

Addressing inequalities in cancer screening in the transgender population

This training will be provided by:
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This training session is aimed at all clinical and non-clinical staff, working within primary care networks, to address and reduce inequalities in cancer screening for our transgender patients, thus improving health outcomes.

A certificate of attendance will be sent to all individuals that participate in the full session.



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What we will cover today



- Organ specific screening and cancer risk factors for our transgender patients.
- How to support our patients within the Transgender population
 - Inclusive language and accepting clues.
- Updating demographics on medical records.
- Q&A 'Lived Experience'
- Discussion and feedback.



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Glossary of terminology

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Transgender – A person whose gender identity is not the same as, or does not sit comfortably, with the sex they were assigned at birth.

Cisgender or Cis – Someone whose gender identity is the same as the sex they were assigned to at birth.

Non-binary - A person whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Gender Dysphoria – A state of severe distress or unhappiness caused by a person feeling that their gender identity does not match their sex registered at birth.


AMAB – A person assigned male at birth.

AFAB – A person assigned female.





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National LGBT Survey 2017




- **21%** of trans respondents said their specific needs were ignored or not taken into account when they accessed, or tried to access, healthcare services in the 12 months preceding the survey.
- **18%** said they were subject to inappropriate curiosity
- **18%** also said they avoided treatment for fear of discrimination or intolerant reactions.

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Ways to improve organ specific screening and cancer risk factors to people within the transgender population.





Disease prevention and screening should be organ specific, **not** gender specific and patients need to understand what screening procedures they should continue to have.

“Trans and non-binary patients may require access to disease prevention and organ specific screening programmes (such as cervical smears, breast screening or prostate examinations) which are habitually offered only to specific groups and which may not align with the patient’s own gender identity.

Doctors should work with these patients to ensure that they understand any screening procedures they should continue to have. This may also include providing access to information on how patients may opt out of specific screening calls”



(BMA 2023)

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Breast Screening



- The NHS breast screening programme offers screening to trans women, and to trans men who have not had top surgery. However, you’ll only be automatically invited for screening if you are registered as a female with your GP. If you don’t want to be invited for breast screening, you can contact your local screening service to opt out.
- Transgender men who have not had a mastectomy and have not yet updated their records, will be called for breast screening and should be encouraged to continue to attend. Those that have changed their NHS number should be encouraged to OPT IN.
- Transgender women on hormones are 33x more at risk of developing breast cancer compared with cis men. This risk is still much lower than in cis women (DerHeijer).
- Transgender men who have had a mastectomy can develop breast cancer in minimal residual breast cells and should therefore be encouraged to opt in for breast screening.
- Personalised conversations.

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Cervical Screening

- Currently, transmen with a cervix (if they have changed their NHS number or changed their gender within the demographic information in their medical records) need to OPT IN to cervical cancer screening EVERY time their screening is due, otherwise they will be missed.
- Double appointments can be made available and should be offered to transmen with a cervix, if this will give them the time needed to ask any questions or to feel more comfortable and to discuss any barriers, they may be facing so that we can address these.
- Offering appointments at the very beginning of the day will avoid long stays in the waiting room.
- Ask what language the patient would like to be used when referring to their body.
- Explain the possible need for and offer to use a smaller speculum during the procedure.

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Prostate Cancer and Endometrial Hyperplasia

Prostate Cancer

- The prostate is not removed as part of the genital reconstructive surgery; therefore transwomen are at risk of prostate cancer, but awareness remains low.
- Regular PSA's or palpitation of the prostate is not recommended as per the Cis male population.
- Offer longer appointments or OPA early in the morning to avoid lengthy time in the waiting room – it is important to ask the patient what will help support their needs.

Endometrial Hyperplasia




- The reported increase of risk of endometrial hyperplasia in transmen is 15%
- Monitoring of the endometrial thickness by ultrasound scanning every two years is recommended.
- The GIC recommend that transmen on testosterone should have a hysterectomy after 2 years of treatment.
- If irregular bleeding occurs, the patient should be referred for vaginal ultrasound scanning and endometrial biopsy.

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How can we support our patients within the transgender population in cancer screening?

- By using inclusive language, open body language and displaying accepting clues and literature representing the transgender community throughout practice waiting rooms, consulting rooms and on staff.
- By having a trained and named Transgender HCP and admin representative at each practice.
- By challenging discrimination towards Transgender patients.
- Supporting our patients to feel they can self advocate and be heard with regards to changing their titles and names on their medical records, without having to provide paperwork to do so. Ensuring this name change is added in a way in which all future correspondence with the patient uses this name.
- Ensuring the correct codes are applied to transgender patients records, to allow for appropriate clinical monitoring (hormone treatments, organ specific screening).
- By training all staff on transgender sensitivity in cancer screening.

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Personalised conversations for cancer screening

By having personalised conversations with our patients, we can talk about, educate and inform them of their specific screening needs and how they can address these if necessary. We can also reassure, accommodate and advocate.

These conversations should be personal, personalised and with the clinician most known to the patient.

The aim is to discuss the knowledge of and need for cancer screening according to age, sex assignment at birth and cancer genetics based on family history.



However, personalised care and recognising and respecting an individual's needs is the responsibility of us all.

"Are you aware of the cancer screening programmes you are eligible to, and should be considering taking part in?"

"Is there anything I can do to help make this screening more accessible to you?"

"Is there anything I can do to make screening more comfortable for you?"

"Would you like information about what can be considered to make screening more comfortable and accessible to you?"




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Inclusive language and accepting clues

Inclusive language should be used to recognise and include everyone, irrespective of their gender identity

- ✗** Avoid terms that assume gender e.g. husband, wife, girlfriend.
- Do not assume gender identity.
- Be aware of gender stereotypes in professions e.g. policeman

- ✓** Use gender neutral terms such as partner.
- Ask politely what pronouns and/or prefix a person should be addressed with.

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Updating demographic information within medical records

(when a new NHS number has not been requested/issued)

- It is up to your GP practice to define its own procedures about whether you ask patients to provide evidence for a Title and name change.
- There is no legal requirement for your practice to request evidence, although it is considered good practice to do so.
- When making a requested name change, please always change the 'Given Name' as apposed to 'Known As'. This is to ensure when batch messages are sent, the patient is addressed by their chosen name, as batch messages read 'Dear (Given Name)'

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Updating demographic information within medical records

(when a new NHS number has not been requested/issued)

- A patient may request to be known by a different administrative gender, including 'Not Specified' or 'Not Known' without a full Gender Recognition Certificate, however this will omit the patient from the relevant organ specific screening searches, so this is best avoided where possible.
- PCSE does not require confirmation that evidence has been seen in order to change the name, although they may contact your practice by phone or email to confirm the changes made.

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Changing medical records

GP practice notifies PCSE that a patient wishes to change gender via the enquiries form. The practice should include the patient's name and NHS number in the notification to PCSE, plus confirmation that they have discussed with the patient that this will involve the creation of a new NHS number

PCSE sends the GP practice a deduction notification for the patient and emails the main contact we hold for the practice (if available) the new details for the patient

GP practice accepts the deduction and registers the patient using the new details provided by PCSE. **Important:** Please do not update the patient's original record with their new NHS number. If this happens they will not be registered and will miss out on continuity of care

PCSE sends a new patient medical record envelope with the patient's updated details to the GP Practice

GP practice creates new patient record using new details, and transfers all previous medical information from the original record.

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Resources:

- [Trans people in the UK \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114206/trans_people_in_the_UK.pdf)
- [Inclusive language: words to use and avoid when writing about disability - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/inclusive-language-words-to-use-and-avoid-when-writing-about-disability)
- [National LGBT Survey, Summary report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114206/national_lgbt_survey_summary_report.pdf)
- [Inclusive Language Guidance - Equality and Inclusion Unit \(leeds.ac.uk\)](https://www.leeds.ac.uk/equality/inclusion/unit/guidance/inclusive-language)
- [Language to use when supporting trans men and/or non-binary people | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](https://www.jo-cancer-trust.org.uk/our-services/our-services-for-trans-men-and-non-binary-people/)
- [Transgender and non-binary people and cancer | Macmillan Cancer Support](https://www.mcmillan.org.uk/our-services/our-services-for-trans-men-and-non-binary-people/)
- <https://www.cancerresearchuk.org/about-cancer/cancer-symptoms/spot-cancer-early/screening/trans-and-non-binary-cancer-screening>

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