

# Patient-Reported Responses to Sexual Orientation and Gender Identity (SOGI) Questions in Oncology

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## Background

- MASCC and other organizations advocate for the routine collection of SOGI data
  - Lack of data exacerbates invisibility
- No consensus exists on how to best query patients about SOGI**
  - Must be accurate, non-intrusive, and non-stigmatizing
  - Patient privacy must be ensured

## Methods

- Recruited patients with cancer from an outpatient oncology unit
- Double-blind, randomized assignment of patients to complete 1 of 2 surveys
  - Surveys contained 7 identical SOGI questions
  - Differed in question order
    - Early vs late use of terms such as “queer”
  - Developed with input from national organizations, patient advocates, and advocacy groups
  - Sought patients’ **responses** to SOGI questions
    - From 1 (very uncomfortable) to 5 (very comfortable)
    - Write-in-Comments

### Primary Endpoint

Comfort (scale 3-5) with the most diverse question\*

### Secondary Endpoints

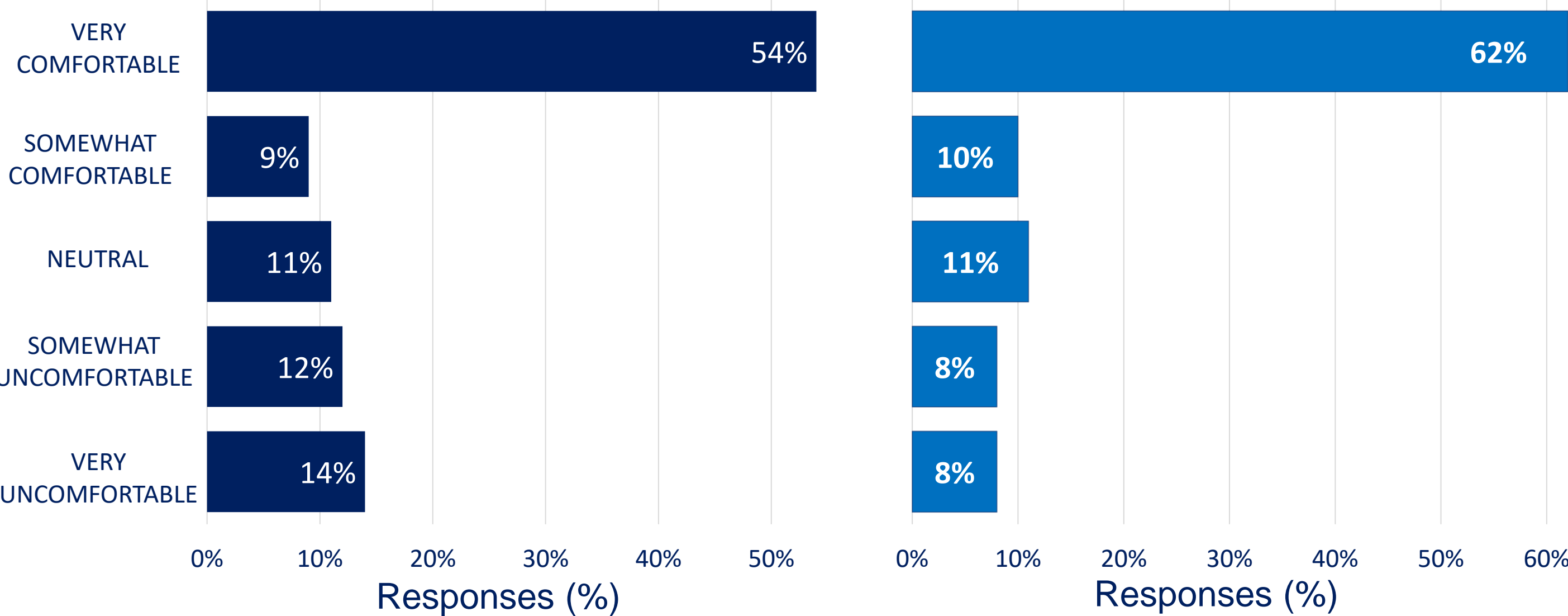
- Associations between comfort and demographics
- Qualitative thematic analysis

## Comfort with SOGI Questions

❖ **440 participants; 93% participation rate**

*\*Do you consider yourself to be... [with options of] cisgender man, cisgender woman, gender non-conforming, genderqueer, non-binary, man/male, transgender man/trans man, transgender woman/trans woman two-spirit, woman/female, not listed (specify), I don't know*

*Which of the following best represents how you think of yourself?... [with options of] straight, lesbian, gay, bisexual, queer/pansexual/demisexual, asexual, not sure/questioning, I prefer to self-identify, prefer not to answer*



\*Univariable and Multivariable analyses did not reveal any differences based upon age, sex

### Qualitative Analyses: 4 THEMES

- Emotional reactions to questions
  - “uncomfortable because this question is essentially gender binary;”*
  - “all identities could be found;” “ridiculous question for a normal person”*
- Emotional reactions to SOGI collection
  - “bending over backwards to be politically correct;” “queer is a no go”*
  - “shows respect for someone’s self-identity”*
- Concern for privacy and relevance to cancer care
  - “This is private;” “not sure why this is needed/necessary”*
  - “I fear if they know I’m in a same sex marriage, I won’t get the best treatment”***
- Constructive remarks
  - “didn’t know what cisgender was – please define”*

## Conclusions

- Patients with cancer are willing to participate in SOGI research
- Patients are comfortable with SOGI collection, despite...
  - Negative personal views of SOGI
  - Patient age, sex assigned at birth
  - Question/answers with potentially controversial terms
  - Question order
- Why SOGI matters, descriptions of terms* are helpful adjuncts to any SOGI questionnaire
- Based on context, SOGI collection may:
  - help patients feel seen and heard
  - help clinicians mitigate inequities
  - However, it could also contribute to further stigmatization or even compromise safety of sexual/gender diverse patients*
- Collect SOGI when benefits to patients outweigh safety risks

## Acknowledgements

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