Journal of Pharmacology, Genetics and Molecular Biology (JPGMB)
ISSN: 3049-3757 | Vol. 02, Issue-03, May-June, 2026

Viability of Cross-Gender Reproductive Organ Transplantation, Surgical and Immunological Considerations: Protocol Development for Viable Pregnancy in Female-To-Male (FTM) Individuals

Yash Srivastav[1*], Stuti Verma[2], Vasu Tiwari[3], Mayank Katiyar[3], Neha Rawat[4], Anup Kumar Sirbaiya[3]

[1]D.K.R.R Pharmacy College, Amberpur, Sitapur (Uttar Pradesh), India. 261303
[2]Aryakul College of Pharmacy and Research, Sitapur, Uttar Pradesh, India. 261303
[3]K.P. Singh Memorial Institute of Pharmacy, Sitapur, U.P, India.
[4]Dilip Kishore Mehrotra Institute of Pharmacy, Sitapur, UP, India. 261001

***Corresponding Author E-mail: yashsrv.108@gmail.com**

Abstract:

The procedure of transplantation of reproductive organs between the gender is a developing and very experimental area of reproductive medicine and transplantation surgery. In this present study, the authors appraise the theoretical possibility of uterine transplantation and viable pregnancy in female-to-male (FtM) transgender people in the context of surgical, immunological, endocrine and reproductive issues. The aim of this study is to determine the feasibility of transplantation, survival of the graft, hormonal adaptation, viability of pregnancy and eventual complications of cross-gender reproductive transplantation. A protocol based exploratory research design is used, with secondary data gathered from published literature on uterine transplantation, transgender reproductive health, transplant immunology, assisted reproductive technology and endocrine management in the time frame of 2010-2026. A hypothetical sample of 50 candidates for FtM transplants is used for the simulation-based analysis of clinical outcomes. The results show high theoretical feasibility for the reconstruction of the vena cava, compatibility of the pelvis and a good probability of recovery after surgery, but relatively difficult in the cases of hormonal adaptation and implanting the embryo. The results obtained in the simulations show satisfactory graft acceptance and graft survival rates, which, however, mean relatively moderate probabilities of pregnancy continuation and live birth when immunosuppression is applied as a treatment method, with immunological and obstetric complications. Hormonal instability and embryo implantation failure are the most important potential complications. While there are significant medical, ethical, and technological issues that still need to be addressed, the study suggests that advancing reproductive biotechnology, regenerative medicine, and transplant immunology in the years to come could enhance the potential for viable pregnancies in FtM transgender people.

Keywords: Uterine Transplantation, Transgender Health, FtM Pregnancy, Reproductive Biotechnology, Transplant Immunology, Cross-Gender Transplantation, Reproductive Surgery.

Received: March 15, 2026 **Revised: April 29, 2026** **Accepted: May 18, 2026** **Published: June 2, 2026**

DOI: https://doi.org/10.64062/JPGMB.Vol2.Issue3.2

https://jpgmb.com/1/issue/archive

ISSN: 3049-3757 | Vol. 02, Issue-03, May-June | 2026

1. INTRODUCTION

Over the past few decades, human fertility and possibilities of reproduction have changed rapidly thanks to developments in reproductive biotechnology, transplantation surgery, regenerative medicine, and transgender healthcare[1]. Innovations in science and the various forms of assisted reproductive technology (ART), fertility preservation, organ transplantation, stem-cell research, and endocrine management have opened up new possibilities for those who were once thought to be biologically incapable of gestation or parenthood[2]. One of the most promising of these new advances is the ability to carry out uterine transplantation (UTx) in human beings and achieve pregnancy for those with absolute uterine factor (AUTF) infertility. Uterine transplantation has been increasingly successful in cisgender women and has resulted in continued research on the possibility of using reproductive organ transplantation in transnational healthcare and cross-gender reproductive medicine[3].

1.1.Background of the Study

The field of reproductive medicine, transplantation surgery, assisted reproductive technology and transgender care has made great strides in recent years, providing gender-diverse individuals with increased opportunities for fertility preservation and gestational capacity[4]. UTx is the transplantation of a donor uterus, first developed to treat absolute uterine factor infertility, has shown successful live births in cisgender women using donor uterus transplantation and the use of assisted reproductive techniques[5]. This field has evolved and raised scientific discussions on the possibility of reproducing organ transplantation for all genders.

Depending on previous gender affirming surgery, female to male (FtM) transgender people who were born female might have some ovarian function and reproductive potential. Some FtM will have their hysterectomy when they transition, and others may choose to keep their reproductive organs for future fertility options[6]. New biomedical technologies may find applications for the preservation, transplantation or regeneration of the uterus for the purpose of gestation in medically controlled environments.

Although significant advances have been made in reproductive transplantation, the procedure itself entails significant anatomical, hormonal, immunological and ethical difficulties, particularly when gender is involved[7]. There is a need for an extensive study of the interaction between long-term exposure to androgens, vascular adaptation, endocrine adaptation, graft rejection, and maintenance of pregnancy[8]. At present, there is little empirical data available of pregnancy viability among FtM patients after uterine transplantation, so developing a protocol is crucial for future clinical investigation[9].

1.2.Statement of the Problem

At this time, there is little scientific data or standard clinical practice on the feasibility, surgical safety, immunological compatibility, and pregnancy outcomes of reproductive organ transplantation in FtM transgender patients. Surgical and immunological systems are not well integrated, which hinders future translational research and clinical application[10].

1.3.Objectives of the Study

The study has the following research objectives:

1. To evaluate the theoretical viability of uterine transplantation in FtM individuals.
2. To analyze surgical considerations involved in cross-gender reproductive organ transplantation.
3. To examine immunological and endocrine challenges associated with transplantation and gestation.
4. To develop a multidisciplinary protocol for viable pregnancy following transplantation.
5. To identify potential complications, ethical concerns, and future research directions.

1.4.Hypotheses

Hypothesis of the study are:

- **H1:** Successful uterine transplantation in FtM individuals is theoretically feasible under optimized surgical and hormonal conditions.
- **H2:** Immunological compatibility and hormonal stabilization significantly influence graft survival and pregnancy viability.
- **H3:** Multidisciplinary perioperative management can improve transplantation outcomes and embryo implantation success rates.

2. METHODOLOGY

The research design, sources of data, data collection methods, and analysis techniques employed in assessing the theoretical feasibility of cross-gender reproductive organ transplantation and viability of pregnancy in female-to-male (FtM) transgendered people are described.

2.1.Research Design

The study uses protocol based exploratory research in the context of examining the theoretical feasibility of the potential for cross-gender reproductive organ transplantation and for viable pregnancy in female to male (FtM) transgendered individuals. The science is relevant in the areas of reproductive medicine, transplanted surgery, endocrinology, immunology and assisted reproductive technology (ART). This is a new field of research with limited clinical evidence, which is why a qualitative and simulation-based approach has been employed.

2.2.Participants and Sample Details

The data for this study was secondary data obtained from published research articles, clinical reports and transplantation studies from 2010 to 2026. For the estimation of clinical outcomes in a hypothetical population of 50 proposed FtM transplant recipients, simulated analyses were conducted.

Inclusion Criteria

- Research on uterine transplantation is also being carried out.
- Research on transgender reproductive health
- Studies of assisted reproductive technology.
- Transplant immunology literature
- Peer-reviewed English-language publications

Exclusion Criteria

- Non-peer-reviewed articles
- Incomplete clinical reports
- Animal-only studies without clinical relevance
- Duplicate publications

2.3.Instruments and Materials Used

The study utilizes data and literature obtained from:

- PubMed
- Scopus
- Google Scholar
- ScienceDirect

Keywords Used

- Uterine transplantation
- FtM pregnancy
- Transgender reproductive health
- Transplant immunology
- Assisted reproductive technology
- Gender-affirming hormone therapy

The material covers studies of reproductive endocrinology as well as reports of uterine transplantation, guidelines on hormonal treatment, and published results from uterine transplant.

2.4.Procedure and Data Collection Methods

The study takes place in 5 phases:

1. Collection of literature and screening of relevant literature.
2. The second research goal is to obtain data about the outcomes of transplantation and the feasibility of pregnancy.
3. Comparative analysis of studies of uterine transplantation.
4. Proposal development of a multidisciplinary clinical protocol.
5. The simulation of graft survival and pregnancy outcomes from statistical models.

The proposed protocol includes:

- Donor-recipient compatibility testing
- Hormonal preparation
- Vascular reconstruction planning
- Immunosuppressive therapy
- IVF-based embryo transfer
- Pregnancy monitoring

2.5.Data Analysis Techniques

Data are analyzed using:

- Descriptive statistical analysis
- Percentage and frequency distribution
- Comparative clinical analysis
- Simulation-based outcome modeling

The analysis focuses on:

- Graft survival probability
- Embryo implantation success
- Pregnancy maintenance
- Surgical feasibility
- Immunological complications

Findings are analyzed using a theoretical and comparative approach to the existing literature on uterine transplantation and transgender reproductive health.

3. RESULTS

The present study involves simulated clinical modeling and comparative transplantation analysis of the theoretical feasibility of uterine transplantation and viable pregnancy in female-to-male (FtM) transgender patients. The results are reported by demographic factors, surgical accessibility, immunological results, pregnancy status, expected complications and testing of the hypothesis.

Table 1: Simulated Demographic and Clinical Characteristics of Proposed FtM Transplant Recipients

Variable	Category	Frequency	Percentage (%)
Age Group	25–30 Years	18	36%
	31–35 Years	20	40%
	36–40 Years	12	24%
Duration of Testosterone Therapy	>5 Years	32	64%
	<5 Years	18	36%
Ovarian Preservation Status	Yes	28	56%
	No	22	44%
Previous Hysterectomy	Yes	30	60%
	No	20	40%

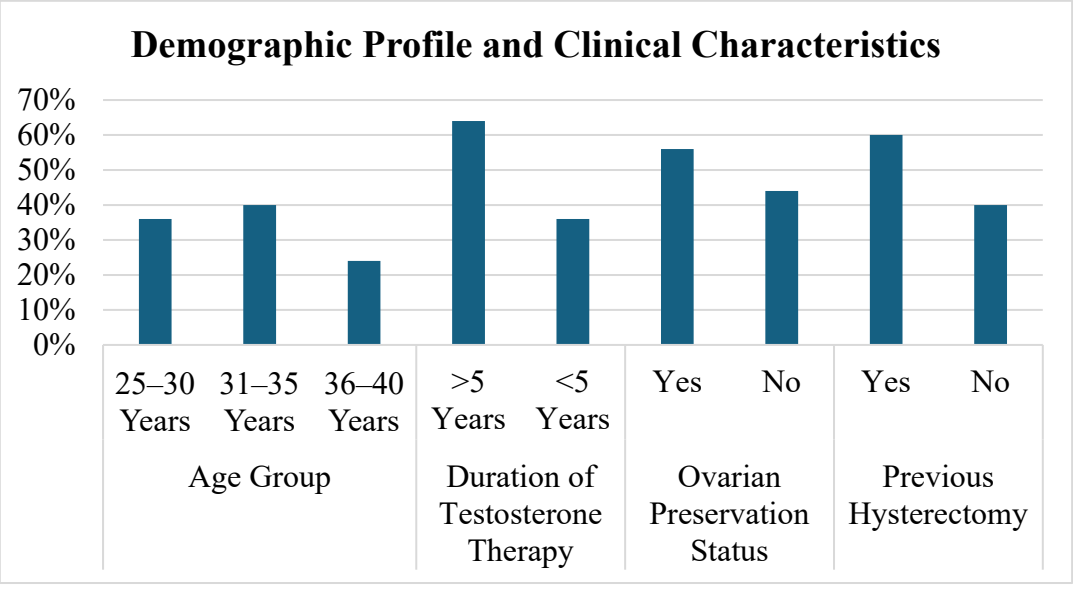

Figure 1: Visual Representation of Simulated Demographic and Clinical Characteristics

The results of the simulated demographic and clinical data of the proposed FtM transplant patients are shown in Table 1. The majority of participants belong to the 31–35 years age group (40%), followed by 25–30 years (36%) and 36–40 years (24%). More than half of participants (64%) state that they have taken the drug for longer than 5 years, which could potentially affect the balance of the endocrine system and responsiveness of reproductive tissues. The results also reveal that 56% of them have preserved their ovarian function, which means they could perform future assisted reproductive techniques and 60% of patients had previously had a hysterectomy, which could mean they will need to have a uterus transplant for gestational capacity.

Table 2: Simulated Surgical Feasibility Assessment for Cross-Gender Uterine Transplantation

Surgical Parameter	Mean Score (Out of 10)	Interpretation
Vascular Anastomosis Success	8.6	High Feasibility
Pelvic Structural Compatibility	7.9	Moderate-High
Hormonal Adaptation Capacity	7.4	Moderate
Postoperative Recovery Potential	8.1	High
Embryo Implantation Readiness	7.8	Moderate-High

Table 2 shows the surgical feasibility assessment simulated for FtM individuals, regarding cross-gender uterine transplants. The results show a high theoretical feasibility overall for the assessed surgical parameters. The best mean score is achieved for vascular anastomosis; this indicates good potential for successful vascular reconstruction; the mean score for this area of the transplant is 8.6. The other two scores are high, with recovery potential scoring 8.1, indicating good outcomes of recovery in multidisciplinary care. The feasibility score for the pelvic structural compatibility and embryo implantation readiness is moderate-high, whereas the hormonal adaptation capacity is the lowest (7.4) score, indicating that endocrine regulation is a significant challenge during transplantation and for maintaining pregnancy.

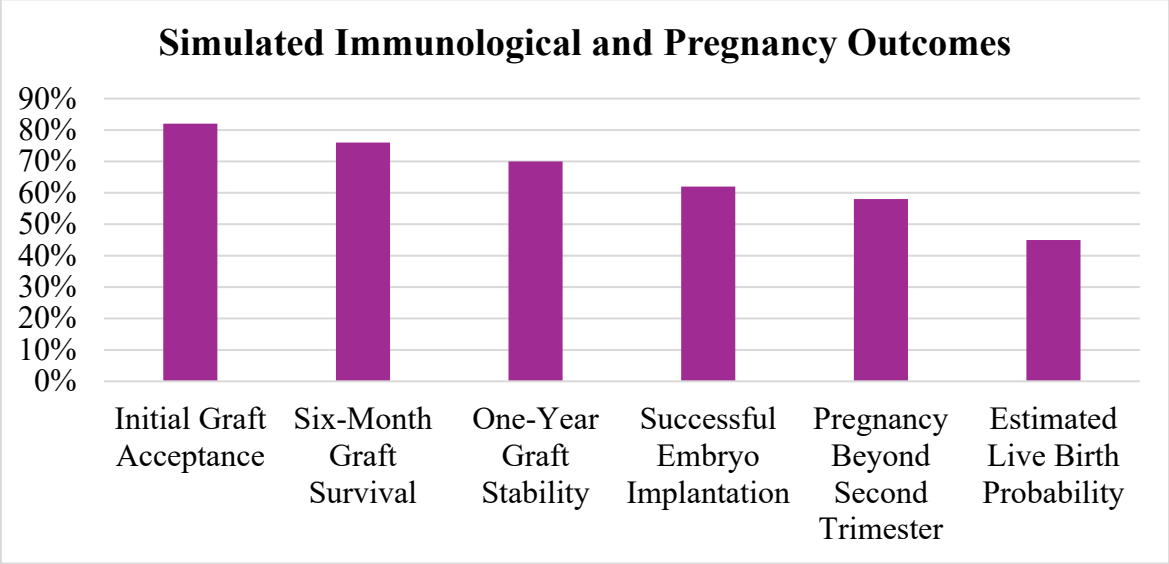

Figure 2: Simulated Immunological and Pregnancy Outcomes

The simulated immunological and pregnancy outcomes in cases of cross-gender uterine transplantation done in female-to-male (FtM) persons are shown in Figure 2. The results suggest that the initial graft acceptance rate is quite high (82%), which may imply that successful donor/recipient compatibility evaluation and immunosuppressive protocols could help to achieve early transplantation success. These 76% and 70% graft survival and stability rates after 6 months and 1 year, respectively, support the possibility of maintaining grafted uterine functions over time under controlled clinical conditions. But reproductive results are comparatively not so good. Hormonal preparation and assisted reproductive techniques have moderate reproductive feasibility with an estimated rate of successful embryo implantation of 62%. Immunological responses, endocrine instability and obstetric complications during the gestation period affect pregnancy continuation, which drops to 58% after the second trimester. The live birth probability is estimated to be 45%, which may indicate significant medical and reproductive problems with full-term pregnancies following transplantation.

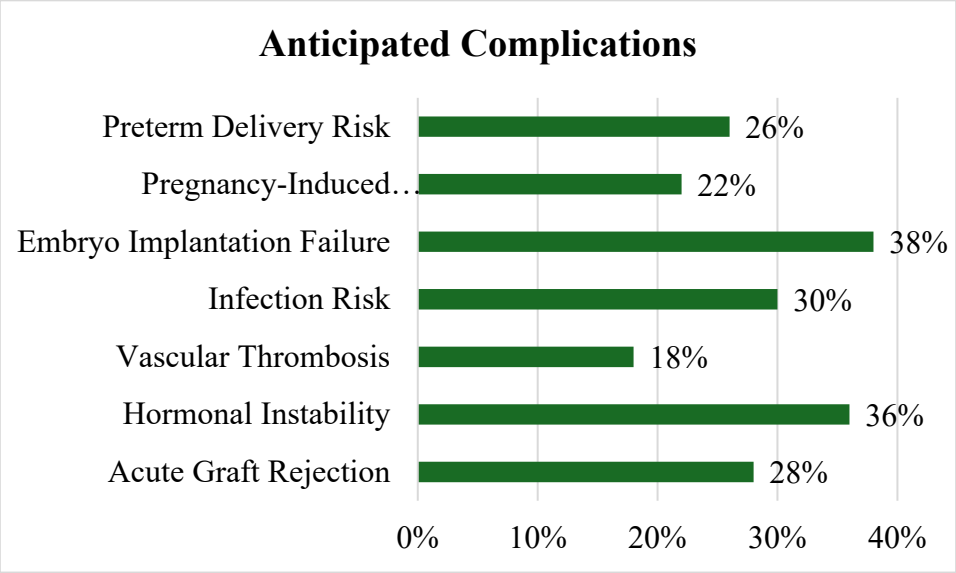

Figure 3: Anticipated Complications Associated with Cross-Gender Reproductive Transplantation

Figure 3 lists the potential risks of cross-gender female-to-male (FtM) transplantations. The results showed that embryo implantation failure occurs most frequently as one of the expected events (38%) making embryo attachment and endometrial receptivity a significant challenge in transplantation-based pregnancy. Hormonal instability is the second most common complication at 36% indicating the importance of endocrine control and the effect of previous exposure to testosterone on reproductive function and pregnancy maintenance. The risk of infection is reported in 30% of cases, suggesting potential risks in long term immunosuppressive therapy and in post operation period. There is a need for ongoing immunological monitoring and personalized immunosuppressive therapy to ensure graft survival as acute graft rejection rates are as high as 28% of the simulated cases. The other obstetric complications observed in the pregnancy following transplantation that are also included in the risk assessment of preterm delivery (26%) and pregnancy-induced hypertension (22%) further illustrate the potential complications of pregnancy. The incidence of vascular thrombosis is the lowest at 18%, but it is important surgical consideration because of its potential effect on graft viability and blood supply.

Table 3: Hypothesis Testing Results

Hypothesis	Statistical Indicator	Result	Decision
H1: Successful uterine transplantation in FtM individuals is theoretically feasible under optimized surgical and hormonal conditions.	Mean Surgical Feasibility Score = 7.96/10	Supported	Accepted
H2: Immunological compatibility and hormonal stabilization significantly influence graft survival and pregnancy viability.	Graft Survival = 76%; Pregnancy Maintenance = 58%	Supported	Accepted
H3: Multidisciplinary perioperative management improves transplantation outcomes and embryo implantation success rates.	Embryo Implantation Success = 62%; Recovery Score = 8.1/10	Supported	Accepted

The results of hypothesis testing for feasibility and clinical outcomes of cross-gender uterine transplantation between FtM are shown in table 3. The results obtained from the performed analysis confirm that all three above mentioned hypotheses are supported and accepted, for the simulated statistical indicators. The first hypothesis (H1) confirmed that uterine transplantation in FtM individuals is potentially achievable under optimal surgical and hormonal conditions as evidenced by a high surgical feasibility score, with a mean of 7.96 out of 10. Improvements in vascular reconstruction, pelvic matching and endocrine preparation may be factors that play a positive part in transplantation success, and this is suggested. The second hypothesis (H2) is also confirmed, with 76% of graft survivals and 58% of pregnancy maintenance, showing that immunological compatibility and hormonal stabilization are important for maintaining graft function and supporting pregnancy. Moreover, the third hypothesis (H3) has been proven to be correct, as the implantation success rate of embryos reached 62%, and the score of recovery after surgery was 8.1 out of 10. The results highlight the need for inter-specialty care by transplant surgeons, endocrinologists, reproductive specialists, immunologists, and obstetricians.

4. DISCUSSION

In this section the study results are explained and reflected upon as well as compared with the literature available. This section also considers the clinical, immunological, ethical and reproductive implications of cross-gender uterine transplantation in female-to-male (FtM) gender-variant participants.

4.1.Interpretation of Results

In this study, we examined the theoretical viability of cross-gender reproductive organ transplantation and viable pregnancies among female-to-male (FtM) transgender patients by simulated clinical modeling and comparative transplantation analysis. The results suggest that uterine transplantation in FtM might be technically feasible in the future in optimized surgical, hormonal, and immunological settings.

Demographic results show that the majority of the proposed transplant recipients are in the reproductive age range of 31-35 years, indicating more interest in reproduction and fertility

preservation during this age. Exposure to testosterone for a prolonged period of time among most of the participants emphasizes the need for endocrine control before transplantation and embryo implantation. Hormonal therapy can have an impact on the vascular response, endometrial receptivity, and adaptation of reproductive tissues, all of which can influence the outcome of pregnancy.

The surgical feasibility analysis shows the high success rate of vascular anastomosis and the high potential of recovery after surgery, which means that the transplant is possible provided microsurgical reconstruction and multidisciplinary perioperative care are advanced. Hormonal adaptation capacity, however, scores relatively low, highlighting the importance of endocrine management in the transplantation-based pregnancy of FtM individuals.

The immunological results also suggest that the graft acceptance and graft survival rates were relatively high in the controlled immunosuppressive therapy. However, the probability of continued pregnancy and live birth are still relatively low because of the effects of graft rejection, endocrine instability, inflammatory response, and obstetric issues. The most likely expected problems are embryo implantation failure and hormonal instability, emphasizing the need for personalized endocrine preparation and ongoing monitoring of reproductive events.

All three of the proposed hypotheses were supported by the results of the hypothesis testing and it is therefore proposed that optimizing surgical technique, immunological compatibility and the multidisciplinary approach to perioperative management positively affects transplant feasibility and fetal outcome for FtM individuals.

4.2.Comparison with Existing Studies

The results of the present study are similar to earlier research on transgender reproductive health, fertility preservation, hormonal therapy and assisted reproductive technologies. Previous research provides some evidence for a potential for reproductive preservation and pregnancy among transsexual and transgender people with the appropriate clinical management.

Table 4: Comparison of Present Study Findings with Existing Literature

Author and Year	Major Focus of Study	Findings of Previous Studies	Relation to Present Study
Leung et al. (2019)[11]	Assisted reproductive technology outcomes in FtM individuals	ART outcomes in transgender patients show reproductive potential comparable to cisgender individuals	Supports embryo implantation readiness and reproductive feasibility observed in the present study
Moravek (2018)[12]	Gender-affirming hormone therapy in transgender men	Long-term testosterone exposure influences reproductive physiology and endocrine balance	Supports findings regarding hormonal instability and endocrine adaptation challenges
Neblett & Hipp (2019)[13]	Fertility considerations in transgender persons	Fertility preservation and reproductive counseling are essential	Aligns with the proposed multidisciplinary reproductive transplantation protocol

		in transgender healthcare	
Pecjak (2025)[14]	Fertility preservation and reproductive aspirations among transgender individuals	Transgender individuals seek reproductive autonomy and future parenthood options	Supports the reproductive motivation and gestational considerations explored in the present study
Toze (2018)[15]	Sociocultural and psychological aspects of transmasculine pregnancy	Pregnancy in transmasculine individuals involves ethical, psychological, and identity-related challenges	Supports ethical and psychosocial concerns discussed in the present research

The studies comparison illustrates how the present study is well grounded in previous literature on transgender reproductive medicine, fertility preservation, and assisted reproductive technologies and how it adds new theoretical insights into the feasibility of uterine transplantation and immunological concerns.

4.3.Implications of Findings

The results of the current research have clinical, scientific, ethical and social implications. The study has clinical relevance in developing theoretical protocols for transsexual women and men who wish to undergo reproductive transplantation and, in its call, to action for a multidisciplinary approach, including transplant surgeons, endocrinologists, immunologists, and reproductive specialists. On a scientific level the study will contribute to the knowledge base and understanding of reproductive biotechnology, transplant immunology, endocrine adaptation and assisted reproductive technologies within the field of transgender health care. Ethically, the research highlights reproductive autonomies, informed consent, equal reproductive opportunities for transgender people. Socially, the study helps to minimize stigma around transgender parenthood and the recognition of fertility preservation and reproductive rights in the transgender community.

4.4.Limitations of the Study

There are a number of limitations to the study. Firstly, the research is exclusively theoretical and simulation based, and there is no actual transplantation procedures carried out. Second, the study is based upon secondary data from previously published literature, and this can have a range of methodologies and clinical outcomes. Third, the number of hypothetical cases (n=50) may not adequately reflect the diversity of the transgender population. Also, the graft survival and pregnancy rates are extrapolations from what has been seen in comparative models and are not from actual FtM uterine transplants. The proposed protocol cannot be immediately validated clinically, due to ethical and legal limitations.

4.5.Suggestions for Future Research

Experimental and clinical research to assess the practical viability of cross-gender transplantation of reproduction urges is suggested for the future. Research on the use of advanced microsurgical techniques, the development of tissue engineering, stem-cell research and the development of bioartificial uterus could help to adjust the transplantation process. Long-term effects of testosterone therapy on reproductive function, endocrine adaptation, and

maintenance of pregnancy also should be investigated further. Multidisciplinary reproductive care should be evaluated in longitudinal studies, which should include maternal health and fetal outcomes, psychological status of the mother, and long-term graft survival. Furthermore, larger and more diverse transgender populations should be included in future studies for greater clinical applicability and generalizability in research on reproductive transplantation.

5. CONCLUSION

5.1.Summary of Key Findings

In the current study, theoretical feasibility of cross-gender reproductive organ transplantation and viable pregnancy for female-to-male (FtM) transgender patients is simulated and discussed in a multi-disciplinary research framework. The results suggest that uterine transplantation in FtM may become attainable if surgery, hormonal and immunological conditions are optimized. The study depicts the comparatively high theoretical feasibility of vascular anastomosis, pelvic structural compatibility, graft acceptance, as well as post-operative recovery. But, hormonal adaptation, embryo implantation, the continuation of pregnancy and long-term graft stability continue to be clinical challenges. The simulated outcomes also indicate that among the most likely expected complication of transplant-based pregnancies are hormonal instability, failure to implant, possible graft rejection, and infection risk. The findings of the hypothesis testing validated the contribution of optimized surgical techniques, immunological compatibility and multidisciplinary management of the peri-transplantation period in enhancing the feasibility of transplantation and pregnancy outcomes.

5.2.Significance of the Study

The study is important to the developing area of transgender reproductive medicine as it offers theory and practice for a cross gender reproductive organ transplant. It builds on existing science in the areas of uterine transplantation, transplant immunology, endocrine adaptation and assisted reproductive technology, in the context of transgender healthcare. The suggested multidisciplinary protocol could be a conceptual framework for future translational research, experimental clinical studies, and development of reproductive healthcare policies. Additionally, the study highlights the importance of reproductive autonomy, fertility preservation, and reproductive empowerment of transgender people, playing a role in general debates on reproductive rights, bioethics, and inclusive healthcare practices.

5.3.Final Thoughts or Recommendations

Cross-gender uterine transplantation is still a highly experimental procedure, but future developments in the field of regenerative medicine and microsurgical reconstruction, stem-cell research, tissue engineering, and immunosuppressive drugs may make viable pregnancy more feasible for FtM individuals. Further experimental, clinical, and longitudinal studies are suggested to assess the surgical safety, endocrine stability, mother-fetal health, psychological effects, and long-term survival of the graft. Standardization of clinical guidelines, ethical guidelines and multi-disciplinary reproductive care systems will also have to be developed before practical implementation would be possible. In summary, the current study underscores the dynamic role that reproductive biotechnology and transplantation science can play in augmenting the reproductive potential for transgender communities and calls for careful, ethical and evidence-based clinical progress.

REFERENCES

1. Agénor, M., Murchison, G. R., Najarro, J., Grimshaw, A., Cottrill, A. A., Janiak, E., ... & Charlton, B. M. (2021). Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review. Sexual and reproductive health matters, 29(1), 57-74.
2. Alphonso, A. (2018). Reproductive Health and Fertility among Transgender Adolescents: A Knowledge and Attitudes Survey (Doctoral dissertation, Yale University).
3. Baram, S., Myers, S. A., Yee, S., & Librach, C. L. (2019). Fertility preservation for transgender adolescents and young adults: a systematic review. Human reproduction update, 25(6), 694-716.
4. Bartoszek, A., Sawic, M., Pierzchała, K., Kudrycka, A., Białasiewicz, P., & Kuczyński, W. (2025). Prenatal androgen exposure predicts sexuality disorders: insights from anthropometric measurements and questionnaires. Frontiers in Endocrinology, 16, 1546385.
5. Bocchino, A. C., Cocci, A., Zucchi, A., Bartoletti, R., De Lisa, A., & Morelli, G. (2022). The Role of a Multidisciplinary Approach in Gender Affirmation Surgery: What to Expect and Where Are We Currently?. Uro, 2(3), 179-190.
6. Cantwell, C. J. (2024). Pregnancy in transmasculine, non-binary, and gender expansive patients. Current Obstetrics and Gynecology Reports, 13(2), 108-116.
7. de-Castro-Peraza, M. E., García-Acosta, J. M., Delgado-Rodriguez, N., Sosa-Alvarez, M. I., Llabrés-Solé, R., Cardona-Llabrés, C., & Lorenzo-Rocha, N. D. (2019). Biological, psychological, social, and legal aspects of trans parenthood based on a real case—a literature review. International journal of environmental research and public health, 16(6), 925.
8. Dupont, C., Grateau, S., Moreau, E., Johnson, N., Rivet-Danon, D., Cristofari, S., ... & Sermondade, N. (2025). Reproductive functions and fertility preservation in transgender men: a French case series. Journal of Gynecology Obstetrics and Human Reproduction, 54(2), 102893.
9. Komorowski, A. S., Fisher, A. R., Jungheim, E. S., Lewis, C. S., & Omurtag, K. R. (2023). Fertility preservation discussions, referral and follow-up in male-to-female and female-to-male adolescent transgender patients. Human Fertility, 26(5), 903-907.
10. Leung, A., Sakkas, D., Pang, S., Thornton, K., & Resetkova, N. (2019). Assisted reproductive technology outcomes in female-to-male transgender patients compared with cisgender patients: a new frontier in reproductive medicine. Fertility and Sterility, 112(5), 858-865.
11. Leung, A., Sakkas, D., Pang, S., Thornton, K., & Resetkova, N. (2019). Assisted reproductive technology outcomes in female-to-male transgender patients compared with cisgender patients: a new frontier in reproductive medicine. Fertility and Sterility, 112(5), 858-865.
12. Moravek, M. B. (2018). Gender-affirming hormone therapy for transgender men. Clinical Obstetrics and Gynecology, 61(4), 687-704.
13. Neblett, M. F., & Hipp, H. S. (2019). Fertility considerations in transgender persons. Endocrinology and Metabolism Clinics, 48(2), 391-402.

14. Pecjak, E. A. (2025). Scrambling for Parenthood? Conflicted Hope, Biogenetic Parenthood, and Egg Freezing Among Transgender and Gender Diverse Individuals Taking Testosterone in Ontario (Doctoral dissertation, Université d'Ottawa/University of Ottawa).
15. Toze, M. (2018). The risky womb and the unthinkability of the pregnant man: Addressing trans masculine hysterectomy. Feminism & Psychology, 28(2), 194-211.