

Meeting the Needs of Transgender Patients with Cancer

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Session Objectives



- Define terms related to transgender and nonbinary identities
- Discuss the position statements from professional organizations (ANA, ASCO, Joint Commission) regarding treatment of transgender patients
- Discuss research regarding cancer prevalence and survivorship in transgender communities
- Explain culturally affirming practices when working with transgender patients
- Identify resources for continuing education regarding trans patients

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Sex, Gender, and Sexuality



Socially Constructed Stereotypical Man

male

man

masculine

women

women

women

Socially Constructed Stereotypical Woman

female

woman

feminine

men

men

men

Assigned Sex at Birth
(anatomy, chromosomes, hormones)

Gender Identity
(psychological sense of self)

Gender Expression
(communication of gender)


Romantic Orientation
(romantically attracted to)

Sexual Orientation
(erotically attracted to)

Sexual Behavior
(erotically involved with)

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Sex, Gender, and Sexuality



Self-Identifying Individuals

← male intersex female →

← unique to individual →

← masculine fluid / androgynous/ full feminine →

← same gender some / all / none other genders →

← same gender some / all / none other genders →

← same gender some / all / none other genders →

Assigned Sex at Birth
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Language and Terminology

- Language is fluid and contested
- Learn terminology to understand, not label

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Transgender – A Closer Look



Transgender Pride Flag



Gender Queer Pride Flag



Nonbinary Pride Flag



Agender Pride Flag



Genderfluid Pride Flag

Transgender (TG)

A broad term that refers to people who experience their gender identity or express their gender in ways that do not conform to their assigned sex at birth.

Some Transgender Identities

- Agender
- Femme (of Center)
- Gender Fluid
- Gender Queer
- Masc (of Center)Trans man
- Nonbinary (enby)
- Trans Man
- Trans Person
- Trans Woman

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Contentious Language

Language that can be interpreted as stigmatizing, pathologizing, and/or out of date

Only permissible in-group (by people who identify within the target groups of such language).

For example:

- Transsexual (TS)
- Pre-op Post-op
- FTM (female to male)
- MTF (male to female)

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Transition

A process by which one begins to live in accordance with their gender identity and desired gender expression.

- Highly individualized and multifaceted.
- Three components:



SOCIAL



MEDICAL



LEGAL

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North Carolina Climate Data



Source: 2015 U.S. Transgender Survey

- Online survey conducted in 2015
- Conducted by National Center for Transgender Equality
- 27,715 respondents overall
- 686 respondents were NC residents



Source: James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality

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North Carolina Climate Data



2015 USTS

- 29% were living in poverty (vs. NC poverty rate of 16.4%)
- 12% reported that a professional tried to stop them from being transgender
- 26% did not see a doctor when they needed to due to fear of being mistreated as a trans person
- 29% of those who saw a health care provider in the past year reported having at least one negative experience re trans identity
- 21% experienced a problem in past year with insurance (e.g., denied coverage for transition or routine care)

Source: James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality

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Professional Organization Recommendations

- Recognition of this as a critical issue by the World Health Organization, American Society of Clinical Oncology, American Nurses Association, Oncology Nursing Society, American Cancer Society and American Medical Association.
- The Joint Commission released updated communication standards in 2011 that included, “revised elements of performance that prohibit discrimination based on sexual orientation, gender identity, and gender expression, and that ensure access to a support person of the patient’s choice, which are critical issues to the LGBT community.”
These standards were one of the initial national attempts to give healthcare organizations across the United States a guide/checklist of ways to improve care and outreach to the LGBT community.

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Healthcare Equality Index

Beginning in 2007 the Human Rights Campaign began producing a Healthcare Equality Index (HEI) for LGBTQ people to use as a resource when choosing where to access healthcare. That initial HEI included ten specific recommendations for institutions to become more welcoming and inclusive of LGBTQ patients and families. These recommendations were focused on its’ four foundational four inclusive care.

- a. An LGBTQ-inclusive patient non-discrimination policy.
- b. An LGBTQ-inclusive visitation policy.
- c. An LGBTQ-inclusive employment nondiscrimination policy.
- d. Staff training in LGBTQ patient-centered care.

In 2020 part of UNC Healthcare’s Triangle Cultural Enhancement goal was to increase the number of staff taking online or in person education related to caring for LGBTQ patients and caregivers.

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Risk/Predisposing Factors

- Social and economic marginalization
- Health insurance exclusions re screening & treatment
- Risk of late diagnosis and treatment
- High rates of cigarette smoking and secondhand exposure
- High rates of alcohol consumption
- Risk for sexually transmitted infections linked to cancer
- Long term impact of hormone use

Source: Braun, Nash, Tangpricha, Brockman, Ward, Goodman. (2017). Cancer in transgender people: Evidence and methodological considerations. *Epidemiologic Reviews*, 39(1), 93-107.

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Cancer Statistics for Transgender Patients

US National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database can provide a starting point-however it must be noted that the database updated it's reference to transgender people in 2017 and that is the most recent year statistical data has been released for within the database established in 1978 there is a total of 354 *transsexual* (term updated by SEER in 2017) patients out of a database representing cancer 19 U.S. based registries As a part of the National Institutes of Health (NIH) there is momentum to expand research and data collection to capture the full spectrum of U.S. residents sexuality and gender identity. Unfortunately there are some predictable delays due to political interference over the last few years.

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Barriers to Diagnosis

- Screening for many cancers are based on an individual's outward gender appearance, if an individual does not believe they are safe to disclose use of hormones, etc. they can miss out on crucial screenings. (Mammography, pap smear, prostate cancer, testicular cancer)
- There are hormonal links to some breast cancers and patients in all stages of transition should be screened and have access to mammography/sonography regardless of their outward physical appearance or surgical status.
- Patients must be confident they can disclose their full history to their oncology team including hormone use, as well as know that physical examinations will be handled with a high degree of professionalism and respect for them wherever they are on the continuum of body acceptance. Additionally, when asking for detailed familial history of cancer it is important to be mindful that not all transgender persons will have access to family records or biological family for information.
- There is a large gap in research related to Transgender individuals and even more so in the area of Oncology. This presents a unique challenge in that in order to perform research that is valid, we have to have access to patients who identify as transgender-but in order to have that access we have to present a welcoming and affirming opportunity for healthcare.

Source: The Lancet Oncology. Cancer risk in the transgender community. Lancet Oncol. 2015;16(9):999.

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Cancer in Transgender Population

Lack of epidemiological studies and population database

Top 5 Malignancies:

- Carcinomas of lung and bronchus
- Anal cancers
- Non-Hodgkin lymphomas
- Kaposi sarcomas
- Cancers of the colon and rectum

Source: Braun, Nash, Tangpricha, Brockman, Ward, Goodman. (2017). Cancer in transgender people: Evidence and methodological considerations. Epidemiologic Reviews, 39(1), 93-107.

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Information about EPIC and charts?

- EPIC will allow both staff and patients to update their Gender and Sexuality.
- Depending on the health needs and urgency of patient care nurses, social work, administrative staff, and providers may or may not be able to update this information.
- Staff should also encourage patients to utilize the UNC MyChart application. Within the application patients can privately update their gender and sexuality, as well as their personal health history at any time.*

<https://www.myuncchart.org/>

*Importantly this is not available in Spanish at this time, and staff should be aware of any literacy or other access barriers that may exist for a patient.

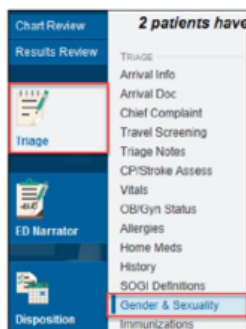
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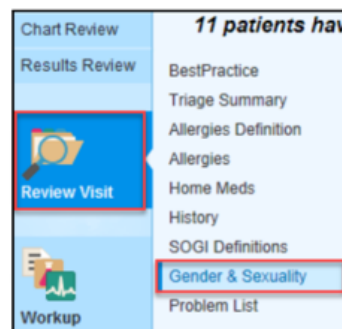
EPIC

- For Ambulatory Care, this information is located under **Screenings**

- **Nurses:** Can access from **Triage Navigator > Gender & Sexuality.**



- **Providers/Scribes:** They can access from **Review Visit > Gender & Sexuality.**

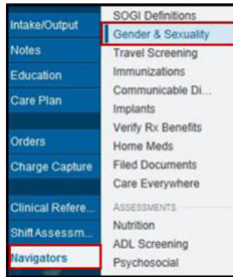


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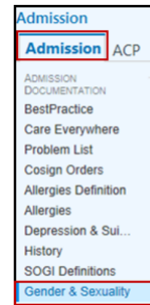


EPIC

Inpatient Nurses access under Navigators within the Admissions Tab



Inpatient Provider access under Admissions Tab



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Pronouns



She	Her	Hers
He	Him	His
Ze	Hir	Hirs
Xe	Xem	Xyrs
They	Them	Theirs

practicewithpronouns.com

- Pronouns are how you want to be referred to in the third person
- We often assume pronouns based on gender expression – but we shouldn't!
- Some of you might not have ever thought about your pronouns – and that is okay
- Some of you might prefer a mix of pronouns – that is also okay

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Commitments for Allies



- Ask about and use correct names and pronouns
- Use inclusive language
- Identify and advocate for gender nonspecific facilities
- Advocate for trans inclusive forms and policies
- Avoid assumptions
- Educate yourself

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Resources for More Information



- National Center for Transgender Equality: transequality.org
- National LGBT Cancer Network: cancer-network.org
- National LGBT Health Education Center: lgbthealtheducation.org
- Braun, Nash, Tangpricha, Brockman, Ward, Goodman. (2017). Cancer in transgender people: Evidence and methodological considerations. *Epidemiologic Reviews*, 39(1), 93-107.

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Resources for More Information

- UNC Healthcare References:
- UNC Healthcare EPIC tipsheet on Sexual Orientation and Gender Identification
<https://collab.unhealthcare.org/sites/Training/TL/Training%20Library/SOGI.pdf#search=gender%20identity>
- UNC Children's Gender Wellness Clinic:
<https://www.uncchildrens.org/uncmc/unc-childrens/care-treatment/endocrinology/gender-clinic/>
- UNC Gender Equality Psychiatry Clinic:
<https://www.med.unc.edu/psych/patient-care/child-adolescent/outpatient/gender-equality-psychiatry-clinic/>
- UNC OB/GYN Transgender Health:
<https://www.med.unc.edu/obgyn/migs/our-services/transgender-health/>

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References

- Braun, Nash, Tangpricha, Brockman, Ward, Goodman. (2017). Cancer in transgender people: Evidence and methodological considerations. *Epidemiologic Reviews*, 39(1), 93-107.
- James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality
- Reisner, S.L., Poteat, T., Keatley, J., et al. (2016). Global health burden and needs of transgender populations: a review. *Lancet*, 388(10042):412–436.
- The Lancet Oncology. Cancer risk in the transgender community. *Lancet Oncol.* 2015;16(9):999.

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