



NATIONAL LGBT HEALTH
EDUCATION CENTER

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

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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:

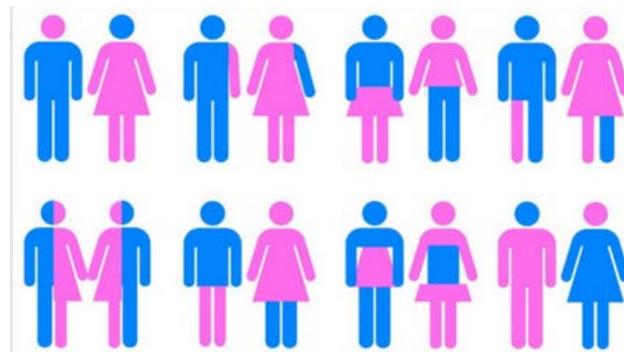
1. Identify risk factors and prevention strategies for cervical cancer
2. Identify barriers to achieving optimal prevention/screening rates
3. Identify strategies that providers can use to address these systems, interpersonal, and technical barriers, including specific techniques for adjusting the Pap 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





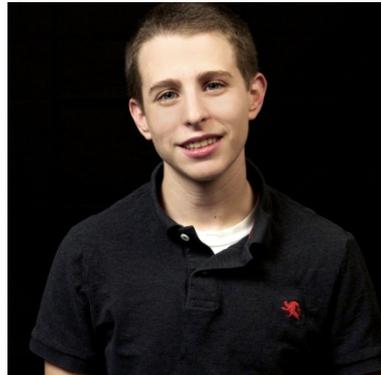
Terminology: Transgender

- 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

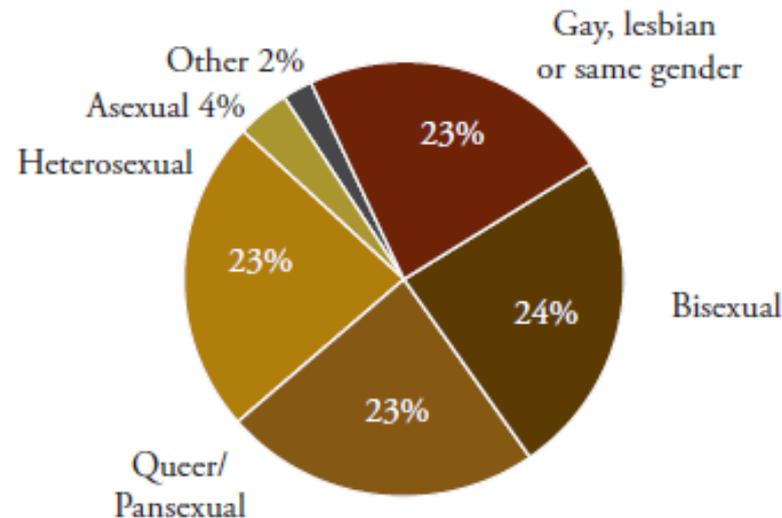
TABLE 1A: EFFECTS AND EXPECTED TIME COURSE OF MASCULINIZING HORMONES ^a

Effect	Expected onset ^a	Expected maximum effect ^a
Skin oiliness/acne	1–6 months	1–2 years
Facial/body hair growth	3–6 months	3–5 years
Scalp hair loss	>12 months ^c	Variable
Increased muscle mass/strength	6–12 months	2–5 years ^d
Body fat redistribution	3–6 months	2–5 years
Cessation of menses	2–6 months	n/a
Clitoral enlargement	3–6 months	1–2 years
Vaginal atrophy	3–6 months	1–2 years
Deepened voice	3–12 months	1–2 years

World Professional Association for Transgender Health (WPATH). (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Version 7. http://admin.associationonline.com/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf

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

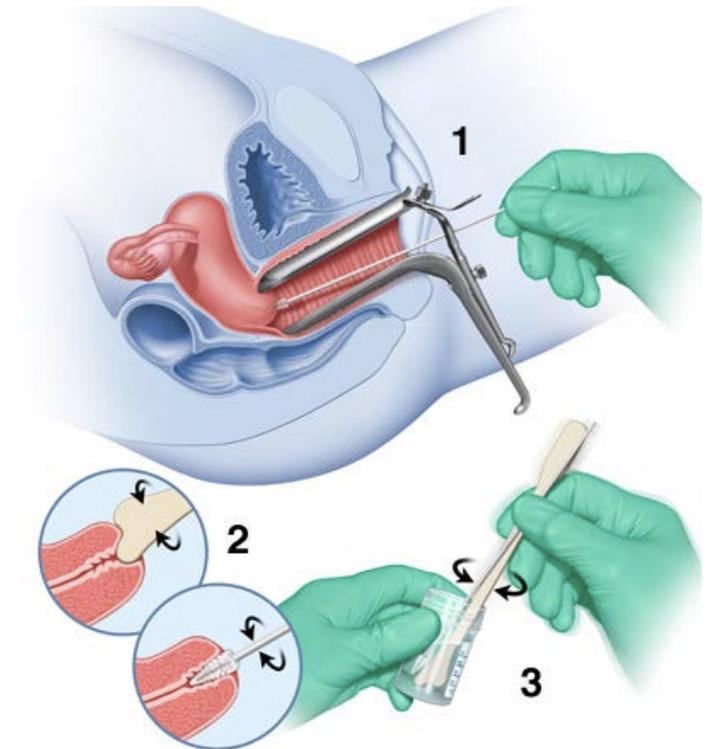
- HPV risk increases with:
 - Number of lifetime sexual partners
 - Immunocompromised individuals – e.g. HIV co-infection
 - Co-infection of other sexually transmitted agents
- Risk factors for cervical cancer:
 - Younger age at sexual debut
 - Younger age at first pregnancy
 - Higher parity
 - History of cigarette smoking
 - Long-term use of oral contraceptives
 - Infrequent, inadequate, or no prior Pap testing

Vesco et al. (2011) Risk Factors and Other Epidemiologic Considerations for Cervical Cancer Screening: A Narrative Review for the U.S. Preventive Services Task Force. *Ann Intern Med*, 155, 698-705.

Schiffman et al. (2011) Human Papillomavirus Testing in the Prevention of Cervical Cancer. *J Natl Cancer Inst*, 103(5), 368-383.

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>

Downs et al (2010) Overcoming the barriers to HPV vaccination in high-risk populations in the US. *Gynecologic Oncology*, 117, 486-490.

ACOG (2011) Health Care for Transgender Individuals.
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.

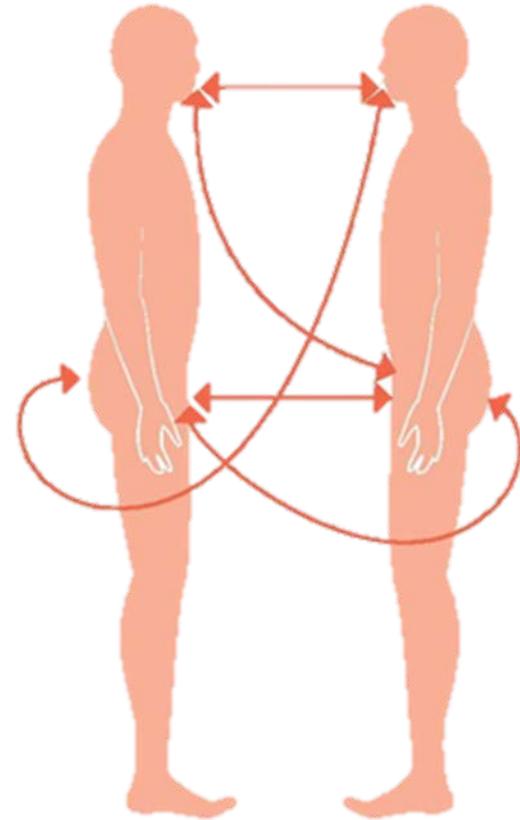
Most people on the FTM spectrum do not have sex with non-transgender men and/or do not engage in penis-in-vagina (PIV) sex.

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”



Marrazzo et al (2000) Genital human papillomavirus infection in women who have sex with women: A review. *Am J Obstet Gynecol*,183,770-4.

Anderson et al (2014) A study of human papillomavirus on vaginally inserted sex toys, before and after cleaning, among women who have sex with women and men *Sex Transm Infect*, 0, 1–3.

Moscicki et al (2012) Updating the Natural History of Human Papillomavirus and Anogenital Cancers. *Vaccine*, 30(5), F24-F33.

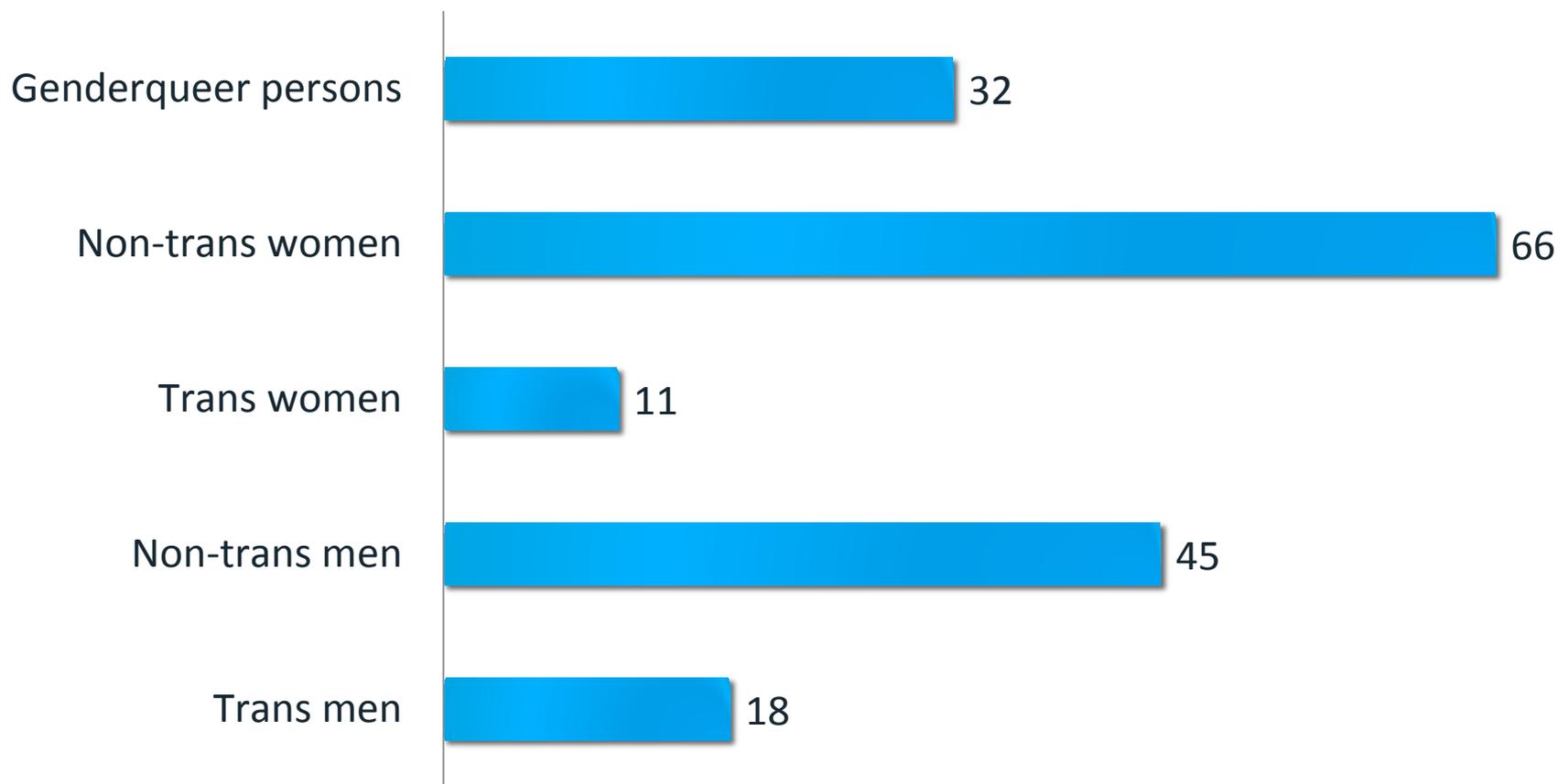


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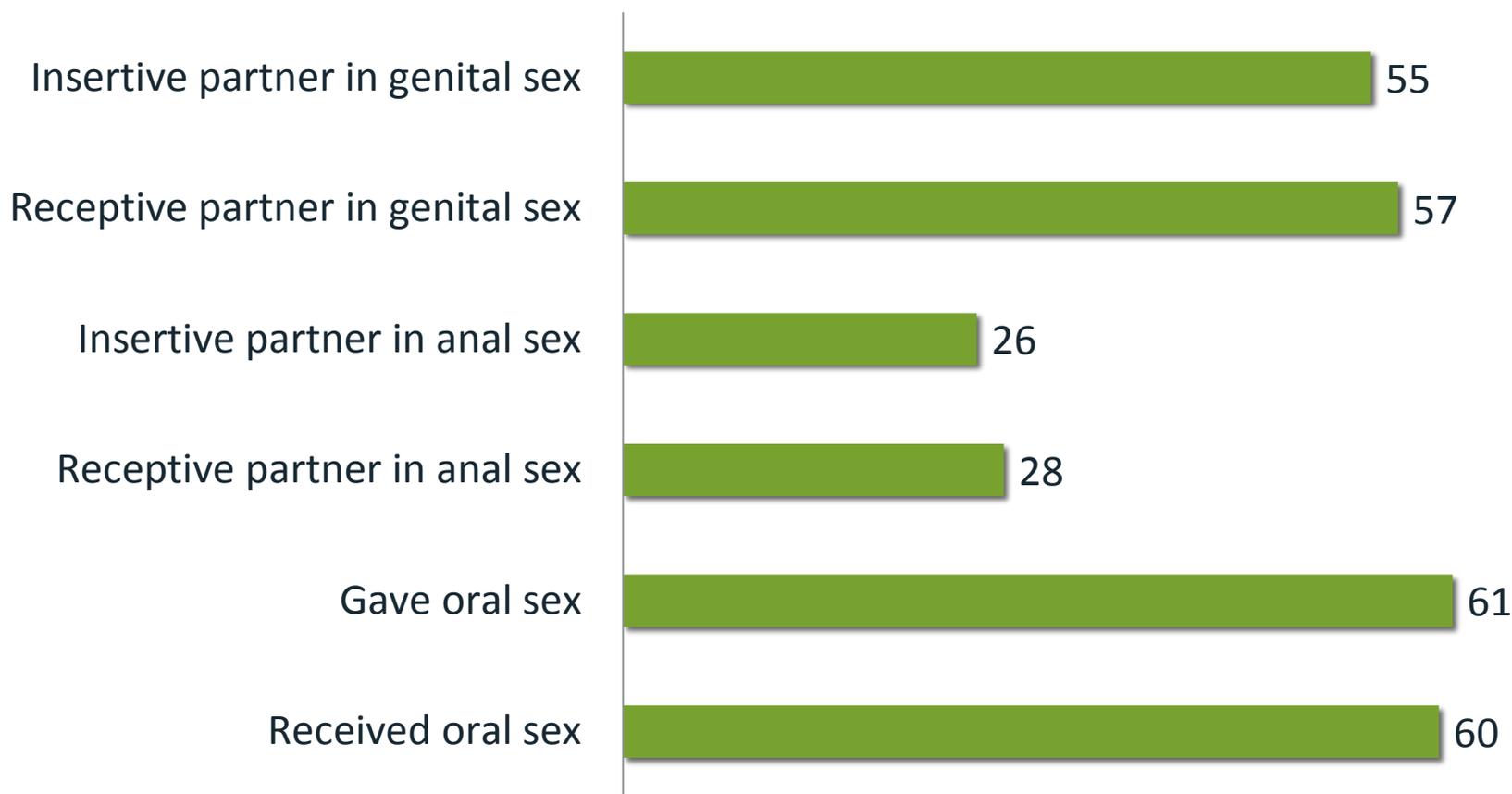
Challenging Assumptions: Sexual Partners of People on the FTM Spectrum

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



Challenging Assumptions: Sexual Behaviors of People on the FTM Spectrum

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





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

Peitzmeier et al. (2014) Female-to-Male Patients Have High Prevalence of Unsatisfactory Paps Compared to Non-Transgender Females: Implications for Cervical Cancer Screening. *J Gen Intern Med*, 29(50),778–84.

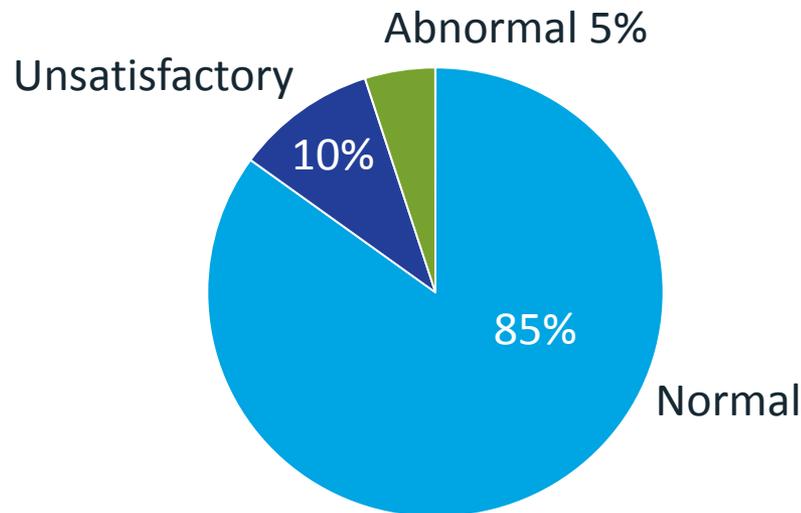
Peitzmeier et al (Forthcoming) Pap Test Use Lower among Female-to-Male Patients than Non-Transgender Women.

Am J Prev Med



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:



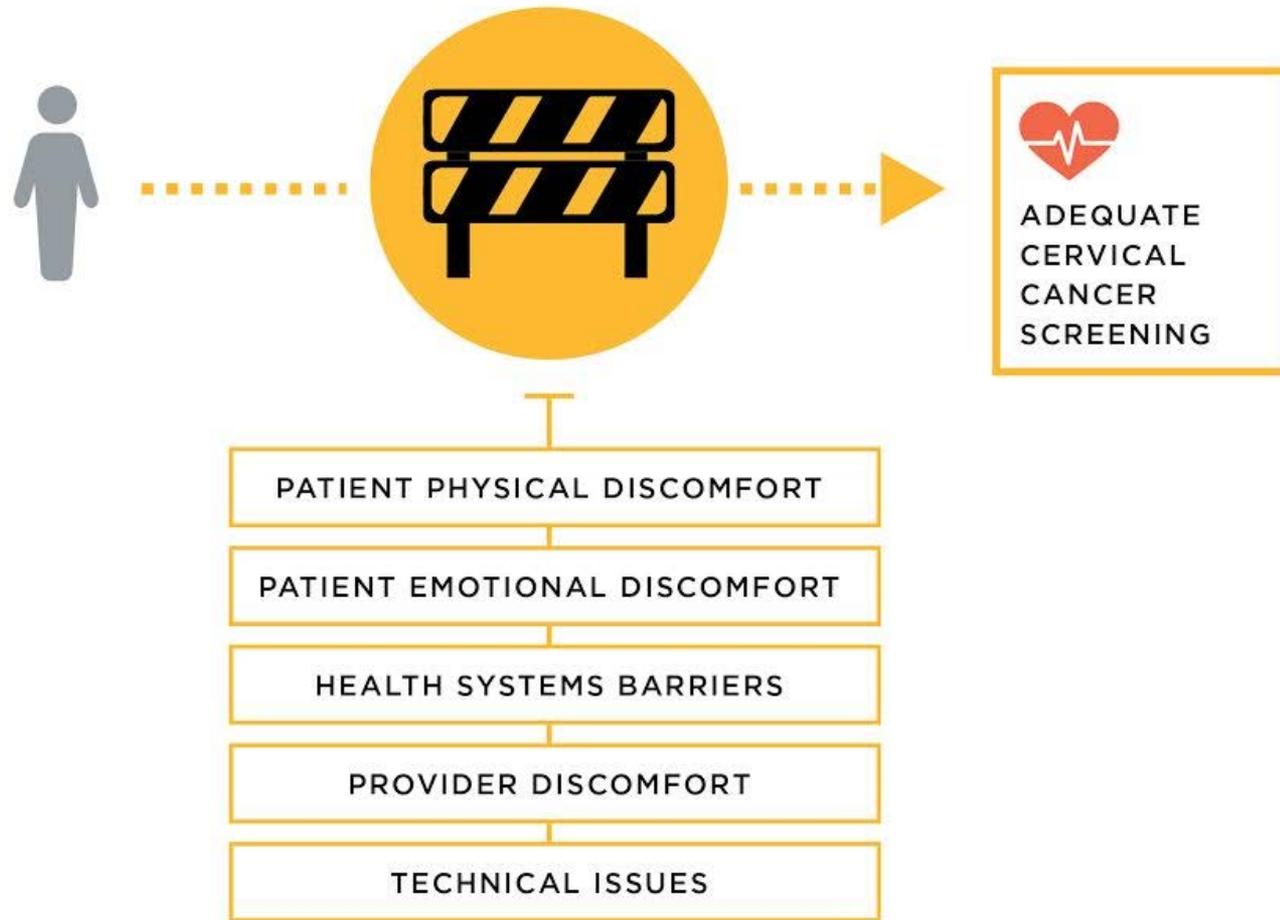
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Approaches to Screening: Understanding Major Barriers





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...



GENDERED

LESS GENDERED

LEAST GENDERED

Vagina

Genital Opening, Frontal Pelvic Opening, internal Canal

Uterus, Ovaries

Reproductive organs

Internal Organs

Pap Smear

Pap Test

Cancer Screening

Cervical Cancer

Cancer, HPV

Bra/Panties

Underwear

Pads/tampons (e.g. for bleeding after a colpo or a Pap in the context of fragile tissue)

Suggest using Depends or any absorbent product that works for them

Period, Menstruation

Bleeding

Breasts

Chest

Vulva

External Pelvic Area





**NEGATIVE
CONNOTATION**
(VIOLENT OR SEXUAL)



**NEUTRAL/POSITIVE
CONNOTATION**

Blades of Speculum

To describe sensation of sample collection or speculum insertion:

- Poke
- Prick
- “I’m going to come into you now”

- Acceptable - “Bills of speculum”
- Preferred - “Opening the speculum” without specifying

- “I’m going to insert the speculum now”
- “You may feel a little pressure”

Stirrups

Open your legs

Avoid unnecessary touching of the patient

- e.g. Asking the patient to scoot down on the table until their bottom touches your hand

Footrests

Let your legs drop to either side

Ask patient to move all the way down to the end of the table





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

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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?

Patient Charts > Patient Banner

Use Standard Banner

Banner Template



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

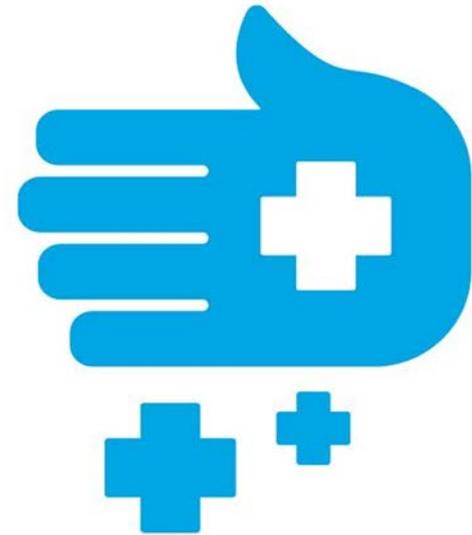
- May paradoxically contribute to the potential of the exam to re-traumatize the patient by:
 - Reducing sense of control during/after the exam
 - Increasing the likelihood of dissociation during/after the exam
 - Interfering with the memory of what actually transpires during the exam
- Recommendations: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



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MLN Matters (2009) Instructions Regarding Processing Claims Rejected for Gender Procedure Conflict. <http://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/downloads/JA6638.pdf>



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



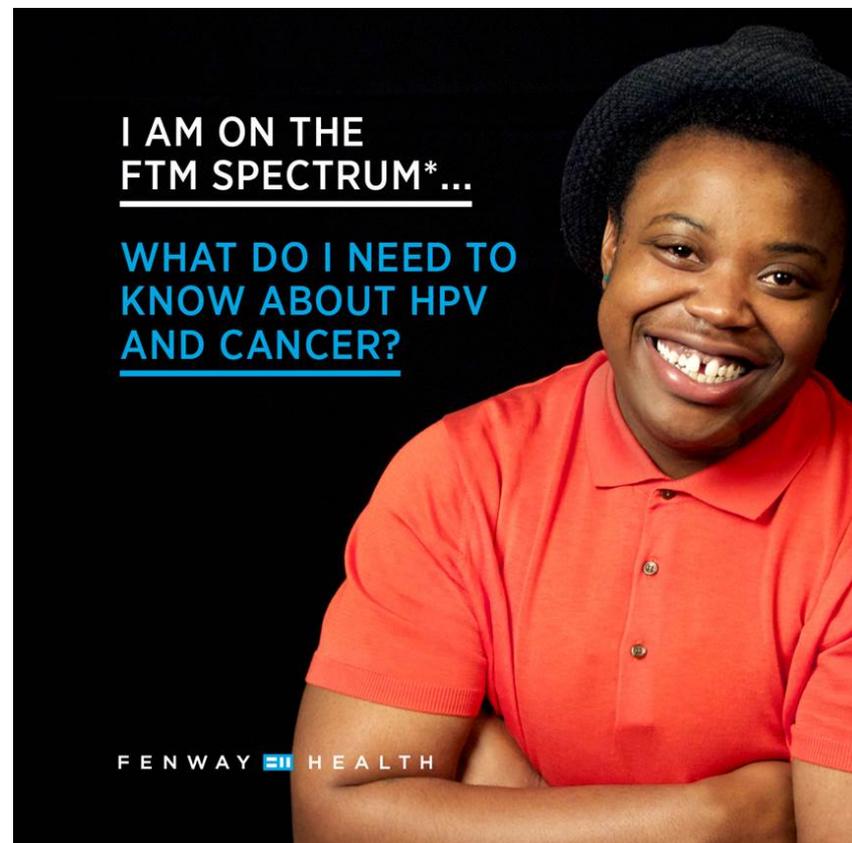
Resources

- National LGBT Health Education Center On-Demand Webinars
 - <http://www.lgbthealtheducation.org/training/on-demand-webinars/>
- 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
 - Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care:
<http://transhealth.ucsf.edu/trans?page=protocol-00-00>
 - Endocrine Society's Clinical Guidelines: Treatment of Transsexual Persons: <http://www.endo-society.org/guidelines/final/upload/endocrine-treatment-of-transsexual-persons.pdf>



Resources

- Patient Health Education Materials
 - I am on the FTM Spectrum...What Do I Need to Know About HPV and Cancer?
www.fenwayhealth.org/CancerScreening
 - Sexual Health for Transgender & Gender Non-conforming People
<http://www.genderdynamix.org.za/wp-content/uploads/2013/05/GDX-Safer-Sex-Bklt-Eng.pdf>



Special Thanks to...

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

Questions?

