

Policy Title: Breast & Chest Screening for Transgender, Two-Spirit and Gender-Diverse People	
Section: Eligibility	Reference No. SB 120
Effective: September 2018	Revised: March 2019

1. SCOPE

All Breast Screening Centre Staff
Client Services Centre Staff

2. BACKGROUND

Breast and chest screening is an important component of gender-affirming healthcare for transgender, Two-Spirit and gender diverse clients in British Columbia. The term transgender is an umbrella term that describes a wide range of people whose gender and/or gender expression is different from the sex assigned to them at birth and/or the societal and cultural expectations of their assigned sex. It is frequently abbreviated as “trans”. A trans person can have a binary gender (male or female) or a non-binary gender (a gender that is not exclusively male or female).

A transgender man is a person whose sex at birth was assigned as female, but whose gender (sense of self) is male.

A transgender woman is a person whose assigned sex at birth was male, but whose gender is female.

The term *genderqueer* is sometimes used by people with non-binary genders

A cisgender person is someone whose gender is the same as the sex they were assigned at birth (non-transgender)

Trans people are diverse – some people choose to transition medically and/or surgically, while others do not. The process of transition may include a range of medical and non-medical options such as hormone therapy, surgery, legal name and gender changes, and using binding or prosthetics to alter the contours of the body.

Top surgery refers to breast construction (augmentation) or chest construction surgery (bilateral subcutaneous mastectomy).

Bottom surgery may refer to gonadectomy and/or genital reconstruction.

For more definitions, please see the Trans Care BC website:

<http://www.phsa.ca/transcarebc/trans-basics>

Since a person's medical and surgical status can have implications for breast and chest health, it is important for members of the health care team to learn how to provide care and use language that honours a person's gender. Ways to do this in a clinical environment include:

- Modifying intake forms to be trans-inclusive.
- Ensuring there are single-stall or gender-neutral bathrooms available.
- Using the pronouns and name that the client uses (which may not match the name or gender listed on their CareCard).
- Documenting names and pronouns in a standardized place in the chart for other clinicians to see.
- Using affirming language when discussing body parts or care needs.
 - For example, a trans man is likely to refer to his upper body as his chest regardless of whether he has had surgery. Similarly, a trans woman is likely to refer to her upper body as her breasts, regardless of the size of her breasts or whether she has had surgery. If you are unsure, use gender-neutral terms ("upper body") or ask the client what words would be best to use.

Trans Care BC is a new PHSA program that aims to enhance the coordination of trans health services across the province. They have published a primary care toolkit for clinicians (<http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf>), and will be providing online CME-accredited courses for clinicians.

3. POLICY

This policy was developed in collaboration with Trans Care BC, PHSA¹, and with reference to the UCSF Centre of Excellence for Transgender Health website: <http://transhealth.ucsf.edu/trans?page=guidelines-home>.²

4. PROCEDURE

General principles:

- Screen based on the anatomy that is present.
- Use sensitive and affirming language when providing physical exams and tests.

¹ Trans Care BC, Provincial Health Services Authority. Website accessed April 28, 2018: <http://www.phsa.ca/transcarebc/>; Personal communication May 24, 2018.

² UCSF Centre of Excellence for Transgender Health website: <http://transhealth.ucsf.edu/trans?page=guidelines> accessed May 2, 2018.

Anatomy	Screening Recommendations
<p>Chest (Breast) Tissue :</p> <ul style="list-style-type: none"> Trans patient with NO history of Top Surgery (bilateral subcutaneous mastectomy) or with history of simple reduction mammoplasty. 	<ul style="list-style-type: none"> Screen as per cisgender (non-transgender) BC Cancer Breast Screening policy.
<p>Chest Tissue <i>after</i> Top Surgery:</p> <ul style="list-style-type: none"> Trans patient with removal of most, but not all, breast tissue (some tissue used to contour shape of the chest). 	<ul style="list-style-type: none"> Screening mammography is not feasible. Recommend follow-up with primary care provider (PCP). If high risk or patient/PCP concern, then may require physical exam and consideration of diagnostic ultrasound or other modality.
<p>Breast tissue associated with gender-affirming hormone therapy (estrogen use):</p> <ul style="list-style-type: none"> Trans patient with breast tissue growth associated with estrogen use. 	<ul style="list-style-type: none"> There are no evidence-based guidelines for screening in transgender women relative to hormone usage. Transgender women are thought to be at lower risk than cisgender women. Limited evidence regarding how to incorporate risk factors including duration of hormone use, family history and BMI. <ul style="list-style-type: none"> <u>Average risk:</u> <ul style="list-style-type: none"> If estrogen > 5 years and age 40 – 74, then screen as per cisgender (non-transgender) BC Cancer Breast Screening policy. <u>Higher than average risk:</u> <ul style="list-style-type: none"> If estrogen > 5 years and age 40 - 74, and one or more higher than average risk factors as described in Eligibility policy SB 001, then screen as per cisgender (non-transgender) BC Cancer Breast Screening policy for higher than average risk. Recommend discussion of other possible risk factors such as progestin use and BMI > 35 with PCP.

5. RELATED POLICIES

[SB 001 – Eligibility – Breast Screening Policy](#)

[SB 010 – Eligibility – Basic Booking Guidelines](#)

[SB 070 – Eligibility – Lobular Carcinoma In Situ \(LCIS\) & Equivocal Diagnosis for Breast Cancer](#)

[SB 080 – Eligibility – Breast Cancer](#)

6. RESPONSIBLE PARTY

Screening Operations Director
Breast Screening Medical Director