Transgender Patient Screening

Breast cancer risk assessment and screening recommendations

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BACKGROUND: When a discrepancy exists between an individual’s biologic sex and the deeply felt sense of being male or female, a transgender orientation may result.

OBJECTIVES: The purpose of this article is to summarize breast cancer risk assessment and screening recommendations for transgender individuals.

METHODS: A review of the literature was done to determine if evidence-based screening guidelines exist for transgender individuals and how they can be applied to clinical practice.

FINDINGS: Most of the available research is descriptive of this patient population and identifies barriers in accessing healthcare services rather than how to provide care. The medical community must address transgender individuals’ specific healthcare needs in a comprehensive and affirmative manner.

GENDER IDENTITY HAS TRADITIONALLY BEEN DEFINED as an alignment of an individual’s biologic sex and the deeply felt sense of being male or female. An aligned orientation known as cisgender happens to be the case for the majority of people. However, when incongruence is present in these two aspects of an individual, a transgender orientation may exist. About 700,000 transgender individuals are living in the United States today, representing 0.3% of the general population (Gates, 2011). Gender identification has become an ever-increasing gray area in society, requiring healthcare providers to understand and adapt to these changing societal norms. The purpose of this article is to summarize breast cancer risk assessment and screening recommendations for transgender individuals.

Background
The descriptive terminology for this patient population addresses the spectrum of gender identity. A transman refers to an individual who was identified as female at birth but who identifies and portrays his gender as male (FtM). A transwoman refers to an individual who was identified as male at birth but who identifies and portrays her gender as female (MtF) (Fenway Health, 2010). How these terms are defined here is limited to their use in this discussion and does not reflect the full gamut of terminology used in the community or literature. Clinicians caring for these individuals should be familiar with the ever-changing language for transgender concepts. This creates a patient care environment that is sensitive and welcoming to individuals who may otherwise be reluctant to access healthcare services. Levitt (2015) suggested that transgender affirmative language by a healthcare provider who is knowledgeable about patient needs can help to increase screenings, particularly those that are related to gendered cancers.

Review of the Literature
A limited body of research addresses standards of care for transgender individuals, including breast cancer screening guidelines. According to Austin et al. (2012), few epidemiologic studies are large enough and include appropriate measures of sexual identity to provide data on patterns of breast cancer incidence for this sociodemographic group. Phillips et al. (2014) attributed this to a historical bias in the healthcare system, resulting in a lack of scientific publications looking at this demographic. Much of the available
The overall incidence of cancer in the transgender population is unknown. The transgender population poses a dilemma for providers in defining additional behaviors that may increase risk. The World Professional Association for Transgender Health guidelines (ACOG, 2011) describe the transition from one gender to another in multiple stages, including the use of cross-sex hormone therapy to acquire and maintain the physical characteristics of the desired gender, usually followed by surgery. Screening guidelines for various groups are based on the individual’s natal sex and stage of transition to their gender identity (Phillips et al., 2014). Transgender women aged 50 years or older who have past or current hormone use should seek annual breast imaging or mammography if additional risk factors exist (e.g., estrogen and progestin use for more than five years, body mass index of greater than 35, and family history of breast cancer). Breast imaging or mammography is not recommended for transgender women who have no hormone use, unless the patient has other known risk factors (e.g., Klinefelter syndrome). Clinical breast examination is not recommended for either group. For transgender men who had reduction mammoplasty or no chest surgery, screening mammography and breast examination are recommended as for natal women. Although breast imaging or mammography is not recommended for transgender men after bilateral mastectomy, annual clinical examination of the chest wall and axilla is recommended. Breast imaging or mammography, as well as clinical breast examination, for preoperative transgender men is recommended as for natal women (Phillips et al., 2014).

Every person born female (natal woman) has a baseline risk of developing breast cancer based on gender and age. The high incidence of breast cancer (12%) and existence of many modifiable risk factors support the premise that every natal woman being seen within the primary care practice should have a breast cancer risk assessment.
Realize that a healthcare team that is knowledgeable and sensitive to the individual needs of transgender patients will create an environment that promotes access to care. Include, in a comprehensive health assessment, potential barriers to care with resources to address these concerns. Address relevant cancer screening with patients on an ongoing basis considering the natal sex and the new sex.

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REFERENCES


