



LGBTQ+

BREAST/CHEST HEALTH

Cancer Screening Information



www.ScreenNJ.org

3 MAIN RISK FACTORS:

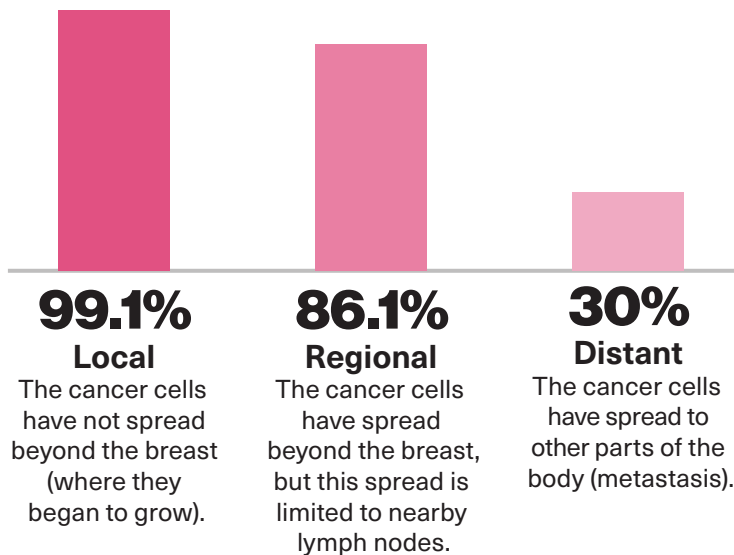
Having breast tissue, aging, family history.

There are no biological differences that put LGBTQ+ individuals at risk of breast cancer, but factors like discrimination, stigma, and isolation do impact health outcomes in community.

Research shows that due to past negative experiences with healthcare providers, LGBTQ+ individuals tend to delay regular health screenings, which results in later stage cancer diagnoses and worse outcomes.

Screening and early detection are the best tools in breast cancer treatment and survival.

5-Year Relative Survival



Lesbian/Bisexual Cisgender Women:

Experience breast cancer at higher rates than heterosexual cisgender women.

Are more likely to put off regular mammograms due to previous negative experiences, less likely to be pregnant or breastfeed, and have higher rates of smoking and obesity.

CURRENT SCREENING GUIDELINES:

Lesbian/Bisexual Cisgender Women:

- Between 40 and 44 have the option to start screening with a mammogram every year.
- 45 to 54 should get mammograms every year.
- 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- Familiarize yourself with how your chest looks and note any changes that occur.

Transgender Women/Transfeminine (Assigned Male at Birth)

- Transgender women with 5 or more years of hormone use are at a greater risk for breast cancer than cisgender men but a lower risk than cisgender women
- Mammograms may be appropriate for those aged 40 and older with 5 or more years of hormone use, speak with your health care provider about options.
- No screening exams are currently recommended for those who have not taken hormones.
- Familiarize yourself with how your chest looks and note any changes that occur.

Transgender Men/Transmasculine (Assigned Female at Birth):

- Mastectomy (breast removal) and taking male hormones are generally protective and lower the chances of breast cancer in trans men; however, there have been cases of breast cancer in men who had a mastectomy and received hormones, likely due to small amounts of breast tissue that remain after surgery.
- Those who have not had top surgery or had breast reduction surgery (some breast tissue remains), follow screening guidelines for non-transgender women
- Between 40 and 44 have the option to start screening with a mammogram every year.
- 45 to 54 should get mammograms every year.
- 55+ can switch to a mammogram every other year or can continue yearly mammograms. Screening should continue for as long as person is in good health and is expected to live at least 10 more years.
- Those who have had complete top surgery (double mastectomy), speak with your health care provider about screening options.
- Familiarize yourself with how your chest looks and note any changes that occur.

**STAY INFORMED.
GET SCREENED.**



Learn more at

<https://go.rutgers.edu/BreastCancer>

Screening guidelines are based on the current ACS recommendations and are for those of average risk.



Sources:

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