

Background & Problem Statement

Transmen and gender non-binary (GNB) persons within the St. Michael's Hospital Family Health Team have **lower screening rates** as compared to cisgender patients, even when other variables are adjusted for (Figure 1). Similar results have been demonstrated in other single-centre studies.¹ There are well-documented **institutional, cultural, and structural barriers** that transgender/GNB persons face in accessing health care,² which may impact cancer screening rates. Lower rates of cervical cancer screening place transgender men and GNB persons at **increased risk of developing cervical cancer**.

Figure 1: Comparison of cervical cancer screening rates among eligible cisgender vs. transgender patients enrolled within the SMH FHT.

	Cisgender Patients (n=20,514)	Transgender Patients (n=120)	p-value*	Standardized Difference
Cervical cancer screening rate	9798/13683 71.61%	48/86 55.81%	<0.05	-0.3330

Aim Statement

Our goal is to better understand the **factors that contribute to lower cervical cancer screening rates** among transgender men and GNB persons in order to improve screening uptake. We plan to conduct interviews with both providers and trans/GNB patients at the St. Michael's Hospital Family Health Team (SMH FHT). We aim to interview approximately 10 patients and 4 providers by May 2017. As a future goal beyond the scope of this project, we aim to use this information to improve cervical cancer screening rates among transgender men and GNB persons at SMH FHT by 10% by May 2018.

PDSA 1

Plan
Interview trans/GNB patients to better understand their experience with cervical cancer screening and solicit their suggestions for improving screening rates.

1. Peitzmeier SM, Khullar K, Reisner SL, Potter J. Pap test use is lower among female-to-male patients than non-transgender women. Am J Prev Med. 2014 Dec;47(6):808-12.
2. Scheim A, Bauer G. Breast and Cervical Cancer Screening Among Trans Ontarians: A report prepared for the Screening Saves Lives Program of the Canadian Cancer Society. Trans PULSE; 2013.

Do

Four patients were interviewed in this PDSA cycle (out of an initial goal of five).

Study

- Patients offered **relatively few suggestions that were likely to significantly improve cervical cancer screening rates**.
- **Individual factors** were much more likely to predict whether a patient received cervical cancer screening.
- Participants reported a **wide range of feelings around cervical cancer screening**, from stating that they would prefer to die of cervical cancer than proceed with screening to citing high anxiety around cancer diagnosis and wishing that screening could be completed more often.
- Participants emphasized the importance of **excellent communication, respect for patient autonomy, and shared decision making** when discussing and conducting cervical cancer screening.

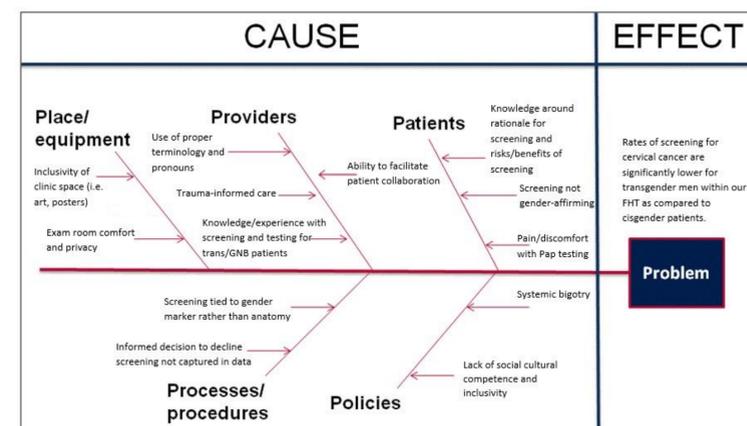
Patient 1, on choosing not to proceed with screening: "If I die from [cervical] cancer, that's fine."

Patient 4: "I'd definitely want to know if there was a cancer or pre-cancer and if there's anything I can do to prevent it [from progressing]."

Act

- Given that experiences of cervical cancer screening for transgender and GNB patients are nuanced and dynamic, with individual factors playing a key role, we plan to amend our questionnaire to better explore factors that influence patients' decisions about whether or not to proceed with cervical cancer screening.

Cause & Effect Diagram



PDSA 2: Patients

Plan

Amend the patient questionnaire to focus more on individual patient factors that influence decisions regarding screening.

Do

Three patients were interviewed, for a total of seven patients (out of an initial goal of ten) interviewed in this project.

Study

- Patients generally weighed the health benefits of cervical cancer screening against resulting **dysphoria and trauma** of Pap testing.
- Patients' **relationships with their providers** were cited as significant factors in their decisions about whether to proceed with screening.
- There appear to be some prevalent **misconceptions** related to baseline cervical cancer risk among transgender and GNB persons.

Act

- Future projects may examine potential misconceptions about cervical cancer amongst transgender and GNB patients.

Patient 6: "I had a really great [provider]...that helped in terms of me being more comfortable [with screening]."

PDSA 3: Providers

Plan

Develop and administer a provider questionnaire to understand perspectives regarding barriers to screening and strategies for improvement, as well as analyze concordance or discordance between provider and patient perspectives.

Do

Three providers were interviewed (out of an initial goal of four).

Provider 2: "I think patients have a better experience [with screening] if the provider makes them at ease by using appropriate terminology."

Study

- Providers' perspectives were largely in line with those of patients.
- A trusting patient-provider relationship was emphasized as a factor in improving experiences with cervical cancer screening.
- The importance of **provider skill and experience** was highlighted.

Act

- Future projects may test ideas to enhance provider comfort and skill around cervical cancer screening for transgender and GNB persons.

Key Takeaways

- **Individual factors play a significant role** in decisions about whether or not to proceed with screening. While system level changes may significantly improve patients' experiences with screening, in our practice setting they are unlikely to result in increased screening rates.
- Patients emphasized that **sensitive, effective communication is crucial** when approaching cervical cancer screening in this population.
- Providers expressed excellent knowledge and competence regarding specific issues relevant to cervical cancer screening in this population. **Less experienced providers may benefit from general training and feedback in order to improve their skills.**
- Transgender and GNB patients may have misconceptions about the rationale for screening and their baseline cancer risk, and **patient education is crucial.**
- Given that the risks and benefits of screening are usually significantly different for transgender and GNB patients as compared to cisgender patients, it may be helpful to **track and analyze rates of an informed decision** not to proceed with screening when examining screening data in this population.
- Overall, cervical cancer screening in transgender and GNB populations is nuanced and requires **an approach tailored to the individual.**

Patient 6: "Everybody's mindset is different going into that [cervical cancer screening] appointment, because everybody's transition is different."

Next Steps

- An extension of this project aims to **develop a custom EMR tool** that providers may use to document discussions regarding cervical cancer screening, including informed decisions not to screen.
- This tool would help to **facilitate discussions around screening** and allow for a **more refined analysis** of screening rates in the future.

Special thanks to all of the amazing patients and providers who participated in this project!

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