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Barriers to Cancer Care in Transgender Patients: Editorial

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Editorial Note

There are around 1.4 million adults in the United States who self-identify as transgender. The term "transgender" refers to a diversified group of people whose gender identity differs from the gender assigned to them at birth. Because of the lack of knowledge and understanding, cancer is an understudied issue in transgender health. Cancer awareness in this population was originally limited to case reports or limited studies. There are multiple causes why the cancer burden in transgender people is higher than in cisgender people. Reproductive malignancies are a risk for transgender people who keep their natal reproductive organs, and the consequences of long-term gender-affirming treatment with high-dose estrogenic or testosterone are still unknown. Transgender people may also be at risk for malignancies linked to high levels of smoking and excessive alcohol consumption in this population due to societal stigma connected with gender minority status.

Because of high rates of discrimination, economic marginalization, and unmet health-care needs, the prevalence of HIV, Hepatitis, and Human Papillomavirus infections is significantly higher among transgender individuals than among their cisgender, heterosexual contemporaries. Increased prevalence of these viruses among individuals from gender diversity may lead to an increase in AIDS-related diseases, as well as liver and anus cancers. At both the provider and patient levels, transgender patients confront numerous barriers to cancer care. Because to a lack of professional training and transgender-specific screening guidelines, cancer screenings may be overlooked. Discrimination towards transgender individuals is also being recorded in medical settings. Transgender people are also less likely to be employed and have health insurance than cisgender people because to stigma and discrimination. As a result, transgender people may have delays in cancer diagnosis and treatment, resulting in advanced stage disease for diagnosis and poor survival rates.

As the population ages and best practice recommendations become more transgender inclusive and culturally aware, information on the cancer burden in this community will become increasingly important.

To see if there's a link between gender identification (transgender vs. cisgender) and cancer stage at diagnosis and cancer treatment receipt (yes *vs.* no). Chemotherapy, radiotherapy, or a combination of the two was used to treat lymphomas. Surgery, radiation therapy, chemotherapy, or any combination of these modalities was defined as treatment for all other cancers. Controlling for age at diagnosis, race and ethnicity, diagnosis year, stage at diagnosis, and therapy received the association between gender identity (transgender *versus* cisgender) and survival for each cancer. The term "follow-up" was used to describe the period following a cancer diagnosis until death from any cause, loss to follow-up, or the end.

Transgender individuals were more likely than cisgender, patients to be diagnosed with advanced stage lung cancer and to undergo treatment for kidney and pancreas malignancies. Transgender patients with non-Hodgkin lymphoma, prostate cancer, and urinary bladder cancer had a lower survival rate than cisgender patients. Even after providing for health insurance and excluding people who refused treatment, the discrepancies remained. There were no changes in stage at diagnosis, therapy, or survival for the other cancers.