



In the United States, the cervical cancer incidence and death rate have declined by 50% from 1975 to 2012, yet in 2017, 12,820 new cases of cervical cancer were expected to be diagnosed and 4,210 women were estimated to die of the disease (American Cancer Society, 2016). This decline historically has been attributed to regular cervical cancer screening in the form of a Pap test (Saslow et al., 2012). If identified early through regular Pap testing, cervical cancer is one of the most successfully treatable cancers; however, most cervical cancers are found in women who have never had a Pap test or who have not followed routine testing guidelines (Saslow et al., 2012). Additionally, research has noted that Pap test frequency is lowest among women who do not have a usual source of health care, are uninsured, are from minority groups, and have lower incomes and lower levels of education (White et al., 2017). Currently, cervical Pap testing is recommended for those with normal test results at a minimum of every 3 years for ages 21 to 30 years and then every 5 years from ages 30 to 65 years, with concurrent testing for human papillomavirus (HPV; Massad et al., 2013). If results are abnormal, more frequent or additional testing is recommended.



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A LITERATURE REVIEW OF
**Cervical Cancer
Screening in
Transgender Men**

Abstract: Most female-to-male (FTM) transgender men retain their cervixes and need comprehensive sexual health care, including cervical cancer screening. According to the literature, FTM individuals obtain cervical cancer screening less frequently and are less likely to be up to date on their Pap tests compared with cisgender women. Misinformation related to human papillomavirus and cervical cancer risk was noted for health care providers and FTM individuals. Absence of transgender-specific guidelines or trained health care providers presents barriers to cervical cancer screening for FTM individuals, and further research is indicated to develop comprehensive guidelines unique to the needs and experiences of this population. <https://doi.org/10.1016/j.nwh.2017.12.008>

Keywords: cervical cancer screening | female-to-male | FTM individual | Pap test | transgender

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