

# Cervical cancer screening tailored for transgender men and nonbinary people encouraged participation

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A pilot program that provided transgender men and nonbinary people with cervical cancer screening tailored to their biological needs and personal preferences was well-received and could provide a model for similar programs, according to results presented at the virtual 14th AACR Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held October 6-8, 2021.

Cervical cancer is the fifth most common cancer in the world. It can often be prevented through regular [screening](#) via methods including a Pap test. In the United Kingdom, where this pilot program was launched, screening is recommended every three years for people with a cervix between the ages of 25 and 49, and every five years for those between age 49 and 64, (Guidelines in the United States are similar, but recommend beginning screening at age 21.)

These screening recommendations encompass all

people who have cervixes, including trans men and nonbinary people. "Trans men and nonbinary people are often reluctant to receive cervical screening, raising their risk of undetected human papillomavirus, which could lead to [cervical cancer](#)," explained the study's lead author, Alison May Berner, MBBS, MRCP, a specialty trainee and clinical research fellow in medical oncology at Barts Cancer Institute in London, and a specialist registrar with the Gender Identity Clinic, part of the Tavistock and Portman NHS Foundation Trust.

Berner said that many trans men and nonbinary people avoid cervical cancer screening because it may exacerbate discomfort with their bodies or their identities. Many also cite fears that their clinicians will make them feel uncomfortable or stigmatized.

Previous research had indicated that trans men and nonbinary people would be more likely to access cervical cancer screening through a trans-specific sexual health service. In this study, the researchers launched a test program in conjunction with Britain's National Health Service and several organizations serving gender or sexual minority populations. The program offered weekly cervical cancer screening clinics staffed by professionals who were experienced in providing screening to the trans and nonbinary population.

The tailored screening launched in October 2019. The researchers launched a 10-day social media campaign on six platforms, reaching 40,000 people. Nine people were screened before the clinic closed its doors in March 2020 due to COVID-19 restrictions.

The clinic reopened in July 2020, and the researchers undertook several different strategies to inform people about the clinic. They used only the two most popular social media platforms,

Facebook and Twitter, reaching 50,000 people in a 14-day campaign. They also emailed clients of London's Gender Identity Clinic and provided patient testimonials.

**More information:** Conference: [www.aacr.org/meeting/aacr-virt...dically-underserved/](http://www.aacr.org/meeting/aacr-virt...dically-underserved/)

Between July 2020 and February 2021, 35 people received tailored cervical screening in the clinic. Organizers received feedback surveys from 20 participants. A full 100 percent said they were satisfied with the service. Most respondents (12 out of 20) said that if the [service](#) had not been available, they would not have undergone cervical screening. Nine out of the 20 respondents said that if their own general practitioner provided a trans-specific screening, they would participate.

Provided by American Association for Cancer Research

Berner said the feedback from the [pilot program](#) indicates that trans-specific [cervical screening](#) is beneficial and could help ensure that cervical cancer does not go undetected in the trans and nonbinary population.

"People assume that this population's health care-related needs are solely related to transition. That's not true. Trans and nonbinary people are at risk of HPV infection and cervical cancer if they continue to retain a cervix, and they stand to benefit from programs designed specifically for them," Berner said.

Berner added that future research will aim to replicate the trans-specific screening within primary care, under the care of general practitioners. She noted that programs like this would be most likely to succeed in large cities with significant numbers of trans and nonbinary people, though sensitive screening is needed everywhere, even in rural areas.

"If you're a trans or nonbinary person living in a place where these specialist services do not exist, I would encourage you to work with a trusted health care professional to build relationships and ensure that you get the appropriate screenings, while continuing to have your identity respected," she advised.

As previously noted, the study's scope was limited by the COVID-19 pandemic, which led to the temporary closure of clinical sites.

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