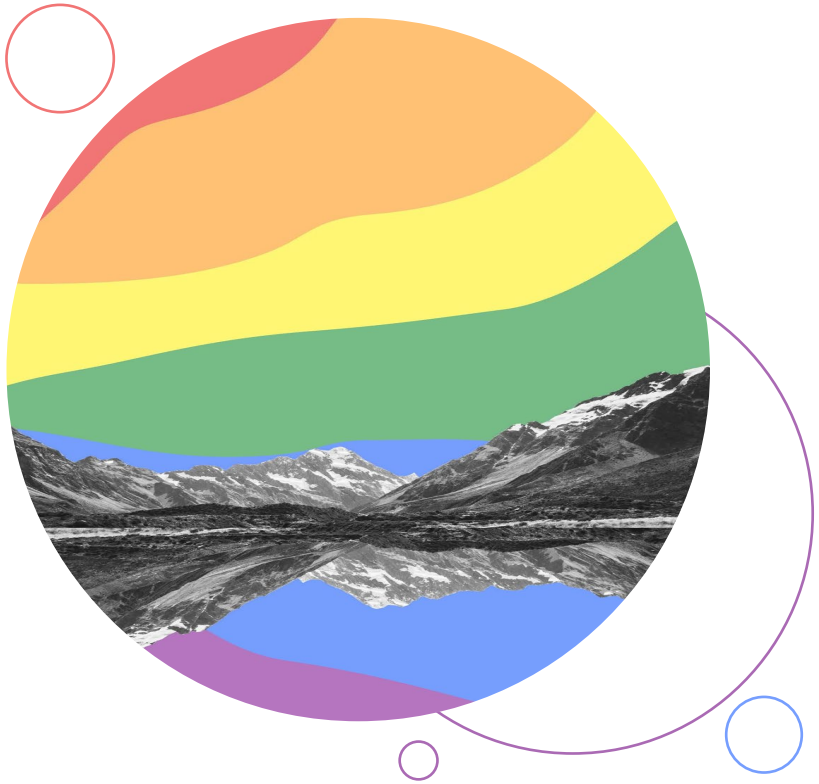
An Introduction to Cancer Care for the LGBTIQ+ Community

Dr Dan Saunders
Dr Alison Berner
Stewart O’Callaghan



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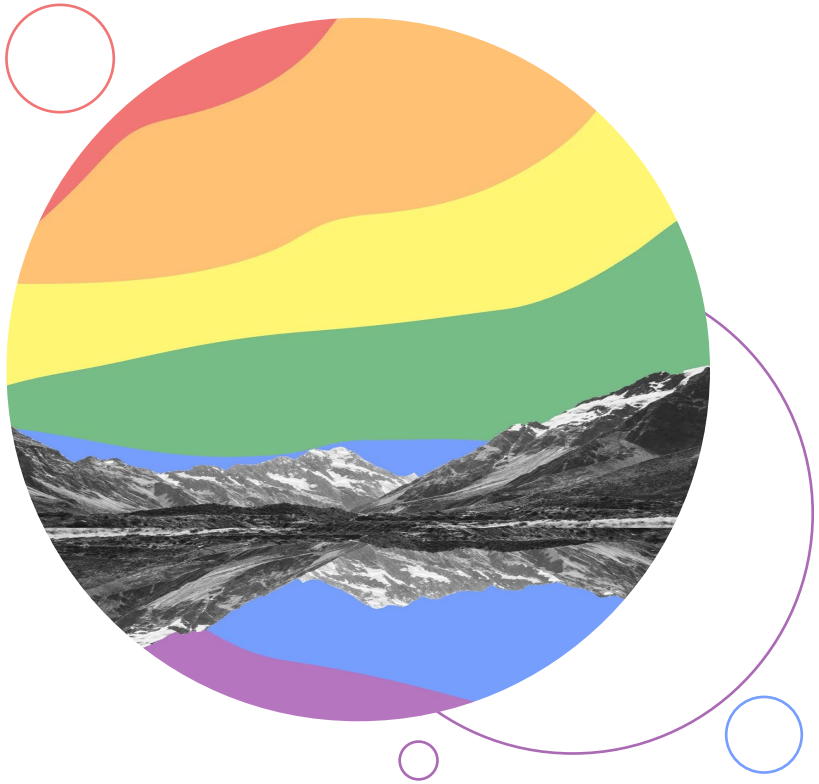
Webinar Agenda

1. Welcome and Introduction
2. Introduction to the LGBTIQ+ Community in Cancer Care
3. LGBTIQ+ Patient Experience
4. Research and Clinical Trials
5. Psychosexual Effects
6. Live Q&A Session

Abbreviations: LGBTIQ+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Including Others

Welcome and Introduction

Dr Dan Saunders



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Introductions and Disclosures

Dr Dan Saunders (he/him)
Radiation Oncologist
The Christie, Manchester

Dr Alison Berner (she/her)
Academic Clinical Lecturer
Medical Oncology Barts Cancer Institute

Stewart O'Callaghan, MSc (they/them)
Founder & Chief Executive Officer
OUTpatients UK

Disclosures		
• Honoraria for non-promotional education received from AstraZeneca	• Honoraria for non-promotional education received from AstraZeneca, Pfizer, Lilly, Astellas, Eisai, Gilead and Servier	• Honoraria for non-promotional education received from Astellas, Gilead, AstraZeneca, Ipsen and GlaxoSmithKleine
• Honorary consultant clinical oncologist at The Christie, Manchester	• Support in attending meetings from Gilead	• Project funding recipient from Gilead, Pfizer
• Deputy CMO at Northern Care Alliance	• Advisory board participation with Pfizer	• Advisory board participation with Pfizer
• Chair of RCR EDI Committee (unremunerated/non-pecuniary)	• Recipient of Fellowship from the Gilead Fellowship & Medical Grants Programme	

Abbreviations: CMO: Chief Medical Officer; EDI: equity, diversity and inclusion; RCR: Royal College of Radiologists

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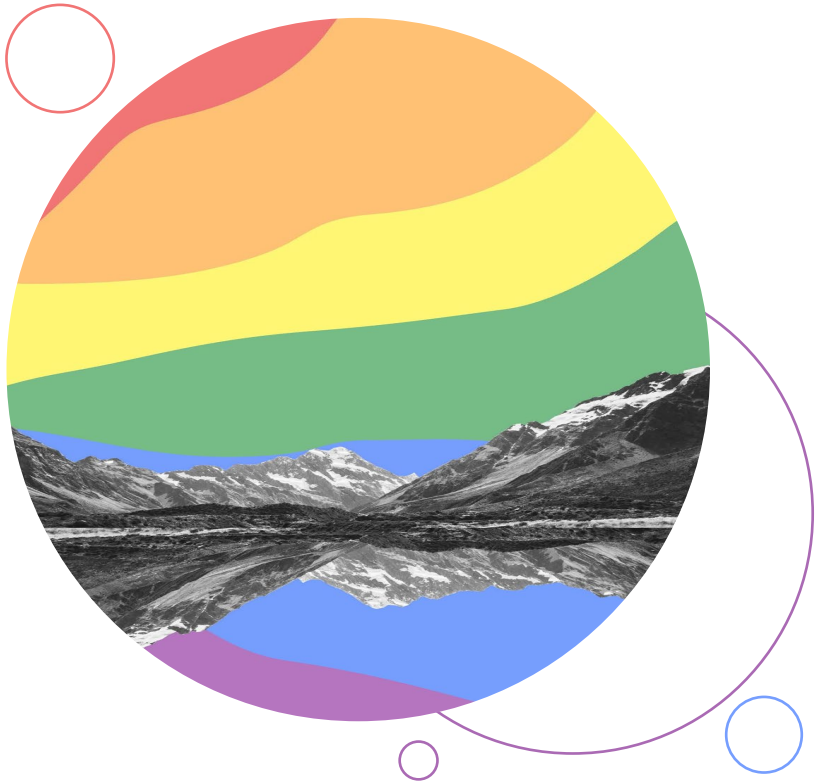
Introductory Poll

Dr Dan Saunders



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Introductory Poll: Question 1

I feel equipped with the skills and knowledge to meet the healthcare needs of LGBTIQ+ patients

- *Strongly agree*
- *Agree*
- *Neutral*
- *Disagree*
- *Strongly disagree*

This question will be revisited at the end of the webinar

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Introductory Poll: Question 2

I feel comfortable addressing the healthcare needs of LGBTIQ+ patients

- *Strongly agree*
- *Agree*
- *Neutral*
- *Disagree*
- *Strongly disagree*

This question will be revisited at the end of the webinar

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Introductory Poll: Question 3

I am aware of barriers that may prevent LGBTIQ+ people from consistently using NHS services

- *Strongly agree*
- *Agree*
- *Neutral*
- *Disagree*
- *Strongly disagree*

This question will be revisited at the end of the webinar

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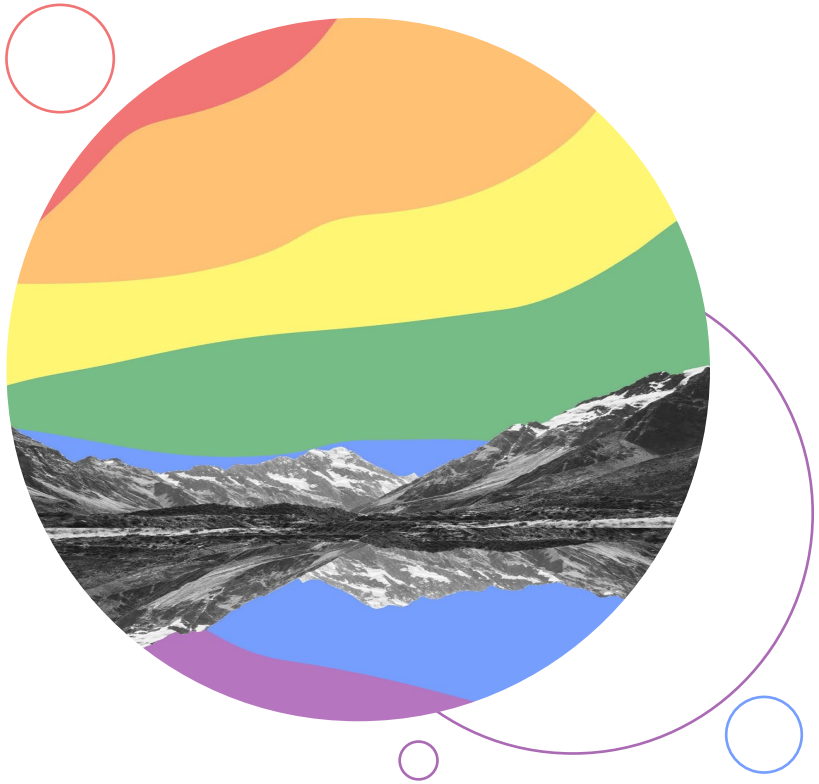
Introduction to the LGBTIQ+ Community in Cancer Care



Stewart O’Callaghan

Abbreviations: LGBTIQ+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Including Others

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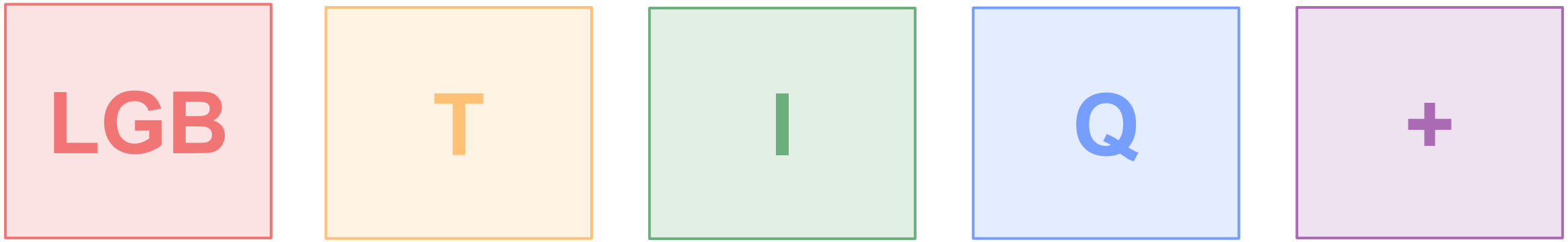
A Note on Terminology



Sexual Orientation

Gender Identity

Variations in Sex Characteristics/ Intersex

Queer

Including Others

Abbreviations: LGBTIQ+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Including Others

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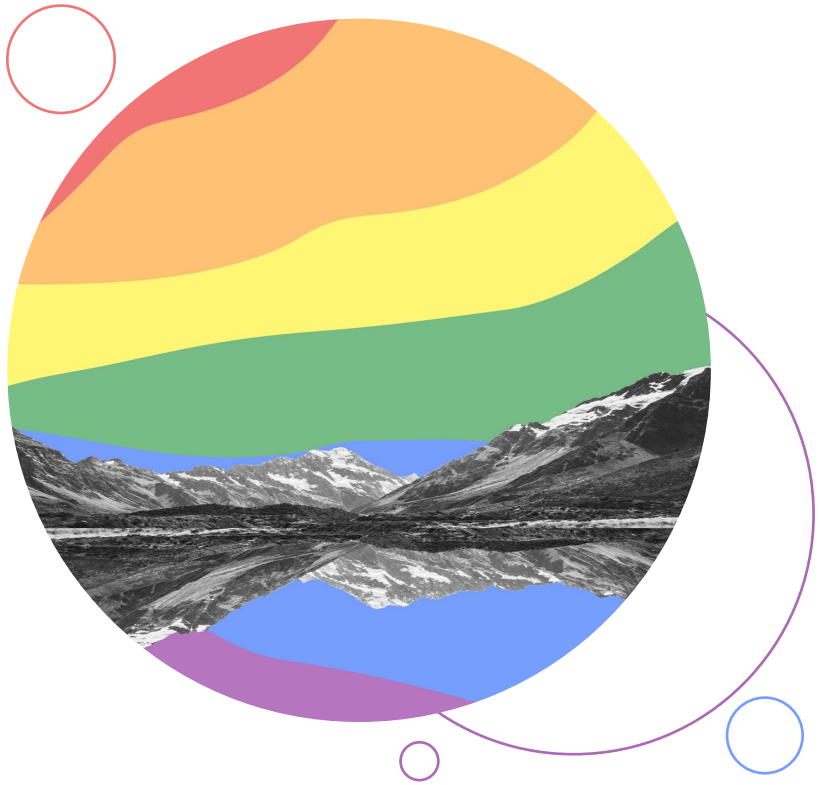

How Many People are Lesbian, Gay or Bisexual+ (LGB+)?

Abbreviations: LGB+: Lesbian, Gay, Bisexual, Including Other Sexualities

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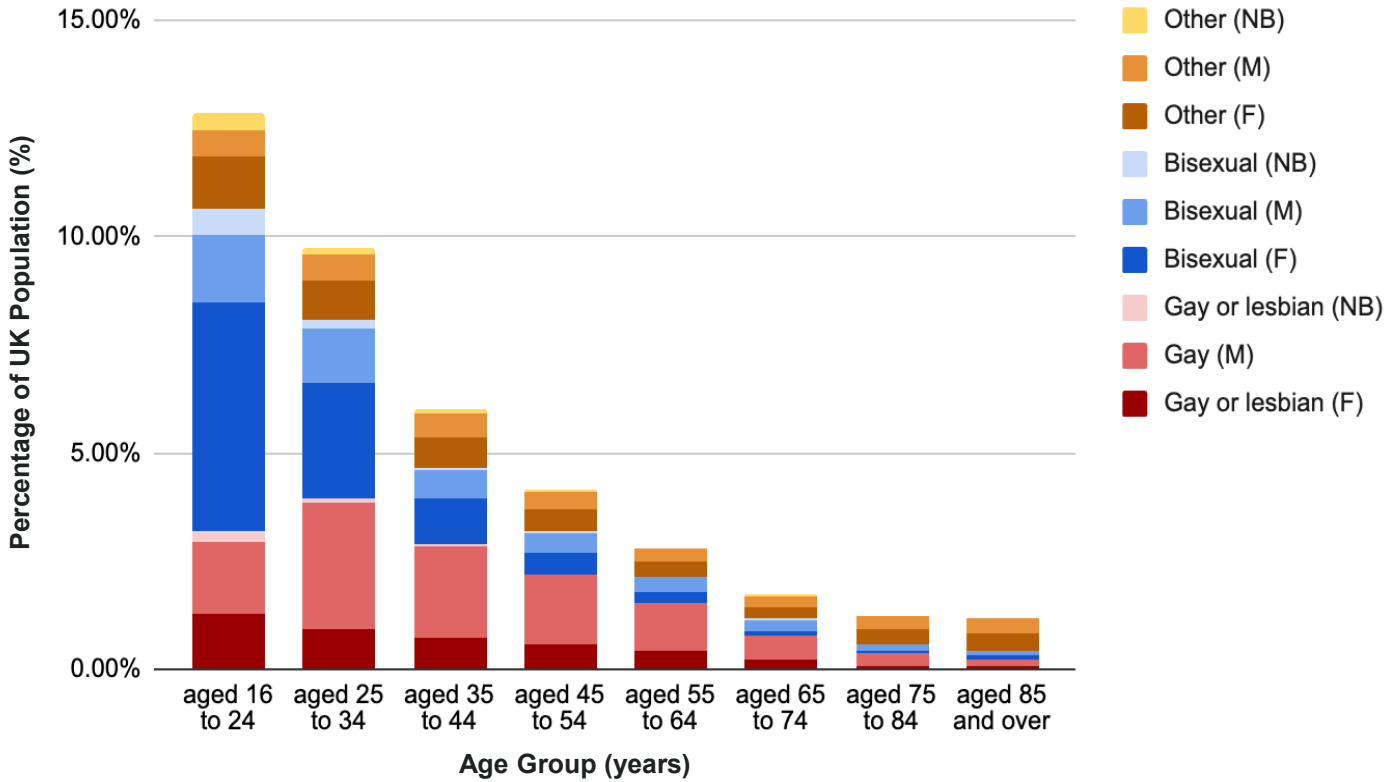
Percentage of UK Population who Identify as LGB+



An average of **5%** of the UK population identify as LGB+ across all ages

Abbreviations: F: Female; LGB+: Lesbian, Gay, Bisexual, Including Other Sexualities; M: Male; NB: Non-binary

References: Adapted from NHS GP Patient Survey. 2023. Available at: https://www.gp-patient.co.uk/surveysandreports2023 (Last accessed: September 2024)

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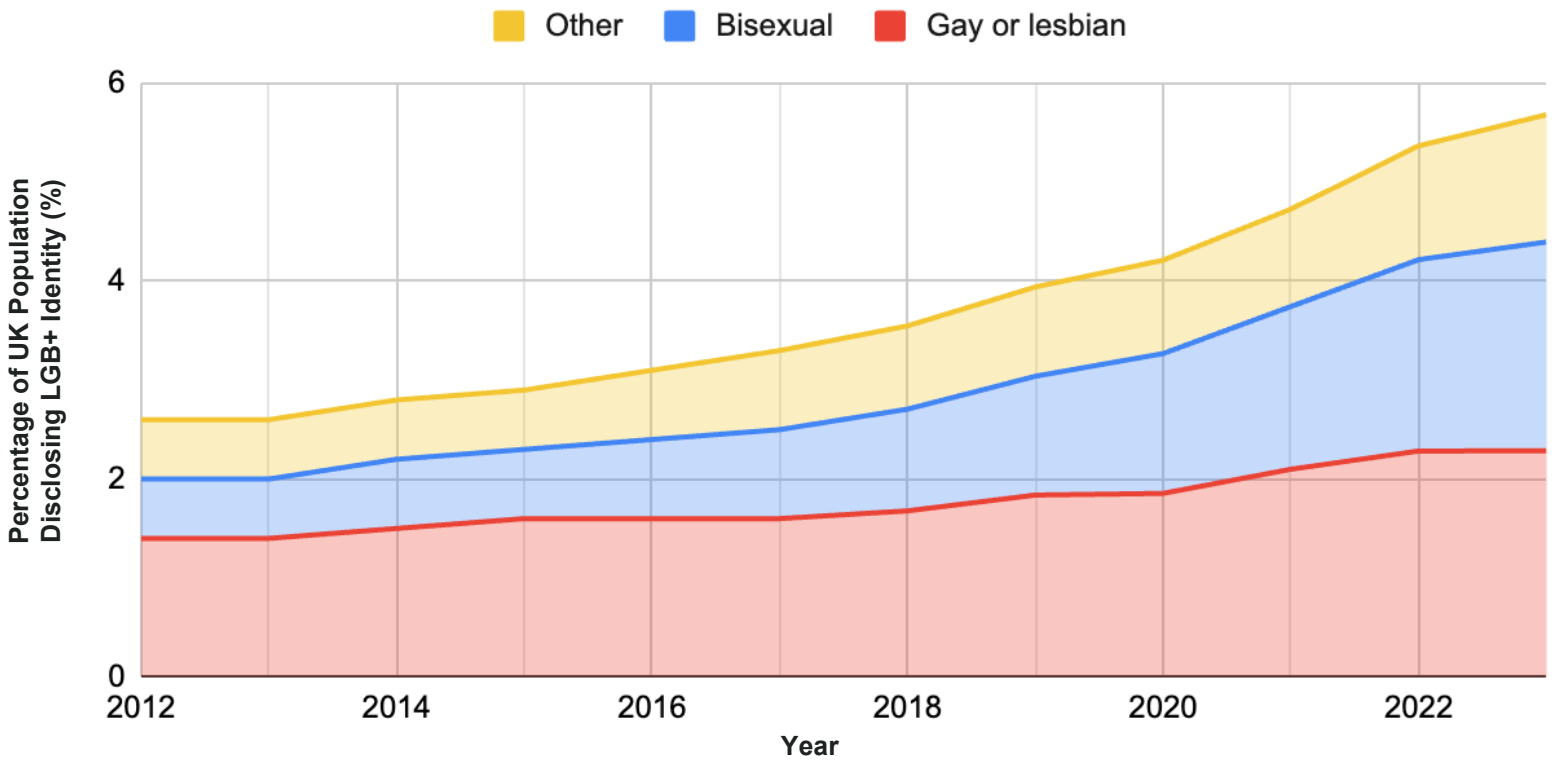
LGB+ Disclosure Over Time



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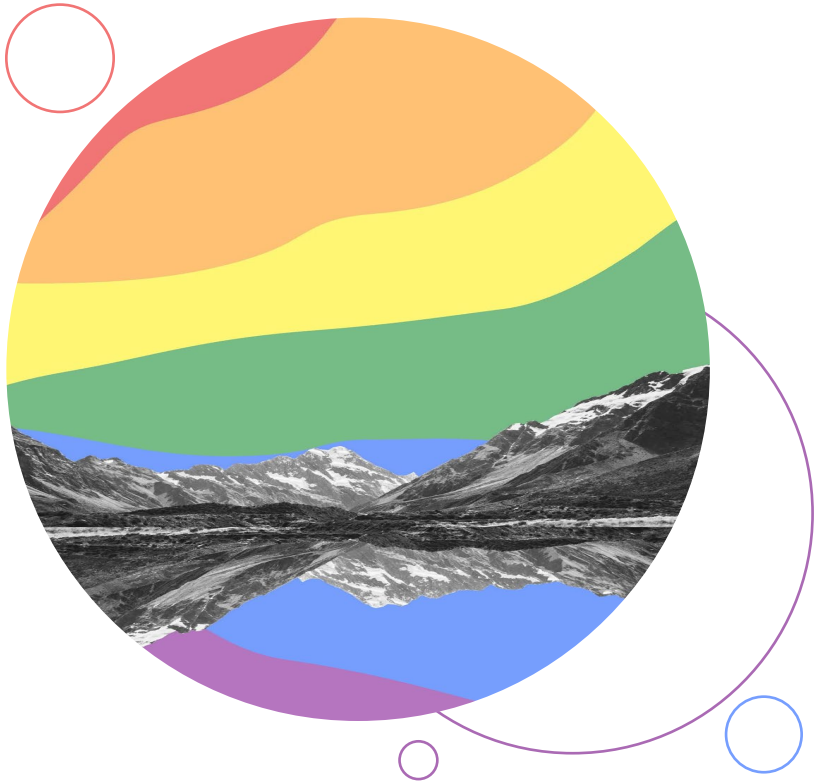

How Many People are Transgender?

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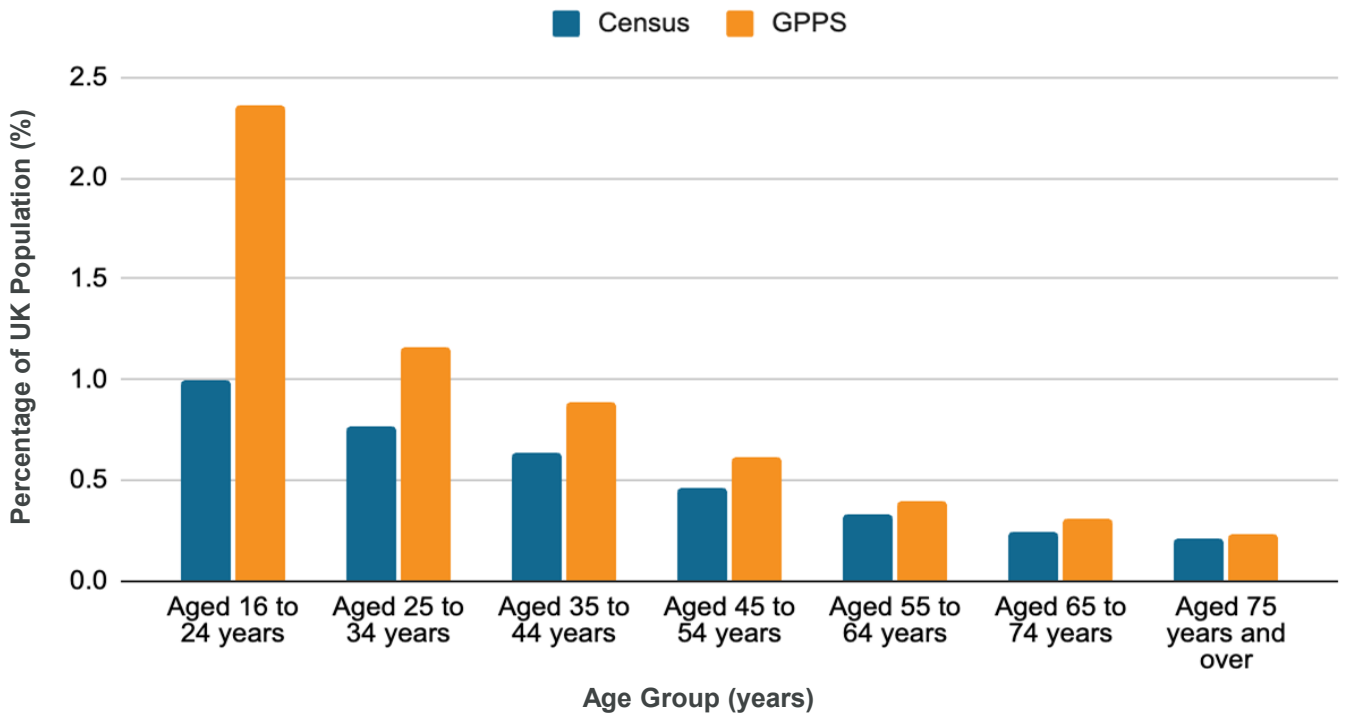
Percentage of UK Population Reporting Gender Incongruence



An average of **0.5%** and **0.8%** of the UK population report gender incongruence according to census and GPPS data, respectively[1,2]

Abbreviations: GPPS: GP Patient Survey

References: 1. Adapted from NHS GP Patient Survey. 2023. Available at: https://www.gp-patient.co.uk/surveysandreports2023 (Last accessed: September 2024); 2. Adapted from ONS. 2023. https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/articles/genderidentityageandsexenglandandwalescensus2021/2023-01-25 (Last accessed: September 2024)

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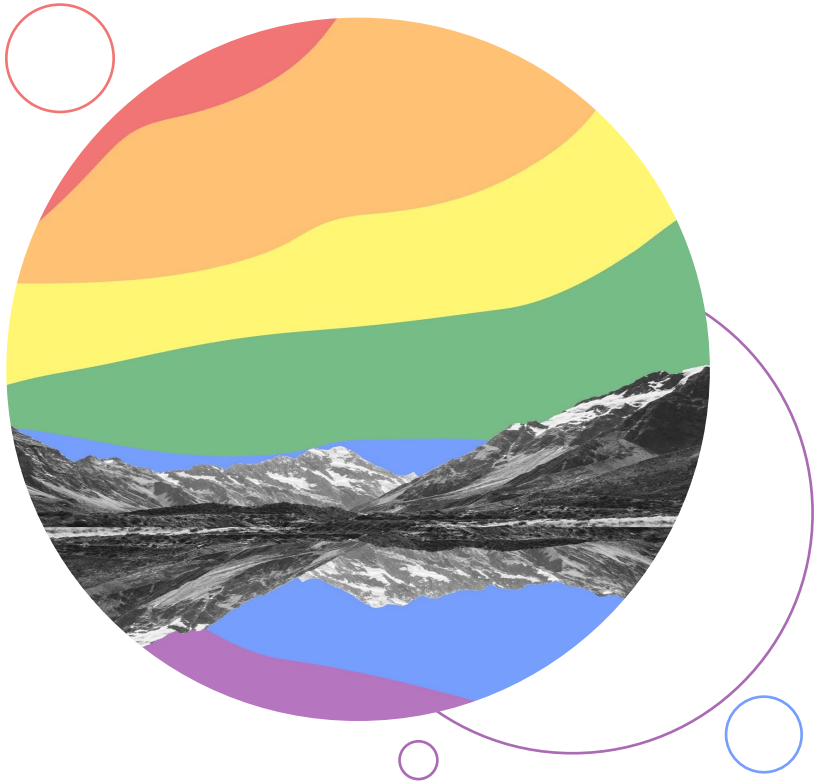

Barriers to Healthcare for the LGBT+ Community

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Barriers to Healthcare for Patients: Avoidance

14% of LGBT+ people avoid healthcare[1]

27% of transgender people ‘always’ or ‘often’ avoid GP visits for appointments like cancer screening[2]

57% of transgender people avoid healthcare even when unwell[2]

Abbreviations: GP: General Practice; LGBT+: Lesbian, Gay, Bisexual, Transgender, Including Others

References: 1. Stonewall. 2018. Available at: https://www.stonewall.org.uk/resources/lgbt-britain-health-2018 (Last accessed: September 2024); **2.** TransActual. 2021. Available at: https://transactual.org.uk/wp-content/uploads/TransLivesSurvey2021.pdf (Last accessed: September 2024)

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Barriers to Healthcare for Patients: Mistrust

45% of transgender and **55% of non-binary** people feel their GP does not understand their needs[1]

Intersex people more likely to report GP not being supportive or knowing where to refer than non-intersex people[2]

Abbreviations: GP: General Practice

References: 1. TransActual. 2021. Available at: https://transactual.org.uk/wp-content/uploads/TransLivesSurvey2021.pdf (Last accessed: September 2024); **2.** Government Equalities Office. 2018. Available at: https://assets.publishing.service.gov.uk/media/5b3cb6b6ed915d39fd5f14df/GEO-LGBT-Survey-Report.pdf (Last accessed: September 2024)

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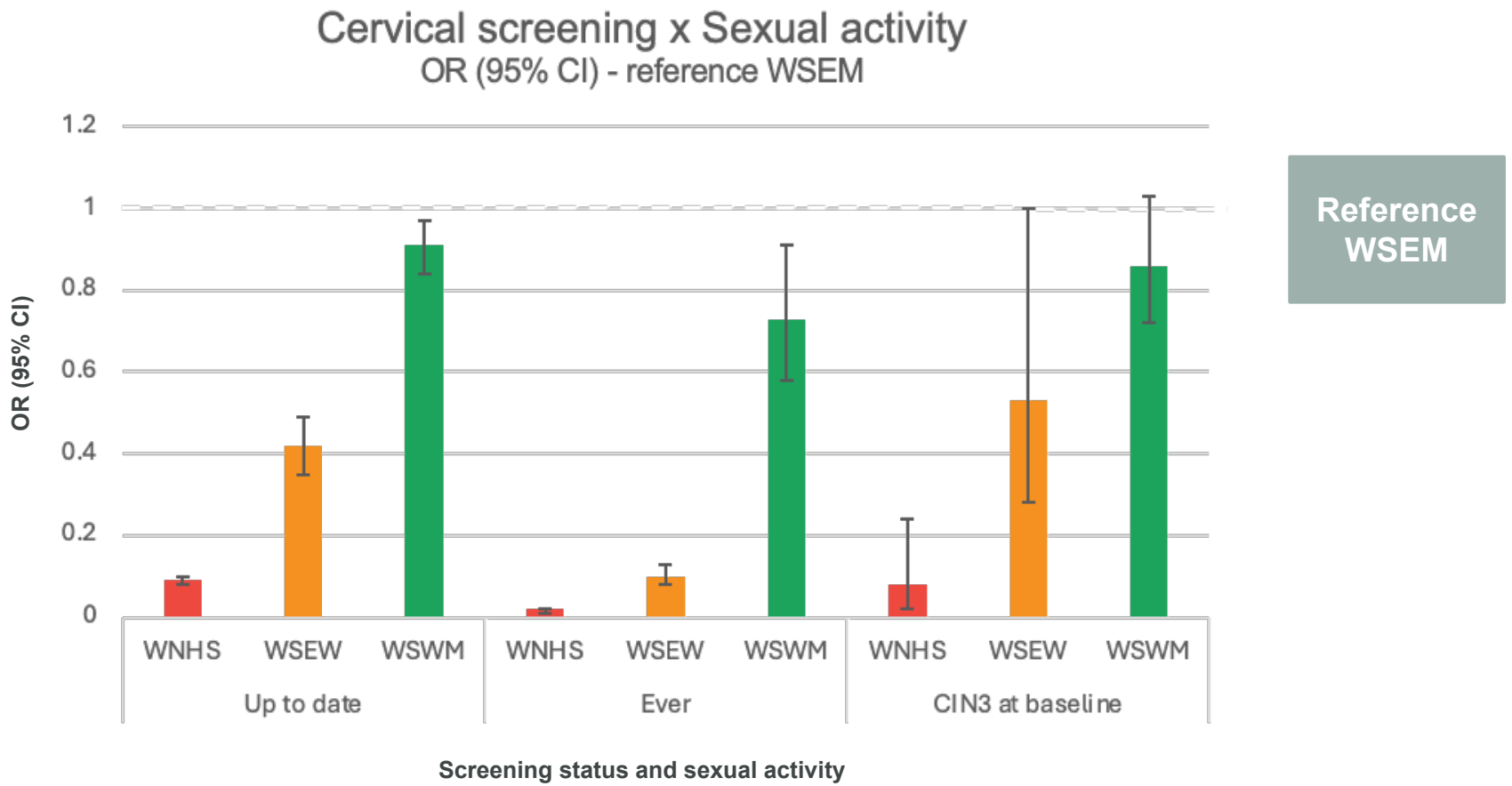
Cervical Screening Attendance by Sexual Activity



Abbreviations: CI: Confidence Interval; CIN: cervical intraepithelial neoplasia; OR: Odds Ratio; WNHS: women with no history of sex; WSEM: women who have sex exclusively with men; WSEW: women who have sex exclusively with women; WSWM: women who have sex with women and men

References: Adapted from Saunders C, et al. J Med Screen. 2021;28(3):349-356.

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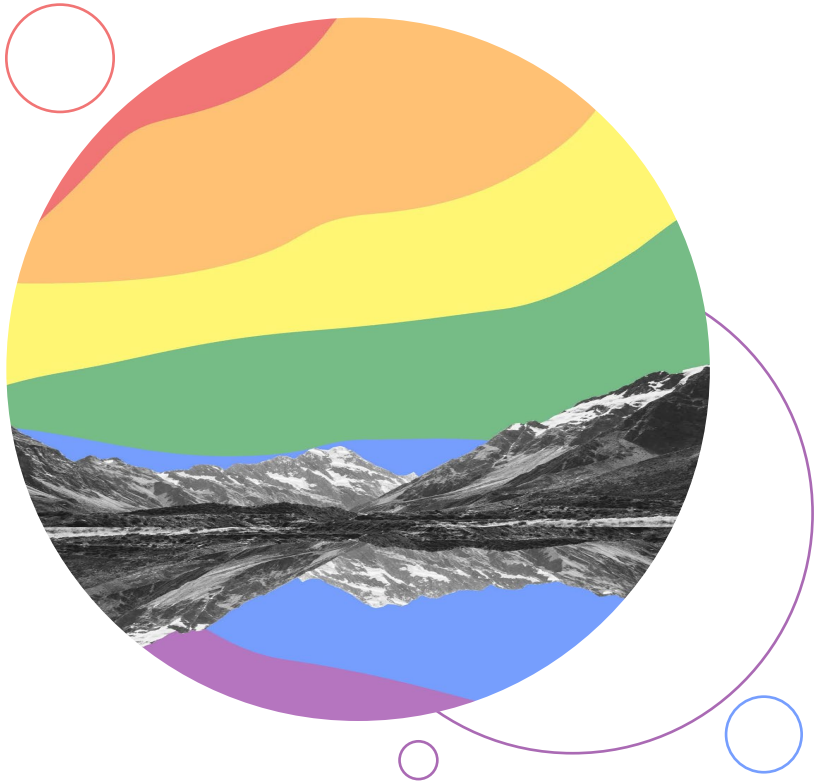

LGBT+ Cancer Risk and Incidence

Abbreviations: LGBT+: Lesbian, Gay, Bisexual, Transgender, Including Others

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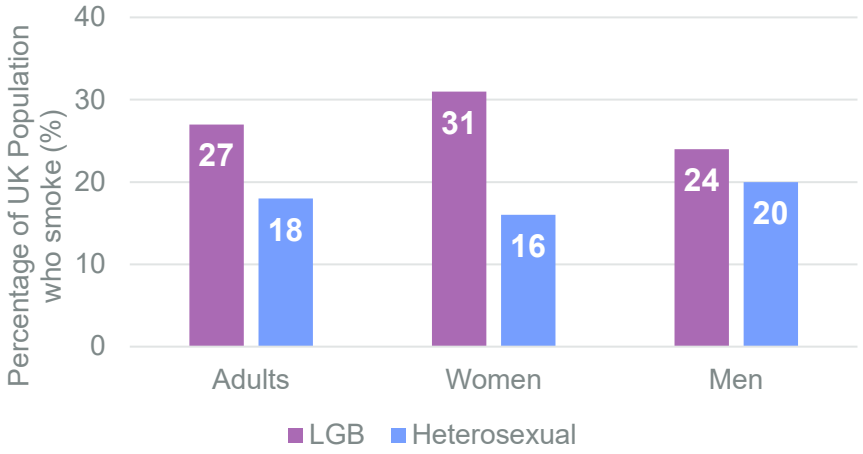
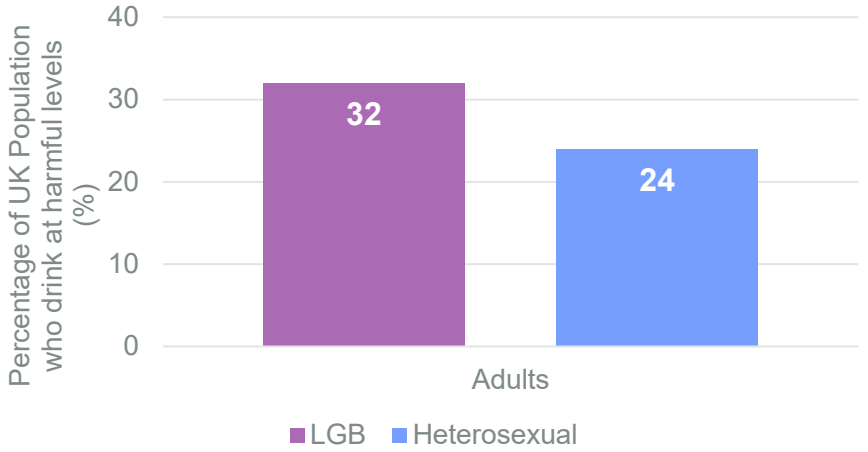
LGBT+ Cancer Risk Factors

LGB adults were more likely than heterosexual adults to be **current smokers**, with LGB women the most likely to smoke currently[1]



LGB adults were more likely than heterosexual adults to **drink at harmful levels**[1]



Transgender people are more likely to be regular smokers, **particularly transgender men**[2]
An increase in excess **substance use** is also observed in the transgender community[3,4]

Abbreviations: LGB: Lesbian, Gay, Bisexual

References: 1. NHS. 2021. Available at: https://files.digital.nhs.uk/67/E1264A/LGB-Health-Infographics.pdf (Last accessed: September 2024); 2. Tami-Maury I, et al. Tob Prev Cessat. 2020;:6:2; 3. Connolly D, et al. Addict Behav. 2020:111:106544; **4.** Davies E, et al. Alcohol Alcohol. 2024:11;59(1):agad060

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LGBT+ HPV and HIV Risk

Human Papilloma Virus (HPV)

- **Men who have sex with men (MSM)** and **transgender women** experience **higher rates** of HPV, HPV-associated precancer and HPV-associated cancer[1,2,3]
- **LGB women** may also have **higher rates** of HPV[1,2,3]
- **Transgender men** experience similar rates to those observed in cisgender women[1,2,3,4]

Human Immunodeficiency Virus (HIV)

- 2022 new diagnoses:
  - England: **36%** gay, bi and MSM[5,6]
  - Scotland: **29%** gay, bi and MSM[7]
- **Forty-nine percent** of Black African people were **diagnosed late**[5]
- Transgender HIV rate is low (**0.29%** of HIV patients in 2022) compared to global comparison[8]

Abbreviations: HIV: Human Immunodeficiency Virus; HPV: Human Papilloma Virus; LGB: Lesbian, Gay, Bisexual; MSM: Men Who Have Sex With Men. **References:** 1. Meites E, et al. Hum Vaccin Immunother. 2022;18(1):2016007; 2. Branstetter A, et al. J Womens Health (Larchmt). 2017;26(9):1004-1011; 3. ICO/IARC. 2023. Available at: https://hpvcentre.net/statistics/reports/GBR_FS.pdf (Last accessed: September 2024) **4.** Pils S, et al. EClinicalMedicine. 2022;12:54:101702; **5.** National AIDS Trust. 2022. Available at: https://www.nat.org.uk (Last accessed: September 2024); **6.** Terrence Higgins Trust. 2022. Available at: https://www.tht.org.uk/hiv/about-hiv/hiv-statistics (Last accessed: October 2024); 7. Terrence Higgins Trust. 2023. Available at: https://www.tht.org.uk/news/heterosexual-hiv-diagnoses-overtake-those-gay-and-bisexual-men-scotland (Last accessed: September 2024); 8. Gov.uk. 2024. Available at: https://www.gov.uk/government/statistics/hiv-annual-data-tables (Last accessed: October 2024)

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Cancer Risk for Transgender Adults

Transmasculine

5x lower breast cancer risk than cisgender women[1]

Transfeminine

5x lower prostate cancer risk than cisgender men[2]

46x higher breast cancer risk than cisgender men[1]

References: 1. de Blok C, et al. BMJ. 2019:365:l16522; 2. de Nie I et al J Clin Endocrinol Metab. 2020 Sep 1;105(9):e3293-e3299

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Prevalence of Cancer Risk Factors Among Transgender and Gender Diverse Individuals

Findings from a cross-sectional analysis using UK primary care data

	Transmasculine		Transfeminine	
	vs Cis M	vs Cis W	vs Cis M	vs Cis W
Obesity	1.39	1.17	1.02	0.88
Current smoker	1	1.23	1.05	1.3
Former smoker	1.27	1.21	1.11	1.11
Current alcohol use	0.95	0.98	1	1.04
Former alcohol use	1.33	1.27	1.13	1.15
Dyslipidaemia	0.94	1.31	1.12	1.53
Diabetes	1.24	1.29	1.05	1.24
HIV	2.4	4.41	3.29	6.02
Hepatitis C	1.27	2.21	1.71	3.1
Hepatitis B	1.05	1.23	1.48	1.78

Abbreviations: Cis M: Cisgender Man, Cis W: Cisgender Woman, HIV: human Immunodeficiency Virus

References: Adapted from Brown J, et al. Br J Gen Pract. 2023 Jun 29;73(732):e486-e492.

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LGB+ Cancer Incidence

UK Biobank LGB data:[1]

Breast

Prostate

Colorectal

Lung

US National Health Interview Survey 2017-2021

Self-reported cancers:[2]

LGB Women	GB Men
Cervix, uterus, ovary, thyroid, bone, skin melanoma, leukaemia, and other blood cancers	Bladder, kidney, skin (non-melanoma, and other), bone, lymphoma, and leukaemia

Abbreviations: GB: Gay and Bisexual, LGB: Lesbian, Gay, Bisexual

References: 1. Underwood S, et al. Cancers (Basel). 2023 Mar 29;15(7):2031; 2.Tundealao S, et al. Cancer Causes Control. 2023 Nov;34(11):1027-1035

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The Need for Education…

ESMO Open Cancer Horizons

Check for updates

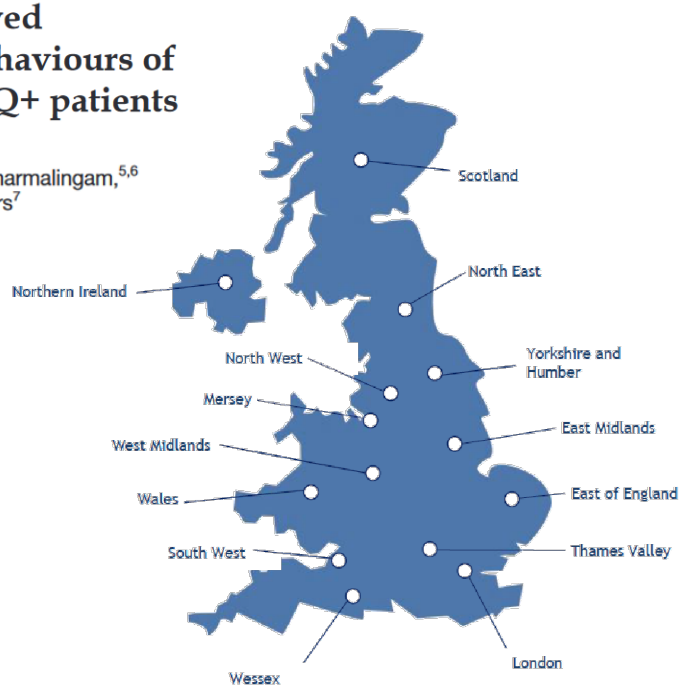
An evaluation of self-perceived knowledge, attitudes and behaviours of UK oncologists about LGBTQ+ patients with cancer

Alison May Berner [1,2] Daniel Johnathan Hughes [3,4] Hannah Tharmalingam,[5,6] Tom Baker,[4] Benjamin Heyworth,[7] Susana Banerjee,[8] Daniel Saunders[7]

258 Oncologists

65% Consultants

35% Trainees



Knowledge:

- **8%** were confident in their knowledge of LGBTQ+ healthcare
- **75%** felt they would benefit from further education

Attitudes:

- **57%** felt it important to know a patient's gender identity
- **29%** to know their sexual orientation

Behaviours:

- **5%** routinely enquired about sexual orientation
- **3%** routinely enquired about gender identity

Abbreviations: LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer, Including Others

References: Berner, A et al. (2020). ESMO Open, doi: 10.1136/esmoopen-2020-000906

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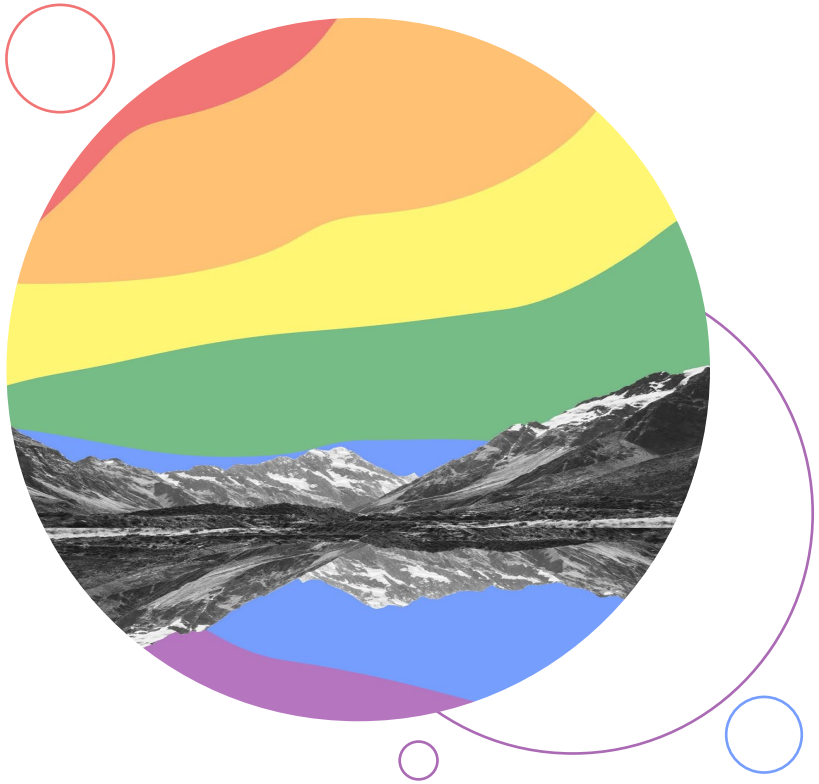
LGBT+ Patient Experience: How Can We Improve Patient Wellbeing and Comfort?



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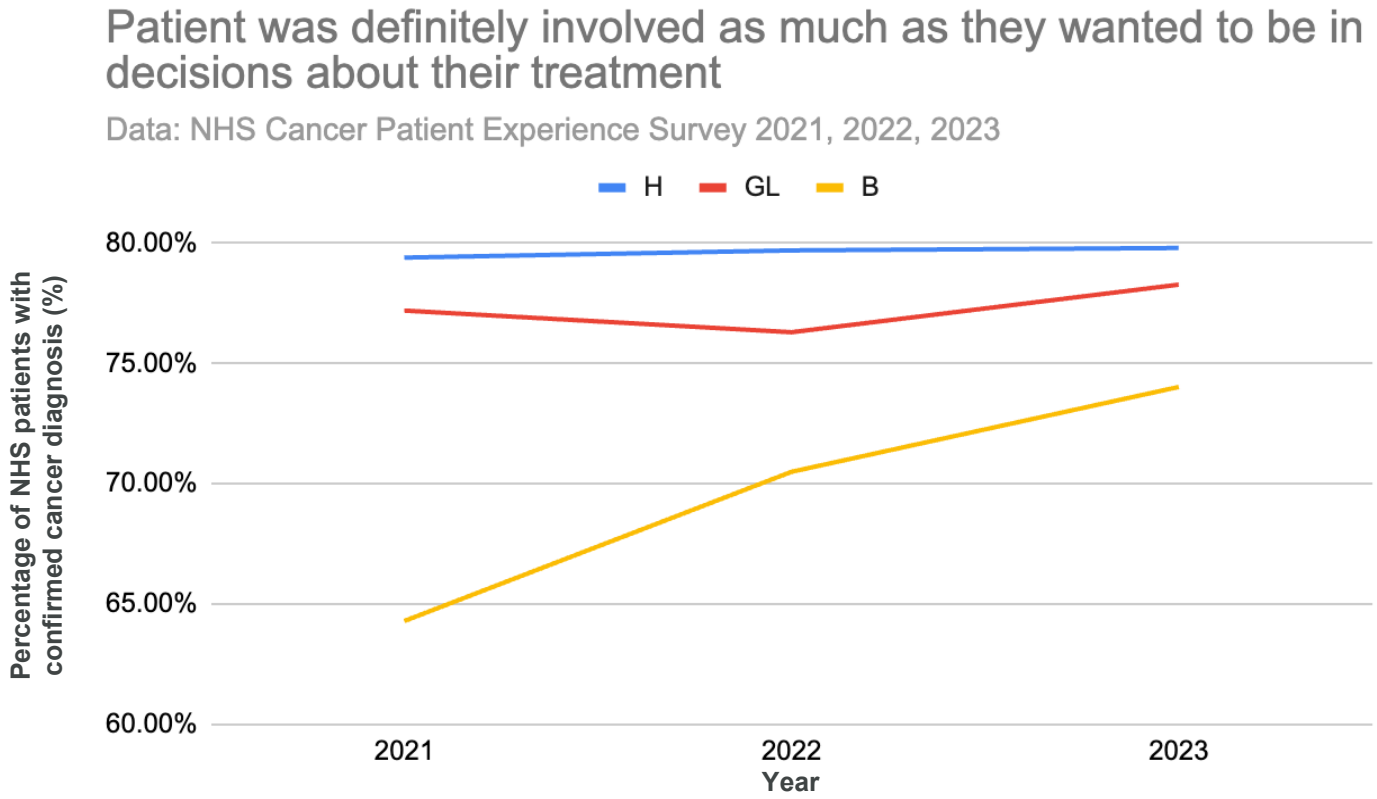
Patient Experience



Abbreviations: B: Bisexual; GL: Gay, Lesbian; H: Heterosexual

References: Adapted from the following sources: NHS National Cancer Patient Experience Survey. 2021. Available at: https://www.ncpes.co.uk/2021-survey-results/ (Last accessed: September 2023); NHS National Cancer Patient Experience Survey. 2022. Available at: https://www.ncpes.co.uk/2022-survey-results/ (Last accessed: September 2024); NHS National Cancer Patient Experience Survey. 2023. Available at: https://www.ncpes.co.uk/latest-national-results/ (Last accessed: September 2024)

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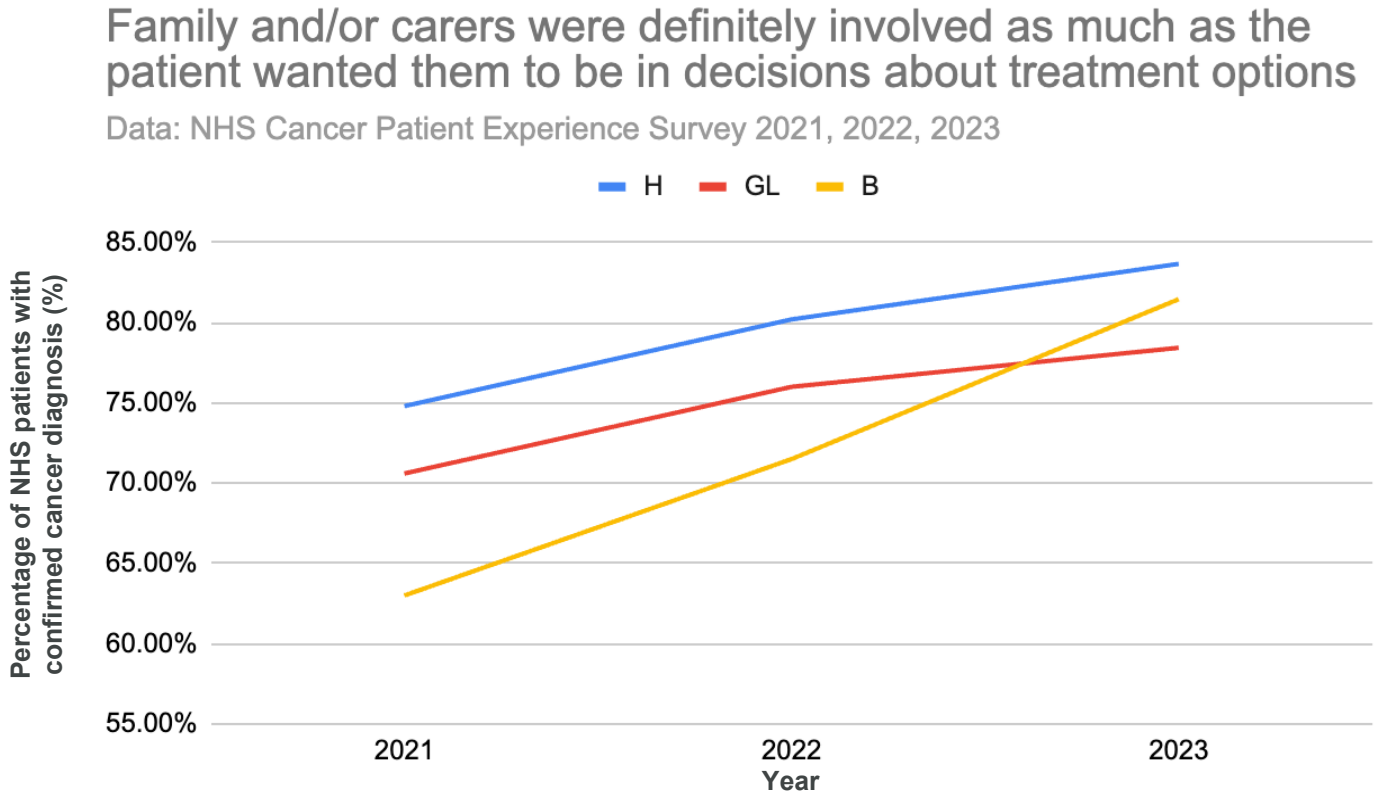

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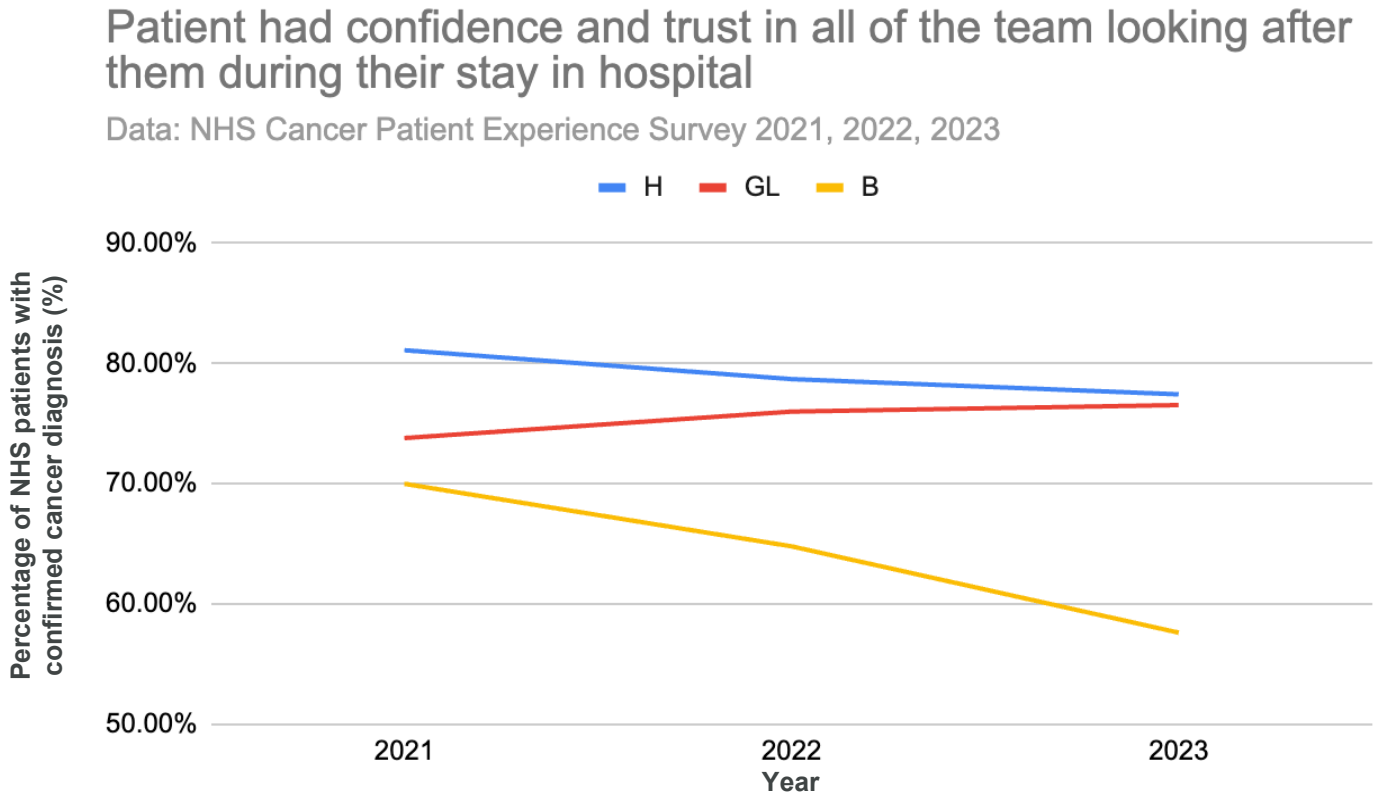

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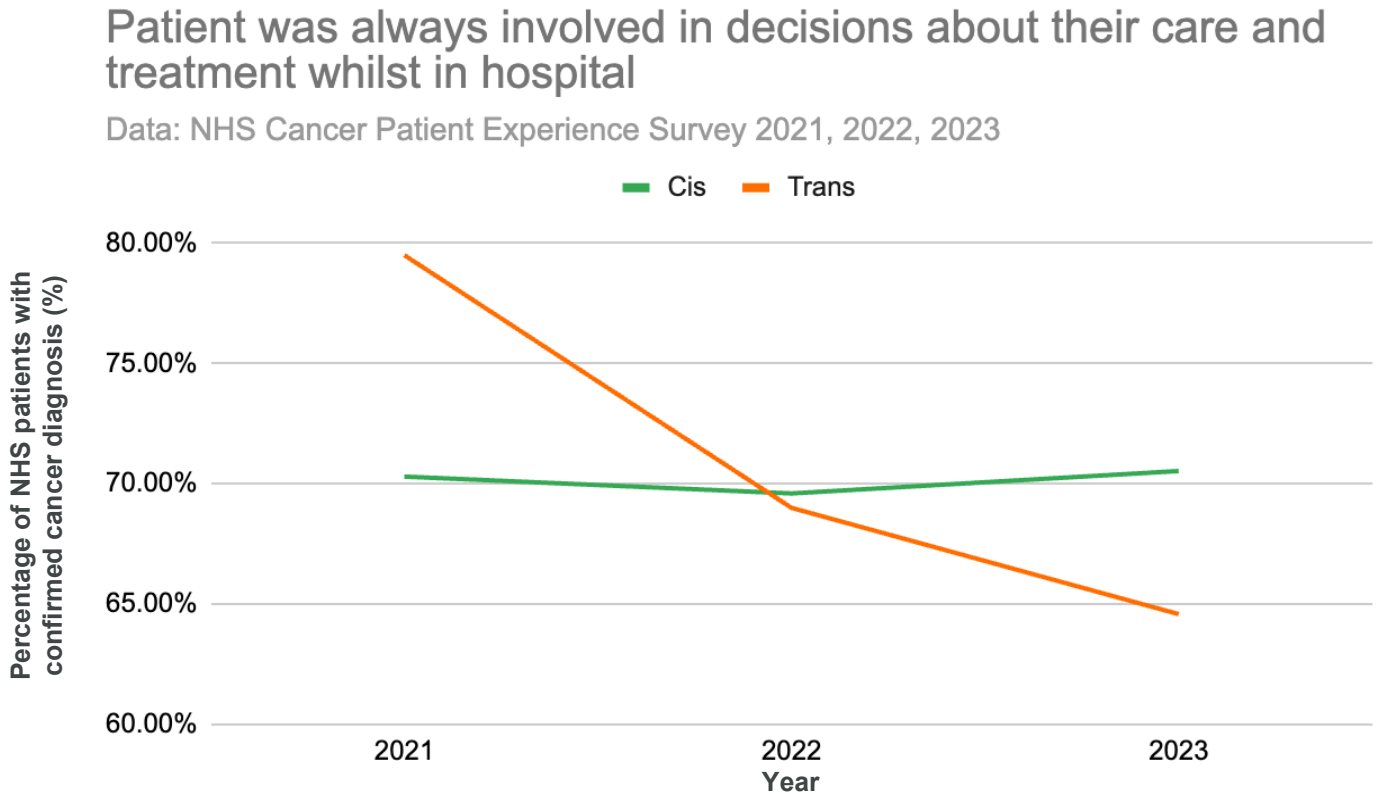

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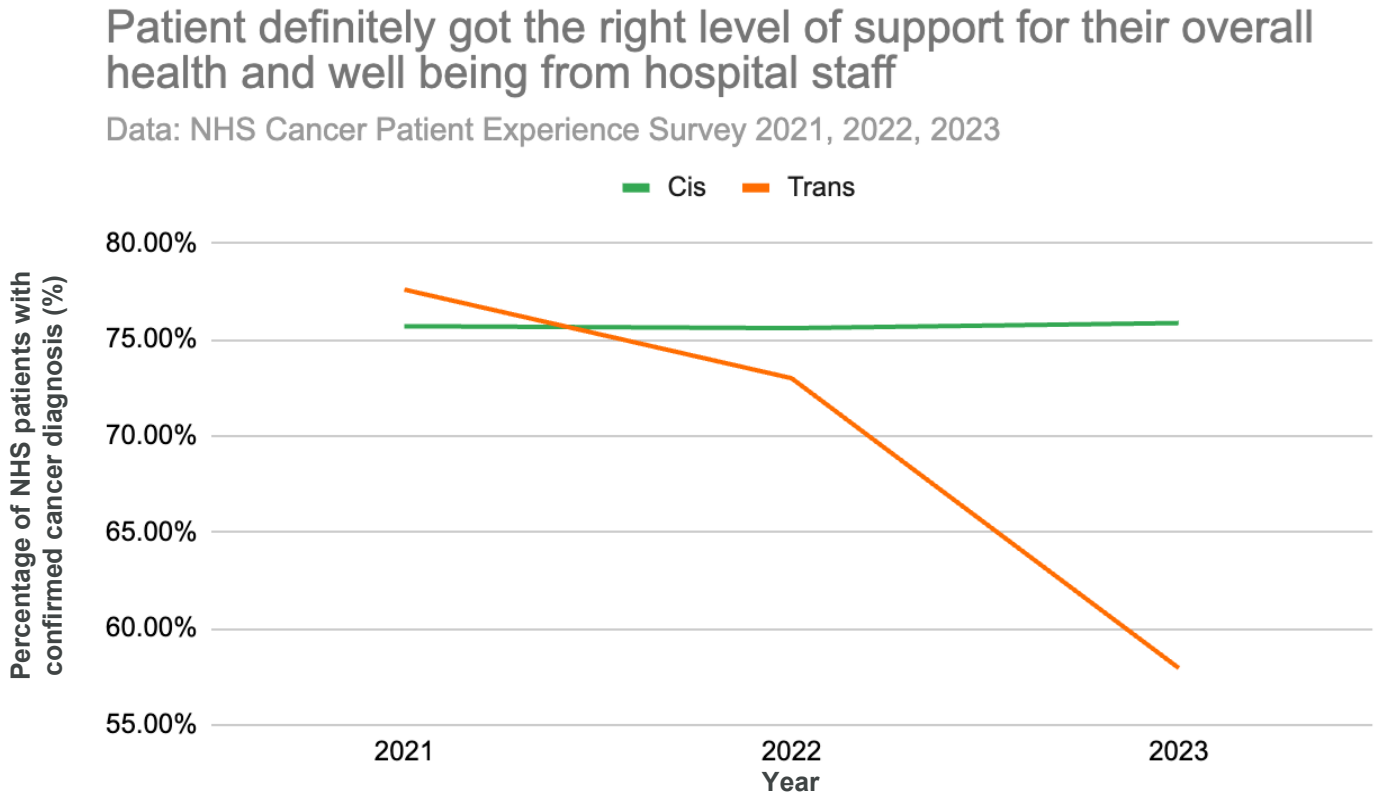

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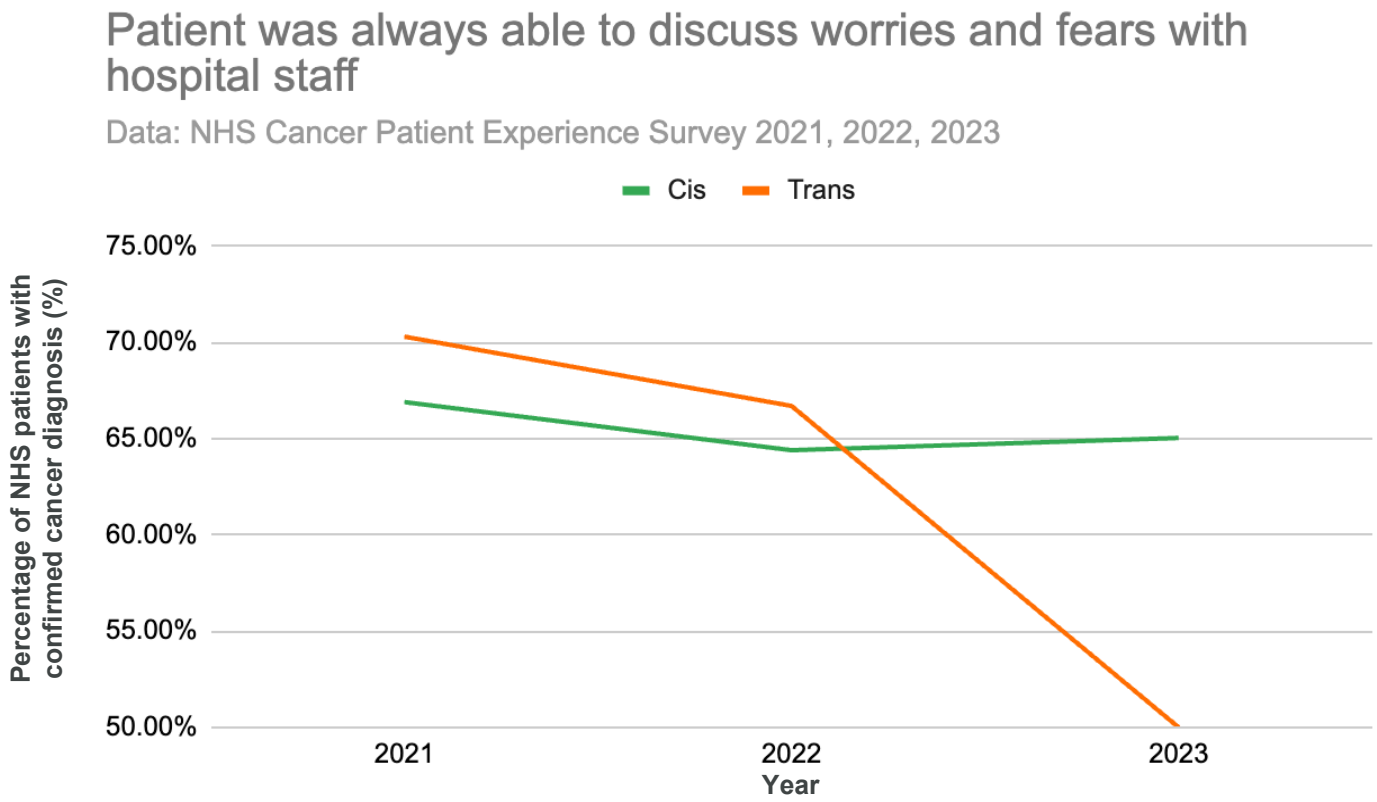
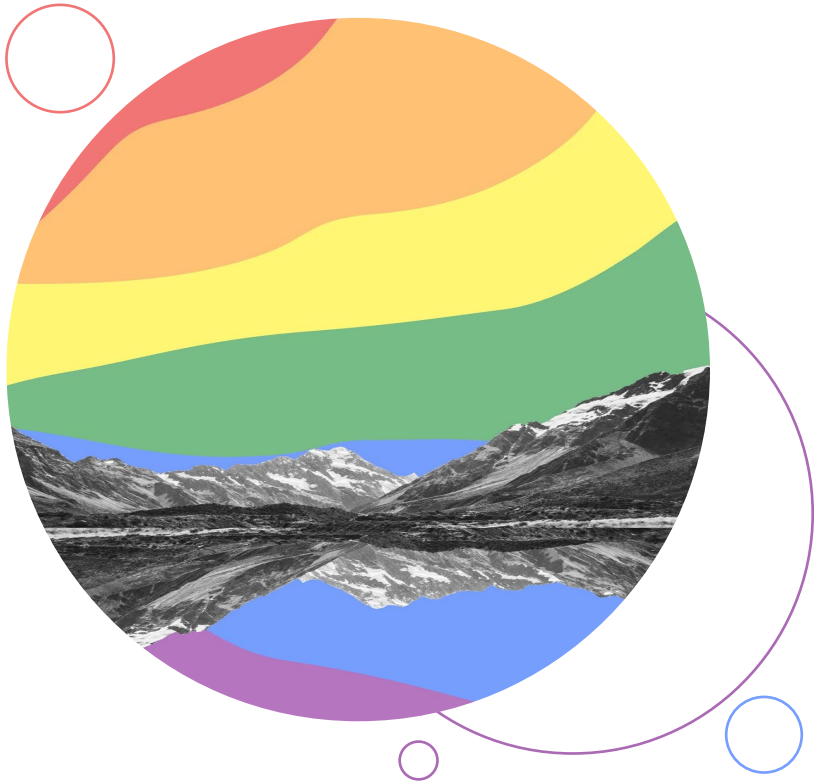
Patient Experience



References: Adapted from the following sources: NHS National Cancer Patient Experience Survey. 2021. Available at: https://www.ncpes.co.uk/2021-survey-results/ (Last accessed: September 2023); NHS National Cancer Patient Experience Survey. 2022. Available at: https://www.ncpes.co.uk/2022-survey-results/ (Last accessed: September 2024); NHS National Cancer Patient Experience Survey. 2023. Available at: https://www.ncpes.co.uk/latest-national-results/ (Last accessed: September 2024)
Date of Preparation: October 2024
Job Bag Number: GB-57842

Research and Clinical Trials: How Can We Improve the LGBTIQ+ Representation?

Dr Alison Berner



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Determinants of Trial Participation

Kaiya Sarah Bartram-Daly
MSc Student - Cancer & Clinical Oncology

Dr Dean Connolly
Academic Clinical Fellow - London School of Hygiene & Tropical Medicine

- A qualitative review of literature was conducted to identify the determinants of participation of LGBTQ+ people in clinical trials
- **Inclusion criteria:** Studies published in English; 2014-2024; using structured search terms
- **Results:** n=19 studies
- Mostly US-based and HIV-focused (n=13)

Determinants associated with **increased** participation:

- Trust and community representation in study teams
- Appropriate Sexual Orientation and Gender Identity (SOGI) recording
- Consideration of interactions between hormone therapy and study drug
- Appropriate financial remuneration / insurance coverage
- Involvement of intersectional community groups

Determinants associated with **reduced** participation:

- Stigma
- Historical traumas
- Mistrust

Unpublished, please do not screenshot!

Abbreviations: LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer, Including Others, SOGI: Sexual Orientation and Gender Identity

References: NHS National Cancer Patient Experience Survey. 2014-2023. Available at: https://www.ncpes.co.uk/past-results/ (Last accessed: September 2024)

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Determinants of Trial Participation

Specific barriers in oncology trials for the gender diverse population

	Mechanisms to Address Barriers
Data collection that fails to account of sex/gender/anatomy	Replace practice of interchangeable use of sex and gender with data collection that reflects these concepts as distinct and allow for collection of data on disease-relevant reproductive anatomy, gender, relevant physiologic factors, etcetera
Needless exclusive language	Replace presumptive language linking gender to cancer type (e.g., men with prostate cancer) with more inclusive language (e.g., individuals with prostate cancer)
Stigma/structural barriers	Implement protections to decrease stigmatization of transgender people within cancer centers
HIV co-infection (especially in US/migrants to UK)	Allow individuals who are living with HIV to participate in clinical trials with exceptions made only when clinically or scientifically indicated
Theoretical concerns about interactions with hormones	Allow individuals who are receiving hormone therapy to participate in clinical trials with exceptions made only when clinically or scientifically indicated

Journal of Clinical Oncology®
An American Society of Clinical Oncology Journal

Addressing Barriers to Clinical Trial Participation for Transgender People With Cancer to Improve Access and Generate Data

Ash B. Alpert, MD, MFA[1,2]; Jamie Renee Brewer, MD[3]; Spencer Adams, BS[4]; Lexis Rivers, MSN[5]; Sunshine Orta, MAPS, PA-C[6]; John R. Blosnich, PhD, MPH[7]; Susanne Miedlich, MD[8]; Charles Kamen, PhD, MPH[9]; Don S. Dizon, MD[10]; Richard Pazdur, MD[11]; Julia A. Beaver, MD[11]; and Lola Fashoyin-Aje, MD, MPH[3,11]

Typical Protocol	Example Modifications
Inclusion criteria	
Male ≥age 18 years	Individuals with prostate cancer ≥age 18 years
Participants must agree to use a condom if having sex with a woman of childbearing potential	Participants must agree to use a condom if having sex that could result in pregnancy
Exclusion criterion	
HIV Infection	CD4 count <200

Abbreviations: HIV: Human Immunodeficiency Virus

References: Alpert, A et al. J Clin Oncol. 2023; 41(10):1825-1829

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Measuring Trial Participation

THEMED ISSUE ARTICLE

BJCP BRITISH PHARMACOLOGICAL SOCIETY

Transgender people in clinical trials of drugs and biologics: An analysis of ClinicalTrials.gov from 2007 to 2023

Zachary Schonrock | Sierra Brackeen | Kikka E. Delarose | Tiffany Q.-D. Tran | Lauren R. Cirrincione

Methods: Cross-sectional analysis of trials of drugs and biologics registered on ClinicalTrials.gov from 2007–2023. We included efficacy and effectiveness trials (phase II–IV) with transgender-related terms (e.g. 'transgend*'). We labelled trials as *Inclusive* or *Exclusive* of transgender people using the trial eligibility criteria. We compared trials (therapeutic area, trial design, enrolment), summarized trials registered from 2008 onward and characterized participant enrolment for Inclusive trials with primary trial publications. We summarized continuous data using median (range), categorical data using frequencies and percentages and compared trial characteristics using Fisher's exact test.

References: Schonrock, Z et al. Br J Clin Pharmacol. 2024; 1-11

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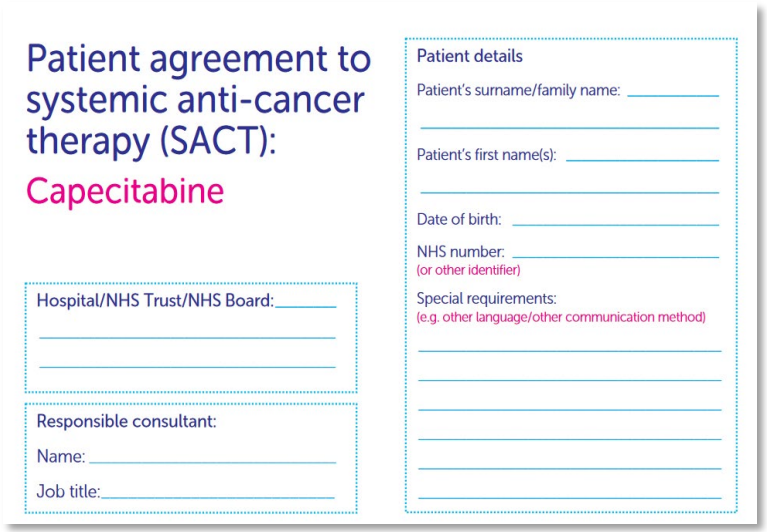
Fertility, Contraception and Sexual Practices

Needlessly **gendered language** (which also applied to drug licensing) that does not provide a platform to discuss sexual practice **inclusively**:



Patient agreement to systemic anti-cancer therapy (SACT):

Capecitabine

Hospital/NHS Trust/NHS Board: _____

Responsible consultant:

Name: _____

Job title: _____

Patient details

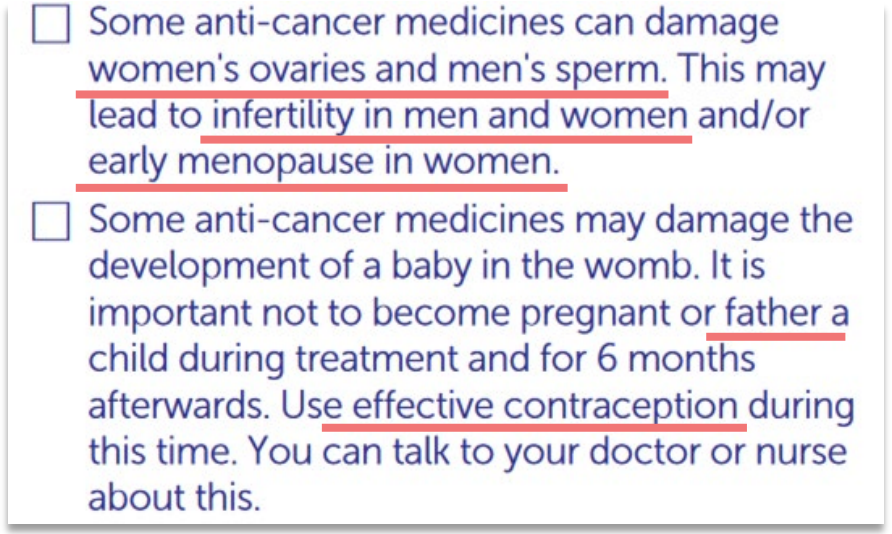
Patient's surname/family name: _____

Patient's first name(s): _____

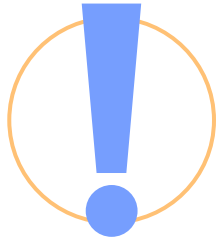
Date of birth: _____

NHS number: _____
(or other identifier)

Special requirements:
(e.g. other language/other communication method)



- ☐ Some anti-cancer medicines can damage women's ovaries and men's sperm. This may lead to infertility in men and women and/or early menopause in women.
- ☐ Some anti-cancer medicines may damage the development of a baby in the womb. It is important not to become pregnant or father a child during treatment and for 6 months afterwards. Use effective contraception during this time. You can talk to your doctor or nurse about this.



Risks are threefold:

- Injury to self
- Injury to partner
- Injury to potential child

References: Cancer Research UK. 2022. Available at: https://www.cancerresearchuk.org/sites/default/files/colorectal_capecitabine_v3.pdf (Last accessed: September 2024)

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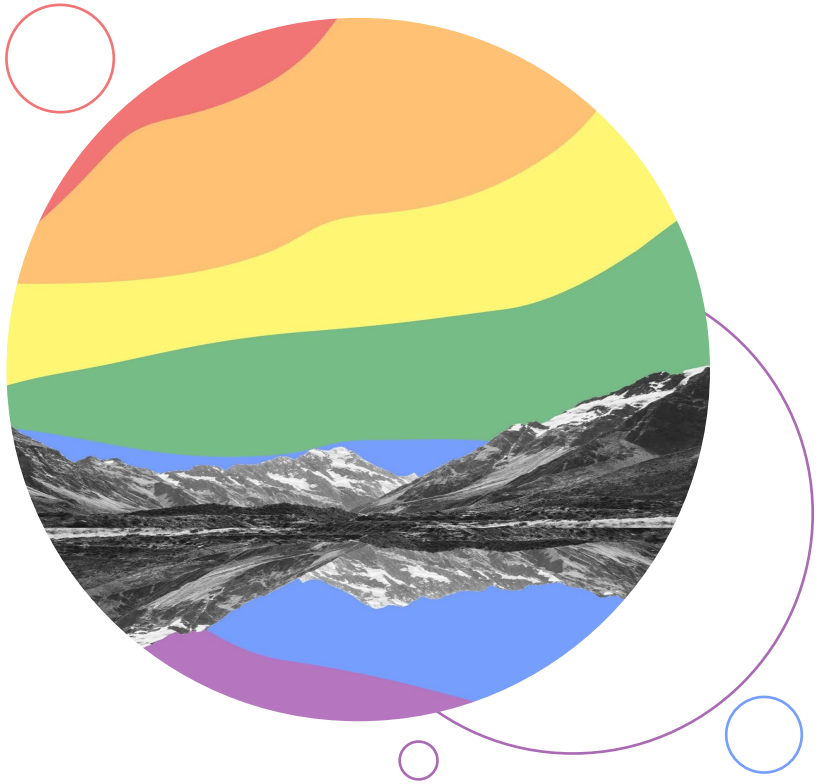
Psychosexual Effects

Stewart O’Callaghan



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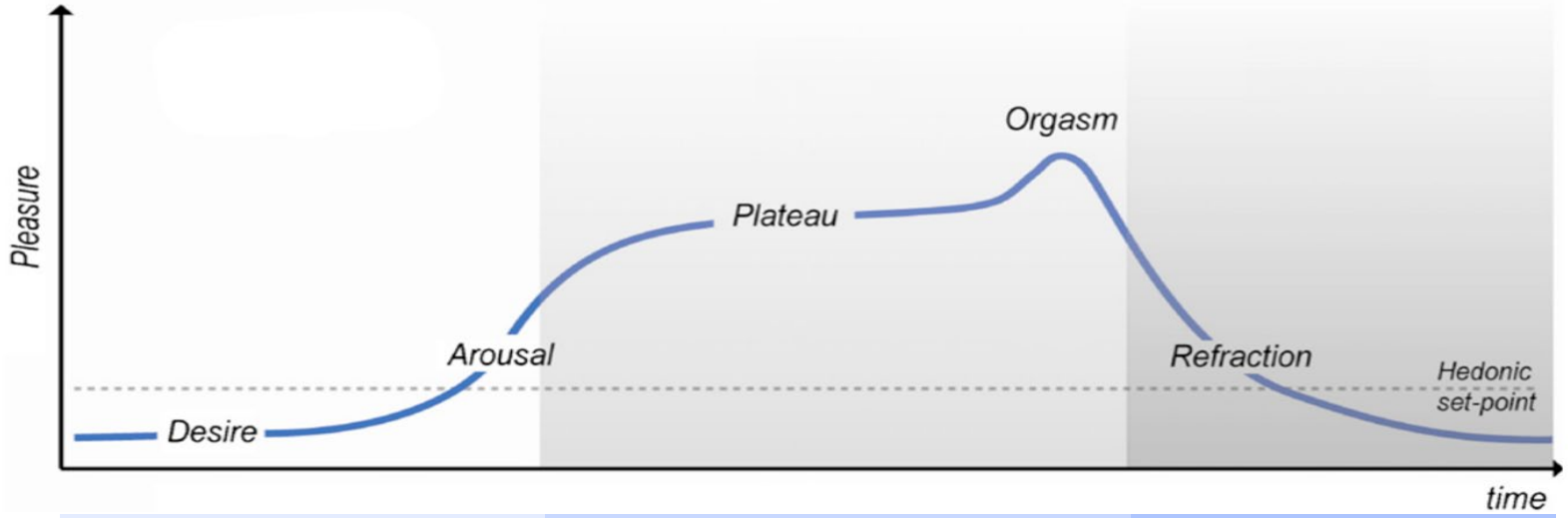
Cancer and its treatments can lead to sexual dysfunction



Stress / Anxiety Depression Body image Fatigue Relationship Hormonal changes	Nerve damage Vascular damage Erectile difficulties Ano/Dyspareunia Sensitivity changes Body changes from Tx	Stress / Anxiety Antidepressants Erection difficulties Ano/Dyspareunia	Ejaculatory pain Anejaculation Retrograde ejaculation Climacturia	Post-coital pain Psychological conditioning

Abbreviations: Tx: Treatment

References: Graph modified from: Georgiadis, J et al. Progress in Neurobiology. 2012;98(1):49-81

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Localised Prostate Cancer Treatment Options

1. Radical Prostatectomy (RP)
2. Prostate Brachytherapy (BT)
3. High Intensity Ultrasound (HIFU)
4. External Beam Radiotherapy (EBRT)
5. Androgen Deprivation Therapy (ADT)

Abbreviations: ADT: Androgen Deprivation Therapy; BT: Prostate Brachytherapy; EBRT: External Beam Radiotherapy; HIFU: High Intensity Ultrasound; RP: Radical Prostatectomy
Reference: Based on speaker experience

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Erection Hardness Scale

Date of Preparation: October 2024
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Combination Treatments Negatively Affect Erectile Dysfunction (ED)

Potency after brachytherapy combined with radiotherapy and neoadjuvant androgen deprivation

Age	Permanent PB (PPB)	EBRT + PPB	Neoadjuvant Androgen Deprivation (NAAD) + PPB	NAAD + EBRT + PPB
<60	90%	65%	68%	41%
60-70	67%	56%	52%	19%
>70	64%	55%	32%	11%
Success with PDE5i	*80%*	*86%*	*44%*	*48%*

Abbreviations: EBRT: External Beam Radiotherapy; ED: Erectile Dysfunction; NAAD: Neoadjuvant Androgen Deprivation; PDE5i: phosphodiesterase type 5 inhibitor; PPB: Permanent Prostate Brachytherapy

References: Adapted from Potters, L et al. International Journal of Radiation Oncology*Biology*Physics. 2001;50(5):1235-1242

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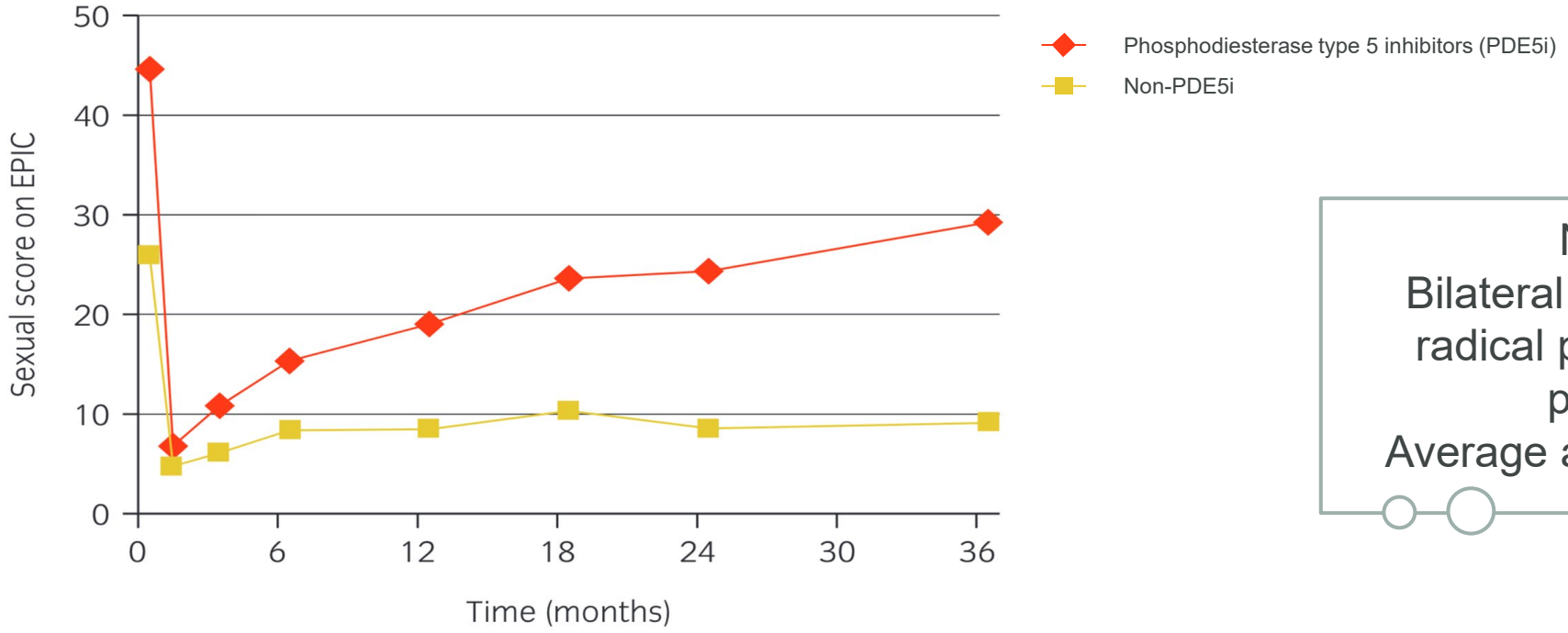
Erection Recovery is Not Guaranteed



N=103
Bilateral nerve sparing radical prostatectomy patients
Average age: 63.2 years

Abbreviations: EPIC: Extended Prostate Cancer Index Composite; PDE5i: Phosphodiesterase type 5 inhibitors
References: Soh, J et al. International Journal of Urology. 2010;17(8):689-697

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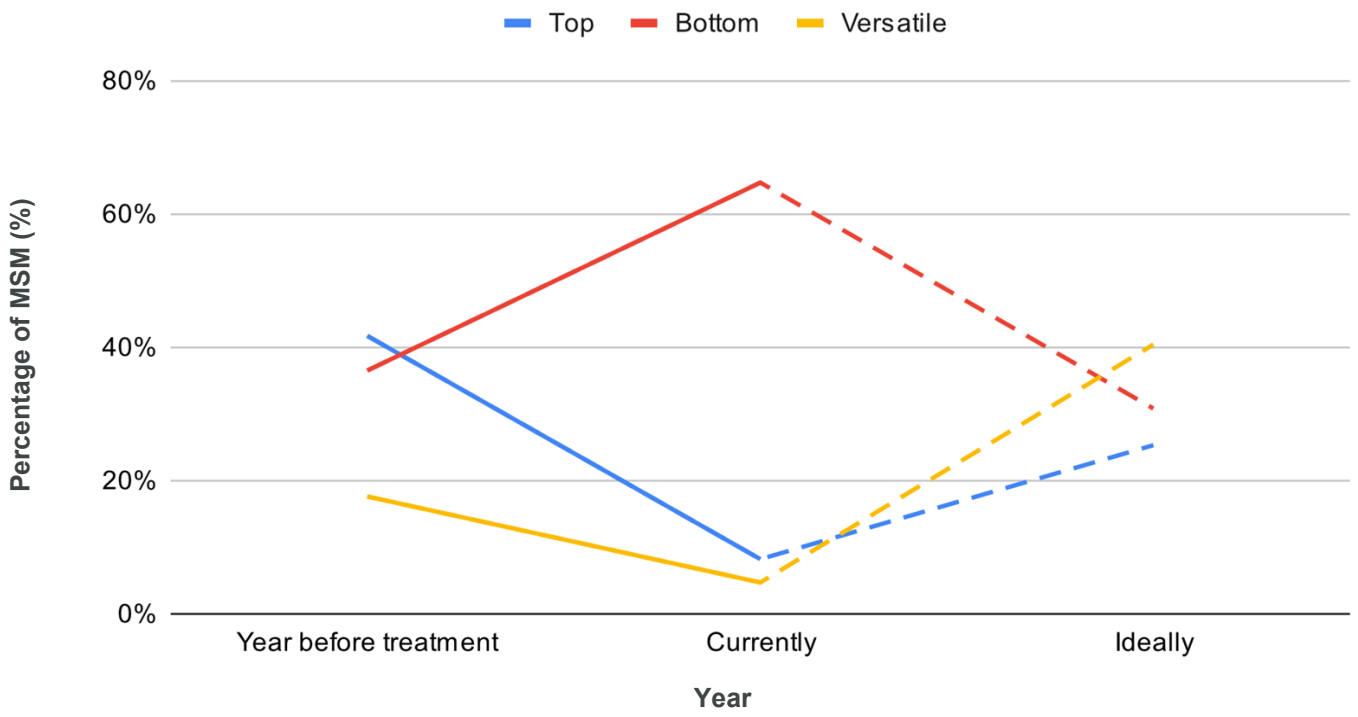
MSM Sexual Role in Prostate Cancer Patients



Abbreviations: MSM: Men Who Have Sex With Men
References: Adapted from Rosser, S et al. Archives of Sexual Behavior. 2020;49(5):1589-1600

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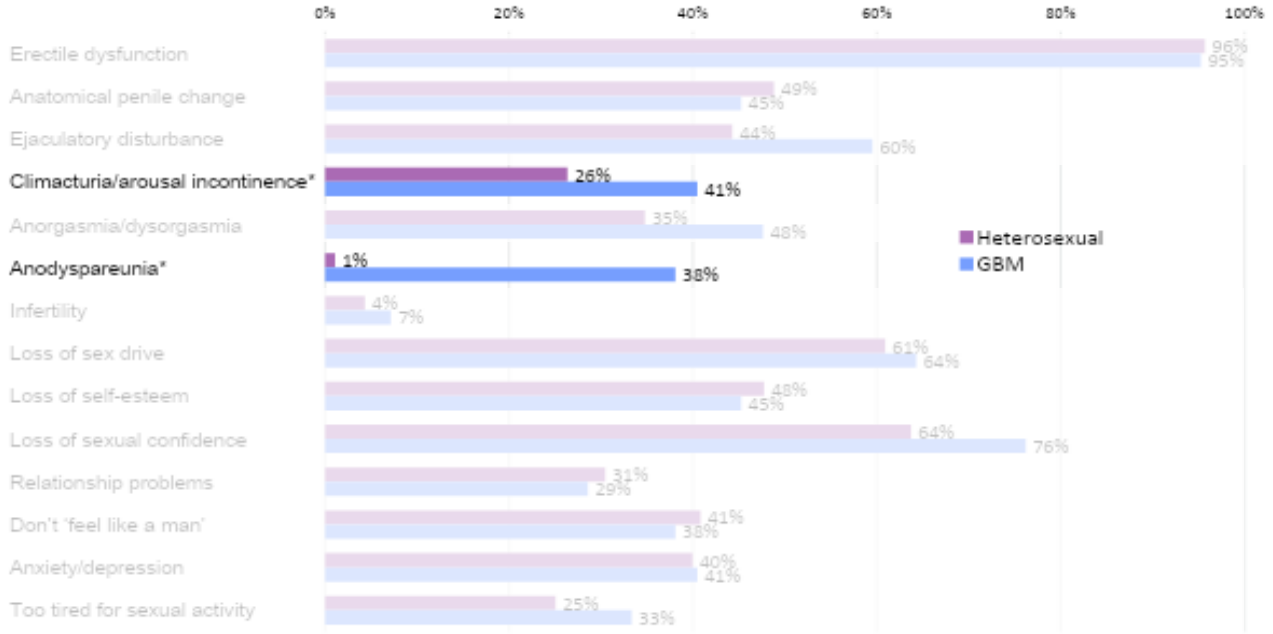
Self-reported Sexual Support Needs of Gay, Bisexual+ (GB+) vs Heterosexual Participants



*Significant difference in responses ($p<0.05$)

Abbreviations: GB+: Gay, Bisexual, Including Others; GBM: Gay, Bisexual Men

References: Kinnaird, W et al. Journal of Radiotherapy in Practice. 2021;20(1):39-42

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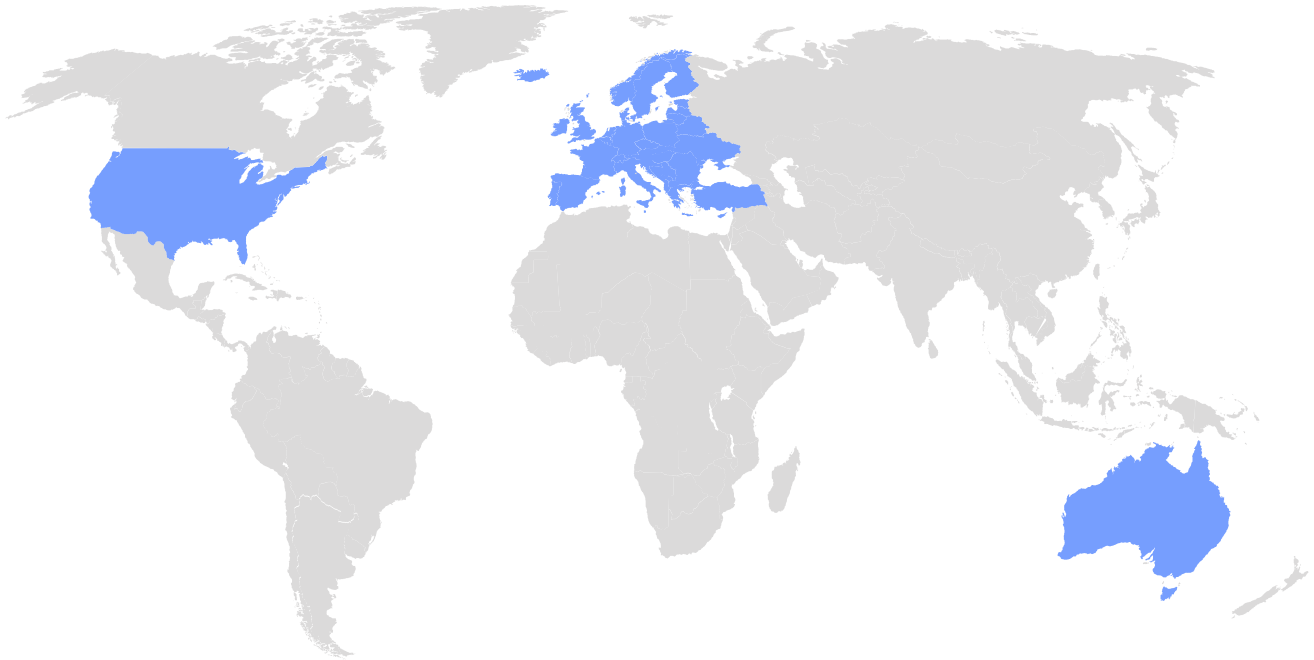
Use of Poppers (Amyl Nitrite)



Europe (2017)[1]

- 21.5% use in last sexual encounter with non-steady partner
- Same sample has 11.6% use of Viagra

America (2015-2017)[2]

- 35.1% of GBM have used poppers

Australia (2018)[3]

- 24.3% of GBM use them frequently
- 60.8% use for a ‘buzz’ and anal sex
- Poppers use is associated with casual sex

Abbreviations: GBM: Gay, Bisexual Men

References: 1. European Centre for Disease Prevention and Control et al. 2019. Available at: https://data.europa.eu/doi/10.2900/690387. (Last accessed: September 2024) **2.** Le, A et al. 2020. Available at: https://doi.org/10.1080/02791072.2020.1791373 (Last accessed: September 2024) **3.** Vaccher, S et al. 2020. Available at: https://doi.org/10.1016/j.drugpo.2019.102659 (Last accessed: September 2024)

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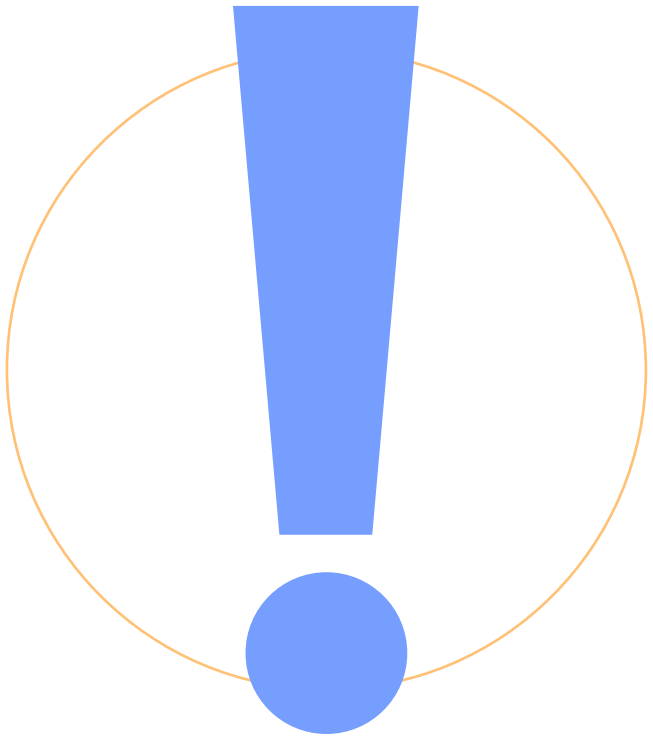

Poppers can interact with medications used for ED, such as PDE5 inhibitors[1]

Both cause a drop in blood pressure[1]

Used together, they can lead to stroke, heart attack or death[1,2]

Abbreviations: ED: Erectile Dysfunction; PDE5i: phosphodiesterase type 5

Reference: 1. Mayo Clinic.2024. Available at: https://www.mayoclinic.org/drugs-supplements/amyl-nitrite-inhalation-route/side-effects/drg-20061803?p=1. (Last accessed: October 2024) **2.** Trolle Lagerros, Y. et al. J Am Coll Cardiol. 2024 Jan 23;83(3):417-426

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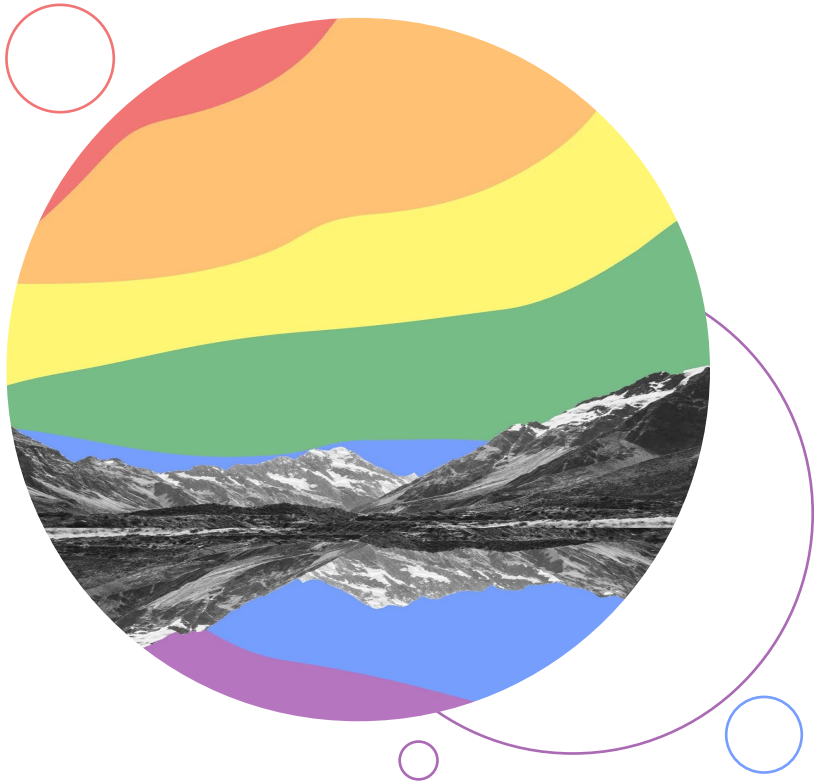
Support for Transgender Patients

Dr Alison Berner



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UK Cancer and Transition Service (UCATS)

Aim: To provide integrated, holistic and personalised care to gender diverse people affected by cancer

About UCATS

- **Virtual** multidisciplinary team meeting (MDM) and clinic with dial in options for patient's care teams
- Founded in **June 2022** following PPI and **co-development** with service users & OUTpatients charity
- 1-2 afternoons per month
- Core expertise: Medical Oncology, Gender Affirming Care, HIV Oncology, Sexual Health, Pharmacy, Palliative Care, Clinical Nurse Support
- Other experts are dialled in as needed e.g. palliative care, gender-affirming surgeons

UCATS
– UK Cancer and Transition Service –

Eligibility

- Gender diverse people **anywhere in the UK** with cancer now or in the past
- Regardless of where they source gender transitioning care

Abbreviations: MDM: Multidisciplinary Team Meeting; PPI: Patient and Public Involvement; UCATS: UK Cancer and Transition Service

References: UCATS. 2024. Available at: UK Cancer and Transition Service - Transplus (wearetransplus.co.uk) (Last accessed: September 2024)

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UK Cancer and Transition Service (UCATS)

What we offer

- **In-clinic review** for patient willing to travel and who find technology challenging
- **Liaison** between all teams involved in the patient's care
- Ability to **fast-track** or coordinate gender affirming care when needed
- Letter of recommendations
- **Signposting** to other important services such as:
  - Psychotherapy
  - Psychosexual counselling
  - Peer support
- Option to participate in related **research** and PPI

UCATS
– UK Cancer and Transition Service –

Referrals

Clinician and self-referrals can be made via email (chelwest.ucats@nhs.net) with forms online

Abbreviations: PPI: Patient and Public Involvement

References: UCATS. 2024. Available at: UK Cancer and Transition Service - Transplus (wearetransplus.co.uk) (Last accessed: September 2024)

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Potential Impacts of Cancer for Trans Patients

QUALITY OF CARE

- Anticipated discrimination
- Experienced discrimination
- Misgendering
- “Trans broken arm syndrome”
- Poor communication between healthcare teams (pass-the-parcel)
- Lack of accurate information
- Lack of inclusive information
- Lack of inclusive systems

CHANGES TO CARE

- Altered screening
- Stopping/pausing hormones
  - Risks of recurrence and progression
  - Drug interactions/effects
  - Blood clot risk
- Appropriate HRT
- Unclear which risk profile to use (e.g. male/female or menopause status)
- Radiotherapy
- Surgeries

ADDITIONAL NEEDS

- Psychology
- Psychosexual counselling
- Fertility
- End-of-life
- Chosen vs biological family / estrangement
- Financial needs / debt

Abbreviations: HRT: Hormone Replacement Therapy
Reference: Based on speaker clinical opinion

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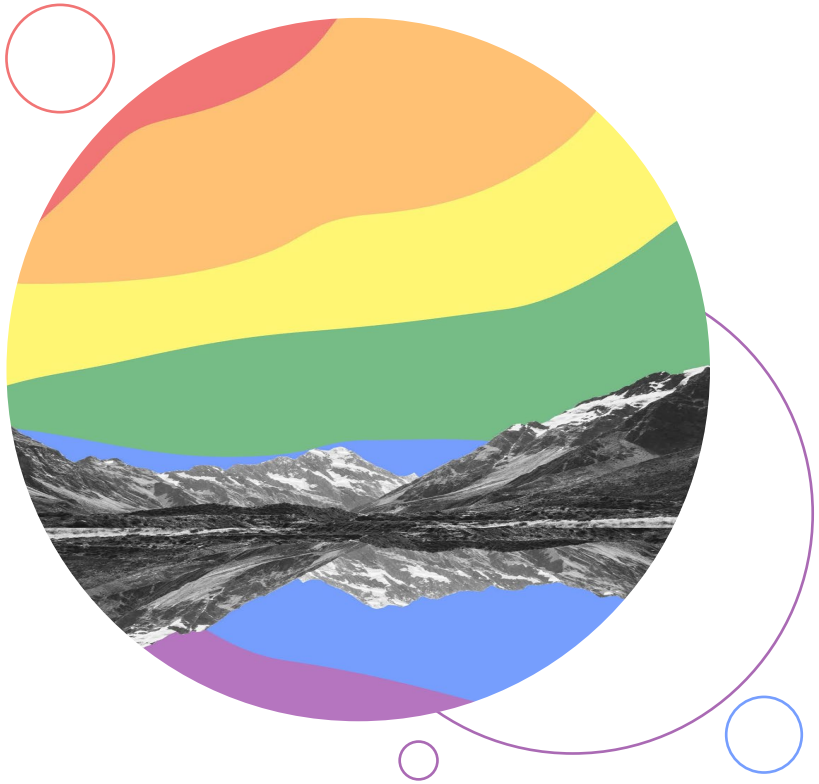
Q&A Session

Dr Dan Saunders



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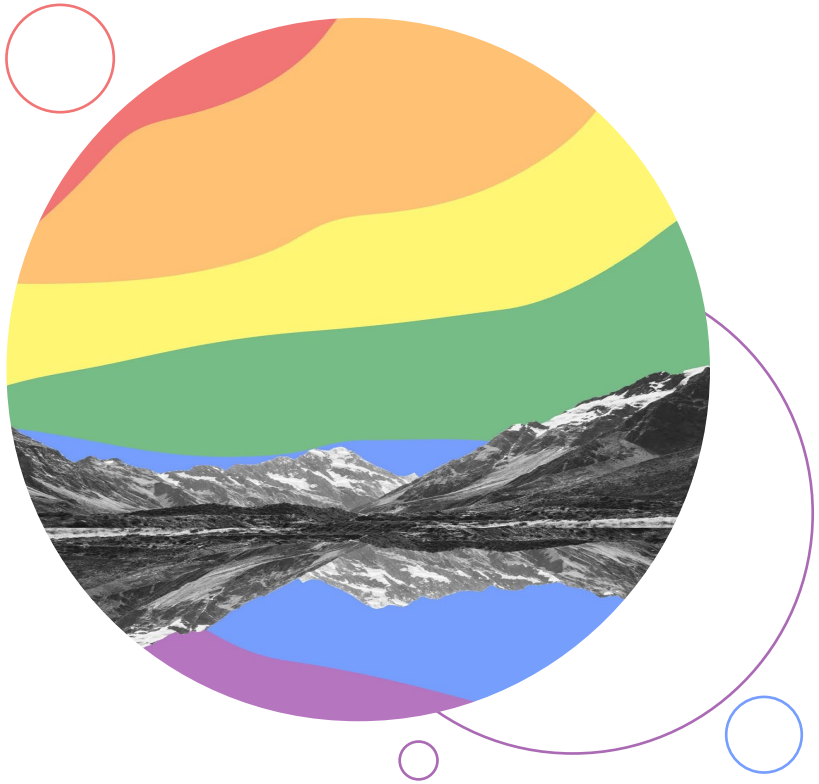
Closing Poll

Dr Dan Saunders



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Closing Poll: Question 1

I feel equipped with the skills and knowledge to meet the healthcare needs of LGBTIQ+ patients

- *Strongly agree*
- *Agree*
- *Neutral*
- *Disagree*
- *Strongly disagree*

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Closing Poll: Question 2

I feel comfortable addressing the healthcare needs of LGBTIQ+ patients

- *Strongly agree*
- *Agree*
- *Neutral*
- *Disagree*
- *Strongly disagree*

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Closing Poll: Question 3

I am aware of barriers that may prevent LGBTIQ+ people from consistently using NHS services

- *Strongly agree*
- *Agree*
- *Neutral*
- *Disagree*
- *Strongly disagree*

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Closing Poll: Question 4

How likely am I to apply something that I have learnt in the seminar today into my daily work as a healthcare professional?

Very likely

- Quite likely

- Neutral

- Quite unlikely

- Very unlikely

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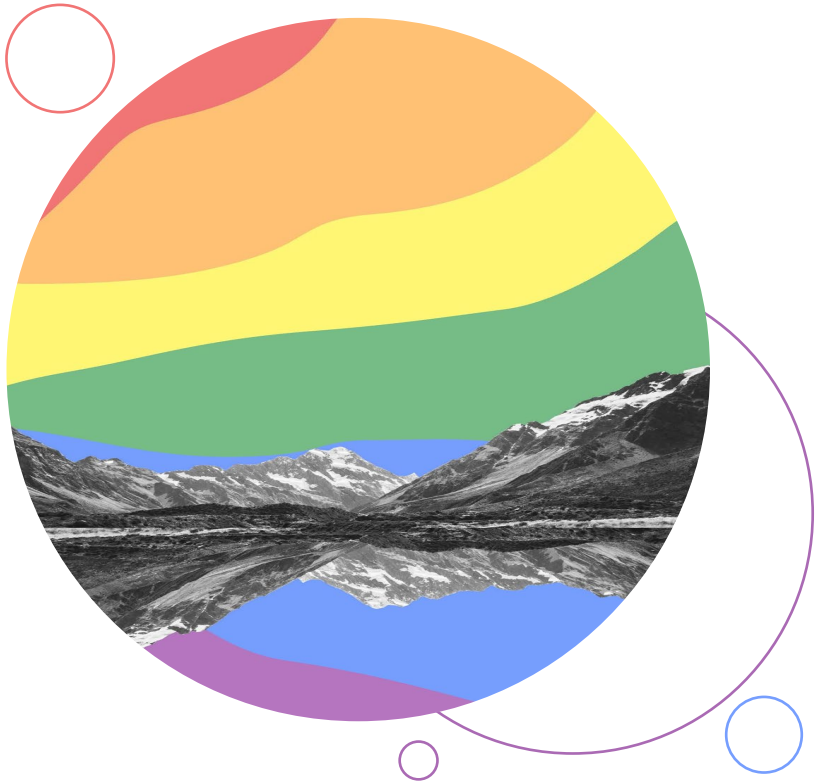
Thank You

Please join us for the next webinar in this series:

Improving care for transgender and non-binary people with and beyond cancer

Monday 18 November 2024| 19:00-20:00 | Zoom Virtual Platform



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