

TransActual Briefing on Launch of Puberty Suppressing Hormone Trials - PATHWAYS

Key Lines

- The NHS has released the research protocol for **two proposed trials into the use of puberty-suppressing hormones (PSH)** by trans children and young people in the UK.
- [Significant international research](#) and [advisory bodies](#) support the provision of PSH as a **safe, reversible means of alleviating gender dysphoria and improving psychological functioning and wellbeing** for trans adolescents.
- Participation in the trials is coercive in the context of a national ban on PSH, and its methodologies are flawed - subjecting participants to **invasive questioning, excessive physical examinations and testing**, and the **possibility of delayed treatment** if placed in the control group.

Background

- Dr. Hilary Cass's [widely discredited review of child and adolescent services](#) **acknowledged that PSH were effective for some trans young people and recommended against a 'blanket ban'**.
- PSH are considered **safe and effective for children who start puberty earlier** than most of their peers - it is **only their use to support trans young people which has been criminalised**.
- **The NHS nevertheless stopped routinely prescribing PSH for trans young people** in March 2024 and a **ban on the private prescription of PSH was put in place** in May 2024 and **extended indefinitely** in November 2024.
- NHS England commissioned the **Puberty Suppression and Transitional Healthcare with Adaptive Youth Services (PATHWAYS) study** and was granted ethical and regulatory approval in November 2025, with **research set to begin in January 2025**.
- The PATHWAYS Trial includes an **'immediate start' group** who will be assessed as suitable for blockers and given them, and a **'delayed start' group** who will wait a year before being given access to them.

What are the main issues with the PATHWAYS trial?

- **Only Legal Pathway**
 - As the only legal pathway left to accessing PSH, young people are coerced into participating in this research if they do not wish to sit back and watch as their bodies undergo irreversible changes that will cause them distress, as a result of puberty.
- **Trial Size**
 - [Despite promises from the health secretary in December 2024](#) that the proposed trial would be uncapped so as not to further harm young people languishing on waiting lists which have grown to [more than six years](#), **the trials have been capped at a mere 226.**
- **Methodological Flaws**
 - [Ethical and methodological analyses show](#) **randomised controlled trials (RCTs) are generally inappropriate** in studies of trans children because of the **negative impact of withholding care** as well as the **physiologically evident effects of suppressing puberty** that undermine the integrity of the control sample. There is no reason to subject young people to a possible year-long wait for treatment when [it is common not to have data from RCTs in paediatric care](#) and when [well-designed observational studies would provide robust evidence.](#)
 - What is in question in this study is not the efficacy of PSH at blocking puberty - which is [well established](#) - but rather their use to improve psychosocial wellbeing in trans children and young people. Given this, there is a disturbing amount of **unnecessary and irrelevant data collection** in this trial, including **compulsory ADHD and autism screenings, questionnaires on sexual attraction and behaviour, and invasive physical examinations.**

Positive Effects of PSH for Trans Youth are Well-Evidenced

PSH have been used since the early 1980s to treat early-onset puberty in young children. Beginning in the 1990s, PSH have also been used in trans adolescents to:

- Ease distress and discomfort for adolescents by halting the progression of physical changes from puberty
- Allow young people to cognitively and emotionally develop before making decisions around transition and hormone replacement therapy (HRT)

Evidence

- PSH have been proven to [improve psychosocial wellbeing](#), [reduce suicidality](#), and [improve body satisfaction](#) for trans children and young people in [numerous international studies](#).
- Harm of withholding PSH is [significant](#), with [recent evidence](#) from the UK finding that the ban has already had serious adverse effects on trans children and young people, including increased depression and social isolation.
- [International medical consensus](#) is that known risks of PSH can be mitigated by close supervision from a multidisciplinary team and do not justify withholding treatment from consenting young people - Gillick competence still applies to treatment with PSH, as [affirmed by the Court of Appeals](#) in 2022.

For more information

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