LGBTQ+ Inclusive Cancer Screening Guidelines
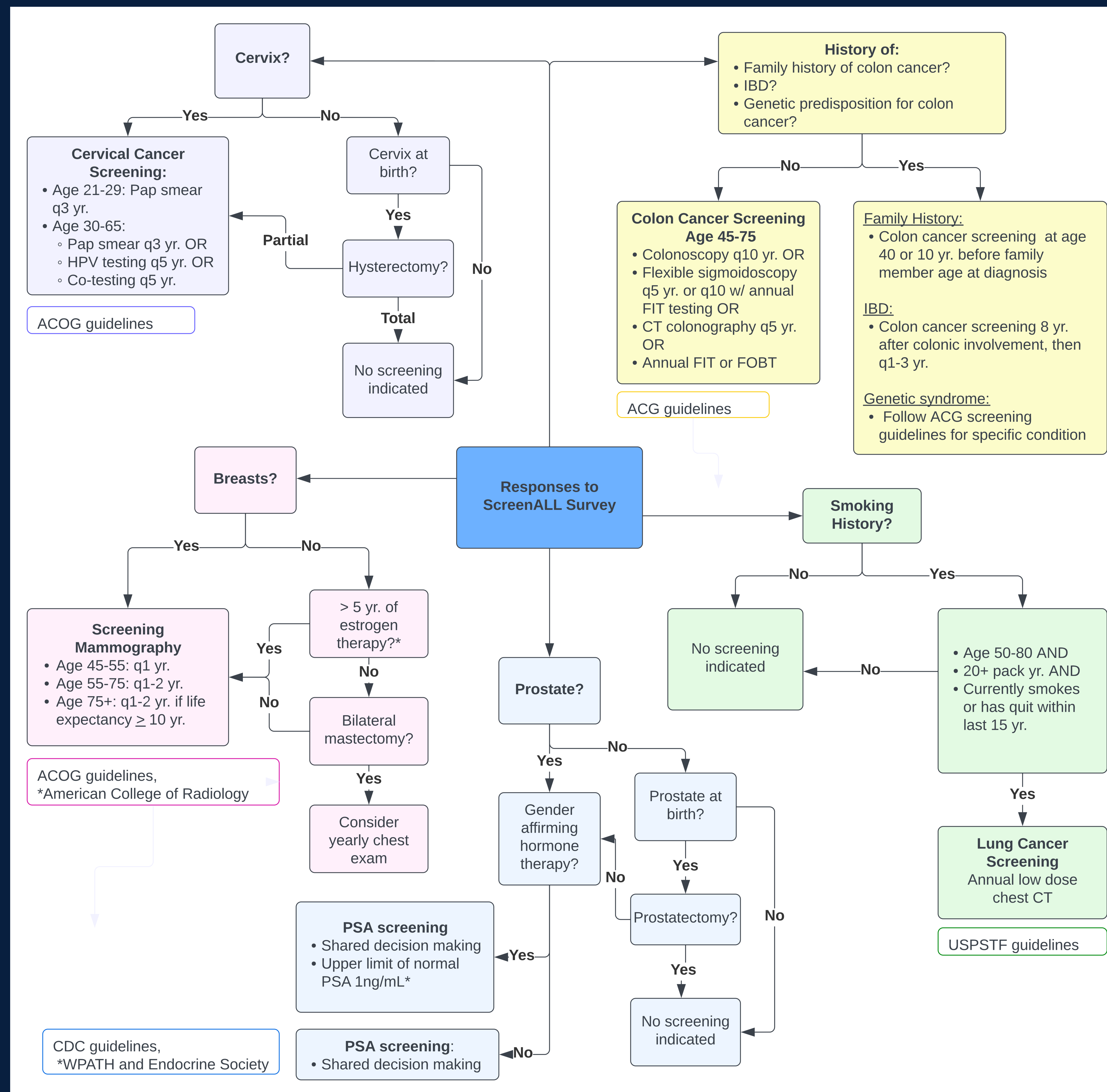
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Background

According to the National Health Interview Survey, individuals who self-identify as LGTBQ+ are 50% more likely to be diagnosed with cancer compared to cisgender, heterosexual individuals[1]. This is partially due to the lower rates of cancer screening in transgender patients[3]. Contributing factors to this disparity include lack of official cancer screening recommendations for LGBTQ+ patients, physician bias, patient distrust, and physician uncertainty regarding how to appropriate screen LGBTQ+ patients[2]. Current cancer screening practices use gender as the foundation for their screening recommendations, which overlooks patients with congenital anomalies, prior surgeries, or medical therapies that contribute to cancer risk. An inclusive algorithm is necessary to ensure that all patients are appropriately screened for cancer, which should increase screening rates and subsequently lower rates of cancer diagnosis in the LGBTQ+ community.

Aims

1. Development of an organ-based screening tool to collect health information that is pertinent to cancer risk
2. Creation of an inclusive cancer screening algorithm that is tailored to patients based on their individual risk factors

Methods

The proposed intervention to address this disparity is the development of an algorithm that utilizes a patient's individual risk factors to determine which cancers they should be screened for, and at what interval. Patients will fill out a corresponding survey upon check-in to their appointments, which will include self-identification of organs, family history, and personal risk factors. Upon completion, the patient's information will be uploaded into the EMR, and the algorithm will identify the cancer screenings for which they qualify.

Proposed Intervention

Discussion

The current standard practice of collecting a patient's medical history ascertains some cancer risk factors, such as surgical history, family history, medications, and substance use, but lacks other key factors including a comprehensive organ inventory. In order to appropriately screen individuals for cervical, breast, and prostate cancer, it is necessary to know both what organs are currently present and what organs were present at birth. The importance of an organ inventory not only ensures thorough screening, but also limits physician bias in decision making, increases patient comfortability, and normalizes providing healthcare to patients of all gender identities. The ScreenALL algorithm stratifies a patient's cancer risk utilizing self-reported information on organ history, surgical history, and medical therapy, eliminating bias and confusion caused by gender-based screening and allowing for universal use. Future direction for this algorithm includes the addition of guidelines for repeat screening after someone has had a positive screen, as well as the inclusion of appropriate physical exam maneuvers to be done at annual wellness visits based on the organs a patient currently has. Additionally, the ScreenALL algorithm should be compared alongside standard screening practices to determine if it results in more accurate identification of appropriate cancer screenings and an increase in rates of screening overall.

Conclusions and Implications

The current gender-based approach to cancer screening is not inclusive of individuals whose organs may differ from what is traditionally assumed based on their gender. As the landscape of society continues to evolve, we must change our methods of screening individuals from a binary approach to one that can be used to screen everyone, regardless of sex and gender identity. The ScreenALL algorithm focuses on utilizing a self-reported organ inventory as the starting point for cancer screening recommendations. This approach should help to decrease physician uncertainty and bias when screening patient who exist outside the binary, ultimately increasing the number of LGBTQ+ individuals who are screened for cancer and reducing disparity in rates of cancer diagnosis as compared to cisgender, heterosexual individuals.

References

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