

Patients who identify as transgender have lower odds of being screened for cancer: Study

January 24 2019

Patients who identify as transgender have lower odds of being screened for cancer, suggests a new study from St. Michael's Hospital, which also explores how doctors can address the disparity.

The study assessed [screening](#) rates for cervical, breast, and [colorectal cancer](#) among 120 [transgender patients](#) eligible for screening and compared these with screening rates among the cisgender (i.e. non-transgender) patient population at the St. Michael's Hospital Academic Family Health Team.

Transgender patients had 70 percent lower odds of being screened for [breast cancer](#), 60 percent lower odds of being screened for [cervical cancer](#), and 50 percent lower odds of being screened for colorectal cancer—even after accounting for other factors like age and the number of visits to the team.

"Our overall cancer screening rates were improving and if we hadn't thought to look at this particular patient population we would have been happy with our results," said Dr. Tara Kiran, a [family physician](#) and a researcher at the Centre for Urban Health Solutions of St. Michael's.

"This study stemmed from a realization that our system had the potential to miss patients whose gender had changed on their health card but who still required screening," Dr. Kiran said. "Our findings have prompted us

to develop a system to include transgender patients in the outreach we do to patients overdue for cancer screening so that we're not missing anyone."

Patients who have transitioned from female to male and still require cervical cancer screening are often missed when provincial agencies send reminders to those overdue.

This analysis of cancer screening rates at the Family Health Team led Dr. Kiran and her colleagues to embark on a quality improvement project to learn more about perspectives towards cancer screening among transgender patients.

"In many cases, physicians had discussed cancer screening with patients and patients had made an informed decision not to get screened," she said. "That was really important for us to understand. For people who have transitioned from female to male, having a Pap test can be upsetting as it can sometimes be gender dysphoric."

The research team is still investigating reasons to explain the lower rates of colorectal cancer screening among transgender patients.

At the St. Michael's Academic Family Health Team, physicians, nurse practitioners, social workers, and nurses work together to deliver comprehensive care to more than 400 transgender patients. The Family Health Team routinely welcomes transgender patients who are having difficulty finding a primary care provider.

Dr. Kiran and her team hope this research helps increase awareness among primary care providers of the unique health needs of [transgender](#) patients and helps prompt decision-makers to address systems that overlook these unique needs.

St. Michael's Academic Family Health Team clinics recently took steps to make waiting rooms more welcoming to gender-diverse patients, for example, by displaying Positive Space posters and ensuring access to gender neutral bathrooms. They also provided training for front-line clerical staff involved in patient registration on providing gender inclusive and sensitive care.

"This study shows the importance of an equity approach," Dr. Kiran said. "Improvements in care may not reach everyone and we need to have targeted strategies to reach those with unique needs. Our research also highlights the importance of tracking not just whether patients have had a test but whether they have had an informed discussion.

"Improved shared decision-making may be a more appropriate quality improvement goal than increasing [cancer](#) screening rates. We are hopeful that engaging trans [patients](#) in our quality improvement efforts will help us challenge our assumptions and provide better care to the trans population."

Provided by St. Michael's Hospital

Citation: Patients who identify as transgender have lower odds of being screened for cancer: Study (2019, January 24) retrieved 23 April 2024 from <https://medicalxpress.com/news/2019-01-patients-transgender-odds-screened-cancer.html>

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