SUPPORTING LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE AFFECTED BY CANCER

WE ARE MACMILLAN. CANCER SUPPORT

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Introduction

Patient experience is influenced by social factors, as well as clinical ones. This includes sexual orientation and gender identity.

These articles are intended to support you in personalising care for Lesbian, Gay, Bisexual and Transgender (LGBT) people with cancer. They aim to promote a greater understanding of the needs of LGBT patients, and provide practical advice where you may feel unsure or embarrassed about what to say without fear of causing offence.

But first, a word on language, definitions and identities...

As professionals, definitions can seem numerous and daunting, especially if a definition we're not familiar with comes up in conversation with a patient. However, we should see definitions as a gateway to finding out more information about the patient. After all, they are being used to describe part of a person's identity, which may be useful to know when supporting them in making decisions about treatment.

'LGBT' refers to the terms lesbian, gay, bisexual and transgender. These terms are understood in a range of ways and not all LGBT people openly identify with them, so they are therefore not definitive. However, it is important that the language, definitions, and categories used to describe LGBT people are broadly understood by health professionals, and considered in terms of how they impact on the person themselves. Definitions can provide a common language for talking about oneself, and often bring communities together around a shared identity or common cause. Definitions are not always completely fixed, and can mean different things to different individuals.

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Reference
LGBT Foundation. Sexual orientation and monitoring. 2011.

If a definition or term comes up which you are not sure about – just ask the person to explain what it means to them.

Sexual orientation: terms and descriptions

Sexual orientation: A person's sexual, romantic and/or emotional attraction to another person.
Bisexual: Someone who is sexually, romantically or emotionally attracted to people of more than one gender.
Gay: Someone who is sexually, romantically or emotionally attracted to people of the same gender.
Heterosexual/Straight: Someone who is sexually, romantically or emotionally attracted to people of the opposite gender.
Lesbian: A woman who is sexually, romantically or emotionally attracted to other women.
Sexual orientation monitoring: Asking someone who they are romantically, emotionally and sexually attracted to. This should be similar to asking someone if they are married or their age; it is not a question about a patient's sex life. The only reason sexual orientation seems different is the potential embarrassment, unfamiliarity or hostility towards LGB people that exists.[1]

Gender identity: terms and descriptions

Assigned Gender: The gender a person is given at birth and what gets written on their birth certificate when they are a baby.

Gender identity: A personal concept of oneself as either male, female, both or neither. It can be the same or different to the gender they were assigned at birth. It also may not fit with a binary (male/female) gender system.

Trans (or transgender): An umbrella term to refer to all people who do not identify with their assigned gender at birth and/or the binary (male and female) gender system.

Trans women: Those who were assigned male at birth, but who identify as women.

Trans men: Those who were assigned female at birth, but who identify as men.

Non-binary people: Those with a gender identity that is not exclusively masculine or feminine and may be comprised of elements of either, both or neither.

Transsexual: This term typically refers to the subset of transgender people who have hormone therapies or gender reassignment surgeries to change their gender from that they were assigned at birth.

Cisgender: A term used by some to describe someone who is not trans. 'Cis' is a Latin prefix meaning 'on the same side' and is used to describe someone who identifies with the gender they were assigned at birth.

Gender identity monitoring: Asking someone about what gender term or terms most suit them. People often see gender as binary, yet an increasing number of people do not feel these terms fit with their identity and they may identify as non-binary or in a variety of other ways.

Trans status monitoring: Asking someone if they feel their gender identify differs from that which they were assigned at birth. This should only be collected at present where there is no direct link back to respondents' names or personal identifiable information, due to the additional confidentiality included in the Gender Recognition Act 2004.

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Julie Fish is Reader in Social Work and Health Inequalities and a co-convenor of the Social Work and Health Inequalities Network. She contributed to the Department of Health Public Health Outcomes Framework for LGBT people, is a member of the DH National Cancer Equalities Initiative and is a member of the ESRC Peer Review. Julie is currently funded by Macmillan for a study of LGBT cancer care.

Evidence base

What do we know about LGBT people's experiences of cancer?

It has been estimated that that 5–7% of the population are lesbian, gay or bisexual (LGB). This equates to approximately 3.6 million people.[1] It has also been estimated that 300,000 people in the UK are trans.[2] However, it is widely acknowledged that the methodology used to arrive at these figures can be improved with additional data that could be collected, so true numbers are likely to be higher. Thus, in comparison to other demographic groups, statistics about cancer incidence, mortality, and patterns of risk among LGBT people are often overlooked, because the National Cancer Intelligence Network does not currently collect data on sexual orientation or inclusive gender identity.

Monitoring

Organisations can use monitoring data to help them understand their staff and the communities they serve. This knowledge can be the basis for planning and delivering services more effectively. The desired outcome is fairness and equality, both in the planning and delivery of services and ultimately within communities. Monitoring can also help organisations assess whether they are making progress over time. Before undertaking improved monitoring, please read further information on the LGBT Foundation's website: **lgbt.foundation/policy-research/sexual-orientation-monitoring**

Conversely, poor quality healthcare data on sexuality and gender may lead to inadequate resource and service commissioning. It can also result in a lack of guidance for healthcare professionals, which may dissuade LGBT people from seeking the care they need.[3]

Emerging Evidence

We know from successive National Cancer Patient Experience (CPES) reports that LGB cancer patients report poorer experiences of cancer services than their heterosexual counterparts.[4] For instance, among 67,000 respondents, the recent CPES report for England revealed statistically significant differences between LGB and heterosexual patients in respect of 24 dimensions of experiences. These included:

- communication
- being treated with dignity and respect
- pain management
- access to adequate practical and emotional support.

This related to care and support from healthcare professionals in primary and secondary care, but also from self-help groups for people with cancer.

Inequalities and challenges

Attention to the need to Put Patients First, articulated in NHS England's Business Plan, acknowledges the need to put patients at the centre of healthcare and recognises 'hidden voices'.[5] There are now many ways that LGBT people have reached a greater level of legislative equality than ever before. However, in health and social care provision, LGBT people with cancer still face stigma and discrimination, as well as inequalities in both cancer outcomes and access to appropriate services.[6]

Compared with heterosexual and cisgender people, LGBT people are still disproportionately affected by health inequalities, including cancer risk factors such as higher rates of smoking, alcohol use and obesity.[7] LGBT people often report having difficulty accessing services because they feel or fear their needs haven't been considered by the service provider,[8] including because the language used is exclusive of those who have an LGBT identity.[9] This can, in particular, have a knock-on effect on later diagnosis, attendance at check-ups and screening, and exacerbate existing inequalities.

For trans or non-binary individuals, accessing services can be particularly challenging. Services are often gendered, and literature and imagery often assume a heterosexual cisgender point of view. Trans patients are among the most underserved populations in healthcare. They experience barriers to receiving quality healthcare including disclosure of their gender identity, and lack of professional knowledge and experience in providing care. There are also structural barriers, such as a lack of relevant information about acquired gender status on electronic health records.[10] A recent survey of trans people found that 21% had experienced discrimination, transphobia, homophobia or unfair treatment based on their gender identity from their GP.[11]

Further evidence of the needs of LGBT people can be found in publications such as:

- The Adult Social Care Outcomes Framework LGBT Companion Document.
- Macmillan's Emerging Picture on LGBT People with Cancer.
- Public Health Outcomes Framework LGBT Companion Document.

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WHAT WE'RE DOING:

Macmillan's community-led engagement approach

Macmillan's Inclusion Department has launched a national, community-led taskforce, to better understand the needs of LGBT people affected by cancer.

This work has taken place with a range of partners – including LGBT patients and carers, researchers, community partners, and service providers – to codesign solutions that work.

The LGBT and Cancer Taskforce has identified several challenge areas regarding cancer, which are explored in the following articles:

'Coming out' to healthcare professionals

Awareness of trans issues

Involving partners and carers

Access to information

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Ben is a Macmillan Excellence Award winner specialising in Living with and Beyond Cancer, Patient Experiences and Involvement, and the needs of LGBT people affected by cancer. He is the Founder and Chair of the LGBT Cancer Support Alliance and chair of the 'Changing Prospects for Cancer' Conference committee. He is also a Trustee for a Greater Manchester-based relationship charity called 'TLC: Talk, Listen, Change'.

'Coming out' to healthcare professionals

As a lesbian, gay or bisexual person, disclosing your sexual orientation to others is called coming out.

Coming out is not a one-off process. Throughout life, many situations will arise where an individual will need to disclose this information again.

The prospect of doing so can create a great deal of anxiety. How will the information be received? Will this result in discrimination? Most LGB people realise there can be both positive and negative effects, and make spot judgements on what to reveal depending on the circumstances. It is often an unpleasant and worrisome moment, and can greatly increase anxiety and stress.

Clinical consultations and LGB patients

A recent roundtable on the experiences of front line clinicians in 2016[1] by the Kings Fund highlighted several fundamental standards around clinical consultations, including:

- The patient should be as prepared as possible.
- The clinician should be as prepared as possible.
- The clinician should know the person before making the person into a patient.
- There should be a ready supply of information into the consultation.
- Confidentiality and dignity must be maintained.
- An important other person should be encouraged to participate in the consultation if the patient wishes.

Disclosure of sexual orientation (or lack of) should be considered during any audit against these standards. For example, same-sex partners may not be recognised and encouraged to participate in the decision-making processes. Treating a patient in a dignified manner depends on understanding their needs, values and relationships. Knowing the person (before 'making the person a patient') will require full disclosure of sexual orientation, and a requirement to understand how sexual orientation can have an impact on many aspects of an individual's life.

Hiding one's sexual orientation is associated with poorer physical health and psychological wellbeing. Disclosure, by contrast, is associated with improved care, including psychological well-being. Fewer than half of patients have disclosed their sexual orientation to doctors at their cancer diagnosis.[2]

LGB people often report experiences of assumed heterosexuality by healthcare professionals. This can result in people not revealing their status, due to the fear of discrimination, mistreatment and stigma. Where people have felt forced to come out about their sexuality, some people report inappropriate responses and questioning.

Facilitating Disclosure

Professionals can help to facilitate disclosure by using gender neutral terms (such as 'partner') and not using language that makes assumptions about the person with cancer (such as 'Mrs'). They can enquire as to who has come along with the person with cancer.

LGB people appreciate it when assumptions are not made about them, their sexual orientation, relationships, living arrangements or support network, and when professionals ask about these important areas of their life. However, evidence from a Macmillan study shows that LGB patients and carers report persistent insensitivities regarding their domestic and family life and the status of their partners.[3]

Research has shown that for a variety of reasons, clinicians can feel uncomfortable discussing issues surrounding sexual orientation with patients. Research also suggests that patients want to talk about sex and sexuality – and they prefer a clinician to initiate these conversations.

This can lead to a consultation stalemate, where patients may not receive appropriate advice that is specific to their needs.

A literature review by The University College of Cork investigated reasons why clinicians felt uncomfortable talking about issues of sex and sexual orientation.[4] It collated evidence from 12 publications, featuring discussions with medics and nursing staff. The reasons found were:

- Embarrassment.
- Lack of confidence and knowledge when dealing with issues of sexual health for LGB patients.
- Avoiding the issue of sexual orientation for fear of offending patients.
- Avoiding the issue because of lack of confidence and understanding around the emergence of new sexual terminology.

As part of their duty of care, healthcare professionals should be comfortable discussing sexual orientation. Many patients report that a relaxed and open attitude subsequently enables them to feel confident when asking difficult questions about their treatment.

We know that many patients wish to be involved in the decision-making process and want to feel informed about treatment options. Feeling unable to disclose their sexual orientation is a significant barrier to building trust between patients and their clinical team.

Monitoring Sexual Orientation

Sexual Orientation is one of the nine protected characteristics under The Equality Act 2010. This makes it unlawful to directly or indirectly discriminate against a person because of their sexual orientation. To ensure compliance under this legislation, organisations should be seeking to monitor sexual orientation for all patients as standard. As well as the legal impetus, including a question around sexual orientation as part of a clinical assessment would improve the quality of the assessment by identifying a characteristic that may have a significant impact on the care subsequently offered.

What is the right question to ask?

In some situations it may seem difficult to ask a person about their sexual orientation. An example might be a younger person, who may not be comfortable disclosing – or indeed may be struggling with – their sexual identity. Or for older people, there may be similar issues around 'living a life in the closet'. They may have past experiences of living with now-repealed discriminatory legislation.

Asking this question as part of a structured assessment, such as a holistic needs assessment, may go some way towards reducing anxiety around answering this question.

There are different perspectives on how to best phrase a question about someone's sexual orientation. The following can be taken as a suggested example:

Which of the following options best describes how you think of yourself?

- Heterosexual
- Lesbian
- Gay
- Bisexual

The question does not give an 'other' option or a 'prefer not to say' option.

Personal experiences

'I've had to repeat several times to the same people that "no, my wife will not be picking me up after treatment, my male partner will". Assumptions being made are bad enough but when the same people insist on referring to my non-existent wife it becomes very tiring.'

'Whilst going through my cancer treatment, I didn't make reference to my sexuality. I didn't feel safe; the medical professionals would frequently ask me who was at home, rather than whether I have a partner. It felt like my race was easier to deal with than my sexuality.'

'I'm a 60 year-old gay man, and was diagnosed with several types of cancer over several years. Each brought a different set of issues but the main issue was my sexuality. The hospital and health professionals could not get their heads around it. As far as they were concerned, I had some sort of HIV, so I was not treated for cancer immediately – in fact I had to endure several HIV tests and to illuminate this.'

'The assumption was that when I asked about sex, I was talking about penetrative sex. No-one asked me my sexuality and I didn't tell anyone I was bisexual.'

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Aimee is a trans woman, who works as Pride and Practice Coordinator at the LGBT Foundation in a role that also covers trans inclusion. Pride in Practice is a quality-assurance support service that works to strengthen and develop the relationship between primary care providers and lesbian, gay, bisexual and trans patients within their local community.

Awareness of trans issues

Like everyone else, trans and non-binary people want to be treated like the person they are.

In January 2016, the House of Commons Women and Equalities Select Committee published its Transgender Equality report, which found:

'Trans people encounter significant problems in using general NHS services, due to the attitude of some clinicians and other staff who lack knowledge and understanding — and in some cases are prejudiced. The NHS is failing to ensure zero tolerance of transphobic behaviour.' [1]

Research undertaken by the Equality and Human Rights Commission in 2015 has also identified that transgender people, as a group, experience severe and persistent disadvantage in accessing appropriate healthcare in a timely way.[2]

Thus trans and non-binary people are entitled to equity of access, and equality of outcomes. Those seeking medical care are protected by equality legislation against discrimination and should be respected when seeking general medical care.

Best practice for treating trans and non-binary people

Like everyone else, trans and non-binary people want to be treated like the person they are. They don't want to be shoe-horned into a system that doesn't accept or acknowledge them. Here are some tips on best practice for treating and working with trans and non-binary people:

- **Acknowledge the person who is there.** Many people go through a lot to arrive at their current place and time. They may have previously used a different name or a different way of referring to themselves, but it is important to acknowledge the person they are today. If you're unsure how to refer to someone, feel free to ask. Asking for, and using, the appropriate name, title and pronoun for trans people is a key way of demonstrating acceptance. Most trans and non-binary people are happy with the question 'What pronouns work best for you or how do you wish to be addressed?'

- **Include them in your monitoring.** Trans and non-binary people can feel like they are invisible if there is no place for them on monitoring forms, questionnaires, and surveys. Trans people can be unsure if they are permitted to tick the box for the gender they identify with, while non-binary people may be forced to draw their own. Asking if a patient is 'Female (including trans woman)', 'Male (including trans man)' or 'Non-binary' includes people. A second question asking 'is your gender identity the same as the gender you were given at birth' can be cross-referenced with the first to find out who your trans patients are and what their specific health needs are.

- **Know who to target.** Monitoring the trans status of patients can be extremely important in the case of cancer services. A person may have changed their gender on official records a long time ago and might have had Mr, Ms or Mx on their letterhead for years. However, if they have a cervix, they are still at risk of cervical cancer. If they have a prostate, they may still be affected by prostate cancer. Monitoring the trans status of your patients can allow you to send targeted information to relevant people, in a sensitive way that is accepting and affirming of their identity. It also ensures you are catering for the needs of an often-forgotten group of patients. It can also act as a prompt to remind services and health professionals that some of their patients may be trans – so that prostate cancer services, for example, aren't surprised when one of their patients is a woman!

Trans and non-binary: frequently asked questions

How can I tell if a person is trans?

To be honest, you can't. You may think you can know from 'signs' or 'clues' but it's best not to risk getting it wrong. The best thing is to create a space where a trans person feels they can share their identity with you.

This can be done by displaying posters that feature LGBT positive messages, on by asking open questions such as 'how would you like me to address you?' (Top tip: This question can be asked to anyone!) Having the option to disclose on forms and questionnaires is also a great example of inclusive practice.

Why is it important to know if someone is trans?

Most of the time, it isn't. In respect to trans people, they'd likely just wish you treated them as the gender with which they identified. It is important however, when collecting data on service delivery or when catering for specific needs.

Only by knowing the gender identity and trans status of service users, and cross-referencing this with other information, can an organisation know whether this group is being adequately supported or not. Like any group with a greater prevalence of negative outcomes, a greater investment in providing an equitable service is always worth it.

Are trans and non-binary people more at risk of developing cancer?

Like many groups who may find themselves marginalised, trans and non-binary people can be more involved in behaviours that can lead to cancers than members of the general population. Consumption of alcohol, tobacco and other drugs are more prevalent across people who identify as members of this community.

A greater danger, however, is the barriers preventing trans and non-binary people accessing healthcare services. It is important that professionals work with trans and non-binary people to remove these barriers so that this group has the same opportunity to accessing cancer treatments as other sectors of society.

How do trans and non-binary people fit into the LGBT community?

While the term 'trans' is an umbrella providing support for a range of people, the term 'LGBT' is an even bigger umbrella providing support for all lesbian, gay, bisexual and trans people. Gender and sexual orientation are two completely different things, with gender being who we are and sexual orientation being who we are attracted to. This means that trans people can have any sexual orientation, and can be lesbian, gay, bisexual, or straight, just like anyone else.

'One of the things about being a trans woman with prostate cancer, is it's a constant reminder that I was born male. Every time I go to the hospital, "I have prostate cancer" – so therefore "I'm male". I'm constantly being told when I go for blood tests that I've got the wrong forms and I say to them "no, I'm a trans woman and I've got prostate cancer". It can be quite hard to be a trans woman with prostate cancer, no harder than others with the same cancer, but there are just other things we have to deal with.'

More help and further reading

There are more and more places offering support to trans and non-binary people and those who are likely to come into contact with them (ie everybody). If you're looking for more information, here are a few places to start:

- LGBT Foundation: **lgbt.foundation/trans**
- Action for Trans Health: **actionfortranshealth.org.uk/about**
- National LGBT Partnership: **nationallgbtpartnership.org/publications/trans-health-factsheets**
- Gender Identity Research & Education Centre: **gires.org.uk**

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Involving partners and carers

Like most people, LGBT people want to be able to make informed choices about their healthcare. There is a need for LGBT patients themselves to be able to define who their partners and carers are.

This comes with a recognition from healthcare professionals that, for some, birth family members may not be supportive or the most important part of someone's LGBT identity.[1]

LGBT people wish for the involvement of their partners and carers to be welcomed and valued by healthcare professionals. They appreciate it when their relationships are acknowledged, accepted and respected.

Too often, partners are excluded from discussions about care because they are not recognised as a partner. The 2013 National Cancer Patient Experience Survey for England[2] includes several reports of lesbian couples not having the potential impact of cancer treatment on fertility explained in a sensitive manner. There were also concerns raised about partners not being seen as the next of kin, but assumed to be friends, and thereby being denied information and feeling excluded from conversations.

The complexities of these relationships can put extra strain on the patient at an already vulnerable time. It is important that LGBT people are able to access the care and support they need from those they wish to be closest to them.

We all recognise that patients require support from those closest to them, often wishing them to be involved in making decisions about treatment.

At the very least, having a partner or carer included in a conversation means that they will have picked out different, often important aspects of the consultation that the patient may not recall afterwards. For example, a gay man considering treatment options for localised prostate cancer (prostatectomy or radiotherapy) may wish to discuss the impact that each treatment modality might have on his sex life in the future and therefore the relationship he is able to have with his same-sex partner.

It is vital that LGBT cancer patients feel able to (and are encouraged to) bring their partners to consultations and treatments. Some LGBT people may feel unable to do so, due to concerns about the reactions of staff – but we know the value partners and family can have in being an advocate and assisting in obtaining information and treatment. Same-sex partners should be included in the same way as opposite-sex partners, with gender-neutral language used that mirrors and respects the language of patients: eg 'partner'.

When patients unfortunately require end of life care, it is essential that partners and carers are involved and included as much as they wish to be, both in being allowed to provide care but also in decision-making. This will improve the care provided for the patient but also help the carer or partner through the bereavement process in the future with positive and abiding memories of their loved one.

Personal experiences

'Being laughed at because it was thought I was joking when I gave my same sex partner's name as my next of kin.'

'Every step of the journey is still very vivid to me: waiting outside the consultant's office, going in and saying "This is my partner", and then the very skilled way that the consultant talked to us. He confirmed that, no it wasn't a throat infection, but cancer, probably lymphoma. He sat and faced us straight on, not looking at his computer screen. He gave us the bad news in a direct way, and then left some space for us to respond. Though the news was a horrible shock, the way he delivered it was clear, honest, direct, and warm, and respectful to us as a lesbian couple.'

'My partner has been a rock throughout my illness, just as he has been for the last 32 years. Since my diagnosis, he's been even more so, being there every step of the way, fully supporting me. Before I was told my diagnosis, he'd come to the hospital with me but would stay in the waiting room while I saw doctors alone. This was in an effort not to be an openly gay couple and he adopted this strategy not because we were in the closet in our real life but because of the varying degrees of anti-gay behaviour within the healthcare system, ranging from misunderstanding and ignorance through to hostility, that I had personally experienced since being referred for cancer.'

'My partner had breast cancer. Although the care she received was generally good, our relationship was never acknowledged. At best, I was treated as her "friend". That, at times, we found difficult and stressful.'

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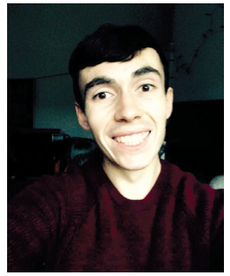

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Access to relevant information

Macmillan is taking proactive steps to connect with the LGBT community and discover more about their information needs.

This has so far been focused around collaborations with the Manchester-based LGBT Cancer Support Alliance and CliniQ, a sexual health and wellbeing clinic for trans people.

In separate workshops with LGB and trans people affected by cancer, we reviewed several of Macmillan's cancer information booklets, highlighting issues around inclusivity and scoping any information currently missing. This allowed us to gain insight into a variety of gaps in our information; gaps which often result in the nuances of LGBT individuals' requirements in their cancer journey going unmet.

In general, the advice contained in cancer information resources may not reflect the lifestyles and identities of LGBT people. This was a common cause of frustration among LGBT people at our workshops, who told us they can feel isolated and as though the information isn't relevant to them, or sometimes even misleading.

This was especially the case when the information concerned relationships, familial connection or body image – particularly for transgender individuals, when it concerned a part of their body they no longer identified with.

The impact of cancer on an LGBT people's sex lives, fertility, legal rights and support networks were common themes in both workshops.

'The type of cancer I have affects only men or transsexual women who were born male. This type of cancer, and the treatments for it, have a massive impact on sexual function and sexuality. Yet 99% of the information and advice available at every stage from the initial investigations onwards is geared up for straight men with opposite sex partners.

The assumption is always made that the patient is straight and I've yet to meet a doctor who knew that the side effects and long-term after effects of various investigations and treatments could be different for those of us who are not straight. I have been given incorrect and potentially dangerous advice about having sex because health professionals didn't have the correct information for a gay man.'

Information around screening

LGBT people are less likely to have routine screening tests due to fear of discrimination, or a common misconception, from both an individual and health professional's point of view, that they are not at risk.

This lack of awareness often means that LGBT people seek support after significant delay, not at all, or in crisis. This delay in diagnosis means individuals may have less opportunity to take advantage of early interventions and preventative support.

The LGBT Foundation's Pride in Practice initiative has produced guidance highlighting cervical, breast/chest, AAA, bowel, prostate and pelvic screening for the transgender community. The initiative continues to promote awareness around prostate screening for men who have sex with men, and cervical screening for women who have sex with women.

Specific screening guidance for trans patients

Trans patients should be offered cancer prevention screening that is not sex-specific, in line with standard recommended practice (eg bowel screening). However, trans people are not routinely invited for screenings around gender-specific cancers, and thereby are omitted.

A commonly-held perception is that transgender individuals no longer require screening of their previous sex organs. This is not necessarily true and can lead to much confusion and higher risk of certain cancers. For example, if a trans man retains a cervix, conduct cervical screening. A male to female individual will not need cervical screening, even if she undergoes sex-reassignment surgery (genital surgery) as no cervix is present. But she will retain a prostate, so offering prostate-specific antigen testing in line with usual practice would be appropriate.

It is important that health professionals and staff use the right pronoun when talking to an individual. If in doubt, ask the individual how they prefer to be addressed. For more information about screening for trans people, read the LGBT Foundation's Pride in Practice Guidance for trans patients: **lgbt.foundationprideinpractice**

Visibility

More often than not, written materials on cancer may assume a heterosexual, cisgendered point of view in terms of the imagery and language used.

Many people look for visual clues in a service before they meet with a professional, helping them to identify whether the service is going to be supportive and relevant to their needs. Posters of LGBT schemes supported by the service can help people to feel that there

will be sufficient awareness among the staff, and that they can access relevant support if needed. Visual clues that LGBT people are recognised and welcome – for example through the display of posters, service leaflets for LGBT organisations or rainbow-coloured stickers, badges on lanyards – were suggested by workshop participants as examples of good practice. Featuring images of LGBT individuals and couples in domestic or social settings (routinely used from a heterosexual, cisgendered perspective in information resources) was highlighted by workshop participants as a proactive step to engage with the LGBT community, and demonstrate the accessibility and inclusivity of services.

Through Macmillan's work to begin to improve experiences and care for LGBT people affected by cancer, Macmillan has for the first time featured a gay couple on its national poster for its Mobile Information and Support Buses. Based on feedback, the poster includes a rainbow badge and a caption which denotes that Ezio, the patient, is with his husband, Simon.

Healthcare professionals may want to review their information and publicity materials to see if LGBT people and their experiences are reflected in them. Professionals may want to consider developing materials aimed at the LGBT communities, possibly through a co-production approach involving LGBT organisations or representatives. LGBT people appreciate it when health providers demonstrate they are LGBT-friendly through displaying relevant materials in the waiting area or on their website.

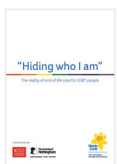
Macmillan's national LGBT and Cancer Taskforce workshops, and the wider work of the LGBT Cancer Support Alliance, have been pivotal in informing Macmillan's approach to the LGBT community. These efforts have developed the potential actions that can be taken to improve our information and services to better meet the needs of LGBT people affected by cancer. There are some 'quick wins' to be made in improving the inclusivity of our publications, for example by including more diverse images of LGBT people, rather than the expected, heteronormative stock images. But greater investigation and understanding of the specific needs of the community holds the true promise in how Macmillan informs and develops its content and organisational outlook, to better engage and support all people affected by cancer.

Resources

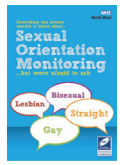
No one overlooked: experiences of LGBT people affected by cancer
A Macmillan report examining patient experiences and inequalities. Visit **macmillan.org.uk/inclusion** and click on 'resources and publications'.

The emerging picture on LGBT People with Cancer
A Macmillan report summarising the numbers, needs and experiences of LGBT people affected by cancer. Visit **macmillan.org.uk/richpictures**

Walking into the unknown
A report on Macmillan-commissioned research, carried out by the charity Brap, into discrimination and inequalities in cancer care. Download at **tinyurl.com/macbrap**

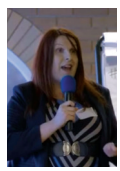


Hiding who I am – The reality of end of life care for LGBT people
Marie Curie report in partnership with Kings College London and The University of Nottingham. Download at **mariecurie.org.uk/lgbt**



Everything you always wanted to know about sexual orientation monitoring ... but were afraid to ask
An LGBT Foundation/NHS North West report that highlights the benefits of effective sexual orientation monitoring for organisations, staff and service users. Visit **lgbt.foundation/policy-research/sexual-orientation-monitoring**

Video: Talking about sex and sexuality – a guide for men living with and beyond cancer
A video by the Christie NHS Foundation Trust, featuring a gay man talking about for sex after treatment for prostate cancer. Visit **christie.nhs.nhs.uk/about-us/about-the-christie/the-christie-films**



Video: Trans people and cancer
A lecture by LGBT Alliance member Tara Hewitt. Watch at **tinyurl.com/transcancer**