

REPORTER'S RECORD  
VOLUME 2 OF 2 VOLUMES  
TRIAL COURT CAUSE NO. D-1-GN-23-003616

LAZARO LOE, individually and ) IN THE DISTRICT COURT  
as parent and next friend of )  
LUNA LOE, a minor; MARY MOE )  
and MATTHEW, individually )  
and as parent and next )  
friends of MAEVE MOE, a )  
minor; NORA NOE, )  
individually and as parent )  
and next friend of NATHAN )  
NOE, a minor; SARAH SOE and )  
STEVEN SOE, individually and )  
as next friends of SAMANTHA )  
SOE, a minor; GINA GOE, )  
individually and as parent )  
and next friend of GRAYSON )  
GOE, a minor; PFLAG, INC.; )  
RICHARD OGDEN ROBERTS III, )  
M.D., on behalf of himself )  
and his patients; DAVID L. )  
PAUL, M.D., on behalf of ) TRAVIS COUNTY, TEXAS  
himself and his patients; )  
PATRICK W. O'MALLEY, M.D., )  
on behalf of himself and his )  
patients; and AMERICAN )  
ASSOCIATION OF PHYSICIANS )  
FOR HUMAN RIGHTS, INC. d/b/a )  
GLMA; HEALTH PROFESSIONALS )  
ADVANCING LGBTQ+ EQUALITY, )  
v. )

THE STATE OF TEXAS; OFFICE )  
OF THE ATTORNEY GENERAL OF )  
TEXAS; JOHN SCOTT, in his )  
official capacity as )  
Provisional Attorney )  
General; TEXAS MEDICAL )  
BOARD; and TEXAS HEALTH AND )  
HUMAN SERVICES COMMISSION ) 201ST JUDICIAL DISTRICT

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HEARING ON APPLICATION FOR TEMPORARY INJUNCTION  
AND PLEA TO THE JURISDICTION  
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1 systematic reviews that covered them -- the systematic  
2 reviews that covered them, which in turn cited them, but  
3 I couldn't tell you by name. I couldn't cite the study  
4 off the top of my head -- such studies off the top of my  
5 head.

6 Q. Isn't it true actually that all of the studies  
7 concluded in some form that the provision of  
8 gender-affirming medical treatment showed beneficial or  
9 positive effects for the adolescents treated?

10 A. Those were different studies. Some of the  
11 studies, as I say, were investigating the harms with  
12 regard to specific physical parameters, and other  
13 studies -- other studies tried looking at the benefits,  
14 usually the mental health benefits. And the ones that  
15 looked at harms, again, the objective physiological  
16 parameters were indeed able to document the decreases in  
17 physical health, and it's the studies that were trying  
18 to look for potential benefits that were looking -- the  
19 mental health parameters, which some claimed and some  
20 did not claim that there were benefits. So I'm not --  
21 as I say, I'm not exactly sure which study you're  
22 referring to. The studies of harms are usually distinct  
23 from the studies of benefits.

24 Q. Sure. Dr. Cantor, I'm asking about what  
25 studies you're referring to because you never mentioned

1 any particular study, so I'm asking.

2 A. No, I cited the studies quite thoroughly in my  
3 report. I'm just pointing out that I can't recall their  
4 names off the top of my head. If you're asking me to  
5 refer to my report to name them, I can do that.

6 Q. Sure. The cohort studies that you discussed  
7 pertaining to the mental health benefits for seeking to  
8 assess mental health benefits or efficacy of the  
9 provision of medical treatment for gender dysphoria in  
10 adolescents, these studies fall within the middle of the  
11 so-called ubiquitous pyramid of evidence that you  
12 discussed; is that right?

13 A. Yes. They're cohort studies.

14 Q. Is it your testimony that cross-sectional  
15 peer-reviewed studies based on survey data are not valid  
16 forms of evidence?

17 A. Not for outcomes of interventions, no.

18 Q. Dr. Cantor, you support the provision of  
19 medical treatment for gender dysphoria in adults; is  
20 that correct?

21 A. That is correct.

22 Q. The evidence pertaining to the provision of  
23 medical treatment for gender dysphoria in adults is of  
24 the same kind and level of evidence pertaining to the  
25 provision of medical treatment for gender dysphoria in

1 adolescents; is that right?

2 A. It's of the same kind, but when the  
3 interventions are aimed at an adult body, the risks are  
4 lower.

5 Q. You do not dispute that there are medical  
6 treatments that are provided to adolescents for which  
7 there are no randomized controlled trials?

8 A. Such -- such interventions exist, yes. Again,  
9 the basic decision-making process is risk to benefit.  
10 So when there is a low-risk intervention, then we --  
11 then it's permissible or it's legitimate to employ only  
12 low-quality evidence of benefit. But when it's a high  
13 risk of harm, such as sterilizing --

14 Q. Dr. Cantor --

15 A. -- a child --

16 THE COURT: Hold on.

17 MR. GONZALEZ-PAGAN: I'm on limited time.  
18 I'm going to object --

19 THE COURT: Yeah. So Dr. Cantor, your  
20 attorney will have a chance to ask things in more  
21 detail, so if you could just stick to what  
22 Mr. Gonzalez-Pagan -- they're worried about time. They  
23 only have a certain amount of time, each side. So if  
24 you can concentrate on just his question and answer  
25 that.