



Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) People With Cancer Fact Sheet

The National Gay and Lesbian Task Force Policy Institute estimates that between 5% and 10% of the general population identifies as LGBTQ.¹ The American Cancer Society estimates there will be 1.8 million newly diagnosed cancer cases and nearly 607,000 deaths from cancer in 2020;² using these estimates, there could be approximately 135,000 new cancer cases and more than 45,000 cancer deaths in LGBTQ patients.

Knowledge gaps have been reported among oncologists relating to the increased cancer risk factors affecting this patient population.³ Most health care providers lack culturally competent education or training. A study among medical students revealed 46% expressed explicit bias and over 80% some implicit bias against LGBTQ people.⁴

There are numerous disparities for LGBTQ patients⁵

Personal There are consistently low rates of health insurance coverage for LGBTQ patients.

Financial 41% of LGBTQ people have incomes at or below 139% of the federal poverty level.

Experiences Many LGBTQ people have negative experiences with health care providers, and most medical record intake forms do not encourage or allow disclosure of sexual orientation and/or gender identity.

Increased cancer risk in the LGBTQ community^{6, 7, 8}

Research confirms that the LGBTQ community has a disproportionate burden of cancer, has distinctive risk factors, and faces additional barriers to accessing health care. Therefore, they have both greater cancer incidence and later stage diagnosis.

- Gay and bisexual men have a higher risk for anal cancer, especially those who are HIV+.
- Lesbian and bisexual women may be at increased risk for breast, cervical, and ovarian cancer. Risk factors include higher use of tobacco and alcohol, nulliparity, and being overweight with a high-fat diet.
- Some studies suggest both tobacco and alcohol use are up to 1.5 times higher in the LGBTQ population, likely creating higher risks for tobacco and alcohol-related diseases, including certain cancers.

Visit [cancer.org](https://www.cancer.org) for details about our guidelines specifically for people at increased or high risk.

Opportunities for risk reduction¹

Several interventions can be implemented by health care providers to deliver better care to all LGBTQ patients.

Collect sexual orientation and gender identity (SOGI) data.

- Implement at all points on the cancer continuum; inquire about patients' SOGI; and record it, if given permission.
- Advocate for LGBTQ-inclusive medical intake forms and assessments.

Create LGBTQ-tailored patient information and education.

- Learn about LGBTQ sexuality so discussions with patients can be comfortable and convey knowledge.
- Review all patient information documents for LGBTQ inclusivity.
- Be the voice for transgender and gender-nonconforming cancer patients, ensuring that all staff use the correct name, pronouns, and terms for transgender body parts.

Develop cultural competence.

- Maintain an awareness that LGBTQ identities are multilayered and intersectional.
- Garner a wide range of proficiencies, including cultural knowledge, welcoming attitudes toward diverse populations, and skills in communicating with people from different groups.
- Improve knowledge and skills through LGBTQ cultural competence training.
- Examples for cultural competence training
 - GLMA – Health Professionals Advancing LGBTQ Equality (glma.org)



- The National LGBT Cancer Network, which provides individual and agency-wide LGBT cultural competence training (cancer-network.org)
- The Fenway Institute's National LGBT Health Education Center, which provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for LGBT people (lgbthealtheducation.org)
- Avoid gendered assumptions about cancer treatment choices.

Support a culturally competent health care system.

- Advocate for including LGBTQ population on hospital advisory boards.
- Advocate for including SOGI on posted nondiscrimination posters throughout the health care system.
- Advocate for including LGBTQ-inclusive information and images on the facility's website.
- Form collaborations with local LGBTQ community members and groups to pinpoint areas needing change.



cancer.org | 1.800.227.2345

©2020, American Cancer Society, Inc.
No. 080587 Rev. 2/20
Models used for illustrative purposes only.



References

1. Margolies L, Brown CG. Current state of knowledge about cancer in lesbians, gay, bisexual, and transgender (LGBT) people. *Seminars in Oncology Nursing*. 2018;34(1):3-11.
2. American Cancer Society. *Cancer Facts & Figures, 2020*. Accessed at <http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html> on February 21, 2020.
3. Schabath MB, Blackburn CA, Sutter ME, et al. National survey of oncologists at National Cancer Institute–Designated Comprehensive Cancer Centers: Attitudes, knowledge, and practice behaviors about LGBTQ patients with cancer. *Journal of Clinical Oncology*. 2019;37(7):547-558.
4. Burke SE, Dovidio JF, Przedworski JM, et al., Do contact and empathy mitigate bias against gay and lesbian people among heterosexual first-year medical students? A report from Medical Student CHANGES. *Journal of Association of American Medical Colleges*. 2015;90(5):645-651.
5. National LGBT Cancer Network. *Healthy People 2020 LGBT Fact Sheet*. Accessed at <https://cancer-network.org/cancer-information/cancer-and-the-lgbt-community/> on February 21, 2020
6. Quinn GP, Sanchez JA, Sutton SK, et al., Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA: A Cancer Journal for Clinicians*. 2015;65(5):384-400.
7. Ceres M, Quinn GP, Loscalzo M, Rice D. Cancer screening considerations and cancer screening uptake for lesbian, gay, bisexual, and transgender persons. *Seminars in Oncology Nursing*. 2018;34(1):37-51.
8. US Department of Health and Human Services. *Smoking Cessation: A Report of the Surgeon General*. 2020. Accessed at <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf> on February 21, 2020.