Culturally safe, high-quality breast cancer screening for transgender people: a scoping review

Imogen Ramsey,[a] Kate Kennedy,[a] Greg Sharplin,[a] Marion Eckert,[a] Micah DJ Peters,[a,b]

Background

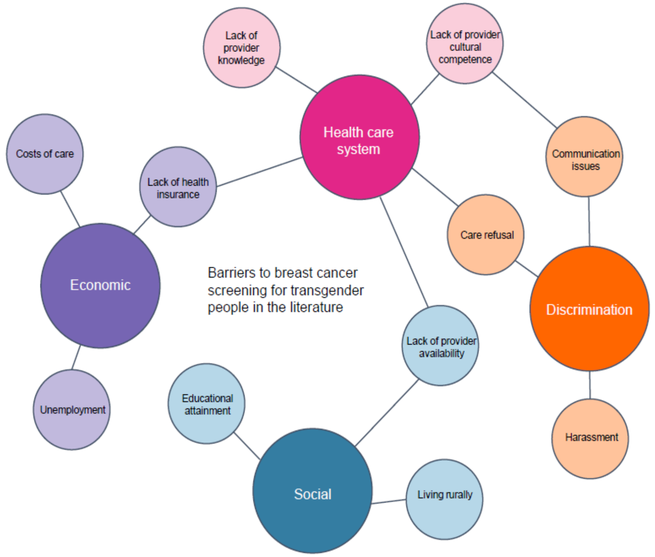
Transgender people face barriers to accessing culturally safe, inclusive health care in many countries. This results in inequitable healthcare experiences and outcomes including poorer engagement with preventive healthcare and screening services. Transgender people can be at risk of later cancer diagnosis, less effective treatment, and ultimately greater risk of morbidity and mortality. There is growing recognition of the need for evidence to inform breast cancer screening guidelines and services for transgender people. Increased awareness of breast cancer screening evidence, best practice, and cultural safety considerations is needed to bridge gaps in health outcomes experienced by transgender people, maximize early detection of breast cancer in among transgender people, and minimize poor physical, psychological, and financial consequences of over-screening.

Aims: The review summarized evidence for breast cancer risk and screening guidelines for transgender individuals, including; **i)** the potential impact of gender-affirming hormone therapy (GAHT), **ii)** factors that may influence screening decision-making and behaviors, and; **iii)** considerations for providing culturally safe, high-quality screening services (1).

Methods

A protocol (2) was developed based on the JBI scoping review methodology (3) and reported using the PRISMA-ScR (4). Participants could be any age and ethnicity defined within the source of evidence as transgender. This included both individuals who have or have not used gender-affirming interventions (i.e., surgical or hormonal).

Sources of evidence from any country, published in English, were eligible. The review sought to identify peer-reviewed and grey literature sources using all types of methodologies, including primary studies and reviews.



Results

There was inconclusive evidence on breast cancer screening rates, how rates compare with cis-gender people, and associations between GAHT and cancer risk. Factors that negatively affect screening included; socioeconomic barriers, stigma, and lack of health provider awareness of transgender health issues.

Guidelines for screening cisgender women were generally recommended for transgender men without chest surgery. Recommendations for screening transgender women were inconsistent and differed based on breast surgery history, hormone use, and other risk factors. Existing recommendations were inconsistent and not evidence based. Current and new evidence should be consolidated into clinical practice guidelines.

Recommendations

1. Provide education and training on culturally sensitive and inclusive car to improve staff transgender health knowledge, awareness, and cultural competencies. This should include guidance on interactions with transgender patients as well as information about transgender-related health issues, terminology, and resources.
2. Examine how existing breast screening services may discriminate against or exclude transgender patients and modify organizational policies and procedures to ensure they are inclusive.
3. Ensure documentation allows patients to self-disclose their sex assigned at birth, gender identity, preferred name, preferred pronoun, and medical history.
4. Ensure that patients' preferred names and pronouns are used consistently in correspondence, electronic health records, and by staff.
5. Make facilities welcoming and inclusive by avoiding gendered language and signage, ensuring access to gender neutral bathrooms, and displaying signs of inclusion and/or non-discrimination.

To access the full text review →

SCAN ME

References

1. Ramsey I, Kennedy K, Sharplin G, Eckert M, Peters MDJ. Culturally safe, appropriate, and high-quality breast cancer screening for transgender people: A scoping review. *Int J Transgend Health*. 2023;13;24(2):174-94.
2. Peters MD, Ramsey, I, Kennedy K, Sharplin G, Eckert M. Culturally safe, high-quality breast cancer screening for transgender people: A scoping review protocol. *J Adv Nurs*. 2022;78(1):276-81.
3. Peters MD, Marnie C, Tricco, AC, Pollock, D, et al. Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Synth*. 2020;18(10):2119-26.
4. Tricco AC, Lillie E, Zarin W, […] Peters MD, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann intern med. 2018;169(7):467-73.

a. Rosemary Bryant AO Research Centre, Clinical & Health Sciences, University of South Australia, Adelaide, Australia
b. Faculty of Health and Medical Sciences, Adelaide Nursing School, The University of Adelaide, Adelaide, Australia.

Funding: The study underpinning this work received funding from the Australian Government Department of Health as part of a larger program of funded work