

## **Breast Cancer in Trans Men and Trans Women**

At Bay Area Cancer Connections, our mission is to support all individuals impacted by breast or ovarian cancer. While significant efforts are focused on female breast cancer, other populations are also at risk for this disease, including males and transgender individuals.

Transgender people have a gender identity or experience that does not align with the sex assigned to them at birth [1]. Thus, to reduce psychological distress and promote physical changes, gender-affirming hormones can be administered. In the same manner that prolonged hormone exposure can modify breast cancer risk among cis-gender (non-transgender) populations, this same principle applies to transgender people. Unfortunately, data surrounding breast cancer incidence among transgender people is severely limited. However, a research group from the Netherlands recently investigated the incidence of breast cancer among trans men and trans women with a history of prolonged hormone exposure [2].

Among 2,260 trans women, 18 individuals had a breast event (15 invasive breast cancer and three ductal carcinomas in situ). Compared to cis men, Dutch trans women are ~47 times more likely to develop breast cancer. However, compared to cis women, trans women are one-fourth as likely to develop breast cancer [2].

When looking at 1,229 trans men, researchers reported four individuals had a breast event (all invasive breast cancer). When compared to cis women, Dutch trans men are one-fifth as likely to develop breast cancer, yet when compared to cis men, they are ~59 times more at risk. These occurrences are likely related to the estrogen therapy given to trans women and the testosterone and anti-estrogen therapies administered to trans men.

Understanding these risks becomes increasingly vital as we equally serve both cis- and transgender communities. Reports indicate increased hesitancy to seek out cancer prevention screenings such as mammography



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among transgender people [3]. In addition to potential hormone use, this can also increase an individual's risk of developing invasive or advanced disease.

Currently, screening recommendations among the transgender population vary depending on an individual's age and other risk factors such as the duration of hormone therapy. However, general recommendations include annual or biennial screening starting at 50 years of age.

Below is a summary of current recommendations from three leading advocates:

Patient	UCSF Center of Excellence for Transgender Health	Fenway Health	Endocrine Society Clinical Practice Guidelines
Transgender woman with more than 5 years of hormone therapy	Biennial screening mam- mography beginning at age 50 years	Annual screening mammog- raphy beginning at age 50 years	Similar screening to that for cisgender women Length of hormone expo- sure not specified
Transgender man without top surgery (average risk)	Similar screening to that for cisgender women	Similar screening to that for cisgender women	Similar screening to that for cisgender women
Transgender man who has undergone top surgery	Clinicians should engage in dialogue with patients about unknown risks	No reliable evidence for screening Consider yearly chest exam- inations	Not addressed

Table adapted from Parikh U., *et al.* [4] \*Fenway Health is a health service program serving LGBTQIA+, BIPOC, and other underserved communities in Boston, MA.

Promoting an inclusive environment and up-to-date information to all individuals is one way Bay Area Cancer Connections is dedicated to serving our community.

References:

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4. Parikh U., et al. Breast Imaging in Transgender Patients: What the Radiologist Should Know. *RadioGraphics* 2020 40:1, 13-27.