

Table 1

Year	Author	Quality ¹	Journal	Topic	Bias	Method	Outcome
2011	Dhejne et al Sweden	Good	PLoS One	Long-term follow up of gender surgery patients	Low Risk	30-year Cohort	High suicide risk among surgery cohort
2012	Neto et al Germany	Fair	Int Braz J Urol	Surgical outcomes of bottom M to F surgery	Moderate Risk	Chart Review	40% needed surgical revision
2014	Hess, Neto et al Germany	Fair	Dtsch Arztebl Int.	Satisfaction after M to F bottom surgery		Cohort questionnaire	40% dissatisfied
2016	CMS (Medicare)	Good	CMS	Whether or not to CMS should pay for gender surgery	Low Risk	Literature review	Not enough quality studies exist to conclude surgery should be covered
2018	Olson-Kennedy et al USA	Poor	JAMA Peds	Mental outcomes after F to M top surgery	High Risk	Questionnaire ²	20% regretted top surgery
2018	Agarwal et al USA	Poor ³	J Plast Reconstr Aesthet Surg	Surgeon's own survey of top surgery F to M	High Risk	Questionnaire	Found improvement in QOL
2019	Boas et al USA	Fair	Plast Reconstr Surg	Outcomes of Bottom Surgery M to F	High Risk	Chart Review	24% needed surgical revision

¹ To assess the risk of bias within each study, the National Institute of Health (NIH) quality assessment tool was used. This tool ranks each article as “good,” “fair,” or “poor,” and with this, we categorized each article into “low risk,” “moderate risk,” or “high risk” of bias, respectively.

² “Design, Setting, and Participants: Using a novel measure of chest dysphoria,”

³ Only 42 of 87 patients completed the forms. The surgeon was rating his own work. It was only a 6-month follow-up.

2021	Bustos et al USA	Poor ⁴	Plast Reconstr Surg	Regret after gender surgery	High Risk ⁵	Meta-analysis	1% had regret after surgery
2021	Mehring et al USA	Poor	Pediatrics	Mental outcomes after F to M top surgery	High Risk	Highly subjective interviews	All kids with top surgery improved mentally
2021	Almazan and Keuroghlian USA	Poor	Jama Surg	Mental outcomes of all kinds of gender surgery	High Risk ⁶	Meta-analysis	Surgery lowered suicidal ideation, but short-term follow up and junk meta- analysis

⁴ “Almost all studies conducted non-validated questionnaires to assess regret due to the lack of standardized questionnaires available in this topic. Most of the questions evaluating regret used options such as, “yes,” “sometimes,” “no” or “all the time,” “sometimes,” “never,” or “most certainly,” “very likely,” “maybe,” “rather not,” or “definitely not.” Other studies used semi-structured interviews. However, in both circumstances, some studies provided further specific information on reasons for regret. Of the 7928 patients, 77 expressed regret (12 transmen, 57 transwomen, 8 not specified), understood by those who had “sometimes” or “always” felt it.”

⁵ Resident within a medical center with a transgender clinic and financial bias

⁶ Anthony Almazan was a fourth year medical student at Harvard Medical School who seems to have died recently under mysterious circumstances. The second author, Alex S Keuroghlian, is a psychiatrist within the Harvard LGBTQ clinic called the Fenway Institute. Therefore, I assigned a High Risk of bias.