



Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) People and Cancer Fact Sheet for Health Care Professionals



The United States Census Bureau estimates that more than 20 million US adults identify as LGBTQ+, approximately 8% of the US adult population.¹ The American Cancer Society estimates there will be more than 2 million newly diagnosed cancer cases and nearly 611,720 deaths from cancer in 2024;² using these estimates, there could be approximately 160,000 new cancer cases and more than 48,938 cancer deaths among LGBTQ+ people.

In a 2021 survey of LGBTQ+ people with cancer, 40% reported that prior to their diagnosis they didn't know about recommended cancer screening tests, and 35% reported their health care provider never discussed cancer screening with them.

Health-related disparities faced by LGBTQ+ people^{3, 5}

LGBTQ+ people are more likely to be underinsured or uninsured, be unhoused, and to experience poverty and food insecurity. These inequities can make access to health care an even greater challenge.

Some LGBTQ+ people engage in higher rates of health behaviors known to increase the risk for cancer:

- Increased tobacco use
- Increased use of alcohol and binge drinking
- Higher rates of excess body weight and poor eating habits

Higher rates of anxiety and depression among LGBTQ+ people may contribute to some of these health behaviors.

Increased cancer risk in the LGBTQ+ community^{3, 4, 5}

LGBTQ+ people face a disproportionate burden of cancer, with both a higher incidence of cancer and later-stage diagnoses. Clinicians need to be aware of these disparities to provide equitable care to this community.

- Gay and bisexual men have a higher risk for anal cancer, especially those who are HIV+. This risk is even greater for Black gay and bisexual men.

- Lesbian and bisexual women have an increased risk for breast, cervical, and ovarian cancers compared to heterosexual women.
- Transgender and gender-nonconforming people are less likely to be offered screening tests that are appropriate for their organs; are less likely to get screened for breast, cervical, and colorectal cancers; and are more likely to be diagnosed with lung cancer at a later stage compared to cisgender people.

Opportunities for risk reduction^{3, 4, 5}

Several interventions can be implemented by health care providers to deliver better care to all LGBTQ+ people.

Collect sexual orientation and gender identity (SOGI) data on everyone.

- By asking all patients how they identify, you are promoting patient-centered care.
- Advise patients to get screened for cancer based on the organs they have. Screening is based on organs, not gender identity or sexual orientation.
- Do not assume that because a person has had gender-affirming surgery that they have or don't have certain organs. For example, even if a transgender woman has had vaginoplasty, the prostate is not usually removed.

Provide LGBTQ+-tailored patient information and education.

- Learn about the unique barriers and knowledge gaps among the LGBTQ+ community that might prevent them from seeking care and cancer screening.
- Transgender, gender-nonconforming, and bisexual individuals are less likely to get breast, cervical, and colon cancer screening tests.
- Lesbian women, transgender, and gender-nonconforming individuals with a cervix are less likely to have a Pap test to screen for cervical cancer.

Develop cultural competence for yourself and the staff you work with.

- Maintain an awareness that LGBTQ+ identities are multilayered and intersectional.
- Support training for all staff. LGBTQ+ people often have to educate their own health care providers at the same time that they are seeking care.
- Don't make assumptions about your patients' gender, sexual orientation, or pronouns. Rather, ask them and listen. If you make a mistake, apologize and move on.
- Resources for cultural competence training:
 - » The Fenway Institute's National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations (lgbthealtheducation.org).

- » GLMA – Health Professionals Advancing LGBTQ Equality (glma.org)
 - » The National LGBTQ+ Cancer Network provides individual and agency-wide LGBT cultural competence training (cancer-network.org).
 - » Welcoming Spaces: Treating Your LGBTQ+ Patients (sgo.org/welcomingspaces)
- Show that you are a safe space for LGBTQ+ people before you ask them to disclose SOGI information. Many people withhold this information because they don't know how their health care provider will respond.
 - » Introduce yourself with your pronouns, and display visual cues such as a poster, flag, or pin.
 - » Explain why you are asking for SOGI information. Some LGBTQ+ people may not realize cancer screening and other exams should be organ-based.

Support a culturally competent health care system.

- Advocate for including LGBTQ+ population members on hospital advisory boards.
- Ask about LGBTQ+ status on patient satisfaction surveys.
- Advocate for including LGBTQ+-inclusive information and images on your facility's website.
- Form collaborations with local LGBTQ+ community members and groups to pinpoint areas needing change.

References

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3. National LGBT Cancer Network. *Out: The National Cancer Survey, Special Sub-Report: Gender Expansive Findings*. The National LGBT Cancer Network. Providence. 2021. Accessed at <https://cancer-network.org/wp-content/uploads/2021/12/genderExpansiveReport-4.pdf> on January 17, 2024.
4. The National LGBT Cancer Network. Healthy People 2030 LGBT Fact Sheet. Accessed at <https://cancer-network.org/cancer-information/cancer-and-the-lgbt-community/> on January 17, 2024.
5. Ceres M, Quinn GP, Loscalzo M, Rice D. Cancer screening considerations and cancer screening uptake for lesbian, gay, bisexual, and transgender persons. *Seminars in Oncology Nursing*. 2018;34(1):37-51.

