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Title	Everyone agrees transgender children require more science
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Everyone agrees transgender children require more science

TO THE EDITOR: Writing recently in *The Lancet*, Byng and colleagues¹ argue that our clinical guidelines on care of transgender children that appeared in the *MJA*² use imprecise language, do not consider long term effects, and lack robust evidence. Several points the authors raise are valid and indeed align with what we and others have written about the state of evidence and need for high quality research in the field.^{3,4} However, it is important to provide additional clarification.

First, the phrase “sex assigned at birth” is not intended to mislead as Byng and colleagues have claimed⁵ but is standard terminology for clinicians who work in transgender health (the guidelines’ primary intended audience).⁶

Second, the authors fail to acknowledge not only our direct call for more research on the guidelines’ opening page but also the detailed description of the long term effects of hormonal treatment, which is a key component of the guidelines.² Moreover, in calling for more research, they ignore existing efforts to improve evidence in this field.⁷

Third, the authors raise the issue of de-transition, which refers to the observation that some individuals who identify as transgender may eventually return to living as a member of their birth-assigned sex. This subject has gained attention in mainstream media, which appears to be the authors’ source of information on this topic.⁵ While more research is needed, existing studies show true de-transition is uncommon. For example, only 0.4% of 27 715 transgender people surveyed in the United States de-transitioned because they felt transition was not right for them; more often, de-transition occurred due to outside pressures (eg, parents, family, religion) and discrimination.⁸

In summary, Byng and colleagues’ call for more high quality research is not novel and has long been acknowledged by those of us in the field. Moreover, withholding gender-affirming treatment via wait-and-see strategies mentioned by the authors is not without harm,⁹ and development and ongoing revision of guidelines such as ours will ensure that transgender individuals receive the best care based on up-to-date empirical evidence.

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