LGBTQ Cancer Report: Unique Stressors, Discrimination Likely Increase Cancer Risk

The pioneering report by the American Cancer Society highlights prevention, treatment and care for the LGBTQ population

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In a first-of-its-kind study, the American Cancer Society (ACS) on May 31 released "Cancer in People who Identify as Lesbian, Gay, Bisexual, Transgender, Queer or Gender-nonconforming (LGBTQ+)". The article provides the latest statistics on the prevalence of cancer screening and modifiable risk factors in LGBTQ+ populations, as well as a review of literature on cancer occurrence and obstacles to cancer prevention and treatment. These important findings are published in the journal Cancer, alongside its consumer-friendly companion, Cancer Facts & Figures 2024 Special Section: Cancer in People Who Identify as LGBTQ+.

Perhaps the greatest health disparity faced by LGBTQ+ communities is the presumption-of-care gap, which is the fear that a provider will refuse care due to gender identity or sexual orientation. The concern is especially valid for the 20% of this population who reside in the nine states where it is legal to refuse care to LGBTQ+ individuals due to "conscience clauses" that allow health care providers, staff and insurers to deny care and services based on personal and religious beliefs.

"One of the biggest take-aways from our report is that LGBTQ+ people are probably at higher risk for cancer, yet experience multiple barriers to high-quality health care access like discrimination and shortfalls in provider knowledge of their unique medical needs," said Rebecca Siegel, senior scientific director, cancer surveillance at the American Cancer Society and senior author of the study. "Everyone deserves an equal opportunity to prevent and detect cancer early, which is why it's so important to remove these roadblocks for this population."

LGBTQ+ individuals in the United States have elevated prevalence of smoking, excess body weight, and other factors that increase cancer risk. For example, bisexual women are twice as likely as heterosexual women to smoke cigarettes (23% versus 10%) and drink heavily (14% versus 6%). "Minority stress" is a likely contributor to behaviors like smoking that increase cancer risk according to other studies. Although these findings suggest cancer disparities, cancer incidence and mortality for this population are not available because sexual orientation and gender identity are not routinely collected in health care settings, despite the community's

willingness to report this information.

“We are very proud of this report,” said Tyler Kratzer, associate scientist II, cancer surveillance research at the American Cancer Society and lead author of the study. “It is meant to facilitate critical conversations around the need to improve the routine collection of sexual orientation and gender identity data at all levels of healthcare.”

For the study, researchers examined prevalence of risk factors across the U.S. based on the National Health Interview Survey (for information on sexual orientation) and the Behavioral Risk Factor Surveillance System (for gender identity), which are both collected by the Centers for Disease Control and Prevention (CDC).

Other highlights from the report include:

- Excess body weight appears to be elevated among bisexual women according to one national survey, although the gold-standard source for this metric that includes an in-person physical exam — the National Health and Nutrition Examination Survey — does not collect data on sexual orientation or gender identity.

- The prevalence of cancer-causing infections, such as human immunodeficiency virus (HIV), human papillomavirus (HPV), and hepatitis C virus (HCV) are considerably higher in some LGBTQ+ population groups. According to the CDC, for example, 70% of HIV infections are attributed to male-to-male sexual contact (versus 22% to heterosexual contact and 7% to injection drug use). HIV-infected individuals are at a higher risk for at least 10 cancers.

- Screening for some cancers is low among transgender people; for example, 46% of transgender men are up-to-date on colorectal cancer screening compared to 60% of cisgender men and 68% of transgender men with a cervix are current for cervical cancer screening compared to 87% of cisgender women.

- Only 25% of medical students are confident in the healthcare needs of transgender patients and 30% are not comfortable treating transgender patients according to one study.

“All people should have a fair and just opportunity to live a longer, healthier life free from cancer,” said Lisa A. Lacasse, president of ACS’ advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN). “As part of our mission to advocate for public policies that reduce the cancer burden for everyone, ACS CAN urges policymakers and lawmakers to prioritize policies that address the serious challenges and barriers to comprehensive access to health care that LGBTQ+ people experience. Importantly, passing laws that facilitate and increase the appropriate collection of sexual orientation and gender identity data is crucial to better understanding cancer disparities and to ultimately improving health outcomes.

Other ACS researchers participating in the report include Dr. Ahmedin Jemal, Jessica Star, Dr. Farhad Islami, Dr. Priti Bandi, and Angela Giaquinto.

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