

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 American¹
 - Native American²
 - Hispanic American³
 - Appalachian American⁴
 - Sexual & gender minorities
- Goal: Improve health equity, identify these disparities, investigate their root cause, and work toward providing culturally-responsive, compassionate care

¹MCClelland et al; ARO 2017

²⁻⁴MCClelland et al; ARO 2018

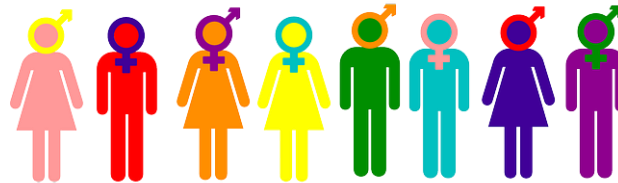
Sexual & Gender Minorities

- 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

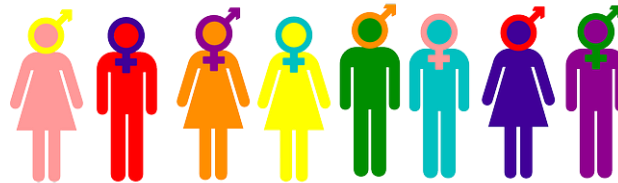
- Definition **Sexual & Gender Minorities** (SGM) per NIH:
 - A term used to denote lesbian, gay, bisexual, transgender, intersex, and other populations whose sexual orientation and/or gender identity, and reproductive development is considered outside cultural, societal, or physiological norms



<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

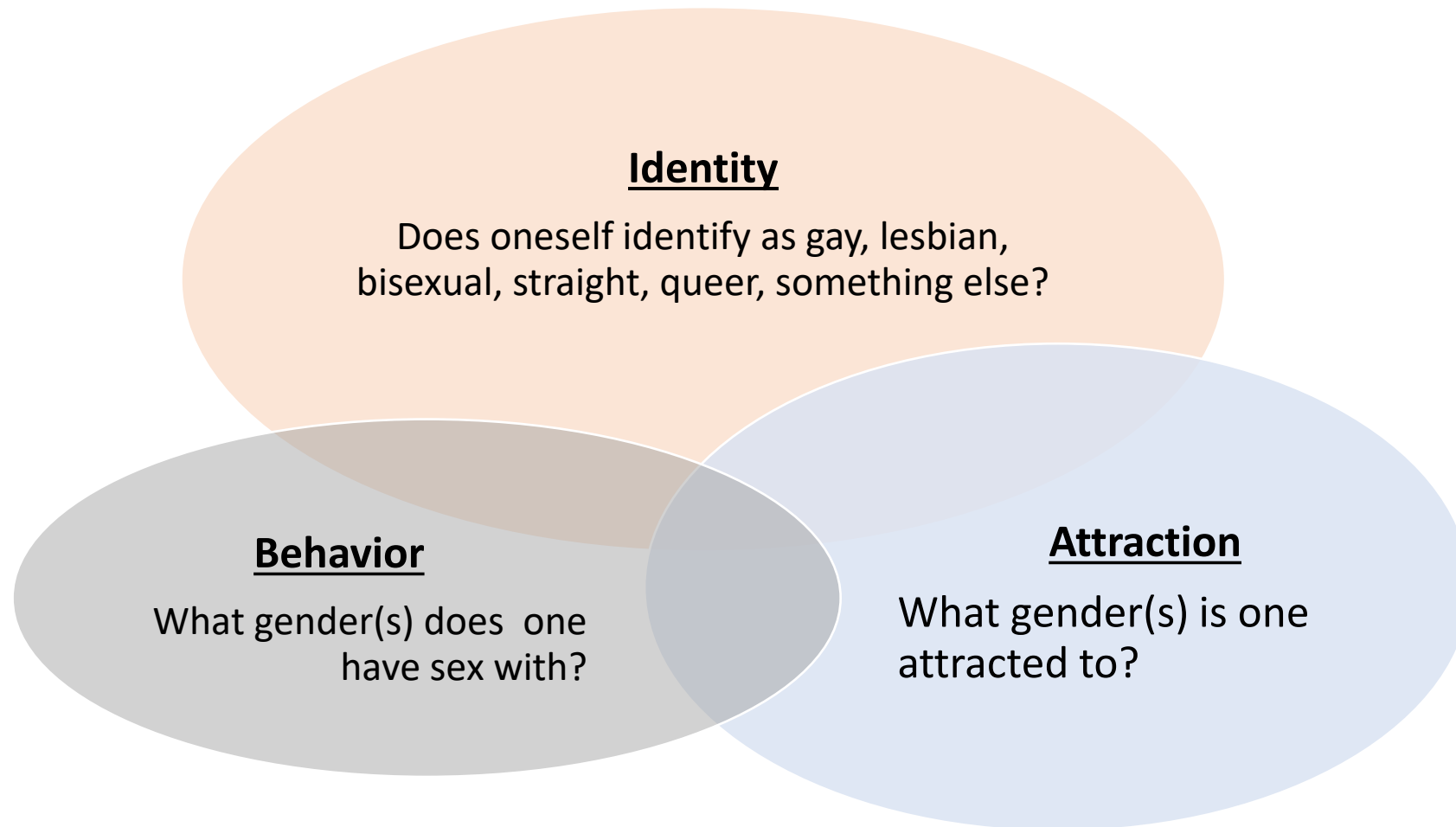
Some make no changes to their appearance

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



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

MSM

Men who have sex with Men

MSM/W

Men who have sex with Men and Women

WSW

Women who have sex with Women

WSW/M

Women who have sex with Women and Men

- **Caution** today in usage of this restrictive terminology

Accurate/Modern Terminology

Avoid these Outdated Terms	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBT
Sexual preference; Lifestyle choice	Sexual orientation
Transvestite; Transgender <u>ed</u>	Transgender
Biologic sex; genetic sex	Sex assigned at birth; birth sex
Male-to-female (MTF), Female-to-male (FTM)	Transwoman, transman

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

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Confronting Cancer Health Disparities Due to Sexual Orientation and Gender Identity

Aug 30, 2017

ASCO Publishes Guidance on Delivering High-Quality Care to Every Patient

By Hilary Adams, Staff Writer

In June 2015, the U.S. Supreme Court announced that marriage equality was the law of the land, and many Americans celebrated the ruling as an important milestone in the fight for civil rights for LGBT people. However, in spite of the legal victory, bias and discrimination persist against LGBT individuals, including when they enter a health care setting. To avoid uncomfortable or possibly even confrontational encounters with doctors and nurses, some LGBT individuals may forego seeking out medical care.



A cancer diagnosis, however, leaves an LGBT patient with no choice but to face a system that, historically, has not been altogether kind to their community.

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 population¹
- **Skin Cancer**: Sexual minority men (SMM) 1.5X more likely to have lifetime history of any skin cancer²
- **Breast Cancer**: Nonheterosexual women may have a 3.2X higher age-adjusted risk for fatal breast cancer³
- **Oropharynx Cancer**: Lesbian/bisexual women may be at increased risk (OR 3.2)⁴

¹Machalek et al; Lancet Onc 2012. ²Mansh et al; JAMA Derm 2015. ³Cochran et al; J Women's Health 2012. ⁴Saunders et al; JCO 2017

Cancer Prevention Disparities

- **Anal Cancer:**

HPV Vaccination

- No more likely to be vaccinated than heterosexual men¹

- **Cervix: HPV Vaccination**

- Lesbian women initiate the HPV vaccine <1/3 rate of heterosexual women²

Variable	Total	Ever received HPV vaccine ^a (N = 2,698)			
		n	Prevalence estimate (%)	95% CI	p-value [*]
Total	3,253	790	28.5	25.4, 31.8	--
Sexual orientation identity					
Heterosexual	2,914	719	28.4	25.2, 31.6	Ref.
Bisexual	235	56	33.2	22.8, 43.7	0.33
Lesbian	62	7	8.5	0.0, 17.2	0.007
Not reported	42	8	41.7	13.2, 70.2	0.34

¹Machalek et al; Lancet Onc 2012. ²Agenor et al; Ann Intern Med 2015

Cancer Detection Disparities

- **Cervix:**

- Screening may be lower in lesbian/bisexual women¹
- 65% gynecologists uncomfortable screening transgender patients²
- Transgender men 11X more likely than cisgender women to have unsatisfactory pap smear test³

- **Breast:**

- Bisexual women and transgender individuals are < 55% as likely as heterosexual women to meet mammography guidelines⁴
- Transgender men without mastectomy remain at risk

¹Johnson et al; J Clin Nursing 2016. ²Unger et al; J Womens Health 2015. ³Peitzmeier et al; J Gen Int Med 2014. ⁴Bazzi et al; Am J Public Health 2015

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 ADT¹⁻⁵
- Some gay men report post-treatment anorectal toxicity that makes receptive anal intercourse painful, reduces sensation, contributes to hematochezia⁶⁻⁷

¹Ussher et al; Arch. Sex. Behav 2016. ²Kohler et al; Eur J Cancer Care 2014. ³Wassersug et al; Urology 2013. ⁴Lee TK et al; J Sex Med 2013. ⁵Motofei et al; BJU Intl 2011.

⁶Goldstone; 2005. ⁷Ussher et al; Arch. Sex. Behav 2016

Prostate Cancer: Sexual Dysfunction

- Erectile dysfunction treatments focus on creating erections rigid enough for vaginal penetration¹
 - Current EPIC and MSHQ developed for penile-vaginal intercourse²
 - Limitations in how we collect data and quantify sexual quality of life parameters, which often require maintenance of anorectal and erectile function

¹Lee TK et al; J Sex Med 2013.

²Amarasekera 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 minorities¹
 - Includes sense of orgasm, loss of sexual confidence, changes in penile length/contour, loss of sensation during receptive anal intercourse^{2,3}

¹McConkey et al; Eur J Oncol Nurs 2018

²Rosser et al; Urol Pract 2018

³Rosser et al; Transl Androl Urol 2020

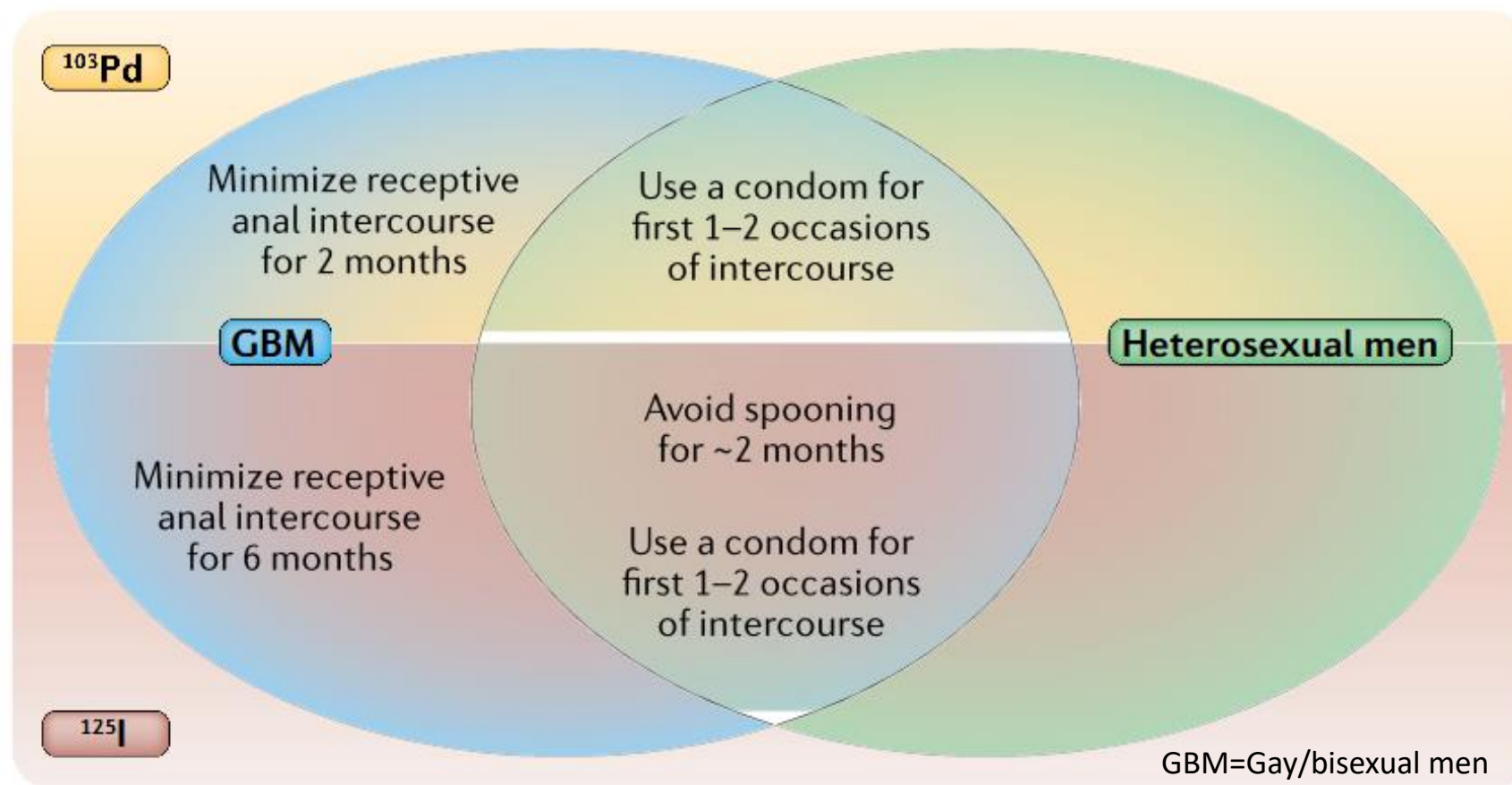
Toxicity of Prostate Cancer Therapies: Mental Distress

- Sense of loss and chronic depression after treatment¹
- Proper counseling empowers patients to make more informed, individualized choices in their treatment course²
- Unique subgroup to be distinguished in studies investigating treatments on sexual response/effects

¹Rosser et al; Urol Pract 2018

²Rosser 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 NIH¹
- Most physicians do not ask about sexual orientation; in one study, only 56% patients were "out" to their oncologists²
- Needed to support further research into understanding the unique health needs of the SGM population

¹Kent et al; Cancer 2019

²Rosser 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

American Society of Clinical Oncology Position Statement: Strategies for Reducing Cancer Health Disparities Among Sexual and Gender Minority Populations

Jennifer Griggs, Shail Maingi, Victoria Blinder, Neelima Denduluri, Alok A. Khorana, Larry Norton, Michael Francisco, Dana S. Wollins, and Julia H. Rowland

- 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

ASCO Position Statement, Griggs et al; JCO 2017

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 care¹
- 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?



¹Kamen 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

A screenshot of a digital patient intake form titled "Gender Identity/Sexuality". The form is organized into sections with headers: "Sexuality", "Gender Identity", "Patient's sex assigned at birth:", and "Patient's pronouns:". Each section contains several selectable options in a light purple box style. In the "Sexuality" section, "Lesbian or Gay" is selected. In the "Gender Identity" section, "female" is selected for the autofill, and "Female" is selected for the patient's gender identity. In the "Patient's sex assigned at birth:" section, "Female" is selected. In the "Patient's pronouns:" section, "she/her/hers" is selected. Other options include "Straight (not lesbian or gay)", "Bisexual", "Something else", "Don't know", "Choose not to disclose", "Transgender Female / Male-to-Female", "Transgender Male / Female-to-Male", "Other", "Genderqueer/Queer", "Gender Fluid", "Male", "Unknown", "Not recorded on birth certificate", "Uncertain", "he/him/his", "they/them/theirs", "patient's name", "decline to answer", and "unknown".

<https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice>

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

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- Department of Radiation Oncology at John H. Stroger, Jr. Hospital of Cook County



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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 “

Greene-Morton E, Mikler M. Cultural competence or cultural humility? Moving beyond the debate. Health Promot Pract 2020;21(1):142-5.

Cultural Humility



Kimberly D. Manning, MD
@gradydoctor

Doctor, mom, teacher, thinker, doer | @EmoryDeptofMed AVC for #DEI & Professor | 'Bout that #DEI, #MedEd, #medhum, & #GIM life | Tweets mine | she/her/ma'am

Atlanta, Georgia med.emory.edu/departments/me...
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Kimberly D. Manning, MD
@gradydoctor

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



Kimberly D. Manning, MD @gradydoctor · Oct 14

3/

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](#)



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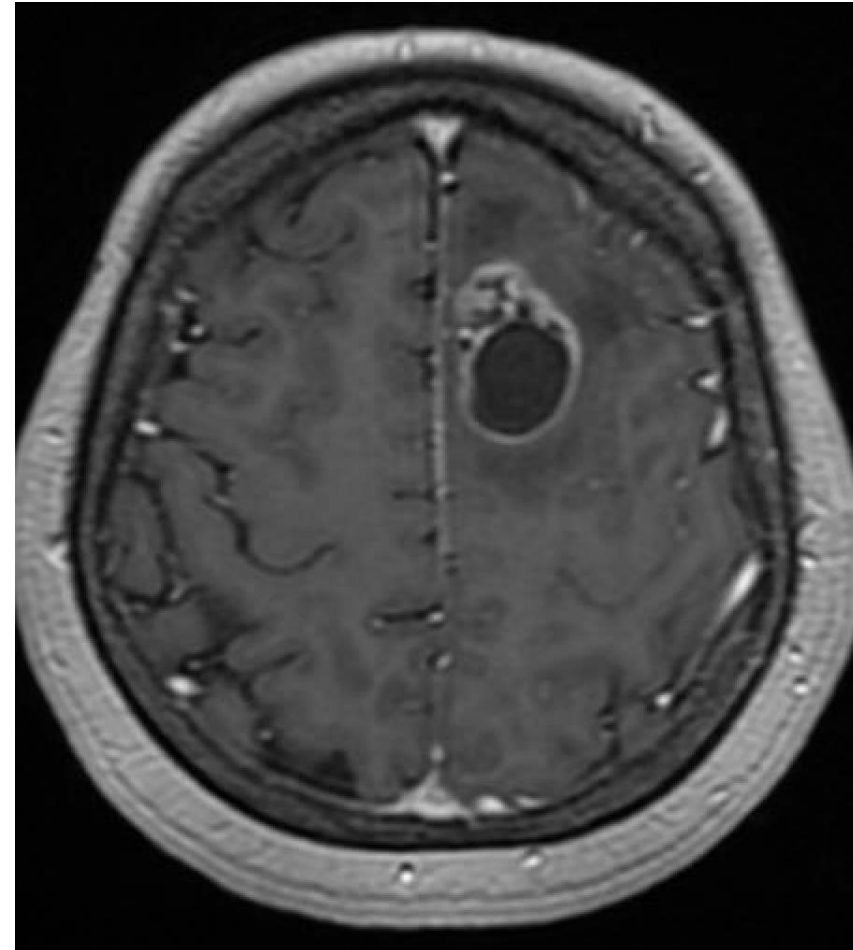


1.3K



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



Microaggression

mi·cro·ag·gres·sion

/,mɪkrəʊ'greʃən/

noun

noun: **microaggression**; plural noun: **microaggressions**; noun: **micro-aggression**; plural noun: **micro-aggressions**

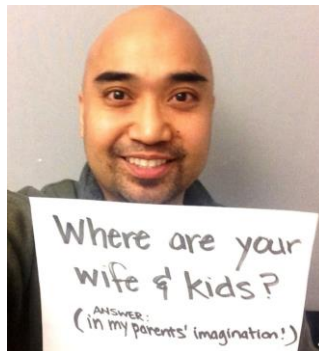
a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.
"students posed with dry-erase boards documenting their experiences with microaggressions on campus"

- indirect, subtle, or unintentional discrimination against members of a marginalized group.
"they are not subject to daily acts of microaggression"

Use over time for: microaggression



“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://medschool.ucla.edu/Workfiles/Site-Counting/The-Impact-of-Sexual-and-Gender-Microaggressions.pdf>

Shelton K, Delgado-Romero EA. Sexual orientation microaggressions: the experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *J Couns Psychol*. 2011 Apr;58(2):210-21.

<https://www.buzzfeed.com/angieat115/got-microaggressions-you-a-one-civil-rights>

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#Refresher21

Cultural Humility



Benjamin King, MD
@BenjaminKingMD

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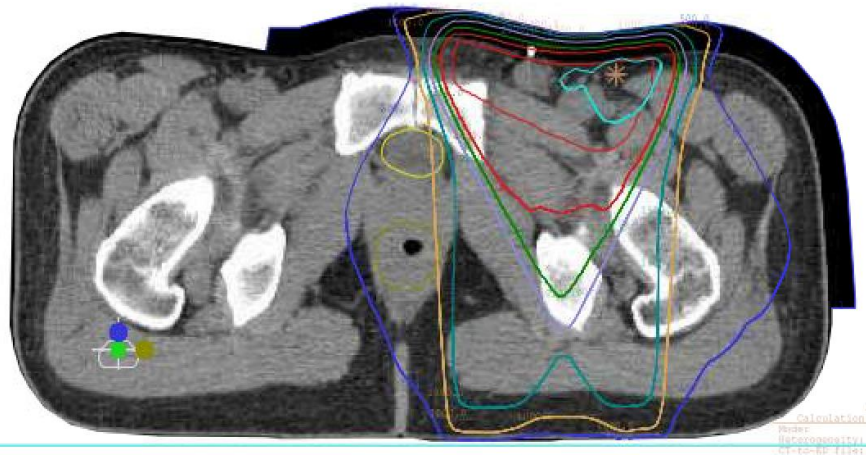
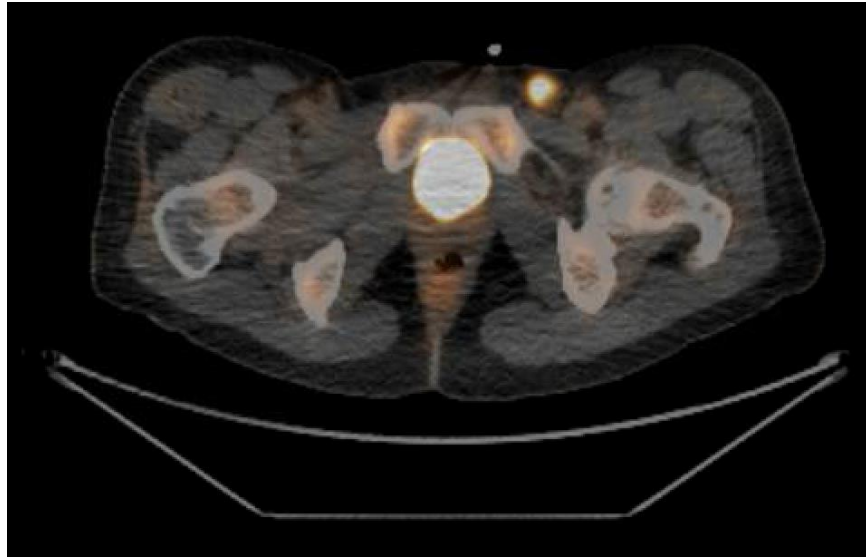
Dr. Charles Thomas, a black [#radonc](#) chair, demonstrates vulnerability and authenticity in his own unconscious bias/microaggression through this case. It is a product of this country's history, and needs to be constant vigilance regardless of our own identity. [#ASTRO20](#)

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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 deftly 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)