Study Finds Cancer Screening Disparities Among LGBTQ People

Sexual and gender minorities—notably transgender people—face screening barriers, for cervical and breast cancer.

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LGBTQ individuals, often referred to in research as "sexual orientation and gender identity" minorities, face various barriers to accessing healthcare. A new study published in Cancer found that LGBTQ people were less likely to follow expert-recommended cancer screening guidelines, particularly those concerning screenings for breast and cervical cancer.

"The current data highlight how sexual and gender minority populations, particularly transgender individuals, face significant disparities in accessing breast and cervical cancer screenings," said study author Timothy M. Pawlik, MD, MPH, PhD, of The Ohio State University Wexner Medical Center, in a press release.

Cancer is difficult to treat at advanced stages, and regular screening often leads to earlier detection. Depending on their risk factors, some people may require cancer screenings earlier than others, which is why talking to one's healthcare provider is essential.

The U.S. Preventive Services Task Force, the American Cancer Society and other professional organizations update screening guidelines based on the latest research. Cervical cancer screening through Pap tests and testing for high-risk human papillomavirus (HPV) types is recommended for people over age 20, and regular mammograms are recommended every two years for women ages 40 to 74. Colorectal cancer screening is recommended for people ages 45 to 75, and there are various screening options, including colonoscopy every 10 years, sigmoidoscopy every five years or stool tests every year. To learn more about screening recommendations, check out Cancer Health's "Cancer Screening Guidelines."

"We know these [sexual orientation and gender identity] individuals encounter distinct barriers than other traditionally marginalized groups," Pawlik told Healio. "Barriers that prevent more universal adoption of screening recommendations could result in differential outcomes in cancer

management due to late detection, so we specifically wanted to look at utilization and compliance with screening recommendations in this population."

For the study, researchers from Ohio State University used Behavioral Risk Factor Surveillance System data, a national system of telephone surveys gathered between 2018 and 2022, to assess cancer screening and prevalence among LGBTQ people. Of 663,924 survey respondents eligible for colorectal, breast and cervical cancer screening, 8,108 were sexual orientation minorities (such as gay, lesbian or bisexual) and 2,315 were gender identity minorities (such as transgender or nonbinary).

Among women, sexual orientation minorities were 8% and 16% less likely to undergo screening for cervical cancer and breast cancer compared with heterosexual women. Conversely, sexual orientation minority men were 10% more likely to receive colorectal cancer screening.

Gender identity minority status was associated with a 42% and 76% lower likelihood of cervical cancer and breast cancer screening when compared with screening rates among cisgender individuals. No differences were found by gender identity in colorectal cancer screening rates.

"The study emphasizes the urgent need for targeted interventions, including improved training for providers and policy reform, to bridge these gaps and ensure equitable, inclusive care," said Pawlik.

For a first-person perspective, read the recent Voices column "Pride and Cancer Survivorship" by Kyle DeLeon of the American Cancer Society's Cancer Action Network. And click #LGBTQ for stories such as "2025 NIH Grant Terminations. Targeted Health Equity and Gender Identity" and "Doctors Can Refuse to Treat LGBTQ People in Several States. How Does This Affect Patients?"
