Care Considerations for the LGBTQ+ Patient With Cancer

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The LGBTQ+ community is considered a sexual and gender minority and is a medically underserved patient population because of healthcare disparities and specific health risks. Oncology clinical teams can provide skilled, respectful care to LGBTQ+ communities through the collection of sexual orientation and gender identity information, provision of a welcoming care environment, and appropriate use of inclusive language. Healthcare providers can play a role in prevention and detection of cancer and quality of life post-treatment through the understanding of the unique needs of the LGBTQ+ patient population as they navigate the healthcare system.

AT A GLANCE

- A welcoming environment using visual cues may provide comfort to LGBTQ+ patients that the department is understanding and affirming.
- Use and collection of sexual orientation and gender identity information leads to individualized, culturally sensitive, patient-centered care.
- Inclusive language can be helpful in understanding familial relationships and differing support systems and communicating this understanding back to LGBTQ+ patients.

KEYWORDS
LGBTQ+; cancer; sexual orientation and gender identity; disparity; nursing

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Almost 17 million Americans currently live with a history of cancer, and 1.9 million new cancer cases were expected to be diagnosed in 2021 (American Cancer Society, 2021). A February 2021 Gallup survey estimated that 5.6% of the U.S. population identifies as LGBTQ+ (lesbian, gay, bisexual, transgender, queer; the plus includes those who identify as questioning, asexual, nonbinary, intersex, or other) (Jones, 2021). Most sexual and gender minority research has focused on HIV/AIDS, with only 1.8% of studies focused on cancer (Margolies & Brown, 2018). There is limited research in this patient population because many practices are not collecting registry data on sexual orientation and gender identity (SOGI), making it difficult to develop prevention and treatment standards (Boehmer, 2018). According to Cathcart-Rake et al. (2019), "only about 1 in 5 responding National Cancer Institute Community Oncology Research Program community oncology practice groups routinely report collecting SOGI data" (p. 1,318). Multiple acronyms are used to describe the LGBTQ+ community and as inclusive language evolves, accepted acronyms may change over time. For this article's purposes, LGBTQ+ will be used as an umbrella term.

The LGBTQ+ community is very diverse in terms of race, ethnicity, income, age, and other demographic factors. In addition, members of the LGBTQ+ community are known to have numerous healthcare disparities, such as increased risk for certain cancers, diagnosis of cancer at later stages, and lower quality of care due to stigma, cultural insensitivity, and lack of provider awareness to LGBTQ+ healthcare needs (Gibson et al., 2017; Margolies & Brown, 2018; Quinn et al., 2015). In addition, the incidence and mortality rates for colorectal, lung, prostate, breast, and cervical cancers among the LGBTQ+ community are increased when compared to the general U.S. population (Gibson et al., 2017).

Cancer risks, such as alcohol and tobacco use and obesity, are more commonly experienced in the LGBTQ+ patient population, and cancer risks related to sexual practices are different when compared to the heterosexual population (Tamargo et al., 2017). Lesbian women may have higher rates of certain cancers because of delayed or lower rates of childbirth and delay in screening, such as cervical cancer screening (Panganiban & O'Neil, 2021). Men who have sex with men, particularly HIV-positive men, have higher rates of anal human papillomavirus (HPV) and are at increased risk for anal cancer when compared to overall rates in U.S. men (LGBT HealthLink, n.d.); however, there are currently no requirements for routine HPV screening