The Psychosocial Needs of Lesbian, Gay, Bisexual, or Transgender Patients With Cancer

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Because of discrimination and secrecy, lesbian, gay, bisexual, and transgender (LGBT) people have poorer health outcomes, which include an increased risk for certain cancers and additional challenges in cancer treatment and survivorship. The oncology nurse also should be aware of issues of LGBT sexuality and the impact that oncology treatment may have on the LGBT patient’s immediate and long-term sexual functioning.

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Key words: lesbian; gay; bisexual; LGBT

Discrimination and Health

People who identify as lesbian, gay, bisexual, or transgender, termed “LGBT,” differ from the general public because of their sexual orientation and/or gender identity. These are identity terms—not descriptions of behavior. Many people who have sexual interest in or experiences with people of the same sex do not identify as LGBT. Xu, Sternberg, and Markowitz (2010) studied men (aged 18–59 years) in New York City who reported having sex with men in their past and found that 45% self-identified as homosexual or gay, 19% as bisexual, and 35% as heterosexual or straight.

Increased Cancer Risks

Multiple studies have provided evidence of dramatically increased cancer risks in LGBT people. For example, lesbians are considered to have the densest cluster of breast cancer risks, which include higher rates of smoking, nulliparity, obesity, and alcohol use (Cochran & Mays, 2012). Gay men have high rates of human papillomavirus infection (65% in gay men who are HIV-negative and 95% in gay men who are HIV-positive) (Margolies & Gooren, 2013). When HIV infection is coupled with high tobacco use, the risk increases dramatically for anal and other cancers (Sahasrabuddhe et al., 2013).

Although very little has been studied about the cancer risks of transgender people, some researchers suggest that exogenous hormone may increase the risk for multiple cancers (New York Department of Health, 2013). Increased cancer risks require hyper-vigilance about cancer screening. However, data are minimal and/or mixed about cancer screening in the LGBT population (UC Davis, 2012). The lower rates for most types of screenings reflect the barriers to care reviewed earlier (USDHHS, 2012).

To date, no cancer registries collect information about gender identity or sexual orientation. Without data, the experiences and outcomes for LGBT cancer survivors are buried in valuable SEER data, which other minority populations use for research, funding, and treatment decisions. For example, although LGBT people use tobacco at rates that are 68% higher than the general population, no evidence is reported about increased lung cancer incidence (King, Dube, & Tynan, 2012).

The Cancer Experience

After a history of avoiding the healthcare system because of lower insurance rates and discrimination, LGBT people may enter the cancer treatment world with more wariness than others (Margolies & Scout, 2013). Getting a diagnosis of cancer is frightening. But, for many LGBT people, the critical questions about treatment options and recovery are followed...