Preventative Care for Gender Diverse Patients

General Principles for Cancer Screening

- Approach cancer screening as you would for cisgender patients. If they have it, screen it!
- Hormone therapy does not eliminate the potential for malignancy of the patient's natal sex organs.
- Current evidence suggests no increased risk of cancer with hormone therapy.
- Maintain a gender-affirming approach, including using chosen terms (names, pronouns, body parts). If you are uncertain, consider using gender neutral language. Some example language is included in the table below.

Non-Gendered Language	
Use This:	**Instead of This:**
Genitals	Vulva, vagina, penis, testicles
External area, external pelvic area, outside	Vulva, penis, testicles
Frontal canal, internal canal, inside	Vagina
Internal organs, organs you retain	Uterus, ovaries, cervix
Chest	Breasts
Bleeding	Period, menstruation

Can be helpful to take an "organ inventory" approach. Take into account what surgeries the patient has or has not had and then use the table below to decide what screening is indicated. When talking with gender diverse patients about routine cancer screening, remember that this topic can be sensitive and can trigger feelings of dysphoria for some. Ask permission before starting the conversation. "A part of my job as your primary care doctor is to screen for common cancers. That was on my agenda to talk about today. However, for some patients, this is hard and can trigger feelings of gender dysphoria, which I take very seriously. Therefore, I want to check in with you before I talk about this. Is it alright if we address this topic today." If the patient is okay with talking about this, ask them if there is terminology they prefer that you to use.

Cancer Screening "If you have it, screen it"		
Screening Test	**Transfeminine patients and AMAB (Assigned Male at Birth)**	**Transmasculine patients and AFAB (Assigned Female at Birth)**
Chest / Breast Cancer	If 5+ years of estradiol, follow guidelines for cisgender women. Screen with mammogram. Discuss that there is a higher likelihood for a false positive screen.	No top surgery: follow guidelines for cisgender women, regardless of testosterone use Top surgery: no reliable evidence. Risk significantly reduced by not zero. Can offer physical exam and chest ultrasound.
Pelvic / Cervical Cancer		If cervix intact, follow ASCCP guidelines for cisgender women. Testosterone therapy may cause an unsatisfactory pap. Always make a note in your order that the patient is on testosterone so that the pathologist is aware.
Ovarian/endometrial cancer		Screening not recommended.
Prostate	Use guidelines for cisgender men. Consider reducing the upper limit of PSA to 1.0	

OTHER PREVENTITIVE CARE

Screening Test	Transfeminine patients and AMAB (Assigned Male at Birth)	Transmasculine patients and AFAB (Assigned Female at Birth)
Osteoporosis	Begin at age 65 If s/p gonadectomy & 5 years without GAHT, consider testing regardless of age	Begin at age 65
CV disease	ASCVD risk estimator using female designation or take average of male/female	ASCVD risk estimator using male designation or take average of male/female
Colon cancer Immunizations DM	Same as for general population	Same as for general population
STI and HIV screenings	Same as for general population AND good sexual history	Same as for general population AND good sexual history