



Invited Commentary | Oncology

Closing the Cervical Cancer Screening Gap— Reaching Sexual and Gender Diverse Populations

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Cervical cancer screening (CCS) remains an incredibly powerful tool for reducing cervical cancer incidence and mortality. At this time, the potential for CCS to prevent cervical cancer can be actualized only for those individuals who physically come into the office or clinic. However, as Baumann et al¹ underscore in their study, individuals who identify as lesbian, gay, and/or bisexual (LGB) face myriad, intersectional barriers to engaging in routine health care, including stigmatization and practitioner ignorance regarding specific health needs and concerns of this patient population.^{1,2} Accordingly, the authors of this study sought to explore whether these barriers to accessing health care translate into disparities in CCS by comparing the prevalence of up-to-date CCS among LGB cisgender women with that among heterosexual cisgender women.¹

Using retrospective, cross-sectional data collected by the Chicago Department of Public Health from more than 5000 cisgender women, aged 25 to 64 years, Baumann et al¹ found that LGB individuals were less likely than heterosexual individuals to be up-to-date with CCS (71.14% vs 76.95%) and to have a primary care practitioner (PCP) (80.09% vs 85.76%). Furthermore, the difference in prevalence between LGB vs heterosexual cisgender women was greatest among Black or African American participants (prevalence ratio [PR], 0.85, 95% CI 0.84-0.85).¹ Having a PCP was associated with being up-to-date on CCS on regression analysis (PR, 1.43; 95% CI, 1.29-1.59).¹ Although the interaction of having a PCP with having an up-to-date Papanicolaou test was significant among heterosexual individuals (PR, 1.47; 95% CI, 1.31-1.64), this interaction was even greater for LGB individuals (PR, 1.93; 95% CI, 1.37-2.72).¹

The study by Baumann et al¹ contributes to a substantial body of literature that has long demonstrated the important role that having a PCP has on obtaining recommended preventive health services, specifically including CCS.³ The authors found relatively high rates of having a PCP among both LGB and heterosexual cisgender women in their study. However, the importance that such a health care relationship had on whether LGB individuals obtained CCS in this study cannot be overstated.¹ Qualitative research helps to elucidate that pelvic examinations can be particularly anxiety-provoking for sexual and gender minority (SGM) individuals and how building longitudinal rapport with a PCP can help to ameliorate individuals' anxiety around these examinations.⁴ Furthermore, SGM individuals in one study strongly valued seeing their sexual orientation and gender identities reflected in the health care practitioners performing their pelvic examinations and expressed a desire for accessible information on practitioners who self-identify as LGBTQ-friendly with whom to obtain these examinations.⁴

It is incumbent on practitioners to work toward improving care and reducing access gaps for LGB patients, who may have higher emotional, physical, or financial thresholds for accessing care. Technological advances have brought about new ideas for simultaneously improving care access and reducing health care disparities. Two such advancements that were expedited by necessity during the COVID-19 pandemic are telemedicine and human papillomavirus (HPV)-based (vaginal) self-sampling. Telemedicine allows patients who may be trepidatious about coming to an office or clinic to establish rapport, build trust with, and receive education from a practitioner in a less intimidating context prior to physically coming in to the clinical setting for CCS.

HPV-based vaginal self-sampling provides the opportunity to decrease gatekeeping around CCS by putting this testing literally into the hands of the individual. In so doing, HPV self-swabbing offers

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greater cost-effectiveness and convenience while reducing health care anxiety associated with pelvic examinations and engaging with the health care system.⁵ Welsh and colleagues⁶ have demonstrated both ease and comfort with vaginal self-sampling in transgender male gender minority individuals. Although research thus far has demonstrated only a 71.4% concordance between self- and clinician-sampling in this same population, self-sampling may be a reasonable option to extend CCS to individuals who are unable or reluctant to see a clinician for CCS compared with receiving no CCS at all.⁷

Continued research is needed to establish best practices for providing CCS to LGB individuals. Specifically, further research is needed to examine whether self-swab screening conducted in the outpatient laboratory setting or through nursing visits provides adequate touch points and effective CCS for patients and to determine how to create dependable referral systems for abnormal results. Additionally, existing research on self-swab screening has highlighted the need to develop self-swab instructional pamphlets and videos to increase comfort with performing the self-test.⁵

Cervical cancer is a preventable cancer with adequate screening.⁷ As we continue to innovate ways to increase CCS for LGB individuals, we must strive to create safer, more welcoming clinical environments for all patients, especially SGM individuals. Strategies to create such welcoming environments include establishing specific clinics or clinical spaces for SGM patients, making institutional investments in welcoming advertising that includes SGM images, and working with LGB-oriented and LGB-invested organizations to reach out to these communities. Ultimately, the objective of such efforts is to (re)build trust so that SGM individuals feel seen, comfortable, and supported in seeking life-saving care, including CCS.

ARTICLE INFORMATION

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