If You Have It, Check It: Overcoming Barriers to Cervical Cancer Screening with Patients on the Female-to-Male Transgender Spectrum

Ida Bernstein, BA
Sarah Peitzmeier, MSPH
Jennifer Potter, MD
Sari Reisner, ScD, MA
Continuing Medical Education Disclosure

- **Program Faculty and Current Position:** Jennifer Potter, MD, Director of Women’s Health, Fenway Health, Sari Reisner, ScD, Research Scientist, the Fenway Institute, Sarah Peitzmeier, MSPH, Doctoral Student, Johns Hopkins University and Ida Bernstein, BA, Medical Student, Harvard Medical School

- **Disclosures:** No relevant financial relationships. Talk does not include discussion of off-label or investigational products.

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Learning Objectives

For individuals on the FTM spectrum:

1. Identify risk factors and prevention strategies for cervical cancer
2. Identify barriers to achieving optimal prevention/screening rates
3. Identify strategies that providers can use to address these systems, interpersonal, and technical barriers, including specific techniques for adjusting the Pap exam
4. Commit to one change you will implement in your practice to improve care
**Terminology: Sex And Gender**

- Sex and gender are core social determinants of health
- Sex – biological differences
- Gender – social and cultural distinctions
  - Multidimensional – psychological, social, behavioral
  - Gender identity, gender expression, gender roles
Terminology: Transgender

- Transgender
  - Umbrella term – trans*, gender minority
  - Gender identity or expression different from assigned sex at birth
- Cisgender – non-transgender
- Female-to-male (FTM), transgender men, trans masculine
- Male-to-female (MTF), transgender women, trans feminine
Gender Affirmation

- Process by which individuals are affirmed in their gender
  - Social – Name, Pronoun
  - Medical – Hormones, Surgery
  - Legal – Identity Documents
# Masculinizing Hormones

## Table 1A: Effects and Expected Time Course of Masculinizing Hormones

<table>
<thead>
<tr>
<th>Effect</th>
<th>Expected Onset</th>
<th>Expected Maximum Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness/acne</td>
<td>1–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Facial/body hair growth</td>
<td>3–6 months</td>
<td>3–5 years</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>&gt;12 months</td>
<td>Variable</td>
</tr>
<tr>
<td>Increased muscle mass/strength</td>
<td>6–12 months</td>
<td>2–5 years</td>
</tr>
<tr>
<td>Body fat redistribution</td>
<td>3–6 months</td>
<td>2–5 years</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>2–6 months</td>
<td>n/a</td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>3–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>3–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Deepened voice</td>
<td>3–12 months</td>
<td>1–2 years</td>
</tr>
</tbody>
</table>

**Terminology:**
Gender Identity ≠ Sexual Orientation

- Sexual orientation – how a person identifies their physical and emotional attraction to others
- Transgender people can be of any sexual orientation

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Understanding the Risks

- HPV risk increases with:
  - Number of lifetime sexual partners
  - Immunocompromised individuals – e.g. HIV co-infection
  - Co-infection of other sexually transmitted agents

- Risk factors for cervical cancer:
  - Younger age at sexual debut
  - Younger age at first pregnancy
  - Higher parity
  - History of cigarette smoking
  - Long-term use of oral contraceptives
  - Infrequent, inadequate, or no prior Pap testing


Cervical Cancer Prevention

- **Primary: HPV Vaccination**
  - Can prevent most cases of cervical cancer if prior to HPV exposure
  - Opt-out vaccination strategy would improve uptake among high-risk populations

- **Secondary: Pap and HPV Test**
  - Age 21-29: Cytology every 3 years
  - Age 30-65: Cytology every 3 or with HPV co-testing every 5 years
  - Same recommendations for patients on FTM spectrum

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CDC (2013) Human Papillomavirus Vaccination Information Statement
http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv-gardasil.html


https://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Health_Care_for_Transgender_Individuals
Common Misconceptions About Cervical Cancer Risk and FTM Spectrum Population...

- People on the FTM spectrum have fewer sexual partners.

- People on the FTM spectrum never have penetrative vaginal sex with digits, sex toys, or genitals or only had penetrative sex prior to transition.

- Most people on the FTM spectrum do not have sex with non-transgender men and/or do not engage in penis-in-vagina (PIV) sex.

- A person is at minimal risk of HPV if they have never had PIV sex, and it’s not important to encourage screening if someone who has not engaged in PIV sex finds Paps challenging.
Challenging Assumptions: HPV Transmission

- HPV can be transmitted through any skin-to-skin contact!
  - Genital skin-to-skin touching
  - Digital-vaginal contact
  - Oral-vaginal contact
  - Penile-vaginal contact
- Transmission may be feasible via sex toys
- Both cervix and anus may be infected regardless of contact via the “field effect”


Challenging Assumptions: Sexual Partners of People on the FTM Spectrum

Trans PULSE Project: Gender of Sex Partners, Lifetime (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genderqueer persons</td>
<td>32</td>
</tr>
<tr>
<td>Non-trans women</td>
<td>66</td>
</tr>
<tr>
<td>Trans women</td>
<td>11</td>
</tr>
<tr>
<td>Non-trans men</td>
<td>45</td>
</tr>
<tr>
<td>Trans men</td>
<td>18</td>
</tr>
</tbody>
</table>

Challenging Assumptions: Sexual Behaviors of People on the FTM Spectrum

Trans PULSE Project: Sexual Behaviors, Past Year (%)

- Insertive partner in genital sex: 55%
- Receptive partner in genital sex: 57%
- Insertive partner in anal sex: 26%
- Receptive partner in anal sex: 28%
- Gave oral sex: 61%
- Received oral sex: 60%

People on the FTM Spectrum Are at Risk of HPV and Cervical Cancer

- Majority of individuals do not undergo “lower” gender affirmation surgery or undergo total hysterectomy later in life
  - No screening needed after total hysterectomy
- Elevated risk factors for cervical cancer among FTM spectrum population:
  - Rates of smoking
  - Rates of Pap testing
  - 10x more likely to have inadequate Pap than non-transgender women

Grant et al. (2011). Injustice at Every Turn: http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf
HPV and Abnormal Cytology in FTM Spectrum Population

- Limited data or research available
- Rates of uptake of HPV vaccination relative to non-transgender women are unknown
- Among Pap tests on FTM spectrum patients at Fenway Health, approximately:

  - Normal: 85%
  - Abnormal: 5%
  - Unsatisfactory: 10%
Learning Objectives

For individuals on the FTM Spectrum:

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✓ Identify barriers to achieving optimal prevention/screening rates

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4. Commit to one change you will implement in your practice to improve care
Approaches to Screening: Understanding Major Barriers

- Patient Physical Discomfort
- Patient Emotional Discomfort
- Health Systems Barriers
- Provider Discomfort
- Technical Issues

Adequate Cervical Cancer Screening
Approaches to Screening: General Principles

- One size does not fit all – assess individual needs and preferences and avoid making assumptions
  - Wide spectrum of comfort with the exam
- We all make mistakes – don’t be afraid to apologize after a misstep
- Learn from your patients – but don’t expect them to educate you
- Use inclusive and neutral terminology...
<table>
<thead>
<tr>
<th>GENDERED</th>
<th>LESS GENDERED</th>
<th>LEAST GENDERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vagina</td>
<td>Genital Opening, Frontal Pelvic</td>
<td>Genital Opening, Frontal Pelvic</td>
</tr>
<tr>
<td></td>
<td>Opening, internal Canal</td>
<td>Opening, internal Canal</td>
</tr>
<tr>
<td>Uterus, Ovaries</td>
<td>Reproductive organs</td>
<td>Internal Organs</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>Pap Test</td>
<td>Cancer Screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer, HPV</td>
</tr>
<tr>
<td>Bra/Panties</td>
<td>Cervical Cancer</td>
<td>Underwear</td>
</tr>
<tr>
<td>Pads/tampons (e.g. for bleeding</td>
<td></td>
<td>Suggest using Depends or any</td>
</tr>
<tr>
<td>after a colpo or a Pap in the</td>
<td></td>
<td>absorbent product that works for</td>
</tr>
<tr>
<td>context of fragile tissue)</td>
<td></td>
<td>them</td>
</tr>
<tr>
<td>Period, Menstruation</td>
<td></td>
<td>Bleeding</td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
<td>Chest</td>
</tr>
<tr>
<td>Vulva</td>
<td></td>
<td>External Pelvic Area</td>
</tr>
<tr>
<td>NEGATIVE CONNOTATION</td>
<td>NEUTRAL/POSITIVE CONNOTATION</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Blades of Speculum</td>
<td>• Acceptable - “Bills of speculum”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preferred - “Opening the speculum” without specifying</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “I’m going to insert the speculum now”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “You may feel a little pressure”</td>
<td></td>
</tr>
<tr>
<td>To describe sensation of sample collection or speculum insertion:</td>
<td>Stirrups</td>
<td></td>
</tr>
<tr>
<td>• Poke</td>
<td>Let your legs drop to either side</td>
<td></td>
</tr>
<tr>
<td>• Prick</td>
<td></td>
<td>Avoid unnecessary touching of the patient</td>
</tr>
<tr>
<td>• “I’m going to come into you now”</td>
<td></td>
<td>• e.g. Asking the patient to scoot down on the table until their bottom touches your hand</td>
</tr>
<tr>
<td>Footrests</td>
<td>Ask patient to move all the way down to the end of the table</td>
<td></td>
</tr>
<tr>
<td>Open your legs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Approaches to Screening: Meeting the Patient Where They Are

- Hormone therapy should never be used to coerce a patient to get a Pap test
  - **If** possible – Screening prior to hormone initiation may lessen discomfort due to atrophy
  - Being further in transition journey may motivate patient to screen

- Risk management strategies if Pap is not possible:
  - HPV vaccination
  - HPV testing (?)
  - Approaching Pap as process – building trust
Learning Objectives

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Preparing for the Exam

- Develop network of colleagues for ideas and support
  - Self-learning - see “Resources”
- Train front desk and clinic staff
  - How are patients called in?
  - What if a masculine-presenting person tries to schedule a Pap test?
  - How are patients scheduling appointments?
- Assess adequacy of EMR
  - Capacity for preferred names/pronouns?
Pre-exam: Facilitate Patient Comfort

- Minimize time patient spends in waiting room
  - Schedule for first/last visit
- Communicate sensitively:
  - Greet patient – “What name and pronoun would you like me to use?”
  - Assess preferred anatomical terminology – “Are there any words you would like me to use for specific body parts when we talk about screening?”
  - Aim for gender inclusive language – see table

Pre-exam: Facilitate Patient Comfort

- May be less likely to have had prior Pap
  - Explain the process to **extent preferred**
    - e.g. length of procedure, potential bleeding, offer to show speculum
  - Address misconceptions

- Tailor health education:
  - Provide trans-specific or gender-inclusive materials
    - e.g. HPV information for men and women
  - Emphasize HPV risk and Pap test as non-gendered cancer prevention
  - Communicate elevated risk of inadequate Pap result
Pre-exam: Facilitate Patient Comfort

- Assess and respect trauma history:
  - More likely to have experienced sexual and medical trauma
- Address individual needs collaboratively:
  - Elicit input – “How have your past experiences with screening gone?” “Is there anything else that would make you more comfortable with the exam?”
  - Assess chaperone and support person preference
  - Affirm patient control over exam
  - Discuss anti-anxiety medication and/or sedation options if necessary

Note: Risks of Benzodiazepine Use with Patients with a Trauma History

- May paradoxically contribute to the potential of the exam to re-traumatize the patient by:
  - Reducing sense of control during/after the exam
  - Increasing the likelihood of dissociation during/after the exam
  - Interfering with the memory of what actually transpires during the exam

- Recommendations: Use only after informed consent and in the presence of a patient-approved chaperone
During the Exam: Address Patient Emotional Discomfort

- Allow patient to undress only from waist down if possible
- Be aware of signs that patient needs to stop exam
- Respect patient preferences discussed prior to exam
During the Exam: Address Patient Physical Discomfort

- Testosterone use can cause erythema and atrophy
  - May make speculum insertion more painful
- Strategies to mitigate pain and/or discomfort:
  - Use small speculum – pediatric or long/narrow
  - Use topical anesthetic – e.g. lidocaine
  - Use modest amount of water-based lubricant – does not interfere with liquid-based Pap
  - Consider doing digital exam first to locate the cervix and lubricate the introitus

During the Exam: Address Technical Challenges

- Elevated risk of inadequate Paps is postulated to be associated with testosterone effects on the cervix
- Strategies to purposively sample cells:
  - Swab a greater circumference than typical
  - Use multiple or all available sampling tools
    - e.g. cytobrush, broom, and spatula
  - Balance patient comfort with attempts to get adequate sample
Ending The Encounter: Strategies to Facilitate Patient Comfort

- Allow patient to dress and converse while sitting in a chair - not on exam table
- Provide positive reinforcement
  - e.g. “I’m glad we were able to complete the exam” “This screening was important for your health”
- Review how results will be communicated
- Ensure patient has self-care plan after they leave the office
  - Esp. important for patients distressed by exam
Post-exam: Managing Inadequate Results

- Consider co-testing for HPV if possible
  - ACOG, ASCCP guidelines
- Use sensitive terminology when communicating test results - see table
- FTM spectrum patients may be less likely to return after inadequate result
  - Trend may be provider-driven
  - Don’t underestimate risk!

Post-exam: Addressing Health Systems Challenges

- Insurance may challenge claim if patient has male gender marker

- For FTM spectrum patients with Medicare:
  - Part A claims: code 45 (Ambiguous Gender Category)
  - Part B claims: KX modifier

- For FTM spectrum patients with private insurance:
  - Help advocate to insurance company

MLN Matters® Number: MM6638  Related Change Request Number: 6638

CAUTION – What You Need to Know
Claims for some beneficiaries are being rejected by Medicare systems due to gender specific edits, and this is resulting in inappropriate denials for Part A and Part B claims. CR 6638 instructs that for Part A claims processing, institutional providers should report condition code 45 (Ambiguous Gender Category) on inpatient or outpatient services that can be subjected to gender specific editing.
Suggested Framework for Addressing Internal Reactions

- Questions to ask yourself:
  - “What am I thinking and feeling?”
  - “Am I at risk of speaking or acting impulsively on the basis of these thoughts/feelings?”
  - “What can my reactions tell me about the patient’s experience?”
- Push the “pause” button - breathe, slow down
- Proceed when you feel clear, calm, courageous, connected, compassionate ("C words")
A Voice From the Community
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Conclusions

- People on the FTM spectrum:
  - Are at risk of HPV and cervical cancer
  - Face unique barriers to adequate screening
  - With a cervix should follow the same screening guidelines as non-transgender women
- Providers and clinic staff can take steps to facilitate comfortable and safe screening experiences
- Open and honest assessment of individual patient needs and comfort level is key
Resources

- National LGBT Health Education Center On-Demand Webinars
  - [http://www.lgbthealtheducation.org/training/on-demand-webinars/](http://www.lgbthealtheducation.org/training/on-demand-webinars/)

- Clinical Guidelines
  - World Professional Association for Transgender Health. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version: [http://www.wpath.org/publications_standards.cfm](http://www.wpath.org/publications_standards.cfm)
  - Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care: [http://transhealth.ucsf.edu/trans?page=protocol-00-00](http://transhealth.ucsf.edu/trans?page=protocol-00-00)
Resources

- Patient Health Education Materials
  - I am on the FTM Spectrum...What Do I Need to Know About HPV and Cancer? [www.fenwayhealth.org/Cancer Screening](http://www.fenwayhealth.org/Cancer Screening)
Special Thanks to...

- The 106 members of the FTM community who shared their stories with us
- Dr. Van Bailey
- Anum Awan
Questions?