

Addressing Cancer Disparities in LGBTQ+ Communities

For the American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) health equity means that everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer – no matter how much money someone makes, the color of their skin, sexual orientation, gender identity, disability status, or where they live. A critical factor for eliminating disparities and ensuring health equity is the guarantee that all people have access to quality, affordable health care. Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) people face a unique and increased cancer burden, disproportionately burdened with risk factors, screening disparities, obstacles to prevention, detection, and treatment because of systemic factors that go beyond the connection to cancer.

ACS CAN aims to deepen our support for LGBTQ+ communities that are impacted by cancer, our partnerships that serve this population, as well as [our volunteers](#), including our [LGBTQIA+ & Allies Engagement Group](#), and LGBTQ+ staff. By ensuring that everyone, including LGBTQ+ communities have access to care, harmful diseases like cancer can be detected and treated earlier – often resulting in better outcomes and less costs to the health care system. ACS CAN evaluates legislative and regulatory engagement based on cancer-related evidence that impacts our mission, in addition to other factors including impact on other priorities, coalition engagement, and political calculus of viability of the proposal’s enactment, as examples. ACS CAN advocates for policies that address LGBTQ+ disparities in cancer prevention, early detection, treatment and survivorship. These policies include:

Prevention

- Eliminate tobaccoⁱ use to address health disparities among LGBTQ+ communities
 - In 2021, 15.3% lesbian, gay, or bisexual adults smoked cigarettes compared to 11.4% of heterosexual adults. Research has also found that transgender and gender diverse adults have a three times greater likelihood of current tobacco use compared to cisgender adults. Cigarette smoking is associated with a 25-fold increased risk of lung cancer, as well as higher risk for 11 other cancers.ⁱⁱ
- Oppose conscience clauses and other discriminatory bills
 - When health care providers refuse to provide health care services on religious or moral grounds, barriers are erected to screening, cancer treatment and other health care services and create health care settings that feel unsafe for LGBTQ+ individuals. Examples include Montana’s [HB 303](#) and Florida’s [SB 1580](#) which would allow providers and payors to deny care that conflicts with their conscience or to which they have a moral objection.

Access to Care

- Protect access to care through Medicaid expansion, insurance protections and network adequacy, which is a requirement for health plans to ensure enrollees have timely access to the providers they need to obtain covered services and treatments.

- ACS CAN has supported federal bills such as the [Respect for Marriage Act](#), which was signed into law in 2022 and ensures marriage equality for same-sex couples and their families and protects their ability to access employer-sponsored health insurance.
- Protect fertility preservation for cancer patients
 - Some cancer treatments can cause infertility, and as a result, individuals with cancer may choose to preserve their fertility prior to treatment. Every patient with cancer should receive evidence-based information about all treatment options and be able to maximize their chance for survival by receiving recommended care promptly.ⁱⁱⁱ
- Increasing access to inclusive and culturally competent patient navigation services
 - Culturally appropriate patient navigation services have been shown to help improve health outcomes for diverse racial and ethnic populations, including Black people, by facilitating improved health care access and quality through advocacy and care coordination, as well as by addressing deep-rooted issues related to mistrust in providers and the health system and empower the patient population they serve. However, patient navigation is still absent or limited in many cancer programs and hospital settings due to costs and a lack of long-term funding to pay for these services.

Accelerating Cures

- Support increasing data collection of sexual orientation and gender identity (SOGI) data.
 - Gaps in cancer information about LGBTQ+ communities can be due to the lack of data collection and representation in cancer registries, clinical trials and cancer research.
 - Increased data collection is critical to inform and better characterize the cancer burden affecting LGBTQ+ communities.
- Eliminating disparities in clinical trials for LGBTQ+ people
 - Clinical trial inclusion and exclusion criteria determine which patients are eligible to participate in a clinical trial, sometimes preferentially excluding demographic groups.
 - Data collection barriers for the LGBTQ+ communities also impact LGBTQ+ representation in cancer clinical trials.

Health Equity

- Continue to support legislation that prohibits discrimination on the basis of sex, sexual orientation and gender identity in employment, housing, public accommodations, education, and federally funded programs
 - Such as protecting the 1557 provision of the Affordable Care Act (ACA) that ensures broad protection against discrimination of LGBTQ+ people in healthcare services as well as supporting passage of the Equality Act.

ACS CAN will continue to advocate for policies through a cancer lens that advance health equity, increase access to care, and strive to eliminate LGBTQ+ discrimination.

ⁱ ACS CAN recognizes the important role of ceremonial tobacco for many indigenous communities. This term is intended to address commercial tobacco, not the provision, possession, or use of tobacco products as part of an indigenous practice or other recognized religious or spiritual ceremony or practice. All references to tobacco and tobacco products in this fact sheet refer to commercial tobacco.

ⁱⁱ US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

ⁱⁱⁱ American Society of Clinical Oncology. Fertility Preservation and Cancer. <https://www.asco.org/sites/new-www.asco.org/files/content-files/advocacy-andpolicy/documents/2022-Fertility-Preservation-Brief.pdf>.