Cancer and the LGBT community: Same but different

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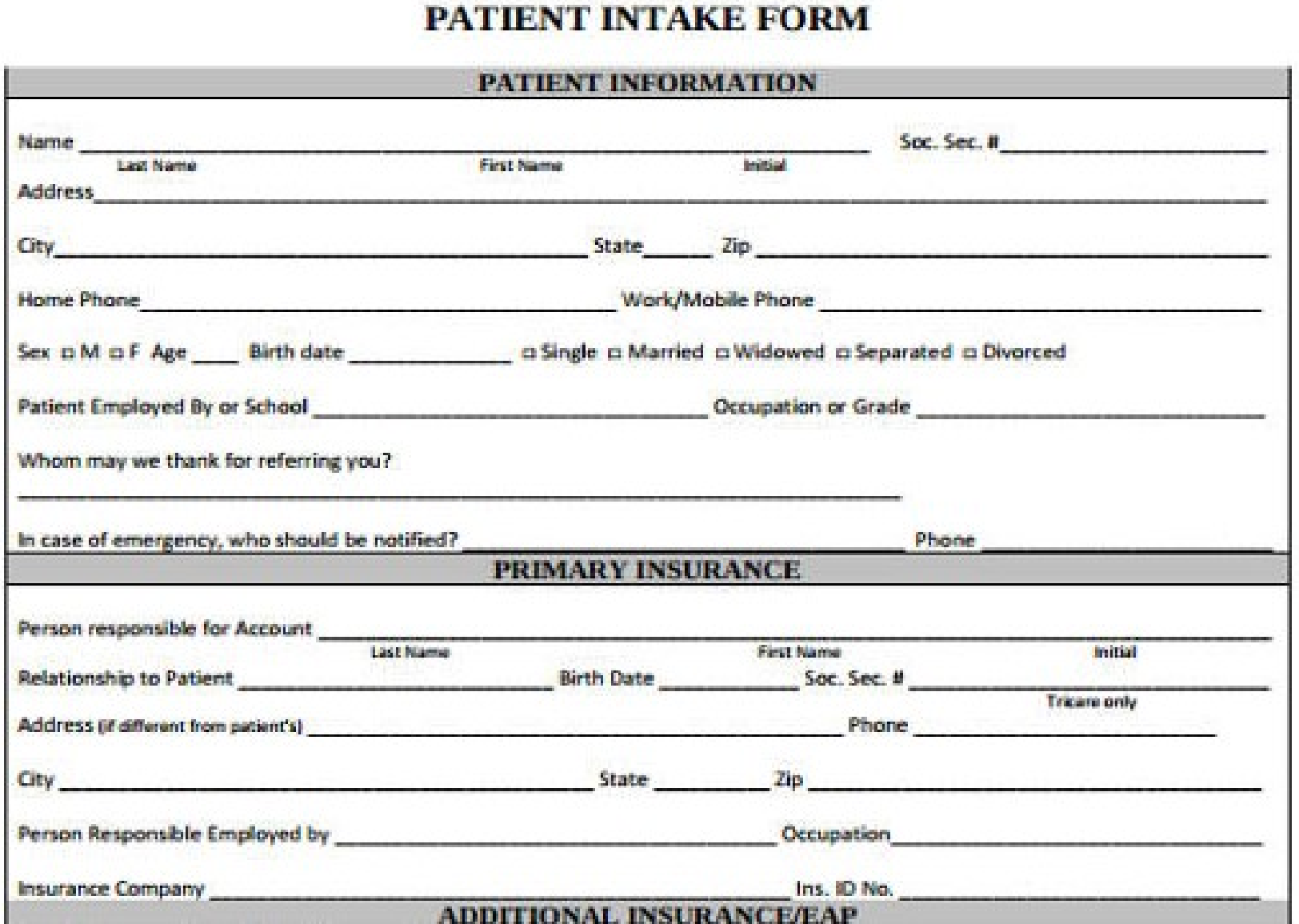
Identifying Sexual and Gender Minorities



PATIENT INTAKE FORM

PATIENT INFORMATION

Name _____ Soc. Sec. #_____
Last Name First Name Initial

Address_____

City_____ State_____ Zip _____

Home Phone_____ Work/Mobile Phone _____

Sex ☐ M ☐ F Age ____ Birth date _____ ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Patient Employed By or School _____ Occupation or Grade _____

Whom may we thank for referring you?

_____

In case of emergency, who should be notified? _____ Phone _____

PRIMARY INSURANCE

Person responsible for Account _____
Last Name First Name Initial

Relationship to Patient _____ Birth Date _____ Soc. Sec. # _____
Tricare only

Address (if different from patient's) _____ Phone _____

City _____ State _____ Zip _____

Person Responsible Employed by _____ Occupation_____

Insurance Company _____ Ins. ID No. _____

ADDITIONAL INSURANCE/EAP

Relationship status and disclosure

- Among breast cancer survivors, lesbians with a partner were significantly more likely to disclose their sexual orientation to their physicians than lesbians without partners ($p<0.001$). Among bisexual women with breast cancer, partner status was not significantly related to disclosure to physicians.
- Similarly, among colorectal cancer survivors, sexual minority men and women who were partnered were more likely to disclose their sexual orientation than those without partners.
- Disclosure impacts the well-being of dyads of sexual minority women with breast cancer and their caregivers: the patient's sexual orientation disclosure is linked to lower caregiver distress.

The meaning of disclosure for cancer survivors

- In the general population, disclosure of sexual orientation to providers is linked to better mental health among sexual minority patients.
- In the context of cancer, among Lesbians with Breast Cancer disclosure does not relate to lower distress, anxiety, depression, mental quality of life.

- *And having to worry about is she homophobic and will she take another snip out of me that she's not supposed to? I mean, it's crazy, but you do have those thoughts: Is this doctor homophobic, and will he treat me equally or she treat me equally?*
- Without intake forms and medical records, patients have to disclose again and again.

Mixed news on diagnoses and treatment

- Population-based studies suggested that sexual minority men and women and transgender individuals are **diagnosed at a younger age** compared to cisgender and heterosexual men and women (Boehmer, Jackson).
- Breast and colorectal cancer survivor studies show no differences by stage at diagnosis and treatment between sexual minority and heterosexual survivors (Boehmer).
- Transgender survivors diagnosed with more advanced lung cancer and less likely to receive treatments for some cancers compared to cisgender populations (Jackson).

Characteristics of Sexual Minority Survivors

	Breast Cancer		Colorectal Cancer	
	Sexual Minority women	Heterosexual women	Sexual Minority men and women	Heterosexual men and women
Partnered	71.0%	69.7%	59.8%	64.6%
Lives alone	24.6%	29.2%	31.7%	25.4%
Support group	**42.0%*** **	**25.3%**	13.8%	10.2%
Counseling	**44.9%*** **	**17.5%**	**17.9%*** **	**8.8%**
Mental health counseling before cancer	**74.2%*** **	**46.6%**	**48.0%*** **	**20.7%**
Discrimination Lifetime; M (SD)	**1.4 (1.4)*** **	**0.5 (0.9)**	**1.5 (1.6)*** **	**0.7 (1.2)**

***p<.01; **p<.05

The implications of lifetime discrimination

Among Sexual Minorities with Colorectal Cancer

	Mental Quality of Life Beta (95%CI)	**Physical Quality of Life Beta (95%CI)**	**Anxiety Beta (95%CI)**	**Depression Beta (95%CI)**	**Health-related Anxiety OR (95%CI)**	**Physician communication Beta (95%CI)**	**Coordination of Care Beta (95%CI)**	**Nursing Care Beta (95%CI)**
Discrimination Summary	**-3.05*** (-4.31, -1.79)**	**-1.60** (-2.90, -0.29)**	**0.82*** (0.36, 1.27)**	**0.72*** (0.32, 1.12)**	**1.45*** (1.11, 1.89)**	**-2.98*** (-5.18, -0.78)**	**-2.11** (-3.75, -0.46)**	**-2.65*** (-4.15, -1.15)**
Sexual orientation Discrimination	-2.90 (-7.00, 1.20)	-2.39 (-0.60, 1.81)	0.58 (-0.93, 2.08)	0.64 (-0.67, 1.95)	1.68 (0.74, 3.82)	**-8.26** (-15.15, -1.37)**	**-6.12** (-11.33, -0.90)**	-1.78 (-6.76, 3.20)

Quality of Care among CRC Survivors

	Heterosexual	Sexual Minority	Sexual Minority Adjusted (95% CI) [Ref=Heterosexual]
No follow-up tests	11.3%	7.0%	0.64 AOR (0.26, 1.62)
Colonoscopy within past 2 years	70.3%	72.8%	0.99 AOR (0.59, 1.67)
CEA test within past 2 years	53.0%	62.0%	1.45 AOR (0.78, 2.69)
Imaging test within past 2 years	69.8%	86.1%	**3.81 AOR (1.63, 8.92)*** **
Self-reported care as excellent (vs. not)	48.6%	59.2%	**1.68 AOR (1.02, 2.77)** **
	Mean (SD)	*Mean (SD)*	*b (95% CI)*
Physician Communication,	87.4 (18.8)	87.7 (19.4)	0.77 (-3.20, 4.74)
Nursing care	92.8 (16.9)	92.5 (13.6)	-0.04 (-3.46, 3.37)
Coordination of Care	89.4 (15.5)	90.2 (14.6)	1.40 (-1.77, 4.57)

***<0.01; ** p<0.05

Cancer Survivors' Access to Care by Sexual Orientation

	Sexual Minority Men % (SE)	Heterosexual Men % (SE)	p	Sexual Minority Women % (SE)	Heterosexual Women % (SE)	p
Without health care coverage	5.61 (1.43)	3.58 (0.36)	0.1664	10.02 (1.95)	4.51 (0.29)	**0.0046**
Without a personal doctor	10.49 (2.46)	7.38 (0.56)	0.2204	14.61 (2.56)	5.71 (0.29)	**0.0006**
Could not see MD because of cost	12.52 (2.01)	6.96 (0.41)	**0.0054**	27.35 (3.31)	12.50 (0.44)	**<.0001**
Without routine checkup within past year	15.18 (2.57)	14.16 (0.59)	0.6988	20.71 (2.64)	15.41 (0.43)	**0.0386**
Poor access to care	26.41 (3.09)	23.83 (0.71)	0.4103	42.66 (3.87)	27.98 (0.58)	**<.0001**

Implications of Sexual Minorities' Poor Access to Care

- Sexual minority women's poor access to care had a stronger association with sexual minority women's well-being compared to heterosexual women.
- Among men, sexual minority status was independently linked to mental quality of life.
- We need efforts to increase equity in access to care especially for sexual minority women.
- Because quality of life is a predictor of mortality, there is particular concern about sexual minority women potentially experiencing greater mortality compared to heterosexual women.

Concluding thoughts

- Few physicians ask and intake forms rarely inquire about sexual orientation. Sexual minorities with a cancer diagnosis are burdened with disclosing their sexual minority status.
- Relationship partners/spouses to sexual minority cancer survivors benefit from disclosure, survivors do not.
- Sexual minorities' lifetime experiences of discrimination affect their interactions with the healthcare system and their well-being.
- We need education of health care staff and increased efforts to make the health care system welcoming to sexual minority populations who bring a history of discrimination to health care encounters.

- Heterosexual individuals expect quality of care, demand it, and take it for granted, while sexual minorities are likely grateful for care and the absence of discrimination while seeking cancer care.
- In particular sexual minority women have poor access to care.
- Sexual minority women's poor access to care explains their poorer well-being.
- The absence of sexual orientation data may hide important disparities such as sexual minorities' higher cancer mortality.
- We need to increase efforts to collect sexual orientation data consistently.