

# Disentangling Gendered Cancer Care From Check-in to Check-out

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Initiative supported by an educational grant from Merck Sharp & Dohme Corp.

### BACKGROUND

Among the general population, mortality rates of breast and cervical cancer have declined following widespread adoption of screening mammograms and pap smears. However, sexual and gender-diverse patients are disproportionally burdened.

Health-promoting screenings take place in clinics that specialize in, what has traditionally been deemed, "women's" health. What happens when a person who needs these health-promoting cancer screenings does not identify as a woman?

Transgender patients often experience stigma during U.S. adults medical encounters including microaggressions before identify as their clinical visit begins, such as at the front desk. Silos in medical education across care team members has led to disjointed experiences for patients. The initiative described here aimed to decrease barriers to cervical and breast cancer screening for transgender patients, by including education on barriers that surface from a patient's check-in through check-out.





**BriefCase** 

"A key social determinant of health affecting sexual and gender minorities is a shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health." - Joshua M. Cohen, MD, MPH, FAHS, AMA Foundation

5.6% **LGBTQ** 

1 million + identify as transgender

### Prior to education, ONLY:

27% of learners indicated their intake forms were inclusive of diverse genders and pronouns

23% of learners indicated they had conducted training with the entire staff to ensure forms, office environment, and encounters were inclusive

# Instructional Design and Learning Objectives

A live and on-demand foundational activity was followed by two case-based activities, educating on the application of knowledge to specific patient scenarios. Also included were clinician and patient resources. Both faculty members and real patients representing the LGBTQ community contributed to content development and presentation, allowing for demonstrations of an inclusive approach.

Following completion of the corresponding education, learners should be better able to:

#### Disentangling Gendered Cancer Care:

Improving Cervical and Breast Screenings for Sexual and Gender Minority People CMEO LIVE & On Demand • Assess disparities and unique health care needs of sexual and gender minority people related to cancer screening. • Recognize the impact that a heterosexual- or cisgender-presumptive care setting has on health-promoting cancer screenings of sexual and

• Integrate processes with HCPs and staff that create an inclusive, culturally relevant and trusting environment for patients conducive to discussions and receipt of anatomical-based preventive cancer care.

#### Degendering Symptom Assessment to Appropriately **Evaluate for Malignancies**

Apply efficacious and non-gendered approaches to symptom assessment.

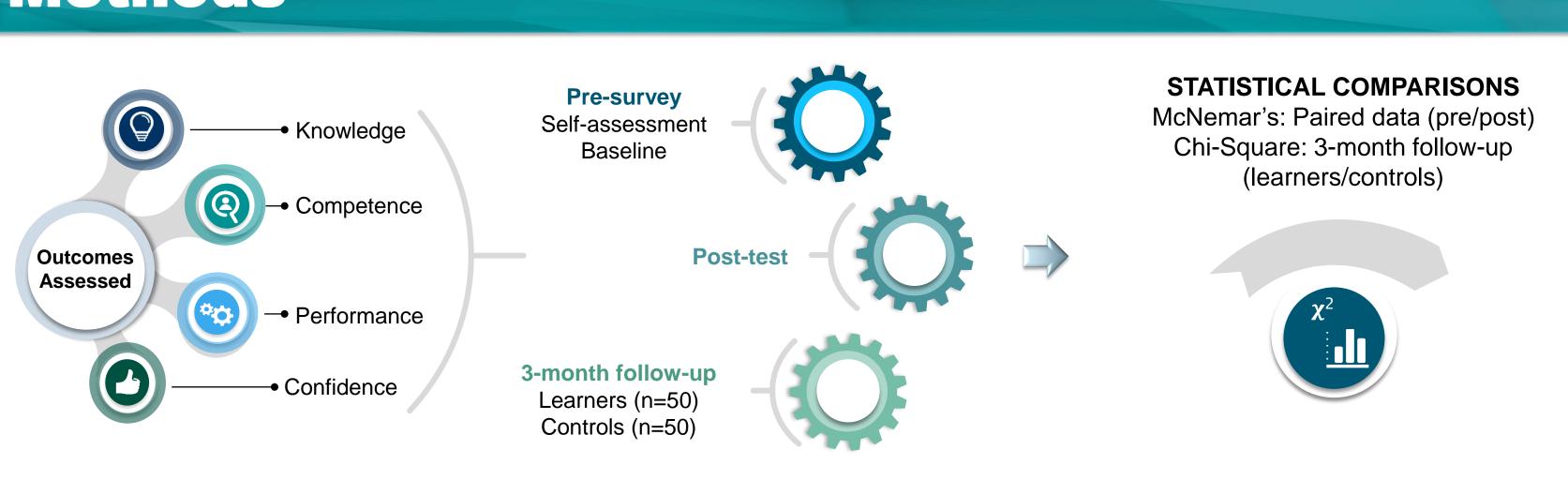
CMEO C BriefCase

## A Hot Potato in Health Care:

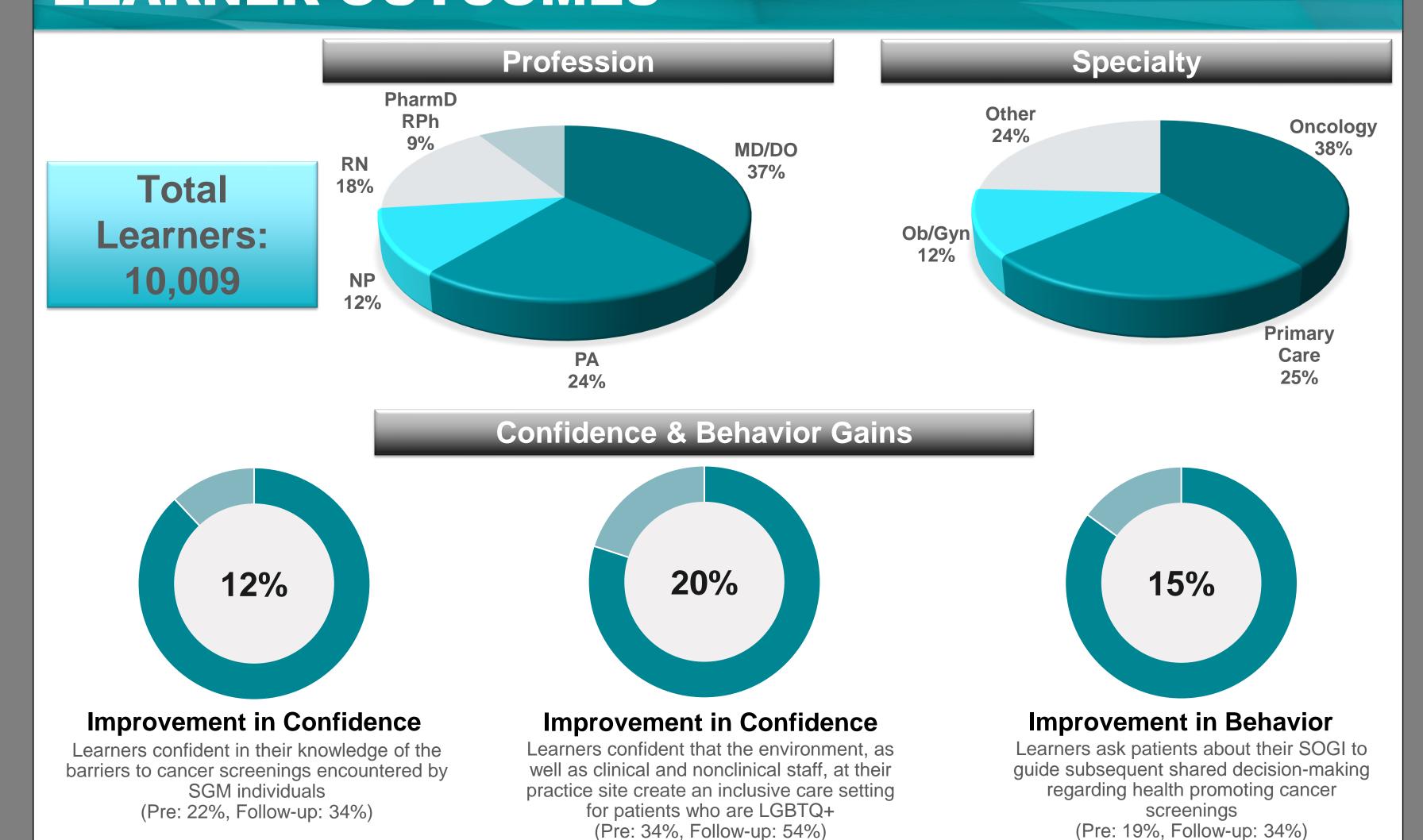
Whose Responsibility is it to Advocate for Cancer Screenings for SGM Patients? • Identify techniques for providing culturally relevant communication regarding cancer screening needs to SGM people

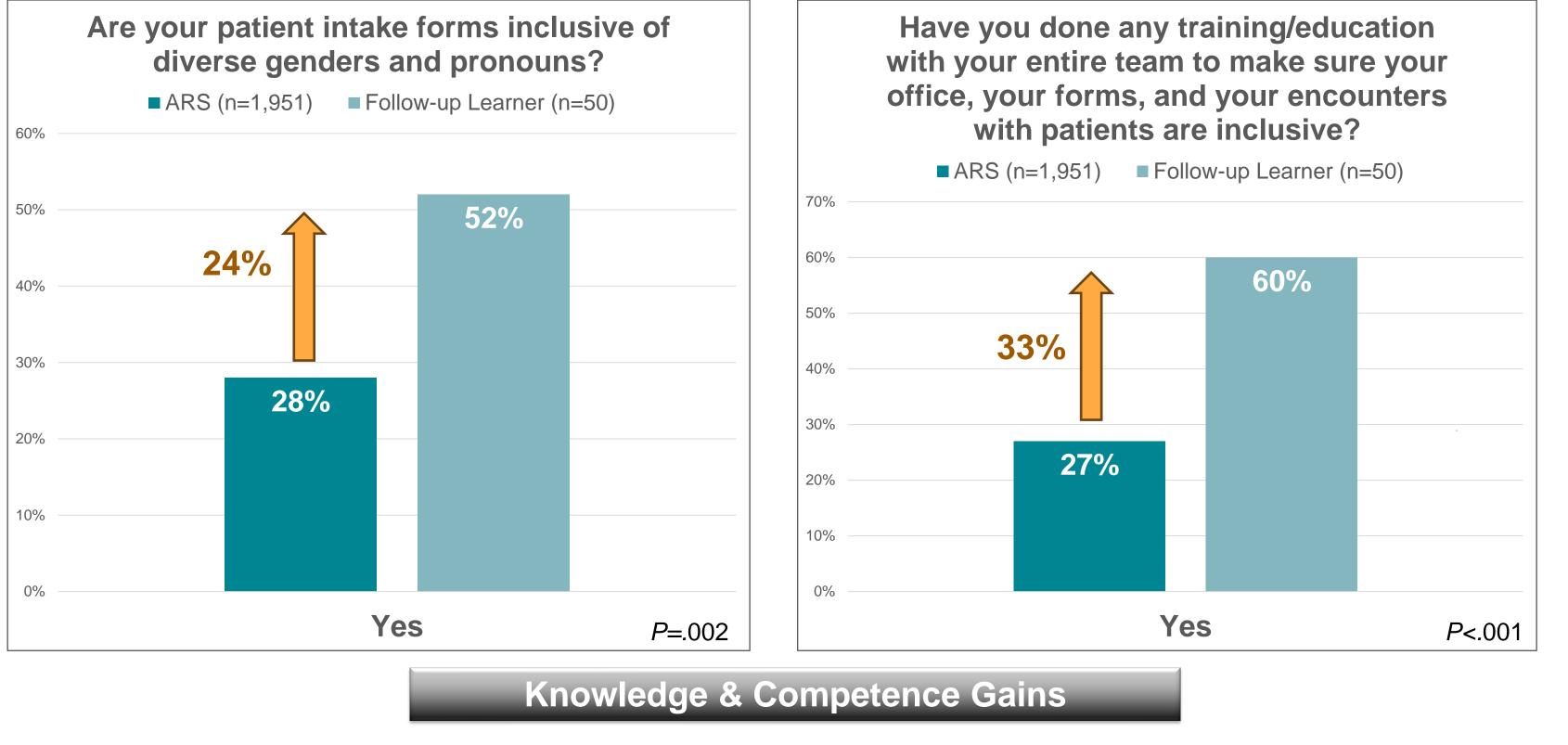


# Methods

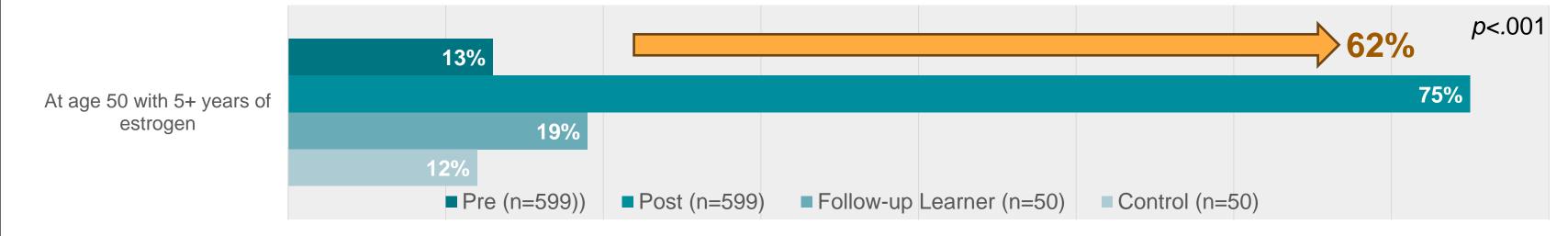


# LEARNER OUTCOMES

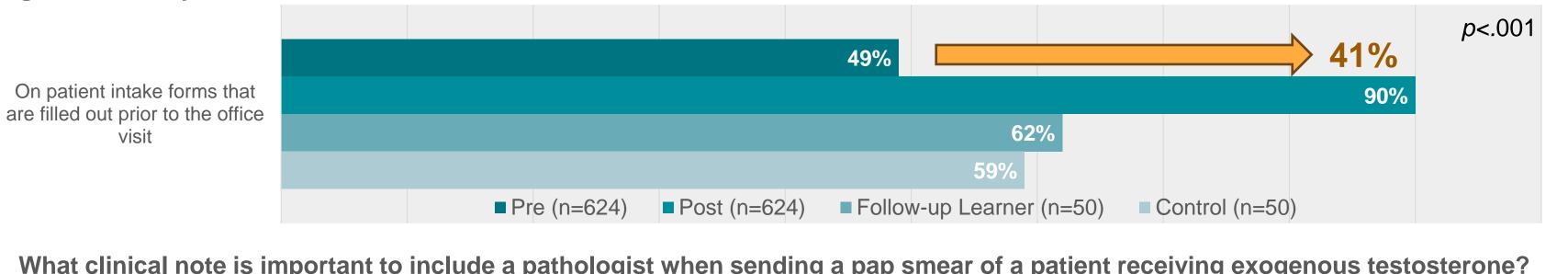




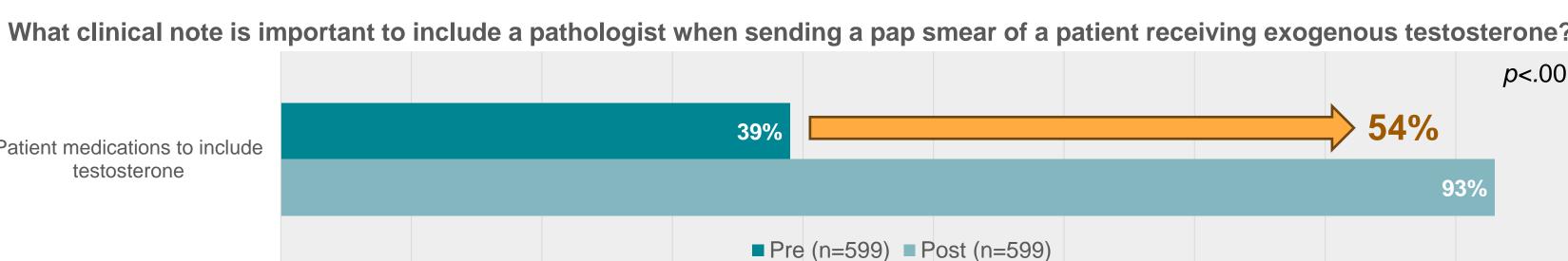
If a patient is receiving exogenous estrogen, when should they begin receiving a mammogram?



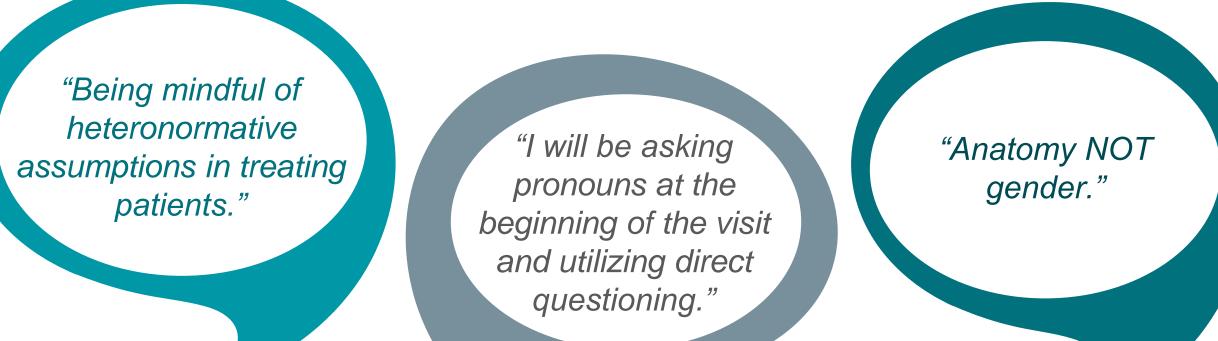
You have a new patient coming to your office with a medical concern. When should you ask for your patient's sexual orientation and gender identity?



What clinical note is important to include a pathologist when sending a pap smear of a patient receiving exogenous testosterone? *p*<.001



# LEARNER OUTCOMES (continued)



terms used ."

"Gained better knowledge of the

**Learner Qualitative Feedback** 

not be presumptive when meeting a patient for the first time based on their gender

"I will not make assumptions about my patients."

"I am a psychiatris who treats pts who are transitioning. This info increases my own awareness of my pts' medical needs, and will allow me to advocate for them more effectively."

#### Remaining Barriers to screening for cervical and breast cancer in sexual or gender minority patients?

I am not confident in my knowledge of sexual and gender minority populations

knowledge of the fears

and barriers to care for

this community."

12% follow-up learners 6% controls

I need more education on ntegrating processes to create inclusive, culturally relevant and trusting environment

> 42% follow-up learners 44% controls

need more information on th disparities and unique healt care needs of sexual and gender minority patients related to cancer screening

46% follow-up learners 51% Controls

- Collect SOGI information to facilitate shared decisions regarding cancer screenings
- Provide cancer screenings based on anatomy present rather than gendered assumptions of screening needs Make changes to the environment and the language utilized when communicating with patients to be
- inclusive and sensitive to SGM individuals Create a physical environment that is gender-neutral and inclusive of SGM patients and caregivers.
- Use non-gendered language
- Address a patient's needs based on anatomy and clinical presentation not the patient's assumed gender
- Collect and utilize SOGI
- Eliminate cisnormative and heteronormative assumptions to communicate relevant information about cancer screenings in the SGM population
- In populations that may avoid or delay medical care, take the initiative to engage patients regarding their need for routine medical care, including health promoting cancer screenings

### IMPACT OF INITIATIVE

**BEHAVIOR** CHANGE

At follow-up, the percentage of arners reporting patient intake form ere inclusive of diverse genders an pronouns increased significantly

Learners reported a significant increase in providing aining/education of the entire care team to be more inclusive.

Learners from other specialties also increased confidence, knowledge nd competence in recognizing one's own bias and working towards providing more inclusive care.

**NEED FOR EDUCATION TO RETAIN CONFIDENCE BEHAVIOR** 

With the increased recognition of iverse patient populations, medical education is necessary to provide propriate care based on a patient's anatomy and clinical presentation rather than an assumed gender.

Learners demonstrated significa increases in knowledge and competence for screening transgender individuals for various cancers, however, retention was low at follow-up.

Learners demonstrated a modes mprovement in confidence related to the care for SGM patients. Despite he increases, at follow-up confidence in learners remained low.

#### REFERENCE

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):2771-2785.

SOGI= sexual abbreviation and gender identity; SGM = sexual and gender minority