have been— we have worked on an option that we have that we can offer here now, actually, which is called Vantas.

And its FDA approval is for men with prostate cancer, but this has been used successfully by pediatric endocrinologists taking care of kids like Daniel, and it seems to work just as well and it is a lot less expensive. And so, you know, Vantas is not— it's not approved for children, but none of these medications are actually approved for use in this situation—

SARA HEUMANN: In—

Dr. COURTNEY FINLAYSON: For any of these medications.

SARA HEUMANN: Oh, for any of them. OK.

Dr. COURTNEY FINLAYSON: We have a lot of experience in pediatric endocrinology using pubertal blockers, and from all the evidence we have, they are generally a very safe medicine. But the concerns with this population are just different because we're using them at a little different age and for a different purpose.

So whether it is having any negative effect on their adult bone density or their neurologic development I think is— we don't know. I much prefer to take care of conditions that have been well researched and well studied for 50 years, and that is not the case here. We just really need good research that we don't have yet.

Dr. LISA SIMONS: They're not easy decisions to make, and they shouldn't be made quickly. And I think the take-home message today is that nothing is going to happen quickly, OK? Nothing.

Dr. COURTNEY FINLAYSON: This generation of kids are really— they're the pioneers. They're going to be the ones to teach us.