

Breast and Cervical Cancer Screening Among Trans Ontarians

A report prepared for the Screening Saves Lives Program of the Canadian Cancer Society



Building our communities through research

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Purpose of Report

The purpose of this report is to provide requested information about cervical and breast cancer screening among trans Ontarians, using data from the Trans PULSE Project. Little is known about cervical and breast cancer risks among trans people, including the potential effects of medical transition (hormones and/or surgery) on reducing or increasing specific cancer risks. However, female-to-male (FTM) trans people who have a cervix require Pap tests (following the same guidelines as cisgender, or non-trans, women with cervixes) and both FTM and male-to-female (MTF) trans people may require mammograms for breast cancer screening.¹ Trans people may face barriers to cancer screening, including the perception that people who have sex with women do not need Pap tests, reluctance of providers to examine trans bodies, difficulties accessing gender-segregated services, or discomfort with pelvic or chest examinations.

This report describes past-year perceived need for, and ability to access, Pap tests among FTMs who had not had hysterectomies; and mammograms among FTMs who had not had mastectomies and MTFs on estrogen. This includes genderqueer and other gender-nonconforming people on the FTM or MTF gender spectra. Other trans people may have required testing for breast, cervical, and vaginal cancers, depending on individual medical history. This includes FTMs who had hysterectomies which left the cervix intact, FTMs who had cervixes removed but had a history of cervical cancer or pre-cancerous changes, MTFs who had genital surgery (vaginoplasty), and FTMs or MTFs without substantial breast tissue but who were at high risk of breast cancer or detected lumps.

Trans PULSE Project

Data used in this report were collected during the survey phase of the Trans PULSE Project. Trans PULSE is a community-based, mixed-methods research project funded by the Canadian Institutes of Health Research (CIHR). It aims to identify the impact of social exclusion on the health of trans people in Ontario, and to use results to improve the health of trans communities. The Trans PULSE team is a partnership between researchers, community members, and organizations.

Data and Analysis Methods

In 2009-2010, 433 Ontarians completed an online or paper survey. This analysis includes 431 participants who could be identified as being on the FTM (n=227) or MTF (n=204) spectrum. Participants had to indicate that they were 16 years of age or above and identified as "trans", broadly defined. They did not need to have taken any steps to socially or medically transition. Participants were recruited using respondent-driven sampling,² a chain-referral sampling method for populations that cannot be randomly sampled. Each participant was given three coupons to recruit additional participants. Recruitment patterns and individual network sizes were tracked to weight statistics based on recruitment probability. Methods are described in greater detail elsewhere.³ Unless otherwise noted, statistics presented in this report are thus population estimates for networked trans people in Ontario (i.e. those who know at least one other trans person). Statistical analyses were conducted using RDSAT 7.1,⁴ with 95% confidence intervals calculated using a modified bootstrapping method, with 10,000 resamples based on recruitment chains.⁵

Confidence intervals may be interpreted as a range of plausible population estimates consistent with the data. Estimates of the proportions who were able to access needed mammograms were not weighted due to the small number of participants reporting need for mammograms, and therefore only describe this sample and cannot be generalized to all trans Ontarians.

Pap tests

Findings with regards to Pap tests are presented in Table 1. An estimated 87.5% (95% CI: 81.0, 93.7) of FTMs in Ontario had not had a hysterectomy. Among those FTMs, 56.2% reported perceived need for a Pap test in the past year, of whom 83.1% were able to access one. In other words, an estimated 46.7% of FTMs who had not undergone hysterectomies had accessed a Pap test in the past year.

Nine FTMs who had undergone a hysterectomy also reported accessing Pap tests; this group may include FTMs who had hysterectomies less than one year before participating in the survey (and had Paps prior to surgery), who did not have their cervix removed as part of the hysterectomy, or who had “vault” or “cuff” smears, which may be recommended post-hysterectomy for those with a history of cervical dysplasia (pre-cancerous cell changes) or cancer.

Table 1. Need for and access to Pap tests, among FTM trans people who had not had a hysterectomy (n=169)

	%	95% CI ^a
Needed a Pap test in past year	56.2	(36.2, 68.5)
Able to access Pap ^b	83.1	(53.7, 95.6)

- a CI = confidence interval
- b Of those who reported need.

Mammograms

The proportions who reported need for and access to mammograms are presented in Table 2 for FTMs and in Table 3 for MTFs. Approximately three-quarters (74.6%, 95% CI: 64.0, 83.4) of FTMs in Ontario had not undergone mastectomy at the time data were collected.

Of those FTMs, 5.7% reported perceived need for a mammogram in the past year. Among the 10 FTMs who reported need for a mammogram, 7 were able to access one.

Table 2. Need for and access to mammograms, among FTM trans people who had not had a mastectomy (n=125)

	%	95% CI ^a
Needed a mammogram in past year	5.7	(0.5, 12.8)
Able to access mammogram ^{b,c}	70.0	(--, --)

- a CI = confidence interval
- b Of those who reported need.
- c Unweighted due to small sample size (n=10).

Three FTMs who had undergone mastectomy also had accessed a mammogram in the past year. This group may have included individuals who had chest surgery in the past year and had a mammogram beforehand, or who needed a mammogram post- double mastectomy.

Among MTFs in Ontario, an estimated 45.1% (95% CI: 32.3, 57.1) were currently taking estrogen. Among those MTFs, 12.4% reporting perceived need for a mammogram in the past year. Of the 16 MTFs who reported need for a mammogram, three-quarters were able to access one.

Table 3. Need for and access to mammograms, among MTF trans people on estrogen (n=107)

	%	95% CI ^a
Needed a mammogram in past year	12.4	(3.8, 24.8)
Able to access mammogram ^{b,c}	75.0	(--, --)

- a CI = confidence interval
- b Of those who reported need.
- c Unweighted due to small sample size (n=16).

Implications

Trans PULSE items about access to Pap tests and mammograms were collected as part of a series of questions assessing access to services in the past year. Participants were only asked about access to services for which they perceived need. It is important to note that perceived need may or may not be aligned with medical need as assessed by health care providers.

Moreover, given limited information about cancer risks for trans persons who medically transition, it can be challenging to determine what screening is necessary.

Pap tests and mammograms are not necessarily required yearly. In Ontario, mammograms are recommended every two years for people with breasts who are 50 or above, and yearly for those 30 and above if they are at high risk of breast cancer.⁶ Given this, and the younger age distribution of trans people in Ontario (FTMs in particular),³ it is not surprising that small proportions reported needing mammograms in the past year. Among those who did report perceived need, 30% of FTMs and 25% of MTFs were unable to access mammograms. Additional information is needed about barriers to accessing mammograms for trans Ontarians.

At the time data were collected, provincial guidelines recommended annual Pap tests for people with cervixes within three years of first sexual activity, or every 2-3 years for those with a history of normal Pap results. Therefore, that about half of FTMs who had not undergone hysterectomies reporting accessing Paps in the past year appears reasonable. However, among those who perceived need for a Pap in the past year, about 1 in 6 were unable to access a test.

In 2010, a campaign was launched to promote Pap testing for FTMs, and provincial guidelines were changed in 2012 to recommend Paps every three years for all people with cervixes age 21 and above who have been sexually active.⁷ As a result, perceptions of need or actual levels of Pap testing may have changed since our data were collected.

While Paps and mamograms are provided free of cost in Ontario's public health insurance system, other barriers to screening may exist (e.g. lack of family doctor, distance). We also know that trans Ontarians experience barriers to care due to informational and institutional erasure of trans experiences in the healthcare system.⁷ Increased provider training and steps to increase accessibility of screening clinics to trans clients may reduce barriers to access. Resources are available for provider education, including a tip sheet about Pap tests at www.checkitoutguys.ca. Provider training is offered through Rainbow Health Ontario.

Considering the invisibility of trans people in many health promotion programs and documentation of trans-specific barriers to health services access,⁷ continued efforts are warranted to increase awareness within trans communities of the need for cancer screening.

References

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