



Correction

Article title: Standards of Care for the Health of Transgender and Gender Diverse People, Version 8

Authors: E. Coleman, A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. de Vries, M. B. Deutsch, R. Ettner, L. Fraser, M. Goodman, J. Green, A. B. Hancock, T. W. Johnson, D. H. Karasic, G. A. Knudson, S. F. Leibowitz, H. F. L. Meyer-Bahlburg, S. J. Monstrey, J. Motmans, L. Nahata ... J. Arcelus

Journal: *International Journal of Transgender Health*

Bibliometrics: Volume 23, no. S1, pp. S1-S258

DOI: <https://doi.org/10.1080/26895269.2022.2100644>

Some sections of text have been removed or added. Please see below.

- On page S45, at the end of the sentence finishing “are criticized.” The following was added: “However, these findings have not been replicated.”
- On page S48: the following text was removed:
 - “With the aforementioned criteria fulfilled (6.12.a–6.12.g), the following are suggested minimal ages for gender-affirming medical and surgical treatment for adolescents:
 - 14 years and above for hormone treatment (estrogens or androgens) unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 15 years and above for chest masculinization unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 16 years and above for breast augmentation, facial surgery (including rhinoplasty, tracheal shave, and genioplasty) as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 17 and above for metoidioplasty, orchidectomy, vaginoplasty, hysterectomy, and fronto-orbital remodeling as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 18 years or above for phalloplasty unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.”
- On page S54, the following text was removed:
 - “Many youth who bind may require chest masculinization surgery in the future (Olson-Kennedy, Warus et al., 2018).
- On page S65, the following text was removed:
 - “With the aforementioned criteria fulfilled (6.12.a–6.12.g), the following are suggested minimal”
 - And the subtitle in bold was changed to read as follows:
 - “Consideration of ages for gender-affirming medical and surgical treatment for adolescents”

- On page S65, the following text was removed:
 - “14 years and above for hormone treatment (estrogens or androgens) unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 15 years and above for chest masculinization unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 16 years and above for breast augmentation, facial surgery (including rhinoplasty, tracheal shave, and genioplasty) as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 17 and above for metoidioplasty, orchidectomy, vaginoplasty, hysterectomy, and fronto-orbital remodeling as part of gender-affirming treatment unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - 18 years or above for phalloplasty unless there are significant, compelling reasons to take an individualized approach when considering the factors unique to the adolescent treatment time frame.
 - The ages outlined above provide general guidance for determining the age at which gender-affirming interventions may be considered. Age criteria should be considered in addition to other criteria presented for gender-affirming interventions in youth as outlined in Statements 6.12a-f. Individual needs, decision-making capacity for the specific treatment being considered, and developmental stage (rather than age) are most relevant when determining the timing of treatment decisions for individuals.
- On page S65, the phrase:
 - Higher (i.e., more advanced) ages are provided for treatment with greater irreversibility, complexity, or both.
- Was changed to read:
 - Higher (i.e., more advanced) ages may be required for treatment with greater irreversibility, complexity, or both.
- On pages S65-S66, the following text was removed:
 - “The recommendations above are based on available evidence, expert consensus, and ethical considerations, including respect for the emerging autonomy of adolescents and the minimization of harm within the context of a limited evidence base. Historically, there has been hesitancy in the transgender health care setting to offer gender-affirming treatments with potential irreversible effects to minors. The age criteria set forth in these guidelines are younger than ages stipulated in previous guidelines and are intended to facilitate youth’s access to gender-affirming treatments (Coleman et al., 2012; Hembree et al., 2017). Importantly, for each gender-affirming intervention being considered, youth must communicate consent/assent and be able to demonstrate an understanding and appreciation of potential benefits and risks specific to the intervention (see Statement 6.12c).”
- On page S66, the following text was removed:
 - “It should also be noted the ages for initiation of GAHT recommended above are delayed when compared with the ages at which cisgender peers initiate puberty with endogenous hormones in most regions (Palmert & Dunkel, 2012).”
- On page S66, the following text was removed:
 - “Age recommendations for irreversible surgical procedures were determined by a review of existing literature and the expert consensus of mental health providers, medical providers, and surgeons highly experienced in providing care to TGD adolescents.”

- On page S258, the following text was removed:
 - “The following are suggested minimal ages when considering the factors unique to the adolescent treatment time frame for gender-affirming medical and surgical treatment for adolescents, who fulfil all of the other criteria listed above.
 - Hormonal treatment: 14 years
 - Chest masculinization: 15 years
 - Breast augmentation, Facial Surgery: 16 years
 - Metoidioplasty, Orchiectomy, Vaginoplasty,
 - Hysterectomy, Fronto-orbital remodeling: 17 years
 - Phalloplasty: 18 years”