

CMEO BriefCase

Degendering Symptom Assessment to Appropriately Evaluate for Malignancies

*Supported by an educational grant from
Merck Sharp & Dohme Corp.*

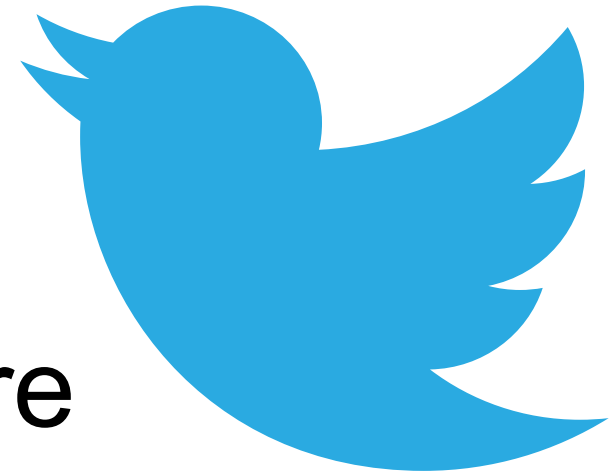
Engage with us via Twitter!



Follow us on Twitter!

@CMEOutfitters

for upcoming CME/CE opportunities, health care news, and more



Don S. Dizon, MD, FACP, FASCO *(he/him)*

Professor of Medicine and Professor of Surgery, Brown University
Director, The Pelvic Malignancies Program and Hematology-Oncology
Outpatient Clinics, Lifespan Cancer Institute
Head, Community Outreach and Engagement, Legoretta Cancer
Institute at Brown University
Director, Medical Oncology and the Oncology Sexual Health First
Responders Clinic, Rhode Island Hospital
Providence, RI

Ash B. Alpert, MD, MFA *(they/them)*

AHRQ T32 Post-Doctoral Fellow in Health Services Research
Center for Gerontology and Healthcare Research
Department of Health Services, Policy & Practice
Brown University School of Public Health
Providence, RI

Adjunct Instructor
Department of Public Health Sciences
University of Rochester Medical Center
Rochester, NY

Learning Objective

Apply efficacious and non-gendered approaches to symptom assessment



Concepts and Terms



Sex assigned at birth

- Assignment (male, female, intersex) made based on external genitalia of a baby (by a midwife, nurse, or physician)

Sexual Orientation (SO)

- Someone's romantic and sexual attractions to other people

Gender Identity (GI)

- Someone's sense of themselves as a man, woman, masculine, feminine, none of those, or more than one of them

Sexual and Gender Minority (SGM)

- Term often used in the literature and medical community to refer to people who are lesbian, gay, bisexual, transgender, queer, or other non-heterosexual or non-cisgender identities.

Health Disparities



- NIH and ASCO recognize that SGM people experience health disparities, such as increased incidence of specific cancers.
- Oncologists' language may inadvertently stigmatize or exclude SGM patients.
- Most cancer centers do not systematically collect sexual orientation and gender identity (SOGI) data so it is difficult to quantify SGM cancer disparities.



Barriers to Care



Clinicians lack knowledge of SGM patients' health needs and/or have negative attitudes toward SGM individuals.^{1,2}



SGM have barriers to health insurance and often forgo care due to cost or fear of mistreatment.²



SGM patients more likely to remain silent about important health issues, fearing stigma or refusal of care^{3,4}



Stigma or assumptions experienced in health care



Patients may experience substandard care or breaches in privacy if they disclose SOGI³



SGM people may not have access to culturally-sensitive resources and referrals⁵

1. Krueger, EA, et al. *Am J Prev Med.* 2020;58(1):59-68. 2. Schuler MS, et al. *Drug Alcohol Depend.* 2018;189:139-146. 3. Greene MZ, et al. *J Midwifery Women's Health.* 2018;63(5):550-577. 4. Ceres M, et. al. *Semin Oncol Nurs.* 2018;34(1):37-51. 5. Gonzales G, Zinone R. *Cancer Causes Control.* 2018;29(9):845-854.

Cervical and Breast Cancer Screening Disparities Among SGM Patients



Cervical cancer screening beginning at age 21¹

- 60% reduction in cancer incidence (age 40)²
- 80% reduction in cancer incidence (age 64)²

Breast cancer screening³
*

- Screening mammography reduces breast cancer mortality by about 20% to 35% in cisgender women (age 50-69)⁴

50% experience **emotional distress** that prevents them from getting cancer screening²

There are no screening guidelines for ovarian or endometrial cancers. Work-up is performed based on presenting symptoms.

*Age to begin screening with mammography differs among major society guidelines. Most agree with shared-decision making for age 40-49 and routine screening beginning at age 50 for average risk women.

1. the American College of Obstetricians and Gynecologists (ACOG). *Updated cervical cancer screening guidelines*. ACOG Website. 2022. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>. Accessed March 21, 2022. 2. Lombardo J, et al. *Cancer Causes Control*. 2022;33(4):559-582. 3. Centers for Disease Control and Prevention (CDC). *Breast cancer screening guidelines for women*. CDC Website. 2022. <https://www.cdc.gov/cancer/breast/pdf/breast-cancer-screening-guidelines-508.pdf>. Accessed March 21, 2022. 4. Elmore JG, et al. *JAMA*. 2005;293(10):1245-1256.

Exclusive Language



- Gendered titles of clinics
 - For example, Women’s Breast Center
- Intake forms that conflate gender and anatomy, for example, “If you are female, when was your last period?”
- Use of the wrong pronouns and/or name
- Language that blames patients, for example, “non-compliant”

Stealth



- Some trans people have been traumatized by health care experiences
 - Health care experiences can be triggering
- Some trans people will try to "pass" for cisnormative people
- Negative experiences with clinicians can discourage patients from seeking care

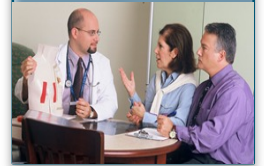
Environmental Cues

- Aspects of environment to consider:
 - Colors, patient gowns
 - Restrooms
 - Gender-specific intake forms
 - Patient education materials
 - Signs and images on walls
 - Magazines
 - Websites, emails, social media

- Exclusive of SGM patients



What To
Expect:
Getting a
Pap Test



Legal Issues



- Legal standards vary by state
 - Restrict access to health care needs specific to transgender people
 - Allow discrimination in health care implicating LGBTQ people based on religious exemption
 - Block local nondiscrimination protections
- But, not all recent legislation news is bad
 - A few states bar health care or medical insurance discrimination based on SOGI

SOGI = sexual orientation and gender identification

American Civil Liberties Union. <https://www.aclu.org/legislation-affecting-lgbtq-rights-across-country>. Accessed May 1, 2022.

Patient Encounter (Dominic Bell)

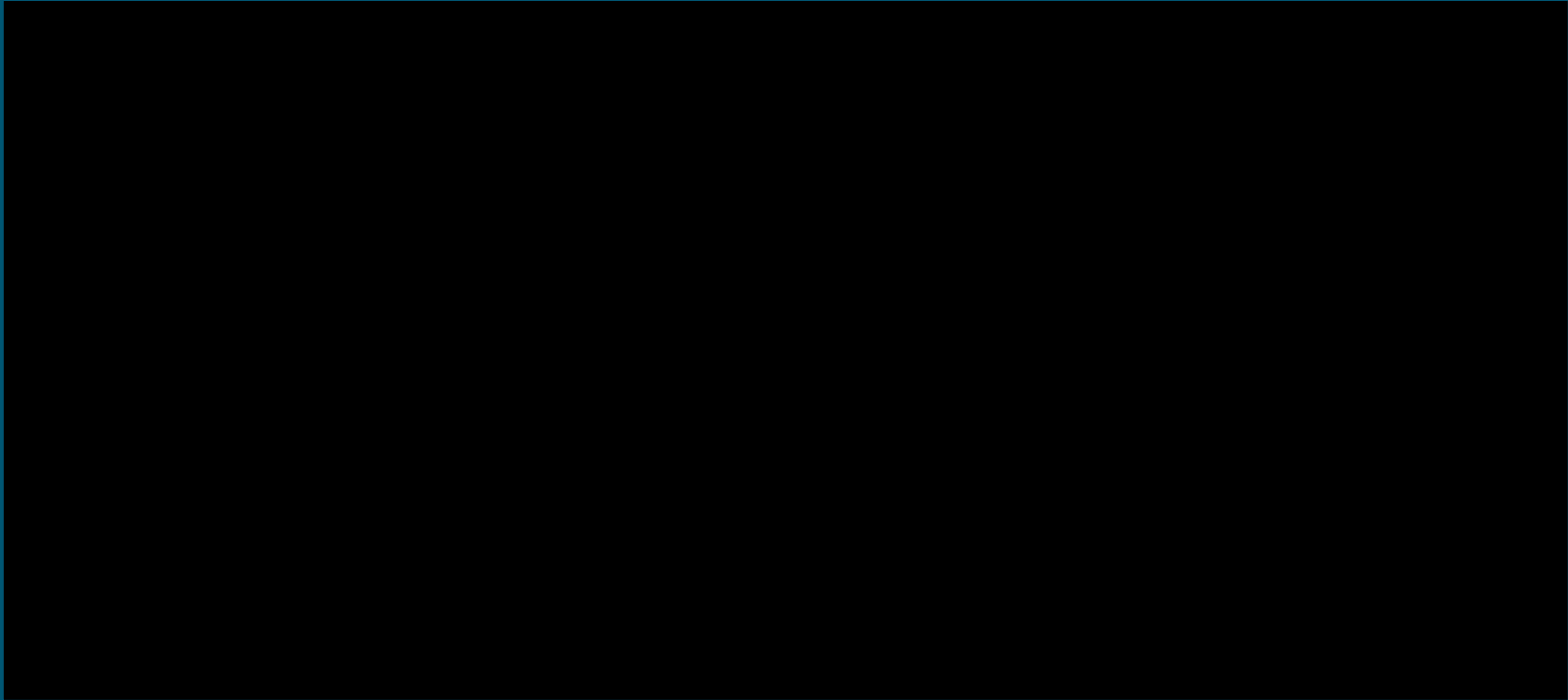
Telehealth follow-up

- 35-year-old patient on testosterone
- Reports abdominal cramping and back pain



How do you approach symptom assessments?

Patient Encounter Video #1

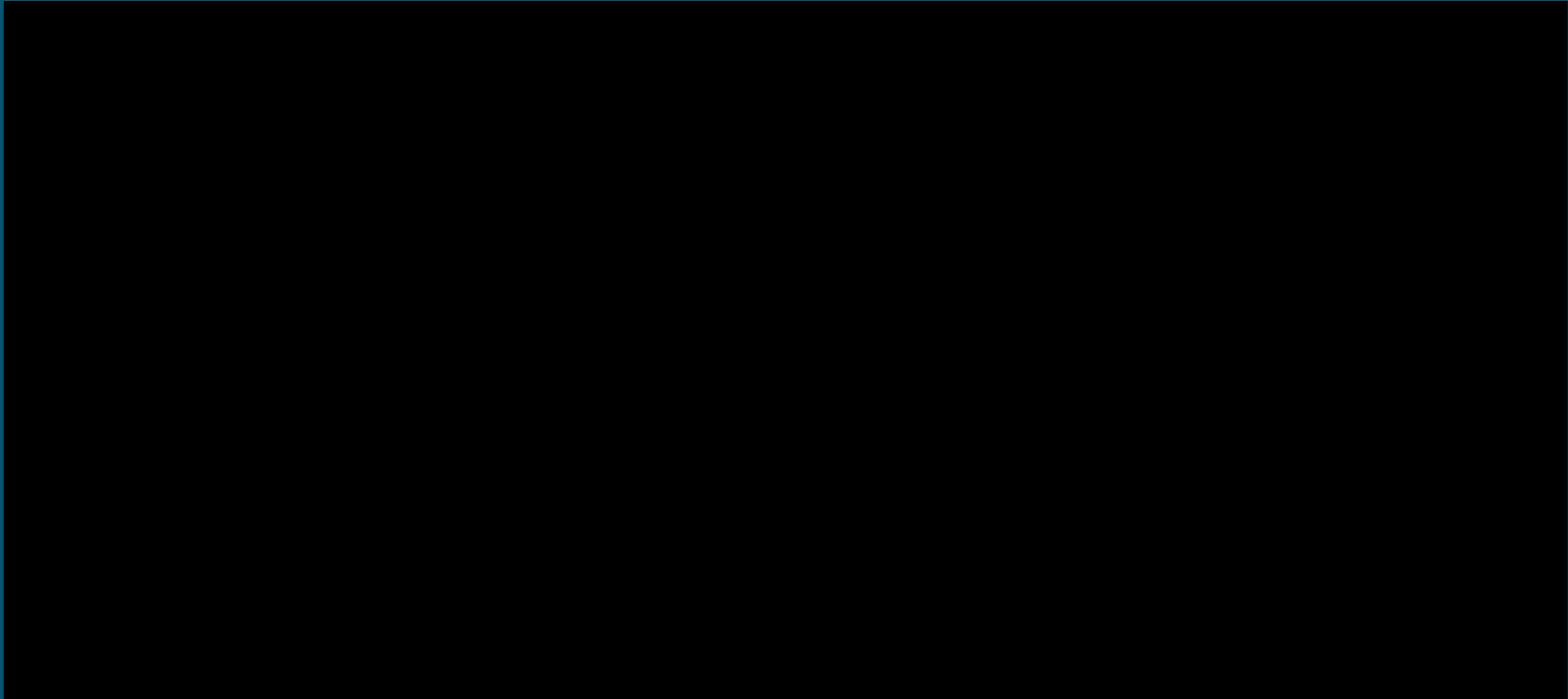


Review of Patient Case #1



- Physicians may make wrong assumptions about gender
- Expecting patients to "self-advocate" their gender is unfair
 - SGM patients face potential harassment or assault in health care settings
 - Patients may feel unsafe in coming out
- Physicians should understand their patients' gender without putting onus on the patient
 - Incumbent on physician to ask SOGI questions

Patient Encounter Video #2

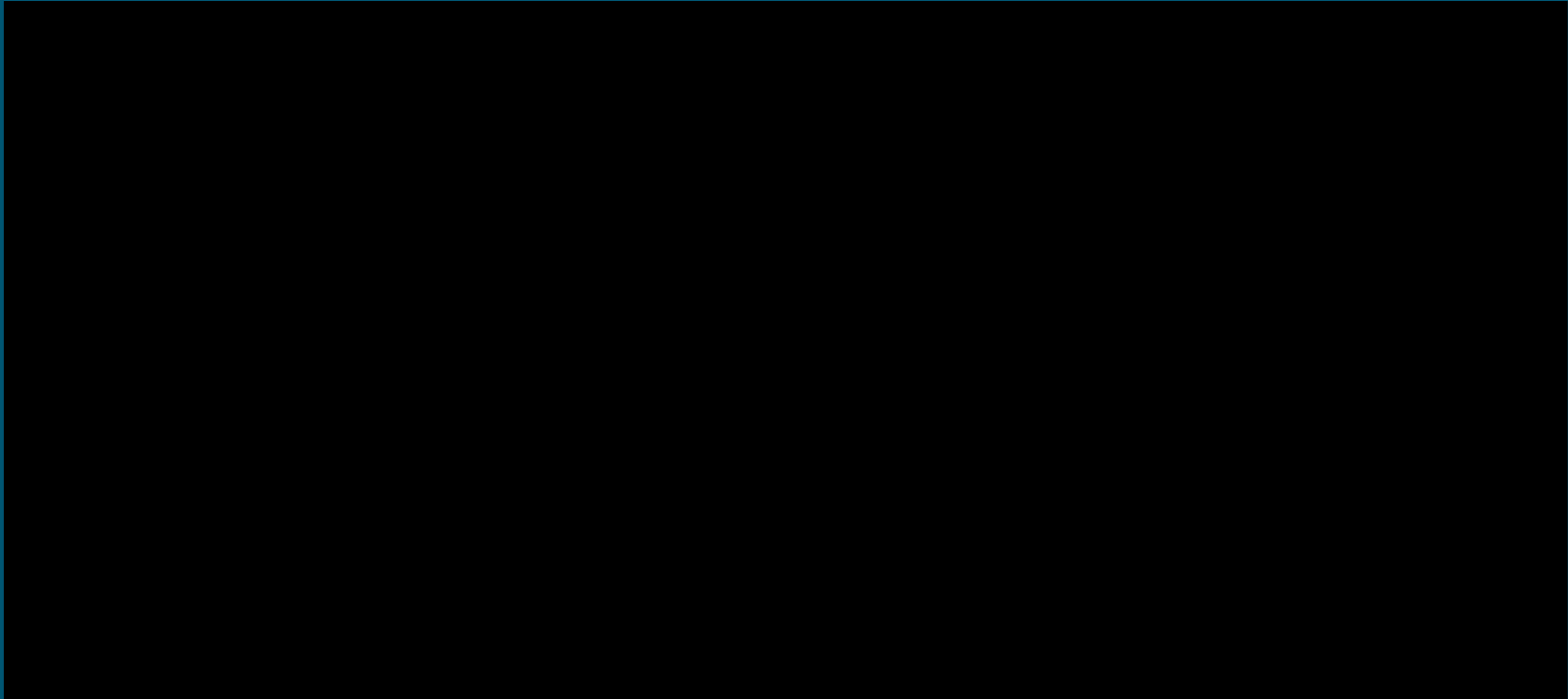


Review of Patient Case #2



- The clinical team needs to be knowledgeable about SOGI issues
 - SGM people are not as "rare" as some clinicians think
 - "What's the harm of hurting this one patient" is not a responsible attitude
- Be clear when asking about "gender"
 - Gender can be a confusing term for clinicians and patients
 - Often confused for "sex"

Patient Encounter Video #3



Review of Patient Case #3



- SOGI information is very sensitive
- Clinicians may be uncomfortable about asking questions, ... But to not ask could be worse
- Privacy is important
 - Consider letting patients fill out forms in private



Diseases don't have genders

“Respect is a huge thing for me. I would want my doctor to be respectful of who I am as a person when they’re doing an examination and to not make assumptions.

Also, I think it’s important for clinicians to be direct with their questions and to ask what they want to know. For example, “Do you have ovaries?” or “Do you have penetrative sex?”, instead of “What is your sex?” or “Are you having sex?”

Dominic

Patient comment
#1

Key Communication Concepts



Avoid gendered assumptions

- Ask patient for their pronouns and name
- Take an organ inventory

Share decision-making

- Ask pertinent questions to assess health care needs
- Share decisions with patients

Provide accurate information

- Provide accurate and relevant information

- Avoid assumptions about relationship between patient and support person.
- Ask about *partners* rather than wives or husbands

Avoid assumptions about partners

- Ask only for necessary information.
- Articulate clearly why questions are being asked.

Communicate clearly

- Provide safety & privacy
- Involvement of patient's support person

Address stigma

“Names and pronouns are important, and it’s important to get them right. When a clinician introduces themselves to a patient, they should share their name and pronouns and then ask for the patient’s [name and pronouns]. The physician should also review the chart for [the correct name and pronouns] before coming in the room.”



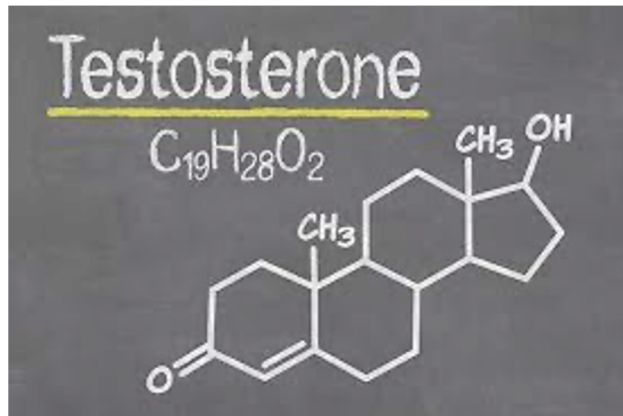
Dominic

Patient comment
#3

“Often, clinicians assume that testosterone is the cause of my symptoms when that isn’t necessarily the case.”

Dominic

Patient comment
#2



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- 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.

Oncology Education Hub

A robust hub of clinician and patient education resources

www.cmeoutfitters.com/oncology-education-hub

Want more on this topic?

Check out the webcast [“Disentangling Gendered Cancer Care: Improving Cervical and Breast Screenings for Sexual and Gender Minority People”](#)

And the resource [Tips to Approach Cancer Screening in Sexual and Gender Minority Patients with Supplemental Resources for Health Care Professionals, Patients, Families, and Communities](#)

To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.