



Cancer Care for Transgender and Gender Nonconforming People for Health Care Professionals

Research shows that lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people have an increased risk for cancer. And when they do have cancer, it's more likely to be found later and result in poorer outcomes.¹

Many transgender and gender nonconforming people delay or avoid seeking care altogether because of fear of discrimination by health care professionals.² It's imperative that health care providers provide inclusive care that embraces diversity and the unique identities of all patients.

Understanding transgender and gender nonconforming identities^{3, 4}

Medicine affirms the difference between sex and gender. **Sex** is a biological construct based on anatomy, physiology, genetics, and hormones. **Gender** is a social and cultural construct based on identity, expression, and expectations about status, characteristics, and behavior. Gender is self-identified, although it's almost always assigned to us at birth.

- **Cisgender** people have a gender identity that socially corresponds with their biological sex and the sex they were assigned at birth.
- **Transgender** people have a gender identity that does not correspond with their biological sex or sex assigned at birth. Transgender is an umbrella term that includes transgender men, transgender women, and others.
- **Gender nonconforming** (GNC) people do not have a gender identity that falls within the standard binary of man or woman. Some GNC people also identify as transgender, but some do not. Another term for gender nonconforming is nonbinary (NB).

Addressing knowledge gaps^{3, 4, 5}

Many health care providers report a lack of training or education on caring for transgender and GNC people. This directly impacts their ability to provide safe and appropriate care for those individuals, which ultimately impacts patient outcomes.

Transgender and GNC people are less likely to be offered screening tests that are appropriate for them; are less likely to get screened for breast, cervical, and colorectal cancers; and are more likely to be diagnosed with cancer at a later stage compared to cisgender people.

Cultivating a safe environment^{4, 5, 6}

A national study showed that 78% of clinicians thought patients would refuse to disclose their sexual orientation and gender identity (SOGI) information. In fact, only 10% of patients reported that they would refuse to disclose their status, citing improved individualized care as a benefit to disclosure.

Establish trust through respectful interactions before you ask them to disclose.

- Many people withhold this information out of fear of how their health care provider will react.
- Introduce yourself with your pronouns, or use a visual cue such as a pin, flag, or poster to show you're a safe space for everyone.

Collect SOGI information on patient intake forms.

- Note why you are requesting SOGI information. Some patients might not realize that cancer screening should be organ-based.

Seek education and training.

- If your care facility doesn't provide education and training on the health needs of transgender and GNC people, ask for it. Whether you know it or not, you likely already have transgender and GNC patients in your care.
- **Resources for health care professionals**
 - American Cancer Society [LGBTQ+ People and Cancer Fact Sheet for Health Care Professionals](#)
 - Welcoming Spaces: Treating Your LGBTQ+ Patients (sgo.org/welcomingspaces)
 - The Fenway Institute National LGBTQIA+ Health Education Center (lgbthealtheducation.org)
 - The National LGBTQ+ Cancer Network (cancer-network.org)
 - GLMA – Health Professionals Advancing LGBTQ Equality (glma.org)



Cancer screening and prevention ^{4, 7, 8}

Ask patients what organs they have and don't assume.

- A transgender woman might still have a prostate. A transgender man might have a cervix – even if they've had gender-affirming procedures. Avoid labeling body parts as male or female. Explain why it's important to know this information.

Collect other information that might impact cancer risk.

- This includes sexual history and HIV status, tobacco and alcohol use, vaccine history, hormone use, and surgical history.

Offer resources and support ^{4, 5, 6}

Transgender and GNC people need information that applies to them and their unique health needs.

- Most patient-facing materials and resources are directed at cisgender, heterosexual people. Engage transgender and GNC patients with information that acknowledges them.
- Add LGBTQ+-inclusive language and images on facility websites and posters.
- Form collaborations with local LGBTQ+ community groups. Engage them as stakeholders that can provide valuable feedback and opportunities for improvement.
- Offer information on support groups and community resources.
- Collaborate with gender-affirming health care specialists.
- Recognize the importance of mental health support as a part of health care for transgender and GNC people. Facilitate access to gender-affirming care and mental health resources.

American Cancer Society resources for patients

- [Cancer Facts for Gay and Bisexual Men](#)
- [Cancer Facts for Lesbian and Bisexual Women](#)
- [Cancer Fact Sheet for LGBTQ+ People](#)



Cancer Type	Assessment Considerations	Interventions/Screening Considerations
Anal cancer	<ul style="list-style-type: none"> • People with HIV having receptive anal sex • People who take chronic immunosuppressants or with a history of solid organ transplantation • People with a history of anal warts 	<ul style="list-style-type: none"> • Consider anal Pap test (no guidelines exist currently) • Human papillomavirus (HPV) vaccination per American Cancer Society (ACS) guidelines
Breast cancer	<ul style="list-style-type: none"> • People with mature or developed lobular breast tissue (e.g., transgender men who have not had top surgery to remove breast tissue) • People who developed lobular breast tissue from hormonal therapy (e.g., transgender women, or those who have taken estrogen) • People with a family history of breast cancer or cancer syndromes (e.g., <i>BRCA</i>) 	<ul style="list-style-type: none"> • Chemoprevention to reduce risk • Mammogram per ACS guidelines
Cervical cancer	<ul style="list-style-type: none"> • People with a cervix 	<ul style="list-style-type: none"> • Primary HPV test or co-testing with Pap and HPV tests per ACS guidelines • HPV vaccination per ACS guidelines
Endometrial cancer	<ul style="list-style-type: none"> • People with a uterus and risk factors for unopposed estrogen exposure* • People with a uterus and abnormal uterine bleeding • People with a uterus and uterine bleeding after bilateral oophorectomy or onset of menopause 	<ul style="list-style-type: none"> • Consider endometrial biopsy/refer to gynecology
Prostate cancer	<ul style="list-style-type: none"> • People with a prostate 	<ul style="list-style-type: none"> • Discussion about PSA and screening per ACS guidelines
*Data are insufficient to establish whether testosterone should be considered as a substitute for progesterone with regard to endometrial cancer risk.		

References

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