

# Keys to Inclusive and Safe Care for the LGBTQIA+ Breast Cancer Community: Developing trust, inclusivity, and a welcoming clinical space

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## Disclosures

Dr. Sanchez:

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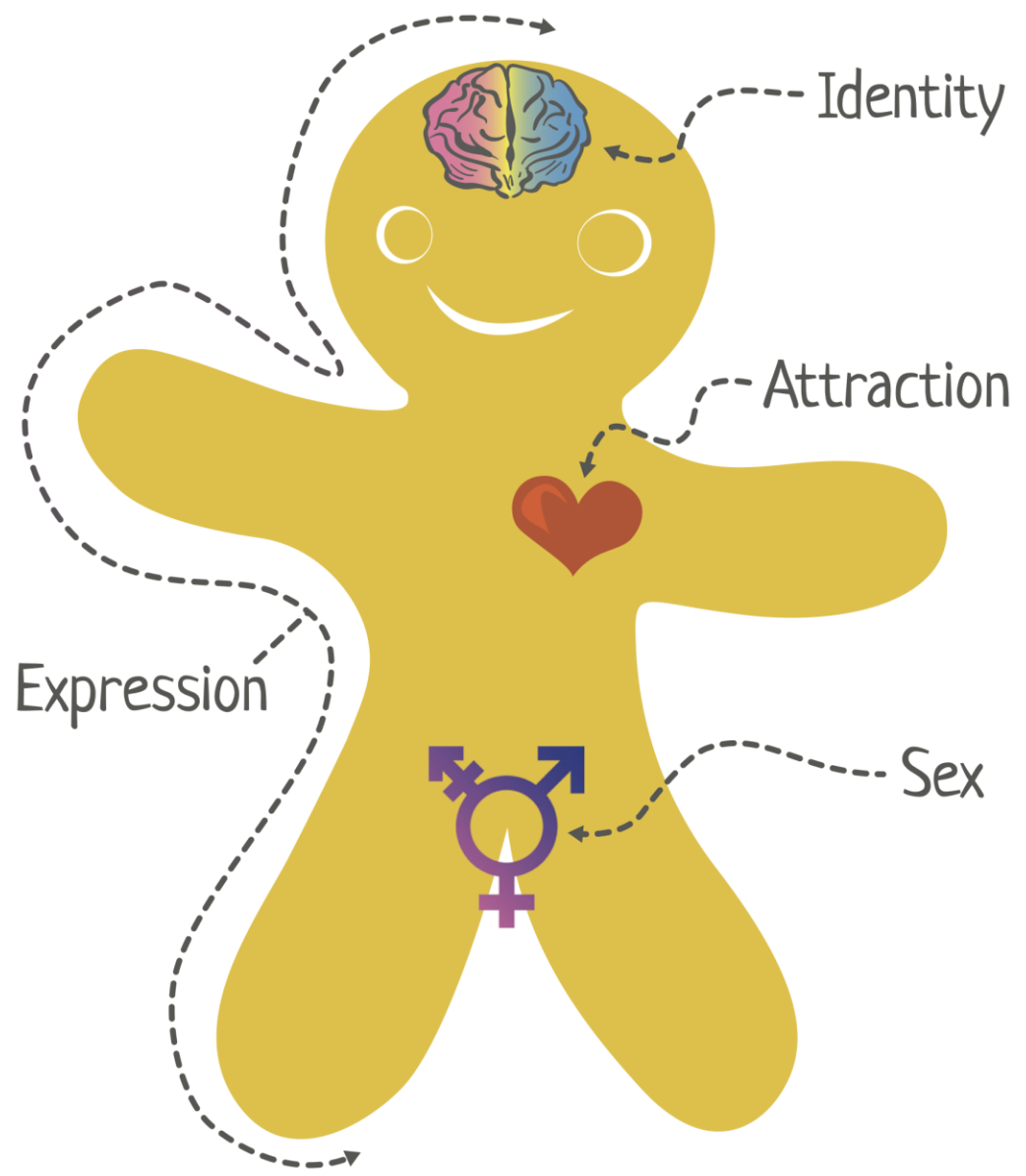
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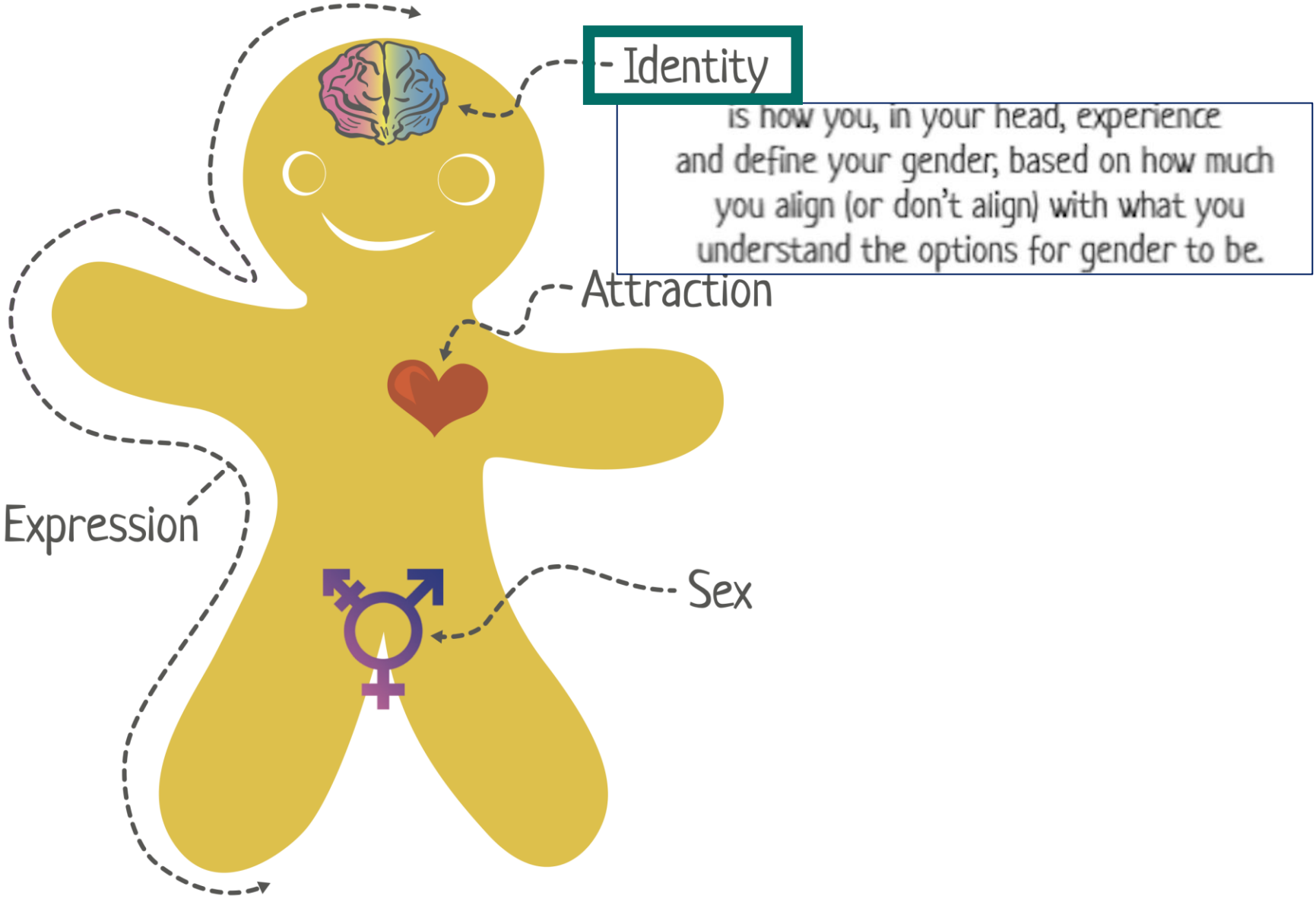
# Overview

- Terminology
- National Level Data
- Social and healthcare access barriers
- Implicit bias
- What can we do to support LGBTQIA+ patients
- Cancer screening, treatment, and outcomes
- Gaps and Future Opportunities

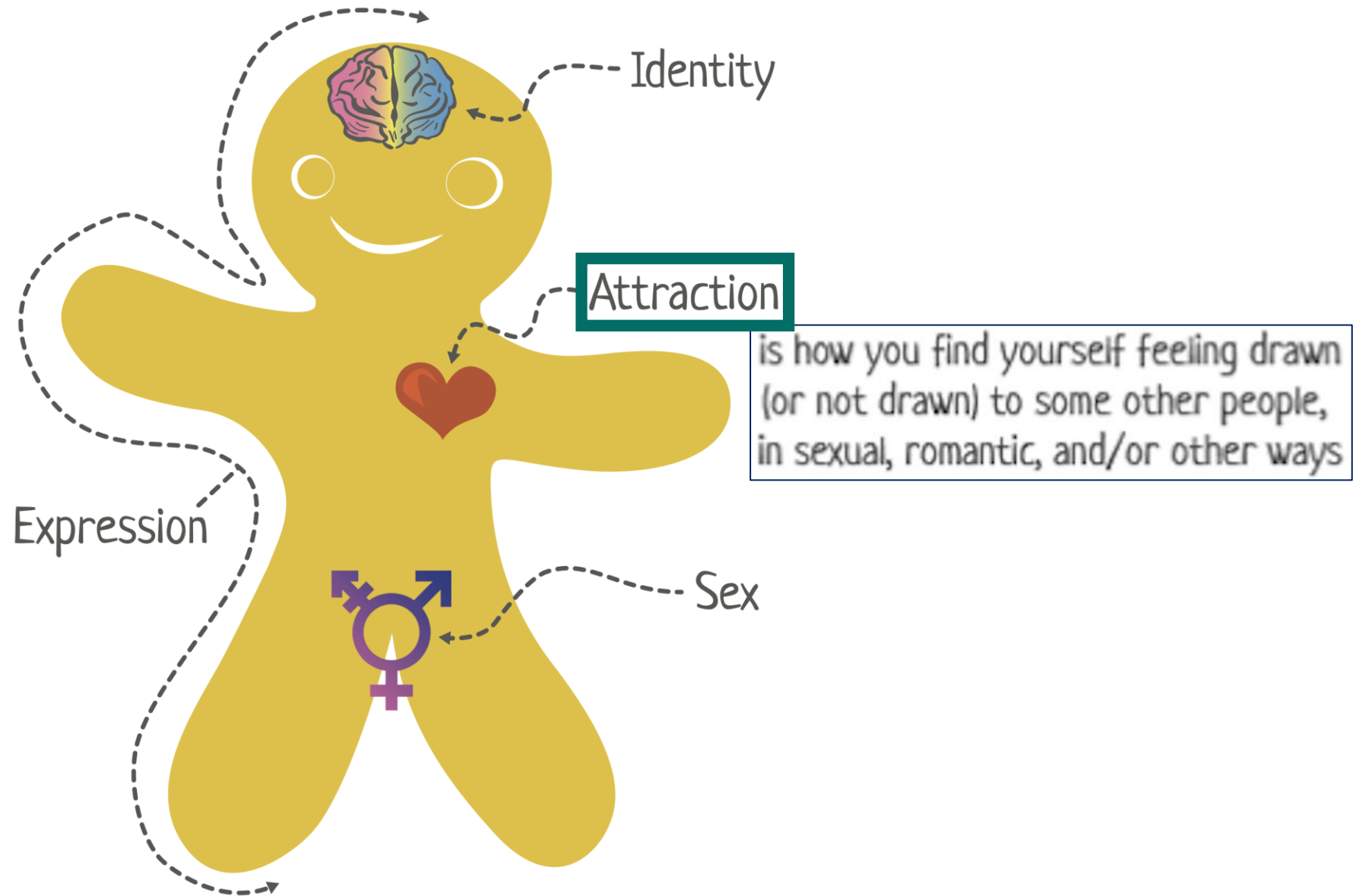
# The Genderbread Person v4 by its pronounced [METROsexual.com](http://METROsexual.com)



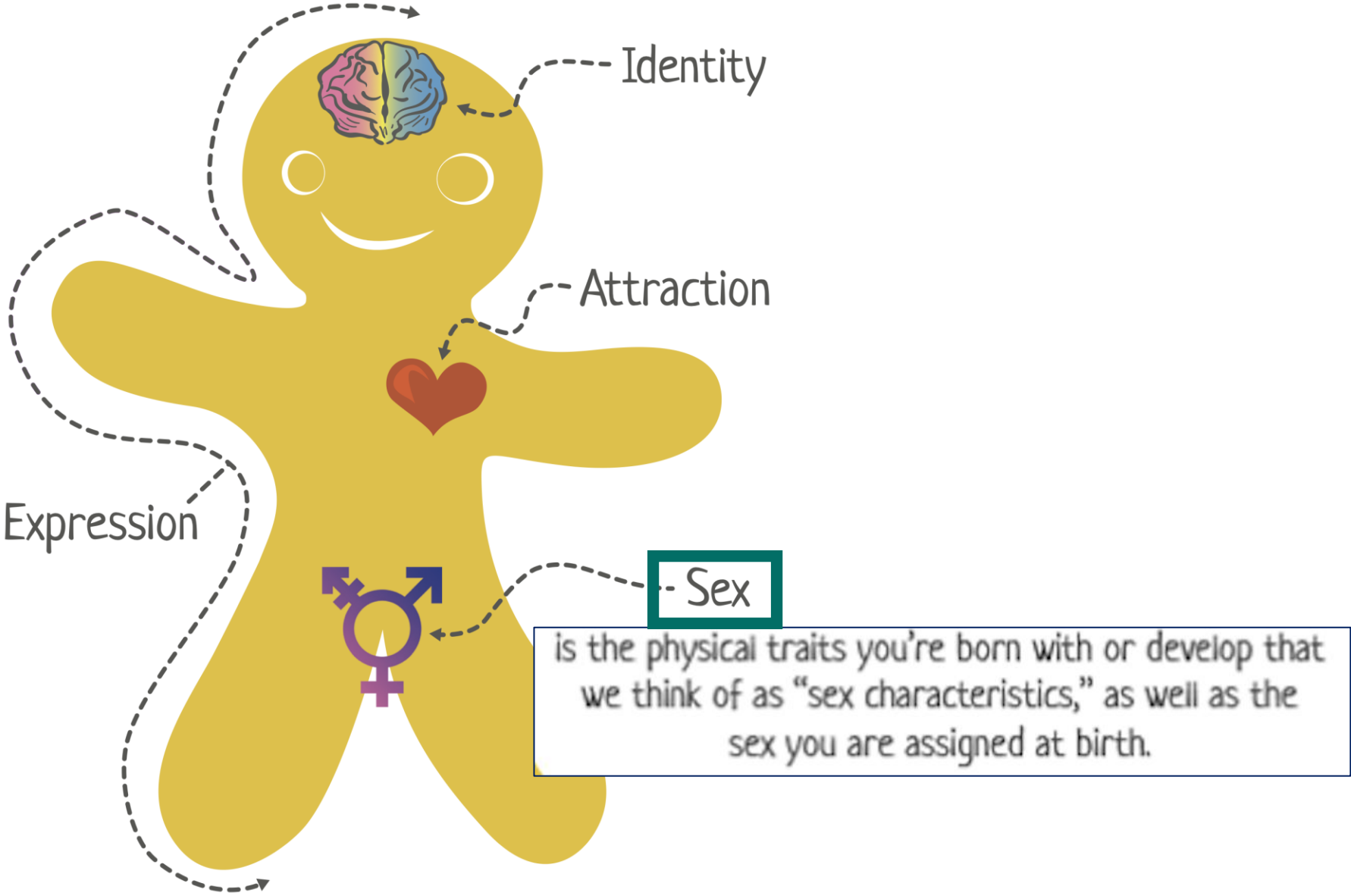
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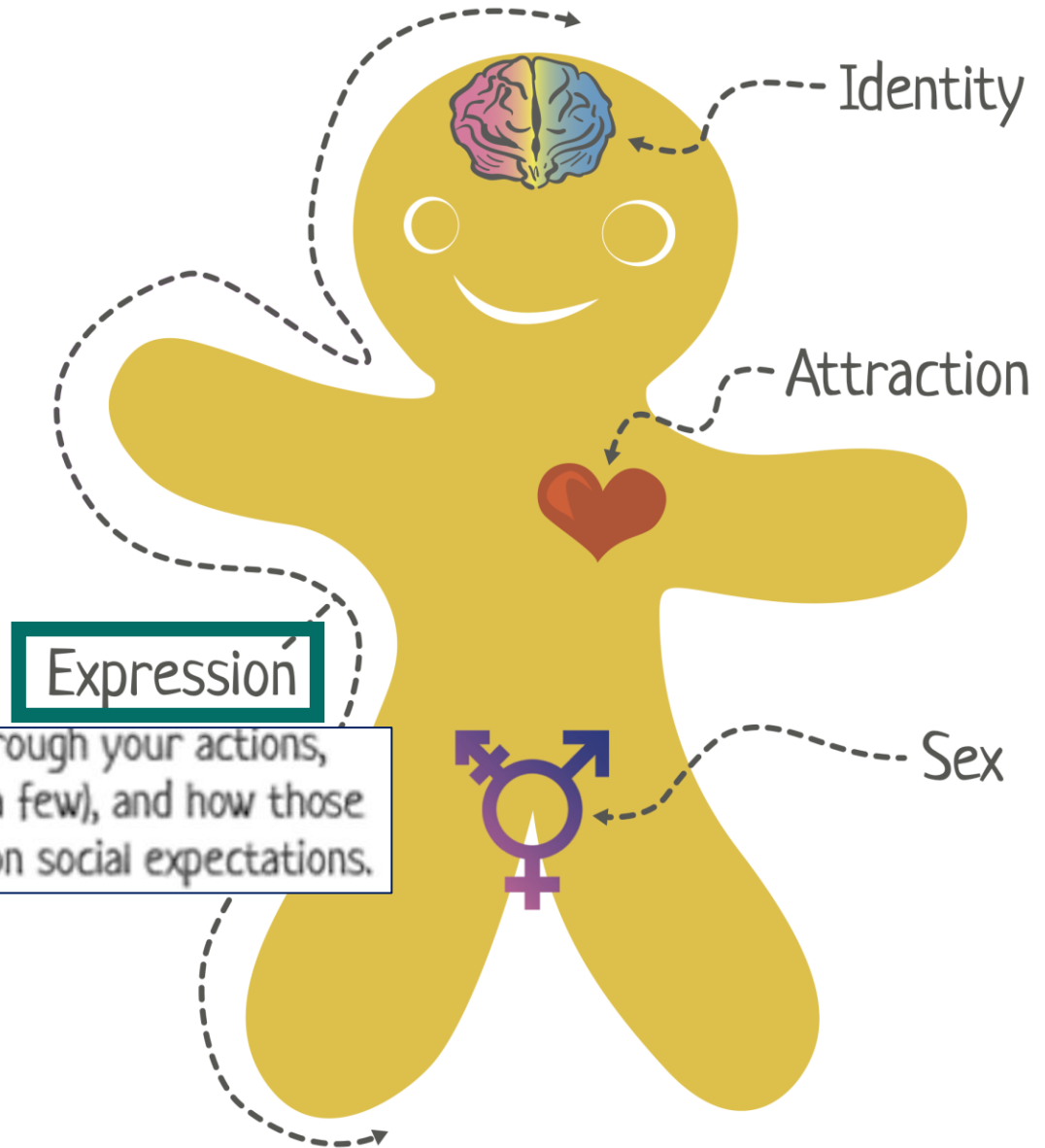
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Expression

is how you present gender (through your actions, clothing, and demeanor, to name a few), and how those presentations are viewed based on social expectations.



# The Genderbread Person v4 by its pronounced [METROsexual.com](http://METROsexual.com)



## Gender Identity



Woman-ness



Man-ness



## Gender Expression



Femininity



Masculinity

# The Genderbread Person v4 by its pronounced [METROsexual.com](http://METROsexual.com)

Identity  $\neq$  Expression  $\neq$  Sex  
Gender  $\neq$  Sexual Orientation

# Common Sexual Attraction Terms

- **Gay** = men who are attracted to other men
- **Lesbian** = women who are attracted to other women
- **Bisexual** = individuals attracted who are attracted to both sexes
- **Asexual** = individuals with little to no attraction to others
- **Straight** = individuals who are attracted to the opposite sex only

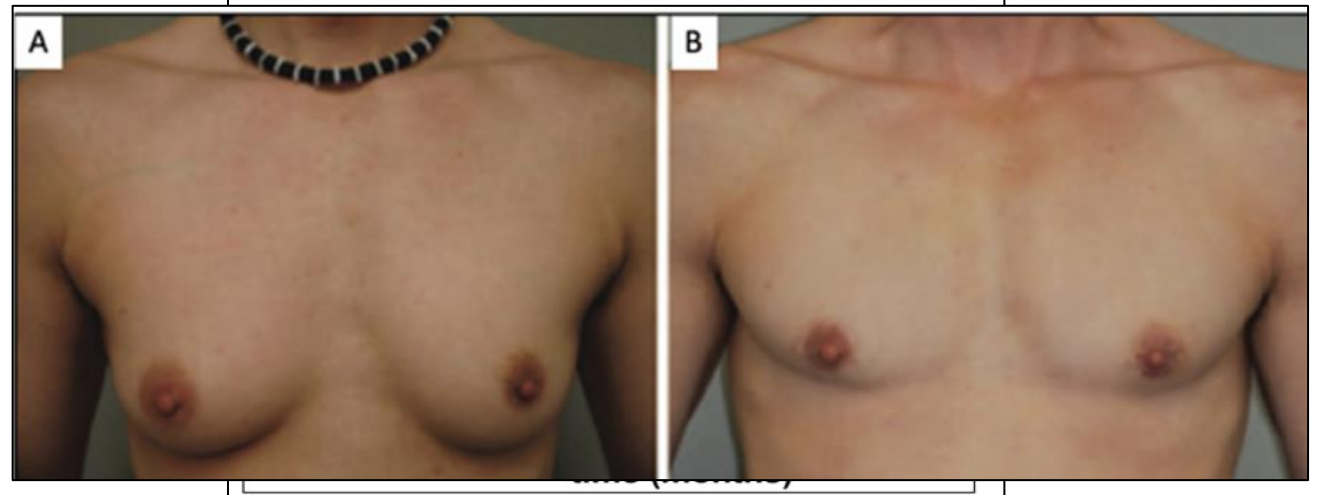
# Common Gender Identity Terms

- **Transgender Men (TGM)** = female sex assigned at birth and identify as men
- **Transgender Women (TGW)** = male sex assigned at birth and identify as women
- **Nonbinary** = identify elsewhere along the spectrum of the gender dichotomy
- **Genderfluid** = gender identify is not fixed – changes over time
- **Cisgender (cis)** = sex assigned at birth and gender identify are the same

# Gender Affirming Therapy

- **Gender-Affirming Hormone Therapy (GAHT)**

- Estrogen (TGW)
- Testosterone (TGM)
- Spironolactone, etc
- Often long-term or lifelong

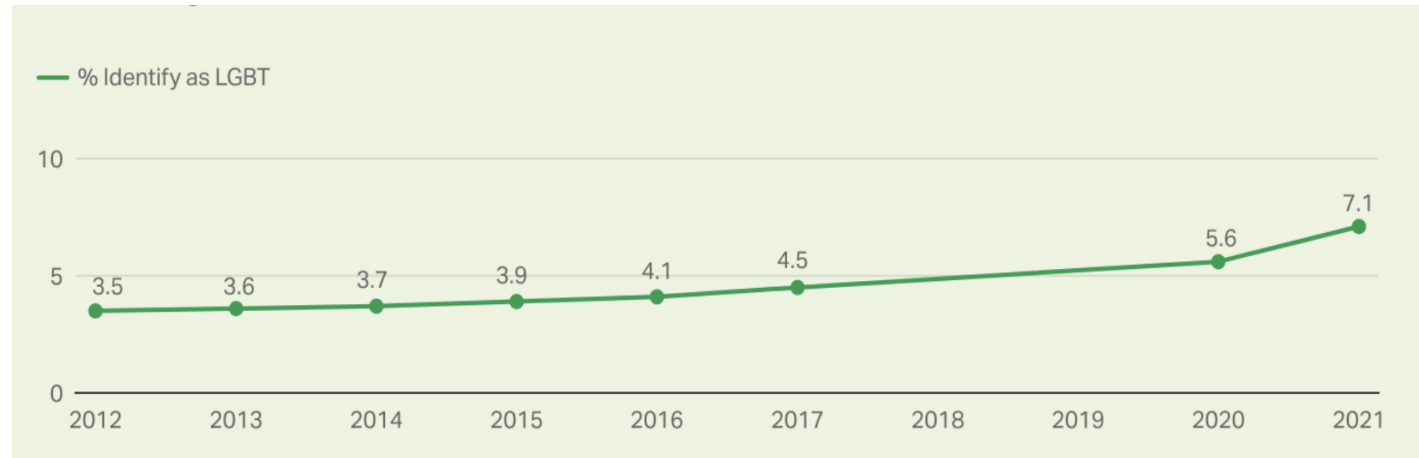


- **Gender-Affirming Surgery**

- Chest masculinization surgery (Top surgery for TGM)
- Chest augmentation (Top surgery for TGW)
- Bottom surgery (ex. phalloplasty, vaginoplasty, etc.)

# The Numbers

- 7.1 US population self identifies as LGBT 2020
- 9.1% among Millennials, 15.9% Gen Z (1997-2002)
- 4.1% in TB area
- IOM, AMA, NCI, NIH: Health disparity
- Insufficient data



# National Trends

## Americans' Self-Identification as LGBT, by Generation

	<b>LGBT</b>
	<b>%</b>
Generation Z (born 1997-2003)	20.8
Millennials (born 1981-1996)	10.5
Generation X (born 1965-1980)	4.2
Baby boomers (born 1946-1964)	2.6
Traditionalists (born before 1946)	0.8

# Healthcare Disparities for SGM Populations

- Discrimination in healthcare
- Less likely to seek routine healthcare and cancer screenings
- Lack of data on impact of gender-affirming therapies and cancer screening, risk, and treatment
- Higher rates of:
  - Assault and violent crimes
  - Homelessness
  - Financial hardship
  - Suicide and self harm



# Disparities for SGM Populations

## Discrimination in Healthcare

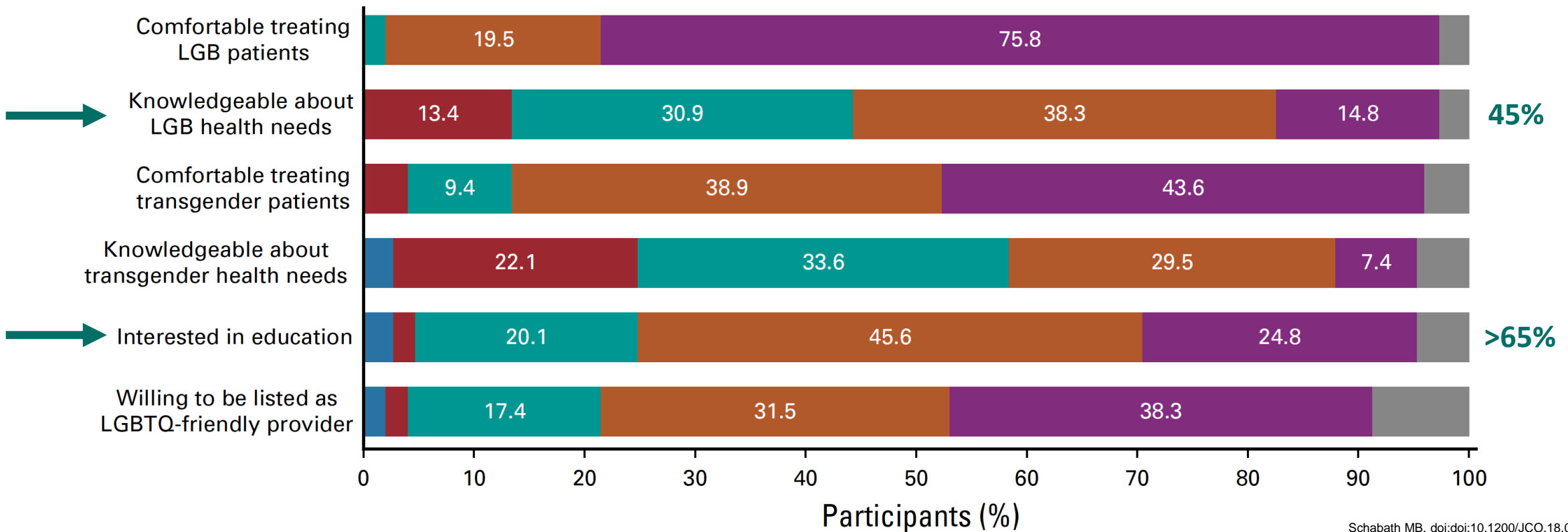
- Discrimination can be explicit or implicit and by health systems or healthcare providers
  - The **most cited reason** why SGM persons avoid seeking medical care or undergoing recommended healthcare screenings.
- Negative experiences often occur as a result of microaggressions by healthcare professionals by failing to:
  - **Recognize a person's gender**
  - **Use their chosen name and/or pronouns**
- Providing **inclusive and safe spaces** for patients
  - Changing rooms/locker rooms
  - Restrooms

# Disparities for SGM Populations Discrimination in Healthcare

## National Survey of Oncologists at National Cancer Institute–Designated Comprehensive Cancer Centers: Attitudes, Knowledge, and Practice Behaviors About LGBTQ Patients With Cancer

Matthew B. Schabath, PhD<sup>1</sup>; Catherine A. Blackburn, MPH<sup>1</sup>; Megan E. Sutter, PhD<sup>1</sup>; Peter A. Kanetsky, PhD, MPH<sup>1</sup>; Susan T. Vadaparampil, PhD, MPH<sup>1</sup>; Vani N. Simmons, PhD<sup>1</sup>; Julian A. Sanchez, MD<sup>1</sup>; Steven K. Sutton, PhD<sup>1</sup>; and Gwendolyn P. Quinn, PhD<sup>2</sup>

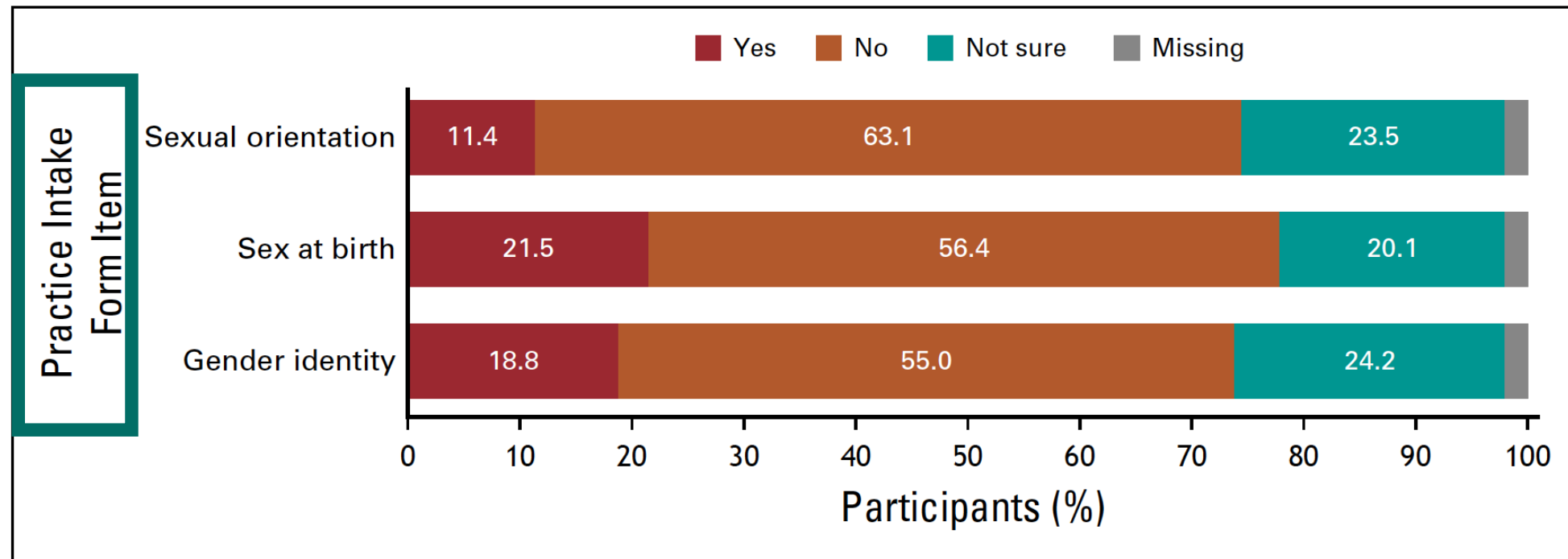
Strongly disagree Disagree Neutral Agree Strongly agree Missing



# Disparities for SGM Populations Discrimination in Healthcare

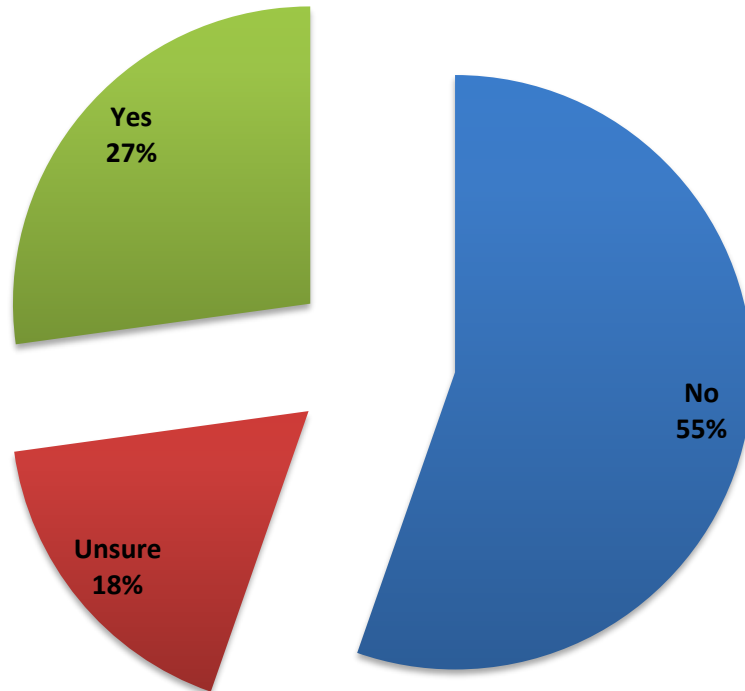
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# Providers: LGBTQ Cultural Competence

I actively inquire about a patient's sexual orientation when taking a history.



## NCCN Panels Survey

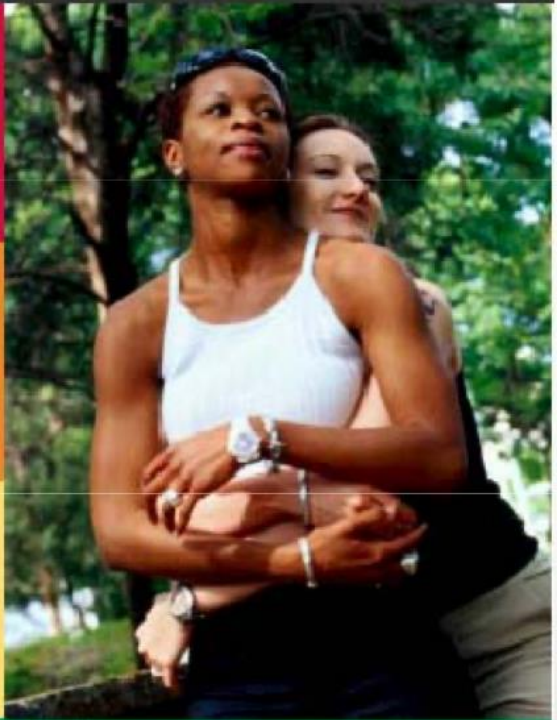
- 84% sexual orientation irrelevant
- 94% gender identity irrelevant
- 77% NCCN panels do not address LGBT cancer issues



National Comprehensive Cancer Network®


# Creating a welcoming clinical space

- Gender neutral language in recruitment & enrollment
- 
- 
- 
- **How do we create a welcoming space?**
- SGM inclusive cancer information (pamphlets, web referrals)
- Gender neutral bathrooms
- Visible nondiscrimination poster
- Provider education



**Cancer Facts  
for Lesbians and  
Bisexual Women**

*Share this with  
someone you care about.*

 American Cancer Society®

<http://www.cancer.org>

# SOGI Questions We Ask



What is your current gender identity? (Check all that apply)

- Male
- Female
- Transgender Male or Trans Man or Female-to-Male (FTM)
- Transgender Female or Trans Woman or Male-to-Female (MTF)
- Genderqueer, neither exclusively male nor female
- Additional gender category or other, please specify: \_\_\_\_\_
- Decline to answer

What sex were you assigned at birth on your original birth certificate?

- Male
- Female
- Decline to answer

What sex is listed on your health insurance or government records?

- Male
- Female

What is your preferred name? \_\_\_\_\_

What pronouns do you prefer (e.g., he/him, she/her)? \_\_\_\_\_

Do you think of yourself as:

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Something else: \_\_\_\_\_
- Don't know

**Gender identity and gender expression is not static and should be reconfirmed intermittently**

# Capturing Data

- Structured EMR questions
  - Ability for multiple answers
  - Pre-identify eligible patients, weekly email
- Organized recruitment plan
  - Provider introduces project, coordinator comes in
  - Language services

# Intake

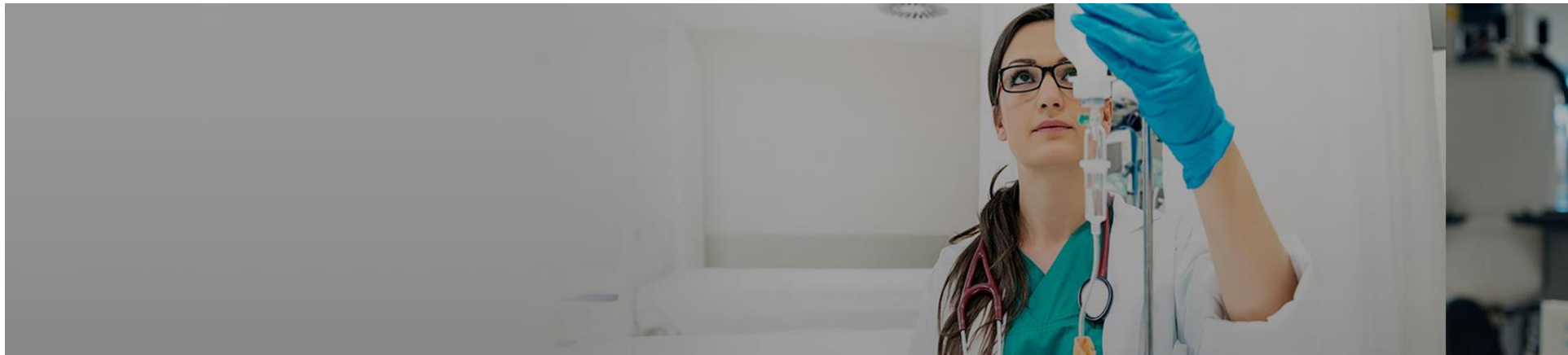
- Take a history
  - Beware of discordance with EMR: Legal vs self-identifiers
  - Medical reconciliation, hormone therapy
  - Chaperones
- Pregnancy testing
  - Hospital policy
  - ASA: Any person of childbearing potential
- Limit chatter and curiosity
  - Close curtain
- “Normal” labs may be altered by gender and medicines: HGB, LFT’s, cholesterol





# Inpatient Stay

- VTE prophylaxis
- Continue hormones
- Signout to providers and nursing: EMR discordance
- Family/friends updates: who they want informed, avoid “outing” patient
- Room assignments by gender identity: hospital policy, private room if possible
- Early consults with social work, case managers



# Procedural Considerations

- Privacy
- Venous thromboembolism risk elevated, 20%
  - hormone therapy, smoking
  - Heparin SC, SCD's
- Airway management s/p laryngoplasty procedures
- Difficult Foley catheter placement
  - Altered anatomy, shortened urethra, strictures



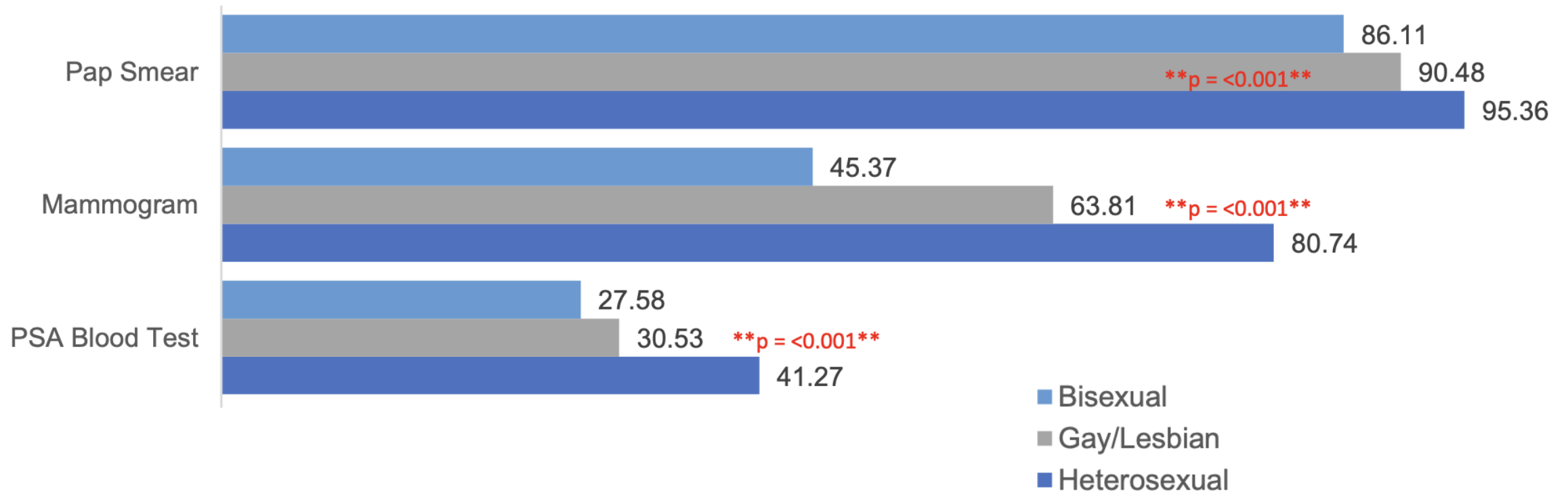
# Disparities for SGM Populations Cancer Screening

- Cancer screening detects asymptomatic disease for earlier treatment
- **Breast**
- Cervical
- Colon
- Lung
- Prostate

# Disparities for SGM Populations Cancer Screening

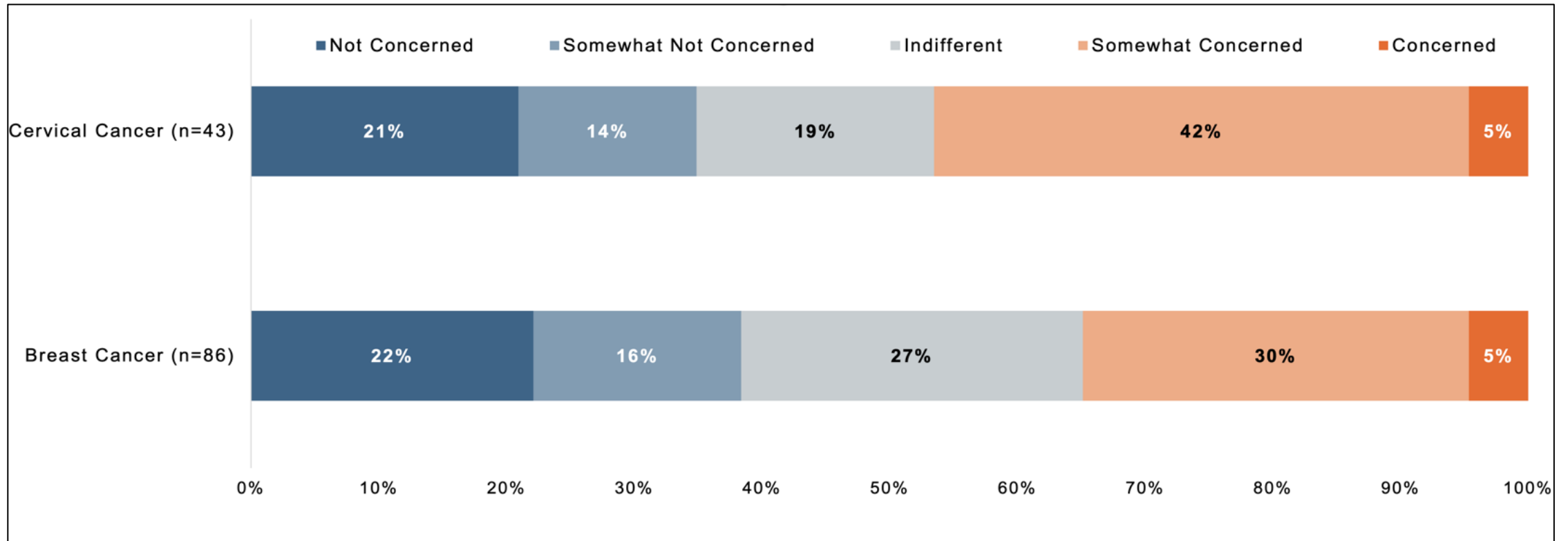
Cancer screening for cervical, breast, and prostate cancer is lower in SGM populations compared to cisgender populations

Health Information National Trends Survey (HINTS) database between 2017 and 2019

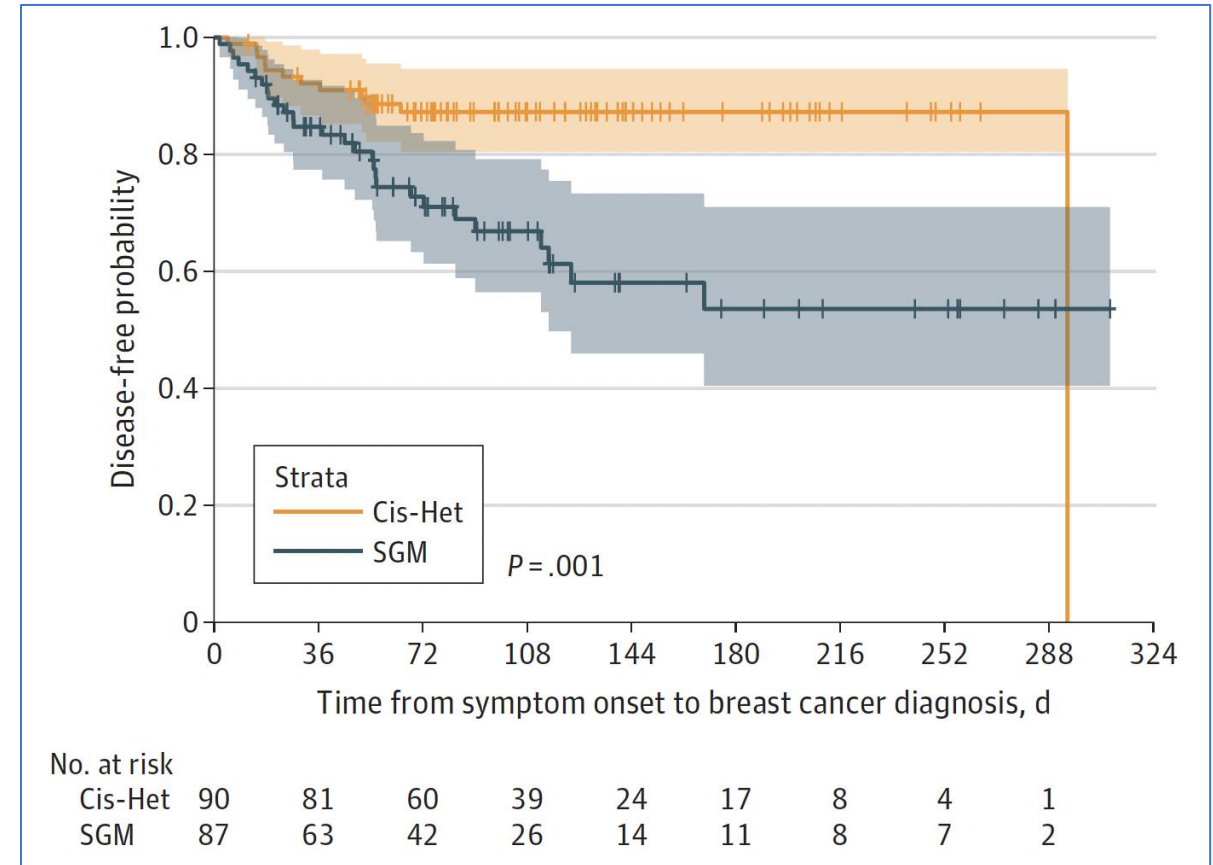
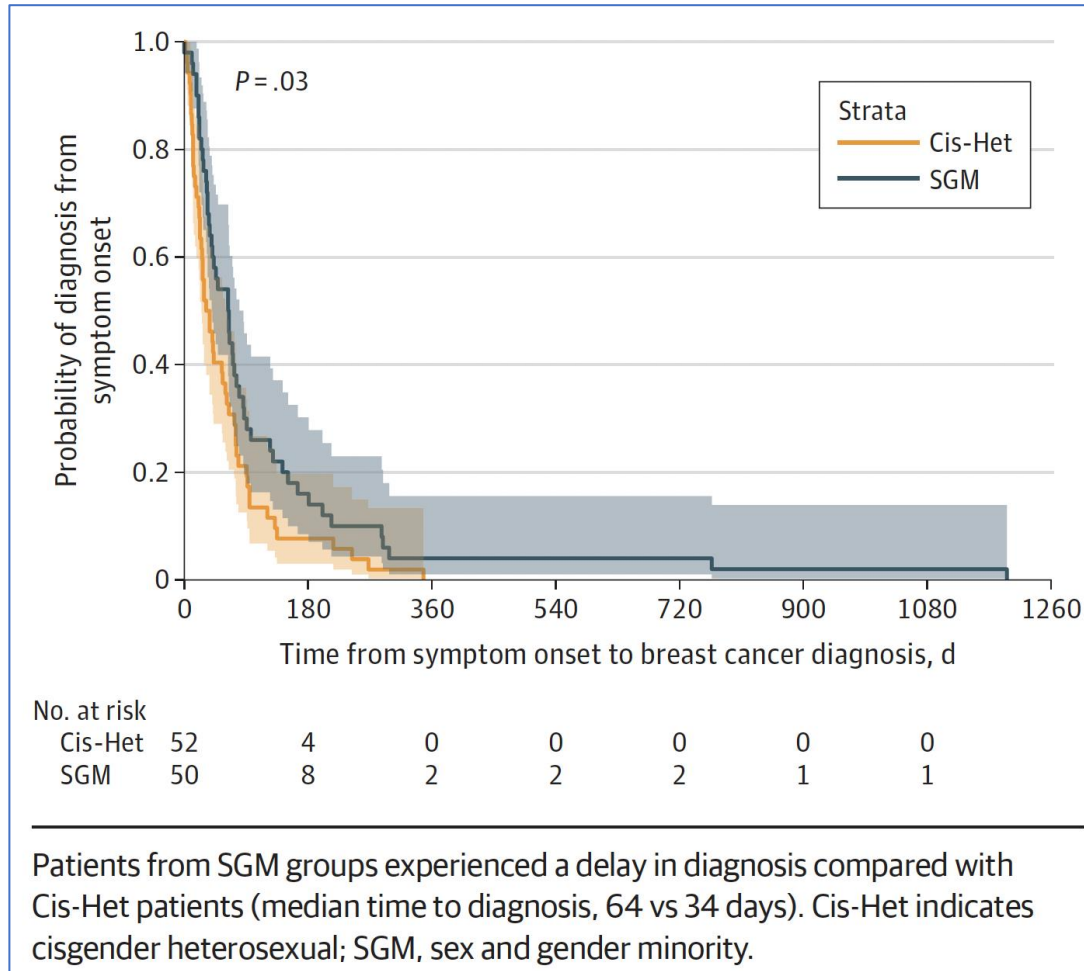


# How concerned are TGNB persons regarding breast and cervical cancer risk?

- **65% were unaware** how they should be **screened for breast cancer**
  - In those >40, **only 50%** reported undergoing screening mammogram



# SGM persons more likely to be diagnosed with Breast Cancer at later stage and have inferior survival



Recommendations for Breast Cancer Screening in TG Persons		
Organization:	Transgender Men	Transgender Women
<b>University of California San Francisco</b>	<u>Breast Reduction or No Chest Surgery:</u> Screen based upon cisgender women guidelines. Consider, MMG, MRI, or US. Engaged dialogue between patient and provider.	<u>No FH:</u> Age ≥50 and at least 5-10 years of hormone therapy: screening MMG every 2 years.  <u>FH</u> and or known gene mutation: individual approach.
<b>Fenway Health</b>	<u>No Chest Surgery:</u> Follow screening for cisgender women.  <u>Chest Surgery:</u> Engaged dialogue between patient and provider.	Age ≥50 and at least 5 years of hormone therapy: annual screening MMG.
<b>University Hospitals Cleveland Medical Center</b>	<u>Breast Reduction or No Chest Surgery:</u> Screen based upon cisgender women guidelines.	Age ≥50 and at least 5 years of hormone therapy: screening MMG every 2 years.
<b>Susan G Komen, Puget Sound</b>	<u>Chest Surgery:</u> Annual chest and axillary exams. If only chest reduction, then annual MMG beginning at age 50.  <u>No Chest Surgery:</u> Annual MMG beginning at age 50.  <u>FH and No Chest Surgery:</u> Consider beginning annual MMG before age 50.	<u>No FH:</u> Age 50 and on estrogen-based therapy for at least 5 years: screen with MMG yearly.  <u>FH:</u> Discuss risk with a healthcare-provider to consider beginning prior to age 50 or prior to 5 years of estrogen-based therapy: screen with MMG yearly.
<b>Canadian Cancer Society</b>	<u>Chest Surgery and No Chest Surgery:</u> Screening MMG every 2 years age 50-69.	Age 50-69 and on estrogen-based therapy for at least 5 years: screen with MMG every 2 years.

**2021 American College of Radiology  
ACR Appropriateness Criteria®  
Transgender Breast Cancer Screening**

- 8 different gender scenarios

Usually Appropriate
May Be Appropriate
Usually Not Appropriate

**Variant 1:**

**Breast cancer screening. Transfeminine (male-to-female) patient, 40 years of age or older with past or current hormone use equal to or greater than 5 years. Average-risk patient.**

Procedure	Appropriateness Category	Relative Radiation Level
Digital breast tomosynthesis screening	May Be Appropriate	☼☼
Mammography screening	May Be Appropriate	☼☼
US breast	Usually Not Appropriate	○
MRI breast without and with IV contrast	Usually Not Appropriate	○
MRI breast without IV contrast	Usually Not Appropriate	○



# SGM Representation in Cancer Clinical Trials

Ludmir EB, Espinoza AF, Jethanandani A, Lin TA, Mainwaring W, Miller AB, Das P.

**Reporting and exclusion of sexual and gender minorities in cancer clinical trials. Int J Cancer.**

2020 Apr 15;146(8):2360-2361. doi: 10.1002/ijc.32700. Epub 2019 Nov 1. PMID: 31584188.

**764** trials reviewed between 1991 and 2017

**NONE** reported SGM or LGBTQ+ status

# Overall, there is a lack of appropriate retrospective data and a lack of active prospective studies to inform screening and treatment guidelines

VIEWPOINT

## Inclusion and Reporting of Transgender and Nonbinary Persons in Clinical Trials and Tumor Registries— The Time Is Now

JAMA Oncology

Chandler S. Cortina,  
MD, MS  
Division of Surgical  
Oncology, Department  
of Surgery, Medical  
College of Wisconsin,

An increasing number of adults in the US identify as transgender or nonbinary.<sup>1</sup> *Transgender* refers to a person whose gender identity does not align with the sex they were assigned at birth, and *nonbinary* refers to persons who do not identify as a man or a woman,

A nationwide retrospective cohort study from the Netherlands included 2260 transgender women and 1229 transgender men and found that the estimated risk of breast cancer in transgender women was significantly higher than cisgender men (standardized inci-

## A Call for the Collection of Data on Sexual Orientation and Gender Identity for Surgical Research— What We Don't Know Can Hurt Us

Jordan M. Broekhuis, MD, MPH<sup>1</sup>; Daniel J. Cloonan, MD<sup>1</sup>

JAMA Surgery

# Lack of data on impact of gender-affirming therapies and cancer screening, risk, and treatment

- **Database and Clinical Trial Inclusion**
  - Collecting **gender** separate from sex assigned at birth
  - Allow **participants to report** their gender and sexual preference
  - Collecting history/use of **GAHT and gender-affirming operations**
  - Including this information in initial design
- Development of **novel prospective clinical studies** to answer these questions in collaboration with SGM individuals

# Sexual Gender Minorities: LGBTQ+

- 5.6 - 9.1% population
- Higher cancer rates
- Increased chronic disease
- Lower screening rates
- Higher rates mental illness



# Summary

- **SGM populations are growing**
- **Sensitive to care needs**
- **Increasing use of gender-affirming therapies**
  - Need to assess potential long-term health implications and cancer risks
- **Simple opportunities to increase inclusion**
  - Intake forms and EMR
  - Hospital environment
  - Provider education (terminology, screening options, etc.)
- **Inclusive prospective data collection, data reporting, and clinical trial design**

# Questions and Discussion