St. Michael's Hospital Academic Family Health Team

CANCER SCREENING GUIDELINES FOR TRANS AND NON-BINARY CLIENTS

What is this document? An easy-to-navigate set of tables summarizing cancer screening guidelines for trans and non-binary clients.

How do I use it? Guidelines are grouped by client population. Three tables with guidelines for trans women and assigned-male-at-birth (AMAB) non-binary persons are presented first. Three tables with guidelines for trans men and assigned-female-at-birth (AFAB) non-binary persons are presented second.

Each guideline type is assigned a colour. Table titles for breast/chest cancer screening guidelines are orange. Table titles for cervical cancer screening guidelines are purple. Table titles for colon cancer screening guidelines are green.

Where did this information come from? These tables were adapted from the Canadian Cancer Society guidelines for Screening in LGBTQ Communities (https://bit.ly/2MYLbfV) and Sherbourne Health Centre's Guidelines for Gender-Affirming Primary Care in Trans and Non-Binary Patients (https://bit.ly/3hwdBfp).

How current is this document? The content in this document is current as of June 30, 2020.

Who made this document? This document was developed by a research assistant with guidance from Thea Weisdorff, Tara Kiran, Susan Hranilovic and Lisa Miller. If you notice an error, please contact [name] at [email address].

Cancer screening guidelines for trans women and assigned-male-at-birth (AMAB) non-binary clients

TABLE 1. BREAST CANCER SCREENING GUIDELINES FOR TRANS WOMEN AND AMAB NON-BINARY PERSONS ON HRT >5 YEARS[1]			
	No breast implants	**Breast implants**	
40-49 years old	• Talk to client about her risk of breast cancer and importance of breast self-awareness • Consider initiating screening early if risk factors[2] present (see recommended tests for 50-69 age group WITHOUT implants)	• Talk to client about her risk of breast cancer and importance of breast self-awareness • Consider initiating screening early if risk factors[2] present (see recommended tests for 50-69 age group WITH implants)	**-FHx B/O cancer**
	• Refer to familial breast cancer program • Genetic screen for BRCA 1/2	• Refer to familial breast cancer program • Genetic screen for BRCA 1/2	**+FHx B/O cancer**
50-69 years old	Routine screening mammography or other ultrasound test (as appropriate)[3] every 2 years	• Diagnostic ultrasound mammography using and other tests (as appropriate)[3] every 2 years • Gender Reassignment Surgery Montreal recommends annual ultrasound to assess silicone implants >5 years old[4]	**-FHx B/O cancer**
	• Refer to familial breast cancer program • Genetic screen for BRCA 1/2	• Refer to familial breast cancer program • Genetic screen for BRCA 1/2	**+FHx B/O cancer**
>70 years old	Talk to your client about how often she should be screened for breast cancer based on her risk factors.		

[1]**Note:** Clients who have changed their OHIP sex marker to 'Female' can be screened as part of the organized Ontario Breast Screening Program and as such will receive correspondence letters for invitations, organized follow up on abnormal results, and reminders.

[2]Risk factors for breast cancer in trans feminine clients likely include longer duration on estrogen HRT, family history of breast cancer, obesity (BMI >35), and use of progestins.

[3]Annual clinical breast examination as a part of routine breast cancer screening may be useful in trans feminine clients to assess the degree of breast development or to assess for implant complications if the client has undergone breast augmentation.

[4]Rupture of saline implants causes visible deflation and routine imaging is not indicated. 'Silent' (non-visible) rupture can occur with silicone implants. If rupture is suspected and not confirmed by ultrasound, an MRI can be performed.

Cancer screening guidelines for trans women and assigned-male-at-birth (AMAB) non-binary clients

<table>
<tr><th colspan="5">TABLE 2. CERVICAL CANCER SCREENING GUIDELINES FOR TRANS WOMEN AND AMAB NON-BINARY PERSONS</th></tr>
<tr><td rowspan="2"></td><td colspan="3">Vaginoplasty</td><td rowspan="2"></td></tr>
<tr><td>No</td><td>Without neocervix</td><td>With neocervix</td></tr>
<tr><td>Less than 21 years old
OR
Sexually active[1] <3 years</td><td colspan="3">Screening not indicated</td><td></td></tr>
<tr><td rowspan="3">21-70 years old
AND
Sexually active ≥3 years</td><td colspan="4">Offer Human Papillomavirus (HPV) vaccination to clients under 45, depending on risk factors[2]</td></tr>
<tr><td rowspan="2">Screening not indicated</td><td>Vault or cuff smear at regular intervals determined by you and the client[4]</td><td>Routine pap smear every 3 years.</td><td>Presence of risk factors[3]</td></tr>
<tr><td>Conduct visual inspection of neo-vagina for abnormalities at regular intervals determined by you and the client</td><td>Routine pap smear every 3 years.</td><td>Absence of risk factors</td></tr>
<tr><td colspan="5">[1]Sexual activity includes any genital skin-to-skin contact, including oral sex, digital sex, vaginal or anal sex, and sex with toys.
[2]Vaccine publicly covered for Ontarians up to grade 12 AND those under ≤ 26 years who are sexually active with MSM; risk factors include UAI, HIV, or past/current STIs
[3]Being immunosuppressed or having Hx of genital warts, precancerous conditions or HPV infection
[4]A vault or cuff smear is similar to a pap test. Effectiveness and accuracy of vault/cuff smears has not been clearly established.</td></tr>
</table>

Cancer screening guidelines for trans women and assigned-male-at-birth (AMAB) non-binary clients

TABLE 3. COLON CANCER SCREENING GUIDELINES FOR TRANS WOMEN AND AMAB NON-BINARY PERSONS		
	First-degree relative WITH colon cancer	**NO first-degree relative with colon cancer**

<50 years old	• High risk
	• Colonoscopy starting 10 years before the earliest age a first-degree relative was diagnosed with colon cancer
	  ○ Follow-up colonoscopy every 5 years IF first-degree relative diagnosed before age 60
	  ○ Follow-up colonoscopy every 10 years IF first-degree relative diagnosed age 60 or older
		Screening not indicated

≥50 years old	• High risk
	• Colonoscopy starting 10 years before the earliest age a first-degree relative was diagnosed with colon cancer
	  ○ Follow-up colonoscopy every 5 years IF first-degree relative diagnosed before age 60
	  ○ Follow-up colonoscopy every 10 years IF first-degree relative diagnosed age 60 or older
		Fecal Immunochemical Test (FIT) at least every two years

Cancer screening guidelines for trans men and assigned-female-at-birth (AFAB) non-binary clients

TABLE 4. CHEST CANCER SCREENING GUIDELINES FOR TRANS MEN AND AFAB NON-BINARY PERSONS		
	No chest reconstruction	**Chest reconstruction**
40-49 years old	• Talk to client about his risk of chest cancer and importance of chest self-awareness • Consider initiating screening early if risk factors[1] present	• Talk to client about his risk of chest cancer and importance of chest self-awareness • Consider initiating screening early if risk factors[1] present
50-69 years old	Routine screening mammography or other ultrasound test (as appropriate) every 2 years	• No clear recommendations; talk to your client about how often and in what ways he should be screened for breast cancer based on his risk factors • If abnormality found by client or upon physical examination of chest or axillary lymph nodes, order diagnostic ultrasound mammography or focused MRI
>70 years old	Talk to your client about how often he should be screened for chest cancer based on their risk factors.	

[1]Top surgery can significantly reduce risk of breast cancer in trans masculine people but does not eliminate it entirely; risk factors include family history of breast and/or ovarian cancers, amount of tissue removed during top surgery, and presence of ovaries. It is not clear if testosterone therapies increase risk of breast cancer. There is currently no clear guidance on testing for BRCA1/2 in trans men and AFAB non-binary persons; **for clients with a strong family history of B/O cancer, follow BRCA1/2 genetic screening and familiar screening program referral guidelines for cis women.**

Cancer screening guidelines for trans men and assigned-female-at-birth (AFAB) non-binary clients

TABLE 5. CERVICAL CANCER SCREENING GUIDELINES FOR TRANS MEN AND AFAB NON-BINARY PERSONS				
	Hysterectomy and/or oophorectomy			
	No	**Cervix intact[1]**	**Cervix removed**	
Less than 21 years old OR Sexually active[2] <3 years	Screening not indicated			
21-70 years old AND Sexually active[2] ≥3 years	Routine pap smear every 3 years[3]	Routine pap smear every 3 years[3]	Vaginal vault of cuff smear at regular intervals determined by you and the client[3]	**Presence of risk factors[4]**
		Routine pap smear every 3 years[3]	Screening not indicated	**Absence of risk factors[4]**

[1]Incomplete or partial. **Note:** Trans men who have had a colpectomy (removal of vagina) or colpocleisis (closure of vagina) as part of bottom surgery such as hysterectomy or metoidioplasty cannot have a pap test.

[2]Sexual activity includes any genital skin-to-skin contact, including oral sex, digital sex, vaginal or anal sex, and sex with toys.

[3]**Pap smears can cause extreme dysphoria for trans men and AFAB non-binary clients.** Discuss this risk with your client when deciding how frequently to do this test. A vault or cuff smear is similar to a pap test. Effectiveness and accuracy of vault/cuff smears has not been clearly established. Pap, vault, and cuff smears can be emotionally challenge and painful for clients. Barring contraindications, topical 2% lidocaine jelly may be applied vaginally 5-10 minutes prior to procedure. Use of vaginal estrogens 1 week prior to the exam may also help.

[4]Risk factors include being immunosuppressed or having Hx of genital warts, precancerous conditions or HPV infection

Other notes:

1. Take note of both testosterone use AND menstrual status on cytology requisition to minimize histological misinterpretation.
2. Inadequate samples are common in clients on testosterone and repeat may be required. Use of both brush and broom may increase yield.

Cancer screening guidelines for trans men and assigned-female-at-birth (AFAB) non-binary clients

TABLE 6. COLON CANCER SCREENING GUIDELINES FOR TRANS MEN AND AFAB NON-BINARY PERSONS		
	First-degree relative WITH colon cancer	**NO first-degree relative with colon cancer**

<50 years old	• High risk
	• Colonoscopy starting 10 years before the earliest age a first-degree relative was diagnosed with colon cancer
	  ○ Follow-up colonoscopy every 5 years IF first-degree relative diagnosed before age 60
	  ○ Follow-up colonoscopy every 10 years IF first-degree relative diagnosed age 60 or older
		Screening not indicated

≥50 years old	• High risk
	• Colonoscopy starting 10 years before the earliest age a first-degree relative was diagnosed with colon cancer
	  ○ Follow-up colonoscopy every 5 years IF first-degree relative diagnosed before age 60
	  ○ Follow-up colonoscopy every 10 years IF first-degree relative diagnosed age 60 or older
		Fecal Immunochemical Test (FIT) at least every two years