

1 MS. EAGAN: No, Your Honor.

2 THE COURT: All right. State's case.

3 MR. DAVIS: Your Honor, the State calls Dr. James
4 Cantor when you are ready.

10:39:28 5 THE COURT: I'm ready.

6 JAMES CANTOR, MD,
7 having been first duly sworn by the courtroom deputy clerk, was
8 examined and testified as follows:

9 DIRECT EXAMINATION

10:39:46 10 BY MR. DAVIS:

11 Q Good morning, Dr. Cantor.

12 A Good morning.

13 Q Would you state your full name?

14 A James Michael Cantor.

10:40:02 15 Q What is your profession, Dr. Cantor?

16 A I am a clinical psychologist and neuroscientist.

17 Q What degrees do you have? Academic degrees.

18 A Bachelor's degree in computer science and mathematics, a
19 master's degree in applied psychology, and a Ph.D in clinical
10:40:17 20 psychology.

21 Q Where do you work?

22 A I am currently in private practice in Toronto, Canada.

23 Q And what is the nature -- are there any particular focuses
24 of the counseling you provide or the research that you have
10:40:32 25 performed?

1 A Yes.

2 Q Do they tend to have any issues or comorbidities in common
3 with each other?

4 A The most common one of those would be borderline
13:18:57 5 personality disorders and other difficulties with integrating
6 socially into their environments. As I say, such as autism and
7 Asperger's syndrome.

8 Q You are not saying that's true for everyone presenting
9 with gender dysphoria for the first time in their adolescence?

13:19:13 10 A Correct.

11 Q But many?

12 A Correct.

13 Q What does the research literature show about the
14 desistance or detransition rates of people who transition after
13:19:25 15 first presenting with gender dysphoria in their adolescence?

16 A There has never been any such study.

17 Q Did you review the plaintiffs' reply brief, Dr. Cantor?

18 A Yes, I did.

19 Q Did you see any response to your report in plaintiffs'
13:19:41 20 reply?

21 A Not a single comment. My name was never mentioned. None
22 of the studies that I cited were referred to. None of the
23 arguments were addressed. I don't believe I was quoted
24 anywhere in it, unlike the other experts.

13:19:56 25 Q I did note a line that the plaintiffs criticized the

1 defendants' experts in general for relying on older studies.

2 A Yes. I saw that claim. I was a bit confused by it.

3 In my report, I provided a comprehensive list of every
4 single study. There were 11 in total. So the old studies were
13:20:18 5 listed, the new studies were listed. It was comprehensive.

6 It was also a tangential argument. As I said, the 11
7 studies which have been conducted were unanimous in their
8 findings. They all found the same thing. The majority
9 desists.

13:20:33 10 So it doesn't matter even if one did rely only on the
11 older studies, the newer studies showed exactly the same thing
12 as the older studies.

13 Q We spoke a little bit about some of the things we heard
14 from Dr. Antommaria this morning. I want to turn to some of
13:20:55 15 the things in his report.

16 You reviewed his written expert report, did you not?

17 A Yes, I did.

18 Q He -- Dr. Antommaria wrote on -- in paragraph 17 of his
19 report -- and I will find a copy if you need it, but this is
13:21:07 20 one sentence.

21 Quote, gender-affirming medical care is supported by
22 clinical studies. Is he right?

23 A That's true for adults, but that's not true for the other
24 groups.

13:21:21 25 Q And Dr. Antommaria spoke about how if a drug is FDA

1 approved in one area, it's okay to use it off label in another
2 area?

3 A That's what he said, yes.

4 Q What does the research literature say, or what opinion do
13:21:44 5 you have about using the same drug, a puberty-blocker in the
6 case of a person who's six, seven, eight, the purpose is to --
7 precocious puberty, what about the cases of precocious puberty
8 and using puberty-blockers to help someone medically transition
9 at the beginning of normal puberty?

13:22:03 10 A Well, the ability to use a medication off label is not a
11 blanket permission to give any drug you want for any reasons
12 you want or for any conditions you want.

13 Ultimately, it's going to depend on what the scientific
14 literature itself says, which in turn is what the various
13:22:22 15 regulatory bodies use to make their decisions to decide what's
16 off label or on label to begin with.

17 So because a medication would be useful for some people in
18 some situations and some circumstances, does not mean it's
19 automatically going to be useful for other people in other
13:22:37 20 circumstances. Indeed it could be deleterious.

21 If you use a puberty-blocker in somebody with precocious
22 puberty, you are pushing somebody who is far below the average
23 age of puberty, and you are bringing them closer to the
24 species-typical range of puberty.

13:22:55 25 If you give that same drug to somebody who is already