

CERVICAL SCREENING IS IMPORTANT FOR TRANS AND GENDER DIVERSE PEOPLE WITH A CERVIX



Australian Centre
for the Prevention of
Cervical Cancer



VCS
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Trans and gender diverse people with a cervix are still at risk of cervical cancer and are recommended to have a Cervical Screening Test every 5 years

Further considerations:

- Trans and gender diverse people with a cervix experience unique barriers to cervical screening in Australia¹ and having a regular GP who affirms their gender can make them more likely to participate in cervical screening.
- Use the patient's preferred terminology when asking questions about their body and when explaining what the screening options involve.
- Ensure you document the patient's responses to the questions on this page to reduce the number of times they are asked to provide this information and ensure you obtain the patient's consent to share their preferred language with other staff/on referral forms.

Important

Pronouns

Why is this important?

Asking about your patient's pronouns is a simple way to affirm their identity and will contribute to a feeling of safety during the consultation.

Example question to ask

I choose to use she/her pronouns. What pronouns do you use?

Preferred term for genital area

Not all trans and gender diverse people with a cervix will use the same terminology. Some may prefer terms like 'front hole' or 'genitals' whereas as others may be okay with terms like vagina. Be guided by the patient and their preferences.

Before we get started, do you have any language or terms you prefer to use for your body or your genitals, so that I can help you feel comfortable?

Previous experience with Cervical Screening Tests

Asking directly about previous screening experiences is important as some trans and gender diverse people with a cervix may feel particularly uncomfortable or vulnerable during cervical screening. Knowing the history can inform safe practices for this consultation.

I understand cervical screening can be uncomfortable for some people. Would you like to discuss your previous experiences or is there anything I can do, or avoid doing, to make this a more comfortable experience for you?

Medicare demographic details

If the patient has not changed their details with Medicare, inform them that you will need to use their legal name on any Medicare related forms, including the pathology form, for benefit payments to be made. You can offer to write a brief letter to Medicare confirming their affirmed gender and request their name be changed.

I'm happy to refer to you as _____ but I will need to write your legal name on any Medicare related forms. If you would like to update the name you have on file with Medicare, I am happy to assist you with that.

Screening preference

Clinician-collection with a speculum may be unacceptable to some trans and gender diverse people with a cervix and may exacerbate any existing body dysphoria.^{2,3} HPV self-collection can overcome this barrier and may be more comfortable and acceptable, provided the patient is asymptomatic*. Approach this topic sensitively and ensure you support your patient to make an informed choice about how they screen.

For your screening test today*, you can choose to have your test taken by me with a speculum and a small brush, or you can self-collect your test using a soft swab. Would you like me to talk you through these options in more detail?

1 Kerr et al. Improving cervical screening in trans and gender-diverse people. *Cancer Nursing*. 2022 Jan 1;45(1):37-42.
2 Carroll et al. Uptake, experiences and barriers to cervical screening for trans and non-binary people in Aotearoa New Zealand. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 2023 Jun;63(3):448-53.
3 Berner et al. Attitudes of transgender men and non-binary people to cervical screening: a cross-sectional mixed-methods study in the UK. *British Journal of General Practice*. 2021 Aug 1;71(709):e614-25.

* Self-collection is not appropriate for people who have the following symptoms: post coital bleeding, unexplained intermenstrual bleeding, or any post-menopausal bleeding and/or unexplained persistent unusual vaginal (use patients preferred term) discharge

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Topical estrogen:

When discussing topical estrogen, explain to the patient that this will not have any feminising effects and:

1. Will not interfere with the systemic effects of testosterone.
2. Can improve the quality of the cytology sample and reduce the risk of an unsatisfactory or false-positive result.¹
3. Can be used indefinitely to improve vaginal^{*} dryness/discomfort.

Health service considerations:

1. Encourage all practice staff to participate in LGBTQ+ specific cultural sensitivity training.
2. Ensure trans and gender diverse people are properly recorded in patient record systems so recall letters and referrals use correct names, titles, pronouns and gender details.
3. Make the waiting room welcoming with posters and resources for the LGBTQ+ community.
4. Prominently display your health services non-discrimination and confidentiality policies.
5. Make clear your service's openness to disclosures about diverse sexualities and genders.²

Clinical Considerations

Is the patient taking any gender affirming androgen hormones such as testosterone?



Consider that the patient may have atrophic vaginal^{*} changes which can cause increased discomfort during speculum examination.



Clinician-collection: consider prescribing topical estrogen. For example: daily use of cream or pessaries for 3–7 nights before liquid-based cytology sample collection or daily use of cream or pessaries for at least 2 weeks before colposcopy, ceasing 1–2 days prior to appointment. A 2-week course of estrogen is recommended before clinician-collected samples for people who are likely to have severe vaginal^{*} atrophy.³

Self-collection: May be a more comfortable option. Consider wetting tip of swab with sterile saline to increase comfort. This will not interfere with results.

Has the patient undergone any surgical procedures such as a hysterectomy as part of their gender affirming therapy?



Do they still have a cervix?



Yes:
Proceed with CST consultation.

No:
Consult the NCSP Guidelines (flowchart 7.3) to inform management.

Unsure:
Consult patient records at relevant hospital.

Consider opportunistic testing as appropriate to the patient's context and sexual practices^{**}.



Is the patient recommended for any STI/BBV testing including syphilis?



Offer risk-based testing if required⁴.

* Use patients preferred term.

^{**} ACON's TransHub has helpful information on the 'parts and practices' model. For more information visit:



<https://www.transhub.org.au/clinicians/sexual-health?rq=parts%20and%20practices>

¹ Tabrizi AD. Atrophic Pap smears, differential diagnosis and pitfalls: A review. Int J Womens Health Reprod Sci. 2018 Jan 1;6:2-5.

² National Cervical Screening Program. Healthcare provider toolkit. People of diverse sexualities and genders (LGBTQI+)

³ National Cervical Screening Program Guidelines. Available from <https://app.magicapp.org/#/guideline/Eez2Kj>

⁴ Van Gerwen OT et al. Prevalence of sexually transmitted infections and human immunodeficiency virus in transgender persons: a systematic review. Transgender Health. 2020 Jun 1;5(2):90-103.