

Breast Screening for Transgender, Gender-Diverse and Non-Binary People

This document provides evidence-informed breast screening recommendations for trans, gender diverse and non-binary people in British Columbia (BC).

1 Background

The goal of breast cancer screening is to reduce cancer related mortality and morbidity through early detection of the disease. Encouraging participation in breast screening should include the identification of vulnerable sub-populations, and adoption of specific strategies to address barriers to screening. One such group is the transgender, gender diverse and non-binary people of BC, with a recognized risk of under-screening (1,2).

Trans and non-binary people are more often medically under-served (3) and less likely to be up to date with breast and cervix screening than cisgender women (1,4-6). Factors contributing to the inequity in care include barriers to access, such as incomplete understanding of the population's specific needs. Furthermore, assessing screening eligibility for the transgender population may be challenging due to the various types of transition available to them. These types of transition include social (lifestyle alteration), medical (hormone therapy) and surgical (gender-affirming surgery) (1). Surgical transition may involve top surgery, such as breast construction (augmentation) or chest construction surgery (bilateral subcutaneous mastectomy). The screening strategy outlined in Table 1 includes recommendations for all transgender people, including those who have undergone top surgery and/or gender-affirming hormone therapy.

Definitions

Transgender	People who identify with a gender that is different from the sex they were assigned at birth.
Cisgender	People who have a gender identity that matches the sex they were assigned at birth.
Non-binary	An umbrella term to refer to diverse people whose gender identity is neither male or female.
Gender diverse	Gender roles and/or gender expression that do not match social and cultural expectations; gender non-conforming; gender variant.
Two-Spirit	A term used within some Indigenous communities, encompassing cultural, spiritual, sexual and gender identity.

For more information, please visit Trans Care BC: www.phsa.ca/transcarebc

The current trend is an increasing role for the primary care provider in the healthcare of trans people, rather than solely specialist care (7). This will be facilitated by familiarity with the above terminology, and adoption of pronouns and names used by the patient, which may differ from their identification and medical chart. Gender affirming language extends to discussion of signs and symptoms. For example, regardless of any surgery, a trans man would likely refer to his upper body as his chest, while a trans woman would likely refer to her upper body as her breasts. Provider knowledge of this breast screening policy, and such affirming language will contribute to best healthcare practices for the transgender community.

Trans and non-binary people are less likely to be up to date with breast and cervix screening than cisgender women.

This policy was developed in collaboration with Trans Care BC, a Provincial Health Services Authority program designed to enhance the coordination of trans health services across the province. The strategy to screen is based on the anatomy present, and is summarized below.

TABLE 1: SCREENING STRATEGY BASED ON ANATOMY PRESENT

Anatomy	Screening Recommendations
Chest (Breast) Tissue: <ul style="list-style-type: none"> Trans patient with NO history of Top Surgery (bilateral subcutaneous mastectomy) or with history of simple reduction mammoplasty. 	<ul style="list-style-type: none"> Screen as per cisgender (non-transgender) BC Cancer Breast Screening policy.
Chest Tissue AFTER Top Surgery: <ul style="list-style-type: none"> Trans patient with removal of most, but not all breast tissue (some tissue used to contour shape of the chest). 	<ul style="list-style-type: none"> Screening mammography is not feasible. Recommend follow-up with primary care provider (PCP). If high risk or patient/PCP concern, then may require physical exam and consideration of diagnostic ultrasound or other modality.
Breast tissue associated with gender-affirming hormone therapy (estrogen use): <ul style="list-style-type: none"> Trans patient with breast tissue growth associated with estrogen use. 	<ul style="list-style-type: none"> There are no evidence-based guidelines for screening in transgender women relative to hormone usage. Transgender women are thought to be at lower risk than cisgender women. Limited evidence regarding how to incorporate risk factors including duration of hormone use, family history and BMI. <p>Average risk:</p> <ul style="list-style-type: none"> If estrogen > 5 years and age 40-74, then screen as per cisgender (non-transgender) BC Cancer Breast Screening Policy <p>Higher than average risk:</p> <ul style="list-style-type: none"> If estrogen > 5 years and age 40-74, and one or more higher than average risk factors (e.g. first-degree relative with breast cancer), then screen as per cisgender (non-transgender) BC Cancer Breast Screening Policy for higher than average risk. Recommend discussion of other possible risk factors such as progestin use and BMI > 35 with PCP.

All eligible transgender, gender diverse, non-binary and Two-Spirit persons may directly self-refer to the Breast Screening Program to book an appointment at 1-800-663-9203.

References

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