

## Poster #27

### Research Study

Title: "Prostate Health Screening in Gender & Sexual Minorities"

Brittney Pardinias; Leo Zheng; Pura Rodriguez de la Vega, MPH; Grettel Castro, MPH; Alan M. Nieder, MD; Noël C. Barengo MD, PhD, MPH

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**Introduction and Objective.** Prostate cancer is the most prevalent non-cutaneous cancer in men in the US with 110.4 out of 100,000 new cases in 2019. Although a study shows that transgender women and HIV positive men tend to have a worse prognosis, prostate health screening in the lesbian, gay, bisexual, and transgender (LGBTQ) community is not well understood and has been explored by limited studies. Our objective was to analyze the association between identifying as a gender and sexual minority born with male sex at birth in the US and obtaining a prostate-specific antigen (PSA) screening test compared to those who identify as cisgender heterosexual males.

**Methods.** This cross-sectional, analytical study used data from the 2019 Behavioral Risk Factor Surveillance System. Participants included individuals self-reported as male sex at birth and age 40+. Participants with missing data in any of the BRFSS items relevant to the study were excluded. The exposure variable was identifying as a transgender (male to female) or sexual orientation of gay, bisexual or something else. Past PSA tests were recorded as the main outcome variable. The covariates were race, ethnicity, education, income, HIV status and prior cancer diagnosis. Unadjusted and adjusted logistic regression analysis were used to calculate odds ratios (OR) and their corresponding 95% confidence intervals (CI).

**Results.** Identifying as transgender (male to female) was not associated with obtaining a PSA screening test ( $p=0.86$ ). The OR of obtaining a PSA screening for those who identified as transgender when compared with cisgender males was not statistically significant either (AOR = 1.55; 95% CI 0.71-3.37) for those who identified as transgender (male to female). There was no statistically significant association of obtaining a PSA screening test amongst those who identified as gay (AOR = 1.01; 95% CI 0.75-1.37), bisexual (AOR = 0.66; 95% CI 0.42-1.03) or something else (AOR = 1.20; 95% CI 0.72-2.00) when compared with straight men.

**Conclusions-Implications.** Although the LGTBQ community faces many barriers, results show that identifying as a gender and sexual minority born with male sex at birth does not predispose the patient to unobtainable PSA screening tests.

