

Cancer Screening and Prevention in the Transgender and Gender Diverse Population: Considerations and Strategies for Advanced Practice Nurses

Erin Ziegler^{a,*}, Toni Slotnes-O'Brien^b, Micah D.J. Peters^c

^a Associate Professor, Daphen Cockwell School of Nursing, Toronto Metropolitan University, Toronto, Ontario, Canada

^b Senior Lecture, UniSA Clinical & Health Science, University of South Australia, Adelaide, Australia

^c Associate Professor, UniSA Clinical & Health Science, University of South Australia, Adelaide, Australia

A R T I C L E I N F O

A B S T R A C T

patients were more likely to be diagnosed at a later stage, be less likely to receive treatment, and have worse outcomes for many types of cancers. This highlights the important gap that exists around can-

and wider experiences, and that the TGD community itself contains great diversity,^{18,26} is vital to the provision of effective, inclusive, and appropriate health care including cancer prevention services.²⁷ In a

cisgender women when considering the screening needs of TGD individuals on estrogen therapy. Practitioners also need to factor in the length of time on estrogen, dose, patient age, and the age when gender-affirming hormones were started.¹ Practitioners may also need to consider screening in transgender male patients. In lieu of specific guidelines, a recent systematic review supports periodic breast or chest examinations.³⁴ A systematic review demonstrated that breast cancer occurred at a younger average age in transmasculine individuals and was predominantly hormone receptor positive.⁴⁴ As there have been cases of malignancy before and after gender-affirming

Patient Education

There is a dearth of TGD patient information and education specific to cancer screening and prevention. One strategy to improve screening and preventative care while creating a safer and inclusive care environment is to review patient-facing documents and educational material for inclusivity.⁵⁴ Advocate for creating educational material and workshops tailored to their unique needs can help improve screening and prevention uptake. “Check-It-Out-Guys” is an example of a Canadian cervical screening campaign for transgender men (<https://www.rainbowhealthontario.ca/product/check-it-out-guys-pap-campaign-postcards/>), which has been quite successful in raising awareness about the need for cervical screening in this population.

Self-Care and Self-Screening

Self-care, as defined by the World Health Organization,^{5p135} is the “ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker.” Allowing individuals to be involved in their care may increase access to cancer screening. It may reduce barriers, be more convenient for patients, allow for privacy, empower them, and facilitate greater patient control over their own health care and bodies.

One example of this could be self-screening for cervical cancer and HPV. HPV vaginal self-collection cervical screening is a high-performance test that can increase the reach of screening.⁵⁵ An increasing number of countries offer self-collected HPV cervical screening with increasing evidence to its advantage. Self-sampling effectively reaches underscreened women and can be a powerful strategy in low- and high-resource settings for all target ages.⁵⁶ Self-collected models examined in the literature are mostly in the primary care setting and driven by the practitioner. A study by Goldstein and colleagues⁵⁷ demonstrated a two-fold increase in the rates of adherence to cervical cancer screening when self-swabbing is introduced. Findings show that the global use of HPV self-sampling is still limited, with only 17 (12%) of countries with identified screening programs recommending its use.⁵⁶

Advocacy

APNs need to advocate for more policies that are relevant to the transgender population. These policies may be at an organizational, regional, national, or international level. Organizational policies can include inclusivity and safe space guidelines for staff, clients, and visitors to the organization. At a regional, national, and international level, APNs need to advocate for more access to gender-affirming health care for TGD individuals, cancer care guidelines with specific recommendations for their unique needs, and cross-national policy and positions to advance the state of cancer prevention, screening, and health care for TGD people more broadly. This is particularly important as many jurisdictions around the world remain inactive,

ambivalent, or even openly hostile toward the prospect of health and social equality for TGD people. More comprehensive recommendations for screening and prevention focusing on the unique healthcare needs and risks of TGD individuals are needed.⁵⁰

Conclusion

TGD individuals are a vulnerable population with unique but diverse needs. They remain at risk of cancer and are underscreened. Barriers to gender-affirming care need to be addressed to improve access to screening services. APNs can work in collaboration with TGD individuals and the healthcare system to improve access to culturally safe cancer screening and more effective prevention of cancer and improve cancer outcomes.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

CRediT authorship contribution statement

Erin Ziegler: Conceptualization, Writing – original draft. **Toni Slotnes-O'Brien:** Writing – original draft. **Micah D.J. Peters:** Writing – original draft.

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