



Transgendered and Transsexual Individuals

Access to Care and Cancer Disparity Fact Sheet

Access to Care Disparities:

- Transgendered individuals may receive lower quality medical care than that of the general population for many reasons, including:
 - Most health professionals lack the necessary knowledge about transgender identity and sexuality¹
 - Transgendered individuals are often victims of stigma from gay/lesbian and heterosexual communities²
 - They are often victims of social and economic marginalization
 - Often, they must deal with discrimination about perceived sexual orientation, gender prejudices, and the notion that transgenderism is pathological²
- A disproportionate number of these individuals are people of color, HIV-positive, and/or youth, thereby increasing the likelihood they are socially and medically underserved³.
- Past negative experiences and mistrust of the medical establishment may cause transgendered individuals to avoid visiting a health care professional for preventive care, routine check-ups, minor incidents, or emergencies.
- These individuals might fail to see themselves as being at risk for certain types of cancer because they may not associate with some body parts that are physically present at birth, but not embraced or assimilated emotionally or that may have been surgically altered, removed, or added.
- As a result of these factors, this population is less likely to be aware of their health benchmarks or undergo routine screening measures and testing when they have symptoms that may indicate cancer.

Cancer Disparities:

Breast Cancer:

- There are no studies of the incidence of breast cancer in transsexual or transgendered individuals. There have been only three documented cases of breast cancer in this population, but that is likely a significant underestimate, given the hesitance of many transgendered individuals to reveal their transsexualism to their physicians.
- Onset of breast cancer would most likely occur after a male-to-female (MtF) transgendered individual has undergone hormone replacement therapy (HRT), inferring from the recent increase of non-transgendered women having a higher incidence of breast cancer after five years of HRT.
- Excessive testosterone in men (either female-to-male [FtM] or non-transsexual men) can be converted into estrogen, which may lead to increased risk for estrogen-induced health problems, including breast cancer.
- FtM individuals often feel disassociated from their breasts, and as such, may be hesitant to perform breast self-exams, one of the most effective means to detect breast cancer.
- Even after sexual reassignment surgery such as chest reconstruction, FtM transsexuals may still be at risk for breast cancer because breast muscle wall tissue remains. Breast tissue cells may be present in the nipple area as well as throughout the chest area, elevating the risk of developing breast cancer⁴.

Lung Cancer:

- As with many other areas of health research, the transgendered population is often not focused on as a specific subpopulation. However:
 - In a CDC study, 59% of teenagers who identified themselves as gay, lesbian or bisexual reported using tobacco products, compared to 35% of straight teenagers⁵.
 - High smoking rates in this population may be attributed to the pressure for acceptance, low self-esteem, and the role of bar culture in the social scene.
 - It is assumed that transgendered individuals are at an increased risk for low self-esteem as youths⁶, making them more likely to use tobacco for social acceptance.
 - Therefore, as a result of these circumstances, it can be inferred that the transgendered population is at an increased risk for lung cancer.
- Many surgeons who conduct sexual reassignment surgery will not perform procedures on patients who smoke due to the increased health risks and reduced healing effects that occur in people who use tobacco.

Ovarian Cancer:

- Female-to-male transgendered and transsexual individuals are at a higher risk of ovarian cancer because of the amount of testosterone ingested. Excess testosterone can be converted into estrogen, contributing to an elevated risk for ovarian cancer.
- Medical monitoring of HRT could prevent an excess of testosterone and estrogen. Unfortunately, it is common for hormones to be acquired through means other than licensed physicians (M.D. or .D.O.).
- Due to discomfort with revealing transgenderism, transsexuals may not undergo screening procedures essential for detecting gynecological cancers, including ovarian cancer.

Prostate Cancer:

- Reduced levels of testosterone may put an MtF individual at an increased risk for prostate cancer.
- Regular prostate screening and blood tests for detecting prostate cancer are recommended for all individuals born male, including MtF individuals.
- As with other procedures, transgendered individuals may be hesitant to visit a physician for fear that revealing their transgenderism may lead to discrimination and sub-standard medical care.

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 appropriate⁵.

¹ Bockting WO, Robinson BE, Rosser BRS. Transgender HIV prevention: a qualitative needs assessment. *AIDS Care*. 1998;10(4):505-526.

² Dean, L. et al. Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. Jan 2000, conference edition.

³ Israel GE, Tarver DE. *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*. Temple University Press, Philadelphia, 1997.

⁴ Gender Education and Advocacy, Inc. Breast Cancer in Transgendered and Transsexual Persons. *Medical Advisory Bulletin*. <http://gender.org/resources/dge/gea02003.pdf>

⁵ 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.

⁶ Remafedi G, Farrow JA, Deischer RW. Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics*. 1991;87:869-75.