A scoping review of cancer screening in the transgender population: uptake, barriers and healthcare professional knowledge

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Background

Research shows that there are disparities in healthcare and health outcomes for transgender (trans) people, including cancer outcomes(1). Cancer affects 1 in 2 people in the UK and screening is vital for early diagnosis and potentially lifesaving treatment(2). This scoping review focused on cancer screening in the trans population and explored uptake, barriers, and healthcare professionals' (HCPs) knowledge of screening needs. The aim was to document current understanding and to identify evidence gaps and opportunities for future research.

"barriers" or "obstacles" or "challenges" or "difficulties"
AND
"cancer screening" or "cancer prevention" or "early detection of cancer" or "cervi*" or "uterine" or "cervical screen" or "HPV" or "high risk HPV" or "hrHPV" or "Smear test" or "speculum" or "Pap test" or "Pap smear" or "Papanicolaou" or "colposcopy" or "Breast cancer screening" or "Breast self exam" or "BSE" or "mammography" or "FIT test" or "FOB test" or "Bowel cancer screening" or "colorectal cancer screening" or "colonoscopy" or "bowel scope screen" or "Prostate-specific antigen" or "PSA" or "PSA screen*" or "PSA test*" or "digital rectal examination"
AND
"Non binary gender" or "non-binary gender" or "gender non conforming" or "gender non-conforming" or " genderqueer" or "gender queer" or "gender fluid" or "transman" or "trans man" or "transmen" or "trans men" or "trans male" or "transmasculine" or "trans masculine" or "transwoman" or "trans woman" or "trans women" or "transwomen" or "transfeminine" or "trans feminine" or "transgender" or "transsexual" or "FTM" or "female to male" or "MTF" or "male to female"

Figure 1. Example of search strategy

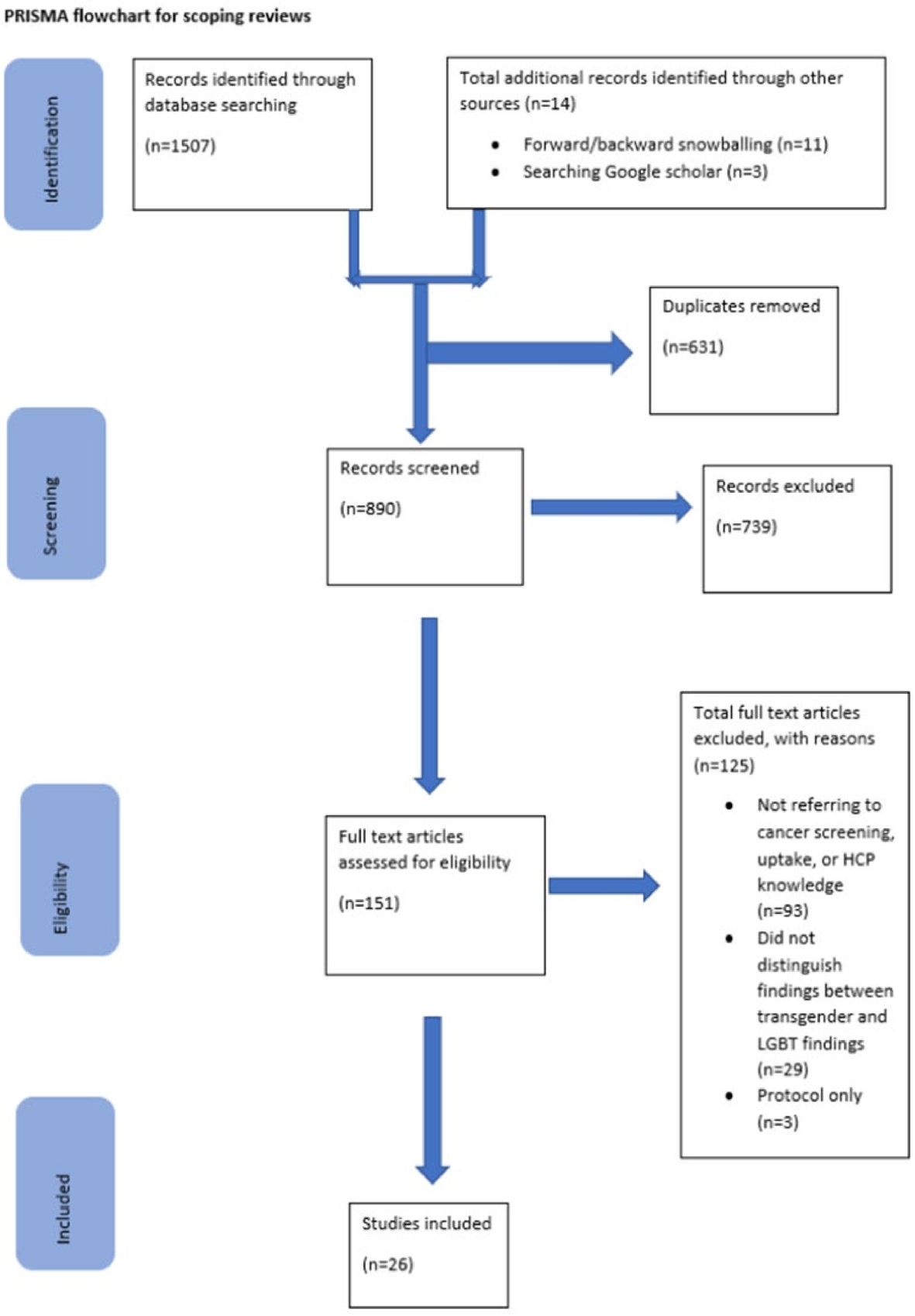

Figure 2. PRISMA flowchart for the scoping review

Conclusions

- There is a lack of research and awareness concerning cancer screening among trans people, especially for cancers other than cervical cancer
- The barriers identified in this review could be used to inform HCPs and researchers to enhance cancer screening for the trans population
- Updates to the medical curriculum and training programmes for HCPs should be implemented to improve knowledge and communication skills. This could improve cancer screening uptake and outcomes for trans people

Methods

Six international electronic databases (CINAHL, EMBASE, MEDLINE, PubMed, PsycINFO, Web of Science) and grey literature were searched for publications till January 2021. Only breast, cervical, colorectal, and prostate cancers were considered. Comprehensive sets of keywords were used (Fig.1) and no limits were placed on the language, country, or year of study. Duplicates were removed, and titles and abstracts were screened by one author (AA). Full texts were screened by both authors. Data were extracted into tables depending on the cancer to synthesize the findings.

Results

Of 1507 studies identified, 26 were included (Fig.2). Most (n=22) referred to cervical cancer screening (CCS). Few studies referred to breast (n= 8), prostate (n=2) or colorectal (n=3) screening. Some addressed multiple cancers (n=5).

Uptake

- Screening uptake varied but was lower than the cisgender population
- Trans people were 47%-73% less likely to adhere to breast screening guidelines and 50% less likely to be screened for colorectal cancer
- Trans men were 37%-60% less likely to have up-to-date CCS, and trans women were 77% less likely to have participated in prostate screening
- Likelihood to attend screening increased if it had been recommended by a HCP.

Barriers to screening

- Gender dysphoria, healthcare setting characteristics and fear of discrimination and the screening invitation system were common barriers to screening
- Physical pain was a barrier exclusive to CCS
- No studies examined barriers to prostate or colorectal screening.

HCP knowledge

- HCPs lacked knowledge of trans cancer screening needs as well as cultural competency skills and training which led to poor relationships.
- HCPs perceived trans men to have a lower risk of breast and cervical cancer, and lacked the skills to minimise discomfort during screening procedures.
- No studies examined HCP knowledge of prostate or colorectal screening.

References
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(2) Ahmad AS, Ormiston-Smith N, Sasieni PD. Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. Br J Cancer. 2015;112(5):943-7.

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