Basic Screening Guidelines

- **People assigned female at birth** beginning at age 40 start annual breast cancer screening with mammograms (x-rays of the breast).
- **People assigned male at birth** should monitor their chests for any unusual signs or symptoms and get screened if any concerning symptoms appear.
- Family history, a genetic tendency, or other risk factors may lead to starting mammograms earlier or getting screened more frequently for all sexes.

Screening Guidelines for the Transgender Community

- **Transgender women** over the age of 50 who have been using feminizing hormones for five years or more should get a mammogram annually. If a transgender woman has a family history of breast cancer, mammograms may be recommended before age 50.
- **Transgender men** taking testosterone may be at increased risk of breast cancer. Excess testosterone in the body can be converted to estrogen increasing the risk of breast cancer. Even after chest reconstructive surgery some breast tissue will remain. The remaining tissue is still susceptible to breast cancer.

  Among many other barriers to receiving health care, transgender men may feel disconnected from their chest, or assume chest reconstructive surgery protects them, and therefore do not see a health care provider for clinical chest exams.
  - Transgender men who have had chest reconstructive surgery should still receive annual chest wall and axillary exams beginning at age 50.
  - Transgender men who have had a chest reduction may still be recommended to have annual mammograms beginning at age 50.
  - Transgender men who have not had chest reconstructive surgery should follow the same guidelines as cisgender women.

  If a transgender man has a family history of breast cancer, additional screenings may be necessary.

PBH works to decrease breast cancer deaths by increasing mammogram rates through education, access and advocacy. PBH provides mammograms and other breast cancer screenings at no cost to uninsured residents of the Texas Panhandle. To learn more, visit our website at https://www.panhandlebreasthealth.org/

Panhandle Breast Health follows the American Cancer Society (ACS) guidelines for breast cancer prevention. This booklet includes information from the ACS "Cancer Facts & Figures 2024 - Special Section: Cancer in People Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer, or Gender-nonconforming" - **https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2024-cancer-facts-figures.html

Cultural Competence in LGBTQ+ Care

Introduction to Care

The LGBTQ community encompasses a broad cross-cultural range of community members. It includes all races, ethnic and religious backgrounds, and socioeconomic status. The healthcare needs of the LGBTQ community should be considered to provide the best care and avoid inequalities of care. PBH offers this guide to becoming more LGBTQ+ friendly.

The following information is a brief overview of concepts and terminology that are common in the LGBTQ+ Community. However, you should always use the language people use for themselves. It's okay to ask. Language is dynamic and terms are always shifting. It is a good idea to gather how an individual identities in terms of gender identity, sexual orientation and pronouns on their patient intake forms.

Creating a Practice That Welcomes the LGBTQ Community

You can enable your staff convey LGBTQ-welcoming behavior by:

- Educating staff and providers to be comfortable discussing sexual orientation, gender orientation, and sexual practices.
- Prioritizing consistent mandatory training, preferably led by external trainers.
- Training your staff to recognize that they are the first impression your LGBTQ patients will have of your practice. They can make a better impression by:
  - Using terms like "partner" or "significant other" (verbally and on intake forms).
  - Asking questions and avoiding making assumptions about gender identity or sexual orientation.
  - Using appropriate language - mirroring a person's language.
  - Respecting identities and pronouns. If necessary, remind staff that discrimination is illegal and morally unacceptable.

Health issues can be confusing and uncomfortable for those not familiar with the LGBTQ community. This must be addressed in trainings, NOT with patients.

- Gather information about sex, gender identify, pronouns and language on intake forms as it is an easy, immediate, and confidential way to show those in the LGBTQ community that your clinic is a safe space.
- Learn about navigating pharmacy and insurance systems to ensure appropriate coverage of care and medications, particularly for transgender patients. If you are unsure, know who to contact with questions.
- Health care institutions and offices should convey a zero-tolerance environment for any discriminatory behavior on the part of the staff.

**PBH thanks the Prevent Cancer Foundation for funding this publication.
To learn more about their programs, visit https://www.preventcancer.org.**

- **Lifestyle** – people in the LGBTQ+ community live very diverse lives. Therefore, it is not appropriate to describe an LGBTQ+ person and their life with the diminutive term lifestyle.

- **Dyke, Butch** – slurs for queer women or women that have more masculine gender expressions. It should be avoided.

- **Deviant/Perverted/Dysfunctional** or similar descriptors portray LGBTQ+ people as less than human, mentally ill, or broken in some way. These should be avoided.

- **Sexual preference** – use orientation rather than preference, as preference implies a choice.

- **Sodomite** – an slur for people in the LGBTQ+ community. It should never be used.

- **Special Rights or Gay Agenda** – LGBT people are motivated by the same hopes, concerns, and desires as anyone. They seek to be safe in their communities, and be seen as equal to others. Use terms such as equal rights or other accurate descriptions of the issues motivating the LGBTQ+ community.

- **TERF** (Trans-Exclusionary Radical Feminist) - a person who claims to believe in and support feminist ideology while also believing that transgender people are a threat to women and women's rights. TERFs deny the validity of transgender identities and can engage in harmful practices to the trans community under the guise of feminism.

- **Transgenders, a transgender, transgendered** – transgender is an adjective and it should be used as such. The correct version would be a transgender man, woman, or person.

- **Tranny, he-she, she-male** – slurs for transgender people that should never be used.

LGBTQ Patients

LGBTQ has two distinct features: gender identity and sexual orientation. Therefore, when obtaining a history, providers should ask about gender identity and sexual orientation and gender identity to better understand patients' health risks.

When evaluating a patient, use non-gendered words and assess how they describe the person they are in a relationship with. Listen to how the patient describes the relationship. For example, a transgender couple may prefer to be described as a same-gender couple and not a straight couple. Likewise, people in a relationship with nonbinary genders may prefer the term partner.

Providers should not assume gender or sexuality. While sex may be documented, it is essential to be culturally sensitive and use the name they wish to be called.

Privacy and Confidentiality

Some members of the LGBTQ community may not make their gender or sexual orientation public. Further, they may not be used to discussing their relationships with others. The health provider must assure the patient that their communication and medical records, including tests and results, are confidential.

HIPAA Privacy Rule respects the patient's wishes on privacy matters. Therefore, hospitals and providers may only disclose a patient's PHI to a family member, relative, close friend, or any other person the patient identifies.

The Patient Protection and Affordable Care Act prohibits sex discrimination in any institution that receives federal funds and prohibits discrimination based on gender identity. It requires that all gender identities be treated equally, prohibits the denial of health coverage based on gender identity, pregnancy, and sex stereotyping, and requires individuals to be treated consistent with their gender identity.

**Learn more about PBH:
https://www.panhandlebreasthealth.org/
(806) 331-4710 / pbhadmin@pbh-ama.org**

Sexual Orientation

- **Androsexual/Androphilic** (*adj.*) – A person who is primarily sexually, aesthetically, and/or romantically attracted to masculinity.
- **Aromantic** (*adj.*) – a person who experiences little or no romantic attraction to others. This does not include sexual attraction.
- **Asexual** (*adj.*) - experiences little or no sexual attraction to others. This does not include romantic attraction. Asexuality also does not immediately imply the person is celibate.
- **Bisexual** (*adj.*) - a person who is emotionally and sexually attracted to people of their own gender as well as other genders.
- **Gay** (*adj.*) - describes a person who is emotionally and sexually attracted to people of their own gender. more commonly used to describe men.
- **Gynesexual/gynephilic** (*adj*) - a person who is primarily sexually, aesthetically, and/or romantically attracted to femininity.
- **Lesbian** (adj., noun) - describes a woman who is emotionally and sexually attracted to other women/non-men.
- **Pansexual** (adj.) - describes a person who is emotionally and sexually attracted to people of all gender identities.
- **Poly/Polyamorous** (adj.) – a person who is open to being in multiple relationships at one time or letting their partner be in multiple relationships at one time.
- **Queer** (adj.) - refers to lesbian, gay, bisexual, transgender, and queer/questioning individuals, sometimes considered derogatory.
- **Questioning** (adj.) – An adjective used by some people who are in the process of exploring their sexual orientation and/or gender identity.

Phobias

- **Biphobia** – a range of negative attitudes (e.g., fear, anger, intolerance, resentment, or discomfort) toward bisexual individuals. Biphobia can come from and be seen within the LGBTQ community as well as straight society.
- **Cissexism** - Prejudice or discrimination against transgender people.
- **Homophobia** – prejudice against the gay community.
- **Transphobia** – discrimination, harassment, and violence against individuals not following stereotypical gender identities. Transphobia can be seen within the queer community, as well as in general society.

Using Appropriate Language

Language is always evolving and what may offend one person may not offend another. However, some terms are more **defamatory/discriminative** than others and should generally be avoided.

- **Admitted/Avowed Homosexual** – terms implying that being attracted to the same sex is inherently secretive. The more appropriate term is out.
- **Cross-dresser** – an offensive term for transgender people and should be avoided. When referring to those who dress in drag, the term drag should be used, rather than cross-dresser.
- **Fag** – a slur for people in the LGBTQ+ community. It should never be used.
- **Hermaphrodite** - no longer an acceptable way of describing intersex individuals.
- **Homosexual** – it is best to avoid the use of the word and instead use a more appropriate descriptor such as gay, lesbian or simply LGBT.

The Little Things Matter

Health care institutions and offices need to broadcast their LGBTQ-welcoming policies and training to potential and current patients. These are a good start:

- Include LGBTQ measures and nondiscrimination protections on intake forms.
- Include questions about natal sex as well as gender identity.
- Ask what pronouns they prefer.
- Ask about confidentiality of their identities or relationships.
- Prominently display LGBTQ friendly items on website and in waiting room.
- Include a gender-neutral restroom.
- Partner with LGBTQ community-based organizations for public events.

Health care institutions and offices should ensure a patient's family-of-choice and health care proxies are designated and respected.

- Prominently display policies ensuring family-of-choice is respected during care. Families of choice are often more significant than blood relations.
- Train staff in the steps to comply with the early designation of health care proxy. Include designation for health care proxy materials in routine intake forms.
- Allow patient to designate important support team members as well as health care proxy on forms and/or patient records.

Collect evidence to see if LGBTQ patients feel safe coming out at your office and use evidence to build safety. Achieve this by:

- Asking about LGBTQ status on both patient/employee satisfaction surveys.
- Including LGBTQ people on advisory boards to provide feedback.
- Conducting an environmental scan of the facility to check how and when safety is conveyed to LGBTQ patients.

You may not always know who is a part of LGBTQ community. Many LGBTQ individuals will not feel comfortable identifying themselves until after they have seen proof that they are in a LGBTQ-friendly space.

Be an Ally

The three rules of being an ally:

- Be quiet and listen.
- Don't add your voice to the mix; amplify their voice.
- When you mess up, own it.

What if I make a mistake?

Acknowledge you messed up. Correct yourself.

- Apologize (but not excessively). Move on.
- Take steps not to make the same mistake again. When you know better, do better. It's not a question of if we'll mess up, it's a question of when.

Enhancing Healthcare Team Outcomes

Better patient outcomes will be achieved in the care of the LGBTQ community if providers learn the terms, understand healthcare risks, and maintain a wealth of knowledge in the care of these patients.

Basic Terms

- **Ally** (*adj.*) – a (typically straight and/or cisgender) person who supports and respects members of the LGBTQ community.

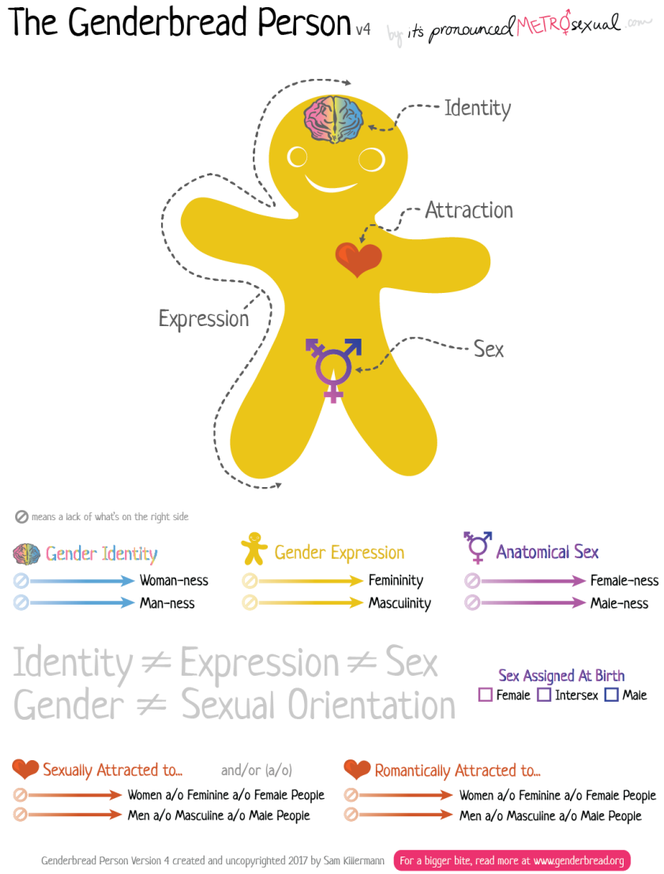
- **Assigned sex at birth** (*noun*) - the sex (male or female) assigned at birth, most often based on external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

- **Closeted** (*adj.*) – an individual who is not open about their (queer) sexuality or gender identity. This may be by choice and/or for other reasons such as fear for one's safety, peer or family rejection, and/or loss of housing, job, etc. Also known as being in the closet.

- **Coming out** (*verb*) – sharing gender identity publicly.
  - **Outing** (*verb*) - Telling others about a person's sexual orientation or gender identity without their approval. Regardless of intent, this should be avoided.

- **Drag** (noun, adj.) – a performance of exaggerated gender expression usually for entertainment purposes.

- **Deadname** (noun) – The birth name of someone who has adopted a new name as part of gender transition. The name they no longer go by (which may still be their legal name), is considered a deadname.
  - **Dead naming** (verb) – to call someone (typically a transgender person) by their birth name when they have changed their name. This is insensitive and should be avoided.



Thank you to It's Pronounced Metrosexual for The Genderbread Person graphic. https://www.itspronouncedmetrosexual.com/
Find more educational resources at https://thesafezoneproject.com/

- **Gender affirmation** (noun) - the process of changing to better align with one's identity. This term does not enforce a gender binary like the term transition does. Gender affirmation can be hormonal, surgical, social or any combination.
  - **Gender affirming care** (*noun*) - health care that specifically helps patients achieve balance between their gender identity and physical appearance. This is highly individualized to each person's desires and gender identity.
  - **Gender affirming surgery** (GAS)(noun) - surgeries used to modify one's body to be more representative of one's gender identity. This can include any type of surgical procedure that makes a person feel their physical body more accurately portrays their gender identity.

- **Gender expression** (noun) - individual appearance, behaviors, dress, mannerisms, speech patterns, and social behavior associated with femininity or masculinity.

- **Gender identity** (noun) - personal sense of gender that correlates with individually assigned sex at birth or can differ from it.

- **Sex Reassignment Surgery** (SRS) (noun) - used to discuss vaginoplasty or phalloplasty, but the term is avoided by some patients and providers because it references a binary sex/gender status.
  - **Top surgery** (noun) - colloquial way of describing gender affirming surgery on the chest.
  - **Bottom surgery** (noun) - colloquial way of describing gender affirming genital surgery.

- **Transition** (noun) - individual's psychological, medical, and social transition process from one gender to another.

This booklet contains information from the National Library of Medicine.
Learn more at https://www.ncbi.nlm.nih.gov

Gender Identities

- **Agender** (*adj.*) - describes a person who identifies as having no gender.

- **Cisgender** (*adj.*) - person whose identity and gender identity corresponds with their birth sex.

- **Gender fluid** (*adj.*) - a person whose gender identity is not fixed; may feel like a mix of the two traditional genders but may feel more one gender some of the time, and another gender at other times.

- **Gender non-conforming/Genderqueer** (*adj.*) - describes a gender expression that differs from society's norms for males and females. An umbrella term that includes genderqueer people, non-binary people, and all other gender expressions outside of the traditional male/female binary.

- **Intersex** (*adj.*) – individuals born with sexual characteristics not typical of male or female binary notions.

- **Non-binary (NB)** (adj.) - describes a person whose gender identity falls outside of the traditional gender binary structure. Feeling like neither a male or a female, or like both a male and female at the same time.

- **Transgender man**/female-to-male (FTM) (noun) - a person whose gender identity is male but assigned sex at birth was female or intersex. A transgender man will typically use he/ him pronouns.

- **Transgender woman**/male-to-female (MTF) (noun) - a person whose gender identity is female but assigned sex at birth was male or intersex. A transgender woman will typically use she/her pronouns.

- **Two-spirit** (adj.) - describes a person who embodies both a masculine and a feminine spirit. This is culture-specific term used among Native American, Indigenous Peoples and First Nations people.