



# The Psychosocial Needs of Lesbian, Gay, Bisexual, or Transgender Patients With Cancer

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Because of discrimination and secrecy, lesbian, gay, bisexual, and transgender (LGBT) people have poorer health outcomes, which include an increased risk for certain cancers and additional challenges in cancer treatment and survivorship. The oncology nurse also should be aware of issues of LGBT sexuality and the impact that oncology treatment may have on the LGBT patient's immediate and long-term sexual functioning.

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People who identify as lesbian, gay, bisexual, or transgender, termed “LGBT,” differ from the general public because of their sexual orientation and/or gender identity. These are identity terms—not descriptions of behavior. Many people who have sexual interest in or experiences with people of the same sex do not identify as LGBT. Xu, Sternberg, and Markowitz (2010) studied men (aged 18–59 years) in New York City who reported having sex with men in their past and found that 45% self-identified as homosexual or gay, 19% as bisexual, and 35% as heterosexual or straight.

## Discrimination and Health

Discrimination against LGBT people results in multiple health disparities. Many of the disparities can be traced to the stress of living in the United States as gender and sexual minorities. For example, LGBT people use tobacco at nearly twice the national average and its initial use can be traced to early experiences of discrimination, bullying, and internalized homophobia in LGBT youth (U.S. Department of Health and Human Services [USDHHS], 2013). Any

lingering doubt about the health consequences of discrimination was addressed in Garcia's (2014) study, which found that LGBT people who live in communities with high levels of antigay prejudice have a reduced life expectancy by 12 years.

Studies document that multiple barriers keep LGBT people from engaging with the healthcare system for care. LGBT people are more likely to be uninsured than their heterosexual counterparts (Krehely, 2009). Nineteen percent of transgender patients report having been denied care because of their transgender status (Grant et al., 2010). Indeed, studies show that medical education about the health needs of LGBT people is lacking (Obedin-Maliver et al., 2011).

## Increased Cancer Risks

Multiple studies have provided evidence of dramatically increased cancer risks in LGBT people. For example, lesbians are considered to have the densest cluster of breast cancer risks, which include higher rates of smoking, nulliparity, obesity, and alcohol use (Cochran & Mays, 2012). Gay men have high rates of

human papillomavirus infection (65% in gay men who are HIV-negative and 95% in gay men who are HIV-positive) (Margolies & Goeren, 2013). When HIV infection is coupled with high tobacco use, the risk increases dramatically for anal and other cancers (Sahasrabuddhe et al., 2013).

Although very little has been studied about the cancer risks of transgender people, some researchers suggest that exogenous hormone may increase the risk for multiple cancers (New York Department of Health, 2013). Increased cancer risks require hyper-vigilance about cancer screening. However, data are minimal and/or mixed about cancer screening in the LGBT population (UC Davis, 2012). The lower rates for most types of screenings reflect the barriers to care reviewed earlier (USDHHS, 2012).

To date, no cancer registries collect information about gender identity or sexual orientation. Without data, the experiences and outcomes for LGBT cancer survivors are buried in valuable SEER data, which other minority populations use for research, funding, and treatment decisions. For example, although LGBT people use tobacco at rates that are 68% higher than the general population, no evidence is reported about increased lung cancer incidence (King, Dube, & Tynan, 2012).

## The Cancer Experience

After a history of avoiding the healthcare system because of lower insurance rates and discrimination, LGBT people may enter the cancer treatment world with more wariness than others (Margolies & Scout, 2013). Getting a diagnosis of cancer is frightening. But, for many LGBT people, the critical questions about treatment options and recovery are followed