

When Patients Identify as Gay, Lesbian, or Transgender, Cancer Care May Be Less Than Ideal

Transgender patients are at least 50 percent less likely to be screened for certain cancers.

By [Kalah Siegel](#)

Medically Reviewed by [Thomas Marron, MD, PhD](#)

Most oncologists say they don't know enough about how to treat patients in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, according to new [research published January 16, 2019, in the *Journal of Clinical Oncology*](#). But most are also interested in learning more, the research found.

Researchers from the NYU School of Medicine and Moffitt Cancer Center [surveyed 450 oncologists](#) from 45 NCI-designated cancer centers around the United States to gauge their level of knowledge with regard to treating people who identify as lesbian, gay, bisexual, or transgender, as well as their attitude, behavior, and willingness to learn more about serving this community.

Nearly 83 percent said they were comfortable treating transgender patients, but only 37 percent said they knew enough to do so.

The findings are particularly important, wrote the study's authors, because this community is at greater risk for certain types of cancer, such as cervical and oral cancer, and are more likely than other populations to drink or smoke, which also escalates risk.

Other research suggests that this population is also less likely to be screened for cancer.

In a [study](#) by researchers at St. Michael's Hospital in Toronto, for instance, the researchers surveyed their own patient population and found that transgender patients were less likely to be screened for cancer.

The study assessed 120 transgender patients eligible for cervical, breast, and colorectal cancer screening, and compared them with nontransgender patients.

It found the transgender group were 70 percent less likely to be screened for breast cancer, 60 percent less likely to be screened for cervical cancer, and 50 percent less likely to be screened for colorectal cancer.

Part of the issue was operational — doctors sometimes missed suggesting appropriate screening for patients whose gender had changed. But in some cases, transgender patients had refused screening because of a fundamental discomfort level with it.

“I think many doctors, including myself, didn't learn much about caring for trans patients when we

went to medical school,” says [Tara Kiran, MD](#), the study's lead author and a family physician and researcher at the Centre for Urban Health Solutions of St. Michael's Hospital. “Still, doctors should be respectful, compassionate, and welcoming of all patients and open to learning new things. The onus is on us as health professionals to create a safe space.”

Both the authors of the St. Michael's study and the [NYU](#) survey stressed the importance of cultivating an environment where patients feel safe to disclose their sexual orientation and gender identity.

“When there's a history of discrimination, if you don't actively put out a flag of welcome, that means we're going to presume you're discriminating, too,” says [Scout, PhD](#), deputy director of the National LGBT Cancer Network, who goes by one name. “It doesn't even necessarily mean you have to be well trained on how to serve us, because there are a lot of providers out there who are willing to learn and willing to do a little bit of research — and we're very grateful for that.”

Dr. Scout, a transgender person, says he recently had an exemplary experience at [Thundermist Health Center](#), a multifaceted healthcare network in Rhode Island. He walked into the health center for a dentist appointment and immediately saw LGBTQ welcoming posters and a big, bold nondiscrimination statement on the wall. Then there was an opportunity on the intake form to check off that he's trans.

After his visit, he received a call from the “trans welcoming team,” not only to ensure that the visit was welcoming and professional, but to inform him about other services and activities the center offers for the trans community.

In his professional life, Scout says he's less impressed. The National LGBT Cancer Network has been reaching out to cancer centers around the United States to see if they're collecting sexual minority data. They're struggling to find one that is.

“The fact that doctors are not collecting LGBT data in health records, except on rare occasions, is a huge challenge for our community,” said Scout. “You don't fix a problem until you see it, and you don't see it until you have the data.”

The [National LGBT Cancer Network](#) aims to educate the LGBTQ population about the importance of screening and early detection, as well as the higher odds of cancer, as members of the community are more likely to engage in behaviors that increase risk, like drinking and smoking. The network also trains healthcare providers on how to make their practice more culturally competent, safe, and welcoming.

The research team at St. Michael's reported logical reasons for some of the missed screenings in the cases of breast cancer and cervical cancer — it's often overlooked after a person has transitioned. But they say they're still investigating reasons to explain the lower rates of colorectal cancer screening among transgender patients.

To Scout, the lack of trans participation in colorectal screening is obvious. With each new screening test, there are new offices, and new people, to whom one must explain one's identity.

“I probably had to interact with eight new medical professionals,” he says, of his own experience with colorectal screening. “And for all of those people I had to explain, 'I'm trans so I'm not going to match your expectation.'”

With each interaction, he says, he asked himself, “Will anybody be welcoming to me as I go through this very uncomfortable disclosure? If someone has a bad reaction will they hide it and keep it professional?”

“I work in cancer healthcare so I know the importance of cancer prevention,” he said. “And yet it's still

hard for me to go to a new place and have to disclose to everybody that I'm trans and go through 'what are the reactions going to be this time.'"

A few months ago, Scout discovered a suspicious spot on his back. He knew he needed to see a dermatologist, but dreaded it, for all the usual reasons. His partner encouraged him to go anyway. The spot turned out to be squamous cell carcinoma, the second most common form of skin cancer. Because it was caught early, his doctor was able to remove it before it spread.

Last Updated:2/27/2019