

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

AUGUST DEKKER, et al.,

*Plaintiffs,*

v.

SIMONE MARSTILLER, et al.,

*Defendants.*

Case No. 4:22-cv-00325-RH-  
MAF

**EXPERT DECLARATION OF LOREN S. SCHECHTER, M.D.**

I, Loren Schechter, pursuant to 28 U.S.C. §1746, declare as follows:

1. I am over the age of eighteen and submit this expert declaration based on my personal knowledge.
2. I am a board-certified plastic surgeon. I specialize in performing gender confirming surgeries<sup>1</sup> (including chest reconstruction surgeries, genital

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<sup>1</sup> I refer to the family of procedures discussed in this report as “gender confirmation,” “gender confirming surgeries,” or “gender affirming surgeries” because they are one of the therapeutic tools used to enable people to be comfortable living in accordance with their gender identities. Out of the myriad of labels I’ve heard for these procedures—“sex reassignment surgery,” “gender reassignment surgery,” and “sex change operation,” to name but a few—none is as accurate when it comes to describing what is actually taking place as “gender confirmation” or “gender affirmation surgery.” Most, if not all, of the other names used for these procedures suggest that a person is making a choice to switch genders, or that there is a single “surgery” involved. From the hundreds of discussions I have had with patients over the years, nothing could be further from the truth. This is not about choice; it is about using one or more surgical procedures as therapeutic tools to enable people to live authentically.

reconstruction surgeries, and other procedures to feminize or masculinize the face and body, as described in more detail below), and I am a recognized expert in this field.

3. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit to provide an expert opinion on the standards of care for treating individuals diagnosed with gender dysphoria. In particular, I have been asked whether: 1) gender confirming surgeries are safe and effective medical treatment for gender dysphoria experienced by transgender people, including adults over 21 and adolescents up to age 21; and 2) a categorical exclusion on Medicaid coverage for gender confirming surgeries violates the prevailing standards of care for treating transgender people, including adults over 21 and adolescents up to age 21, who have been diagnosed with gender dysphoria. Additionally, I submit this declaration to respond to points raised in both the assessment drafted by Patrick W. Lappert, M.D. (“Lappert Assessment”) and the Florida Agency for Health Care Administration’s “Florida Medicaid Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria” report (“GAPMS Report”).

4. If called to testify in this matter, I would testify truthfully and based on my expert opinion. The opinions and conclusions I express herein are based on a reasonable degree of scientific certainty.

### **Qualifications and Experience**

5. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae (“CV”). A true and correct copy of my most up-to-date CV is attached as Exhibit A.

6. I received my medical degree from the University of Chicago, Pritzker School of Medicine. I completed my residency and chief residency in plastic and reconstructive surgery and a fellowship in reconstructive microsurgery at the University of Chicago Hospitals.

7. I previously served as a Clinical Professor of Surgery at the University of Illinois at Chicago, and resigned that position to become the Director of Gender Affirmation Surgery at Rush University Medical Center in April 2022. I am also a Professor of Surgery at Rush University Medical Center. I also maintain a clinical practice in plastic surgery in Illinois where I treat patients from around the country, as well as from around the world.

8. I have been performing gender confirming surgeries for more than 27 years. For at least the past five years, I have been performing approximately 150 gender confirmation procedures every year. I have performed over 1,500 gender confirmation surgeries during my medical career. Currently, approximately 90 percent of the patients in my clinical practice are transgender people seeking gender confirmation surgeries.

9. I was a contributing author to the Seventh Version (current) of the World Professional Association for Transgender Health's ("WPATH") Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People ("Standards of Care"). In particular, I wrote the section focused on the relationship of the surgeon with the treating mental health professional and the physician prescribing hormone therapy. WPATH is in the final stages of drafting the eighth version of the Standards of Care, and I am the co-lead author of the surgical and postoperative care chapter.

10. The Standards of Care provide clinical guidance for health professionals based on the best available science and expert professional consensus. The purpose of the Standards of Care is to assist health providers in delivering medical care to transgender people in order to provide them with safe

and effective treatment for gender dysphoria, in order to maximize their overall health, psychological well-being, and self-fulfillment.

11. In addition, I have written a number of peer-reviewed journal articles and chapters in professional textbooks about gender confirmation surgeries. In 2016, I published *Surgical Management of the Transgender Patient*, the first surgical atlas (a reference guide for surgeons on how to perform surgical procedures using safe, well-established techniques) dedicated to gender confirming surgeries. In 2020, I published a guide for surgeons entitled *Gender Confirmation Surgery: Principles and Techniques for an Emerging Field*. I am also a co-investigator on a study regarding uterine transplantation for transgender women. A full and complete list of my publications is included in my CV.

12. I am a guest reviewer for several peer-reviewed medical journals, including the *Journal of Plastic and Reconstructive Surgery*, the *Journal of Reconstructive Microsurgery*, the *Journal of the American College of Plastic Surgeons*, the *Journal of Plastic and Aesthetic Research*, and the *Journal of Sexual Medicine*. I also serve on the editorial board of both *Transgender Health* and the *International Journal of Transgender Health*. Each of these

publications is a peer-reviewed medical journal. A full and complete list of my reviewerships and editorial roles is included in my CV.

13. I am actively involved in training other surgeons to perform gender confirmation surgeries. In 2017, I started the surgical fellowship in gender surgery, now placed at Rush University Medical Center in Chicago.

14. I have given dozens of public addresses, seminars, and lectures on gender confirming surgery, including many through the American Society of Plastic Surgeons. I have also taught a number of courses through WPATH's Gender Education Institute, which provides training courses toward a member certification program in transgender health for practitioners around the world. In addition, in 2018, I co-directed the first live surgery course in gender confirming procedures at Mount Sinai Hospital in New York City, and I am the Director for that live surgery course in 2022. In 2019, I directed the inaugural Gender Affirming Breast, Chest, and Body Master Class for the American Society of Plastic Surgeons.

15. I am also a founding member and president of the American Society of Gender Surgeons; a current member of the Executive Committee of the Board of Directors of the World Professional Association for Transgender Health, where I serve as treasurer; and a former member of the Board of

Governors of the American College of Surgeons. I am a guest examiner for the American Board of Plastic Surgery, which involves administering the plastic surgery oral board exam to surgeons who have completed their plastic surgery training and seek board certification. I am the former Chair of the Patient Safety Committee for the American Society of Plastic Surgeons. In 2017, I was an invited discussant at the Pentagon regarding transgender servicemembers.

16. In the past four years, I have testified as an expert and provided testimony in the following matters: *Willis v. Flagg*, Cook County, IL (trial); *Bruce v. South Dakota*, D. S.D. (deposition); *Boyden v. State of Wisconsin*, W.D. Wis. (deposition); *Kadel v. Folwell*, M.D.N.C. (deposition); *Toomey v. State of Arizona*, D. Ariz. (deposition); and *Fain v. Crouch*, S.D.W.V. (deposition).

17. I am being compensated at an hourly rate of \$400/hour plus expenses for my time spent preparing this declaration, and providing local testimony (including deposition or providing hearing testimony by telephone or video-teleconference). I will be compensated a flat daily rate of \$7,500 for any out-of-town deposition or hearing testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

## **Basis for Opinions**

18. My opinions contained in this declaration are based on all of the following: (1) my clinical experience of over 27 years of caring for transgender patients, including adolescents and young adults; (2) my review and familiarity with relevant peer-reviewed literature,<sup>2</sup> including my own, regarding gender confirming surgeries, which reflects the clinical advancements in these procedures and the corresponding growth in research related to the safety and effectiveness of these procedures in treating gender dysphoria; and (3) discussions with colleagues and other experts in the field, including attendance and participation in various educational conferences both nationally and internationally. The research I relied on in preparing this declaration is cited in the footnotes and detailed in the reference list attached as Exhibit B to this declaration.

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<sup>2</sup> I regularly and routinely perform literature searches as an educator, including in my roles as a Professor of Surgery at Rush University Medical Center and attending surgeon at Rush University, where I participate in fellow, resident, and student education; Director of Gender Affirmation Surgery at Rush University Medical Center; lecturer for the Global Education Initiative for WPATH; invited lecturer at national and international conferences; co-lead author of the surgery and post-operative care chapter of the upcoming WPATH Standards of Care Version 8; an editor and reviewer for peer-reviewed publications; and a course director for various educational opportunities for WPATH, American Society of Plastic Surgeons, and other organizations.

19. Additionally, in preparing this declaration, I reviewed the Lappert Assessment and GAPMS Report.

20. I have personal knowledge of the matters stated in this declaration. I may further supplement these opinions in response to information produced by Defendants or from Defendants' experts.

## **DISCUSSION**

### **BACKGROUND ON GENDER IDENTITY AND GENDER DYSPHORIA**

21. The term "transgender" is used to describe a diverse group of individuals whose gender identity, or internal sense of gender, differs from the sex they were assigned at birth.

22. Many transgender people experience gender dysphoria at some point in their lives. Gender dysphoria is a serious medical condition, defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) published by the American Psychiatric Association as "a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning." Gender dysphoria is also recognized by the International Classification of Diseases-11 (ICD-11), under the label of gender incongruence, and the International Classification of Diseases-10 (ICD-10). Individuals diagnosed with gender dysphoria have an intense and persistent

discomfort with the primary and/or secondary sex characteristics of the sex they were assigned at birth. Gender dysphoria can lead to debilitating anxiety and depression, as well as serious incidents of self-harm, including self-mutilation, suicide attempts, and suicide.

23. Appropriate medical care, including mental health services, hormone therapy, and gender confirmation surgeries can help alleviate gender dysphoria. Gender confirmation surgeries, which bring a person's body into better alignment with their gender identity, have been shown to be an effective treatment for gender dysphoria.

**GENDER CONFIRMING SURGERIES ARE STANDARD, MEDICALLY ACCEPTED,  
AND MEDICALLY NECESSARY TREATMENTS FOR GENDER DYSPHORIA FOR  
TRANSGENDER PEOPLE**

24. It is my professional opinion, supported by the prevailing consensus of the medical community, that procedures used to treat gender dysphoria are medically necessary treatments for many transgender people; these procedures are properly considered as medically necessary, and are not cosmetic in nature; and these procedures are safe and effective treatments for gender dysphoria.

*Applicable Standards of Care for Treating Gender Dysphoria*

25. WPATH is a non-profit professional and educational organization devoted to transgender health. WPATH's mission is "to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health."<sup>3</sup> WPATH publishes the Standards of Care. The Standards of Care are based on the best available scientific evidence and expert professional consensus. WPATH published the first version of the Standards of Care in 1979. Since that time, the guidelines have been updated through seven versions, reflecting the significant advances made in the understanding, management, and care of transgender individuals. The Standards of Care are widely recognized guidelines for the clinical management of transgender people with gender dysphoria. Most surgeons who regularly treat people experiencing gender dysphoria, including myself, practice in accordance with the Standards of Care.

26. As indicated in the Standards of Care, effective treatment options for gender dysphoria include mental health care, hormone therapy, and various surgical procedures to align a person's primary and/or secondary sex

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<sup>3</sup> WPATH, Mission and Vision, <https://www.wpath.org/about/mission-and-vision>.

characteristics with the person’s gender identity. (Standards of Care at 9-10.)

Surgery is often the last and most considered of the treatment options for gender dysphoria in transgender people. Not every transgender person may undergo every available surgical procedure. In fact, the Standards of Care note that “[t]he number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs.” (Standards of Care at 58.) Evidence shows that while some transgender people do not require surgery, “for many others surgery is essential and medically necessary to alleviate their gender dysphoria. For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.” (Standards of Care at 54-55.)

27. The Standards of Care set forth criteria for initiation of surgical treatment. The Endocrine Society—the leading professional organization devoted to research on hormones and the clinical practice of endocrinology—has also issued clinical guidelines for the treatment of transgender people.<sup>4</sup>

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<sup>4</sup> Wylie C Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 *J. Clin. Endocrinology & Metabolism* 3869 (2017).

The guidelines indicate, that for transgender people, gender confirming surgeries often are necessary and effective treatments.<sup>5</sup>

28. The broader medical community, including the American Medical Association, American Academy of Pediatrics, American Psychological Association, American Psychiatric Association, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and World Health Organization, recognizes that gender confirming surgeries are standard, appropriate, and often necessary treatments for adults and adolescents with gender dysphoria.

***Surgical Treatments for Gender Dysphoria***

29. For transgender women, surgical treatment options that are generally accepted in the medical community and are consistent with the Standards of Care include, but are not limited to:

- Chest reconstruction surgery: augmentation mammoplasty (breast implants);
- Genital reconstruction surgeries: penectomy (removal of the penis), orchiectomy (removal of the testes), vaginoplasty, clitoroplasty,

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<sup>5</sup> *Id.*

and/or vulvoplasty (creation of female genitalia including the labia minora and majora);

- Non-genital, non-breast surgical interventions: facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), and hair reconstruction, among others.

30. For transgender men, surgical treatment options that are generally accepted in the medical community and are consistent with the Standards of Care include, but are not limited to:

- Chest reconstruction surgery: subcutaneous mastectomy, creation of a male chest;
- Genital surgery: hysterectomy/oophorectomy, reconstruction of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses;
- Non-genital, non-breast surgical interventions: liposuction, lipofilling, pectoral implants, various aesthetic procedures, and sometimes voice surgery (rare).

31. The Standards of Care set forth medical necessity criteria for initiation of surgical treatment. For adults seeking chest and/or genital reconstruction procedures, the criteria are:

- The patient has the capacity to make fully informed decisions and to consent for treatment.
- If the patient has other significant medical or mental health concerns, they are reasonably well-controlled prior to surgery.
- The patient has persistent gender dysphoria as documented by at least one mental health professional for chest reconstruction surgeries and two such professionals for genital reconstruction surgeries.
- Prior to genital reconstruction surgery, the patient has undergone 12 continuous months of hormone therapy, unless hormone therapy is not clinically indicated for that patient.<sup>6</sup> The purpose of the prerequisite is to introduce a period of estrogen or testosterone suppression before the patient undergoes a surgical intervention.

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<sup>6</sup> While not an explicit criterion, the Standards of Care recommend that individuals undergo 12 months of continuous hormone therapy prior to breast augmentation surgery to obtain the best possible outcome. (SOC at 59).

- Prior to certain genital reconstruction procedures – metoidioplasty, phalloplasty, or vaginoplasty – the patient has lived for 12 continuous months in a gender role that is congruent with their gender identity. The prerequisite ensures that the patient has ample opportunity to experience and socially adjust in their desired gender role, before undergoing this surgery.<sup>7</sup> (SOC at 60).

32. In addition, the Standards of Care, Version 7 recognize that male chest reconstruction surgery *may* be indicated for transgender young people under eighteen. As with all medical care, the standards recommend that clinicians take a case-by-case approach to evaluate whether and when the procedure is medically necessary for a particular patient. (SOC at 21). As with all medical care, the Standards of Care recommend that clinicians take a case-by-case approach to evaluate whether and when the procedure is medically necessary for a particular patient. (SOC at 21). Beyond those recommendations, the Standards of Care state criteria for initiation of surgical treatment: “Genital and breast/chest surgeries as medically necessary treatments for gender dysphoria are to be undertaken only after assessment of the patient by qualified

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<sup>7</sup> While not an explicit criterion, the Standards of Care recommend that these individuals see a mental health or other medical professional during this 12 month period. (SOC at 60).

mental health professionals, as outlined in section VII of the SOC. These surgeries may be performed once there is written documentation that this assessment has occurred and that the person has met the criteria for a specific surgical treatment. By following this procedure, mental health professionals, surgeons, and patients share responsibility for the decision to make irreversible changes to the body.” (SOC at 55).

***Gender Confirmation Surgeries are Medically Necessary***

33. The medical community and insurance providers recognize a distinction between surgery which is medically necessary, and cosmetic surgery, which generally is not. No particular procedure is inherently cosmetic or inherently medically necessary; rather, the underlying diagnosis determines whether the procedure is considered cosmetic or medically necessary.

34. With respect to surgical treatments for gender dysphoria, the medical community generally considers those surgeries to be medically necessary. This is true even though the same surgical procedures might be considered cosmetic when performed on someone without gender dysphoria. Gender confirming surgeries are not cosmetic because, when performed in accordance with the Standards of Care, they are clinically indicated to treat the underlying medical condition of gender dysphoria. Indeed, as explained further

below, the surgical procedures listed above to treat gender dysphoria are similar to surgical procedures performed for other diagnoses (e.g., breast cancer).

Because these medically necessary procedures help transgender people live and present in a manner more consistent with their gender identity and therefore reduce and/or treat their gender dysphoria, the professional medical consensus is that these are appropriately categorized as medically necessary.

35. Certain surgical procedures are medically necessary when used to treat gender dysphoria or another medical condition, but are cosmetic when they are used only to alter one's appearance without an underlying medical diagnosis (e.g., a cisgender woman obtaining a breast augmentation for aesthetic reasons). While the procedures themselves are technically similar, the reasons for performing the procedures are not.

36. Dr. Lappert asserts that distinguishing "cosmetic breast surgery from 'medically necessary' surgery is based upon the diagnosis of the underlying pathology." Lappert Assessment at 13. I agree. What Dr. Lappert fails to acknowledge, however, is that breast augmentation or mastectomy may be medically indicated for the treatment of gender dysphoria, in addition to

other pathologies.<sup>8</sup> Gender-confirming surgeries are not cosmetic surgeries because, when performed in accordance with the Standards of Care, they are clinically indicated to treat the medical condition of gender dysphoria. The professional medical consensus recognizes that these are appropriately categorized as reconstructive procedures.

37. Dr. Lappert misunderstands that gender dysphoria is a medical condition for which there are effective medical and surgical treatments. While plastic surgeons may encounter individuals with mental health conditions, such as body dysmorphic disorder, surgery for this condition is highly ineffective. This is in contrast to surgery as treatment for gender dysphoria; where medically indicated, surgical procedures for gender dysphoria are both safe and medically effective.

38. Additionally, reconstructive surgery often has the additional benefit of promoting and improving a patient's quality of life and well-being; which is often a component of medically necessary care. Indeed, aside from the primary purpose of alleviating or reducing a patient's gender dysphoria, gender confirmation surgery also has been demonstrated to have other salutary effects,

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<sup>8</sup> Dr. Lappert incorrectly refers to breast growth in transgender women as "gynecomastia." Gynecomastia refers to enlargement of the male breast, not to breast growth in transgender women.

such as improving quality of life and reducing negative health outcomes. In a study published in 2019 by Miller, et al., 100% of transgender women who underwent breast augmentation reported improvement in their gender dysphoria and “would undergo the operation again.”<sup>9</sup> In a prospective study utilizing a validated quality of life assessment tool, Alcon, et al. demonstrated significant improvements in quality of life up to 1 year following chest surgery.<sup>10</sup> The authors indicated that “the effect sizes were large and...exhibited excellent internal validity.” The authors report that “every patient surveyed at 1 year reported that gender-affirming surgery changed their life for the better” and that, “every patient surveyed after surgery said they would choose it (surgery) again knowing what they know.” In addition, in a 2006 study published in Quality of Life Research, Newfield, et al. found that, “Chest reconstruction not only enhances the FTM transgender identity, increases self-esteem, and improves body image, but provides some security and safety for those who remove their shirts in public areas, such as gyms or beaches. Those who had

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<sup>9</sup> Travis J. Miller et al., *Breast Augmentation in Male-to-Female Transgender Patients: Technical Considerations and Outcomes*, 21 JPRAS Open 63-74 (2019).

<sup>10</sup> Loren S. Schechter, *Discussion: Quantifying the Psychosocial Benefits of Masculinizing Mastectomy in Trans Male Patients with Patient-Reported Outcomes: The University of California, San Francisco, Gender Quality of Life Survey*, 147 Plastic & Reconstructive Surgery 741e-742e (2021).

received top surgery reported higher QOL (quality of life) scores than those who had not received surgery, statistically significant findings ( $p < 0.01$ ) for the General Health, Social Functioning, and all three mental health concepts.”<sup>11</sup>

#### **GENDER CONFIRMING SURGERIES ARE SAFE AND EFFECTIVE**

39. The prevailing peer-reviewed clinical research, as well as my own clinical expertise as a plastic surgeon specializing in gender confirmation surgeries, shows that surgical procedures for gender dysphoria are safe, effective, and medically accepted; and that many of these procedures are analogous to surgical procedures used to treat other medical conditions.

#### ***Gender Confirming Surgeries are Safe***

40. It is my professional opinion, based on my clinical experience and review of available peer-reviewed research, that gender confirmation surgeries are safe. Notably, when performing gender confirmation surgeries, surgeons use many of the same procedures that they use to treat other medical conditions. The fact that the medical community deems these analogous procedures sufficiently safe to treat conditions other than gender dysphoria is by itself more than sufficient to support the safety of those surgeries to treat gender dysphoria.

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<sup>11</sup> Emily Newfield et al., *Female-to-Male Transgender Quality of Life*, 15 *Quality of Life Research* 1447-1457 (2006).

There is no medical basis to conclude that the same surgical procedures are more or less safe simply because they are used to treat gender dysphoria, versus other underlying medical conditions.

41. For example, surgeons regularly perform mastectomies and chest/breast reconstruction, hysterectomies/salpingo-oophorectomies (which includes removal of the fallopian tubes and ovaries), and orchiectomies to treat individuals with cancer, or a genetic predisposition to cancer (BRCA 1, 2 genes in the case of prophylactic mastectomy or oophorectomy). Similarly, surgeons perform procedures to reconstruct external genitalia for individuals who have certain medical conditions (e.g., cancer) or who have suffered traumatic injuries or disabling infections to their genitalia. This would include procedures to correct conditions such as hypospadias (a disorder in which the urinary opening is not in the typical location on the glans penis), epispadias (a condition where the urethra is not properly developed), exstrophy (where the bladder develops outside the fetus), fournier's gangrene (where tissue dies because of an infection), penile webbing, or buried penis (which can occur as a result of obesity, diabetes, or recurrent infections). This would also include procedures to correct conditions such as congenital absence of the vagina or reconstruction

of the vagina/vulva following oncologic resection, traumatic injury, or infection.

42. Notably, Dr. Lappert concedes that chest reconstructive surgery in the form of a mastectomy is “very safe, and typically performed in the outpatient setting.” Lappert Assessment at 13. Dr. Lappert also concedes that “[s]urgical enhancement procedures are exactly the same in both men and women.” *Id.*

***Gender Confirmation Surgeries Effectively Treat Gender Dysphoria***

43. It is my professional opinion, based on decades of clinical experience, as well as a substantial body of peer-reviewed research, that standard medical surgical treatments for gender dysphoria are effective when performed in accordance with the Standards of Care.

44. Peer-reviewed studies find that transgender women who undergo one or more gender confirmation surgeries report positive health outcomes. For example, a peer-reviewed study of transgender women found that those who underwent breast reconstruction surgeries experienced statistically significant improvements in their psychosocial well-being.<sup>12</sup> Another peer-reviewed study

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<sup>12</sup> Weigert, R., Frison, E., Sessiecq, Q., Mutairi, K. A., & Casoli, V. (2013). Patient Satisfaction with Breasts and Psychosocial, Sexual, and Physical Well-Being after Breast Augmentation in

of transgender women who had vaginoplasty found that study participants' mean improvement in quality of life after surgery was 7.9 on a scale from one to ten.<sup>13</sup> Another study of transgender women found that surgical interventions were highly correlated with alleviating gender dysphoria.<sup>14</sup> A recent literature review concluded that in appropriately selected individuals, gender confirmation surgery is effective at improving quality of life, overall happiness, and sexual functioning in transgender women who are diagnosed with gender dysphoria.<sup>15</sup> Another recent post-operative and six-month follow-up survey of transgender female patients found improvements in quality of life in a significant majority of patients.<sup>16</sup>

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Male-to-Female Transsexuals. *Plastic and Reconstructive Surgery*, 132(6), 1421-1429. doi:10.1097/01.prs.0000434415.70711.49.

<sup>13</sup> Horbach, S. E. R., Bouman, M., Smit, J. M., Ozer, M., Buncamper, M. & Mullender, M. G. (2015). Outcome of Vaginoplasty in Male-to-Female Transgenders: A Systematic Review of Surgical Techniques.

<sup>14</sup> Hess, J., Neto, R., Panic, L., Rubben, H. & Senf, W. (2014). Satisfaction with Male-to-Female Gender Reassignment Surgery. (Among survey respondents, the majority (90.2%) said that their expectations for life as a woman were fulfilled after surgery. A similarly high percentage (85.4%) saw themselves as women.)

<sup>15</sup> Hadj-Moussa, M., et al. Feminizing Genital Gender-Confirmation Surgery, 2018, 1-14. 2018 Jul;6(3):457-468.e2. doi: 10.1016.

<sup>16</sup> Papadopoulos, N.A., et al. Male-to-Female Sex Reassignment Surgery Using the Combined Technique Leads to Increase Quality of Life in a Prospective Study. *Plast Reconstr Surg*. 2017 Aug;140(2):286-294. doi: 10.1097.

45. The available peer-reviewed literature likewise concludes that when performed in accordance with the prevailing standards of care, male chest reconstruction surgery is safe and effective in alleviating gender dysphoria. For example, one study found that transgender men who received chest reconstruction experienced few clinical complications and were overwhelmingly satisfied with their surgical outcomes.<sup>17</sup> Another peer-reviewed study of transgender men who received chest reconstruction found that the procedure improved psychosocial well-being and physical well-being among participants.<sup>18</sup> Numerous other studies have reached similar conclusions.<sup>19</sup> These findings extend to adolescents; for example, a recent study in *JAMA Pediatrics* concluded that: “Chest dysphoria was high among

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<sup>17</sup> Frederick, M. et al., (2017), Chest Surgery in Female to Male Transgender Individuals, *Annals of Plastic Surgery*, 78(3), 249-253.

<sup>18</sup> Agarwal, C. et al., (2018). Quality of life improvement after chest wall masculinization in female-to-male transgender patients: A prospective study using the BREAST-Q and Body Uneasiness Test, 71, 651-657.

<sup>19</sup> *E.g.*, Olson-Kennedy, J. et al., (2018), Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults, *JAMA Pediatrics*, 172(5), 431-436; Van de Grift, T., et al., (2017), Surgical Indications and Outcomes of Mastectomy in Transmen: A Prospective Study of Technical and Self-Reported Measures. *Plastic and Reconstructive Surgery*, 140(3), 415e-424e. doi:10.1097/PRS.0000000000003607; Berry, M.G. et al., (2012), Female-to-male transgender chest reconstruction: A large consecutive, single-surgeon experience. *Journal of Plastic, Reconstructive & Aesthetic Surgery* 65, 711-719.

presurgical transmasculine youth, and surgical intervention positively affected both minors and young adults.”<sup>20</sup>

46. The overwhelming majority of patients who obtain gender confirmation surgery in a manner consistent with the Standards of Care are both satisfied and experience a reduction of gender dysphoria. For the vast majority of transgender people who seek such surgery, the surgery is successful at treating gender dysphoria and alleviating a lifelong struggle to find peace of mind and comfort with their bodies.

**GENDER CONFIRMATION SURGERIES ARE STANDARD, MEDICALLY ACCEPTED TREATMENTS FOR GENDER DYSPHORIA AND ARE NOT EXPERIMENTAL**

47. It is my professional medical opinion that the contention of Dr. Lappert, that gender-confirming surgeries are experimental is unsupported by the professional medical consensus and prevailing standards of care for treating gender dysphoria, and is inconsistent with mainstream medical standards. To the contrary, the prevailing consensus of the medical community recognizes that procedures used to treat gender dysphoria are reconstructive, not experimental, and are medically necessary.

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<sup>20</sup> Olson-Kennedy, J. *supra* at n. 19. Additionally, Frederick et al., *supra* at n. 17, included adolescents aged 15-17, as well as adults.

48. Surgical care is not considered experimental when it uses accepted techniques and has demonstrative benefits. The techniques used in gender-affirming care are employed in other surgeries and are well-established. For example, urethroplasties, orchiectomies, skin grafts, and mastectomies are all accepted techniques for congenital, oncological, and traumatic conditions. They are not experimental simply because they are applied to the well-established diagnosis of gender dysphoria.

49. Gender-affirming surgery has been performed for decades, utilizes accepted surgical techniques, and yields demonstrated benefits for patients. In addition, gender-affirming surgeries are: 1) part of the core curriculum in plastic surgery resident education; and 2) a component of both the written and oral board exams in plastic surgery. I have given presentations at multiple professional societies—including, the American Society of Plastic Surgeons, American Association of Plastic Surgeons, American Society for Reconstructive Microsurgery, American College of Surgeons—and none of those societies consider gender-affirming surgery experimental. In the disclosures required to give presentations of this kind there is no requirement that they be called experimental. It is widely accepted by professional surgical societies that gender-affirming surgeries are not experimental. Indeed, gender-

affirming surgery is part of the standard resident education in plastic surgery and, it is included in both the written and oral exams (in order to obtain board certification).

**THE OPINIONS OF DR. LAPPERT ARE INCONSISTENT WITH THE MAINSTREAM MEDICAL CONSENSUS**

***Qualifications of Dr. Lappert***

50. Based on the disclosures in Dr. Lappert's Assessment, he appears to lack the requisite qualifications to offer his opinions. Dr. Lappert's board certification with the American Board of Plastic Surgery is expired. Dr. Lappert is neither board-certified in plastic surgery, nor does he appear to hold any board-certification from a member board of the American Board of Medical Specialties.

51. Dr. Lappert is not a member of the American Society of Plastic Surgeons (ASPS), despite its role as the largest plastic surgery specialty organization in the world. ASPS represents 93% of all board-certified plastic surgeons in the United States, and more than 8,000 plastic surgeons worldwide. *See* [plasticsurgery.org](http://plasticsurgery.org) (website of ASPS). Dr. Lappert does not appear to be a member of any other major or relevant surgical organization, such as the American College of Surgeons.

52. Dr. Lappert lists no current hospital affiliations, nor does he appear to perform surgical procedures any longer. Dr. Lappert has no recent or relevant scientific publications pertaining to the field of gender-affirming surgery. Dr. Lappert references having performed an unspecified number of surgeries for patients who previously identified as transgender, however, he does not disclose any experience in treating individuals in a manner consistent with the Standards of Care.

53. Additionally, Dr. Lappert is not a member of WPATH, which is recognized by the mainstream medical consensus as the authoritative entity that has established comprehensive Standards of Care in this field.

### ***Quality of Evidence***

54. The quality of the evidence supporting gender-affirming surgeries is comparable to that supporting many surgeries and clinical procedures. Prospective, randomized, double-blind, placebo-controlled studies cannot be used to evaluate many clinical procedures. For example, there are simply inherent limitations to our ability to conduct such studies in clinical medicine. First, it is unethical to withhold medically necessary care. As such, in many situations, clinicians cannot conduct a study that uses a control group who is deprived of the treatment being studied. Practice guidelines published in 2013

by the Royal College of Psychiatrists indicated that a randomized controlled study to evaluate feminizing vaginoplasty would be “impossible to carry out.”<sup>21</sup> The withholding of medically necessary care that would be required for such a comparison would be considered unethical.

55. It is not possible to perform a double-blind study of surgeries that modify body parts, nor is there a placebo that can mimic such a surgery – unlike studies that use placebo drug regimens, for example, people will know if they have had an operation or not. For relatively uncommon conditions like gender dysphoria, sample sizes of individuals with the condition who are available to participate in a clinical study tend to be small. This is especially true where treatment for a condition has not been covered by insurance programs and plans, and where additional barriers (such as ongoing stigmatization) prevent patients from accessing care. That very lack of access to the procedure results in there being fewer people who have received treatment and who can participate in a prospective study of that treatment’s effect.

56. Put simply, the scientific literature pertaining to gender-affirming surgical interventions is similar to that of other accepted plastic surgery

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<sup>21</sup> Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria, Royal College of Psychiatrists 1-59 (2013).

procedures. The recommendation for ongoing research is a standard recommendation in many, if not most or all clinical scenarios. This recommendation for ongoing study in a particular clinical area does not mean that surgical care is withheld.

### ***Informed Consent***

57. Dr. Lappert appears to assert that the process of obtaining informed consent for surgical procedures to treat gender dysphoria is not possible because of the purported insufficiency of the evidence supporting this care. Lappert Assessment at 4. Gender-affirming surgical procedures, however, have been shown beneficial by multiple surgeons, in multiple countries, over decades. The risks of gender-affirming surgical procedures are well-known and well-described in the literature.<sup>22</sup> Additionally, because analogous surgical techniques have long been used to treat other underlying diagnoses, the risks of these techniques are well-understood.

58. The Standards of Care specifically discuss the obligation of the surgeon to obtain informed consent and recommend mental health assessments

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<sup>22</sup> See, e.g., Loren S. Schechter, *The Surgeon's Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health's Standards of Care*, 11 *International Journal of Transgenderism* 222-225 (2009).

prior to these gender-affirming surgical interventions. The options, including the potential complications, and risks and benefits of each, are discussed with patients. For adolescents, these discussions include the caregiver or parents who must consent as well.

59. The process of securing informed consent is done in a multidisciplinary way. One component of the preoperative mental health evaluation is an assessment of the individual's ability to provide informed consent. This represents a clinical standard which exceeds the threshold to perform many other types of surgical interventions, including those that are sterilizing.

***Few Patients Experience Regret When Gender Confirming Surgery is Provided in Accordance with the Standards of Care***

60. Dr. Lappert suggests that gender confirming surgery is not safe and effective because some patients could later regret their transition and the procedure. *See, e.g.*, Lappert Assessment at 10-11. All available research—as well as my own clinical experience—indicates that very few patients experience regret when gender confirming surgery is provided in accordance with the WPATH SOC and by a qualified surgeon. Regret of any kind is rare (0.6% in

transgender women and 0.3% in transgender men),<sup>23</sup> but “true regrets,” as opposed to regrets due to lack of social or familial acceptance, comprise an even smaller percentage (approximately half this group, roughly 0.3% in transgender women and 0.15% in transgender men).<sup>24</sup> Having performed gender confirming surgeries for over 20 years, I have never had a patient request a reversal of male chest reconstruction.

61. In a recent study I co-authored regarding regret following gender-affirming surgery, Narayan, et al. queried 154 surgeons surgically treating between 18,125 to 27,325 individuals.<sup>25</sup> The rate of regret was found to be between 0.2-0.3%, consistent with previous literature.

62. Moreover, issues pertaining to regret following surgical procedures are not limited to gender-affirming surgical interventions.<sup>26</sup> Some cisgender

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<sup>23</sup> Wiepjes, et. al., *The Amsterdam Cohort of Gender Dysphoria Study 1972-2015: Trends in Prevalence, Treatment, And Regrets*. J Sex Med. 2018 Apr; 15(4):582-590. doi: 10.1016.

<sup>24</sup> *Id.* at 585, 587 (researchers classified “social regrets” as those experienced by individuals who still identified as transgender women, but reported feeling “ignored by surroundings” or regretted loss of relatives,” and classified “true regrets” as those experienced by individuals who “thought gender affirming treatment would be a ‘solution’ for, for example, homosexuality or [lack of] personal acceptance, but, in retrospect, regretted the diagnosis and treatment”).

<sup>25</sup> Sasha Karan Narayan et al., *Guiding the Conversation—Types of Regret After Gender-Affirming Surgery and Their Associated Etiologies*, 9 *Annals of Translational Medicine* 605-616 (2021).

<sup>26</sup> Toni Zhong et al., *Decision Regret Following Breast Reconstruction: The Role of Self-Efficacy and Satisfaction With Information in the Preoperative Period*, 132 *Plastic and Reconstructive Surgery* 724e-734e (2013).; Leslie L. Montgomery et al., *Issues of Regret in*

women experience regret following breast reconstruction (40%), some cisgender women (6%) expressed regret following prophylactic mastectomy and prophylactic oophorectomy (7%).

### ***Patient Self-Reporting***

63. Dr. Lappert claims that gender-confirming surgeries are based on “the patient’s subjective report of dysphoria.” Lappert Assessment at 13. Dr. Lappert misrepresents the preoperative process and multidisciplinary assessment that occurs prior to gender-affirming surgical interventions.<sup>27</sup>

64. Dr. Lappert’s statements demonstrate a lack of familiarity with both the process of diagnosis done by mental health professionals before the transgender patient is eligible for surgery, and also the role and responsibility of the surgeon in providing this care.

65. When a person is referred to a surgeon to receive gender confirming surgery, the surgeon receives in writing one or more assessments of

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*Women With Contralateral Prophylactic Mastectomies*, 6 *Annals of Surgical Oncology* 546-552 (1999).; Elizabeth M. Swisher et al., *Prophylactic Oophorectomy and Ovarian Cancer Surveillance*, 46 *The Journal of Reproductive Medicine* 87-94 (2001).

<sup>27</sup> See the Standards of Care; Loren S. Schechter, *The Surgeon's Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health's Standards of Care*, 11 *International Journal of Transgenderism* 222-225 (2009) (now *International Journal of Transgender Health*).

the patient's diagnosis and medical necessity of the care by one or more mental health professionals, as required for the relevant procedure under the Standards of Care. But that is only one step in the assessment for surgical interventions. Contrary to Dr. Lappert's suggestions, the surgeon remains ultimately responsible for deciding whether a particular surgical intervention is medically indicated. The surgeon evaluates the patient and makes the final decision about whether it is safe and medically indicated to proceed. This includes an evaluation of the patient's understanding of the condition, their self-awareness, and their goals and expectations for the intervention. The surgeon also evaluates other factors that would affect the patient's fitness for the surgery, such as obesity or smoking, and determines whether additional information might be required, such as x-rays or laboratory work. The surgeon also typically obtains an assessment from the person's primary care physician about their overall health. In my own clinical practice, I have declined to perform a requested intervention based on my exercise of professional judgment.

**THE GAPMS REPORT MISREPRESENTS THE LITERATURE IN MEDICAL  
NECESSITY, SAFETY, AND EFFECTIVENESS**

66. The overwhelming weight of the scientific and medical literature supports the benefits of gender-affirming surgical interventions. Gender-affirming interventions have been performed for decades, and the safety and

efficacy of these procedures have been reported by multiple surgeons practicing at different institutions in different countries and continents.

67. The Agency's GAPMS Report cites a study by Dhejne, et al. to imply that because individuals who received gender confirming surgeries had higher morbidity and mortality rates compared to the general population, the surgeries are not effective. GAPMS Report at 24-25. The Agency misunderstands that study. First, the study itself clearly states that it is not intended to evaluate whether gender-affirming surgeries are "an effective treatment or not." Second, the study found that those who receive medically necessary surgery generally have reduced morbidity and mortality compared to those with the same condition who do not, even if morbidity and mortality for both groups is higher than average. Third, the study includes patients who had surgery prior to the development of the current standards of care. Finally, the fact that gender confirming surgeries do not entirely resolve all possible causes of morbidity and mortality among transgender individuals is completely unsurprising. While surgery can treat gender dysphoria by aligning transgender people's bodies with their gender identity, surgery alone cannot fully eliminate the stigma and discrimination that transgender people face. Moreover, it is rare for any surgery to eliminate morbidity and mortality. For example, people who

have surgery to remove a cancerous tumor may still experience higher rates of morbidity and mortality than the general population, but that does not mean that they should not undergo the surgery. In addition, individuals suffering from other medical conditions (including chronic conditions and traumatic injuries such as burns) are also at elevated risk of suicide. The increased risk of suicide does not preclude treatment of burn patients.<sup>28</sup>

68. The fact that surgery does not always reduce morbidity for everyone who receives it does not mean that the surgery is not safe or effective, particularly given the number of potential confounding factors that can impact morbidity. Similarly, the continued existence of elevated morbidity and mortality rates, compared to the population at large, say nothing about whether a treatment is a safe and effective way to treat a particular condition. Moreover, while suicide is not necessarily the correct marker for efficacy of treatment, in the Dhejne study, suicide attempts in the years 1989-2003 were reduced (and death by suicide during that time is listed as NA). Additionally, the number of mental health visits following surgical care is not a marker for treatment efficacy. For example, people receiving care for cancer will continue to see

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<sup>28</sup> Sheera F Lerman et al., *Suicidality After Burn Injuries: A Systematic Review*, 42 *Journal of Burn Care & Research* 357-364 (2021).

their oncologist—this does not imply that care received for the treatment of cancer was not successful and, we continue to provide care to patients with cancer even though treatments may be “temporary” (i.e., some forms of care may extend the lifespan of a patient with cancer for several years). This does not suggest that withholding medically necessary care is appropriate for patients with cancer, any more than it is for transgender people.

69. The GAPMS Report also misunderstands Medicare policy on coverage of gender affirming surgery. In 2014, an impartial adjudicative board in the Department of Health & Human Services concluded, based on decades of studies, that surgical care to treat gender dysphoria is safe, effective, and medically necessary.<sup>29</sup> Dep’t of Health & Human Servs., Departmental Appeals Bd., Appellate Div., Decision No. 2676 (May 30, 2014), [hhs.gov/sites/default/files/static/dab/decisions/board-decisions/2014/dab2576.pdf](https://www.hhs.gov/sites/default/files/static/dab/decisions/board-decisions/2014/dab2576.pdf). As a result, the Centers for Medicare & Medicaid

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<sup>29</sup> That decision also discussed the quality of data demonstrating the efficacy of surgical care to treat gender dysphoria, noting regardless of whether the studies were randomized double-blind trials, there was sufficient evidence to prove “a consensus among researchers and mainstream medical organizations that transsexual surgery is an effective, safe and medically necessary treatment for [gender dysphoria].” Dep’t of Health & Human Servs., Departmental Appeals Bd., Appellate Div., Decision No. 2676, at 20 (May 30, 2014), [hhs.gov/sites/default/files/static/dab/decisions/board-decisions/2014/dab2576.pdf](https://www.hhs.gov/sites/default/files/static/dab/decisions/board-decisions/2014/dab2576.pdf).

Services (CMS) within HHS started covering surgical care for gender dysphoria and continues to provide that coverage, including for patients in my practice.

70. In 2016, CMS decided not to issue national standards (called a National Coverage Determination or “NCD”) for determining under what circumstances Medicare will cover gender confirming surgical care because “the clinical evidence is inconclusive *for the Medicare population.*” Ctrs. for Medicare & Medicaid Servs., *Decision Memo for Gender Dysphoria and Gender Reassignment Surgery* (Aug. 30, 2016) (“CMS Decision Memo”) (emphasis added). The result of CMS’s review of the evidence is not applicable to other population groups. For the most part, the Medicare population consists of individuals over the age of 65. While the number of older adults who have gender affirming surgery is increasing, most individuals who undergo gender affirming surgery are under age 65, meaning that fewer older adults have been included in studies assessing the effectiveness of the treatment. That was a significant factor in CMS’s decision. As CMS articulated, “older adults may respond to health care treatments differently than younger adults.” CMS Decision Memo at 57. “These differences can be due to, for example, multiple health conditions or co-morbidities, longer duration needed for healing, metabolic variances, and impact of reduced mobility.” *Id.*

71. What is more, CMS acknowledged that gender confirming surgery may be necessary for certain Medicare beneficiaries and concluded that the appropriateness of surgical care for this population should continue to be determined on a case-by-case basis, as is already required by the WPATH SOC. Many widely accepted surgical procedures and surgical conditions do not have NCDs under Medicare. The fact that gender confirming surgery does not have an NCD is not unusual.

72. Notably, I have performed gender confirming surgeries on a number of Medicare beneficiaries in recent years, and Medicare has covered the cost of that care. Indeed, most medical and surgical care provided to patients should be individualized, taking into account each patient's unique clinical circumstances. In contrast, the exclusion challenged in this case does not evaluate the medical necessity of surgical care for gender dysphoria on a case-by-case basis. It categorically excludes all coverage regardless of an individualized showing of medical necessity.

#### **SUMMARY OF OPINIONS AND CONCLUSIONS**

73. Based on over 27 years of clinical experience performing gender confirmation procedures and caring for transgender people, my knowledge of the standards of care and relevant peer-reviewed literature, and my discussions

and interactions with experts throughout the world, it is my professional opinion that gender confirmation surgeries are safe, effective, and medically necessary treatments for gender dysphoria in transgender people. In my experience, the overwhelming number of individuals who undergo gender confirmation procedures describe relief and/or reduction of their gender dysphoria and improvement in their quality of life and overall functioning.

74. Furthermore, based on my clinical and professional experience and my ongoing review of the literature, it is my professional opinion that the denial of necessary medical care is likely to perpetuate gender dysphoria and create or exacerbate other medical issues, such as depression and anxiety, leading to an increased possibility of self-harm, negative health outcomes, and even suicide.

75. In conclusion, it is my professional opinion that the categorical exclusion of transition-related surgical care in Florida's Medicaid Program is 1) inconsistent with the Standards of Care for treating transgender individuals diagnosed with gender dysphoria, 2) inconsistent with the peer-reviewed scientific and medical research demonstrating that gender confirmation surgeries are safe, effective, and more cost efficient treatments for gender dysphoria over the long-term, 3) and inconsistent with expert medical and surgical consensus. To the extent the exclusion is premised on the conclusion

in the GAPMS report that gender confirmation surgical care is not medically necessary, that conclusion is wrong. The Standards of Care confirm, based on clinical evidence, that gender confirmation surgeries are medically necessary to help people alleviate the often serious and life-threatening symptoms of gender dysphoria.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 07<sup>th</sup> day of September, 2022.

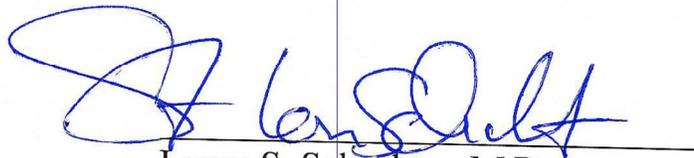
  
Loren S. Schechter, M.D.

EXHIBIT A  
*Curriculum Vitae*

## Curriculum Vitae

**NAME:** LOREN SLONE SCHECHTER, MD, FACS

**OFFICE:** 4700 Marine Dr.  
Suite 515  
Chicago, IL 60640  
Tel: 847.967.5122  
Fax: 847.967.5125

**E-MAIL:** lorenschechter1@gmail.com

**MARITAL STATUS:** Married (Rebecca Brown Schechter, MD)

**CERTIFICATION:** The American Board of Plastic Surgery, 2001  
Certificate Number 6271  
Date Issued: September 2001  
Maintenance of Certification: 2011  
Maintenance of Certification: 2021

**EDUCATION:**

1986-1990	The University of Michigan	BS, 1990
1990-1994	The University of Chicago Pritzker School of Medicine	MD, 1994

**POSTGRADUATE TRAINING:**

Residency: The University of Chicago Hospitals 1994-1999  
Coordinated Training Program in  
Plastic and Reconstructive Surgery

Chief Resident: The University of Chicago Hospitals 1998-1999  
Section of Plastic and Reconstructive  
Surgery

Fellowship: Reconstructive Microsurgery 1999-2000  
The University of Chicago Hospitals  
Section of Plastic and Reconstructive  
Surgery

**TEACHING APPOINTMENT:**

Professor of Surgery, Chief Section of Gender-Affirmation  
Surgery, Rush University Medical Center-In Process

Clinical Professor of Surgery, The University of Illinois at  
Chicago-resigned to accept position at Rush University

Adjunct Assistant Professor, Dept. of Surgery, Rush University  
Medical Center

Associate Professor, Physician Assistant Program, College of  
Health Professionals, Rosalind Franklin University

**LICENSURE:**

Illinois  
Illinois Controlled Substance  
DEA

**STAFF APPOINTMENTS:**

Rush University Medical Center  
Advocate Lutheran General Hospital  
Louis A. Weiss Memorial Hospital  
Illinois Sports Medicine and Orthopedic Surgery  
Center

**HONORS AND AWARDS:**

2021	Chicago Magazine Top Doctor-Surgery
2020	The University of Minnesota Program in Human Sexuality, recipient of 50 Distinguished Sexual and Gender Health Revolutionaries
2017-2020	Castle Connolly Top Doctor (Chicago)
2017	Chicago Consumer Checkbook Top Doctor
2015	University of Minnesota Program in Human Sexuality Leadership Council
2014-2015	Rosalind Franklin University of Medicine and Science Chicago Medical School Honors and recognizes for dedication and commitment to teaching
2014	National Center for Lesbian Rights honored guest
2013	Illinois State Bar Association Award for Community Leadership
2010	Advocate Lutheran General 2009 Physicians Philanthropy Leadership Committee-Outstanding Leadership
2009	Advocate Lutheran General Hospital Value Leader (received for compassion)
1994	Doctor of Medicine with Honors
1994	University of Chicago Department of Surgery Award for Outstanding Performance in the Field of Surgery
1994	Catherine Dobson Prize for the Best Oral Presentation Given at the 48 <sup>th</sup> Annual Senior Scientific Session in The Area of Clinical Investigation
1993	Alpha Omega Alpha

1991 University of Chicago National Institutes  
Of Health Summer Research Award  
1990 Bachelor of Science with High Distinction  
And Honors in Economics  
1990 James B. Angell Award for Academic Distinction  
1989 Omicron Delta Epsilon-National Economic Honor  
Society  
1988 College Honors Program Sophomore Honors Award  
For Academic Distinction  
1988 Class Honors (Dean's List)

**MEMBERSHIPS:**

2018- The American Association of Plastic Surgeons  
2016- The American Society for Gender Surgeons  
(founding member and president-elect)  
2010- World Society for Reconstructive Microsurgery  
2005- The University of Chicago Plastic Surgery Alumni  
Association  
2005- The Chicago Surgical Society  
2004- The American Society for Reconstructive Microsurgery  
2003- The American College of Surgeons  
2002- The American Society of Plastic Surgeons  
2001- Illinois Society of Plastic Surgeons (formerly Chicago Society of  
Plastic Surgeons)  
2001- The American Society of Maxillofacial Surgeons  
2001- American Burn Association  
2001- Midwest Association of Plastic Surgeons  
2001- WPATH  
1994- The University of Chicago Surgical Society  
1994- The University of Chicago Alumni Association  
1992- American Medical Association  
1992- Illinois State Medical Society  
1992- Chicago Medical Society  
1990- The University of Michigan Alumni Association

**CURRENT HOSPITAL COMMITTEES:**

Director, Center for Gender Confirmation Surgery,  
Louis A. Weiss Memorial Hospital

**PROFESSIONAL SOCIETY COMMITTEES:**

WPATH Executive Committee

Treasurer, The World Professional Association for Transgender  
Health

Chair, Finance and Investment Committee, The American Society of Plastic Surgeons

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board Examiner

WPATH Ethics Committee

American College of Radiology Committee on Appropriateness Criteria Transgender Breast Imaging Topic, Expert Panel on Breast Imaging: Transgender Breast Cancer Screening Expert Panel on Breast Imaging

American Society of Plastic Surgeons, Finance and Investment Committee

Board of Directors, at-large, The World Professional Association for Transgender Health

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

**OTHER:**

American Board of Plastic Surgery-Oral Board Guest Examiner (2020, 2021)

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery, Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

**PREVIOUS EDITORIAL ROLE:**

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of Transgenderism

Guest Reviewer, Pediatrics

**PREVIOUS ACADEMIC APPOINTMENT:**

Visiting Clinical Professor in Surgery, The University of Illinois at Chicago

Chief, Division of Plastic and Reconstructive Surgery, Chicago Medical School, Rosalind Franklin University of Medicine and Science

Associate Professor of Surgery, The College of Health Professionals, Rosalind Franklin University

Clinical Associate in Surgery, The University of Chicago

**PREVIOUS HOSPITAL COMMITTEES:**

Division Director, Plastic Surgery, Lutheran General Hospital

Division Director, Plastic Surgery, St. Francis Hospital

Medical Staff Executive Committee, Secretary,  
Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital  
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General  
Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical Center

Section Director, Plastic Surgery, Rush North Shore Medical  
Center

**PREVIOUS SOCIETY COMMITTEES:**

PlastyPac, Chair, Board of Governors

Chair of the Metro Chicago District #2 Committee on Applicants,  
American College of Surgeons

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy  
Committee

American Society of Plastic Surgeons, Practice Management  
Education Committee

Board of Governors, Governor-at-large, The American College of  
Surgeons

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of The American College of Surgeons

2012 Nominating Committee, American Society of Plastic Surgeons

Program Committee, The World Society for Reconstructive Microsurgery, 2013 Bi-Annual Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic Surgeons (formerly the Chicago Society of Plastic Surgery)

Vice-President, The Metropolitan Chapter of the American College of Surgeons

American Society of Plastic Surgery, Chairman, Patient Safety Committee

2006-2007 Pathways to Leadership, The American Society of Plastic Surgery

2005 & 2006 President, The University of Chicago Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American Society of Plastic Surgery

Senior Residents Mentoring Program, The American Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery, Electronic Communications Committee

American Society of Aesthetic Plastic Surgery, Intranet Steering Committee

American Society of Aesthetic Plastic Surgery, International Committee

Membership Coordinator, The Chicago Society of Plastic Surgeons  
The Illinois State Medical Society, Governmental Affairs Council

The Illinois State Medical Society, Council on Economics

Chicago Medical Society, Physician Review Committee  
-Subcommittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare Economics Committee

Secretary/Treasurer, The Metropolitan Chicago Chapter of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

Council Member, The Metropolitan Chicago Chapter of the American College of Surgeons

**INTERNATIONAL MEDICAL SERVICE:**

Northwest Medical Teams  
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

**COMMUNITY SERVICE:**

Alumni Council, The University of Chicago Medical and Biological Sciences Alumni Association

The University of Minnesota Presidents Club Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

**PREVIOUS COMMUNITY SERVICE:**

Board of Directors, Committee on Jewish Genetic Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital, Park Ridge, IL

Lutheran General Hospital Development Council, Park Ridge, IL

Lutheran General Hospital Men's Association, Park Ridge, IL

Advisory Board, Committee on Jewish Genetic Diseases, Cancer Genetics Subcommittee, Jewish United Fund, Chicago, Illinois

Health Care Advisory Board, Congressman Mark Kirk, 10<sup>th</sup> Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital Development Council, Evanston, IL

**Visiting Professor:**

1. University of Utah, Division of Plastic Surgery, November 6-8, 2014.
2. Northwestern University, Division of Plastic Surgery, April 21-22, 2016.
3. The University of North Carolina, Division of Plastic Surgery, March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-18, 2017
5. The University of Basel, Basel, Switzerland, August 31-September 1, 2018
6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019
7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, October 3-4, 2019, Ann Arbor, MI,

**Invited Discussant:**

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H. Deputy Assistant Secretary of Defense for Health Services Policy & Oversight, The Pentagon, November 9, 2017
2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know? A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

**Research Interests:**

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)
2. Robotic-Assisted Bilateral Prophylactic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)
3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015
4. Uterine Transplantation, Rush University Medical Center (IRB pending)
5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)
6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant – LGBTQ 2S Stigma Reduction & Life Course Mental Wellness (application in process)

**BIBLIOGRAPHY:**

**PEER REVIEWED ARTICLES:**

1. E. Wall, D. A. Schoeller, **L. Schechter**, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.
2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation* 74(6):887-889, 2002.
3. Robert F. Lohman, **Loren S. Schechter**, Lawrence S. Zachary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog with Contrast Ultrasonography Revisited: Has the Technique Been Useful, and Where are We Headed Now? *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.
4. Alvin B. Cohn, Eric Odessey, Francis Casper, **Loren S. Schechter**: Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection in Lieu of Traditional Therapy, *The Annals of Plastic Surgery* Vol 57, Number 5, November 2006.
5. Eric Odessey, Al Cohn, Kenneth Beaman, and **Loren Schechter**: Mucormycosis of the Maxillary Sinus: Extensive Destruction with an Indolent Presentation, *Surgical Infections*, Vol. 9, Number 1, 2008
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24. Iris A. Seitz, MD, PhD., Sarah M. Friedewald, MD, Jonathon Rimler, BS, **Loren S. Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.
25. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon's Fourteen Year Experience, Annals of Plastic Surgery, Vol. 74, Suppl. 3, June 2015, p. s187.

26. 25<sup>th</sup> WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
27. 25<sup>th</sup> WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience
28. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Terhapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures
29. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery
30. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

**PRESENTATIONS:**

1. Student Summer Research Poster Forum-The University of Chicago, Jan. 21, 1992: “A Comparison of Dynamic Energy Expenditure Versus Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method”
2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: “Routine HIV Testing in A Burn Center: A Five Year Experience”
3. American Burn Association Poster Session, April 20-23, 1994, Orlando, FL: “Calculated Versus Measured Energy Requirements in Adult Burn Patients”
4. 48<sup>th</sup> Annual Senior Scientific Session: The University of Chicago, May 19, 1994: “Calculated Versus Measured Energy Requirements in Adult Burn Patients”
5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, TX: “Plication of the Orbital Septum in Lower Eyelid Blepharoplasty”
6. The Chicago Society of Plastic Surgery, May 6, 1999, “Plication of the Orbital Septum in Lower Eyelid Blepharoplasty”
7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: “Plication of the Orbital Septum in Lower Eyelid Blepharoplasty”
8. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999, San Francisco, CA: “Craniofacial Osseo-Distracton: A Bridge to Eucephaly”

9. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"
10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: "Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes"
11. American Society for Reconstructive Microsurgery, January 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"
12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"
13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"
14. The 5<sup>th</sup> Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: "Soft Tissue Salvage: Where Are We in 2003?"
15. The Midwestern Association of Plastic Surgeons, 42<sup>nd</sup> Annual Meeting, Chicago, IL May 1-2, 2004: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
16. The 6<sup>th</sup> Annual Chicago Trauma Symposium, August 12-15, 2004, Chicago, IL "Complex Wound Management"
17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
18. The American Society for Reconstructive Microsurgery, January 15-18, 2005, Fajardo, Puerto Rico: "Surviving as a Plastic Surgeon"
19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"
20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, IL: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"
21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, IL: "Modified Components Separation Technique for Two Massive Ventral Hernias"

22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: “Mucormycosis of the Head and Neck: A Fatal Disease?”
23. The 7<sup>th</sup> Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, Il “Management of Complex Injuries”
24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, Il September 18, 2005 “From Flaps to Grafts”
25. Taizoon Baxamusa, M and Loren S.Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American Association For Hand Surgery Annual Scientific Meeting, January 11-14, 2006, Tucson, Arizona.
26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, Il “Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty”
27. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois “Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon’s Four Year Experience”
28. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois “Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy”
29. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois “Abdominoplasty Graft & VAC Therapy: Two Useful Adjuncts in Full-Thickness Grafting of the Mangled Upper Extremity”
30. The American Association of Plastic Surgeons 85<sup>th</sup> Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina “Excision of Giant Neurofibromas”
31. The 8<sup>th</sup> Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il “Management of Complex Injuries”
32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California “Excision of Giant Neurofibromas”
33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il “Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity”
34. American Medical Association-RFS 3<sup>rd</sup> Annual Poster Symposium, November 10, Las Vegas, NV, 2006 “Abdominal Wall Reconstruction With Alloderm”

35. Advocate Injury Institute: “Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, IL, “Pit Bull Mauling: A Case Study”
36. The 9<sup>th</sup> Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, IL “Management of Complex Injuries”
37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8, 2007, Chicago, IL Revision Vaginoplasty With Sigmoid Interposition: “A Reliable Solution for a Difficult Problem”
38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 “ER Call: Who’s Job is it Anyway”
39. The 10<sup>th</sup> Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, IL “Management of Complex Injuries”
40. 23<sup>rd</sup> Annual Clinical Symposium on Advances in Skin & Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada, poster presentation “Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report.”
41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, IL “Panel: Fresh Faces, Real Cases”
42. The American Association for Hand Surgery Annual Meeting, January 7-13, 2009, Maui, Hawaii, poster session: “Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap.”
43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, “Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap.”
44. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Mison de la Chimie, Paris, France, “Advertising in Plastic Surgery?”
45. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Mison de la Chimie, Paris, France, “Cost-Effectiveness of Physician Extenders in Plastic Surgery”
46. Midwestern Association of Plastic Surgeons, 47<sup>th</sup> Annual Meeting, April 18-19, 2009, Chicago, IL, “Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate”
47. Midwestern Association of Plastic Surgeons, 47<sup>th</sup> Annual Meeting, April 18-19, 2009, Chicago, IL, “Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures”

48. The 11<sup>th</sup> Annual Chicago Trauma Symposium, August 1, 2009, Chicago, IL “Management of Complex Injuries”
49. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, “Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap.”
50. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, “Challenging Cases.”
51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, “President’s Panel: The Future of the Solo Practice-Can We, Should We Survive?”
52. The 12<sup>th</sup> Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, IL “Management of Complex Injuries”
53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRAC), Dresden, Germany, September 2010
54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA
55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.
56. ASPS/ASPSN Joint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA
57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA
58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16<sup>th</sup> Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada
59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
62. The 13<sup>th</sup> Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, IL “Soft Tissue Defects-Getting Coverage”
63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA “Surgical Options and Decision-Making”
64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting
65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE
66. XXIV Congresso Nazionale della Societa Italiana di Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma
67. XXIV Congresso Nazionale della Societa Italiana Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series
68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention
69. The 14<sup>th</sup> Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, IL “Soft Tissue Defects-Getting Coverage”
70. The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30, 2012, New Orleans, LA “Reimbursement in Breast Reconstruction”
71. The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30, 2012, New Orleans, LA “Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace”
72. The 15<sup>th</sup> Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, IL “Soft Tissue Defects-Getting Coverage”
73. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, “Short Scar Chest Surgery.”

74. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, “Intestinal Vaginoplasty with Right and Left Colon.”
75. 24<sup>th</sup> Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, “Gender Confirmation Surgery: State of the Art.”
76. The 15<sup>th</sup> Annual Chicago Trauma Symposium, September 4-7, 2014, Chicago, IL “Soft Tissue Defects-Getting Coverage”
77. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL “Gender Confirmation Surgery: A Single-Surgeon’s Experience”
78. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL, Moderator, Gender Reassignment.
79. the American Society of Plastic Surgeons 2015 Professional Liability Insurance and Patient Safety Committee Meeting, July 17, 2015, “Gender Confirmation Surgery.”
80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments
81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery
82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.
83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE
84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra(Poster session #195), June 18-22, 2016, Amsterdam, Netherlands
87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session #198), June 18-22, 2016, Amsterdam, Netherlands
88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve?, Washington, DC June 23-25, 2016

89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016
90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016
91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016
92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016
93. The 16<sup>th</sup> Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, IL “Soft Tissue Defects-Getting Coverage”
94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature
95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty–Management Options in Gender Confirmation Surgery
96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification
97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra
98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty
99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques
100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty
101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program
102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique
103. The 18<sup>th</sup> Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, IL “Soft Tissue Defects-Getting Coverage”

104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women
105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker
106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery
107. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience
108. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
109. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Development of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation
110. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty
111. The 19<sup>th</sup> Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, IL “Soft Tissue Defects-Getting Coverage”
112. Midwest LGBTQ Health Symposium, September 14-15, 2018, Chicago, IL “Quality Parameters in Gender Confirmation Surgery”
113. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach
114. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship
115. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training
116. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery
117. “Theorizing the Phantom Penis,” The Psychotherapy Center for Gender and Sexuality’s 6<sup>th</sup> Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY

**INSTRUCTIONAL COURSES:**

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, IL
2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, IL
3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity
4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims
5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice
6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons
7. 10<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, May 2—22, 2010, Genoa, Italy, “The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction.”
8. Multispecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.
9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.
10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, IL.
11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.
12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30<sup>th</sup>, 2012, New Orleans, LA
13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11<sup>th</sup>-15<sup>th</sup>, 2013, San Diego, CA

14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11<sup>th</sup>-15<sup>th</sup>, 2013, San Diego, CA
15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA
18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, IL
19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Overview of Surgical Treatment Options
20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, IL Surgical Procedures
21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Surgical Complications
22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Post-operative Care
23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Case Discussions: The Multidisciplinary Team
24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23,2016, Atlanta, GA Overview of Surgical Treatment Options
25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options
26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.

27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.
28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.
30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.
31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.
32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017
33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017
34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017
35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.
36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.
37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, IL
38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea
39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017

41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator
42. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017
43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017
44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018
45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY
46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018
47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018
48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, IL
49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018
50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018
51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018
52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018
53. 25<sup>th</sup> WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator
54. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics

55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019
56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019
57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019
58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019
59. Program Director, Gender Affirming Breast, Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, Fl, July 20, 2019
60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, Il
61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning & Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing

for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)

69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020
70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020
71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020
72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021
73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.
74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.
75. GEI Foundations Course, Live Q&A, March 21, 2021
76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021
77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)
78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021
79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021
80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.
81. WPATH Health Plan Provider (HPP) Training, Q&A Panel, September 13, 14, 21 2021, via Zoom
82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via zoom), December 9, 2021

**SYMPOSIA:**

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,

2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL
8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, IL
9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, IL.
10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands
11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, IL
12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, IL March 10, 2017.

15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
16. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery
17. Program Director, 2<sup>nd</sup> Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.
18. Moderator, “Genital Reassignment for Adolescents: Considerations and Conundrums,” Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
19. Moderator, “Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery,” Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
20. Moderator, “Complications in Masculinizing Genital Reconstruction Surgery,” Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
21. Moderator, “Preparing for Surgery and Recovery,” Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
22. Discussant, “WPATH Standards of Care Version 8 Preview,” Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
23. Program Coordinator, Surgeon’s Only Course, USPATH, September 5, 2019, Washington, DC
24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020
25. WPATH 2020 Surgeons’ Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)
26. WPATH Journal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (Zoom)

**FACULTY SPONSORED RESEARCH:**

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, “Free Tissue Transfer in the Treatment of Zygomycosis.” Presented by Michelle Roughton, MD

2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, IL, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seitz, MD, PhD.
5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seitz, MD, PhD.
6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD
7. The Midwestern Association of Plastic Surgeons, 49<sup>th</sup> Annual Scientific Meeting, May 15<sup>th</sup>, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
8. Jonathan M. Hagedorn, BA, **Loren S. Schechter**, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimenez, MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.
9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seitz, Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois
10. Samuel Lake, Iris A. Seitz, MD, PhD, Loren S. Schechter, MD, Daniel Peterson, PhD Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCs First Place, Rosalind Franklin University Summer Research Poster Session
11. J. Siwinski, MS II, Iris A. Seitz, MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S. Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suarez Research Day, Midwestern University, Downers Grove, IL, May 2014

12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL

15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL

16. S. Marecik, J. Singh. **L. Schechter**, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 20

**Keynote Address:**

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

**INVITED LECTURES:**

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999

2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, IL March 2000

3. Wounds, Lincolnwood Family Practice, Lincolnwood, IL April 2000

4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000

5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, IL June 2000

6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000

7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000
8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000
9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000
10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000
11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000
12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001
13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001
14. Wound Care, Rush North Shore Medical Center, March 2001
15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001
16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001
17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001
18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002
19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002
20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002
21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002
22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002

23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002
24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.
25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago,Il, May, 2002
26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002
27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:
28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002
29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.
30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002
31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002
32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002
33. Dressing for Success: The Role of the Vacuum Assisted Closure Device in Plastic Surgery, Indianapolis, In November 11, 2002
34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002
35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003
36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003
37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003
38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003

39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003
40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, Wi March 26, 2003
41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il March 27, 2003
42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, Il, April 11, 2003
43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, Mn, April 24, 2003
44. Dressing For Success: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003
45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003
46. A Systematic Approach to Complex Reconstruction, 12<sup>th</sup> Annual Vendor Fair “Surgical Innovations,” October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003
47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA
48. Beautiful You: From Botox to Weekend Surgeries, 21<sup>st</sup> Century Cosmetic Considerations, March 21, 2004 Hadassah Women’s Health Symposium, Skokie, Il
49. Updates in Breast Reconstruction, The 2<sup>nd</sup> Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004
50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004
51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il
52. 4<sup>th</sup> Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, Il

53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, IL
54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, IL
55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, IL
56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, IL
57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, IL
58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, IL
59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, IL
60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, IL.
61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.
62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.
63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.
64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.
65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.
66. "Meet the Experts on Breast Cancer," 7<sup>th</sup> Annual Chicagoland Day of Sharing, Sunday, April 13<sup>th</sup>, 2008
67. Gender Confirmation Surgery: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.

68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.
69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.
70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008
71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008
72. "Genetics: *A Family Affair*" Panel Discussion: Predictive Genetic Testing, 23<sup>rd</sup> Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, IL, March 18, 2009
73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.
74. "The Role of Plastic Surgery in Wound Care," " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, IL.
75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, IL.
76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.
77. "Compartment Syndrome," 6<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
78. "Maxillofacial Trauma," 6<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, IL.
80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010
81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14<sup>th</sup>, 2010
82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25<sup>th</sup>, 2010.

83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.
84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.
85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.
86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.
87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY
88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.
89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il
90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota
91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il
92. "Facial Trauma," 8<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011
93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il
94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011
95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012
96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012
97. "State of the art breast reconstruction," Advocate Health Care, 11<sup>th</sup> Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.
98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.

99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.
100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il
101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il
102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il
103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il
104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22<sup>nd</sup> Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.
105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.
106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.
107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014
108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.
109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.
110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.
111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.
112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015
114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, IL, April 20, 2015
115. "Principles of Plastic Surgery," "Surgical Trends, Lutheran General Hospital, Park Ridge, IL, May 16, 2015
116. "Updates on Gender Confirmation Surgery," "Surgical Trends, Lutheran General Hospital, Park Ridge, IL, May 16, 2015
117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, IL, May 18, 2015, Chicago, IL 2015.
118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.
119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn
120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015
121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015
122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, IL September 18, 2015
123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, IL, October 2, 2015
124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, FL, October 3, 2015
125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago, IL, October 8, 2015
126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015
127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, IL

128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, IL
129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, IL
130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, IL
131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, IL
132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, IL
133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, IL
134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA
135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA
136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, IL 60068
137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY
138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, IL.
139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, IL
140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, IL

144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA
145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20, 2016 Washington, DC
146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016
147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016
148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017
149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.
151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 – 50 Years of Aesthetics* - in San Diego, California April 27– May 2, 2017.
152. "Gender Confirmation Surgery: A New Surgical Frontier," 15<sup>th</sup> Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.
153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017
154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017
155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017

158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017
159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
160. "Gender Confirmation Surgery," Brazilian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, IL
162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, IL
163. "Transgender Breast Augmentation," 34<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
164. "Top Surgery: Transmasculine Chest Contouring," 34<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
165. "Gender Confirmation Surgery," The 17<sup>th</sup> International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China
166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97<sup>th</sup> Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA
167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY
168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affairs, May 24, 2018
169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018
170. "WPATH State of the Art," 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
171. "Facial Feminization Surgery: The New Frontier?" 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

172. “Current Techniques and Results in Mastectomies,” 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018
173. “Gender Confirmation Surgery,” The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, IL.
174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, IL
175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, IL
176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL
179. The Center for Gender Confirmation Surgery Lecture Series, “Introduction to Gender Confirmation Surgery,” Weiss Memorial Hospital, October 17, 2018, Chicago, IL
180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65<sup>th</sup> Annual Meeting, October 22-27, 2018, Seattle, WA
181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019
182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019
183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA
184. Master Series of Microsurgery: Battle of the Masters  
One Reconstructive Problem – Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019

185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019

186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019

187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019

188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

189. Gender Surgery: Where are We Now?, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019

192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.

193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019

194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy

195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, IL

196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

198. The 20<sup>th</sup> Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, IL "Soft Tissue Defects-Getting Coverage"

199. Gender Confirmation Surgery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019
200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, IL.
201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, IL.
202. Moderator, Patient Selection in Gender Affirming Surgery, 88<sup>th</sup> Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88<sup>th</sup> Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
204. Breast Reconstruction, State of the Art, NYU-Langone Health, NYU School of Medicine, Standards of Care and Insurance Coverage, Saturday, November 23, 2019, New York, NY.
205. ASRM Masters Series in Microsurgery: Think Big, Act Small: The Building Blocks for Success, "Building a Microsurgery Private Practice from the Ground Up", 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
206. ASPS/ASRM Combined Panel II: Gender Affirmation Surgery: Reconstruction Challenges of Function and Sensation, 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
207. Rush University Medical Center, Division of Urology, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," January 22, 2020
208. Rush University Medical Center, Department of General Surgery, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," February 5, 2020.
209. WPATH/AMSA (American Medical Association) Gender Scholar Course, Webinar, March 11, 2020
210. Rush University Medical Center, Division of Plastic Surgery, Weekly Presentation, Gender Confirmation Surgery: Can a Surgeon Provide Informed Consent?, April 29, 2020
211. Legal Issues Faced by the Transgender Community, ISBA Standing Committee on Women and The Law and the ISBA Standing Committee on Sexual Orientation and Gender Identity, Co-Sponsored by the National Association of Women Judges District 8, Live Webinar, May 28, 2020
212. Principles of Transgender Surgery, National Association of Women's Judges, District 8, Webinar, June 4, 2020

213. Gender-Affirming Surgery, National Association of Women's Judges, District 8, Webinar, July 8, 2020
214. Gender-Affirming Surgery, The University of Chicago, Pritzker School of Medicine, 1<sup>st</sup> year Anatomy, September 15, 2020
215. Gender-Affirming Surgery, Rush University Medical School, 2<sup>nd</sup> year Genitourinary Anatomy, September 16, 2020.
216. Surgical Management of the Transgender Patient, Rosalind Franklin University, The Chicago Medical School, Plastic Surgery Interest Group, October 7, 2020
217. Breast Augmentation in Transgender Individuals, The American Society of Plastic Surgeons Spring Meeting, March 20, 2021
218. International Continence Society Institute of Physiotherapy Podcast 5-Pelvic Floor Most Common Disorders and Transgender Patients (recorded April 30, 2021)
219. The American Association of Plastic Surgeons Annual Meeting, Reconstructive Symposium, Gender Affirmation Panel, Complications of GCS, Miami, FL, May 15, 2021 (presented virtually)
220. Gender Confirmation Surgery, Grand Rounds, Rush University, Section of Urology, June 8, 2021.
221. Genitourinary introduction lecture, M2, Rush University School of Medicine, September 2, 2021 (by Zoom)
222. Demystifying Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, Querencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, JSCH & LHMC, New Delhi, WPATH September 5, 2021 (by zoom)
223. Gender Confirmation Surgery, The University of Chicago Pritzker School of Medicine, MS-1, Anatomy lecture, September, 14, 2021, Chicago Il.
224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now?, Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2011 (by Zoom)
225. Chest Surgery, The Illinois Dept. of Corrections (by zoom), October 13, 2021.
226. Vaginoplasty, The Illinois Dept. of Corrections (by zoom), October 15, 2021.
227. International Continence Society, 20<sup>th</sup> Physioforum, Pelvic Floor Physical Therapy and Gender-Affirming Surgery, October 16, 2021, Melbourne, Australia (by Zoom)

228. Rush University Division of Plastic Surgery, Gender Affirmation Surgery: Where Are We Now?, educational conference, November 23, 2021, Chicago, IL

229. 51 Congreso Argentino de Cirugia Plastica, Microsurgery Symposium, SACPER-FILACP, 3 Step Approach to Lower Extremity Trauma, November 29, 2021, Mar del Plata, Argentina

230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, "Gestión Quirúrgica de la Disforia de Género: Descripción general del manejo quirúrgico y los estándares de atención,"  
December 1, 2021, Mar del Plata, Argentina

231. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery II, Cirugía Genital Masculinizante (Metoidioplastia y Faloplastia), December 2, 2021, Mar del Plata, Argentina

232. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery III, Faloplastia: optimización de resultados y reducción de complicaciones, December 2, 2021, Mar del Plata, Argentina

233. Government of India, Ministry of Health and Welfare, National AIDS Control Organization, Meeting with AIIMS on Gender Affirmation Care (GAC) Clinic Pilot Intervention, December 21, 2021, New Delhi (virtual)

EXHIBIT B  
*Bibliography*

## References

1. Cori A. Agarwal et al., *Quality of Life Improvement After Chest Wall Masculinization in Female-To-Male Transgender Patients: A Prospective Study Using the BREAST-Q and Body Uneasiness Test*, 71 *Journal of Plastic, Reconstructive & Aesthetic Surgery* 651-657 (2018).
2. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Washington, DC (2013).
3. M.G. Berry et al., *Female-To-Male Transgender Chest Reconstruction: A Large Consecutive, Single-Surgeon Experience*, 65 *Journal of Plastic, Reconstructive & Aesthetic Surgery* 711-719 (2012).
4. Centers for Medicare & Medicaid Services, *Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)* (2016).
5. Cecilia Dhejne et al., *Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden*, 6 *PloS ONE* e16885 (2011).
6. Michael J. Frederick et al., *Chest Surgery in Female to Male Transgender Individuals*, 78 *Annals Plastic Surgery* 249-253 (2017).
7. *Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria*, Royal College of Psychiatrists 1-59 (2013).
8. Miriam Hadj-Moussa et al., *Feminizing Genital Gender-Confirmation Surgery*, 6 *Sexual Medicine Reviews* 457-468.e2 (2018).
9. Wylie C Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 *The Journal of Clinical Endocrinology & Metabolism* 3869-3903 (2017).
10. Jochen Hess et al., *Satisfaction With Male-to-Female Gender Reassignment Surgery*, *Deutsches Aerzteblatt Online* (2014).
11. Sophie E.R. Horbach et al., *Outcome of Vaginoplasty in Male-to-Female*

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12. Sheera F Lerman et al., *Suicidality After Burn Injuries: A Systematic Review*, 42 *Journal of Burn Care & Research* 357-364 (2021).
  13. Travis J. Miller et al., *Breast Augmentation in Male-to-Female Transgender Patients: Technical Considerations and Outcomes*, 21 *JPRAS Open* 63-74 (2019).
  14. Leslie L. Montgomery et al., *Issues of Regret in Women With Contralateral Prophylactic Mastectomies*, 6 *Annals of Surgical Oncology* 546-552 (1999).
  15. Sasha Karan Narayan et al., *Guiding the Conversation—Types of Regret After Gender-Affirming Surgery and Their Associated Etiologies*, 9 *Annals of Translational Medicine* 605-616 (2021).
  16. Emily Newfield et al., *Female-to-Male Transgender Quality of Life*, 15 *Quality of Life Research* 1447-1457 (2006).
  17. Olson-Kennedy, J. et al., (2018), *Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults*, *JAMA Pediatrics*, 172(5).
  18. Nikolaos A. Papadopoulos et al., *Male-to-Female Sex Reassignment Surgery Using the Combined Technique Leads to Increased Quality of Life in a Prospective Study*, 140 *Plastic and Reconstructive Surgery* 286-294 (2017).
  19. Loren S. Schechter, *Discussion: Quantifying the Psychosocial Benefits of Masculinizing Mastectomy in Trans Male Patients with Patient-Reported Outcomes: The University of California, San Francisco, Gender Quality of Life Survey*, 147 *Plastic & Reconstructive Surgery* 741e-742e (2021).
  20. Loren S. Schechter, *Surgical Management of the Transgender Patient*, *Surgical Therapy*, 17–24 (2016)
  21. Loren S. Schechter, *The Surgeon’s Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health’s Standards of Care*, 11 *International Journal of Transgenderism* 222-225

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Tim C. van de Grift et al., *Surgical Indications and Outcomes of Mastectomy in Transmen: A Prospective Study of Technical and Self-Reported Measures*. *Plastic and Reconstructive Surgery*, 140 *Plastic & Reconstructive Surgery* 415e-424e (2017).
24. Romain Weigert et al., *Patient Satisfaction with Breasts and Psychosocial, Sexual, and Physical Well-Being after Breast Augmentation in Male-to-Female Transsexuals*, 132 *Plastic and Reconstructive Surgery* 1421-1429 (2013).
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26. World Health Organization. (2019). *International Classification of Diseases-11*.
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29. World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 7<sup>th</sup> Ed. (2011).
30. Toni Zhong et al., *Decision Regret Following Breast Reconstruction: The Role of Self-Efficacy and Satisfaction With Information in the Preoperative Period*, 132 *Plastic and Reconstructive Surgery* 724e-734e (2013).