

Multiple Health Disparities in the Male Transgender Population Leads to Lower Reproductive Health Screenings and Health Care Utilization

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PICO: In men who are transgender, does lack of gynecological procedures and medical education, as compared to women who are cisgender, limit reproductive cancer prevention?

Practitioner Education:

- 80% (113 of 141) did not receive training in residency on the care of transgender patients.
- 55.7% (78 of 140) responded that they did not know that the recommendations for routine health maintenance for transgender patients.
- Only 1/3 of providers were comfortable caring for transgender patients. This comfort level likely contributes to transgender patient hesitancy to seek routine healthcare.
- Need for American Congress of Obstetricians and Gynecologists (ACOG) to develop specific guidelines for FTM patients

Barriers to Screening

- Those who had seek out care for hormone therapy, transgender-related surgery, or gynecological care were more likely to experience discrimination
- Private insurance still declines many transgender-related procedures to FTM individuals
- Research has found that healthcare was the most common setting in which transgender individuals experienced discrimination compared with other settings such as housing and employment. Odds of discrimination were even higher among those in lower socioeconomic groups.

Implication for practice

- Transgender male patients are not accessing the same level of preventive cervical screening care as cisgender female patients. This is but one example of the greater issue of healthcare disparities that are imposed upon the transgender patient population.
- The research supports reform to education for clinicians, to allocate a more significant portion of the curriculum to transgender health and its social determinants.
- Furthermore, disparities outlined within the current research warrants the conduction of further research upon eradicating gap in access to healthcare between cisgender and transgender patient population.

Total Hysterectomy

- 0 out of 32 patients reported regret to have undergone reassignment surgery
- Hysterectomy + Salpingo + Oophorectomy + Mastectomy Is a Safe and Valuable Procedure for Female-to-Male Transsexuals as determined by the study (Ott, 2010)
- More research must be done to address the issue of completing proper health examinations and cancer preventative screenings to justify Pt's not receiving a hysterectomy



Papanicolaou

- FTM patients are 37% less likely to be up-to-date compared to non-transgender female patients after adjustment for other variables
- Testosterone use, over 6 months, was associated with an increased likelihood of an inadequate pap result due to tissue atrophy.
- Both self-swabbing or provider swabbing for hrHPV DNA would be preferred by the FTM population but concerns about accuracy are valid. Thus, a study of >19,000 participants found that HPV testing not only detects cervical neoplasia earlier than cytology, used in Pap smear testing, but it is also more accurate than cytology.

Contact + References



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Lack of Guidelines

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