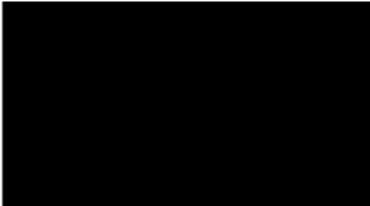


December 10, 2025



Re: Access to Information Request: PPHS_2025-G-0048

On September 11, 2025, Primary and Preventative Health Services received your request under the *Access to Information Act* (the Act) for the following:

Any reports or statistics on the number minors prescribed gender-affirming puberty blockers and cross-sex hormones by year (2000-2025) and by age of patient

Date Range for Record Search: From January 1, 2000 to September 9, 2025

Primary and Preventative Health Services has decided to provide partial access to the records you requested. The records contain some information that has been withheld from disclosure in accordance with the following section[s] of the Act:

- **20(1)(Disclosure harmful to personal privacy)**
- **29(1)(Advice from officials)**
- **30(1)(Disclosure harmful to economic and other interests of a public body)**
- **32(1)(Privileged information)**

We have removed the information that has been withheld from the disclosure and/or that is non-responsive in order to provide you with access to the remainder of the records.

You may ask for a review under Part 3 of the Act by the Office of the Information and Privacy Commissioner (OIPC) of the decision. To request a review, you must submit a completed Request for Review form within 60 business days from the date of this letter to the OIPC at Suite 410, 9925 – 109 Street, Edmonton, Alberta, T5K 2J8. The form is available under 'Resources' on the OIPC's website, www.oipc.ab.ca, or you can call 1-888-878-4044 to request a copy.

Under section 59(1) you must also notify the Director of Primary and Preventative Health Services Access to Information Office at PPHS.ATIOffice@gov.ab.ca if you wish to request a review.

If you require further clarification, or have any questions concerning this request for information under the Act, contact Judy Miller, Senior Access to Information Advisor, at 780-415-1506 or judy.miller@gov.ab.ca.

Sincerely,

Sarah.Freire-Gibb

Digitally signed by Sarah.Freire-Gibb
Date: 2025.12.10 14:26:35 -07'00'

Sarah Freire-Gibb
Acting Access to Information Coordinator
Primary and Preventative Health Services

Access to Information Act

Part 1 Freedom of Information

Division 2 Exceptions to Disclosure

Disclosure harmful to personal privacy

20(1) The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

(2) A disclosure of personal information is not an unreasonable invasion of a third party's personal privacy if

- (a) the third party has, in the prescribed manner, consented to or requested the disclosure,
- (b) there are compelling circumstances affecting anyone's health or safety and written notice of the disclosure is given to the third party,
- (c) an Act of Alberta or Canada authorizes or requires the disclosure,
- (d) the information is about the third party's classification, salary range, discretionary benefits or employment responsibilities as an officer, employee or member of a public body or as a member of the staff of a member of the Executive Council,
- (e) the disclosure reveals financial and other details of a contract to supply goods or services to a public body,
- (f) the information is about a licence, permit or other similar discretionary benefit granted to the third party by a public body relating to
 - (i) a commercial or professional activity, or
 - (ii) real property, including a development permit or building permit,
 - (iii) and the disclosure is limited to the name of the third party and the nature of the licence, permit or other similar discretionary benefit,
- (g) the disclosure reveals details of a discretionary benefit of a financial nature granted to the third party by a public body,
- (h) the personal information is about an individual who has been dead for 25 years or more, or
- (i) subject to subsection (3), the disclosure is not contrary to the public interest and reveals only the following personal information about a third party:

- (i) enrolment in a school of an educational body or in a program offered by a post-secondary educational body;
- (ii) attendance at or participation in a public event or activity related to a public body, including a graduation ceremony, sporting event, cultural program or club, or a field trip;
- (iii) receipt of an honour or award granted by or through a public body.

(3) The disclosure of personal information under subsection (2)(i) is an unreasonable invasion of personal privacy if the third party whom the information is about has requested that the information not be disclosed.

(4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if

- (a) the personal information relates to a medical, psychiatric or psychological history, diagnosis, condition, treatment or evaluation,
 - (b) the personal information is an identifiable part of a law enforcement record, except to the extent that the disclosure is necessary to dispose of the law enforcement matter or to continue an investigation,
 - (c) the personal information relates to eligibility for income assistance or social service benefits or to the determination of benefit levels,
 - (d) the personal information relates to employment or educational history,
 - (e) the personal information was collected on a tax return or gathered for the purpose of collecting a tax,
 - (f) the personal information consists of an individual's bank account information or credit card information,
 - (g) the personal information consists of personal recommendations or evaluations, character references or personnel evaluations,
 - (h) the personal information consists of the third party's name or a unique identifier with respect to the third party when
 - (i) the name or unique identifier appears with other personal information about the third party, or
 - (ii) the disclosure of the name or unique identifier itself would reveal personal information about the third party,
- or
- (i) the personal information indicates the third party's racial or ethnic origin or religious or political beliefs or associations.

(5) In determining under subsections (1) and (4) whether a disclosure of personal information constitutes an unreasonable invasion of a third party's personal privacy, the head of a public body must consider all the relevant circumstances, including whether

- (a) the disclosure is desirable for the purpose of subjecting the activities of the Government of Alberta or a public body to public scrutiny,
- (b) the disclosure is likely to promote public health and safety or the protection of the environment,
- (c) the personal information is relevant to a fair determination of the applicant's rights,
- (d) the disclosure will assist in researching or validating the claims, disputes or grievances of aboriginal people,
- (e) the third party will be exposed unfairly to financial or other harm,
- (f) the personal information has been supplied in confidence,
- (g) the personal information is likely to be inaccurate or unreliable,
- (h) the disclosure may unfairly damage the reputation of any person referred to in the record requested by the applicant, and
- (i) the personal information was originally provided by the applicant.

Access to Information Act

Part 1 Freedom of Information

Division 2 Exceptions to Disclosure

Advice from officials

29(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to reveal

- (a) advice, proposals, recommendations, analyses or policy options developed by or for a public body or a member of the Executive Council, including background factual information and information provided for informational purposes only,
- (b) consultations or deliberations involving
 - (j) officers or employees of a public body,
 - (ii) a member of the Executive Council, or
 - (iii) the staff of a member of the Executive Council,
- (c) positions, plans, procedures, criteria or instructions developed for the purpose of contractual or other negotiations by or on behalf of the Government of Alberta or a public body, or considerations that relate to those negotiations,
- (d) plans relating to the management of personnel or the administration of a public body that have not yet been implemented,
- (e) the contents of draft legislation, regulations and orders of members of the Executive Council or the Lieutenant Governor in Council,
- (f) the contents of agendas or minutes of meetings of
 - (i) the governing body of an agency, board, commission, corporation, office or other body designated as a public body in the regulations, or
 - (ii) a committee of a governing body referred to in subclause (i),
- (g) information, including the proposed plans, policies or projects of a public body, the disclosure of which could reasonably be expected to result in disclosure of a pending policy or budgetary decision, or
- (h) the contents of a formal research or audit report that in the opinion of the head of the public body is incomplete unless no progress has been made on the report for at least 3 years.

(2) This section does not apply to information that

- (a) has been in existence for 15 years or more,
 - (b) is a statement of the reasons for a decision made in the exercise of a discretionary power or an adjudicative function,
 - (c) is the result of product or environmental testing carried out by or for a public body, that is complete or on which no progress has been made for at least 3 years, unless the testing was done
 - (i) for a fee as a service to a person other than a public body, or
 - (ii) for the purpose of developing methods of testing or testing products for possible purchase,
 - (d) is a statistical survey,
 - (e) is the result of background research of a scientific or technical nature undertaken in connection with the formulation of a policy proposal, that is complete or on which no progress has been made for at least 3 years,
 - (f) is an instruction or guideline issued to the officers or employees of a public body, or
 - (g) is a substantive rule or statement of policy that has been adopted by a public body for the purpose of interpreting an Act or regulation or administering a program or activity of the public body.
- (3)** The head of a public body must refuse to disclose to an applicant
- (a) a record relating to an audit by the Chief Internal Auditor of Alberta that is created by or for the Chief Internal Auditor of Alberta, or
 - (b) information that would reveal information about an audit by the Chief Internal Auditor of Alberta.
- (4)** Subsection (3) does not apply to a record or information described in that subsection if
- (a) 15 years or more has elapsed since the audit to which the record or information relates was completed, or
 - (b) the audit to which the record or information relates was discontinued or if no progress has been made on the audit for 15 years or more.
- (5)** In this section, “audit” means a financial or other formal and systematic examination or review of a program, portion of a program or activity.

Access to Information Act

Part 1 Freedom of Information

Division 2 Exceptions to Disclosure

Disclosure harmful to economic and other interests of a public body

30(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to harm the economic interest of a public body or the Government of Alberta or the ability of the Government to manage the economy, including the following information:

- (a) trade secrets of a public body or the Government of Alberta;
- (b) financial, commercial, scientific, technical or other information in which a public body or the Government of Alberta has a proprietary interest or a right of use and that has, or is reasonably likely to have, monetary value;
- (c) information the disclosure of which could reasonably be expected to
 - (i) result in financial loss to,
 - (ii) prejudice the competitive position of, or
 - (iii) interfere with contractual or other negotiations of the Government of Alberta or a public body;
- (d) information obtained through research by an employee of a public body, the disclosure of which could reasonably be expected to deprive the employee or the public body of priority of publication;
- (e) information about the labour relations of a public body, including information used by a public body during collective bargaining conducted by or on behalf of a public body.

(2) The head of a public body must not refuse to disclose under subsection (1) the results of product or environmental testing carried out by or for a public body, unless the testing was done

- (a) for a fee as a service to a person, other than the public body, or
- (b) for the purpose of developing methods of testing or testing products for possible purchase.

Access to Information Act

Part 1 Freedom of Information

Division 2 Exceptions to Disclosure

Privileged information

32(1) The head of a public body may refuse to disclose to an applicant

- (a) information or a record that is subject to any type of legal privilege, including solicitor-client privilege or parliamentary privilege,
- (b) information prepared by or for
 - (i) the Minister of Justice,
 - (i) an agent or lawyer of the Minister of Justice, or
 - (ii) an agent or lawyer of a public body in relation to a matter involving the provision of legal services, or
- (c) information in correspondence between
 - (i) the Minister of Justice,
 - (ii) an agent or lawyer of the Minister of Justice, or
 - (iii) an agent or lawyer of a public body

and any other person in relation to a matter involving the provision of advice or other services by the Minister of Justice or by the agent or lawyer.

(2) The head of a public body must refuse to disclose information or a record described in subsection (1)(a) that relates to a person other than a public body.

(3) Only the Speaker of the Legislative Assembly may determine whether information is subject to parliamentary privilege, and a public body must not disclose information that may be subject to parliamentary privilege without the Speaker's consent.



Summary

Disclosed in Part - 3 Pages

Released in Full - 12 Pages

Withheld - 40 Pages

Document Status Report

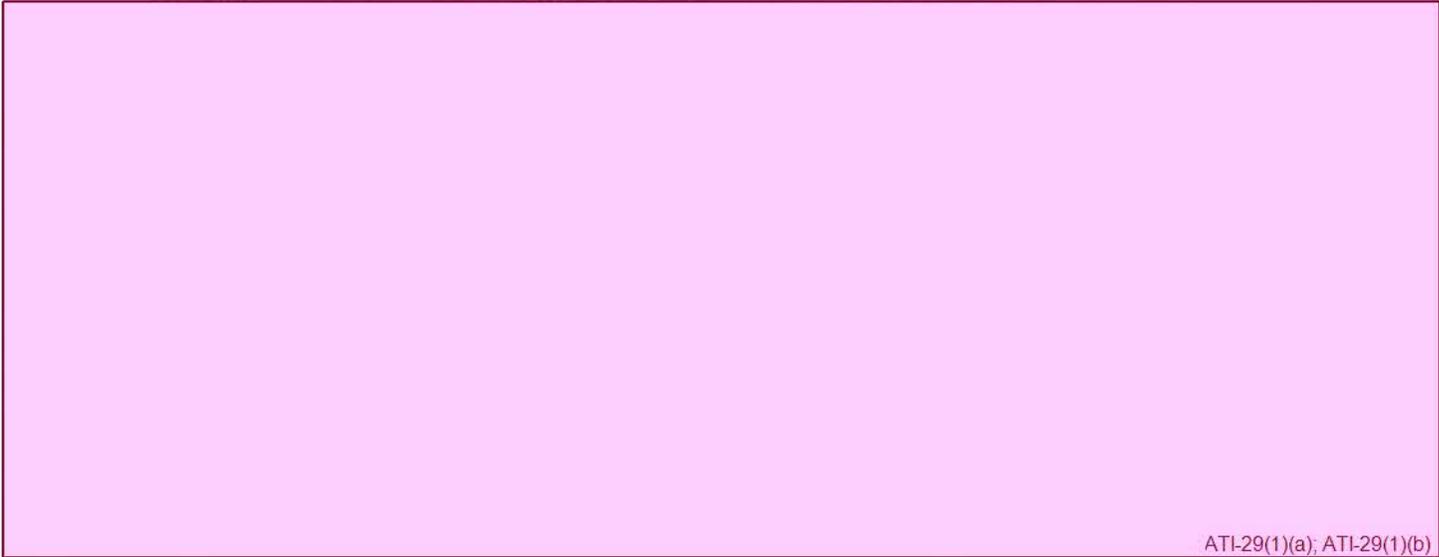
FolderName :PPHS_2025-G-0048
Disposition :N/A
Review Layer Name :Judy M

File Name	Page #	Review Status	Redaction Codes
	1	Disclosed in Part	ATI-29(1)(a); ATI-29(1)(b)
	2	Released in Full	-
	3	Released in Full	-
	4	Released in Full	-
	5	Released in Full	-
	6	Released in Full	-
	7	Withheld	ATI-29(1)(a); ATI-32(1)(a); ATI-32(1)(b)
	8	Withheld	ATI-29(1)(a); ATI-32(1)(a); ATI-32(1)(b)
	9	Withheld	ATI-29(1)(a); ATI-32(1)(a); ATI-32(1)(b)
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	16	Disclosed in Part	ATI-29(1)(a); ATI-29(1)(b); ATI-32(1)(a)
	17	Disclosed in Part	ATI-20(1); ATI-30(1)(b)
	18	Released in Full	-
	19	Released in Full	-
	20	Released in Full	-
	21	Released in Full	-
	22	Released in Full	-
	23	Released in Full	-
	24	Released in Full	-
	25	Withheld	ATI-29(1)(a); ATI-32(1)(a)
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	53	Withheld	ATI-32(1)(a)
	54	Withheld	ATI-32(1)(a)
	55	Withheld	ATI-32(1)(a)

From: [Catherine Fulsom](#)
To: [Danika Kowpak](#)
Subject: FW: Gender Statistics
Date: August 2, 2024 3:22:46 PM
Attachments: [Current State of Gender Care Data.docx](#)

Classification: Protected A



ATI-29(1)(a); ATI-29(1)(b)

Current State of Gender Care

Currently, there is no data system within Alberta that tracks the number of children receiving gender care. While administrative health care data systems such as Morbidity and Ambulatory Care Abstract Reporting (MACAR), Supplemental Enhanced Service Event (SESE), and Pharmaceutical Information Network (PIN) provide some insights into aspects of gender care (breast surgeries, genital surgeries funded out-of-province, and hormone prescriptions) they do not directly capture the real figures for children receiving gender-related treatments. Consequently, the exact number of children in Alberta who are receiving gender care remains unknown. The graphs below entail the numbers of first prescriptions meaning persons will only appear in one gender care drug category.

The following graphs show the first pharmacy dispense for gender care for persons 11 to 17 for each of the years 2019-2023

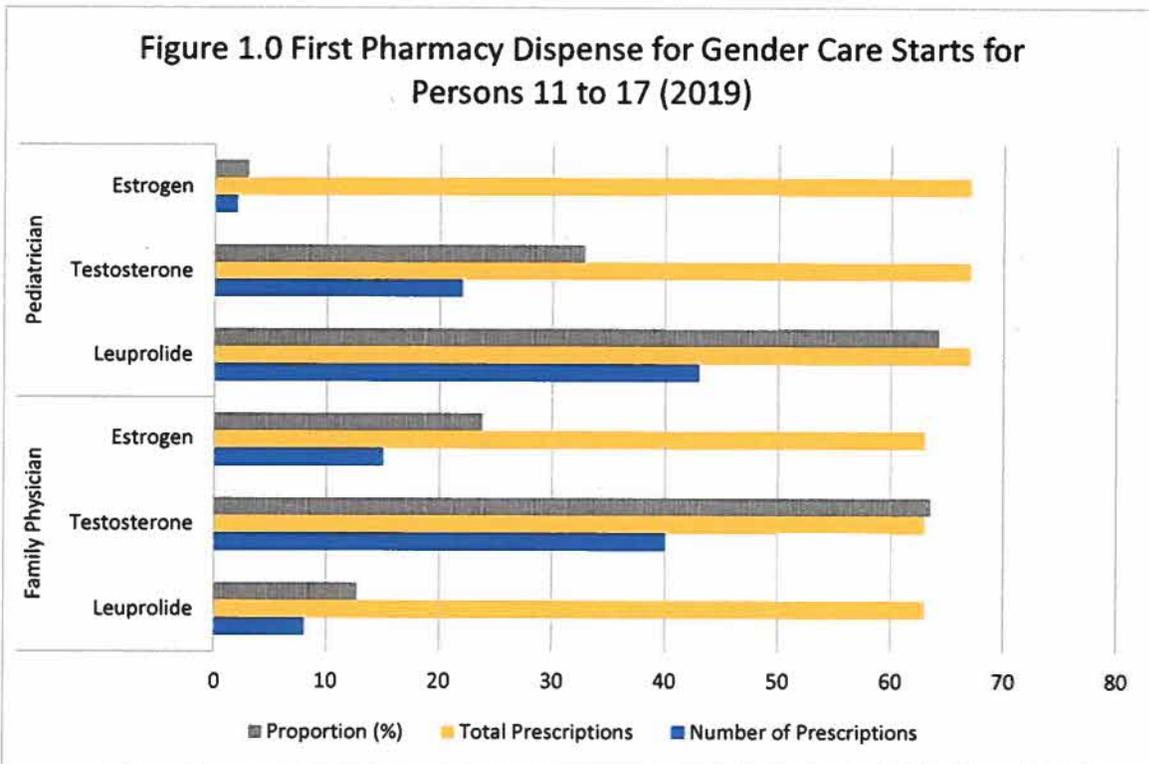


Figure 1.1 First Pharmacy Dispense for Gender Care Starts for Persons 11 to 17 (2020)

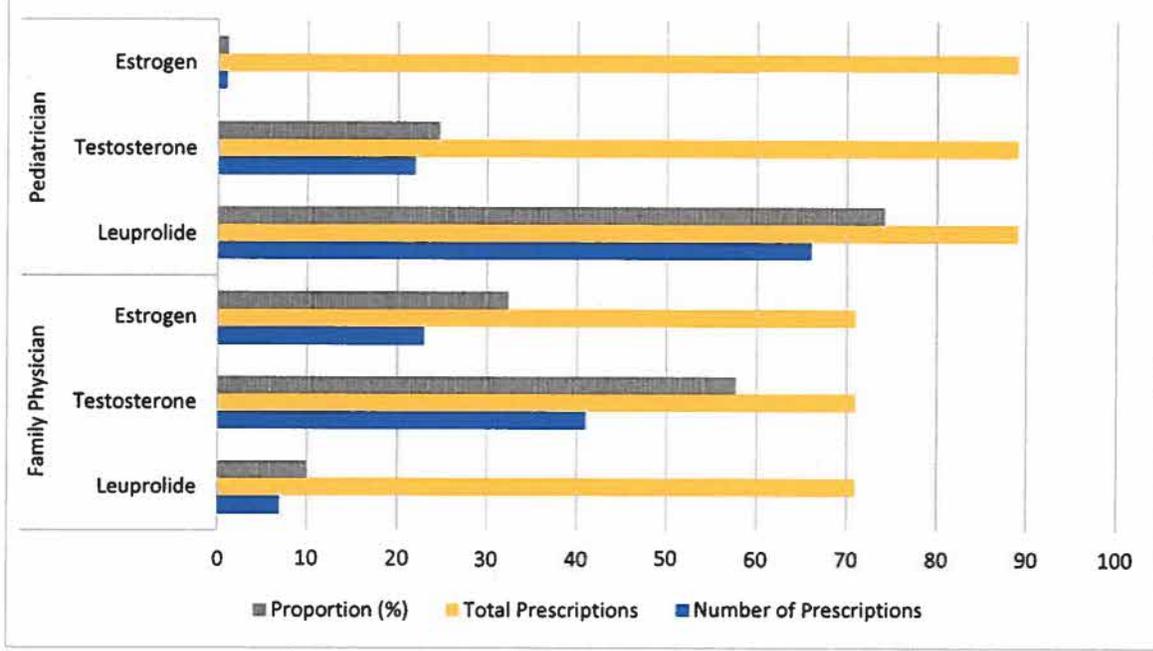
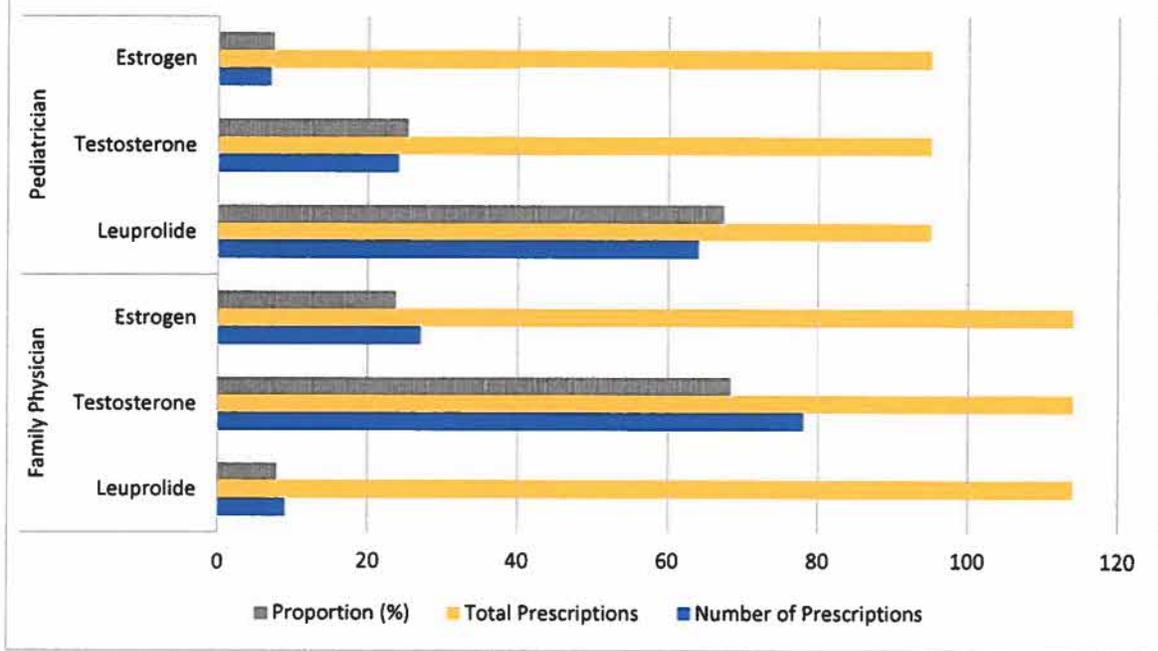
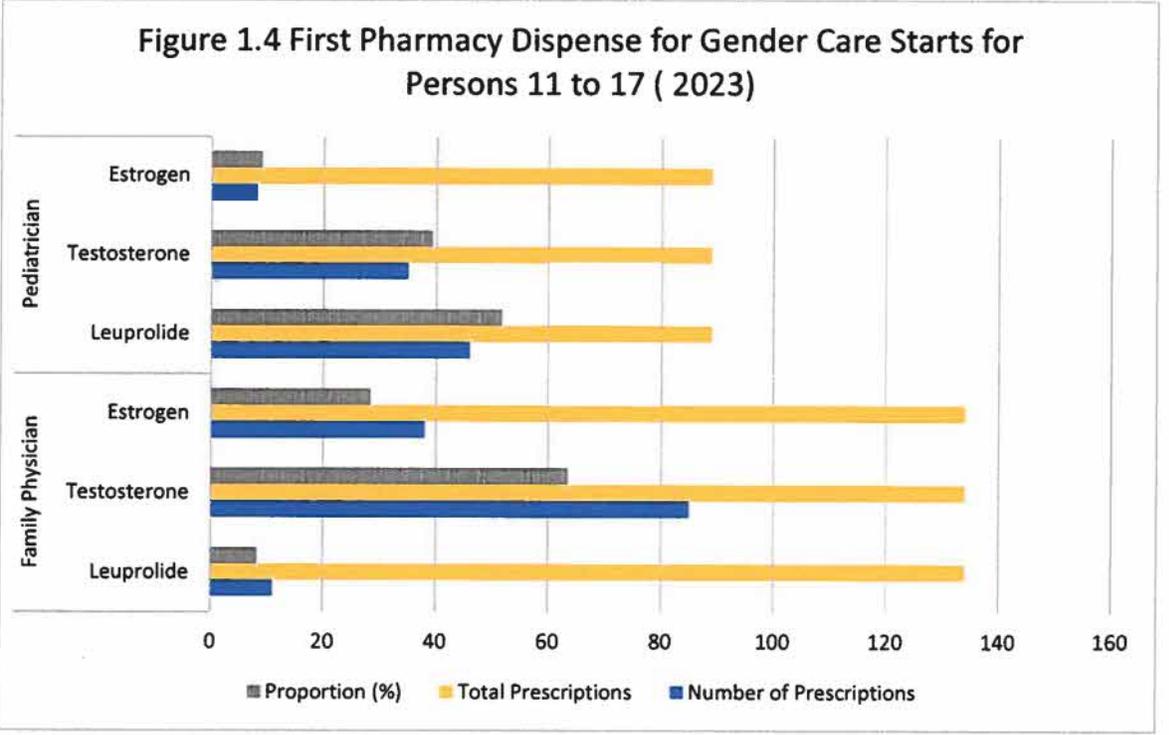
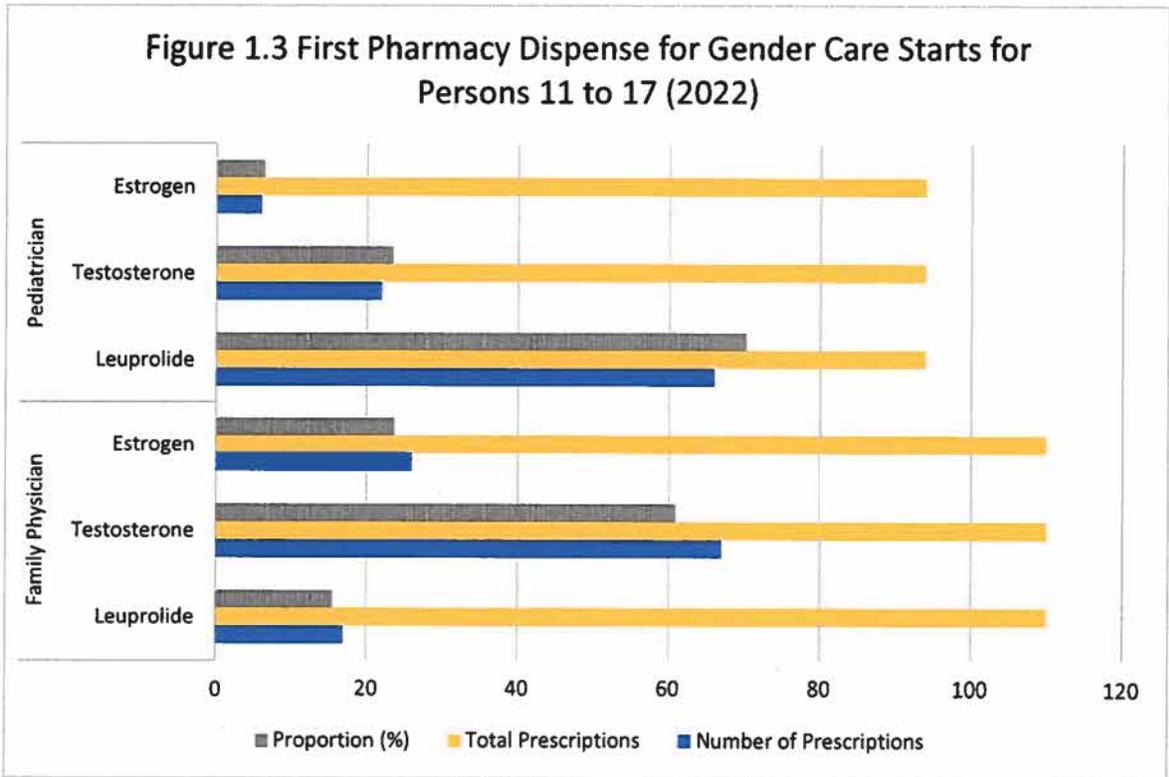


Figure 1.2 First Pharmacy Dispense for Gender Care Starts for Persons 11 to 17 (2021)





Challenges in Tracking a Cohort of Children with Gender Dysphoria

The reliance on inferred data and the lack of a unified tracking system contribute to difficulties in accurately identifying and following a cohort of children receiving gender care. The statistics around gender-affirming care may be inflated by the inclusion of treatments for conditions like delayed puberty, hypogonadism, premature ovarian insufficiency, etc., which can involve similar hormonal therapies. These medical conditions can lead to the prescription of testosterone, estrogen, or leuprolide, making it challenging to distinguish between gender-affirming treatments and other hormonal interventions in statistical data. Consequently, this overlap can contribute to an apparent increase in the numbers associated with gender-affirming care. While exact figures vary, recent estimates suggest that a growing number of minors are seeking gender-affirming care, driven by increased awareness and access to healthcare services. However, the precise number is difficult to determine due to the blending of these treatments with other medical uses. Some of the leading causes of treatment not associated with gender affirming care include:

Testosterone

- **Delayed Puberty:** Testosterone may be prescribed to adolescents who experience delayed puberty. For example, if a boy's puberty does not start by an age considered normal (typically around 14), testosterone therapy can help initiate the process (Tang, et al., 2023).
- **Hypogonadism:** In cases where a minor has hypogonadism, testosterone replacement therapy can help normalize development and address associated symptoms (Ferri, F. 2020).

Estrogen

- **Delayed Puberty:** Similar to testosterone, estrogen can be prescribed to girls who are experiencing delayed puberty. This helps stimulate the development of secondary sexual characteristics and initiate the menstrual cycle.
- **Premature Ovarian Insufficiency (POI):** According to the American College of Obstetricians and Gynecologists (2017), if a girl has premature ovarian insufficiency, meaning her ovaries are not functioning properly and are not producing sufficient estrogen, hormone replacement therapy with estrogen can help manage symptoms and promote normal development.

Leuprolide

- **Precocious Puberty:** Leuprolide is a type of GnRH analog used to treat precocious puberty, a condition where puberty starts too early (before age 9 in boys or age 8 in girls). By suppressing premature hormonal signals, leuprolide can help delay the onset of puberty until a more appropriate age (Mayo Clinic Staff, 2023).

- **Endometriosis:** In some cases, leuprolide is used to manage endometriosis in adolescents. It helps by reducing the production of estrogen and progesterone, which can alleviate pain and symptoms associated with endometriosis.
- **Uterine Fibroids:** Leuprolide may be prescribed to manage symptoms of uterine fibroids (benign tumors in the uterus) in younger individuals, particularly when the fibroids cause significant symptoms or complications.

In each of these cases, the use of these hormones is based on careful evaluation by healthcare providers and is aimed at addressing specific medical conditions rather than gender identity concerns.

References:

American College of Obstetricians and Gynecologists. (2017). *Hormone Therapy in Primary Ovarian Insufficiency*. The American College of Obstetricians and Gynecologists.

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/hormone-therapy-in-primary-ovarian-insufficiency>

Ferri, F. (2020). *Ferri's Clinical Advisor 2020: Hypogonadism, male*. Elsevier.

<https://www.clinicalkey.com>

Mayo Clinic Staff. (2023). *Precocious puberty*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/precocious-puberty/diagnosis-treatment/drc-20351817>

Tang, C., Zafar Gondal, A., Damian, M. *Delayed Puberty*. (2023). *Delayed Puberty*. National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/books/NBK544322/>

ATI-29(1)(a); ATI-29(1)(b); ATI-32(1)(a)

Classification: Protected A

From: Amy Colquhoun <amy.colquhoun@gov.ab.ca>

Sent: Thursday, July 11, 2024 11:49 AM

To: Catherine Fulsom <Catherine.Fulsom@gov.ab.ca>; Danika Kowpak <Danika.Kowpak@gov.ab.ca>

Subject: Gender affirming care - available data

Hi both,

As promised, attached in the excel file are data on breast surgeries, genital surgeries, and pharmacy dispensations related to gender care in Alberta for persons under 18.

The Word document provides details on how these were defined. Note that these definitions were identified through collaborations with clinical experts.

Hope this helps! Let me know if you have any questions.

Cheers,
Amy

Amy Colquhoun, MSc PhD (she/her)
Executive Director, Health Analytics

Classification: Protected A

Health Care Services for Gender Care in Alberta

There are no data systems within Alberta Health that were developed for the specific purpose of collecting data on gender dysphoria in Alberta. However, there are administrative health care data systems within Alberta Health that can be used to infer services for gender care in Alberta. There are three categories of services for gender care: breast surgery, genital surgery, and pharmacy dispenses.

Gender Care Category	Administrative Health Care Data System
Breast Surgery	Morbidity and Ambulatory Care Abstract Reporting (MACAR) 2019 to 2023
Genital Surgery, 18+	Supplemental Enhanced Service Event (SESE) 2012 to 2023
Pharmacy Dispenses, 11 to 17	Pharmaceutical Information Network (PIN) 2010 to 2023

Please see '2024 07 10 - Services for Gender Care in Alberta for Persons 11 to 17.xlsx' for data tables quantifying services for gender care in Alberta for persons 11 to 17. Please treat as estimates.

Breast Surgery for Gender Care

The Morbidity and Ambulatory Care Abstract Reporting (MACAR) data system records emergency department, ambulatory, and inpatient visits in Alberta. In April 2018, MACAR introduced the diagnosis code Z41.80 'Procedures for Transgender Reassignment'. In April 2022, MACAR introduced the diagnosis category F64 'Gender Dysphoria'. The Z41.80 diagnosis code and the F64 diagnosis category can be used with breast surgery procedure codes to identify breast surgeries for gender care.

Genital Surgery for Gender Care

Genital surgeries for gender care are not performed in Alberta. The Final Stage Gender Reassignment Surgery (GRS) Program provides funding for Alberta residents that are 18 or older to receive genital surgeries for gender care at the Clinique de Chirurgie in Montreal.

<https://open.alberta.ca/dataset/edc7a76a-df4c-4596-9a93-e5d16be1c22a/resource/2e4db6e9-b9b5-4a9e-9451-6e0265fe872c/download/ahcip-bulletin-med-166a-2012.pdf>

The Supplemental Enhanced Service Event (SESE) data system records physician claims for payment in Alberta. The SESE data system includes physician claims for the GRS Program. There have been no physician claims for the GRS Program in the SESE data system for persons under 18 years old.

Pharmacy Disposes for Gender Care for Persons 11 to 17

The Pharmaceutical Information Network (PIN) data system records community pharmacy dispenses in Alberta. There are three drug categories for gender care for persons 11 to 17: leuprolide, testosterone, and estrogen.

Leuprolide pauses puberty, and puberty will resume once a person stops leuprolide. Leuprolide can be used for precocious puberty in persons under 11, but for persons 11 to 17, it is most typically used for gender care. Leuprolide is used in gender care to allow time for a person to mature and understand their gender identity, and leuprolide is reversible.

Testosterone for phenotypical females and estrogen for phenotypical males is prescribed for persons that want to physically transition to their gender identity. Persons that stop these hormones will return to producing their phenotypical sex hormones but acquired secondary sex characteristics may not be fully reversible. Testosterone and estrogen dispenses for gender care are almost exclusively prescribed for persons 15 and older in Alberta.

Drugs for gender care for persons 11 to 17 are almost exclusively prescribed by pediatricians (this category includes specialists such as pediatric endocrinologists) and family physicians. Family physicians can be gender care specialists and prescribe drugs for gender care within their scope of practice.

<https://www.cbc.ca/news/canada/calgary/medical-groups-alberta-government-gender-affirming-care-policies-1.7103099>

Please read '2024 07 10 - Services for Gender Care in Alberta.docx' for information describing gender care services in Alberta.

Please treat information in this workbook as estimates.

SESE: Supplemental Enhanced Service Event.

MACAR: Morbidity and Ambulatory Care Abstract Reporting.

PIN: Pharmaceutical Information Network.

Surgeries for Gender Care for Persons 17 and Under

Year	Genital Surgeries		Breast Surgeries	
	Persons	Surgeries	Persons	Surgeries
2019	0	0	8	8
2020	0	0	4	4
2021	0	0	5	5
2022	0	0	8	8
2023	0	0	2	2

Source: SESE

Source: MACAR

First Pharmacy Dispenses for Gender Care for Persons 11 to 17

Year	Leuprolide	Testosterone	Estrogen	Overall
2019	75	95	33	163
2020	105	119	38	210
2021	110	164	60	270
2022	135	150	74	290
2023	91	182	77	286

Source: PIN.

Note: Persons may appear in more than one gender care drug category because they may start more than one drug category in the same year.

First Pharmacy Dispense for Gender Care Starts for Persons 11 to 17									
Year	Specialty	Leuprolide		Testosterone		Estrogen		Overall	
		Persons	Physicians	Persons	Physicians	Persons	Physicians	Persons	Physicians
2019	Family Physician	8	4	40	10	15	7	63	16
2020	Family Physician	7	4	41	16	23	9	71	20
2021	Family Physician	9	6	78	14	27	13	114	21
2022	Family Physician	17	10	67	24	26	13	110	35
2023	Family Physician	11	6	85	15	38	13	134	20
2019	Pediatrician	43	7	22	5	2	2	67	9
2020	Pediatrician	66	8	22	6	1	1	89	8
2021	Pediatrician	64	10	24	6	7	5	95	11
2022	Pediatrician	66	10	22	6	6	3	94	11
2023	Pediatrician	46	9	35	5	8	4	89	9
2019	Internal Medicine	0	0	3	1	0	0	3	1
2020	Internal Medicine	0	0	1	1	0	0	1	1
2021	Internal Medicine	0	0	0	0	0	0	0	0
2022	Internal Medicine	0	0	0	0	0	0	0	0
2023	Internal Medicine	0	0	0	0	0	0	0	0
2019	Endocrinologist	0	0	0	0	0	0	0	0
2020	Endocrinologist	0	0	4	1	0	0	4	1
2021	Endocrinologist	0	0	2	1	2	1	4	1
2022	Endocrinologist	0	0	2	1	0	0	2	1
2023	Endocrinologist	0	0	0	0	0	0	0	0

Source: PIN.

Note: Around 10% of PIN records for gender care dispenses did not have the prescribing physician recorded.

Note: The specialty of the prescribing physician is not recorded in PIN. The prescribing physician specialty was obtained from the most recent visit recorded in SESE with the prescribing physician within 90 days prior to the dispense.

Note: Persons will only appear in one gender care drug category because this table reflects gender care starts.

Note: There is no specialty category for pediatric endocrinology in SESE, and these specialists are included in the 'Pediatrician' specialty category.

Note: Dispenses where the prescribing physician specialty was Internal Medicine or Endocrinologist were almost exclusively for persons that were 17.

Classification: Protected A

Age	2019/2020			2020/2021			2021/2022			2022/2023			2023/2024		
	Number of Prescribers	Total prescriptions	Unlque Receptents	Number of Prescribers	Total prescriptions	Unlque Receptents	Number of Prescribers	Total prescriptions	Unlque Receptents	Number of Prescribers	Total prescriptions	Unlque Receptents	Number of Prescribers	Total prescriptions	Unlque Receptents
0-4	4	18	4	1	3	2	1	2	1	2	13	2	3	20	3
5-9	21	286	59	20	326	62	22	330	79	20	358	84	21	331	80
10-14	29	372	101	30	481	117	34	576	168	38	677	191	31	658	175
15-19	31	555	141	39	635	155	45	724	166	54	748	167	63	912	208
20-24	35	161	38	37	180	36	46	225	52	42	207	53	34	135	37
25-29	65	256	78	57	238	68	61	273	79	61	277	83	58	339	85
30-34	86	329	123	100	479	151	104	538	169	105	559	183	95	519	179
35-39	139	650	222	130	658	214	125	686	234	137	717	260	130	740	281
40-44	134	725	270	156	925	317	143	999	346	158	1,013	379	156	1,119	420
45-49	124	797	296	140	897	298	151	1,080	368	164	1,207	427	162	1,261	412
50-54	81	344	131	100	507	177	110	606	199	117	554	221	128	666	254
55-59	19	52	23	32	103	36	40	129	35	35	137	43	39	123	42
60-64	4	6	4	4	6	4	3	13	3	6	19	6	5	20	5
65-69	5	20	4	3	13	3	1	7	1	3	11	3	3	19	3
70-74	5	14	4	6	16	4	7	30	4	8	30	5	5	27	5
75-79	3	6	2	5	15	4	4	24	3	4	28	3	2	14	2
80-84	1	7	1	3	12	3	2	4	1	2	8	1	1	9	1
85-89	0	0	0	1	3	1	3	17	3	1	3	1	1	5	1
90+	0	0	0	0	0	0	0	0	0	1	4	1	2	3	1

Notes:

1. The DINs used to identify the drug Lupron are 02239834, 02230248, 00884502, 00836273
2. Each prescription represents a drug claim.
3. 2748 out of 29848 prescriptions for Lupron had no prescriber information across all 5 fiscal years.