**Table 1.** Likelihood of recommending rearing as a boy across different timepoints and participant demographic characteristics

| Comparison | | Micropenis | | | | PAIS | | | | Penile Ablation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | OR* | Lower | Upper | *p* | OR | Lower | Upper | *p* | OR | Lower | Upper | *p* |
| **Year of survey administration** | 2003 to 2020 | 3.377 | 1.934 | 5.898 | <.001 | 1.436 | 1.007 | 2.048 | 0.045 | 0.474 | 0.253 | 0.885 | 0.019 |
| | 2010 to 2020 | 2.856 | 1.751 | 4.66 | <.001 | 1.807 | 1.3 | 2.511 | <.001 | 1.042 | 0.556 | 1.954 | NS |
| | 2010 to 2003 | 0.846 | 0.528 | 1.354 | NS | 0.795 | 0.613 | 1.030 | NS | 2.2 | 1.405 | 3.446 | <.001 |
| **Specialty** | PES to SPU | 1.002 | 0.536 | 1.872 | NS | 0.283 | 0.201 | 0.4 | <.001 | 0.354 | 0.203 | 0.617 | <.001 |
| **Gender** | Male to Female | 1.444 | 0.794 | 2.625 | NS | 1.196 | 0.867 | 1.648 | NS | 0.374 | 0.222 | 0.629 | <.001 |
| **Age**[a] | Young to Old | 2.346 | 1.298 | 4.241 | 0.005 | 1.555 | 1.111 | 2.178 | 0.010 | 2.322 | 1.446 | 3.729 | <.001 |
| **Experience**[b] | Less to More | 0.823 | 0.503 | 1.349 | NS | 1.074 | 0.824 | 1.399 | NS | 0.947 | 0.618 | 1.453 | NS |
| **Practice Setting** | Medical School or Hospital to Other | 0.596 | 0.348 | 1.020 | NS | 0.825 | 0.61 | 1.114 | NS | 0.952 | 0.58 | 1.561 | NS |

Abbreviations: PAIS = partial androgen insensitivity syndrome, OR = Odds ratio; PES = Pediatric Endocrine Society; SPU = Societies for Pediatric Urology

[a] Median split was used to categorize participants into the younger and older age groups

[b] Median split of cases seen over one's career was used to categorize participants into the lesser and more experienced groups

* The likelihood of recommending rearing as a boy, in the first category (e.g., PES) compared to the second category (e.g., SPU)

**Table 2.** Likelihood of recommending the patient lead surgical decision-making across different timepoints and participant demographic characteristics

| Comparison | | Micropenis | | | | PAIS | | | | | | | | Penile Ablation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Reared as boy | | | | Reared as girl | | | | Reared as boy | | | | Reared as boy | | | |
| | | OR* | Lower | Upper | *p* | OR | Lower | Upper | *p* | OR | Lower | Upper | *p* | OR | Lower | Upper | *p* |
| **Year of survey administration** | 2003 to 2020 | 0.466 | 0.328 | 0.661 | <.001 | 0.209 | 0.093 | 0.467 | <.001 | 0.365 | 0.22 | 0.607 | <.001 | 0.561 | 0.396 | 0.796 | 0.001 |
| | 2010 to 2020 | 0.612 | 0.44 | 0.852 | 0.004 | 0.42 | 0.199 | 0.886 | 0.023 | 0.553 | 0.354 | 0.862 | 0.009 | 0.679 | 0.492 | 0.936 | 0.018 |
| | 2010 to 2003 | 1.314 | 1.011 | 1.707 | 0.041 | 2.015 | 1.29 | 3.148 | 0.002 | 1.512 | 1.021 | 2.239 | 0.039 | 1.209 | 0.9 | 1.624 | NS |
| **Specialty** | PES to SPU | 0.817 | 0.592 | 1.128 | NS | 1.264 | 0.62 | 2.578 | NS | 4.348 | 2.657 | 7.117 | <.001 | 0.694 | 0.5 | 0.965 | 0.03 |
| **Gender** | Male to Female | 0.551 | 0.399 | 0.76 | <.001 | 0.897 | 0.527 | 1.528 | NS | 0.776 | 0.5 | 1.204 | NS | 0.776 | 0.564 | 1.069 | NS |
| **Age**[a] | Young to Old | 0.988 | 0.709 | 1.377 | NS | 1.373 | 0.798 | 2.364 | NS | 0.966 | 0.588 | 1.587 | NS | 0.865 | 0.602 | 1.243 | NS |
| **Experience**[b] | Less to More | 1.317 | 1.008 | 1.721 | 0.044 | 1.654 | 1.092 | 2.505 | 0.018 | 1.084 | 0.744 | 1.578 | NS | 0.949 | 0.718 | 1.253 | NS |
| **Practice Setting** | Medical School or Hospital to Other | 1.391 | 1.030 | 1.879 | 0.031 | .902 | .539 | 1.507 | NS | .964 | .624 | 1.490 | NS | 1.229 | .898 | 1.681 | NS |

Abbreviations: PAIS = partial androgen insensitivity syndrome; OR = Odds ratio; PES = Pediatric Endocrine Society; SPU = Societies for Pediatric Urology, OR = Odds ratio; NS = Not Significant; PES = Pediatric Endocrine Society; SPU = Societies for Pediatric Urology

a Median split was used to categorize participants into the younger and older age groups

b Median split of cases seen over one's career was used to categorize participants into the lesser and more experienced groups

* The likelihood of recommending the patient lead surgical decision-making in the first category (e.g., PES) compared to the second category (e.g., SPU).

Due to the small number of participants recommending female gender assignment for the micropenis and penile ablation cases, the analyses are not shown.