

# Cancer in Sexual and Gender Minorities: Role of Oncology RNs in Health Equity

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Despite comprising almost 8% of the population of the United States, sexual and gender minority (SGM) patients with cancer experience health inequities with poorer outcomes than non-SGM patients. Although sex-based guidelines exist for certain cancers, including prostate and cervical cancer, visibility into the specific needs of SGM patients is lacking because of the absence of systematic data collection and population-based studies. Oncology RNs are pivotal in providing patient-centered care inclusive of SGM people living with cancer. This article reviews current progress in cancer care for SGM patients and emphasizes the role of the oncology RN.

## AT A GLANCE

- SGM patients experience unique challenges in cancer care, including coming out to healthcare providers, healthcare providers refusing to provide care, and a potential lack of caregiver support structures.
- Institutions need to make SGM patients with cancer feel welcome and comfortable discussing their gender, sexual orientation, and specific healthcare needs.
- Nurses must stay knowledgeable about evolving literature regarding SGM patients and advocate for practices that are inclusive of and responsive to the needs of SGM patients.

## KEYWORDS

sexual and gender minority; health equity; welcoming care

## DIGITAL OBJECT IDENTIFIER

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The concept of patient-centered care, despite its wide acceptance in oncology nursing, still excludes many sexual and gender minority (SGM) individuals. Sexual minorities include individuals who identify as gay, lesbian, or bisexual, and gender minorities include individuals whose gender identity or expression is discordant from their sex assigned at birth (Centers for Disease Control and Prevention, 2022). SGM terminology evolves as researchers study, learn, and publish about different identities and orientations. Table 1 provides current definitions for some commonly used terms. Although research initiatives among SGM patients with cancer have matured, the SGM community continues to face multiple challenges that create barriers to accessing care equivalent to that received by non-SGM patients. The absence of robust, disaggregated SGM research has resulted in a lack of population-tailored, evidence-based guidelines. Many outcomes specific to SGM individuals are invisible because health systems do not consistently or systematically collect sexual orientation and gender identity (SOGI) data using standardized intake processes (Lynch et al., 2021; Scout, 2023). The systematic suppression of SGM-specific data results in cancer screening guidelines that vary little from those for the general population, despite evidence suggesting a higher risk of certain cancers in SGM patients (Hudson et al., 2017; Lombardo et al., 2022; Scout, 2023).

The experiences of SGM patients with cancer accessing health care differ in distinct ways from those of their non-SGM counterparts (Leone et al., 2023; Lisy et al., 2018; Ussher et al., 2023). For example, heterosexual or cisgender individuals can assume they will not be turned away from cancer care based on being heterosexual or cisgender, but SGM patients with cancer cannot assume that they will receive care when coming out to their healthcare providers (HCPs) (Scout, 2023). SGM patients with cancer may also face estranged biologic family relationships after coming out, resulting in the need to assemble a chosen family for informal caregiving during the cancer trajectory (Neville & Henrickson, 2009). RNs continue to be the most trusted health professionals in the United States (Brenan, 2023) and, therefore, have a powerful platform to help close the gap in equitable cancer care for SGM patients. This article reviews current progress in cancer prevention and treatment in SGM patients and describes the role of the oncology RN in the care of and advocacy for this patient population.