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# Cancer Screening Considerations and Cancer Screening Uptake for Lesbian, Gay, Bisexual, and Transgender Persons

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**Objectives:** *To describe the current state of cancer screening and uptake for lesbian, gay, bisexual, and transgender (LGBT) persons and to propose cancer screening considerations for LGBT persons.*

**Data Sources:** *Current and historic published literature on cancer screening and LGBT cancer screening; published national guidelines.*

**Conclusion:** *Despite known cancer risks for members of the LGBT community, cancer screening rates are often low, and there are gaps in screening recommendations for LGBT persons. We propose evidence-based cancer screening considerations derived from the current literature and extant cancer screening recommendations.*

**Implications for Nursing Practice:** *The oncology nurse plays a key role in supporting patient preventive care and screening uptake through assessment, counseling, education, advocacy, and intervention. As oncology nurses become expert in the culturally competent care of LGBT persons, they can*

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*contribute to the improvement of quality of care and overall well-being of this health care disparity population.*

**Key Words:** *lesbian, gay, bisexual, transgender, cancer screening, health disparities, nursing interventions.*

## Cancer Screening Recommendations and Uptake for LGBT Patients

Lesbian, gay, bisexual, and transgender (LGBT) individuals have increased cancer risks. Beyond general population prevention and screening recommendations, there are no definitive cancer early detection and prevention guidelines specific to LGBT persons. In certain sub-populations and certain cancer screens there is lower screening uptake. For example, lesbian and bisexual women, in some studies, have lower rates of breast and cervical cancer screening than their heterosexual counterparts;[1] whereas Boehmer and colleagues[2] documented that gay and bisexual men had greater health care utilization (and so inferred greater screening uptake) than their heterosexual counterparts. Many actual and potential barriers exist for LGBT people that can contribute to a lack of screening uptake. LGBT people may experience discrimination from health care providers who lack specific cultural sensitivity training in the care of LGBT patients. LGBT individuals may also face contributing societal constraints, such as poverty, unemployment, lack of insurance, stigma, homophobia, racism, homelessness, or incarceration, further marginalizing the patient and potentially diminishing care quality. LGBT people may delay seeking care because of fears of discrimination and mistreatment, as well as financial costs. Despite an increased cancer risk for members of the LGBT community, cancer screening rates are sometimes lower for these underserved minority populations. The purpose of this article is fourfold: 1) to examine current challenges, disparities, and risk factors that LGBT persons face in the cancer screening processes; 2) review current cancer screening recommendations based on the American Cancer Society (ACS), the United States Preventive Screening Task Force (USPSTF), the Office of Disease Prevention and Health Promotion, and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; 3) provide evidence-based considerations for certain cancer screening in LGBT persons; and 4) discuss the key role of oncology nurses and providers in preventive care through assessment, counseling, education, advocacy, and intervention.

## LGBT Risk

The LGBT community comprises a significant portion of the population in the United States and warrants specific considerations when evaluating cancer risk. Population-based national and state surveys estimate that approximately 3.5% of US adults identify as lesbian, gay or bisexual.[3] Additionally, a recent study by The Williams Institute found that 0.6% of adults, about 1.4 million individuals, identify as transgender.[4] For individuals over the age of 50, 2.4 million individuals identify as members of the LGBT community, a number that is expected to double by 2030.[5] These numbers may in fact be higher, given that many LGBT persons do not disclose their sexual orientation or gender identity status (SOGI) in national surveys and many surveys do not ask SOGI data. Importantly, the majority of medical intake data collection forms do not collect SOGI information.

For the purposes of cancer screening and early detection (and all health screening), the target individual is intended to be asymptomatic and of average risk. In the LGBT community, there is tremendous heterogeneity, as there is in the general population. Within each LGBT sub-population there is individual diversity. Quinn noted that, in fact, " . . . what each group shares within the community is a common stigmatization as a sexual or gender minority for which little health research, particularly cancer related, has been conducted."[6 (p. 385)]

LGBT people may have certain risk factors and behaviors that can predispose them to cancer. The 2015 National Health Interview Survey data report that current cigarette smoking in adults 18 years and older in the US as gay, 19.6%; lesbian, 16.1%; straight male, 16.7%; straight female, 13.6%; bisexual male, 26.8%; and bisexual female, 20.9%.[7] In the National Epidemiologic Survey on Alcohol and Related Conditions, with a large national sample of 34,653 adults, 20.1% of lesbians and 25.0% of bisexuals reported past-year heavy quantity drinking, compared with 8.4% of heterosexual women.

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