

SOURCE: Page et al, 2021 (PRISMA 2020) British Medical Journal

HB 174



PRISMA 2020 Checklist



= Steps NOT Accomplished in the UTAH HHS "Report"

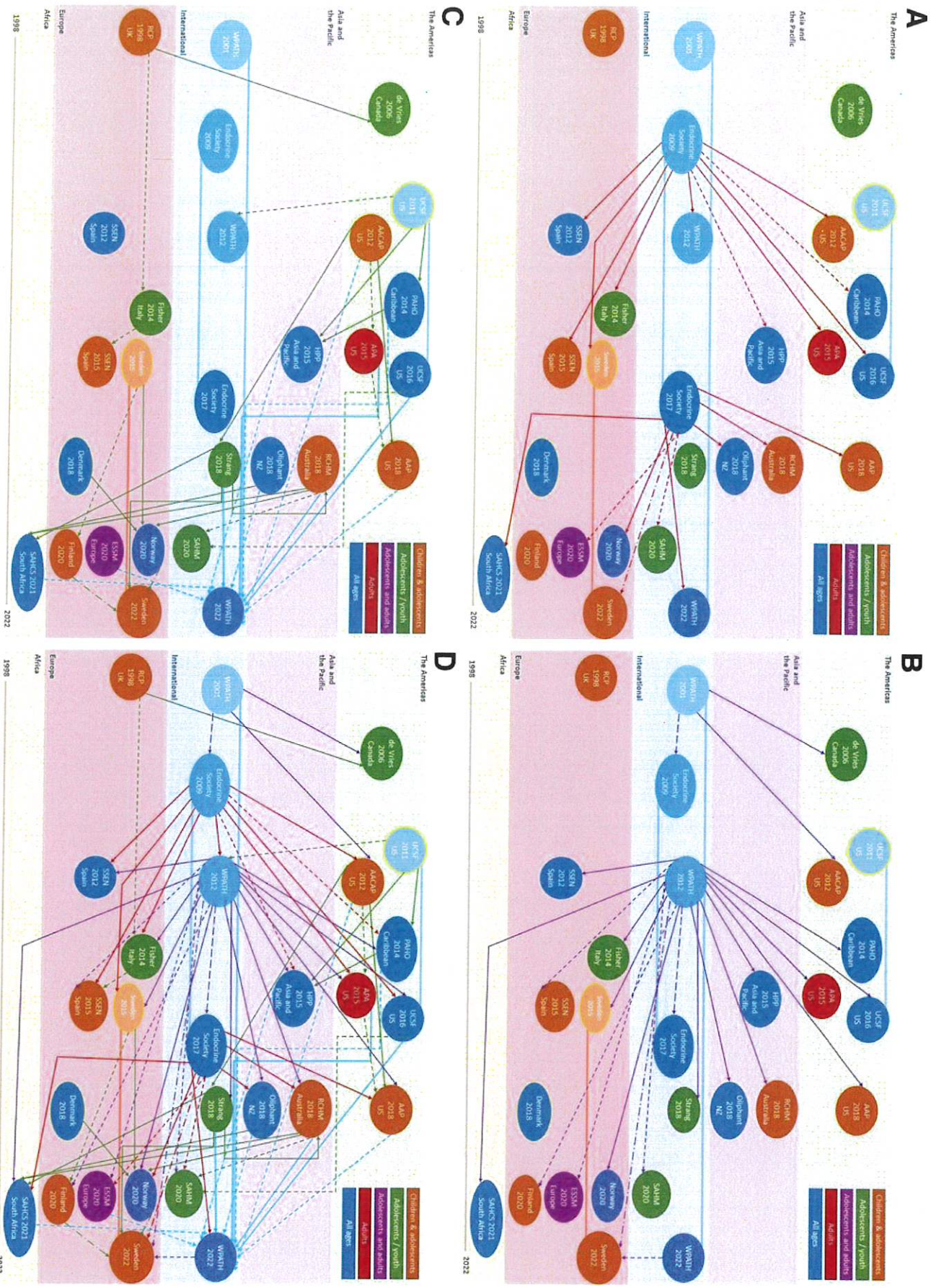
PHUE &

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE	1	Identify the report as a systematic review.	
ABSTRACT	2	See the PRISMA 2020 for Abstracts checklist.	
INTRODUCTION	3	Describe the rationale for the review in the context of existing knowledge.	
Rationale	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	
	13b	Describe any methods required to prepare the data for presentation of synthesis, such as handling of missing summary statistics, or data conversions.	
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	

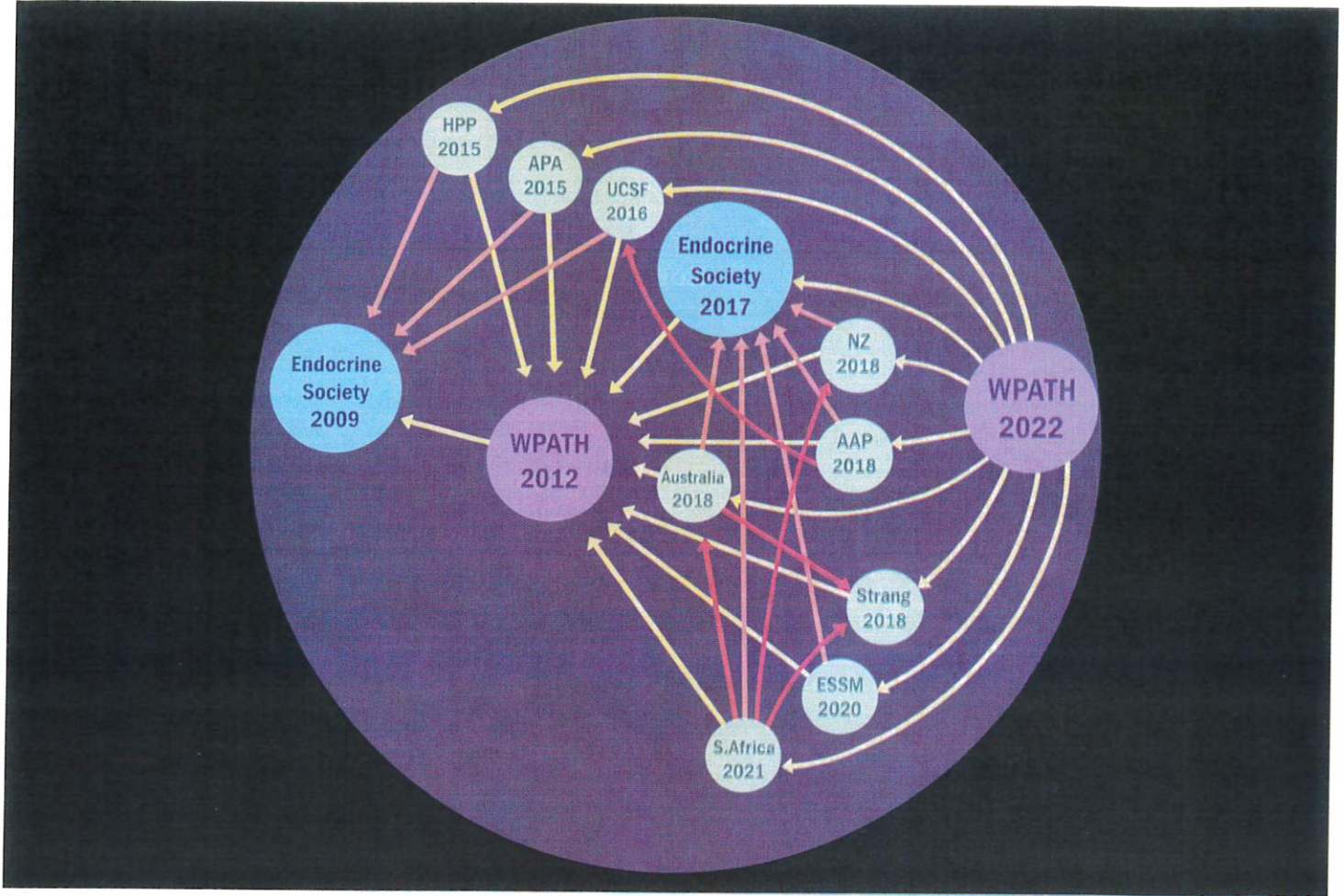
OVER



Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
	17	Cite each included study and present its characteristics.	
	18	Present assessments of risk of bias for each included study.	
	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	
	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	
	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	
DISCUSSION	23a	Provide a general interpretation of the results in the context of other evidence.	
	23b	Discuss any limitations of the evidence included in the review.	
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	
OTHER INFORMATION	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
	26	Declare any competing interests of review authors.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	



SOURCE: The Final Cass Report. Taylor et al. (2024). Figure 3, Page 70. British Medical Journal



SOURCE: LGB Courage Coalition power point presentation

FUNDAMENTAL FLAWS AND ERRORS IN THE UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES REPORT ON “GENDER-AFFIRMING” HORMONAL TREATMENTS GIVEN TO GENDER-CONFUSED MINORS

- **Background — Evidence-Based Medicine, S.B. 16 Requirements, and the DHHS Report**

Evidence-based medicine is a widely used international framework for clinical decision-making. The evidence pyramid is a hierarchy used to rank research by its strength, reliability, and risk of bias. Among study designs, systematic reviews are the most rigorous method for assessing the overall quality and certainty of evidence.

Producing a systematic review follows a rigorous multi-stage process designed to ensure transparency, reproducibility, and methodological quality. It involves identifying and evaluating all relevant studies that meet predefined criteria. Typically, two independent reviewers screen and assess each study, including evaluating the risk of bias. After the evidence is synthesized the certainty of the evidence for each outcome is rated using an internationally recognized framework for assessing evidence quality and the strength of recommendations derived from that evidence.

S.B. 16, enacted in 2023, required the Utah DHHS to conduct a systematic review regarding the provision of hormonal transgender treatments to minors. S.B. 16 also required the review to analyze a number of specified issues, including effects and side effects. DHHS contracted with the University of Utah’s Drug Regimen Review Center (DRRC) to conduct the review.

The DHHS Report, dated Aug. 6, 2024, was transmitted to the Legislature with an Executive Summary on May 19, 2025.^{1,2} It concludes that “the consensus of the evidence supports that the treatments are effective” in terms of mental health and psychosocial outcomes, and “safe in terms of changes to bone density, cardiovascular risk factors, metabolic changes, and cancer.” (P. 90.)

- **The DHHS Report, By Its Own Admission, is Not a Systematic Review.**

Though the Report describes itself as a systematic review, it admits explicitly that no evidence synthesis was performed (pp. 90, 91, and 915). It also admits that the DRRC was not contracted to perform a synthesis of the evidence. Thus, the Report is not a systematic review. It was destined to fail several of S.B. 16’s requirements from the beginning.

Without an evidence synthesis, the Report is mainly a massive non-analytical data dump, whose conclusions about the alleged effectiveness and safety of hormonal treatments are unjustified and unreliable.

- **The DHHS Report simply ignores the most serious and often permanent damage that can result from administering puberty blockers and cross-sex hormone treatments to minors.**

These include, most importantly, permanent infertility/sterility and sexual dysfunction. This directly violates S.B. 16’s requirement to analyze effects and side effects. It is also deliberate disregard of critically important science.

- **Examples of Other Serious Analytical and Methodological Flaws**

While there are many, the following are illustrative:

1. The DHHS Report relies heavily on observational and descriptive studies with significant quality issues. These include small sample sizes, significant attrition of enrollees, relatively short follow-up periods, selection bias, uncontrolled confounding, and lack of a comparison group. All of this leads to low or very low certainty of evidence, making broad conclusions inherently unreliable.
2. The DHHS Report conflates the quantity of previous studies with the quality of the evidence. The authors seem impressed by the number of studies rather than analyzing the quality and certainty of the evidence. This error further undercuts the credibility of the Report’s conclusions.

3. The DHHS Report redacts over 132 pages of data, allegedly to protect patient privacy. This is not credible or defensible. Medical studies never reveal individual patient information.

4. The U.S. Department of Health and Human Service's November 19, 2025 "umbrella" review of systematic reviews (US HHS Review)³ specifically analyzed the Utah DHHS Report in Appendix 4 (pp. 21-26).⁴ Do No Harm also issued a detailed analysis of the DHHS Report in December 2025.⁵ Both of these documents identified several other serious methodological flaws in the DHHS Report which are worthy of further study.

- **Recent Thorough Systematic Reviews Demonstrate the Errors of the DHHS Report's Conclusions**

One of the most recent and comprehensive evaluations of hormonal transgender treatments in minors is the Cass Review, which commissioned multiple independent systematic reviews on the safety and effectiveness of these interventions. Commissioned by the U.K. National Health Service, the Final Report was issued in April 2024.⁶ Its overarching conclusion is that the evidence base underlying hormonal interventions is very weak. In addition, there is a lack of long-term follow-up and studies, and consequent lack of knowledge of medium- and long-term outcomes. Consequently, it is not possible to conclude that these treatments have positive effects on gender dysphoria, body satisfaction, psychosocial health, and cognitive development (*e.g.*, Summary at pp. 22, 25, 33). The Cass Review showed no significant benefit but significant potential and permanent harms involved with treatments.

The Cass Review was published before the DHHS Report was finished, and was available to the DHHS and DRRC. Nevertheless, the DHHS Report completely ignores it. This is directly contrary to scientific integrity.

The US HHS Review further substantiates essentially all the findings in the Cass Review.

The DHHS Report relied unquestioningly on the purported treatment "standards" issued by the World Professional Association for Transgender Health (WPATH)—and the "guidelines" or position statements issued by some professional medical associations in reliance on WPATH or under its direct influence. Both the Cass Review and the US HHS Review exposed these as not evidence-based and corrupted in their development. (WPATH is a transgender activist organization open to anyone, not a recognized professional association.) Contrary to claims of activist proponents of these treatments, there is no "professional medical consensus" in favor of them.

- **The DHHS Report Shows Serious Bias**

The Report summarily dismisses core issues about the propriety and ethics of administering these treatments in the first place. Administering gender "transition" treatments to minors is simply assumed to be proper and ethical.

The Report not only ignores the most serious and often irreversible negative consequences of these treatments, it also downplays the consequences it does acknowledge.

While DHHS purports to make no recommendation on the question of whether S.B. 16's moratorium should be lifted (which was the law's stated purpose for the review), the Report uses pro-transgender or gender theory terminology throughout. The entire tone of the Report is in favor of so-called "gender-affirming" treatments, and contains numerous and extensive recommendations on how the authors believe they should be administered.

For all of these reasons and more, the DHHS Report is unreliable, fails S.B. 16's requirements, and reaches conclusions not justified by the evidence. The Cass Review and the US HHS Review are a reliable basis for decision-making.

¹ Utah DHHS Report, Aug. 6, 2024: <https://le.utah.gov/AgencyRP/reportingDetail.jsp?rid=636>

² Utah DHHS Report Executive Summary, May 2025: <https://le.utah.gov/AgencyRP/downloadFile.jsp?submissionId=289>

³ U.S. Department of Health and Human Services, "Treatment for Pediatric Gender Dysphoria Review of Evidence and Best Practices," Nov. 19, 2025: <https://opa.hhs.gov/sites/default/files/2025-11/gender-dysphoria-report.pdf>

⁴ USHHS Report Appendix 4: <https://opa.hhs.gov/sites/default/files/2025-11/gender-dysphoria-report-appendix.pdf>

⁵ Do No Harm analysis of DHHS Report, December 2025: <https://donoharmmedicine.org/wp-content/uploads/2025/12/Debunking-Utah-Report.pdf>

⁶ Cass Review Final Report, April 2024: <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>