

Lung Cancer **B-hlt** Screening Eligibility and Utilization Among Transgender **D-gen** Patients: An Analysis of the 2017–2018 **B-tme** United States **L-loc** Behavioral Risk Factor Surveillance System **M-dat** Survey **M-mth** .

Introduction Transgender **D-gen** and gender **D-gen** diverse (TGD) persons disproportionately face many health disparities including a higher risk **B-pcp** of lung cancer **B-hlt** . Lung cancer **B-hlt** screening (LCS) using low-dose **P-reg** chest computed tomography has reduced lung cancer **B-hlt** mortality **B-hlt** in eligible high-risk **B-pcp** smokers across several large trials, yet utilization of LCS remains low. TGD persons may be less likely to **R-rel** receive recommended cancer **B-hlt** screening compared with cisgender **D-gen** populations. We sought to compare eligibility for and utilization of LCS between TGD and cisgender **D-gen** persons in the United States **L-loc** . We also examined if the utilization of LCS varied by smoking status **B-use** within each gender **D-gen** identity group. Methods We analyzed data from the 2017 **B-tme** and 2018 **B-tme** Behavioral Risk Factor Surveillance System **M-dat** ( BRFSS **M-dat** ) cross-sectional survey **M-mth** to determine eligibility and utilization of LCS among TGD participants compared with cisgender **D-gen** persons. Logistical regression analysis of potentially confounding **M-mth** variables included age **D-age** category, race/ethnicity **D-rac** , income, employment status, health insurance, and having a personal doctor. Results Of 37 023 weighted respondents **M-mth** , 0.5% were TGD. Although eligibility for LCS was statistically similar (8.8% TGD vs. 12.2% cisgender **D-gen** ) ( adjusted odds ratio **M-sts** = 0.81, 95% confidence interval **M-sts** = 0.27–2.39,  $p = .703$ ), only 2.3% of TGD participants reported obtaining a LCS chest computed tomography versus 17.2% of cisgender **D-gen** participants ( adjusted odds ratio **M-sts** = 0.04, 95% confidence interval **M-sts** = 0.01–0.59,  $p = .019$ ). Smoking status **B-use** showed no association **M-sts** with LCS utilization among gender **D-gen** identity groups. Conclusions TGD persons may be less likely to **R-rel** receive LCS despite having similar smoking status **B-use** and eligibility of cisgender **D-gen** persons, suggesting a disparity in utilization of this preventative health service. Implications Targeted efforts to increase LCS utilization and promote smoking cessation **B-ces** for at-risk **B-pcp** TGD patients may be warranted.nan