

Disparities in transgender prostate screening uptake driven by clinicians

February 23 2024, by Lori Solomon



Clinician recommendations are the most significant factor in driving prostate-specific antigen (PSA) screening in transgender women, according to a study [published](#) online Feb. 14 in *JAMA Network Open*.

Sandhya Kalavacherla, from the University of California in San Diego, and colleagues sought to understand factors associated with recent PSA

screening in [transgender women](#). The analysis included 255 transgender women and 1,020 matched cisgender men participating in the 2018 and 2020 Behavioral Risk Factor Surveillance System surveys.

The researchers found that recent PSA screening rates among transgender women and cisgender men aged 55 to 69 years were 22.2 and 36.3 percent, respectively. Among those aged 70 years and older, rates were higher (41.8 and 40.2 percent, respectively). Transgender women had lower odds of recent screening than cisgender men (odds ratio [OR], 0.65; 95 percent confidence interval [CI], 0.46 to 0.92; $P = 0.02$).

Effect size and significance were similar when accounting for time since the last primary care visit (OR, 0.61; 95 percent CI, 0.42 to 0.87; $P = 0.007$). However, odds were similar when accounting for whether a clinician recommended a PSA test (OR, 0.83; 95 percent CI, 0.45 to 1.27; $P = 0.21$). Among transgender women, having a [recommendation](#) for PSA testing was the factor most strongly associated with recent screening (OR, 12.40; 95 percent CI, 4.47 to 37.80; P

Citation: Disparities in transgender prostate screening uptake driven by clinicians (2024, February 23) retrieved 29 April 2024 from <https://medicalxpress.com/news/2024-02-disparities-transgender-prostate-screening-uptake.html>

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