

ovacome..

The ovarian cancer support charity

Ovarian Cancer and LGBTQI+ communities: A quick guide for healthcare professionals





Over 7,500 people are diagnosed with ovarian cancer each year.

There is no screening programme for ovarian cancer and signs and symptoms can be vague. It is important for people to recognise the signs and symptoms and seek advice from a doctor as soon as possible.

People from LGBTQI+ communities experience significant health inequalities particularly in gendered spaces for sex-specific cancers. This guide was made to highlight some of the specific barriers which exist for those who may present with signs and symptoms of ovarian cancer and how to improve best practice.

Ovacome recently published information for trans men and non-binary people in partnership with OUTpatients. Visit the Ovacome website to find out more.



Barriers to healthcare access

LGBTQI+ people may lack trust in health and social care services [1]

In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months [2]

45% of trans and 55% of non-binary people feel their GP does not understand their needs [3]

57% of trans people avoid healthcare even when unwell [3]

23% of LGBT people have witnessed discriminatory remarks by healthcare professionals [4]

Citations:

[1] Adley et al. How LGBTQ+ adults' experiences of multiple disadvantage impact upon their health and social care service pathways in the UK & Ireland: a scoping review.

[2] Hidden Figures: LGBT Health Inequalities in the UK – LGBT Foundation

[3] (TransActual, Trans Lives Survey 2021).

[4] Stonewall, LGBT+ in Britain (2018)

Barriers to discussing ovarian cancer

Gender dysphoria can make discussing symptoms and testing for ovarian cancer difficult. It can be difficult to talk about organs associated with being assigned a different gender at birth.

Trans men and non-binary people with ovaries may be registered as male on their NHS record, and their medical history may be incomplete due to the gender re-registration process. It is therefore important to create a safe space for disclosing and discussing trans identity so that the correct referrals can be made.

LGBTQI+ people may face barriers within gynaecological cancer environments. They may experience discrimination and harassment in gendered spaces such as waiting areas and can feel excluded by hyperfeminized approaches such as only providing pink hospital gowns.

It can be difficult and isolating as a same-gender partner of someone diagnosed with ovarian cancer because resources and support groups are usually aimed at male heterosexual partners of people diagnosed. Partners can also be marginalised due to incorrect assumptions from healthcare professionals that they are the parent, sibling, or friend of the patient.

Best practice

- Remember the B.E.A.T symptoms for ovarian cancer. Bloating, Eating difficulty, Abdominal pain and Toilet changes.
- Understand that discussing these issues can be particularly hard for trans and non-binary people and approach the conversation with empathy.
- Trans people's medical records may not be complete, so creating a safe space for disclosure is important.
- Ask the patient if they would like to speak to a GP of a certain gender.
- Ask patients who they have brought with them to the appointment rather than making assumptions.
- Whilst there is currently no identified increased risk of ovarian cancer from taking testosterone hormone therapy (THT), remember that there is still a risk of ovarian cancer if someone has ovaries or fallopian tubes.

For further **information and support** please contact us:



- ▶ **Call:** 0800 008 7054
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- ▶ **Text or Whatsapp:** 07503 682 311
- ▶ **Go online** at ovacome.org.uk

Call, email or text our support line, open
Monday-Friday 10am-5pm

