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Cervical Cancer Screening in the LGBTQ+ Community: Dispelling Common Misconceptions and Improving Patient Comfort

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Cervical Cancer Screening in the LGBTQ+ Community: Dispelling Common Misconceptions and Improving Patient Comfort

Becca Rawlings

Rotation: Family Medicine May 2022

Location: CVMC Family Medicine

Mentor: Rachel LaRocca, MD

Problem ID, description of need, and AHEC focus area

Problem Identification and Need

- LGBTQ+ patients are more likely to forgo cervical cancer screening due to common misconceptions/misguidance about who needs screening and increased likelihood to experience emotional and/or physical discomfort during screening visits.

AHEC Focus Area

- Medical Practice Transformation
 - Focuses on patient centered care and improved screening practices
- Social Determinants of Health
 - Addresses misconceptions about screening guidelines in LGBTQ+ community

Public Health Cost of Cervical Cancer

- *Estimated total annual medical cost of cervical cancer care is **\$1.8 BILLION***
- Average annual medical cost of cervical cancer varies widely depending on treatment phase. Average mean cost during last year of life could be as high as **\$118,000** for patients under 65 years old and **\$79,000** for patients older than 65 years old.
- Cancer survivors also have annual losses in work productivity (estimated to be **\$1000** higher than non-cancer survivors)

Interviews (1 & 2)

Amelia Schlossberg (Population Health Program Manager at PPNNE)

- Recommendations for provider improvement: be aware of body part language and power dynamic in healthcare settings
- Tools for patients:
 - Heating pads
 - Offer to keep most clothes on (instead of gown)
- Shared resources for LGBTQ+ patients including those created by the Vermont Pride Center

Alison Love (Nurse practitioner at PPNNE)

- Tools for patients:
 - It is okay to have a visit dedicated to talking; if uncomfortable, end the encounter
 - Can do pelvic exam without footrests; exam can be done in multiple positions (not limited to lithotomy position)
 - Negotiate language prior to exam using words such as “stop” and “out” to mean pause or end the exam
 - Use relaxation/ breathing exercises
- Recommendations for providers: offer estrogen to patients receiving testosterone hormone therapy, learn to do pelvic exams in different positions (patients may not all be able to be positioned the same way)
 - Agreed that while the onus of patient comfort should be on providers, patients may be more likely to get screened if they have additional tools to improve their comfort
- “Patients should expect trauma-informed-care!”

Interviews (3 & 4)

Tanya Serota-Winston (Nurse practitioner at PPNNE)

- Recommendations for providers: the physical environment is essential; the way in which patients are greeted and the language used on forms has the potential to impact patient comfort drastically; know what language patients prefer for their body parts
- Tools for patients:
 - Trust instincts—if they are uncomfortable with a provider, end the visit

Rachel LaRocca (Physician at CVMC Family Medicine)

- Recommendations for providers: offer estrogen to patients receiving testosterone hormone therapy (she imagined this might induce some gender dysphoria, but has found that many patients were not bothered by it if approached in a sensitive manner and it would improve their comfort and test results); promote HPV vaccine
- Tools for patients:
 - Tell providers if they have never or do not frequently have penis-in-vagina sex—providers can then use smaller speculums;
 - Tell providers if you have anal sex as HPV can cause rectal cancer as well
 - Listen to music or distract yourself on phone during exam
 - For patients with significant anxiety, ask about sedation or relaxing medications

Intervention and Methodology

Research

- Researched cervical cancer screening guidelines including who needs to get screened, when screening is recommended, what screening entails, and how to improve comfort during screenings.

Interviews

- Interviewed staff at Planned Parenthood of Northern New England and CVMC Family Medicine to learn about recommendations for improving patient comfort during screening visits. Asked interviewees about specific recommendations for improving comfort for LGBTQ+ patients.

Pamphlet

- Created a pamphlet designed to educate patients about cervical cancer screening and provide tips to improve comfort during screening visits.
- Provided additional resources created by the Vermont Pride Center.

Results

See pamphlet (next two slides)

WAYS TO MAKE THE EXPERIENCE MORE COMFORTABLE



Consider aspects of the screening that may be particularly challenging for you and discuss these with your provider.

1. **Start with talking.** It is okay to start with a visit that is just a conversation.
2. **Tell your provider if you have never, or do not frequently have penis-in-vagina sex.** They can use a smaller speculum to improve comfort.
3. **Negotiate language.** For example, tell the provider "stop" means pause the exam and "out" means end the exam. Tell them if you would like to know what is going on during the exam, or if you prefer to be distracted.
4. **If you experience significant anxiety prior to or during screenings, ask your provider about sedation or relaxing medications.**
5. **Take a painkiller prior to and/or ask for a heating pad to use during the exam.**
6. **Wear comfortable clothes.** Keep your own clothes on for the exam from waist up.
7. **Ask to have another person stay for the visit** (i.e. support person, MA or RN).
8. **Ask your provider if you could insert the speculum yourself.** It may need to be adjusted.
9. **Distract yourself during the exam.** Use your cellphone or listen to music.
10. **Use relaxation techniques.** Focus on your breathing during the exam.

***MOST IMPORTANTLY:** If you are ever uncomfortable during a visit, trust your instincts. It is never too late to end an encounter. Expect respect and empathy from your provider.*

CONSIDERATIONS FOR PATIENTS TAKING TESTOSTERONE

Testosterone-induced atrophy of the vagina can make speculum placement more painful. It also increases the likelihood of unsatisfactory Pap results.

To improve comfort and likelihood of satisfactory results, patients may consider the use of topical estrogen for 1-2 weeks before screening. It comes in the form of a tablet, ring, or cream.

This will not counteract or reverse effects of gender-affirming testosterone therapy.

VERMONT DIVERSITY HEALTH PROJECT

Check out the Vermont Diversity Health Project to find practices committed to being a safe and affirming space for those in the LGBTQ+ community

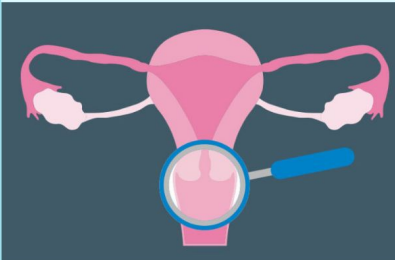


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Cervical Cancer Screening in the LGBTQ+ Community

What it is, who needs it, and ways to improve patient comfort

AM I AT RISK FOR CERVICAL CANCER?



Anyone with a cervix regardless of gender identity or sexual orientation is at risk for cervical cancer.

WHAT CAUSES CERVICAL CANCER?

Almost all cases of cervical cancer are caused by viruses known as the **human papillomaviruses (HPV)**.

HPV can enter cervical cells and cause them to change, potentially leading to cancer.

HOW IS HPV TRANSMITTED? IS IT COMMON?

HPV can be transmitted through any skin-to-skin or mouth-to-skin contact including vaginal, anal, or oral sex.

HPV is very common! Most sexually active people will have an HPV infection in their lifetime, and most do not cause cancer.

HOW CAN I REDUCE MY RISK?

Get vaccinated!

The HPV vaccine protects against the HPV types that most often cause cervical, vaginal, and vulvar cancers. Recommended for everyone through age 26.

Get screened!

Screening may detect changes in cervical cells years *before* they become cancer.

Screening starts at age 21-25* and continues through age 65 (may be recommended >65). It is recommended every 3-5 years; your provider may suggest more frequent testing depending on risk.

**Guidelines are changing. Speak with your provider for individual recommendations!*

Other ways to reduce risk:

Avoid tobacco products, use condoms during sex, and limit number of sexual partners as these all increase your chance of HPV infection.

HOW IS CERVICAL CANCER SCREENING DONE?

It includes the Pap test, HPV test, or both (co-testing). Both tests use cells taken from the cervix. These can be done in a provider's office or clinic.

Pap test: looks for changes on the cervix that have the possibility of becoming cancer.

HPV test: looks for the virus that causes these changes.

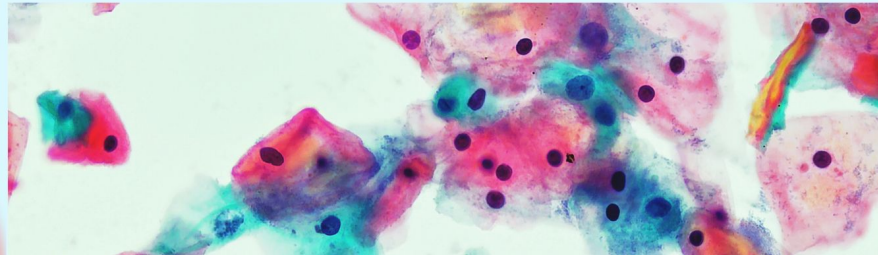
What to expect during a visit:

Patients lie on an exam table, with clothing removed from waist down. You will be provided with a cover or a gown.

A small instrument called a speculum is used to open the vagina and look at the cervix.

Cells are removed from the cervix with a sampling tool (usually a brush) and sent to a lab for testing.

The exam usually takes about 10 minutes.



For more information on cervical cancer screening & LGBTQ+ considerations, go to pridecentervt.org/screening/

Evaluation of effectiveness and limitations

Qualitative: Could be assessed qualitatively through surveying LGBTQ+ patients about their reactions to the pamphlet and if they feel less, more, or equally likely to have cervical cancer screening after reading it. Could be assessed through surveying medical providers regarding efficacy as well.

Quantitative: Could be assessed quantitatively through collecting data on the percentage of LGBTQ+ patients who chose to get screened after reading the pamphlet vs the percentage of those who chose to be screened prior to reading the pamphlet

Limitations:

- Some patients in LGBTQ+ community may be less likely to come to medical visits and in that case will not have access to the pamphlet.
- Some patients may not notice or choose not to read the pamphlet.
- Pamphlet not be spread out equally through patient rooms or waiting room.
- Language barriers—pamphlet is accessible to only English speaking patients.
- Limitations to screening go beyond understanding that one needs screening—patients may be unable to be screened due to transportation issues, inability to take time off work, financial barriers, etc.

Recommendations for future interventions/projects

Community outreach and education directed at LGBTQ+ community members who do not regularly see medical providers and may not feel as comfortable coming to medical appointments

Collaboration with the Vermont Pride Center to better educate patients on ways to make their cervical cancer screening visits more comfortable

Research into differences in likelihood of various LGBTQ+ patient age groups to be screened for cervical cancer

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