

Breast Cancer in the LGBTQIA+ Population

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Câncer de Mama na População LGBTQIA+
Cáncer de Mama en la Población LGBTQIA+

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INTRODUCTION

Breast cancer is known to be the most prevalent malignant disease in the female population, accounting for 13% of all cancer deaths in women worldwide¹⁻³. It is a heterogeneous group of diseases with different behaviors, observed by the varied clinical and morphological manifestations, different genetic signatures, and consequent differences in therapeutic responses¹⁻⁵.

The incidence of breast cancer in women is one in eight (12.4%), but the term “breast cancer” does not cover only women, affecting men in about 1% of cases⁶. Because breast cancer in men is rare, screening is suggested only in high-risk patients, including after breast cancer surgery and men with proven genetic mutations⁶.

It is noteworthy, however, that breast cancer can also affect transgender men and women⁷⁻¹⁰. Transgender is an umbrella term to describe a group of diverse individuals who cross or transcend culturally defined gender categories. The transgender population is composed of individuals who have gender incongruence with the biological sex assigned at birth, and may be male, female or non-binary (does not identify with either male or female, regardless of biological sex at birth)⁷⁻¹⁰.

Gender diversity, as well as the entire LGBTQIA+ community, is marked in society by stigmas, causing failures in health care, mainly due to the lack of access and interest in medical care for this population⁷⁻¹⁰.

Data published by Spizzirri et al.¹¹ show that Brazilian individuals with gender diversity represent about 2% of the adult population of Brazil (approximately 3 million people), and are homogeneous throughout the country, reiterating the urgency of public health policies for these individuals in the five Brazilian subregions¹¹.

Due to the psychological, physical, and emotional impact of cancer diagnosis, there has been a need for a more humanized and informative approach for the LGBTQIA+ community, especially for the transgender population. Transgender and non-binary people have

unique health care needs, and this is because of gender-affirming hormone therapy and/or surgical interventions performed by this population¹²⁻¹⁸. The relationship between hormonal treatments in the sexual transition of female and male transgenders and the incidence of breast cancer are still discussed and unknown in the literature¹²⁻¹⁸.

On the one hand, the theme can be understood as the need to educate the population about the early detection of breast cancer, but on the other hand, the population lacks satisfactory studies and statistical significance regarding both the incidence of breast cancer and the possible forms of screening¹⁹⁻³⁰.

As the LGBTQIA+ community gains visibility and recognition, health disparities become more apparent. Despite efforts to become more inclusive, access to health for this population is a challenge, as it is a system built on a binary model. Another major challenge is the scarcity of scientific and medical knowledge. Most health workers receive little or no training to provide clinically and culturally appropriate health care to these patient groups¹⁹⁻³⁰.

The incidence of breast cancer in the LGBTQIA+ community is largely unknown because of inadequate epidemiological information and the lack of data from longitudinal studies. Current evidence consists primarily of case reports and multiple cohort studies, all of which are retrospective. More research is needed to define the standards of care and screening for breast cancer in this population^{7,23,24,28}.

HOW CAN HEALTH PROFESSIONALS HELP?

Breast cancer is a global public health concern, affecting millions of people each year. However, the experience of this disease can be unique for the LGBTQIA+ population, which often faces unique health challenges^{18,19}.

Given the relevance of the subject and the deficiency of research and studies on breast cancer in the LGBTQIA+ population, especially the transgender population, this opinion article seeks to highlight the importance of an inclusive approach to the treatment and prevention of

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breast cancer in the LGBTQIA+ population, exploring existing disparities and proposing concrete strategies to promote more equitable health. Five main topics are suggested below.

HEALTH DISPARITIES

Recent studies indicate that LGBTQIA+ people face significant health disparities compared to the heterosexual and cisgender population. In the context of breast cancer, these disparities are compounded by a lack of awareness, stigmatization, and even discrimination within the health system. The LGBTQIA+ community often faces barriers to accessing health care, including preventive screenings and treatments^{7,12,31}.

Health services are sometimes not adequately prepared to deal with the specific needs of this population, from the lack of professionals trained in LGBTQIA+ issues to the scarcity of information resources aimed at this community. This creates significant gaps in breast cancer prevention and treatment, making it essential to create specific strategies to overcome these challenges^{7,12,31}.

SPECIFIC RISK FACTORS

In addition to barriers to accessing health care, with irregular screening, some specific risk factors may increase the vulnerability of the LGBTQIA+ population to breast cancer. These include higher rates of smoking, excessive alcohol consumption, obesity, and lack of physical activity, all of which are associated with the development of breast cancer. Moreover, gender-affirming therapies by the transgender population have an unknown impact on cancer risk and screening, associated with ignorance of the role of behavioral and environmental risk factors, since the transgender community was not well represented in a health system built on a binary model^{14,19,24}.

It is imperative that awareness and prevention campaigns are tailored to address these specific factors, considering the particularities of the LGBTQIA+ community. Initiatives aimed at reducing smoking, promoting healthy lifestyles and access to physical activity programs can play a key role in mitigating these risk factors^{14,19,24}.

PSYCHOSOCIAL CHALLENGES

Social stigma, lack of adequate support, and economic disparities can lead to higher levels of stress, anxiety, and depression, negatively affecting physical health. These factors can hinder the search for preventive care and adherence to treatments, directly impacting breast cancer outcomes^{12,26,32}.

It is necessary to incorporate a comprehensive approach to care, considering not only the physical

aspects, but also the emotional and psychological ones. The implementation of specific psychosocial support programs for the LGBTQIA+ community can be a key step in promoting a more resilient and positive journey during breast cancer treatment^{12,26,32}.

PROMOTION OF AWARENESS AND EDUCATION

It is critical that health professionals are sensitized to the specific issues facing this community, providing a safe and inclusive environment for treatment. In addition, awareness programs should be implemented to educate the LGBTQIA+ population about the importance of early detection, considering their unique experiences^{20,28,33,34}.

Awareness campaigns must go beyond the simple dissemination of information, encompassing inclusive narratives that reflect the diversity of the LGBTQIA+ community. The use of social media, community events and partnerships with LGBTQIA+ organizations are effective strategies to reach a wider audience and disseminate relevant messages^{20,28,33,34}.

INCLUSION IN RESEARCH STUDIES

To develop effective prevention and treatment strategies, it is crucial to include the LGBTQIA+ population in breast cancer research studies. The lack of specific data prevents a full understanding of the needs of this community and limits the effectiveness of interventions^{9,10,18,23,35}.

Inclusive research not only fills these knowledge gaps, but also empowers the medical and scientific community to develop more personalized and effective approaches. Encouraging the active participation of the LGBTQIA+ population in clinical and epidemiological research is essential to create a robust body of evidence that will guide best prevention and treatment practices^{9,10,18,23,35}.

CONCLUSION

The lack of formal screening guidelines in the LGBTQIA+ population and the unpreparedness of health professionals to provide adequate health care to this population are described in the literature in general.

Addressing breast cancer in the LGBTQIA+ population requires a fundamental shift in the health paradigm, with a focus on inclusion, cultural sensitivity, and awareness. Overcoming barriers to accessing health care, addressing specific risk factors, and promoting education are crucial steps to ensure that everyone, regardless of sexual orientation or gender identity, has equal access to appropriate diagnosis and treatment.

The need for actions with inclusive approaches in the public health system, promoting continuing education

for health professionals, working to eliminate existing disparities and ensure more equitable health for the LGBTQIA+ population.

CONTRIBUTION

Maria Julia Gregorio Calas participated in all stages of the construction of the article, from its conception to the approval of the last version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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REFERENCES

- Instituto Nacional de Câncer. Estimativa 2023: incidência do câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2022. [acesso 2023 nov 30]. Disponível em: <https://www.inca.gov.br/sites/ufu.sti.inca.local/files/media/document/estimativa-2023.pdf>
- Oliveira DAL. Políticas de saúde e diagnóstico precoce do câncer de mama no Brasil. *Rev Enferm Digit Cuid Promoção da Saúde*, 2019;4(1):46-50. doi: <https://doi.org/10.5935/2446-5682.20190009>
- Howlader N, Noone AM, Krapcho M, et al, organizadores. SEER cancer statistics review, 1975-2018. Bethesda: National Cancer Institute; 2018. [acesso 2023 nov 30]. Disponível em: https://seer.cancer.gov/archive/csr/1975_2018/index.html
- Migowski A, Silva GA, Dias MBK, et al. Diretrizes para detecção precoce do câncer de mama no Brasil. II – Novas recomendações nacionais, principais evidências e controvérsias. *Cad. Saúde Pública*. 2018;34(6):e00074817. doi: <https://doi.org/10.1590/0102-311X00074817>
- International Agency for Research on Cancer. Breast cancer screening [Internet]. v. 15. Lion: IARC; 2016. [acesso 2023 nov 30]. Disponível em: <https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Breast-Cancer-Screening-2016>
- Hasset MJ, Somerfield MR, Baker ER, et al. Management of Male Breast Cancer. *Am Soc Clin Oncol*. 2020;38(6):1849-63. Disponível em: <https://ascopubs.org/doi/full/10.1200/JCO.19.03120>
- Gibson AW, Radix AE, Maingi S, et al. Cancer care in lesbian, gay, bisexual, transgender and queer populations. *Future Oncol*. 2017;13(15):1333-44.
- Puechl AM, Russel K, Gray BA. Care and cancer screening of the transgender population. *J Womens Health* 2019; 28(6):761-768.
- Stone JP, Hartley RL, Temple-Oberle C. Breast cancer in transgender patients: A systematic review. Part 2: Female to Male. *Eur J Surg Oncol*. 2018;44(10):1463-8. doi: <https://doi.org/10.1016/j.ejso.2018.06.021>
- Hartley RL, Stone JP, Temple-Oberle C. Breast cancer in transgender patients: A systematic review. part 1: male to female. *Eur J Surg Oncol*. 2018;44(10):1455-62. doi: <https://doi.org/10.1016/j.ejso.2018.06.035>
- Spizzirri G, Eufrásio R, Lima MCP, et al. Proporção de pessoas identificadas como transexuais e não binárias no Brasil. *Sci Rep*. 2021;11(1):2240. doi: <https://doi.org/10.1038/s41598-021-81411-4>
- Barrett J. Gender dysphoria: assessment and management for non-specialists. *BMJ*. 2017;30:357;j2866. doi: <https://doi.org/10.1136/bmj.j2866>
- Sant'Ana RSE. Strategies for inclusive care to LGBTQIAP+ people with cancer. *Rev Bras Cancerol*. 2023;69(2):e-163671.
- Braun H, Nash R, Tangpricha V, et al. Cancer in transgender people: evidence and methodological considerations. *Epidemiol Rev*. 2017;39(1):93-107. doi: <https://doi.org/10.1093/epirev/mxw003>
- Price S, McManus J, Barrett J. The transgender population: improving awareness for gynaecologists and their role in the provision of care. *The Obstet Gynaecol*. 2019;21(1):11-20. doi: <https://doi.org/10.1111/tog.12521>
- Blok CJ, Wiepjes CM, Nota NM, et al. Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the netherlands british medical journal. *BMJ*. 2019;365:1652. doi: <https://doi.org/10.1136/bmj.l1652>
- Patel H, Arruarana V, Yao L, et al. Effects of hormones and hormone therapy on breast tissue in transgender patients: a concise review. *Endocrine*. 2020;68(1):6-15.
- Domene FM, Silva JL, Toma TS, et al. Saúde da população LGBTQIA+: revisão de escopo rápida da produção científica brasileira. *Ciênc saúde coletiva*. 2022; 27(10):3835-48.
- Charkhchi P, Schabath MB, Carlos RC. Modifiers of cancer screening prevention among sexual and gender minorities in the behavioral risk factor surveillance system. *J Am Coll Radiol*; 2019;16(4PtB):607-20. doi: <https://doi.org/10.1016/j.jacr.2019.02.042>
- Chapman-Pratt ML, Ward AR. Provider recommendations are associated with cancer screening of transgender and gender-nonconforming people: a cross-sectional urban survey. *Transgend Health*; 2020;5(2):80-5. doi: Disponível em: <https://doi.org/10.1089/trgh.2019.0083>
- Bazzi AR, Whorms DS, King DS, et al. Adherence to mammography screening guidelines among transgender

- persons and sexual minority women. *Am J Public Health*. 2015;105(11):2356-8.
22. Deutsch MB, Radix A, Wesp L. Breast cancer screening, management, and a review of case study literature in transgender populations. *Semin Reprod Med*. 2017;35(5):434-41. doi: <https://doi.org/10.1055/s-0037-1606103>
 23. Calas MJG, Dantas RFA, Ciscotto CB, et al. Integrative review on breast cancer screening in the transgender population: what do we know? *Mastology* 2022;32:e20210051. doi: <https://doi.org/10.29289/25945394202100511>
 24. Corso G, Gandini S, D'Ecclesiis O, et al. Risk and incidence of breast cancer in transgender individuals: a systematic review and meta-analysis. *Eur J Cancer Prev*. 2023;32(3):207-14.
 25. Nikolić D, Granić M, Ivanović N, et al. Breast cancer and its impact in male transsexuals. *Breast Cancer Res Treat*. 2018;171(3):565-9. doi: <https://doi.org/10.1007/s10549-018-4875-y>
 26. Stewart T, Lee YA, Damiano EA. Do transgender and gender diverse individuals receive adequate gynecologic care? an analysis of a rural academic center. *Transgend Health*. 2020;5(1):50-8. doi: <https://doi.org/10.1089/trgh.2019.0037>
 27. Labanca T, Mañero I, Pannunzio M. Transgender patients: considerations for routine gynecologic care and cancer screening. *Inter J Gynec Cancer*. 2020;30(12):1990-6. doi: <https://doi.org/10.1136/ijgc-2020-001860>
 28. Mendonça WJR. Breast cancer screening in transgenders: an integrative literature review. *Res Soc Devel*. 2022;11(17):e245111738953. doi: <https://doi.org/10.33448/rsd-v11i17.38953>
 29. Schmidt E, Rizzolo D. Disease screening and prevention for transgender and gender-diverse adults. *JAAPA*. 2017;30(10):11-6. doi: <https://doi.org/10.1097/01.JAA.0000524709.87224.57>
 30. Narayan A, Lebron-Zapata L, Morris E. Breast cancer screening in transgender patients: findings from the 2014 BRFSS survey. *Breast Cancer Res Treat*. 2017;166(3):875-9. doi: <https://doi.org/10.1007/s10549-017-4461-8>
 31. Fredriksen-Goldsen KI. The aging and health report: disparities and resilience among lesbian, gay, bisexual, and transgender older adults. *Public Policy Aging Rep*. 2011;21(3):3-7.
 32. Eismann J, Heng YJ, Fleischmann-Rose K, et al. Interdisciplinary management of transgender individuals at risk for breast cancer: case reports and review of the literature. *Clinical Breast Cancer*. 2019;19(1):e-12-9. doi: <https://doi.org/10.1016/j.clbc.2018.11.007>
 33. Kiran T, Davie S, Singh D, et al. Cancer screening rates among transgender adults: Cross-sectional analysis of primary care data. *Can Fam Physician*. 2019;65(1):e30-7.
 34. Gkiouleka A, Wong G, Sowden Sarah S. et al. Reducing health inequalities through general practice. *The Lancet Public Health*, 2023;8(8):e583. doi: [https://doi.org/10.1016/S2468-2667\(23\)00093-2](https://doi.org/10.1016/S2468-2667(23)00093-2)
 35. Sterling J, Garcia MM. Cancer screening in the transgender population: a review of current guidelines, best practices, and a proposed care model. *Transl Androl Urol*. 2020;9(6):2771-85. <http://dx.doi.org/10.21037/tau-20-954>

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