Advancing Health Equity in Sexual and Gender Minority Communities

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Pronouns: he/him/his
Disclosures

• I am employed by Cook Radiation Oncology at Cook County Hospital.
• I have no conflicts of interest to disclose.
Learning Objectives

• Define disparities in sexual and gender minorities relating to disease site, prevention, and detection
• Illustrate unique treatment-specific considerations within sexual/gender minorities
• Provide future directions toward improving cancer care in this patient population
Advancing Health Equity

• Recent call by in radiation oncology to begin bridging disparities in vulnerable populations
  • African American\textsuperscript{1}
  • Native American\textsuperscript{2}
  • Hispanic American\textsuperscript{3}
  • Appalachian American\textsuperscript{4}
  • Sexual & gender minorities

• Goal: Improve health equity, identify these disparities, investigate their root cause, and work toward providing culturally-responsive, compassionate care

\textsuperscript{1}McClelland et al; ARO 2017
\textsuperscript{2-4}McClelland et al; ARO 2018
Sexual & Gender Minorities

• SGM adults estimated to comprise ~4.5% US adults (i.e., 11.5 million)

• 500,000-1 million adults in the US are cancer survivors and identify as SGM individuals

• Disproportionate cancer burden
Concepts and Terminology
Sexual & Gender Minorities

• Definition Sexual & Gender Minorities (SGM) per NIH:
  • A term used to denote lesbian, gay, bisexual, transgender, intersex, and other populations whose sexual orientation and/or gender identity, and reproductive development is considered outside cultural, societal, or physiological norms

https://www.edi.nih.gov/people/sep/lgbti/safezone/terminology
Sexual & Gender Minorities

- Includes individuals with same-sex or -gender attractions or behaviors, and those with a difference in sex development

- Includes those who do not self-identify with aforementioned terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex

https://dpcpsi.nih.gov/sgmro
Sex vs. Gender Identity

• Definition sex and gender identity per NIH:
  • **Sex** – A biological construct, referring to the genetic, hormonal, anatomical, and physiological characteristics on whose basis one is labeled at birth as either male or female
  
  • **Gender Identity** – Refers to a person’s sense of being a man or boy, a woman or girl, or another gender
    • Gender identity can be congruent or incongruent with one’s sex assigned at birth based on the appearance of the external genitalia

https://www.edi.nih.gov/people/sep/lgbti/safezone/terminology
Gender Identity

Transgender people have a gender identity that is different than their sex assigned at birth.

- Transgender woman, trans woman
- Transgender man, trans man
- Trans masculine; trans feminine
- Genderqueer; gender fluid (not conforming to the restrictive binary classification of gender)

Cisgender is a term for people whose gender is consistent with the sex assigned at birth.
Transgender Presentations

- Some individuals medically or surgically alter the body to affirm gender identity
- Some change outward appearance
- Some make no changes to their appearance
- Some, but not all, change their name
Sexual Orientation

- Sexual orientation is how a person characterizes their physical and emotional attraction to others. It has (at least) 3 dimensions:
Sexual Orientation

**Identity**
Does oneself identify as gay, lesbian, bisexual, straight, queer, something else?

**Behavior**
What gender(s) does one have sex with?

**Attraction**
What gender(s) is one attracted to?

Courtesy of Dr. Andy Petroll
Sexual Orientation

• Sexual behavior, identity, and attractions can change over time
• Cultural background and other factors can influence whether attractions, behavior, and identity align
• “LGBTQ+” identity labels are used in mainstream culture
• Beyond L&G
  • Bisexual – attracted to “both” genders
  • Pansexual – attracted to all genders
  • Asexual – not sexually attracted to any gender
Prior Academic/Medical Terminology Used to Describe Behavior

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>Men who have sex with Men</td>
</tr>
<tr>
<td>MSM/W</td>
<td>Men who have sex with Men and Women</td>
</tr>
<tr>
<td>WSW</td>
<td>Women who have sex with Women</td>
</tr>
<tr>
<td>WSW/M</td>
<td>Women who have sex with Women and Men</td>
</tr>
</tbody>
</table>

- **Caution** today in usage of this restrictive terminology
# Accurate/Modern Terminology

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBT</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Biologic sex; genetic sex</td>
<td>Sex assigned at birth; birth sex</td>
</tr>
<tr>
<td>Male-to-female (MTF), Female-to-male (FTM)</td>
<td>Transwoman, transman</td>
</tr>
</tbody>
</table>
Oncologic Disparities
Disproportionate Cancer Burden

“The LGBTQ+ population faces ‘unique challenges related to cancer risk, discrimination, and psychosocial issues...Compounding these challenges is the fact that providers may have a lack of knowledge and sensitivity about the health risks and health needs facing [these] patients.’”

Daniel F. Hayes, MD, FASCO, FACP
ASCO President 2016-2017
Oncologic Disparities

Disease-Specific Risk
Cancer Prevention
Cancer Detection
Disease-Specific Risk

- **Anal Cancer**: HIV+ men who have sex with men (MSM) have 30X risk and HIV-MSM have 3.4X risk, relative to overall US male population\(^1\)

- **Skin Cancer**: Sexual minority men (SMM) 1.5X more likely to have lifetime history of any skin cancer\(^2\)

- **Breast Cancer**: Nonheterosexual women may have a 3.2X higher age-adjusted risk for fatal breast cancer\(^3\)

- **Oropharynx Cancer**: Lesbian/bisexual women may be at increased risk (OR 3.2)\(^4\)

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\(^1\) Machalek et al; Lancet Onc 2012.  
\(^2\) Mansh et al; JAMA Derm 2015.  
\(^3\) Cochran et al; J Women’s Health 2012.  
\(^4\) Saunders et al; JCO 2017
Cancer Prevention Disparities

- **Anal Cancer:** HPV Vaccination
  - No more likely to be vaccinated than heterosexual men\(^1\)

- **Cervix:** HPV Vaccination
  - Lesbian women initiate the HPV vaccine <1/3 rate of heterosexual women\(^2\)

\(^1\)Machalek et al; Lancet Onc 2012. \(^2\)Agenor et al; Ann Intern Med 2015
Cancer Detection Disparities

• **Cervix:**
  - Screening may be lower in lesbian/bisexual women\(^1\)
  - 65% gynecologists uncomfortable screening transgender patients\(^2\)
  - Transgender men 11X more likely than cisgender women to have unsatisfactory pap smear test\(^3\)

• **Breast:**
  - Bisexual women and transgender individuals are < 55% as likely as heterosexual women to meet mammography guidelines\(^4\)
  - Transgender men without mastectomy remain at risk

Barriers to Care

- More likely to be uninsured
- Fear of judgment and stigmatization
- Physician-patient relationship
- Exclusion from screening campaigns and clinical trials

ASCO Position Statement, Griggs et al; JCO 2017
Treatment-Specific Considerations

Prostate Cancer

Breast Cancer
Treatment-Specific Considerations: Prostate Cancer

Sexual minority men’s experiences with prostate cancer may differ fundamentally from that of heterosexual men.
Social Context and Support

- Appreciating life histories of those in age cohort of prostate cancer patients provides context for care
- Older SGM individuals likely lacked positive role models as children
- Lived in states that criminalized or stigmatized homosexual behavior and gender non-conforming presentations
- Rejection by one or more family members

Rosser et al; Transl Androl Urol 2020
Social Context and Support

• Experienced insecurity of employment or threat of violence in public
• Trauma and discrimination alters the experience of cancer diagnosis and trust in medical community
• Less likely to have close ties with family-of-origin or children; instead have constructed families-of-choice

Rosser et al; Transl Androl Urol 2020
Prostate Cancer: Sexual Dysfunction

• Gay/bisexual men may be more impacted by sexual quality of life changes after surgery, radiation, or ADT\textsuperscript{1-5}

• Some gay men report post-treatment anorectal toxicity that makes receptive anal intercourse painful, reduces sensation, contributes to hematochezia\textsuperscript{6-7}

\textsuperscript{1}Ussher et al; Arch. Sex. Behav 2016. \textsuperscript{2}Kohler et al; Eur J Cancer Care 2014. \textsuperscript{3}Wassersug et al; Urology 2013. \textsuperscript{4}Lee TK et al; J Sex Med 2013. \textsuperscript{5}Motofei et al; BJU Intl 2011. \textsuperscript{6}Goldstone; 2005. \textsuperscript{7}Ussher et al; Arch. Sex. Behav 2016
Prostate Cancer: Sexual Dysfunction

• Erectile dysfunction treatments focus on creating erections rigid enough for vaginal penetration\(^1\)
  • Current EPIC and MSHQ developed for penile-vaginal intercourse\(^2\)
  • Limitations in how we collect data and quantify sexual quality of life parameters, which often require maintenance of anorectal and erectile function

\(^1\)Lee TK et al; J Sex Med 2013.
\(^2\)Amarasekera et al; Nature Reviews Urology 2019
Toxicity of Prostate Cancer Therapies: Mental Distress

• Gay men reported anger, frustration, and regret that their physicians were not clear about treatment-related toxicities that may particularly influence them uniquely, as sexual minorities

  • Includes sense of orgasm, loss of sexual confidence, changes in penile length/contour, loss of sensation during receptive anal intercourse

1 McConkey et al; Eur J Oncol Nurs 2018
2 Rosser et al; Urol Pract 2018
3 Rosser et al; Transl Androl Urol 2020
Toxicity of Prostate Cancer Therapies: Mental Distress

• Sense of loss and chronic depression after treatment\(^1\)

• Proper counseling empowers patients to make more informed, individualized choices in their treatment course\(^2\)

• Unique subgroup to be distinguished in studies investigating treatments on sexual response/effects

\(^1\)Rosser et al; Urol Pract 2018
\(^2\)Rosser et al; Transl Androl Urol 2020
Unique Counseling Considerations: LDR Brachytherapy

Nasser et al; Brachytherapy 2016. Image c/o Amarasekera et al; Nature Reviews Urology 2019
Treatment-Specific Considerations

Prostate Cancer
Breast Cancer
Attitudes of Breast Reconstruction Among Lesbian Women

• Survey of lesbian women:
  • Rejected being defined by body image
  • Privileged sensation over appearance
  • Believed that being “breastless” could be protective
  • Perceived their social context as supportive of non-reconstruction
  • Felt pressured by social norms to undergo reconstruction

Wandrey et al; LGBT Health 2016
Attitudes of Breast Reconstruction Among Lesbian Women

• Physician communication should be evaluated for heterosexist bias

• Breast reconstruction is value-laden
  • Mastectomies can be gender-affirming for masculine-identifying individuals

• Choice between BCT vs mastectomy, reconstruction options, hormonal therapies can be influenced by sexual orientation/gender identity

Wandrey et al; LGBT Health 2016
Systematic Visibility
Systematic Visibility

- Disclosure of SGM status in the medical record is important, and encouraged now by the NIH\(^1\)

- Most physicians do not ask about sexual orientation; in one study, only 56% patients were "out" to their oncologists\(^2\)

- Needed to support further research into understanding the unique health needs of the SGM population

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\(^1\)Kent et al; Cancer 2019
\(^2\)Rosser et al; Urol Pract 2018
Visibility: From the Ground Up

• Current studies primarily are limited in size or are based on individual-reported survey outcomes

• Lack retrospective and prospective data
Visibility: From the Ground Up

• Limited research conducted to assess needs and establish standards of care in SGM cancer patients/survivors

• Limited knowledge on needs, outcomes, experiences, effective interventions

• NIH strategic plan of 2016:
  • Formally designated SGM as a health disparity population for NIH research

• ASCO recommends promotion of inclusion of SGM status as required data element in cancer registries/clinical trials

ASCO Position Statement, Griggs et al; JCO 2017
Improving Care
Challenges Across NCCN Guidelines

• NCCN Panel Survey:
  • 77% responded that their panels currently do not address SGM issues
  • Neither sexual orientation (84%) nor gender identity (94%) were relevant to the focus of their guidelines

Hudson et al; JNCCN 2017
• Address barriers at many levels
  • Interpersonal
  • Institutional
  • Systematic/research

• Enhance patient and caregiver education, improve outreach and support, provide training and education for health care workers to be knowledgeable about and sensitive to the needs of this population
Oncologist Attitudes & Knowledge about LGBTQ+ Patients

• In a survey of US oncologists, the majority did not express confidence in knowledge of unique health needs for SGM individuals

• 70% expressed high interest in receiving education in this arena

Schabath et al JCO 2019
Breaking Barriers

• Disclosure of SGM status is associated with better self-reported health among these patients in cancer care\(^1\)

• Asking about SGM in a sensitive and standard manner can inform cancer care and is the first step to building trust with this patient population

• How can you foster an inclusive environment?

\(^1\)Kamen et al; Oncol Nurs Forum 2015
Fostering an Inclusive Environment

• Provide a Welcoming Environment
  • Visual clues for SGM patients that your practice is a safe place
  • Nondiscrimination statement
  • Modernize your patient intake forms
  • Address patients with proper pronoun and chosen name
    • “How would you like to be addressed? What pronouns do you use?”

• Meet a Standard of Practice
  • Provide cultural competency and sensitivity training to staff and medical practitioners

• After Improvements, List Your Practice
  • Gay and Lesbian Medical Association Provider Directory

Fostering an Inclusive Environment

• Avoid using gendered terms of address (e.g., sir, ma’am)
• Be mindful that any patient can be a sexual/gender minority individual; do not assume heterosexuality or cisgender identity
• Ensure your institution has policies that include nondiscrimination for patients, visitors, and employees
• Make your nondiscrimination policies visible to patients
Fostering an Inclusive Environment

• Gender neutral bathrooms
• Hire LGBTQ+ providers and staff members
• Apply for inclusion in the Healthcare Equality Index (which gives a great checklist for further items to consider)

https://www.hrc.org/resources/healthcare-equality-index
Conclusions

• Cancer disparities exist within sexual and gender minorities
  • Disease-specific risk
  • Prevention strategies
  • Screening
  • Unique treatment-related experiences

• Provide awareness of these disparities is a first step
• Foster inclusive and welcoming environment
• Individualize how we counsel and care for these patients who have specific and unique needs
Acknowledgements

• Dr. Andrew Petroll
• Dr. Malika Siker
• Department of Radiation Oncology at Medical College of Wisconsin
• Department of Radiation Oncology at John H. Stroger, Jr. Hospital of Cook County
Thank You
Advancing Health Equity in Sexual and Gender Minority Communities: Demonstrating Cultural Humility

Malika Siker, MD
Medical College of Wisconsin
Associate Professor, Department of Radiation Oncology
Associate Dean for Student Inclusion and Diversity
Pronouns: she/her/hers
Disclosures

• I am employed by Medical College of Wisconsin.
• I have no conflicts of interest to disclose.
Unofficial Disclosures

• I speak only for myself
• I am not an expert
• My work is not political
Learning Objectives

• Define and illustrate cultural humility as an approach to caring for sexual and gender minority (SGM)

• Discuss importance of allyship as a radiation oncologist caring for SGM patients
Thank you
Equity As a Responsibility For All

“We're all rejected people, we know what it is to be refused, we know what it is to be oppressed, depressed, and then, accused, and I am very much cognizant of that feeling. Nothing in the world is more painful than rejection.”

- Eartha Kitt
Frameworks

• Cultural competence: “Cultural competence comprises behaviors, attitudes, and policies that can come together on a continuum that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among and between groups.”

• Cultural humility: “A lifelong commitment to self-evaluation and critique, to redressing power imbalances . . . and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations”

Cultural Humility

1/
Last week, I gave a lecture and used the term "sexual preference" to describe sexual orientation. I'm grateful that a colleague called me to offer a needed correction on what was (yup) a microaggression. I was wrong.

And now this is trending in the news today. Wow.

7:27 AM · Oct 14, 2020 · Twitter Web App

2/
Wouldn't it be #dope if we moved toward a climate of honesty about our screw ups? Showing our own feet of clay normalizes how hard this is. And makes us try instead of hide.

This. This is yet ANOTHER case for #diversity. Thanks for that call @doctorjss. 🇺🇸✊

#dothework

7:27 AM · Oct 14, 2020 · Twitter Web App
Case Example 1

• 62 yo woman presented with seizure
• MRI shows left frontal mass
• GTR Path: GBM
• Social history:
  • Marital status: Unknown
  • Spouse name: French name
  • Number of children: 3
“Acknowledgement of the existence of sexual orientation microaggressions and taking the risk to challenge microaggressions can set a therapeutic tone to foster enhanced conversations regarding power, privilege, and sexuality, likely improving the quality of the therapeutic relationship.”


https://www.buzzfeed.com/hnigatu/19-lgbt-microaggressions-you-hear-on-a-daily-basis
Cultural Humility

Dr. Charles Thomas, a black #radonc chair, demonstrates vulnerability and authenticity in his own unconscious bias/microaggression through this case. It is a product of this country’s history, and needs to be constant vigilance regardless of our own identity. #ASTRO20

Scenario 4

- Dr. Johnson attends a picnic for new medical students enrolled in Medical Scientist Training Program. He introduces himself to some of the attendees. He starts conversation with a couple (white male and black female) and then proceeds to ask the tall gentlemen what caused him to select this University as a place to undergo medical & graduate school training. He definitely turned to his wife to bring her into the conversation as he stated that he was simply accompanying her and she was the actual student.

- Why do you think Dr. Johnson assumed that the white male was the student at the University?
- How can Dr. Johnson remedy his error and make this couple feel welcome?
- How do you think the female medical student feels about her first interaction at this event for the medical school?
- How can Dr. Johnson try to assure that this type of interaction will not occur routinely at the medical school when she arrives?
- Do you think that this scenario occurs frequently at your Institutions?
Case Example 2

- 47 year-old trans male presents with left groin swelling
- Initially observed then biopsy: G1 follicular lymphoma
- PET/CT: 1.8 x 1.7 FDG-avid LN
- BMB: negative
- Stage I (FLIPI=0)
- ISRT 24 Gy in 12 fractions
Be an EQUITY Ally

• Ally = individuals from dominant social groups through their support of nondominant groups actively work toward the eradication of prejudicial practices they witness in both their personal and professional lives
• Motivated to take action at the interpersonal and institutional levels by actively promoting the rights of the oppressed
• Involves internal and painful self-reckoning and a commitment to external action
Ways To Show Allyship

Out and Ally Lists
An important part of advancing the health of LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) persons is to make sure that LGBTQ and allied students and health professionals are visible. In order to promote visibility of LGBTQ students, faculty, staff, and allies, MCW LGBTPM maintains an Out List and Ally List.

LEARN MORE
Acknowledgements

• Dr. Ross Zeitlin
• Anneke Mohr and community partners
• MCW Cancer Center
• ASTRO Committee for Health Equity, Diversity and Inclusion (Drs. Curt Deville, Karen Winkfield, and Gita Suneja)