

Cancer Screening and Prevention in LGBTQ+ community

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06/23/25



Cancer knows no gender – if you have it, screen it!



LGBTQ+ Health Disparities

Why do they exist?

- Discrimination
- Stigma
- Prejudice

Minority stress¹

- Higher rates of tobacco, vaping, alcohol and substance use
- Delaying and avoiding medical attention
- Eating disorders
- Anxiety and depression
- Suicide



1) Meyer, Ilan H. (2003). "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence". *Psychological Bulletin*. 129(5): 674–697

LGBTQ+ Health Disparities: Cancer

What do they lead to?

- Lower cancer screening rates¹⁻⁴
- Higher incidence in cancer diagnosis
- LGBTQ+ patients present with later stage of cancer*



*Preliminary data

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) Boehmer U, Elk R. *Cancer and the LGBT Community*. Dordrecht, London: Springer; 2015.

3) Ceres M, Quinn GP, Loscalzo M, Rice D. Cancer Screening Considerations and Cancer Screening Uptake for Lesbian, Gay, Bisexual, and Transgender Persons. *Semin Oncol Nurs*. 2018 Feb;34(1):37-51

4) Taylor, E. T., & Bryson, M. K. (2016). Cancer's margins: Trans and gender nonconforming people's access to knowledge, experiences of cancer health, and decision-making. *LGBT Health*, 3(1), 79-89

LGBTQ+ Health Disparities: Cancer

Statistics – what we know:

- Approximately **81000+** LGBTQ+ individuals will be diagnosed with cancer each year in the United States
- Lesbian and bisexual women are **2.0-2.3** times more likely to receive any cancer diagnosis
- Gay men are at increased risk of anal, prostate and HIV-associated cancers and are diagnosed at a younger age
- Transgender and gender-diverse individuals are **2.3-3.0** times more likely to have infection-induced cancers

What we do not know:

- Incidence per cancer type (numbers could be too small)
- Cancer-related data in racial and ethnic LGBTQ+ minorities (not enough data)

*Preliminary data

LGBTQ+ Health Disparities: Cancer

Why is there not enough information?

- Underreporting or non-collection of Sexual Orientation and Gender Identity Information (SOGI) across the nation (which is changing!)
- Not having an LGBTQ+ **proficient** clinician ([YOU DESERVE ONE](#))
- LGBTQ+ folks are avoiding disclosure of the SOGI and sexual practices information due to stigmatization, discrimination etc.
- Social Determinants of Health are affected (housing, jobs, schools, community resources, mental health resources etc.)

LGBTQ+ Health Disparities: Cancer Prevention

Why LGBTQ+ folks less likely to undergo cancer prevention and screening services?¹⁻⁴

- Not having health insurance
- “Gendering” of cancer screening
- Lack of LGBTQ+ proficient primary care clinician
- Previous negative experiences with cancer screening services
- Patient and clinical lack of knowledge of what, when and how to screen
- Denied care by clinicians



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.

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4) Taylor, E. T., & Bryson, M. K. (2016). Cancer's margins: Trans and gender nonconforming people's access to knowledge, experiences of cancer health, and decision-making. LGBT Health, 3(1), 79-89

How to prevent cancer?

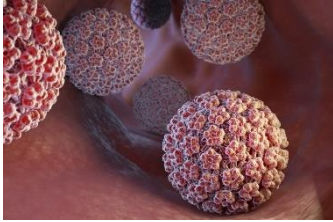


Cancer prevention in general

- Healthy eating
- Exercise
- Reducing tobacco use and vaping
- Reducing alcohol intake

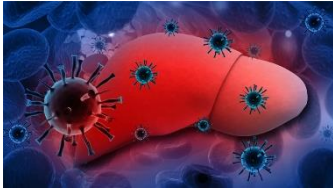


Infection Prevention



Human Papillomavirus (HPV)

- Causes cervical, anal and throat cancers
- Vaccinate! Series of 3 vaccines in a lifetime
- Everyone under 46 years of age* should be vaccinated.



Hepatitis B and Hepatitis C
viruses (HBV and HCV)

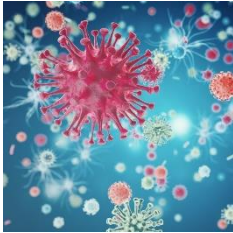
- Cause liver cancer
- Hep B - Vaccinate! Series of 2-3 vaccines. Test for immunity titers.
- Hep C – Regular testing. Get treated if needed, it's curable!

Infection Prevention



Helicobacter pylori (H. Pylori)

- Causes stomach cancer
- If symptomatic, see your proficient provider
- Simple breath test – if positive, successful treatment will prevent stomach cancer



Human Immunodeficiency
Virus (HIV)

- Causes anal, skin, lung, liver cancer, lymphoma and other types of cancer.
- Regular testing
- PrEP – oral or injectable medication
- PEP (if exposed) – oral medication
- Treatment – goal to have viral load as “Undetectable” – oral or injectable medication

Find an LGBTQ+ proficient clinician and/or service



Breast/Chest Cancer Screening

National Guideline (ACS): Annual mammogram starting at age 45 without family history, until 75 years old

- **Transgender Women** - If 50+ years old **AND** 5+ years of hormonal therapy, **THEN** screening mammogram every two years.
- **Transgender Men** - If intact anatomy, **THEN** standard screening
 - If gender-affirming chest masculinization there may be residual tissue.
 - Reduction surgery, **THEN** standard screening.
 - Bilateral mastectomy, **THEN** no screening.
HOWEVER, may benefit from annual chest exam **OR** MRI, if family history of breast/chest cancer.
- **Cisgender women** – follow national guideline.
- **Cisgender men** – no recommendation, unless symptomatic and/or significant family history.
- **Other identities** – organ-based approach and gender-affirming medications intake status.

Cervical Cancer Screening

*National Guideline (ACS): Start at age 21, pap test every 3 years **OR** every 5 years with Pap **AND** HPV co-testing*

- **Transgender Women** - No screening.
 - However, there is an increased risk of HPV-related lesions in neovagina following genital gender-affirming surgery.
 - No current guidelines for HPV-related screening.
- **Transgender Men** - Standard screening **IF** cervix is present, **BUT** if on Testosterone doctor should indicate for pathologist's knowledge.
 - Increased rates of abnormal results if on testosterone.
 - No screening if cervix removed **AND** no history of high-grade lesions.
- **Cisgender women** – follow national guideline.
- **Cisgender men** – no screening.
- **Other identities** – organ-based approach and gender-affirming medications intake status.

Uterine/Endometrial Cancer Screening

National Guideline (ACS): No recommendations

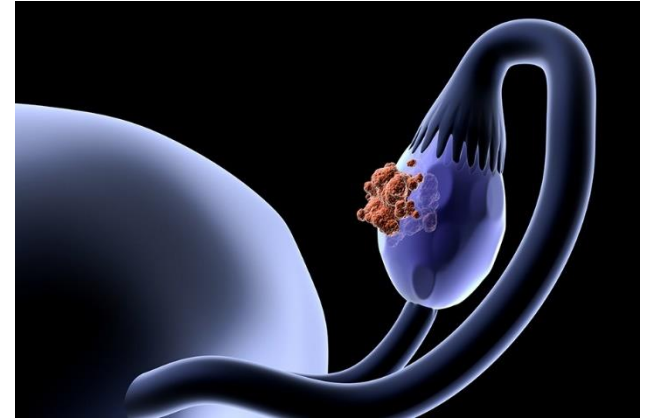
- **Transgender Women** - No screening.
- **Transgender Men and Other Identities** - No screening.
 - **BUT** if uterus is present **AND** there is unexplained genital bleeding **THEN** needs to be evaluated.



Ovarian Cancer Screening

National Guideline (ACS): No recommendations

- **Transgender Women** - No screening.
- **Transgender Men and Other Identities** - No screening.
 - **BUT** if ovaries are present **AND** family history of breast/ovary cancer THEN may require genetic counseling.



Anal Cancer Screening

National Guideline (ACS): No official recommendations, only based on research studies

- **Start screening at 35 years old – High risk (anal pap every 1-3 years):**
 - HIV-positive men who have sex with men (MSM).
 - HIV-positive transgender women.
- **Start screening at 45 years old (anal pap every 1-3 years):**
 - HIV-negative men who have sex with men (MSM).
 - HIV-negative transgender women.
 - HIV-positive other populations.
 - Patients after 10+ years status post solid organ transplant.
 - Patients with vulvar and cervical dysplasia.



Colorectal Cancer Screening

For all LGBTQ+ community members:

- Adults aged 45 to 75 years old.
- **Stool-based** tests every year **OR examination**
 - Colonoscopy every 10 years (or per clinician)
 - Sigmoidoscopy every 5 years (or per clinician)
- May be earlier if family history/symptomatic, and may need genetic testing.

Transgender Women after vaginoplasty – neovagina screening needed if part of the colon was used for vaginoplasty



Genetic Counseling

- Assess cancer risk based upon genes
- Often recommended if:
 - Cancer diagnosis in family member
 - Personal diagnosis at young age
 - Undergoing gender-affirming procedures
- Helps identify prevention strategies
- HOWEVER, still many unknowns...



Resources

- National LGBT Cancer Network
- CancerCare.org
- Gilda's Club NYC (Red Door Community)
- SAGE – Advocacy and Services for LGBTQ+ Elders
- Cheeky Charity
- Young Survivors Coalition
- American Cancer Society - Cancer.Net
- CoppaFeel.org – TGNBNC
- FORCE



If you need help, reach out!

- Help is always available!
- Finding an LGBTQ+ proficient provider in any specialty
- Patient advocacy and navigation

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- Join Perlmutter Cancer Center's LGBTQ+ Patient and Family Advisory Council!
- Research participation and more



Welcome to the LGBTQ+ Cancer Care & Research Program

Where to Find Us

Phone: [646-501-3519](tel:646-501-3519)

Email: PCCLGBTQ@NYULangone.org

We work to improve prevention, screening, treatment, support, and outcomes for LGBTQ+ individuals.

SHARE: [f](#) [x](#)

At Perlmutter Cancer Center, we are proud to support everyone through cancer prevention and treatment, including those in the LGBTQ+ community.

Our doctors and staff work hard to create a friendly, welcoming, and safe place for all patients. We believe that everyone deserves care that is just right for them, and work in providing care and programs that reflect the communities we serve. We understand that people from LGBTQ+ communities may have special needs when it comes to cancer prevention, screening, treatment, and support. We also want to make sure your chosen family feels welcomed here.

Partnering with the Community

We team up with local organizations to make sure our services meet the needs of everyone in our area, including LGBTQ+ individuals. Our goal is to connect you with the right help throughout your cancer journey.



Q&A





Thank you!

Contact:

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PCC – LGBTQ+ Cancer Care and Research Program

