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Services & Advocacy  
for Gay, Lesbian, Bisexual  
& Transgender Elders

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Breast health is often a taboo subject, and can be particularly uncomfortable for the transgender community where talking about anatomy can exacerbate dysphoria. Guidelines for breast cancer screening recommendations have been changing, and can become even more confusing when someone's gender and sex assigned at birth do not align. How can the LGBTQ community navigate this essential preventive care service?

## Know Your Risk for Breast Cancer

There are several misconceptions and lesser-known facts about risk for breast cancer. Consider the following statements:

*"I don't have a family history of breast cancer, so I don't need to bother with mammograms."*

**Myth.** Only about [5-10% of all breast cancer diagnoses](#) are due to genetic mutations. Even if you do not have a family history of breast cancer you still need to get your recommended mammograms. If you do have a family history of breast cancer, then you are at an increased risk and you should talk with your healthcare provider.

*"Sexual minority women are at a higher risk for breast cancer than heterosexual women."*

**Fact.** Research shows that cisgender [sexual minority women have higher risk factors](#) than straight women. Risks include: higher rates of alcohol use, smoking, never giving birth, older age at first live birth, and elevated Body Mass Index (BMI). Sexual minority women are at a high risk, but because currently no national cancer registries or databases collect information on sexual orientation or gender identity it is difficult to accurately report breast cancer incidence rates for the LGBTQ community.

*"1 in 8 women in the U.S. will be diagnosed with breast cancer in their lifetime."*

**Fact.** For every eight women who live to be age 85, [one woman will be diagnosed](#) with breast cancer.

*"I'm a cisgender man, so I can't get breast cancer."*

**Myth.** Although rare, cisgender men can get breast cancer. Because we don't often have conversations with men about breast health, breast cancer may be caught at a later stage in men than women. Among men, there were an estimated [2,600 new](#)

[cases](#) of invasive breast cancer and 440 breast cancer deaths in 2016.

## Don't Delay Preventive Care

A significant portion of the LGBTQ community delays or never seeks preventive care. [A study in the Seattle area](#) indicated 31% of the LGBTQ people surveyed delayed or never seek preventive care. Delayed screening and care may increase risk for late diagnosis and poor health outcomes. Early detection of breast cancer is key to survival. Consider the following reasons why the LGBTQ community delays preventive care:

*"I don't know the screening guidelines for breast cancer."*

It is best to talk with your provider to understand your personal risk. Mammography screening guidelines have changed recently, and there are a [range of guidelines](#). Self-examinations are no longer recommended as a screening guideline, but are helpful in knowing what feels normal and recognizing changes to your body. Mammography recommendations for cisgender women of average risk are typically annually or every two years starting around age 40-50, depending upon informed decision-making with your healthcare provider.

The guidelines for mammography were written with cisgender women as the audience, making it difficult for the transgender community to know whether mammography screenings are necessary. For the transgender and gender non-conforming community, it is generally acknowledged that transgender men should follow the same recommendations as cisgender women until after chest reconstruction surgery. Then, transgender men should undergo clinical breast exams annually. Transgender women should begin to seek mammography after age 50 and about [five years](#) after the start of feminizing hormones - subject to change depending upon the age at the start of hormone use and other risk factors.

*"I can't afford the cost of a mammogram."*

Under the Affordable Care Act, insurers are required to cover the cost of mammography services with no deductibles or co-insurance for people over the age of 40. However, follow-up and diagnostic services may not always be affordable. There may local resources available for low-income and uninsured folks who need financial assistance with diagnostic services or cancer treatment.

*"Healthcare providers do not understand my gender identity and/or sexual orientation."*

Many in the LGBTQ community experience a lack of cultural sensitivity from healthcare providers or even overt discrimination. If you are concerned about discrimination or substandard care consider support from a community organization that can provide a volunteer advocate to attend appointments with you or bring a partner, friend, or family member who can help you communicate openly with your provider.

## How Can I Prevent Breast Cancer?

Some risks are unavoidable, like getting older or family history. Prevention includes eating a nutritious diet, getting regular exercise, maintaining a healthy weight, and limiting alcohol consumption. Most importantly, talk with your doctor about your personal risk and what the best choices are for you.

*By Elijah Grossman, MSW, Community Advocate, Susan G. Komen Puget Sound*