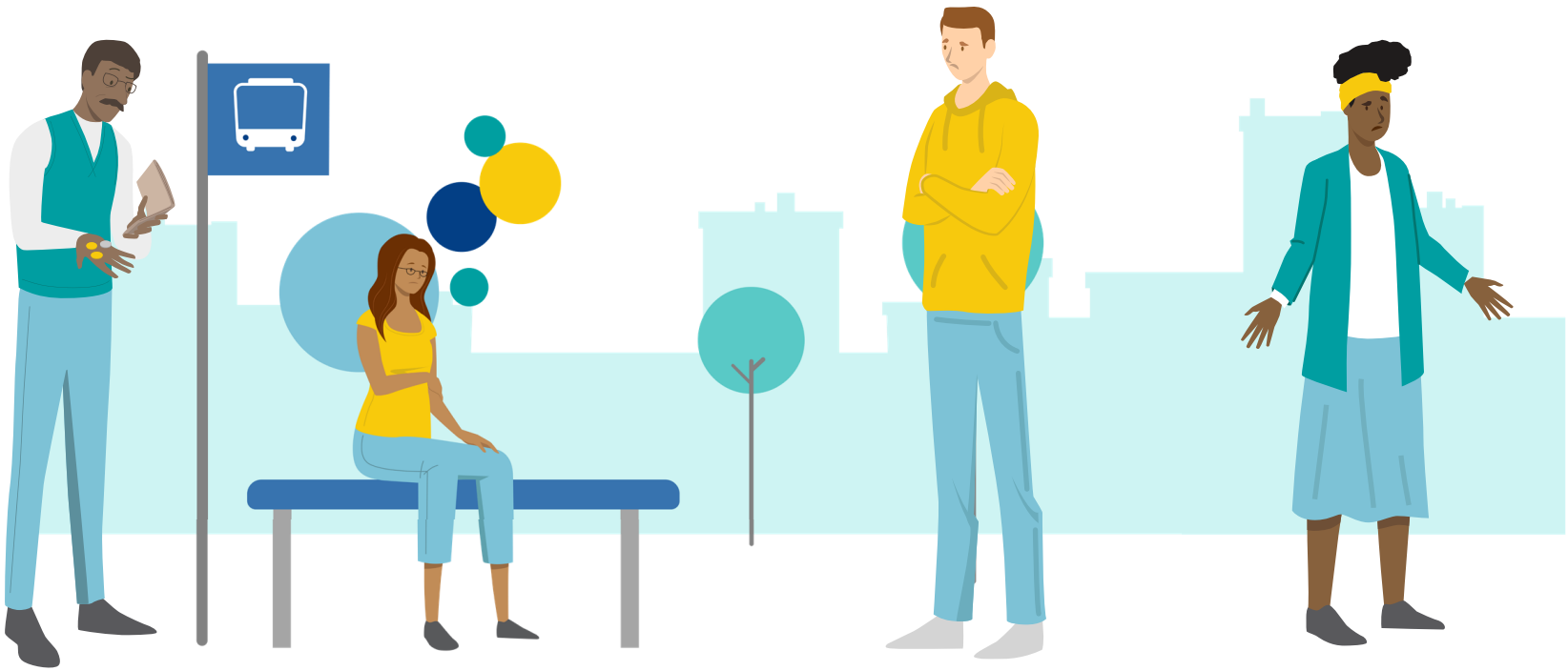
123 Approach
Health Inequalities

NHS
Cheshire and Merseyside Cancer Alliance

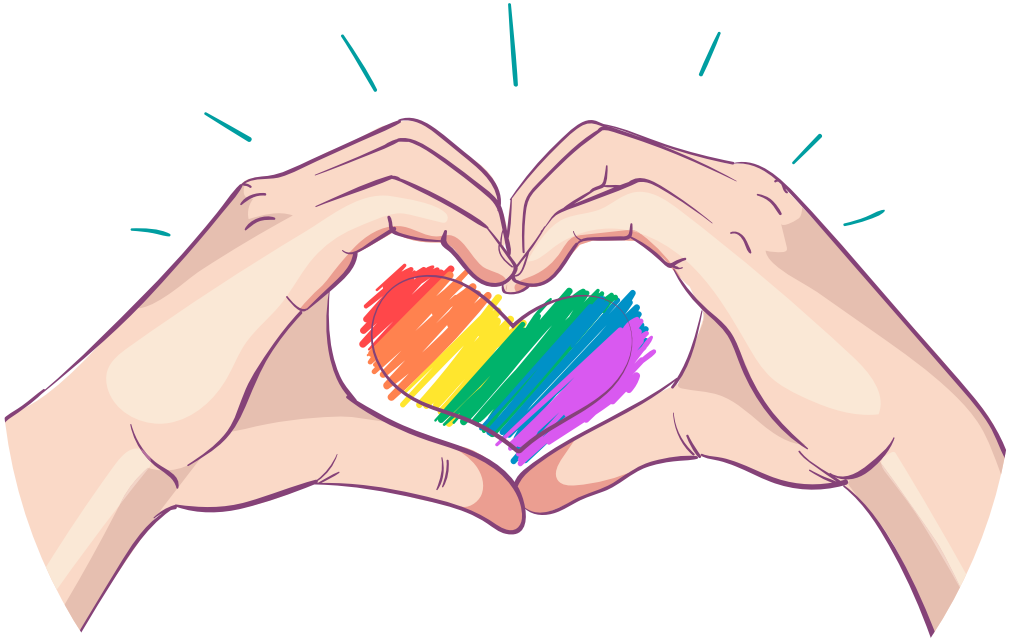
Gender in Cancer Services



Information produced by: The Clatterbridge Cancer Centre NHS Foundation Trust

Introduction

- Pronouns
- Terminology
- Gender vs orientation
- Transgender/non-binary patients
- How to approach your patients
- Hormone therapy and cancer treatment



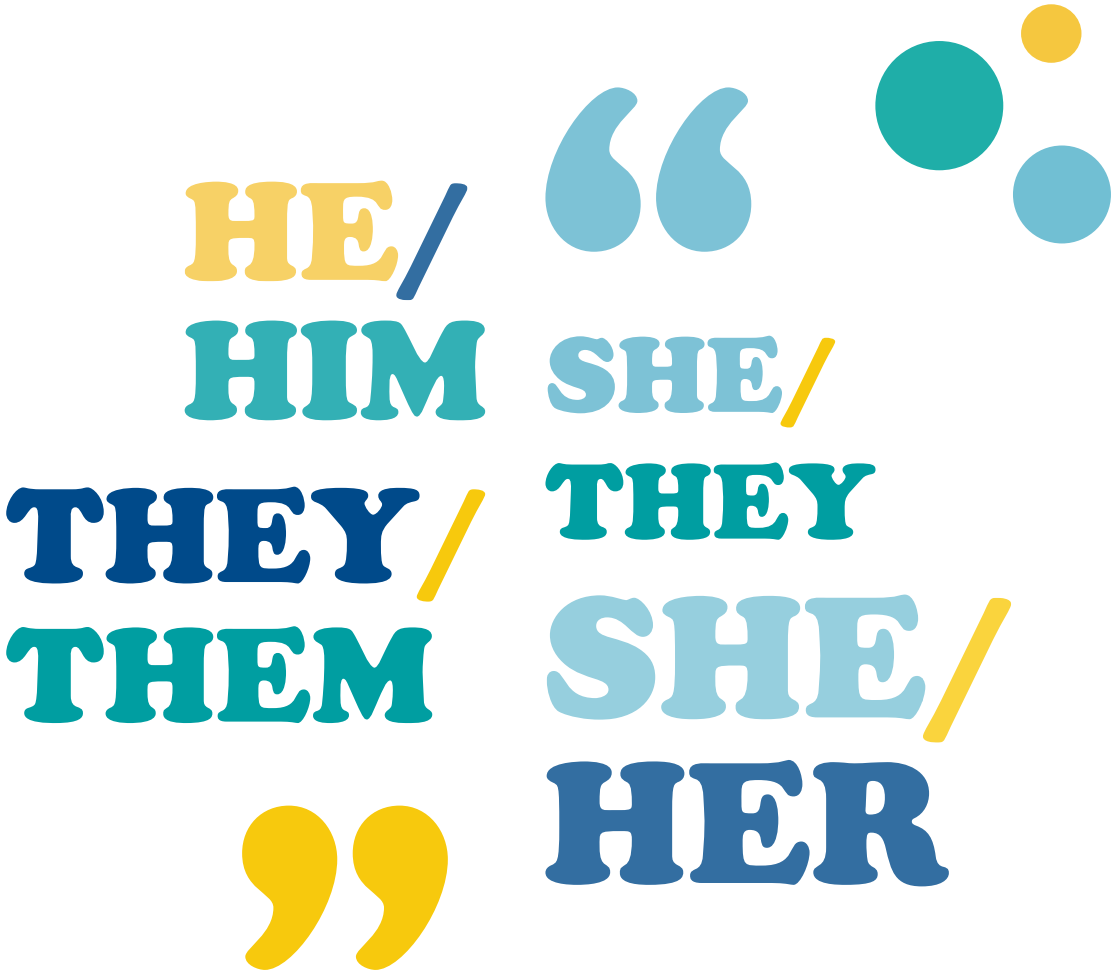
Pronouns

We all know she, he and ‘they’ for referring to multiple people.

‘They’ can also be used to refer to someone in a non gendered way. Imagine someone talking about Sam (Sam could be Samuel or Samantha, we don’t know), we would refer to this individual as they. For people who don’t feel they fit into a category of male or female, they might ask to be referred to as they.

‘They came for an appointment today’.

Combinations like she/they - the individual can be referred to as either she or they



Terminology

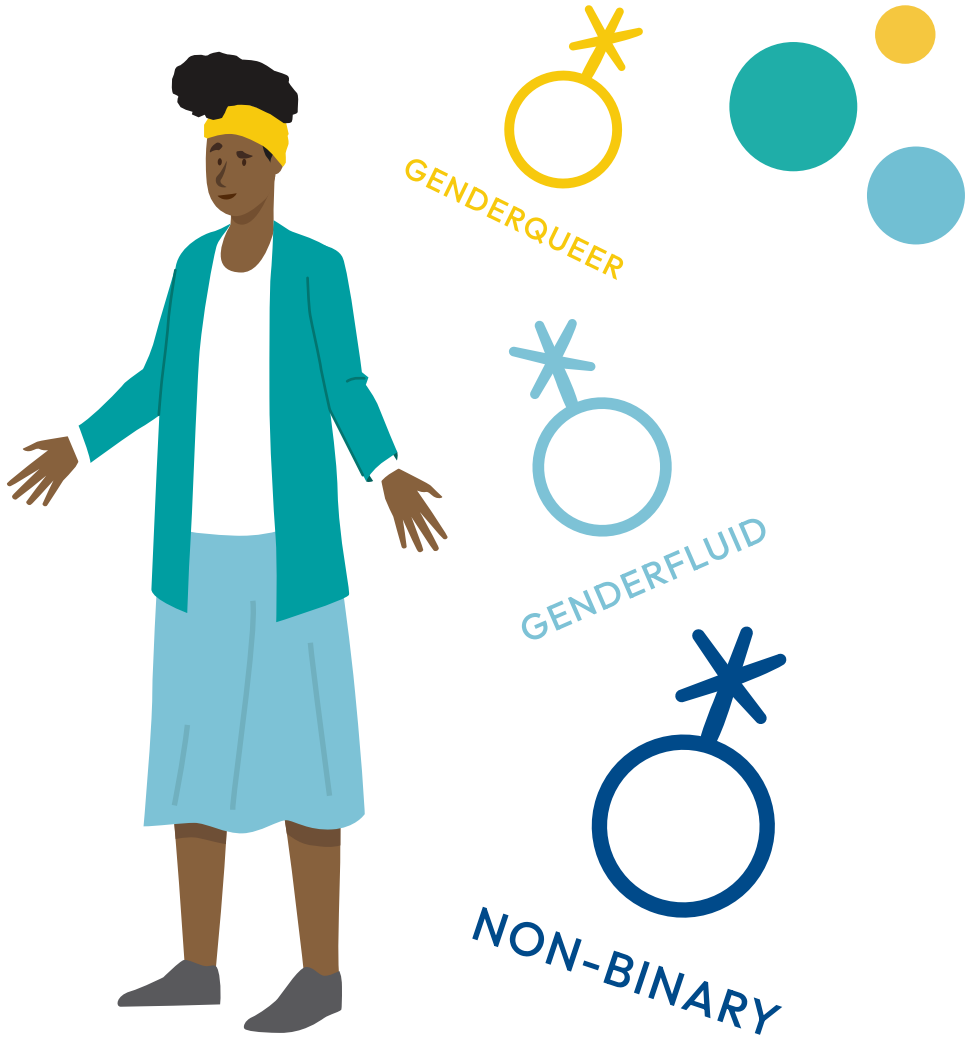
Non-binary - someone who doesn't identify as male or female. Some people use the term 'genderfluid' or 'genderqueer' where they don't feel they fit in a determined category.

Trans woman - someone who was assigned male at birth (XY) who identifies as female. They may or may not have had hormone replacement or surgery (i.e. they may have a prostate)

Trans man - someone who was assigned female at birth (XX) who identifies as male. They may or may not have had hormone replacement or surgery. (i.e. they may have a cervix/uterus/breast tissue)

'Gender affirmation' surgery is the current preferred term for any surgery helping someone to alter their physical characteristics to match their gender identity.There has been changes in this term over the years.

Surgery to remove breast tissue is commonly known as 'top surgery', whereas surgery on the genitalia as 'bottom surgery'. Gender affirmative surgery may also include facial and laryngeal changes and hair transplant.



Terminology

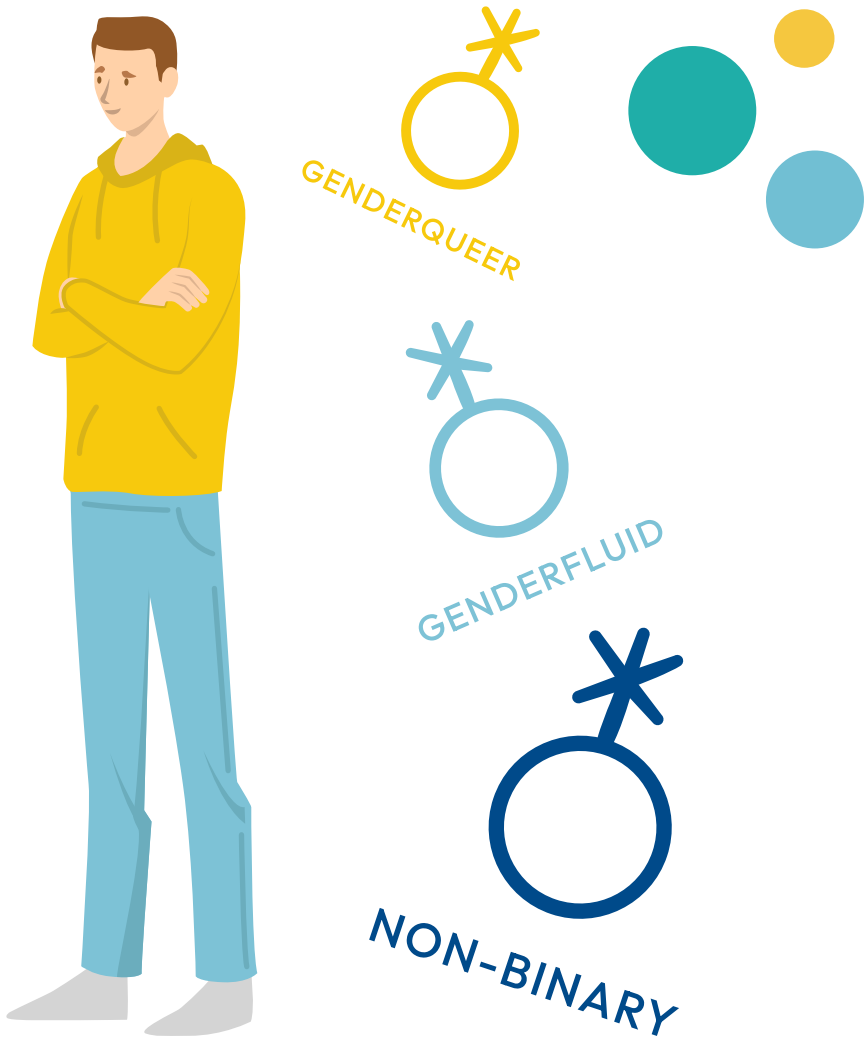
Cisgender - someone who identifies as the same gender they were assigned at birth

Intersex - someone with chromosomes that affect the development of sex characteristics (i.e. genitalia, internal sexual organs, etc).

Such individuals can identify with any gender they feel best represents them - (male, female, non-binary or other terms).

Some may undergo gender affirmation surgery.

There are at least 40 variations in this sex development, so each individual will have needs in regards to their treatment, as some variations have a known increase in cancer risk.



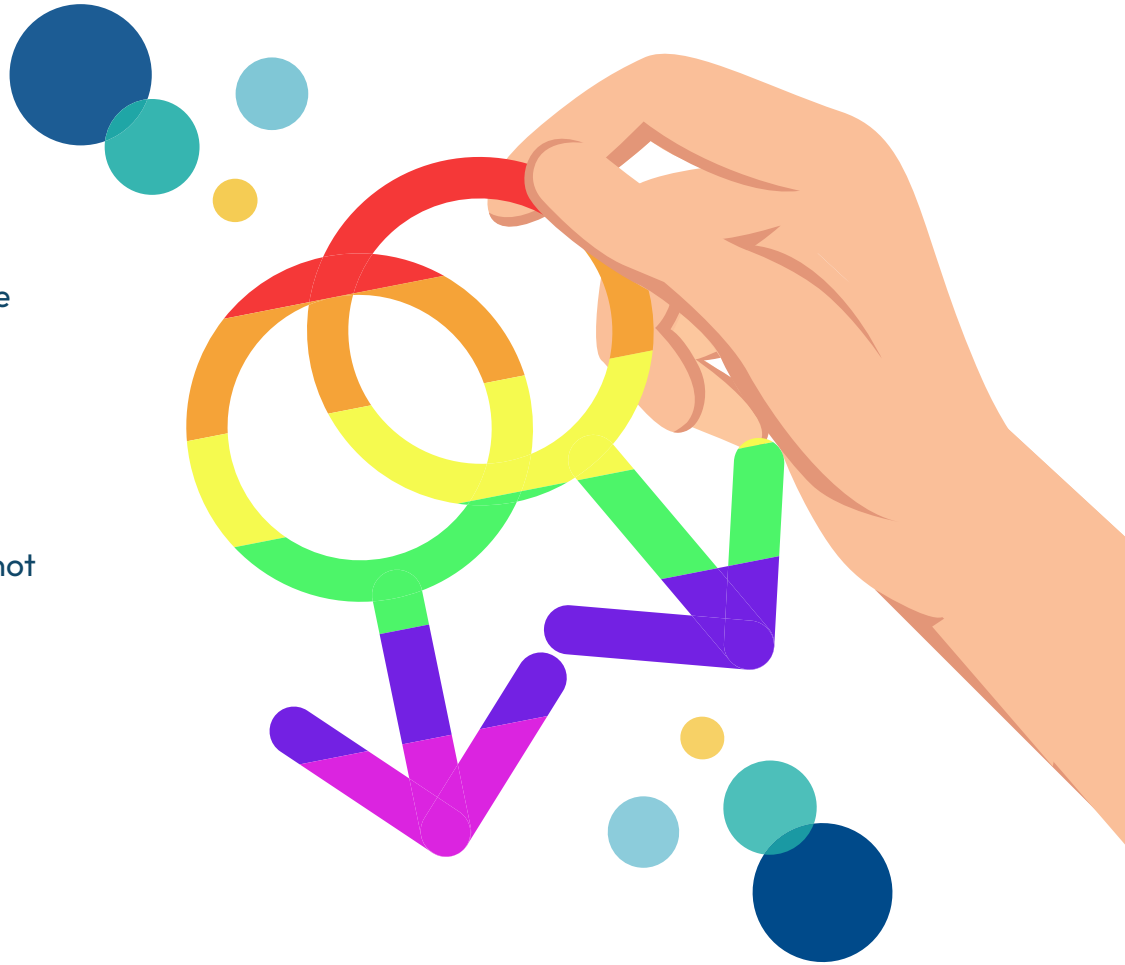
Gender vs Sexual Orientation

Sex - think of this as your chromosomes (our combinations of X and Y) Intersex patients may have different combinations of these, affecting the sexual organs. They might be assigned a gender at birth based on their genitals, but may identify differently later in life.

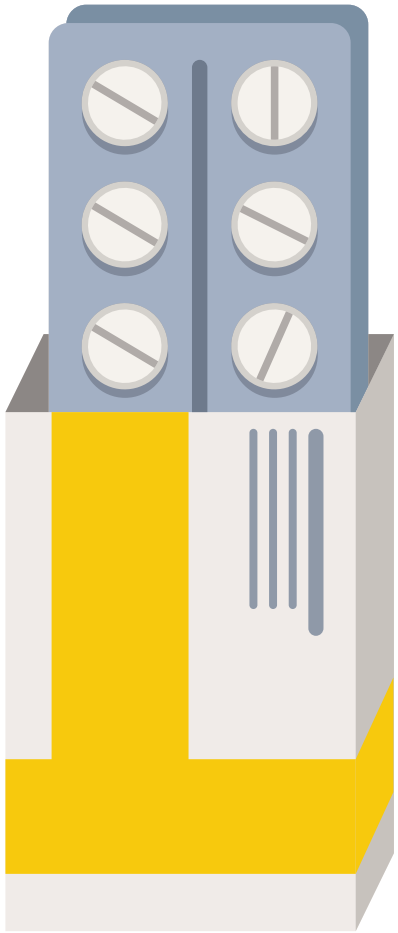
Gender - this is how you feel you fit into the gender spectrum based on what society says men/women should be.

Sexual Orientation - this is who you are attracted to. Your gender does not affect this.

Gender does not determine sexual orientation!



Transgender and Non-Binary Patients



As we mentioned in terminology, your patients are all different (just like we have different noses, eyes and clothing).

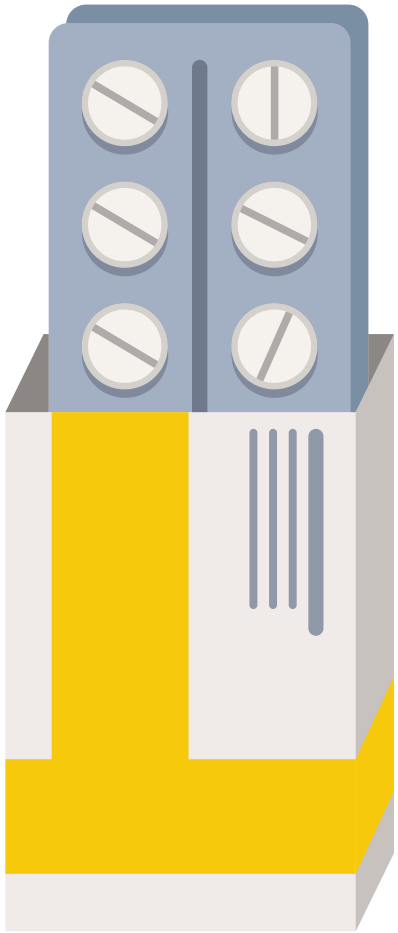
Some transgender and non-binary patients will have had hormone replacement, some won't.

Some will have had their breast tissue removed or surgery to change their genitalia, some won't.

Some may still wear jewellery as a trans man, some will wear a tie.

Unless it's important to their treatment, don't ask what's under their clothes.

Transgender and Non-Binary Patients



Even if you still have a cervix, if you are a trans man marked as male in your medical record, you are not automatically called in for cervical screening. This is now a manual task to call in these patients.

Feminising hormone therapy may increase risk of breast cancer for trans women (compared with cisgender men); most cases were of ductal origin and oestrogen and progesterone receptor positive.The cases in trans men were lower than expected compared with cisgender women. (De Blok et al.2019).

Masculining hormone therapy has not been shown at present to increase cancer risk.

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How to approach your patient

Use Respectful Language: Ask politely what your patients preferred pronouns are if you are unsure. ‘May I ask what you prefer to be called?’ ‘May I ask your preferred pronouns?’

Consider gendered language: If a patient has gender dysphoria (issues regarding how they view their body vs. their gender), use neutral terms like ‘chest’ instead of ‘breast’, ‘genitals’ instead of ‘penis’ or ‘vagina’. You could also ask them how they refer to these parts.

Use their preferred name: Much like Robert might preferred to be called Bob, your patient will have a name that feels most like them. It’s not impolite to ask.

Made a mistake?: You’ve called your patient by an old name or wrong pronoun. Apologise, correct yourself and continue with the conversation.

Be mindful: Some of a patient’s treatment might change their body in a way that doesn’t align with their gender image. You may wish to discuss this with the patient prior to starting treatment.

Information produced by: The Clatterbridge Cancer Centre NHS Foundation Trust

Further Scientific Reading

- De Blok, C.J.M., Dreijerink, K.M.A., den Heijer, M. 'Cancer Risk in Trangender People' (2019)
- Burton, H., Pilkington, P., Bridge, P. 'Evaluating the perceptions of the transgender and non-binary communities of pelvicradiotherapy side effect information booklets (2020)
- Cancer risk in the transgender community
- Jackson et al. 'Cancer State, Treatment, and Survival Among Transgender Patients in the United States (2021)
- De Blok et al. 'Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in theNetherlands' (2019),BMJ (365).