Health In Focus

2SLGBTQ+ Cancer Disparities and Barriers to Care

An evidence-based review and practical guide for healthcare providers and researchers

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PURPOSE

This educational resource highlights the health care, social service and cancer care needs of 2SLGBTQ+ people. It helps healthcare providers identify systemic barriers in cancer care access while offering practical strategies to create more affirming, inclusive care environments for this population.

TERMS OF USE

KEYWORDS

2SLGBTQ+, transgender, health, cancer, disparities, barriers to care, minority stress, HPV-related cancers, cultural competence, health equity, inclusive care, gender-affirming care

SUMMARY

Compared to the general population, 2SLGBTQ+ (Two Spirit, lesbian, gay, bisexual, transgender and queer) people experience poorer cancer outcomes. Research shows certain cancers are more prevalent in these communities, and 2SLGBTQ+ individuals face disproportionate cancer risk factors. Those receiving treatment often encounter differences in care quality directly attributable to discrimination and anti-2SLGBTQ+ sentiment.

This educational resource provides an overview of existing research on 2SLGBTQ+ communities and cancer, while recommending actions for service providers to improve cancer prevention and treatment for these patients.

"Minority stress from healthcare discrimination leads to delayed screenings, worse outcomes and higher psychological distress among 2SLGBTQ+ cancer patients."

KEY RISK FACTORS

Research shows that 2SLGBTQ+ people face disparities in rates of certain cancers and associated risk factors compared to cisgender and heterosexual individuals. Rates of anal, cervical, breast/chest, colorectal, endometrial, lung and prostate cancer are higher among 2SLGBTQ+ populations.

Studies also suggest transgender people receiving gender-affirming hormone therapy may face increased risk for certain types of cancers (Kano et al., 2022).

SEXUALLY TRANSMITTED INFECTIONS

Some sexually transmitted infections (STIs) can increase cancer risk. Human papilloma virus (HPV) causes several cancers, including those of the mouth, throat, cervix, vulva, vagina, penis and anus. Anyone who has sexual contact with an HPV-infected partner risks infection (Canadian Cancer Society, 2014).

SUBSTANCE USE

2SLGBTQ+ people experience higher rates of substance use disorders compared to heterosexual and cisgender populations. Minority stress effects, including health care stigma and discrimination, may contribute to these disparities (Paschen-Wolff, DeSousa, Paine, Hughes & Campbell, 2024).

Some 2SLGBTQ+ individuals report minority stress processes like identity concealment and substance use relapse as coping responses to discrimination in support settings (Paschen-Wolff, DeSousa, Paine, Hughes & Campbell, 2024).

Alcohol Use

Alcohol use is another prevalent cancer risk factor in 2SLGBTQ+ communities. Oncology research has shown elevated levels of alcohol use among sexual and gender minorities even after cancer diagnosis (Kano et al., 2022).

Smoking

Smoking is more common among sexual minority men and women compared to their heterosexual peers (Jackson, Patel, & Parker, 2023). Rates of tobacco use are 1.5 to 2 times higher among 2SLGBTQ+ individuals than their cisgender and heterosexual counterparts (Jackson, Patel, & Parker, 2023; Stony Brook Medicine, n.d.).

MINORITY STRESS THEORY

Minority stress theory suggests that stressors uniquely experienced by marginalized groups – such as stigma, discrimination and violence – are direct contributors to negative mental and physical health outcomes (Kia, MacKinnon, Abramovich, & Bonato, 2021).

When looking at tobacco use among specific 2SLGBTQ+ communities, research shows that tobacco use among transgender adults is significantly higher (35.5 per cent than use among cisgender adults) (Stony Brook Medicine, n.d.).

Lesbians are also more likely to smoke than their heterosexual counterparts. Smoking increases the risk of developing cervical cancer by making it harder for the body to fight HPV infection (Seymore, 2020).

BARRIERS TO CARE

STRUCTURAL AND INSTITUTIONAL BARRIERS

The lack of data on 2SLGBTQ+ cancer patients, including information on self-reported sexual orientation and gender identity (Mapes, 2020), responses of transgender people to infection, prevalence of non-communicable diseases and susceptibility to autoimmune diseases perpetuate the gaps in knowledge that harm 2SLGBTQ+ patients (White, et al., 2022). More research is required to support the development of targeted interventions to address environmental concerns, reduce the impacts of minority stress, and improve cancer care for 2SLGBTQ+ communities (Kano, et al., 2022).

The lack of standardized data collection measures for sex assigned at birth, sexual orientation, and gender identity, as well as the exclusion of these measures are some of the main challenges in cancer research (Jackson, Patel, & Parker, 2023). The development of these measures is necessary to the creation of care models and interventions that account for the unique experiences of 2SLGBTQ+ cancer patients (Jackson, Patel, & Parker, 2023).

Existing research on transgender health often includes outdated terminology, pathologizes transgender bodies, and often misuses pronouns and gendered language (White, et al., 2022). This is directly contradictory to the increasing social acceptance and awareness of transgender people and indicates a continued lack of understanding of gender diversity in the scientific community (White, et al., 2022).

Improvements to cancer care for 2SLGBTQ+ patients are often hindered by gaps in knowledge, funding, and institutional and provider support (Kano, et al., 2022).

28 per cent of [transgender] patients reported instances of harassment and violence in medical settings.

PATIENT-LEVEL BARRIERS

Responses to the National Transgender Discrimination Survey showed that 28 per cent of patients reported instances of harassment and violence and 19 per cent of patients were refused care in medical settings (Jackson,

Patel, & Parker, 2023). There have also been reports of pap tests for transgender individuals being rejected or discarded by labs assuming there is a mistake due to the gender in the system (Stony Brook Medicine, n.d.).

2SLGBTQ+ patients experience health care concerns rooted in discomfort caused by a lack of cultural competence and heterosexist medical assumptions (Kano, et al., 2022). 2SLGBTQ+ patients reported feelings of distress and judgment while seeking care (Kano, et al., 2022), leaving them and their caregivers dissatisfied and anxious about further disclosing information to their providers (Mapes, 2023).

Organizations have reported that 2SLGBTQ+ patients and their caregivers have been made to feel unwelcome and have experienced anti-2SLGBTQ+ discrimination in cancer care settings (Mapes, 2023), including the assumption that a patient's partner is a friend (Kano et al., 2022). Research reviewing a patient-reported quality of life assessment found that 2SLGBTQ+ patients had greater anxiety, depression and levels of social isolation compared to their cisgender and heterosexual counterparts (Kano, et al., 2022).

2SLGBTQ+ patients and their caregivers have been shown to have smaller social networks with less of a reliance on biological family members (Kano, et al., 2022). Despite the many challenges faced by 2SLGBTQ+ cancer patients, studies show that patients found resilience and a sense of belonging within the 2SLGBTQ+ communities they belonged to (Kano, et al., 2022).

Though 2SLGBTQ+ patients reported satisfaction with their care once trust was built with their provider, they mentioned wanting to have more conversations with their oncologists about their sexual orientation and gender identity (Kano, et al., 2022).

2SLGBTQ+ patients experience higher rates of psychological distress during cancer recovery, with increased likelihood of post-traumatic stress and depression (Kano et al., 2022). Feelings of stigmatization in healthcare settings, along with psychosocial challenges like minority stress, can worsen cancer-related stress (Kano et al., 2022).

POPULATION-SPECIFIC RISKS AND BARRIERS

LESBIAN/BISEXUAL WOMEN

Lesbian and bisexual women face higher risks for certain cancers, including cervical and breast cancer.

Cervical Cancer

Lack of information, misinformation about risk, healthcare stigma and safety concerns are common barriers to cervical cancer screening for lesbian and bisexual women (Canadian Cancer Society, 2025; Seymore, 2020).

Nearly all cervical cancers are linked to human papilloma virus (HPV) infections (Seymore, 2020). Research shows lesbian and bisexual women are less likely than heterosexual women to:

- Receive cervical cancer screenings (Canadian Cancer Society, 2025).
- Have HPV vaccine recommended by healthcare professional (Seymore, 2020).

Higher rates of bacterial vaginosis (BV) in these communities increase HPV contraction risk (Seymore, 2020). The myth that HPV only transmits through contact with men's bodily fluids (Seymore, 2020) leads some lesbian and bisexual women to underestimate their risk.

Lesbian and bisexual women develop cervical cancer and cervical abnormalities at similar rates as other women. Cervical cancer screening is an important part of healthcare for everyone with a cervix (Seymore, 2020).

31 per cent of lesbian and bisexual women experience delays in breast cancer diagnosis and treatment.

Breast Cancer

Lesbian and bisexual women experience higher rates of breast cancer due to factors like nulliparity (never experiencing childbirth) (Jackson, 2023).

Lesbian and bisexual women experience delays in breast cancer diagnosis and treatment, as well as higher recurrence rates (31 per cent compared to 14 per cent for heterosexual patients) (Mapes, 2023).

A 2023 study projected that 13 per cent of breast cancer cases would occur in people aged 40 to 49 (Northeast Regional Cancer Program, 2024). The Ontario Breast Screening Program (OBSP) recently lowered the self-referral age for breast cancer screenings to 40, making it easier for at-risk individuals to access care (Northeast Regional Cancer Program, 2024).

GAY/BISEXUAL MEN

Gay, bisexual and other men who have sex with men (gbMSM) face higher risks for certain cancers, including anal and colorectal cancers (Jackson, Patel & Parker, 2023).

gbMSM, like many in 2SLGBTQ+ communities, face barriers to cancer care including stigma, discrimination, provider competence and poverty (Jackson, 2024; Yazdanpanah, Benjamin & Rezazadeh Kalebasty, 2023).

Anal Cancer

The main risk factors associated with higher anal cancer rates among gbMSM are anal sex, human papilloma virus (HPV), unprotected sex, HIV and smoking (Gotwals, 2024). gbMSM are also at particular risk for anal dysplasia. While dysplasia will progress into anal cancer about 14 per cent of the time, that percentage significantly increases for individuals who have risk factors including smoking or immune suppression due to AIDS (Aimaq, 2022).

Anal dysplasia and anal cancer are mainly caused by particular strains of HPV (Miller, 2024; Aimaq, 2022). HPV vaccination and regular condom use can help prevent HPV infection and lower risk of anal cancer (Aimaq, 2022). Cancer screenings and routine examinations by a healthcare professional can help detect early stages of dysplasia and cancer (Miller, 2024).

ANAL DYSPLASIA

Anal dysplasia is a precancerous condition caused by lesions in the anal canal. HPV causes most cases of anal dysplasia and anal cancer, though only certain HPV types lead to either condition. People living with HIV have a higher risk of developing anal cancer (Miller, 2024; Aimaq, 2022).

Prostate Cancer

Prostate cancer is the most common cancer among men (Gotwals, 2024), with one in eight developing the condition in their lifetime (Statistics Canada, 2023). While no evidence shows gbMSM have higher prostate cancer rates than heterosexual men, they remain part of the "hidden population" of prostate cancer patients (Yazdanpanah, Benjamin & Rezazadeh Kalebasty, 2023). Risk factors include being over 50, family history and African ancestry (University of Rochester Medical Center, 2024).

Cancer and HIV

An HIV-positive status increases cancer risk and susceptibility to viral infections that may lead to cancer (Aimaq, 2022; Jackson, Patel & Parker, 2023). HIV-positive gbMSM are 40 times more likely, and HIV-negative gbMSM 20 times more likely to develop cancer due to HPV and immunosuppressants (Jackson, Patel & Parker, 2023). gbMSM with HIV face high risk for all AIDS-defining cancers including Kaposi sarcoma and non-Hodgkin's lymphoma (Jackson, Patel & Parker, 2023), as well as testicular cancer (Gotwals, University of Rochester Medical Center). HIV infection is also associated with higher cancer mortality rates (Jackson, Patel & Parker, 2023).

Kaposi sarcoma occurs most frequently in gbMSM with AIDS compared to other AIDS-affected demographics. Patients with Kaposi sarcoma also experience a shorter progression time from HIV to AIDS (Lifson et al., 1990).

TRANSGENDER PEOPLE

Transgender people with cancer may experience worse outcomes due to care barriers and lack of cultural competency (Jackson, Patel & Parker, 2023). Transgender individuals are more likely to avoid medical care, resulting in increased asthma-related morbidity (White et al., 2022).

In cases where transgender patients had lung cancer, there was an increased likelihood that they would be diagnosed at a later stage. Transgender adults were found to also be less likely to receive treatment for pancreatic and kidney cancers, and at increased risk of death for prostate cancer, non-Hodgkin lymphoma and bladder cancer (Jackson, Patel & Parker, 2023).

Transgender and gender-diverse individuals have shown higher rates of infection with HPV and HIV and a higher rate of HIV and HPV related cancers (Mapes, 2023). Those with cervixes have higher rates of inadequate Pap screening, including abnormal/inconclusive results (Jackson, Patel & Parker, 2023).

There has been a call for the medical community to move towards a screening model based on the patient's present organs rather than their sex assigned at birth or gender (Levine, 2022).

Cancer and Hormones

While rare in cisgender men, transgender women taking gender-affirming hormone therapy face increased risk of invasive breast/chest cancer. Transgender men receiving gender-affirming hormone therapy have decreased risk compared to cisgender women. Top surgery may reduce but not eliminate breast/chest cancer risk, as some breast/chest tissue may remain (White et al., 2022; Stony Brook Medicine, n.d.).

Research has also found an association between the use of estrogen and androgen inhibitors among transgender women and a decreased risk of prostate cancer (Jackson, Patel, & Parker, 2023).

Proactive breast/chest and prostate cancer screening may benefit transgender people receiving gender-affirming hormone therapy, particularly those with family history or genetic

susceptibility (White et al., 2022; Stony Brook Medicine, n.d.).

Though research is minimal, gender-affirming hormone therapy does not appear to hold the same cancer risk for transgender patients as it does for cisgender patients receiving hormone therapies (Levine, 2022). Transgender women on hormones, for example, have a slightly higher risk of breast cancer than cisgender men, however their risk is generally lower than cisgender women (Levine, 2022).

BUILDING 2SLGBTQ+ CLINICAL COMPETENCE

Many clinicians are unaware of the unique health needs of 2SLGBTQ+ individuals. The lack of 2SLGBTQ+ cultural competence among clinicians may also contribute to fewer opportunities for cancer screenings or appropriate recommendations for patient care (Jackson, Patel, & Parker, 2023).

Since it is currently not commonplace for medical practitioners to receive training on trans health, many clinicians are often uninformed of a transgender person's specific needs and unable to provide appropriate recommendations for their care (White, et al., 2022). A 2023 study found that oncologists recognized the importance of knowing a patient's gender identity, less than half of the clinicians recognized the importance of knowing the patient's sexual orientation (Jackson, Patel, & Parker, 2023).

A US survey of oncologists found that most providers do not feel confident in their knowledge of specific health needs of 2SLGBTQ+ populations; though, there was a high degree of willingness to learn (Jackson, Patel, & Parker, 2023).

Promoting compassionate and culturally sensitive care is essential to addressing and dismantling the barriers to adequate care for 2SLGBTQ+ patients. Using correct pronouns and challenging biases by building cultural competency and humility is way to build trust and comfort between patient and provider (Mapes, 2023).

Developing an understanding of the barriers to healthcare access for 2SLGBTQ+ cancer patients and provide health promotion materials geared towards gender and sexual minority patients (Kia & Bonato, 2021). Asking questions and not making assumptions about a patient's sexual behaviour can help healthcare providers make accurate risk assessments and support early cancer detection and intervention (Jackson, Patel, & Parker, 2023).

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RESOURCES

Rainbow Health Ontario (RHO)

Build your 2SLGBTQ+ cultural competence with Rainbow Health Ontario. RHO offers online courses and instructor-led training for healthcare and service providers. The organization also delivers evidence-based resources, informs public policy and acts as a research catalyst. A trusted leader in 2SLGBTQ+ health equity, RHO equips professionals with the knowledge and skills to provide affirming, inclusive care.

Ontario Breast Screening Program (OBSP)

Women, Two Spirit, transgender and nonbinary people aged 40 to 74 are eligible for OBSP screening if they: have no breast cancer symptoms or history; have not had a mastectomy or a mammogram in the past 11 months; and, if transfeminine, have used feminizing hormones for at least five consecutive years. The OBSP recommends My CancerIQ to assess personal risk and learn prevention strategies.

Health 811

This service responds to intake calls from people aged 40 to 49 seeking information about breast cancer screening and provides: support for informed decision-making; information on mammography services in Ontario; support navigating OBSP services for people outside the age range; and access to prevention specialists and health educators.

Cancer Care Ontario

Cancer Care Ontario serves as the provincial government's primary cancer advisor, working to coordinate and improve Ontario's health care system. The agency provides health professionals with current cancer knowledge, prevention strategies and care standards. It engages patients and families in shaping the cancer care system while overseeing quality improvement initiatives across the province.

Queering Cancer

Queering Cancer works to transform cancer care for sexual and gender diverse (SGD) communities through research, education and support initiatives. The organization improves SGD oncology care by maintaining a comprehensive resource database, producing educational materials for healthcare professionals, and curating patient and caregiver narratives.

KEY TAKEAWAYS

- 2SLGBTQ+ communities experience disproportionately higher rates of cervical, breast/chest, anal and lung cancers, with systemic barriers contributing to late diagnoses.
- Many 2SLGBTQ+ patients delay or forgo cancer screenings due to prior negative healthcare experiences, including discrimination and lack of provider knowledge about their specific needs.
- Persistent misinformation about HPV transmission and vaccination in same-sex relationships leaves many 2SLGBTQ+ individuals vulnerable to preventable cancers.
- Transgender patients frequently receive later-stage cancer diagnoses due to gaps in inclusive care, including clinicians failing to provide screenings aligned with patients' current anatomy rather than sex assigned at birth.
- 2SLGBTQ+ populations experience higher rates of tobacco and alcohol use, frequently associated with minority stress, which compounds their existing cancer risks.
- Simple clinical changes, including cultural competency training for 2SLGBTQ+ care, routine collection of sexual orientation and gender identity (SOGI) data and anatomy-based screening protocols, can significantly improve patient engagement.

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