PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

| TITLE (PROVISIONAL) | Transgender people’s reasons for primary care visits: a cross-sectional study in France |
|---------------------|-------------------------------------------------------------------------------------|
| AUTHORS             | Garnier, Maud; Ollivier, Sarah; Flori, Marie; Maynié-François, Christine |

VERSION 1 – REVIEW

| REVIEWER | Cook, Linda  
Oklahoma City University, Kramer School of Nursing |
|----------|--------------------------------------------------|
| REVIEW RETURNED | 17-Apr-2020 |

| GENERAL COMMENTS | There are two issues that concern me. The first issue is that of the references. Only five of the fifteen listed are timely (5 years old or less). The second issue is that of discussion of the data: 11% of the respondents reported being denied care/prescriptions. This number seems high enough to merit discussion. |

| REVIEWER | Shattuck, Daniel  
Pacific Institute for Research and Evaluation, Behavioral Health Research Center of the Southwest |
|----------|--------------------------------------------------|
| REVIEW RETURNED | 28-Apr-2020 |

| GENERAL COMMENTS | While the focus on health care for transgender populations is incredibly important, especially in this context where there is limited nation-wide data to justify improvements to health care systems, this manuscript would be improved by some considerable revisions around justification of the study, description of methods, and discussion of the findings. First, it may be helpful for readers to include a definition of transgender – especially in how it is operationalized in this study.  
The authors should consider integrating literature focused on transgender populations and access to healthcare more generally including accessing other forms of care (e.g., emergency services), sources of stigma, and providers’ perceptions of transgender populations. I think a much stronger case for their objective of understanding why transgender populations use primary care providers could be made. Right now, it seems like it’s built on an assumption that trans populations would be accessing primary care for reasons different than cisgender patients. Without clear reasoning for asking that question, seems potentially problematic. With a much more robust grounding in previous research, objective 1 could be |

considerably more compelling. The sampling methodology would benefit from further elaboration of the trans population as a “hidden population.” This justification is valid but is not explained well enough in this manuscript. It will also strengthen the case that their sample size is actually quite impressive, which is touched on in the “strengths and limitations” section.

The explanation of qualitative analysis needs to be better developed. How were codes developed and decided on? The manuscript would benefit from a more complete explanation of demographic variables (Social Security Number Compatibility) as well as the problems and characteristics listed in the findings. The authors touch on important themes in their work but do not develop the parts that could really contribute to the impact of their findings. A stronger introduction/grounding in the literature of transgender health care more generally may help with this. In the discussion in particular, the connection between reasons for visits, negative/positive experiences, and delays or avoidance of treatment might warrant development. While, it’s probably not possible to determine statistical significance, qualitative analysis on these connections still could contribute greatly to an understudied population.

The conclusion would be made a lot stronger by the previously mentioned improvements. The case for patient-centered care needs to be better developed throughout the work. Finally, the work would benefit from a close editing.

REVIEWER
Pinhas-Hamiel, Orit
Tel Aviv University, Tel Aviv, Israel

REVIEW RETURNED
24-Jun-2020

GENERAL COMMENTS
Transgender people’s reasons for primary care visits: a cross-sectional study in France

It this study by Garnier et al the primary objective was to describe transgender people’s reasons for primary care visits with their general practitioner, when the reason to visit was unrelated to transition matters. In addition they aimed to assess difficulties and expectations transgender people face regarding their GP.

1. While the primary objective is interesting, a definition for “unrelated visit to transition matters” needs to be clearly detailed in the methods. What about depression, anxiety, sexual health are they related the transition? Why prescription renewal were not considered related to transition? Please clarify what you consider unrelated matters. You may find the following study helpful

Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from
2. Can symptoms described in "Reason for consulting' be presented according to age? According to years passed since transition occurred? According to gender transition?

3. There are multiple studies (some reference are attacked) that assessed the interactions between primary care physician and transgender people from other countries. The discussion will be more contributing to the readers if comparison between studies will be done

Aolescent Pride Festival Attendees-Assessing Their Interactions With Primary Care Physicians. Cafferty R, Desai B, Alfath Z, Davey C, Schneider K. J Adolesc Health. 2020 Jun;66(6):666-671. doi: 10.1016/j.jadohealth.2019.11.305. Epub 2020 Jan 23. PMID: 31983512

PLoS One . 2015 Dec 17;10(12):e0145046. doi: 10.1371/journal.pone.0145046. eCollection 2015. Factors Impacting Transgender Patients' Discomfort With Their Family Physicians: A Respondent-Driven Sampling Survey Greta R Bauer 1 , Xuchen Zong 1 , Ayden I Scheim 1 , Rebecca Hammond 2 , Amardeep Thind 1 3 4

Trans individuals' experiences in primary care. Bell J, Purkey E. Can Fam Physician. 2019 Apr;65(4):e147-e154.

Transgender Adolescents' Experiences in Primary Care: A Qualitative Study. Guss CE, Woolverton GA, Borus J, Austin SB, Reisner SL, Katz-Wise SL. DOI: 10.1016/j.jadohealth.2019.03.009

One size does not fit all: differential transgender health experiences. Kattari SK, Atteberry-Ash B, Kinney MK, Walls NE, Kattari L. Soc Work Health Care. 2019 Oct;58(9):899-917. doi: 10.1080/009981389.2019.1677279. Epub 2019 Oct 16. PMID: 31618117

BTQ Youth's Perceptions of Primary Care. Snyder BK, Burack GD, Petrova A. Clin Pediatr (Phila). 2017 May;56(5):443-450. doi: 10.1177/0009922816673306. Epub 2016 Oct 13. PMID: 27742826
### REVIEWER RESPONSE

| Reviewer 1 | References were reviewed to develop the introduction and the discussion, and to include suggestions from Reviewers 2 and 3. Most of added references are less that 5 years old. |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The first issue is that of the references. Only five of the fifteen listed are timely (5 years old or less). | We are not sure about the 11% Reviewer 1 refers to. Among the 320 respondents to the study, 229 answered the open-ended question on problems encountered by transgender people when consulting in primary care. Among these 229, 20 reported being denied care or prescriptions, that is 9%. However, we added this finding in the discussion. |
| The second issue is that of discussion of the data: 11% of the respondents reported being denied care/prescriptions. This number seems high enough to merit discussion. | --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reviewer 2 | We thank Reviewer 2 for their reading, and valuable comments and advice on the paper. We included a definition of transgender at the beginning of the paper. |
| While the focus on health care for transgender populations is incredibly important, especially in this context where there is limited nation-wide data to justify improvements to health care systems, this manuscript would be improved by some considerable revisions around justification of the study, description of methods, and discussion of the findings. First, it may be helpful for readers to include a definition of transgender – especially in how it is operationalized in this study. | We developed the introduction to better explain our primary objective. The reference suggested by Reviewer 3 (Gahagan 2018) helped. We hope the reasoning is now clearer and build a more robust case for our primary objective. |
| The authors should consider integrating literature focused on transgender populations and access to healthcare more generally including accessing other forms of care (e.g., emergency services), sources of stigma, and providers’ perceptions of transgender populations. I think a much stronger case for their objective of understanding why transgender populations use primary care providers could be made. Right now, it seems like it’s built on an assumption that trans populations would be accessing primary care for reasons different than cisgender patients. Without clear reasoning for asking that question, seems potentially problematic. With a much more robust grounding in previous research, objective 1 could be considerably more compelling. | We added a reference to a recent work by Hughes and coll. (ref.16) on design issues in transgender studies. They also use the term “hidden population”. We were unsure how to elaborate on this term. We hope the reference is enough to add on the justification. |
| The sampling methodology would benefit from further elaboration of the trans population as a “hidden population.” This justification is valid but is not explained well enough in this manuscript. It will also strengthen the case that their sample size is actually quite impressive, which is touched on in the “strengths and limitations” section. | We have added a more developed description of the qualitative analysis. |
| The explanation of qualitative analysis needs to be better developed. How were codes developed and decided on? | We added descriptive variables in the text of the results, although we decided to be succinct to avoid presenting results both in text and in Table 1 (which shows all demographic variables). We added a discussion regarding SSN compatibility. |
| The manuscript would benefit from a more complete explanation of demographic variables (Social Security Number Compatibility) as well as the problems and characteristics listed in the findings. | |

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**Reviewer 1**

The first issue is that of the references. Only five of the fifteen listed are timely (5 years old or less).

The second issue is that of discussion of the data: 11% of the respondents reported being denied care/prescriptions. This number seems high enough to merit discussion.

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**Reviewer 2**

While the focus on health care for transgender populations is incredibly important, especially in this context where there is limited nation-wide data to justify improvements to health care systems, this manuscript would be improved by some considerable revisions around justification of the study, description of methods, and discussion of the findings. First, it may be helpful for readers to include a definition of transgender – especially in how it is operationalized in this study.

The authors should consider integrating literature focused on transgender populations and access to healthcare more generally including accessing other forms of care (e.g., emergency services), sources of stigma, and providers’ perceptions of transgender populations. I think a much stronger case for their objective of understanding why transgender populations use primary care providers could be made. Right now, it seems like it’s built on an assumption that trans populations would be accessing primary care for reasons different than cisgender patients. Without clear reasoning for asking that question, seems potentially problematic. With a much more robust grounding in previous research, objective 1 could be considerably more compelling.

The sampling methodology would benefit from further elaboration of the trans population as a “hidden population.” This justification is valid but is not explained well enough in this manuscript. It will also strengthen the case that their sample size is actually quite impressive, which is touched on in the “strengths and limitations” section.

The explanation of qualitative analysis needs to be better developed. How were codes developed and decided on? The manuscript would benefit from a more complete explanation of demographic variables (Social Security Number Compatibility) as well as the problems and characteristics listed in the findings.
| The authors touch on important themes in their work but do not develop the parts that could really contribute to the impact of their findings. A stronger introduction/grounding in the literature of transgender health care more generally may help with this. In the discussion in particular, the connection between reasons for visits, negative/positive experiences, and delays or avoidance of treatment might warrant development. While it’s probably not possible to determine statistical significance, qualitative analysis on these connections still could contribute greatly to an understudied population. |
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| Although we fully understand the value of connecting quantitative and qualitative data, we were unable to do so with the material from our study. Number were too small to go beyond descriptive analyses and our methods for the qualitative part was limited to a thematic analysis. So, unfortunately, we were not able to follow this suggestion. |
| The conclusion would be made a lot stronger by the previously mentioned improvements. The case for patient-centered care needs to be better developed throughout the work. |
| We developed patient-centered care in the discussion, implication of the study paragraph, and abstract. |
| Finally, the work would benefit from a close editing. |
| The whole paper was edited. |
| **Reviewer 3**  
It this study by Garnier et al the primary objective was to describe transgender people’s reasons for primary care visits with their general practitioner when the reason to visit was unrelated to transition matters. In addition they aimed to assess difficulties and expectations transgender people face regarding their GP. |
| We thank Reviewer 3 for their review and comments on our paper, and their helpful suggestions on existing related literature. |
| While the primary objective is interesting, a definition for “unrelated visit to transition matters” needs to be clearly detailed in the methods. What about depression, anxiety, sexual health are they related the transition? Why prescription renewal were not considered related to transition? Please clarify what you consider unrelated matters. You may find the following study helpful  
Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada.  
Gahagan J, Subirana-Malaret M. Int J Equity Health. 2018 Jun 13;17(1):76. doi: 10.1186/s12939-018-0786-0. |
| The survey explored reason(s) for the respondent’s last visit in primary care as follows: was it related to transition yes/no, and if no, what were the reasons. Therefore, we considered the answers as given by the respondents as they identified it unrelated to transition. We added a reference to results presented in the suggested reference and described the survey questions related to reasons to visit in the Methods. |
| 2. Can symptoms described in “Reason for consulting’ be presented according to age?  
According to years passed since transition occurred? According to gender transition? |
| We did not collect data on the years passed since transition occurred.  
We added a description of reasons for consulting according to age and gender transition (Figures 1 and 2). Seeing these results, we are not sure they add to the discussion, given the small numbers for sub-groups. |
| 3. There are multiple studies (some reference are attacked) that assessed the interactions between primary care physician and transgender people from other countries. The discussion will be more contributing to the readers if comparison between studies will be done  
Aolescent Pride Festival Attendees-Assessing Their Interactions With Primary Care Physicians.  
Cafferty R, Desai B, Alfath Z, Davey C, Schneider K. |
| We thank Reviewer 3 for the suggested references. We included 3 of them (refs 23, 24 and 25) in the “Comparison to other studies” section of the discussion. |
Factors Impacting Transgender Patients' Discomfort With Their Family Physicians: A Respondent-Driven Sampling Survey
Greta R Bauer 1, Xuchen Zong 1, Ayden I Scheim 1, Rebecca Hammond 2, Amardeep Thind 1 3 4

Trans individuals' experiences in primary care.
Bell J, Purkey E. Can Fam Physician. 2019 Apr;65(4):e147-e154.

Transgender Adolescents' Experiences in Primary Care: A Qualitative Study.
Guss CE, Woolverton GA, Borus J, Austin SB, Reisner SL, Katz-Wise SL.
DOI: 10.1016/j.jadohealth.2019.03.009

One size does not fit all: differential transgender health experiences.
Kattari SK, Atteberry-Ash B, Kinney MK, Walls NE, Kattari L. Soc Work Health Care. 2019 Oct;58(9):899-917. doi: 10.1080/00992389.2019.1677279. Epub 2019 Oct 16. PMID: 31618117

BTQ Youth's Perceptions of Primary Care.
Snyder BK, Burack GD, Petrova A. Clin Pediatr (Phila). 2017 May;56(5):443-450. doi: 10.1177/0009922816673306. Epub 2016 Oct 13. PMID: 27742826