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NEWS

Gender dysphoria researchers did not veer from research norms, says ethics review

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The UK Health Research Authority has concluded that the team carrying out a controversial study offering puberty blockers to adolescents with gender dysphoria worked in accordance with recognised practice for health research and, in some areas, such as patient involvement and transparency, were ahead of normal practice at the time.[1]

The arm's length body of the Department of Health and Social Care for England found no cause for the study to be reviewed further by a research ethics committee or to be considered for suspension or termination. It also found no cause for concern about the oversight of the study by the sponsor or chief investigator.

Several concerns had been raised about the study "Early pubertal suppression in a carefully selected group of adolescents with gender identity disorders" undertaken at London's Tavistock and Portman NHS Foundation Trust.[2,3]

The study, which started recruitment in 2011, involved the use of gonadotrophin releasing hormone analogue (GnRHa) to suppress puberty in 44 people aged between 11 and 15 years. An end-of-study report was submitted to the ethics review committee in July 2019, but the study has not yet been published.

One criticism was that the study did not have a control arm. However, the HRA said that because the puberty suppression treatment was available in other countries, patients would be unlikely to agree to participate in the study or would drop out if they were randomised to the control arm.

A second criticism was that the researchers may have broken rules when seeking ethical approval. The study was originally rejected for approval by the Central London REC1 committee because it was not a randomised controlled trial. It was subsequently submitted to the Central London REC2 committee, which approved it. Concerns were raised that this committee was selected because its members were institutionally affiliated with the study sponsor, University College London's Institute of Child Health.

However, the report noted that the researchers conducting the study were employed at the Tavistock and Portman NHS Foundation Trust and not by UCL. The report acknowledged that a co-opted member of the REC2 committee was a coauthor on papers with the chief investigator of the study, Russell Viner, in an unrelated area of adolescent therapy and that it was not clear whether the potential conflict of interest was declared. The HRA said that since 2010 changes had been made so that any declarations of interest were set out in the ethics committees' minutes.

Another criticism was that the researchers had not submitted annual progress reports as requested. However, the HRA said it was common for researchers not to supply annual progress reports and that it did not usually enforce this requirement. The authority is currently considering dropping the requirement for annual progress reports because of the heavy burden on researchers.

A further criticism was that the protocol was misleading in not providing information from a Dutch study about the extent of persistence in patients treated with puberty suppression: that the treatment would put them on a path towards medical and, perhaps, later surgical transition. The HRA found that although the Dutch study had started and was known to the research team, the findings were not published until after the UK study had begun. Additionally, the UK study was limited to a group of young people who had already demonstrated persistence and were actively requesting puberty blockers.

Another concern was that the researchers had downplayed interim findings that might suggest increased suicidality. The HRA said that the interim data that had been presented showed an increase in thoughts about self harm but that actions related to harm decreased, although the numbers at this interim stage were small. It noted that the inclusion criteria for the study population included a high likelihood of the young person experiencing severe psychological distress if they had experienced full pubertal development before the blocker was implemented.

Some of the concerns raised related to the clinical service at the Gender Identity Development Service (GIDS), which is based at the Tavistock trust. The HRA said that it did not have a remit to investigate or comment on clinical services. Its report recommends that the trust should provide greater clarity about the boundaries between research and clinical services. Another recommendation was that researchers and clinical staff should consider carefully the terms they use in describing treatments. For example, they should avoid referring to puberty suppression as providing a "breathing space," to avoid risk of misunderstanding.

A UCL spokesperson responding on behalf of Viner welcomed the findings of the report, saying, "Any research undertaken at UCL is required to conform to the highest legal, ethical, and regulatory standards. The early intervention study was

undertaken after nearly a decade of consultation with international experts, was fully approved by a research ethics committee, and has carefully followed good research practice. The study group has publicly presented interim data since 2015, and the full study results will be published in a peer reviewed journal in line with international best practice."

1 Health Research Authority. Investigation into the study "Early pubertal suppression in a carefully selected group of adolescents with gender identity disorders." Oct 2019. https://www.hra.nhs.uk/about-us/governance/feedback-raising-concerns/investigation-study-early-pubertal-suppression-carefully-selected-group-adolescents-gender-identity-disorders.
2 Cohen D, Barnes H. Transgender treatment: puberty blockers study under investigation. BBC News. Jul 2019. https://www.bbc.co.uk/news/health-49036145.
3 Cohen D, Barnes H. Gender dysphoria in children: puberty blockers study draws further criticism. *BMJ* 2019;366:l5647. 10.1136/bmj.l5647 31540909