

# Fighting Cancer in the LGBTQ Community

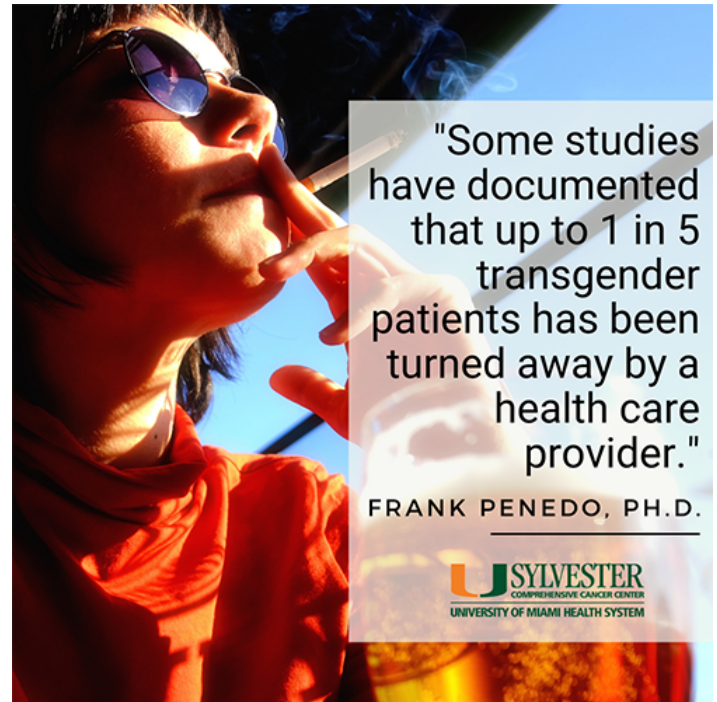
Accessing quality healthcare is a challenge for many marginalized communities, including the LGBTQ+ population.

Many members of the LGBTQ community are uninsured or don't have a doctor they trust. So, they tend to avoid routine medical consultations, exams, and screenings. Limited access and engagement in healthcare lead to late-stage diagnoses for diseases including cancers, delayed treatment, and poorer patient outcomes.

This group is statistically more likely to develop certain cancers, including anal, colorectal, throat, cervical, uterine, breast, lung, and prostate. So, those at risk need to have honest conversations with their doctors about their sexual orientation, gender identity, and any gender-altering hormones, sexual behaviors, and certain lifestyle choices that can raise the risk for cancer and other diseases.

“Our best estimates project that there are about 1 million LGBTQ cancer survivors in the U.S.,” says Frank Penedo, Ph.D., associate director for Cancer Survivorship and Translational Behavioral Sciences at Sylvester Comprehensive Cancer Center. “The LGBTQ community is overrepresented in cancer survivors, and these rates likely underestimate the number of cancer patients in this community given the continued challenges with disclosing sexual orientation, particularly to health care providers.”

## Why are several cancers more common in the LGBTQ community?



- Greater risk behaviors or factors (smoking, heavy alcohol consumption, obesity)
- Lower rates of health insurance, particularly among transgender individuals
- Limited access to optimal preventive care and treatment

It is well documented that smoking can significantly increase the risk of lung, esophageal, colon, and anal cancers. "Smoking rates among gay men are twice as high as those in the general population, yet prevention efforts or smoking cessation programs are rarely tailored to this community," Dr. Penedo says.

Queer cis-gender females also seem to engage in more significant risk behaviors and have underlying conditions that can lead to cancer. These include higher rates of smoking, excessive alcohol use, obesity, diabetes, as well as delayed childbirth, or not having biological children. Lesbians are also less likely to get vaccinated against the sexually transmitted Human Papillomavirus (HPV), which causes some cancers.

“Lesbians, with limited access or lacking established relationships with health care providers, are more likely than heterosexual women to report unmet medical needs and less likely to participate in regular medical visits,” says Dr. Penedo. “Women in same-sex relationships also report lower rates of mammography, colonoscopies, and pap smears relative to heterosexual women.”

## **Another barrier to cancer preventive care, diagnostic screenings, and treatment for the LGBTQ community?**

Discrimination in the health care system. “Some studies have documented that up to one in five transgender patients has been turned away by a health care provider,” Dr. Penedo says.

“Relative to heterosexual men, gay men generally report significant concerns around minority status and stigmatization. They may not be screened for less common cancers in heterosexual communities, such as anal cancers. Gay men also report lower satisfaction with their cancer-related medical care, which has been associated with greater anxiety and poor quality of life,” he says.

“Collectively, these challenges place the LGBTQ community at greater risk of late presentation and advanced disease, which leads to less favorable treatment outcomes.”

## **How is Sylvester improving health care for LGBTQ patients and families?**

“Our community of health care providers is here to address your care needs, regardless of your sexual orientation or gender identity, in a confidential manner with compassion and sensitivity,” Dr. Penedo says. “As the LGBTQ community has unique risks and needs specific to various cancers, it is important that your

providers are aware of your sexual orientation or gender identity to allow them to provide the best care available. While these discussions can seem challenging, our Sylvester and UHealth teams are highly experienced in providing care for the LGBTQ community and can facilitate discussions to guide your care.”

The health system also has several research programs designed to improve health outcomes in the LGBTQ community. For instance, Dr. Penedo and his team are developing an intervention to help LGBTQ cancer survivors who are also HIV positive. The online program helps patients co-manage the unique stressors and challenges of having both cancer and HIV.

The multidisciplinary team of clinicians, surgeons, researchers, and administrators collaborate to improve gender-inclusive patient care. “Our team meets monthly to enhance our patient navigation process for our transgender patients and optimize our electronic record and patient interfaces to be more gender-inclusive,” says Lydia Ann Fein, M.D., an obstetrician-gynecologist with UHealth and director of the Transgender Program. “We also provide in-service training to promote LGBTQ inclusivity throughout our health system.”

The most effective way to serve the health care needs of the LGBTQ community? Advance the resources for inclusive medical research.

“The trans population is vastly understudied,” Dr. Fein says. “Any contribution to research is meaningful. Research must consider the transgender population separately from the lesbian, gay, and bisexual population because they have different risk factors and vulnerabilities.”

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Dana Kantrowitz is a contributing writer for UMiami Health News.

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