Health Screenings for LGBTQ Patients

Katie Imborek, MD
Department of Family Medicine
Co-Director UI LGBTQ Clinic
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Disclosures

“Within the past twelve months, I have not had any financial relationships with the manufacturers of health care products.”

“I WILL discuss pharmaceuticals, medical procedures, or devices that are investigational or unapproved for use by the FDA.”

- Medications and surgeries used to treat gender dysphoria
- Treatment of anal dysplasia
Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Clinic

The University of Iowa Human Rights Policy states that in no aspect of its programs shall there be differences in the treatment of persons because of race, creed, color, national origin, age, sex, disability, sexual orientation, gender identity, or any other classification that deprives the person of consideration as an individual.

UI Health Care's LGBTQ Clinic serves the lesbian, gay, bisexual, transgender, queer, and questioning community. Every member of our clinic staff has had LGBTQ-specific cultural humility training. This training through the Safe Zone Project is to make sure our clinic setting is welcoming and
# Care Team

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<thead>
<tr>
<th>Physician, Family Medicine</th>
<th>Physician, Surgery</th>
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<tr>
<td><strong>Katherine L. Imborek, MD</strong></td>
<td><strong>W. Thomas Lawrence, MD, MPH</strong></td>
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<tr>
<td>Family Medicine Physician</td>
<td>Plastic And Reconstructive Surgeon</td>
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<th>Physician, Internal Medicine</th>
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<td><strong>Nicole Nisly, MD</strong></td>
<td><strong>Brad A. Erickson, MD</strong></td>
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<td>General Internist</td>
<td>Urologist</td>
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<td><strong>Katie Larson Ode, MD</strong></td>
<td><strong>Susan Kaliszewski, PA-C</strong></td>
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<td>Endocrinologist</td>
<td>Physician Assistant</td>
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<td><strong>Peter T. Daniolos, MD</strong></td>
<td><strong>Michelle Miller, PharmD</strong></td>
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<td>Psychiatrist</td>
<td>Pharmacist</td>
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Objectives

- Understand CDC screening guidelines for this population
- Analyze the importance of screening for anal cancer and possibly anal dysplasia
- Learn specific risks related to WSW sexual health
- Summarize screening guidelines for trans* identified people
- Recognize health disparities to target screening and direct health promotion counseling
LGBTQ Language: Sex

- **Sex (Assigned at birth)**
  - Based on appearance of physical anatomy
  - Chromosomes, reproductive organs and their functions

- **Male**
- **Female**
- **Intersex**
LGBTQ Language: Gender

- **Gender Expression**
  - Clothing, mannerisms, voice

- **Gender Norms**
  - Social and cultural expectation of expression

- **Gender Identity**
  - Personal sense as a gendered being

- **Cisgender**
  - Man
  - Woman

- **Transgender**
  - Transman
  - Transwoman
  - Non-binary
Trans*

- Incongruity between sex assigned at birth and gender identity

- **Transman**: Female To Male

- **Transwoman**: Male To Female

**Transition**
- Process of moving from one gender to another
- May no longer identify as trans* after transitioning to affirmed gender
- “Pre-op” and “post-op” are outdated and should be avoided

Artwork by Dave Frisina
Non-Binary

- Third gender
- Genderqueer
- Gender fluid

**Pronouns:**
- She, her, hers
- He, him, his
- They, them, theirs
- Ze, hir, hirs
- Ne, nem, nirs
LGBTQ Language: Sexuality

- **Identity/Orientation**
  - Heterosexual
  - Homosexual
  - Bisexual
  - Lesbian
  - Gay
  - Pansexual
  - Asexual
  - Queer
  - Questioning

- **Behavior**
  - MSM
  - WSW
  - WSWM
  - Trans* patient
    - Detailed history
  - Trans* partner(s)
    - Sex assigned at birth
Sexual Orientation & Gender Identity

- Sexual Orientation
- Gender Identity
Sexual Orientation

Identity

Desire

Behavior
# LGBTQ Terminology

## Terms to Avoid

- +/- Queer
- +/- Homosexual
- Hermaphrodite
- Transvestite
- Transgendered
- +/- Transsexual
- Real Man, Real Woman
- MTF, FTM
- Pre-Op, Post-Op
- Sexual Reassignment Surgery

## Terms to Use

- Gay
- Lesbian
- Intersex
- Cross Dresser
- Trans*/Transgender
- Gender Non-Conforming
- Non-binary
- Cisman, ciswoman
- Transwoman, Transman
- Gender Affirming Surgery
Taking a comprehensive history

- Use inclusive, gender-neutral language
- Avoid assumptions
- Avoid using identity or labeling terms
- Be welcoming and affirming
- Show respect and empathy
Taking a sexual history

- **Behavior**
  - Have you been involved with anyone during the past year including oral, vaginal, anal sex or other kinds of sexual practices?
  - Have you ever been sexually active with men, women, or both?
  - How many sexual partners have you had in the past year?
  - Do you have any sexual partners besides your spouse? Does your spouse have any partners besides you?

- **Identity**
  - Do you have a specific term or label that you use to describe your sexual identity or orientation?

- **Desire**
  - Do you desire to be involved sexually with men, women, or both?
MSM CDC Screening Recommendations

- Annually
  - HIV
  - Syphilis
  - Gonorrhea
    - Urethral (urine), rectal, pharyngeal
  - Chlamydia*
    - Urethral (urine), rectal

- Increase screening intervals to 3-6 months if:
  - Multiple partners
  - Anonymous partners
  - Illicit drug use (methamphetamines, poppers, etc)

MSM CDC Screening Recommendations

- Hepatitis A
- Hepatitis B
- Hepatitis C
  - If history of drug use
- Anal Cancer
HIV Negative MSM and Anal Cancer

- Rates of anal HPV is 60% (compared to 36% in heterosexual men)
- 20x more likely than heterosexual men to be diagnosed with anal cancer
- Increasing age does not decrease rates of anal HPV

Rates of Anal vs Cervical Cancer


HIV Positive MSM and Anal Cancer

- Rates of anal HPV is 90%
- 40x more likely than heterosexual men to be diagnosed with anal cancer
- Anti-retroviral therapy does not seem to decrease rates of anal cancer
“Guidelines” for Screening for Anal Dysplasia/Cancer in MSM

- No national or international guidelines

- Screen for dysplasia with anal pap test
  - HIV negative with risk factors:
    - MSM > age of 40
    - Perianal condyloma
    - Every 2-3 years
  - HIV positive
    - Annually

- Screen for anal cancer annually with DRE

Anal Pap Preparation and Materials

- Cytology obtained prior to using lubrication
- No receptive anal intercourse or enema treatment within 24 hours of sampling
- Dacron (synthetic) Swab
- Thin Prep pap smear medium
- Patient side-lying

The anal canal is approximately 4 cm long from the anal verge (margin) to the transitional zone.
Abnormal Anal Pap

- Results analogous to cervical pap smear
  - If ASCUS or LSIL or more
    - Refer for High Resolution Anoscopy with biopsy
      - Soon will be available at UIHC GI Clinic
    - Refer to UIHC Colorectal Surgery for surveillance with anoscopy and early treatment (resection/chemo/radiation) of cancer

- Treatment of AIN 2/3
  - Studies underway to determine effectiveness (non FDA approved)
    - Infra-red coagulation
    - 85% trichloracetic acid
    - Topical 1% cidofovir for peri-anal disease

Palefsky J.  The Path To Anal Cancer Prevention: Where We Are and Where We’re Going.  PRN Notebook 2011.
MSM Vaccination Recommendations

- HPV (ages 9-26)
  - 78% reduction in any grade anal intraepithelial neoplasia
  - CDC recommendations for males 11-21
    - MSM specific recommendation through age 26

- Hepatitis A
  - Can perform serology first

- Hepatitis B
  - Can perform serology first
WSW/WSWM Risk Assessment

- Do not presume low or no risk for STIs or pregnancy based on sexual orientation or current behavior
  - Up to 70% of WSW have had sex with men
  - May have higher rates of unprotected penile-vaginal or penile-anal intercourse
  - Bisexual women may have highest risk of STIs
WSW and STIs

- Increased Risk
  - Bacterial vaginosis
    - Even among monogamous WSW
  - HSV-1, HSV-2
    - Low rates of barriers during oral sex

- Average Risk
  - Cervical dysplasia
  - Genital condyloma

- Decreased Risk
  - Gonorrhea, Chlamydia

- Low Risk
  - Syphilis
  - HIV
Screening for Cancer in Lesbians

- Increased rates of breast and ovarian cancer
  - Increased rates of obesity, alcohol, smoking, decreased parity and breastfeeding, less likely to have used OCPs
  - Decreased utilization of cancer preventive services

- Identical guidelines as for heterosexual women
  - Breast: mammograms every 1-2 years starting at age 40-50
  - Ovarian: screening not recommended
  - Cervical: pap tests every 3 years starting at age 21, every five years at age 30
  - HPV vaccination ages 9-26

HealthyPeople.gov. Lesbian, gay, bisexual, and transgender health. www.healthypeople.gov/2020
Approach to Screening Transgender Persons

- Consider medications
  - Increased likelihood of chronic medical conditions

- Consider an Organ Inventory
  - Transition related surgical procedures
Transgender Men & Women on Hormone Therapy

- BP at each visit
- A1c or fasting glucose yearly
- Fasting lipids yearly
  - Calculate ASCVD score utilizing both male and female sex
- DXA at age 65 or FRAX score of >9.3%
  - Calculate score utilizing both male and female sex
  - DXA at any age if >5 years without exogenous hormone use and prior gonadectomy
Transgender Women

- Breast Cancer screening with mammography
  - Over the age of 50 with additional risk factors:
    - Estrogen/progestin use >5 years OR
    - Positive family history OR
    - BMI > 35

- Prostate cancer screening
  - PSA test is usually falsely low with androgen blockade
    - May multiply PSA x 1.5-2 and interpret with caution
    - Consider in high risk patients
  - Perform a DRE to evaluate the prostate in all transwomen

- Pap smears in neovaginas are not indicated


https://www.mayoclinic.org/tests-procedures/feminizing-surgery/about/pac-20385102
Transgender Men

- **Breast cancer screening**
  - Prior male chest reconstruction
    - Annual chest wall/axillary exam
    - Mammograms not indicated
  - Breast reduction only or no history of top surgery
    - Clinical breast exams and mammograms per usual guidelines

Transgender Men

- **Cervical Cancer screening**
  - As per guidelines for assigned sex at birth females
  - Inform pathologist of current or prior testosterone use

- **Endometrial Cancer evaluation**
  - Spontaneous vaginal bleeding with identifiable cause evaluated as for post-menopausal bleeding
  - Consider hysterectomy if >40 years

- **Ovarian Cancer screening**
  - Not indicated
  - No suggestion of increased risk
Prevention Pearls

- Health disparities
  - Depression/anxiety/suicide
    - Youth and transgender persons with highest rates
  - HIV/STI
    - MSM and transgender women of color most affected
  - Obesity
    - Lesbian and bisexual females
  - Tobacco, alcohol, substance use
  - Victimization
    - Trans* persons
  - Lack of social support/increased isolation
    - Elderly LGBTQ persons

HealthyPeople.gov. Lesbian, gay, bisexual, and transgender health. www.healthypeople.gov/2020
Prevention Pearls

- Lesbian and Bisexual Women
  - Diet, exercise, healthy weight
  - Tobacco and alcohol use
  - Preventive services for cancer screening
  - STI, contraception, pre-conception counseling

- Gay and Bisexual Men
  - STI risk assessment and safer sex counseling
  - Mental health
  - Tobacco, alcohol, substance use
  - Anal cancer or anal dysplasia screening
Prevention Pearls

- Trans* persons
  - Mental health and suicide
  - STI/HIV risk assessment
  - Victimization and IPV

- LGBTQ Youth
  - Bullying
  - Safety of home and school environment
  - Reliable housing

- LGBTQ Elderly
  - Support system
  - Long-term care facilities
  - DPOA/Living Will
Take Home Points

- Remember the importance of language: when talking to the patient, about them and when documenting.
- MSM likely get three swabs for STI testing.
- WSW are still at risk and need cancer screening.
- For trans* patients: if they still “got it” then considering screening for it.
Questions???

Our LGBTQ medical services include:

- Chronic disease management, including anxiety and depression
- Contraceptive management
- Gynecological services, including breast and pelvic exams, menopause care, and obstetric care
- HIV testing and prevention
- Hormone therapy
- Immunizations
- Post-surgical care for those who have undergone gender affirming surgery
- Routine physical exams and wellness
- Same-day urgent care visits
- Sexually transmitted infection (STI) testing and treatment

Iowa River Landing
105 East 9th Street
Coralville, IA 52241

- LGBTQ Clinic
  Level 4
  Office Hours:
  Tuesdays, 5 p.m. to 8 p.m. Patients may be seen outside of the hours of the LGBTQ clinic operations during routine clinics hours, if desired.