

Lunch 'n' Learn Webinar

Gender-Affirming Cancer Screening Guidelines for Trans and Non-Binary Clients



Alliance for
Healthier Communities
Alliance pour des
communautés en santé



INDIGENOUS
PRIMARY
HEALTH CARE
COUNCIL



A corporate member of NPAO

Nurse Practitioner-Led Clinic
ASSOCIATION



association of family
health teams of ontario



Ontario Santé
Health Ontario

Welcome & Introduction



- Housekeeping
- Land Acknowledgement
- Ed Kucharski
Family Physician, South East Toronto FHT
Chief Medical Officer, Casey House
- Celeste Turner
LGTBQ+ Support Coordinator, Niagara Falls CHC
- Michelle Hurtubise
Executive Director, Centretown CHC
- Q&A / Discussion

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and Alliance members takes place across what is now called Ontario on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories and needs, as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding responsibilities to all who now live on these lands, the land itself and the resources that make our lives possible.

Breast Cancer and Cervical Screening for Trans and Nonbinary People in Ontario

DR. ED KUCHARSKI



Ontario Health
Cancer Care Ontario

Agenda

- Background
- Cross-Program Considerations
- Screening Recommendations for Transfeminine and Nonbinary People
- Screening Recommendations for Transmasculine and Nonbinary People



Background

Organized Cancer Screening Programs

	Ontario Cervical Screening Program (average risk)	Ontario Breast Screening Program	High Risk Ontario Breast Screening Program	ColonCancerCheck (average risk)	Ontario Lung Screening Program
Eligibility	Anyone with a cervix who has had sexual contact ages 25-69	Most eligible women, trans and nonbinary people ages 50 - 74	Eligible women, trans and nonbinary people ages 30 – 69	Anyone 50 -74 without a parent, sibling or child who has been diagnosed with colorectal cancer	Anyone 55 – 74 who has smoked cigarettes daily for 20 or more years
Interval	Every 3 years	Every 2 years	Annually	Every 2 years	Varies
Modality	Cervical cytology (Pap test)	Mammogram	Mammogram and MRI	Fecal immunochemical test	Low-dose CT

Screening for Trans and Nonbinary People

- Trans and nonbinary people face many unique barriers when accessing cancer screening including
 - Healthcare providers may not understand their needs¹
 - Absence of trans-specific cancer screening guidelines
 - System-level data infrastructure limitations
- These barriers can contribute to trans people being less up-to-date with breast cancer and cervical screening than cisgender women²⁻⁴



Policy Development Process

- Ontario Health developed 4 systematic reviews, 2 guideline reviews and a jurisdictional scan to support recommendations
- Working groups for breast cancer screening and cervical screening were convened
- An overarching steering committee reviewed recommendations from the working groups

Screening Policy for Trans and Nonbinary People

- The *Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and the Ontario Cervical Screening Program* contains 17 recommendations



Cross Program Considerations

Cross Program Considerations

- Health care providers should take steps to reduce emotional and physical discomfort for trans and nonbinary people throughout the screening experience



Screening Recommendations for Transfeminine and Nonbinary People

Breast Screening



Ontario Health
Cancer Care Ontario

Breast Screening

Average Risk

- Screen average risk transfeminine and nonbinary people with a history of 5 or more consecutive years of cross-sex hormone (CSH) use **AND** between the ages of 50 and 74 with mammography every 2 years

Breast Screening

High Risk

- Refer transfeminine and nonbinary people between the ages of 30 and 69 who meet eligibility criteria **AND** have a history of 5 or more consecutive years of CSH use to the High Risk OBSP

Breast Implants

- Breast implants should not preclude eligible transfeminine and nonbinary people from participating in the OBSP



Some points on Breast Cancer in Transfeminine women

- There have only been 21 recorded cases of breast cancer since 1968!
- Factors that may reduce the risk – less lifetime or cyclical hormone exposure, little or no progesterone exposure.
- Dutch and US Retrospective Studies

Cervical Screening




Ontario Health
Cancer Care Ontario

Cervical Screening

- Cervical screening for people born without a cervix and people with or without a neocervix may not be clinically or scientifically indicated
- Transfeminine and some nonbinary people are unlikely to benefit from screening and are not eligible for screening within the OCSP

Cervical Screening

- If appropriate, clinicians should consider visual exam and/or vaginal cytology of the neovagina outside the OCSP
- In practice, this is seldom done



Screening Recommendations for Transmasculine and Nonbinary People

Breast Screening



Ontario Health
Cancer Care Ontario

Breast Screening

- Screen eligible average risk transmasculine and nonbinary people between the ages of 50 and 74 with mammography every 2 years
- Refer eligible transmasculine and nonbinary people between the ages of 30 and 69 who meet high risk eligibility criteria to the High Risk OBSP



Cervical Screening



Ontario Health
Cancer Care Ontario

Cervical Screening

- Screen average risk transmasculine and nonbinary people with a cervix between the ages of 25* and 69 with cytology every 3 years if sexually active
- Offer screening to eligible transmasculine and nonbinary people who are due for screening before removal of the cervix

*In March 2020, the Ontario Cervical Screening Program instituted a recommendation encouraging primary care providers to start screening eligible participants at age 25 except people who are immunocompromised who should continue to be screened starting at age 21.

Cervical Screening

- The use of androgens and the absence of estrogens must be indicated on the cervical screening requisition to minimize cytologic misinterpretation

Vaginal Vault Testing

- The OCSP does not currently have recommendations for vaginal vault testing for people following the removal of the cervix during hysterectomy
- The OCSP is developing vaginal vault testing recommendations. Until then, vaginal vault testing should be based on clinical judgement

Follow Up After Cervical Screening

- For transmasculine and nonbinary people whose cervical screening test result is abnormal, consider referral to colposcopy according to OCSP guidelines



Follow Up After Cervical Screening

- For transmasculine and nonbinary people with low-grade cytologic abnormalities, potential options before referring to colposcopy include:
 - repeat the Pap test
 - consider an HPV test (not currently covered by the Ontario Health Insurance Plan)
 - consider repeating the Pap following a trial of intravaginal estrogen
- Clinical judgement in the context of individual participant preferences should be applied



PAPS MATTER FOR TRANS MEN



© 2014 National Cancer Institute. Photograph by Amber Eswain



Ontario Health
Cancer Care Ontario



Policy Implementation

Implementation

- New and revised screening materials use gender-neutral and/or gender inclusive language
- OCSP is developing inclusive correspondence as part of the transition to the HPV test as the primary cervical screening test in Ontario

Implementation

- In the OBSP, a project is underway to:
 - develop guidance for providers on how to assess CSH use among transfeminine and nonbinary people
 - create a process to include people with breast implants in average-risk breast screening
 - send screening correspondence to eligible trans and nonbinary Ontarians

Limitations

- OHIP registration form collects info about sex designation which remains in the Ministry of Health's Registered Persons Database (RPDB)
- Some aspects of Ontario's screening programs, including correspondence and the Screening Activity Report (SAR), are based on sex designation in the RPDB
- Eligible trans and nonbinary people may not benefit from all aspects of organized cancer screening

Limitations

- Teams across Ontario Health are working to resolve data-specific issues related to correspondence and the SAR
- As a result, in the future state
 - most eligible trans and nonbinary Ontarians will receive correspondence
 - impact of binary sex data in primary care reporting (e.g., SAR) may be limited



Resources

Resources

- **Ontario Health (Cancer Care Ontario)**
 - Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and the Ontario Cervical Screening Program (cancercareontario.ca/en/guidelines-advice/types-of-cancer/61546)
- **Centre of Excellence for Transgender Health**
 - Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (transhealth.ucsf.edu/protocols)



Resources

- **Rainbow Health**

- LGBTQ Cancer Factsheet
(rainbowhealthontario.ca/resources/cancer-in-lgbtq-communities)
- Trans Primary Care Guide
(rainbowhealthontario.ca/TransHealthGuide/#intro)
- Guidelines and Protocols for Hormone Therapy and Primary Health Care for Trans Clients
- Trans Health Connection (Mentorship program)
(rainbowhealthontario.ca/trans-health-connection/)



Additional Resource:

CARING FOR LGBTQ2S PEOPLE

A Clinical Guide

• SECOND EDITION •

EDITED BY
AMY BOURNS AND EDWARD KUCHARSKI
WITH ALLAN PETERKIN AND CATHY RISDON



Ontario Health
Cancer Care Ontario

References

1. Bauer GR, Zong X, Scheim AI, Hammond R, Thind A. Factors impacting transgender patients' discomfort with their family physicians: a respondent-driven sampling survey. PLoS ONE 10. 2015;12. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0145046>
2. Canadian Cancer Society [Internet]. Screening in LGBTQ communities: Why should you get screened? 2019. Available from: <http://www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/find-cancer-early/screening-in-lgbtq-communities/why-should-you-get-screened/?region=on>
3. Peitzmeier S, Khullar K, Reisner S, Potter J. Pap test use is lower among female-to-male patients than non-transgender women. Am J Prev Med. 2014;47(6):808-12.
4. Bazzi, A.R., et al., Adherence to Mammography Screening Guidelines among Transgender Persons and Sexual Minority Women. Am J Public Health, 2015. 105(11): p. 2356-8.



Health and Cancer Overview

Celeste

2S&LGBTQ+ Health in General

According to Ontario Health Equity Impact Assessment: LGBT2SQ Populations, as a result of social stigma and discrimination, LGBT2SQ people report higher rates of depression, anxiety and mental health challenges:

- LGBT2SQ youth are 2-3 times more likely to attempt suicide than their heterosexual, cisgender peers.
- One Ontario-based study found 47% of trans people age 16-24 had considered suicide recently, and 19% had attempted suicide in the past year.
- Racialized LGBT2SQ individuals have mental health needs nearly 5% higher compared to non-racialized LGBT2SQ people, and 16% higher compared to cis-hetero-non-racialized people.
- A high burden of mental and emotional distress has been associated with higher rates of coping behaviours such as tobacco, alcohol and drug use, all of which are more prominently seen in LGBT2SQ communities.

http://www.health.gov.on.ca/en/pro/programs/heia/docs/heia_lgbt2sqpopulations_en.pdf

Social Determinants of Health

1.Income and social status

1.Social support networks

1.Education and literacy

1.Employment/working conditions

1.Social environments

1.Physical environments

1.Personal health practices and coping skills

1.Healthy child development

1.Biology and genetic endowment

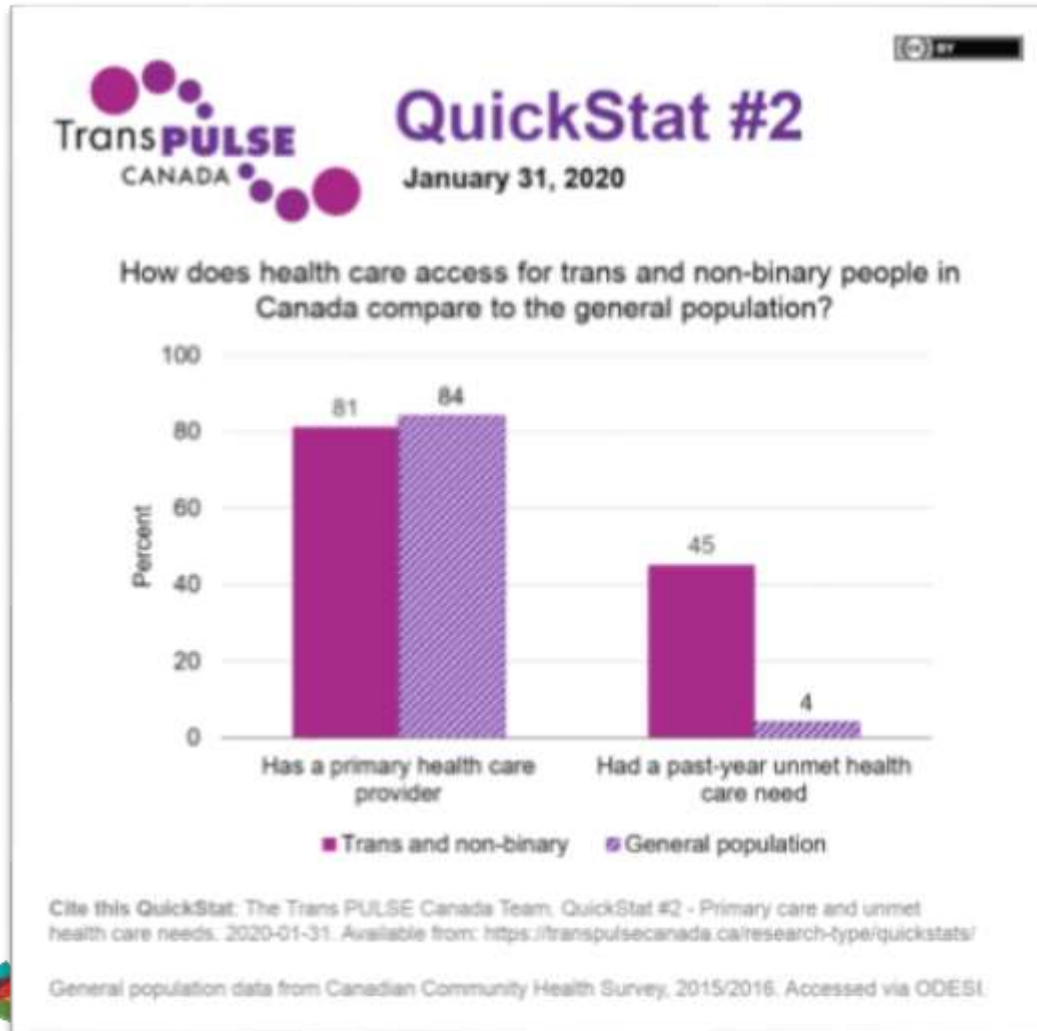
1.Health services

1.Gender

1.Culture



Desperate need for Trans and Non-Binary Affirming Healthcare



“...because they were trans or non-binary, 12% had avoided going to the emergency room in the past year, despite needing care.”

Source:

https://transpulsecanada.ca/wp-content/uploads/2020/03/National_Report_2020-03-03_cc-by_FINAL-ua-1.pdf



Why?

Negative experiences & mistreatment

- Many have had negative experiences including discomfort, denial of care, and discrimination.
- 50% were not comfortable discussing trans issues with their doctor.
- 30-40% perceived their physician to be not at all knowledgeable about trans health issues.
- 20% have been denied hormone prescriptions.
- 21% have avoided emergency room care because they perceived their trans status would negatively affect the encounter.***
- 11% have obtained hormones from non-medical sources.

<https://www.rainbowhealthontario.ca/TransHealthGuide/>

LGBTQ Cancer Facts:

- Certain cancers are more prevalent in LGBTQ+ populations than in the general population
- LGBTQ+ populations disproportionately experience certain cancer risk factors
- LGBTQ+ individuals' experiences of cancer care often differ from those of non LGBTQ+ persons
- That these differences can be attributed to negative attitudes and discrimination towards LGBTQ+ people.

https://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/RHO_FactSheet_LGBTQCANCER_-07.31.16.pdf

Screening and Prevention:

- Many respondents to a US survey of transgender and gender variant people said that they had been refused medical care on the basis of their gender identity
- Transgender and gender variant people of colour more frequently reported being refused medical care than white respondents.
- Discriminatory attitudes and behaviours include making assumptions about the gender of a patient's partner, providing information or resources that are irrelevant to their life experiences, or misgendering a patient.
- Sexual minority patients who are comfortable discussing their sexual identity with a physician are more likely to undergo cancer screening

https://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/RHO_FactSheet_LGBTQCANCER_-07.31.16.pdf

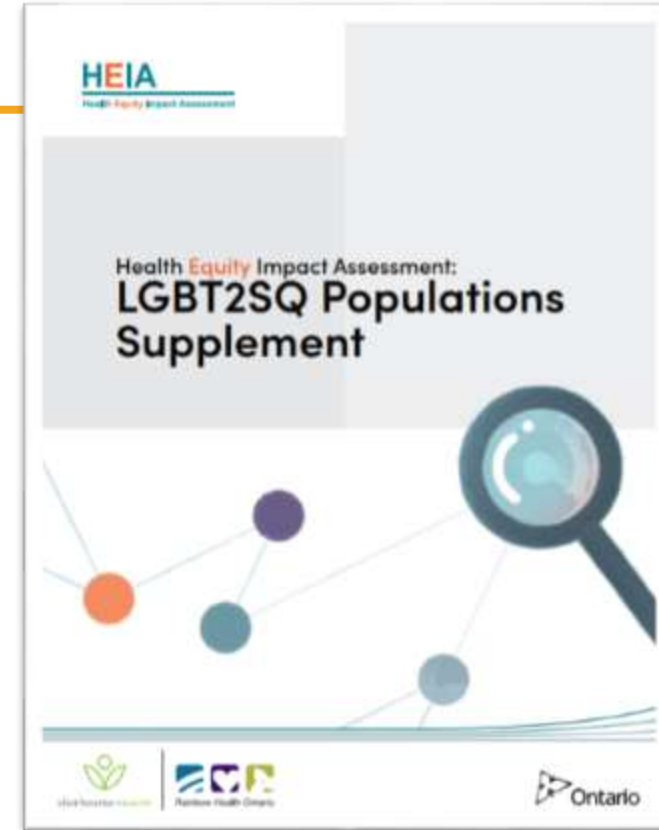
Recommendations

- **Question your own internal bias**
 - Where did this belief come from? How does it effect others?
- **ALWAYS ask, and confirm:**
 - Chosen name
 - Pronouns
 - Words used for body parts
- **Neutralize language as much as possible**
 - <https://cyndigilbert.ca/wp-content/uploads/2020/05/Neutralizing-Clinical-Language.pdf>
 - Assess health promotion materials language for inclusivity

Further Reading and Resources:



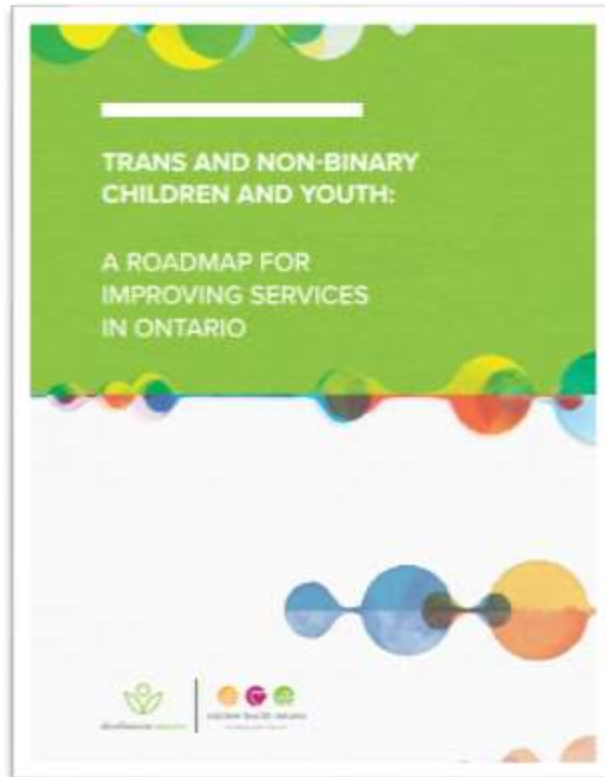
TransPULSE Canada <https://transpulsecanada.ca/>



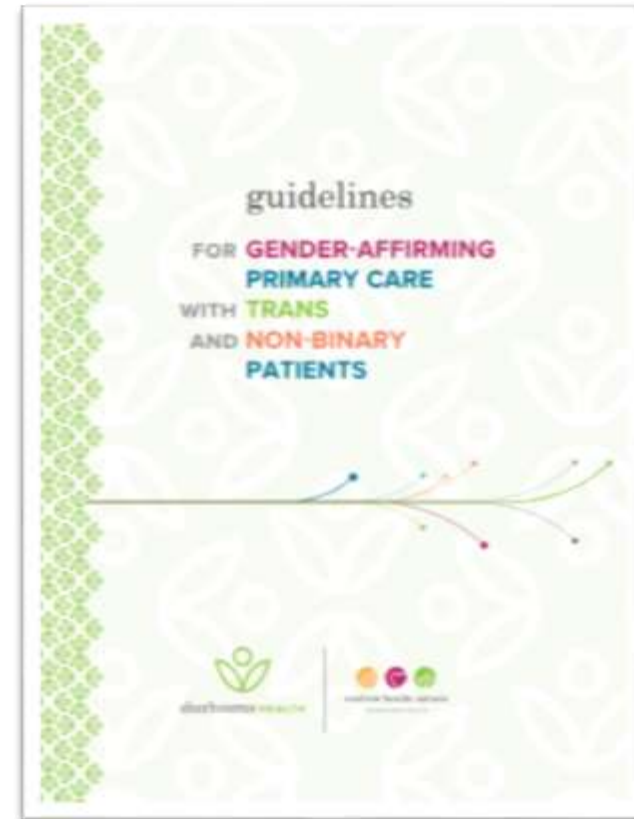
Health Equity Impact Assessment:

http://www.health.gov.on.ca/en/pro/programs/heia/docs/heia_lgbt2sqpopulations_en.pdf

Further readings, resources:



<https://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/Trans-NB-ChildrenYouth-2019-RHO-final-2.pdf>



<https://www.rainbowhealthontario.ca/education-training/>



Data Collection

Michelle

System level advocacy:

Significant barriers exist in Electronic Medical Records (EMRs) that present challenges in supporting gender affirming care:

- Many EMRs do not easily allow for the documentation of legal name (which may be a "dead" name) while promoting the use of the client's preferred name
- Many EMRs require the documentation of gender based on what is in OHIP system (male/female), some will also allow for "other"
- EMRs promote that they will flag preventative care based on the gender identified in the EMR which may result in a missed preventative care because gender and anatomy don't align
 - Transmen may need PAPs if they still have a uterus and cervix
 - Transwomen may need prostate exams

System level advocacy:

Alliance for Healthier Communities recently passed a resolution asking :

"Ontario Health Data Council and the Electronic Health Record (EHR) Advisory Support Working Group as the body providing oversight and direction on e-Health to update the set of Mandatory EMR Specifications for any EMR to achieve certification to include the capacity to document preferred name (in addition to legal name), to document gender identity (in addition to legal gender), and to document current anatomy where gender identity is not aligned with physical anatomy"



Questions?

Thank You | Miigwetch | Merci

PrimaryCareInquiries@ontariohealth.ca

Communications@AllianceoN.org

