



## *Gay and Bisexual Men*

### Access to Care and Cancer Disparity Fact Sheet

#### **Access to Care Disparities:**

- Gay and bisexual men may delay or avoid care because of insufficient finances or a lack of adequate health insurance. These men often have less access to health insurance than the general population, as most workplace policies do not cover unmarried partners.
- Gay and bisexual men may be diagnosed with cancer at a later stage due to less access to welcoming and gay-affirming providers than the general population.
- Past negative experiences and mistrust of the medical community may cause gay men to avoid visiting a health care professional. Gay men may also be more guarded during discussions about their health, for fear that “coming out” will lead to discrimination that will impact the quality of care they receive<sup>1</sup>.
- As a result, this population may be significantly less likely to undergo routine screening measures and testing when they have symptoms that may indicate cancer.

#### **Cancer Disparities:**

##### **Lung Cancer:**

- Tobacco use takes the lives of an estimated 40,000 GLBT individuals each year<sup>2,3,4,5</sup>.
- 42% of gay and bisexual men report being current tobacco users, greatly exceeding the national average of 29%<sup>6</sup>.
- Smoking may be higher among gay men than heterosexual men because gay men are more likely to be subjected to discrimination and outright violence; this may increase stress and the pressure to “belong.”
- For many gay and bisexual men, clubs and bars are places to gather and socialize, thus significantly increasing the chances of being exposed to secondhand smoke. Such exposure increases the chances of developing emphysema and lung cancer.
- Tobacco companies aggressively target the gay community. For example, they often serve as sponsors for gay and lesbian events or provide funds to gay organizations.
- In a CDC study, 59% of teenagers who identified themselves as gay, lesbian or bisexual reported using tobacco products, compared to 35% of straight teenagers<sup>7</sup>.

##### **Anal Cancer:**

- Human Papillomavirus (HPV) is a precursor to anal cancer and is found more often in homosexual men than in heterosexual men. This has been related to more anal intercourse<sup>8</sup>, more frequent rectal administration of recreational drugs, and a higher number of lifetime sexual partners among gay men<sup>9</sup>.
- Smoking, demonstrated as higher among gay men, increases the risk of anal cancer<sup>10</sup>.
- History and presence of STDs, including HIV/AIDS, is also a risk factor for anal cancer.

##### **Testicular Cancer:**

- Men infected with HIV, and especially those who have developed AIDS, are at an increased risk for testicular cancer.
- White men are at a higher risk for testicular cancer than African-American and Asian American men<sup>11</sup>.

### **Kaposi's Sarcoma and Non-Hodgkin's Lymphoma:**

- Kaposi's sarcoma (KS) is more prevalent in gay and bisexual men than the general population because of the correlation of the disease with AIDS. KS is treatable by the recently approved antiretroviral drug therapy, unavailable to those men diagnosed with AIDS prior to its approval<sup>5</sup>.
- The risk for AIDS-related non-Hodgkin's lymphoma is elevated among gay men. Between 1973 and 1987 non-Hodgkin's lymphoma incidence increased ten-fold and Kaposi's sarcoma incidence increased over 5,000-fold in single San Francisco men ages 20 to 49<sup>12</sup>.

### **Opportunities to Foster Change:**

- Provide culturally and linguistically appropriate information to public and health care providers about prevention, detection, and treatment.
- Promote access to prevention, detection and treatment.
- Maintain and support continuous research about GLBT health and disease prevention.
- Quit or do not start smoking, reduce fat consumption, participate in regular physical activity, assess personal risk factors, get screenings when appropriate<sup>5</sup>.

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<sup>1</sup> Dean, L. et al. Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. Jan 2000, conference edition.

<sup>2</sup> CDC. Cigarette smoking-attributable mortality and potential years of life lost—United States, 1984. *Morbidity and Mortality Weekly Report* 46(20): 444-451, 1997.

<sup>3</sup> Kinsey, A.C.; Pomeroy, W.B.; and Martin, C.E. *Sexual Behavior in the Human Male*. Philadelphia, PA: W.B. Saunders, 1948.

<sup>4</sup> Kinsey, A.C.; Pomeroy, W.B.; Martin, C.E.; and Gebhard, P. *Sexual Behavior in the Human Female*. Philadelphia, PA: W.B. Saunders, 1953.

<sup>5</sup> Gay and Lesbian Medical Association and LGBT health experts. *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*. San Francisco, CA: Gay and Lesbian Medical Association, 2001.

<sup>6</sup> Stall RD, Greenwood GL, Acree M, Paul J, Coates TJ. Cigarette smoking among gay and bisexual men. *Am J Public Health*. 1999;89(12):1875-8.

<sup>7</sup> Ryan, H.; Wortley, P.M.; Easton, A.; Pederson, L.; and Greenwood, G. Smoking among lesbians, gays, and bisexuals: a review of the literature. *Journal of Preventive Medicine*. 2001; 21(2); 142-9.

<sup>8</sup> Palefsky JM, Holly EA, Ralston ML, Jay N. Prevalence and risk factors for Human Papillomavirus infection of the anal canal in Human Immunodeficiency Virus (HIV)-positive and HIV-negative homosexual men. *J. Infectious Diseases*. 1998;177:361-367.

<sup>9</sup> Gay and Lesbian Medical Association and LGBT health experts. *Healthy People 2010 Companion for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*. San Francisco, CA: Gay and Lesbian Medical Association, 2001.

<sup>10</sup> Daling JR, Weiss NS, Hislop G, Maden C, Coates RJ, Sherman KJ, Ashley RL, Beagrie M, Ryan JA, Corey L. Sexual practices, sexually transmitted diseases, and the incidence of anal cancer. *NEJM*. 1987;317:973-977.

<sup>11</sup> American Cancer Society, [www.cancer.org](http://www.cancer.org)

<sup>12</sup> Rabkin CS, Biggar RJ, Horn JW. Increasing incidence of cancers associated with the Human Immunodeficiency Virus epidemic. *Intntl J Cancer*. 1991;47:692-696.