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toronto central regional  
cancer program

in partnership with  
cancer care ontario

# Lesbian, gay, bisexual, transgender and queer (LGBTQ) populations and Cancer Screening

Developed in partnership with:

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The Canadian Cancer Society, Get Screened Program

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Welcome to the presentation.

This module is a partnership between The Canadian Cancer Society, Rainbow Health Ontario and the Toronto Central Regional Cancer Program.

This presentation will assist you to provide culturally competent cancer screening care to your LGBTQ patients.



## Faculty/ Presenter Disclosure

- Faculty: Ed Kucharski, MD CCFP
- Relationship with commercial interests: None



## Faculty Disclosure

- Faculty: Devan Nambiar, Education Coordinator, Rainbow Health Ontario
- Relationship with commercial interests: None



## Disclosure of Commercial Support

- No commercial support



## Agenda

- Objectives and context
- LGBTQ terms and definitions
- Transgender cervical and breast screening
- Lesbian, gay, bisexual and queer colorectal, breast and cervical screening
- Billing for services and OHIP cards
- Using inclusive language and pronouns
- Creating inclusive environments
- Resources

## Objectives

- Participants will:
  - Increase knowledge of LGBTQ terms and definitions
  - Increase capacity to provide clinically competent cancer screening, assessment and testing to LGBTQ patients
  - Increase capacity to provide LGBTQ culturally competent cancer screening environments

## Why focus on LGBTQ communities and screening?

- Screen at lower rates than heterosexual/non-trans people
- Higher risk factors
  - Smoking, drinking, and weight gain
- Community-specific barriers
  - Homophobia and transphobia
  - Cancer is not a top of mind issue
  - For trans individuals, gender dysphoria

### Sources:

Tjepkema, Michael. Health care use among gay, lesbian and bisexual Canadians. Component of Statistics Canada Catalogue no. 82-003-X Health Reports, March 19, 2008.

Roberts, S.J., Patsdaughter, C.A., Grindel, C.G., and Tarmina, M.S. Health Related Behaviours and Cancer Screening of Lesbians: Results of the Boston Lesbian Health Project II. Women and Health, vol 39 (4) 2004.

## In their own words



<http://youtu.be/UafRs8qHzPQ>

## Terms and definitions

### **Biological Sex**

hormones, chromosomes, anatomy, genitals, genetics, intersex

### **Gender Identity**

female, male, boi, transgender, transsexual, 2-spirit, androgynous, genderqueer

### **Sexual Orientation**

heterosexual, queer, bisexual, lesbian, gay, etc.

### **Sexual Behaviour**

MSM, WSW, serial monogamy, polyamory, celibacy, kink, etc.

Sex and gender are not the same

Sexual orientation and sexual behaviour are not the same



## Sex versus gender

- **Sex:** the anatomical and physical differences between females and males determined by genetic factors
  - What's on the birth certificate
  - Refers to the physical aspects of the body, e.g. chromosomes, genitals, hormones
  - Sex terms include male, female, transsexual and intersex



## Sex versus gender

- **Gender** is one's sense of self as masculine or feminine regardless of external physical characteristics
  - Describes how we think of ourselves (*gender identity*) and how we want to convey that to others (*gender expression*)
  - Not directly related to genitals
  - Gender terms include man, woman, transgender, genderqueer

Gender stereotypes are cognitive frameworks used to process information regarding a gender. In other words, we have a set of attributes and norms associated with the term "male" or "female".

## Sexual orientation versus behaviour

- **Sexual orientation** refers to who we are attracted to romantically, sexually, emotionally, spiritually, etc.
  - Examples of terms: lesbian, gay, bisexual, queer, heterosexual
- **Sexual behaviour** is not always directly related to sexual orientation, e.g.: men who have sex with men (MSM) who may not identify as gay, bisexual or queer
  - WSW= women who have sex with women who do not necessarily identify as lesbian, bisexual or queer

MSM and WSW are terms most often used by Public Health to identify sexual behaviors rather than identities, to deliver relevant safer sex practice information. MSM and WSW usually do not self-identify this way.



## Terms and definitions: Fluidity

- Changes in thinking and attitudes towards sexual orientation and gender identity are continuously taking place in society as a whole and within LGBTQ communities
- Terms and definitions are not standardized and may be used differently by different people in different regions, countries and cultures
- Some cultures have their own concepts of sexual orientation and gender. Others do not label behaviours as identities
- It is best to tune in to words that people use to describe themselves or their behaviour

## LGBTQ terms and definitions

- **Queer:** An umbrella term that embraces a matrix of sexual preferences, gender presentations and habits of those who may not identify as exclusively heterosexual, monogamous or gender normative, or who may be into “alternative” sexual choices or lifestyles
  - Queer might include; lesbians, dykes, gay men, bisexuals, transgender people, intersex persons, radical sex communities and many other sexually transgressive people
  - A term that has been reclaimed by LGBTQ communities

## LGBTQ terms and definitions

- **Cisgender:** Someone whose gender identity and gender presentation is consistent with their assigned sex and gender assigned at birth i.e.: non-trans people
- **Transgender (Trans):** Refers to a person with a gender identity that differs from their birth sex or who expresses their gender in ways that contravene societal expectations for men and women.
  - Used also as an umbrella term for transsexuals, transvestites, gender non-conformists, genderqueers, and people who identify as neither female nor male
- **Transsexual:** Someone who changes their biological sex to align with their gender identity through hormones, surgery or other means

## LGBTQ terms and definitions

- **Trans man:** Female to male (FtM) trans person
- **Trans woman:** Male to female (MtF) trans person
- **Gender non-conforming:** People who do not fit stereotypes about how they should look or act based on the biological sex they were born with. E.g.: feminine behavior or appearance in a natal male
- **Genderqueer:** A person who redefines or plays with gender or refuses gender altogether
- **Pre-op:** Before surgery for trans persons
- **Post-op:** After surgery for trans persons
- **SRS:** Sex Reassignment Surgery
  - Not all trans persons receive surgery

Refer to the gender of the transgender person as they identify now, not as the sex they were assigned at birth.

Source: UC Berkeley Gender Equity Resource Center

## LGBTQ terms and definitions

- **Top surgery:** Gender transition related surgeries involving the chest/breasts, i.e.: above the waist
  - FtM: Also known as chest reconstruction surgery; involves a bilateral mastectomy and male chest contouring
  - MtF: Breast augmentation through implants
- **Bottom surgery:** Gender transition related surgery that focuses on altering the genital system, i.e.: below the waist
  - MtF: Can include the removal of the scrotum and/or penis and/or creation of vagina and labia
  - FtM: Can include hysterectomy and/or creation of penis and scrotum
- **Gender dysphoria (distress):** Also known as body dysphoria, the state of discomfort felt by some transgender people caused by the incongruity between one's physical sex and one's gender identity

## Trans men and cervical screening

- Pap tests are recommended every 3 years for trans men who are 21 years and older, who have a cervix, and who are sexually active
  - Includes trans men with a partial hysterectomy
- Trans men (21 years or older) with a total hysterectomy and prior history of high-grade cervical dysplasia and/or cervical cancer, should have annual vault or cuff smears until three normal are documented (and then smears every 2-3 years)
- Trans men (21 years or older) with a total hysterectomy and no history of high-grade dysplasia and/or cervical cancer may discontinue Pap tests

Sexual activity includes any sex involving the genital area, regardless of the gender or sex of the sexual partner(s). This includes oral, anal, genital and digital sex, and partner sex with sex toys.

Please note: Some recommendations are different in terms of frequency of screening and age to discontinue.



## Tips for providing a Pap test to trans men

- Answering questions without clothing on can be challenging for some trans men. Split the exam into two parts, with the interview portion of the exam first or even in a separate session than the actual Pap test
- Gauge comfort with the exam. Some, but not all, trans men may feel uncomfortable with the idea of penetration and may feel their gender is undermined by the function of the speculum. It may be helpful to explain why a speculum is needed
- Ask patients if they would like to see or touch the speculum or see pictures of a Pap test
- Some trans men who are taking testosterone will have fewer secretions, so using lubrication and warm water can be helpful in speculum insertion

Source: Check It Out Guys: The Trans Men's Pap Campaign resource for service providers: [http://checkitoutguys.ca/sites/default/files/Tips\\_Paps\\_TransMen\\_0.pdf](http://checkitoutguys.ca/sites/default/files/Tips_Paps_TransMen_0.pdf)

## Tips for providing a Pap test to trans men

- If lubrication was used, remember to record on the requisition
- Sometimes laboratories are confused by samples from a cervix/ vagina tied to a person assigned male on their OHIP card. This can lead to thrown away samples and numerous phone calls.
  - Avoid laboratory confusion by writing that the sample is from a trans man on the requisition, or write a letter
- Testosterone can cause cervical cell changes that may make a trans man's sample more difficult to read as it can mimic dysplasia. If the patient is on testosterone, note this on the requisition

Source: Check It Out Guys: The Trans Men's Pap Campaign resource for service providers: [http://checkitoutguys.ca/sites/default/files/Tips\\_Paps\\_TransMen\\_0.pdf](http://checkitoutguys.ca/sites/default/files/Tips_Paps_TransMen_0.pdf)



## Trans men and breast screening

- A mammogram is recommended for trans men (50-70 years old) without top surgery (with/without hormone therapy) every 2 years
- There are currently no clear recommendations whether/ how trans men who have had top surgery should be screened
- For trans men who have had top surgery, screening is dependent on various factors
  - Type of top surgery (and the amount of breast tissue remaining)
  - Taking testosterone
  - Types of menopausal hormone therapy and oophorectomy

Please note: Some recommendations are different in terms of frequency of screening and age to discontinue.



## Trans men and breast screening

- The effect of hormones: Some studies show that excess testosterone in the body can be converted to estrogen, increasing risk of breast cancer. More studies need to be conducted regarding the connection between breast cancer and testosterone
- Some trans men may prefer to use the term chest over breast(s)
- For trans men who are male assigned on their health card, they will not be able to self-refer to OBSP. A requisition will be required

## Trans women and breast screening

- A mammogram is recommended every 2 years for trans women (50- 70 years old) who have been on hormone therapy for more than 5 years
- Trans women who are not using hormone therapy do not need breast screening, even if they have breast implants or have silicone injections
- Breast implants and silicone injections do not increase cancer risk

- Silicone, mineral oil and other breast injections are illegal and pose serious health risks. Some trans women may inject these materials in order to alleviate gender dysphoria
- Although no current evidence shows that injecting silicone can increase cancer risk, it can make cancer screening more difficult as regular mammography screening may be ineffective
- Other tests can be used for screening in these cases

## Trans women and breast screening

- Most trans women who have breast implants are also on hormone therapy. Hormone therapy increases breast cancer risk
- Diagnostic, rather than screening mammography is required when a patient has breast implants





## Tips for providing breast screening to trans women

- Many trans women have tender breast tissue, making a mammogram more painful than usual
- Many trans women have dense breast tissue and so follow-up testing may be necessary
- Trans women who are male assigned on their health card will need a requisition for a mammogram. They cannot self-refer through the OBSP



## Trans women and cervical screening

- Most trans women do not undergo the type of bottom surgery (sexual reassignment surgery of the genitals) that creates a cervix
- Trans women (21 years of age or older) who have had bottom surgery to create a neo-cervix and who are sexually active will need a Pap test every 3 years
- For trans women with a neo-vagina and no cervix, physicians can visually inspect for abnormalities
- Trans woman with a history of genital warts, HPV infections or a suppressed immune system are at higher risk of cancer and a vault smear may be appropriate
  - The effectiveness and accuracy of a vault smear is unknown



## WSW and cervical screening

- Same as screening guidelines for heterosexual women
- WSW (aged 21-70) who are sexually active (oral sex, sex with toys, and sex with fingers) and have a cervix need a Pap test every 3 years
- Some WSW may have been told that they don't need Pap tests, and so may be reluctant to receive the test
  - Education on HPV transmission may be necessary



## WSW and breast screening

- Same screening guidelines as for heterosexual women
- WSW who are between the ages of 50-70 should get a mammogram every 2 years
- Women between 40-49, and 70 and older should talk to their doctor to determine if screening is needed
- Butch, or masculine presenting women, may face additional barriers in getting screened
  - Screening may sometimes be seen to undermine gender expression

## MSM and anal screening

- NACI recommends quadrivalent HPV vaccine for MSM
- Incidence of anal cancer estimated to be 80x higher in gay than heterosexual men
- HIV positive MSM are at higher risk of anal cancer
- No official recommendation on anal cancer screening – mixed expert opinion
- Clinicians are advised to conduct a digital rectal exam and visual inspection instead of screening
- Can also consider having HIV positive MSM have high-resolution anoscopy

### Sources:

- Immunize BC: <http://www.immunizebc.ca/diseases-vaccinations/hpv/men>
- NACI: <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>
- Knight, D. Health care screening for men who have sex with men. *Am Fam Physician*. 2004; 69(9): 2149-2156.

## Communication: Using inclusive language

- When working with LGBTQ patients, it is important to be aware of the language we use:
  - Is it inclusive?
  - Are we using the patient's correct pronoun?
  - What does our tone of voice convey?
  - What does our body language convey?
- The following slides provide some key tips

## Using inclusive language

Instead of	Use	Comment
Are you married?	Do you have a spouse or domestic partner?	Does not assume sexual orientation or gender of sexual partners
Do you have a boyfriend/girlfriend?	Do you have a partner?	Same as above
Are you the mother/father?	Are you the parent(s), caregiver(s) or guardian(s)?	More inclusive of different types of families
Who is the real father/mother?	Who is the biological father/mother?	Describes the genetic parent and is useful if genetic information is needed

Use gender neutral language instead of gender specific language. Mirror the patient's language.

Source: Primary Care for Lesbians and Bisexual Women, American Family Physician (2006), V: 74 Issue: 2, 279-286, 25.

## OHIP: Chosen gender and/or name

- Use preferred name on form vs. name on OHIP card
- You cannot electronically change the patient's sex designation on your system until they have legally changed their OHIP sex designation, otherwise billing issues will ensue
- Tip: If name or sex on OHIP does not match gender presentation, then call patient by their last name



Ideally, multiple name and gender fields should exist on computer systems such that preferred names and pronouns can be noted. For transgender patients who have not changed their OHIP information, let them know that their sex and name assigned at birth will remain on their prescriptions and requisitions.

Changing sex/ name on Canadian ID depends a lot on place of birth. Success depends on a case by case basis.

If billing issues arise because a patient is receiving a service that does not match with the gender on their health card, you can call the Ministry of Health to notify them that the patient is trans.



## Inclusive language: Cultural competence tips

- Ask patients how they prefer to be addressed. For example, “What name do you prefer? What gender pronouns do you prefer?”
  - Note this information on your patients chart
  - Common pronouns include he, she and they
- Ask questions that are open-ended and non-judgmental
- Only ask questions that are relevant and let your patient know why you are asking a certain question

## Inclusive language: Cultural competence tips

- Do not stereotype gender expression, gender identity and sexual orientation
- Instead of “biological sex”, say “sex assigned at birth”
- Instead of calling some body parts female or male, use the technical terms or ask patients what they prefer to call their body parts.
  - Some women have penises and some men have vaginas
- Be aware of your body language and tone of voice
- Be aware your patients may have had negative experiences at other health centres

## Inclusive language: Cultural competence tips

- Mirror your patient's language and terminology in terms of how they identify their sexual orientation, gender identity and partner(s)
- Use gender neutral terms and pronouns when referring to partners, unless you are absolutely sure
- If the patient seems offended by something you've said, you may simply apologize and ask what terminology the patient prefers
- Be sure to let your patients know that information given is confidential

## Inclusive language: Cultural competence tips

- Do not assume gender identity based on voice
  - Not all trans people take hormones and hormones may or may not change the voice to the gender of the person
  - A trans woman can have a low pitch sounding masculine voice and a trans man can have a higher pitch sounding feminine voice
  - Avoid gender specific salutations (Mr, Miss, Sir, Madam) when receiving calls from patients unless you are absolutely sure of the gender of the caller



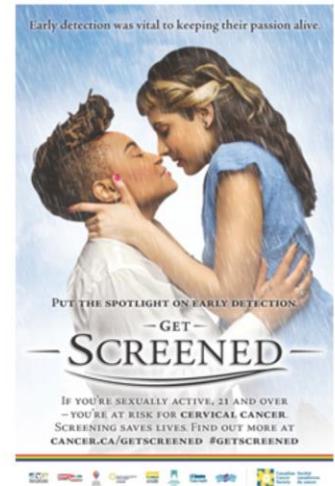
## Inclusive language: Cultural competence tips

Do not assume that:

- all patients use traditional labels
- all patients are heterosexual
- bisexual identity is only a phase
- sexual orientation is based on appearance
- sexual behaviour is based on sexual identity
- sexual behaviour and/or identity have not changed since last visit
- all transgender patients are gay, bisexual or lesbian

## Your checklist for an LGBTQ positive environment

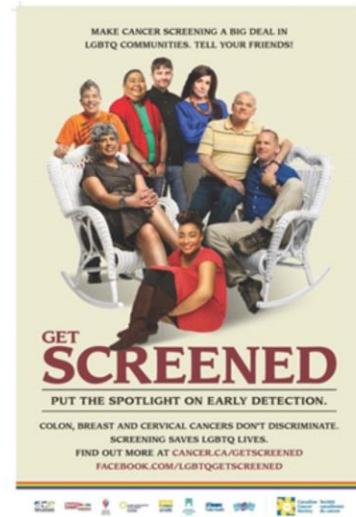
- Policies that support inclusion of LGBTQ patients
- LGBTQ positive posters in the waiting room
  - ✓ Order free Get Screened materials [here](#)
- Gender neutral washrooms
- Training for ALL staff including reception
- Intake forms include sexual orientation and various categories for gender
- Referrals to LGBTQ positive services



This list is not exhaustive

## Resources from Get Screened

- Get Screened, a program of the Canadian Cancer Society, aims to increase colon, breast and cervical cancer screening in LGBTQ communities in Ontario.
- Healthcare provider cancer screening resources for LGBTQ patients are available at: [www.cancer.ca/getscreened](http://www.cancer.ca/getscreened)





## Resources from Rainbow Health Ontario

- Rainbow Health Ontario's Trans Health Connection program provides comprehensive training options for providers and a weekly mentorship call where professionals can share their experiences and learn from each other: <http://www.rainbowhealthontario.ca/trans-health-connection/>
- RHO also provides a Resource Directory on their website: <http://www.rainbowhealthontario.ca/resource-search/>

## More LGBTQ resources

- [Vancouver Coastal Health on LGBTQ health care](#)
- [Check it Out: Queer Women Need Paps Too!](#)
- [Check it Out, Guys: The Trans Men's Pap Campaign](#)
- [Canadian Professional Association for Transgender Health](#)
- [Standards of Care: World Professional Association for Transgender Health](#)
- [TransPulse Trans Health Research Project](#)
- [Gay Lesbian Medical Association \(USA\)](#)
- [Fenway Health Institute \(USA\)](#)
- Peterkin. A., Risdon. C. (2003) Caring for Lesbian and Gay People: A Clinical Guide. University of Toronto Press
- Institute of Medicine. (2011) The Health of Lesbian, Gay, Bisexual and Transgender People. The National Academic Press

## Contacts

- For further information on cancer screening in LGBTQ communities:

**Canadian Cancer Society**

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- For further information on LGBTQ training for healthcare providers:

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