



# Researcher, Clinician, and Community Discussion Sessions to Inform an Understanding of Cancer Disparities in the Transgender and Gender Diverse



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## BACKGROUND:

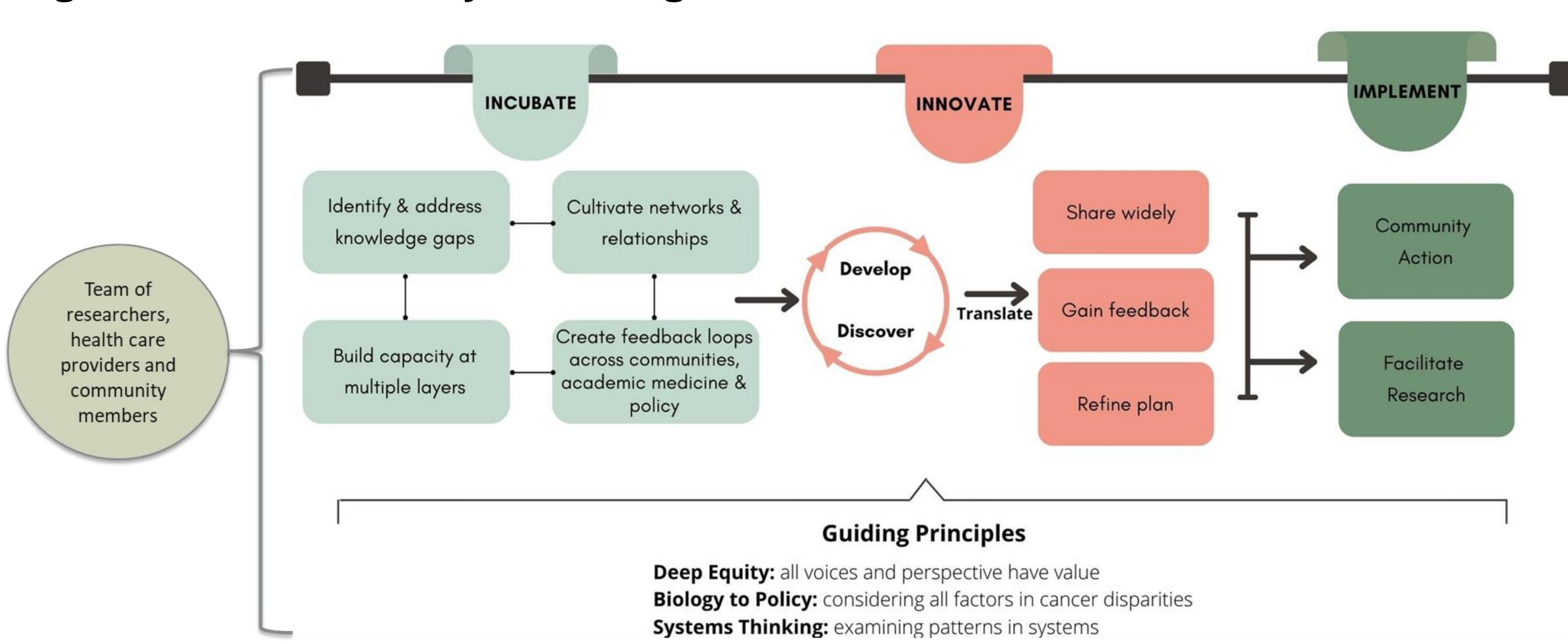
The transgender or gender-diverse (TGD) population experiences barriers and challenges to health across the socio-ecological spectrum. Simultaneously, there is limited data on cancer in TGD persons. While advances in data-capture provide promising opportunities for future research, a comprehensive understanding of cancer disparities for the TGD community is needed to inform clinically and socially relevant research questions across the cancer continuum. The **Community and Cancer Science Network (CCSN)** is a transdisciplinary network focused on addressing statewide cancer disparities through authentic and sustainable collaborations between academia and community in Wisconsin.

Our approach leverages academic and community expertise and is grounded in principles of **deep equity**, **systems-change**, and the **integration of biology to policy**.

We bring diverse perspectives together through a three-phase model:

- 1) Incubate** - co-learn among team members to build trust and knowledge, integrate diverse perspectives and create a shared vocabulary;
- 2) Innovate** - use learnings to develop, prototype and pilot potential solutions;
- 3) Implement** - execute scalable and sustainable solutions.

Figure 1. CCSN Theory of Change Framework



## Methods

Our study aimed to develop a transdisciplinary (TDS) academic-community team to create a shared understanding of factors associated with cancer disparities in the TGD population. To inform team development, we used a stakeholder matrix to assess which perspectives 1) we must have, 2) we should have, and 3) those we could have (Figure 2). The TDS team is led by a biomedical researcher with experience working with the TGD population and the founder of a national TGD organization, Forge.

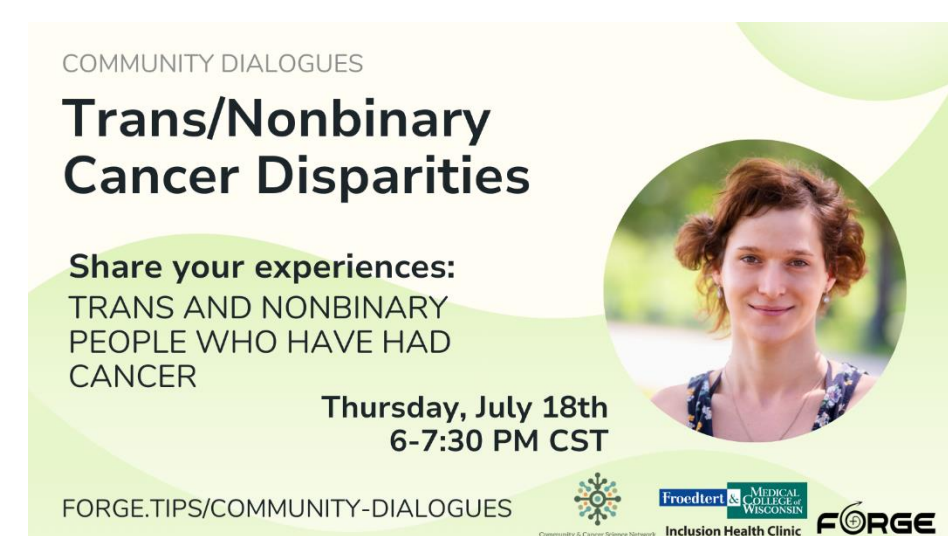
Once gathered, the TDS team has met regularly and used several tools to ground their collective understanding of cancer disparities in the TGD community such as literature reviews and facilitated discussions. This included developing a root cause analysis of cancer disparities in the TGD population.

The team also conducted discussion sessions and interviews with researchers, health care providers, TGD-serving organizations, and community members (N=48) to enrich the team's understanding of factors associated with cancer disparities.

- Researchers and healthcare providers were recruited through invitation from leadership team and snowball sampling.
  - Researchers included basic sciences, clinical research, and population health.
  - Healthcare providers included allied health and clinicians, from community settings as well as academic medicine.

- Community members were recruited through social media by FORGE, in Milwaukee.
  - Groups were focused generally on TGD individuals, as well as specific groups such as older TGD individuals, TGD individuals who had cancer, non-White TGD individuals, and parents of TGD minors.

- All sessions were held virtually and conducted by CITI-trained facilitators. The community sessions were led by an individual identifying as gender diverse
- Data were summarized and thematized and groups were compared, and data were added to a revised root cause analysis by the leadership team



## RESULTS

### TDS Team.

The Stakeholder Network Analysis informed the creation of our TDS team of 16 individuals including:

- Community and faculty co-PIs,
- Healthcare providers from an academic medical center and community setting
- Basic science, clinical and population health researchers
- Several members of the TGD community and a parent of a TGD child.
- The team also includes a facilitator and an independent evaluator.

Figure 2. CCSN Stakeholder Matrix

CCSN STAKEHOLDER NETWORK ANALYSIS  
Mapping of Perspectives for TDS Team: Understanding cancer disparities in the transgender & non-binary population

Given: Southeastern Wisconsin, adult

	Community (4): trans-community voices/centrality of role is in trans community	Provider in Community (3) - centrality of role is in services, clinical care, programming, advocacy/access	Academic Medicine/ Researchers (4) - centrality of role is in basic, clinical, translational research
<b>Must Have - our team must have these voices</b>	<ul style="list-style-type: none"> <li>• Cancer survivor from trans community/non-binary population and/or caregiver/co-survivor ("I" or "we" went through this)</li> <li>• Three trans/non-binary community members, one with stated cancer experience, one lives outside of metro-Milwaukee; one with community-based organization and mutual aid experience</li> <li>• Grassroots/Mutual Aid or community-driven support</li> </ul>	<ul style="list-style-type: none"> <li>• NP, MD, DO, (gender-affirming care)</li> <li>• Primary Care</li> <li>• -One NP</li> <li>• -One OB/GYN- in gender affirming care</li> <li>• Oncology</li> <li>• Mental Health provider</li> </ul>	<ul style="list-style-type: none"> <li>• Dual Clinical/Research Role</li> <li>• Primary Care</li> <li>• Oncology</li> <li>• Basic Science</li> <li>• Inclusion Clinic, Endocrinology or Gender-Affirming Space</li> <li>• Population/ health services researcher</li> </ul>
<b>Should Have - our team should have these voices, or we will intentionally seek their input</b>	<ul style="list-style-type: none"> <li>• Interfaith</li> <li>• Community-serving organization with focus on trans/non-binary community</li> <li>• Multiple body/health issues</li> <li>• Member of transgender/non-binary population</li> </ul>	<ul style="list-style-type: none"> <li>• Surgeon (non MCW/Froedter)</li> <li>• Pharmacist</li> <li>• Health policy/health care policy</li> <li>• Healthcare navigator</li> <li>• Social work (could fill other roles)</li> </ul>	
<b>Could Have - If we can seek this input or voice, we will</b>	<ul style="list-style-type: none"> <li>• Diverse and Resilient (specific Milwaukee community-based non-profit)</li> <li>• Milwaukee LGBT Community Center (specific Milwaukee community-based non-profit)</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing and Communications</li> <li>• Hospital administration</li> <li>• Billing</li> <li>• Legal/healthcare</li> <li>• Providers outside of SE WI- rural issue</li> </ul>	<ul style="list-style-type: none"> <li>• Researchers outside of SE Wisconsin who might be doing similar work</li> <li>• MCW graduate school leadership</li> <li>• MCW medical school leadership</li> <li>• MCW pharmacy school leadership</li> </ul>

After engaging in literature reviews and discussions among the team members, the TDS team created a root cause analysis (Figure 3) of cancer disparities in the TGD population.

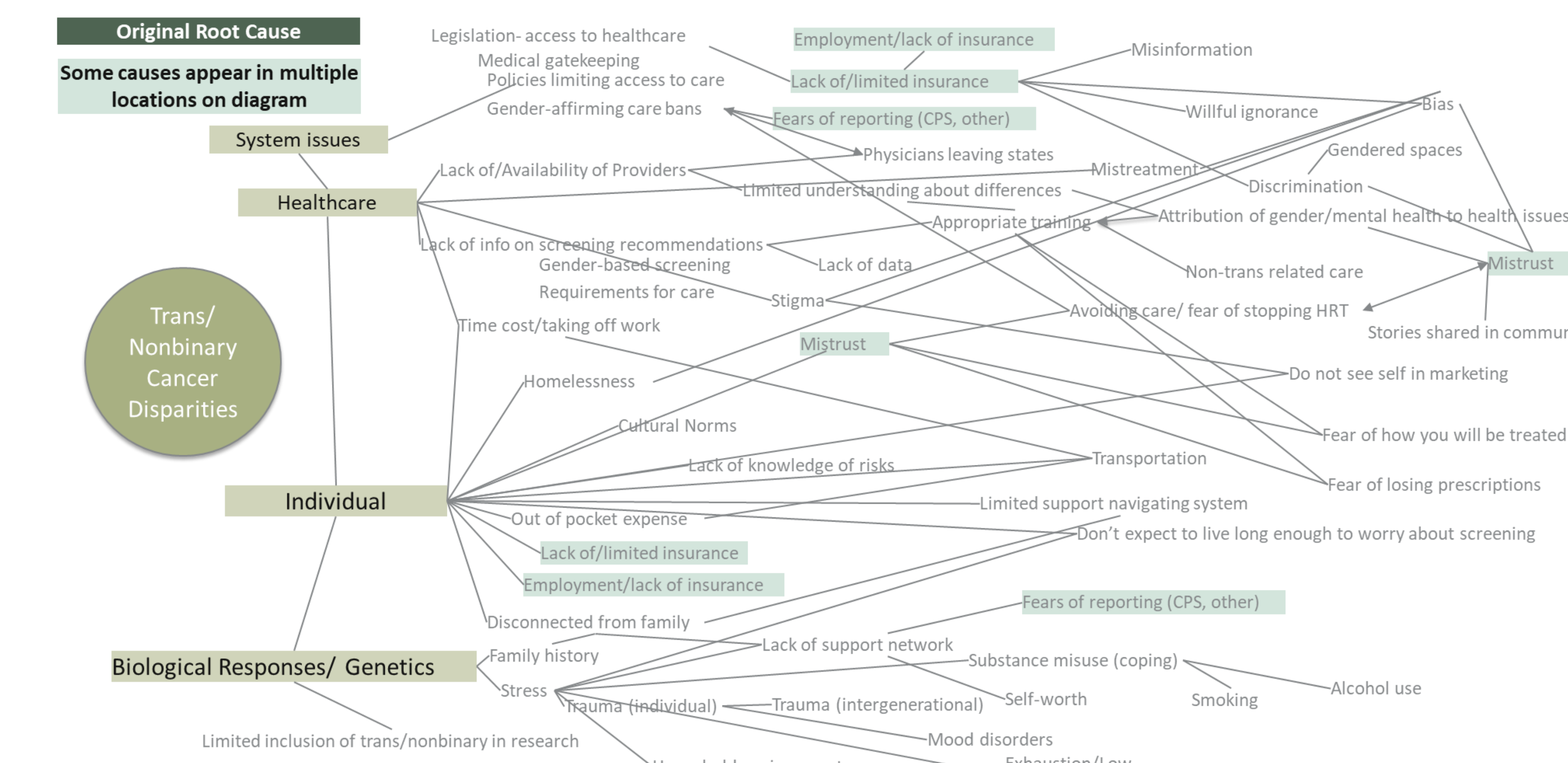


Figure 3. Original Root Cause Analysis

### Discussion Sessions.

The team next conducted discussion sessions with researchers, health care providers, and community members (n=48)

The first review of the Discussion Session data was thematized by the individual group. Some similarities were seen between groups (Figure 4).

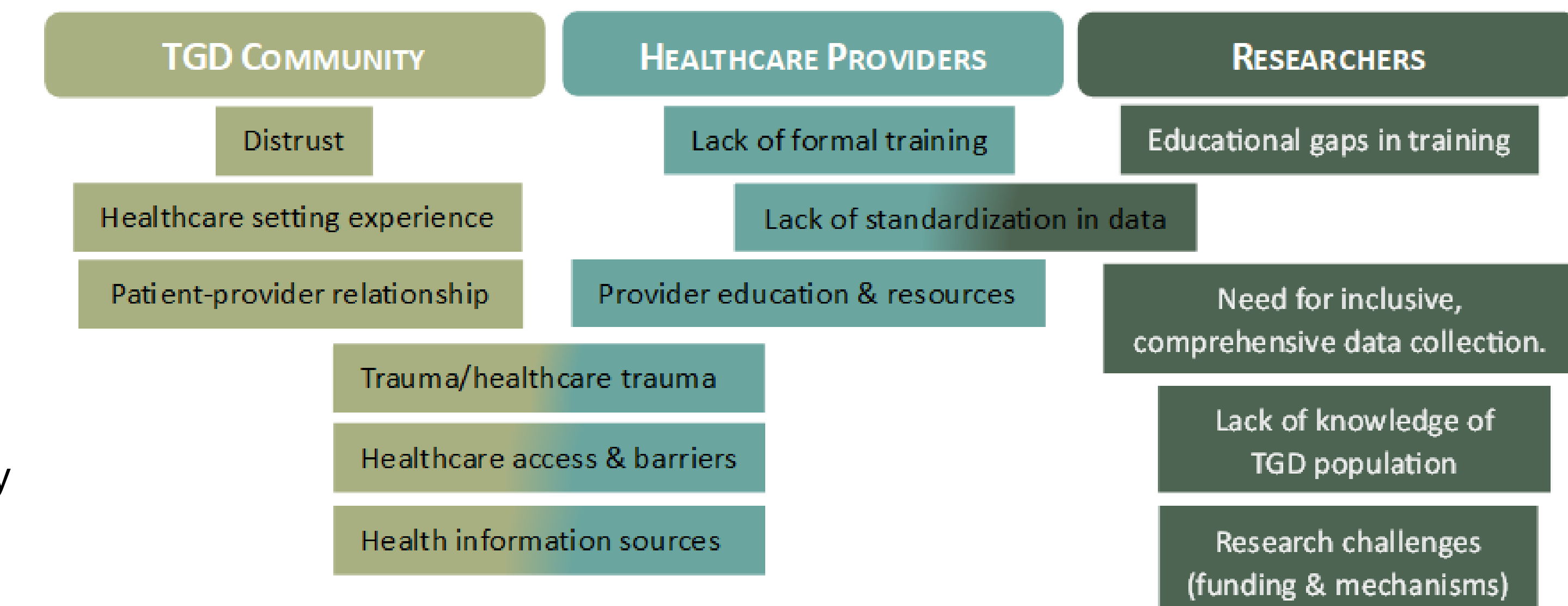


Figure 4. Individual Group Themes

**Revised Root Cause Analysis.** Discussion session data themes were integrated into the original root cause analysis of cancer disparities in the TGD population (Figure 5).

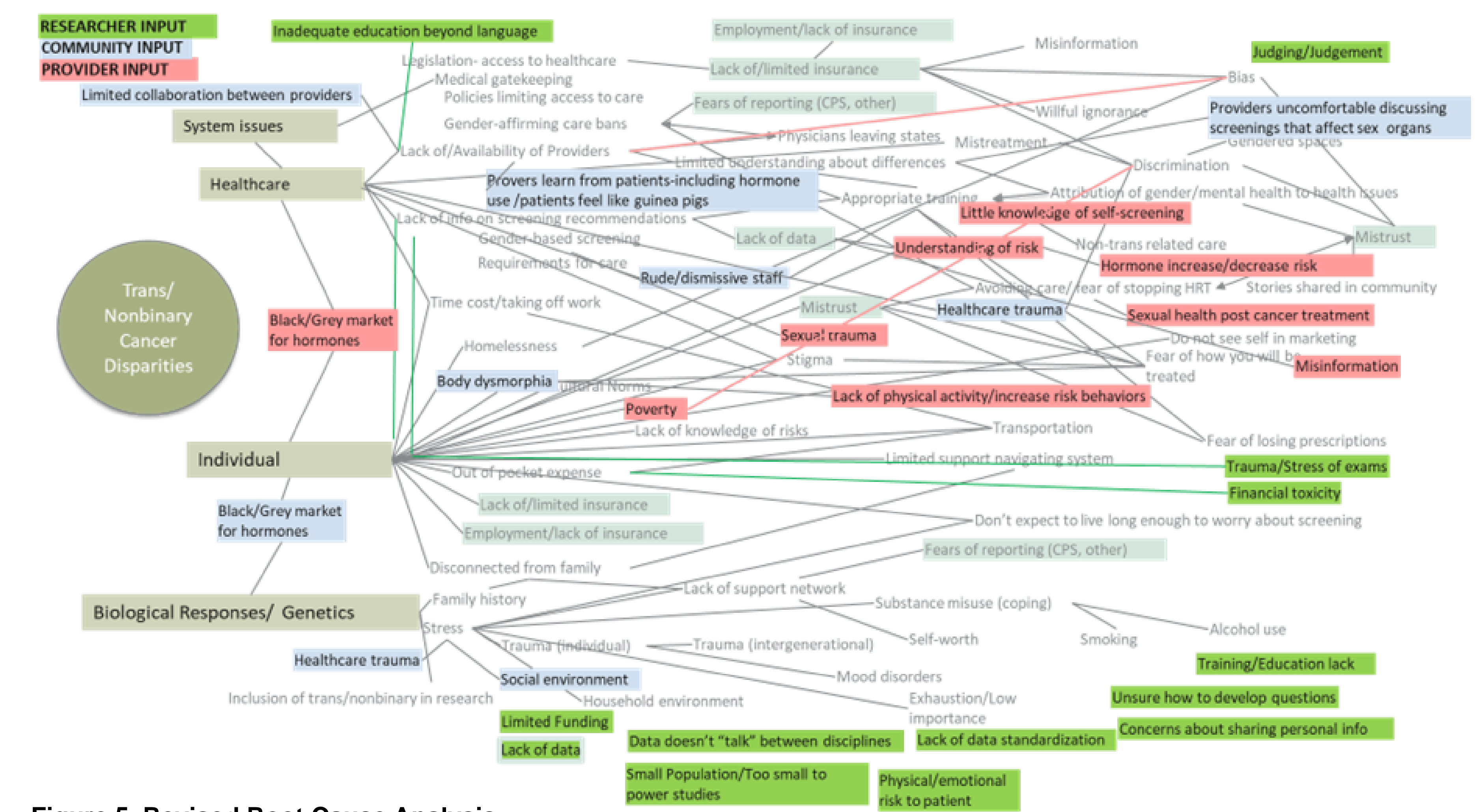


Figure 5. Revised Root Cause Analysis

## Discussion:

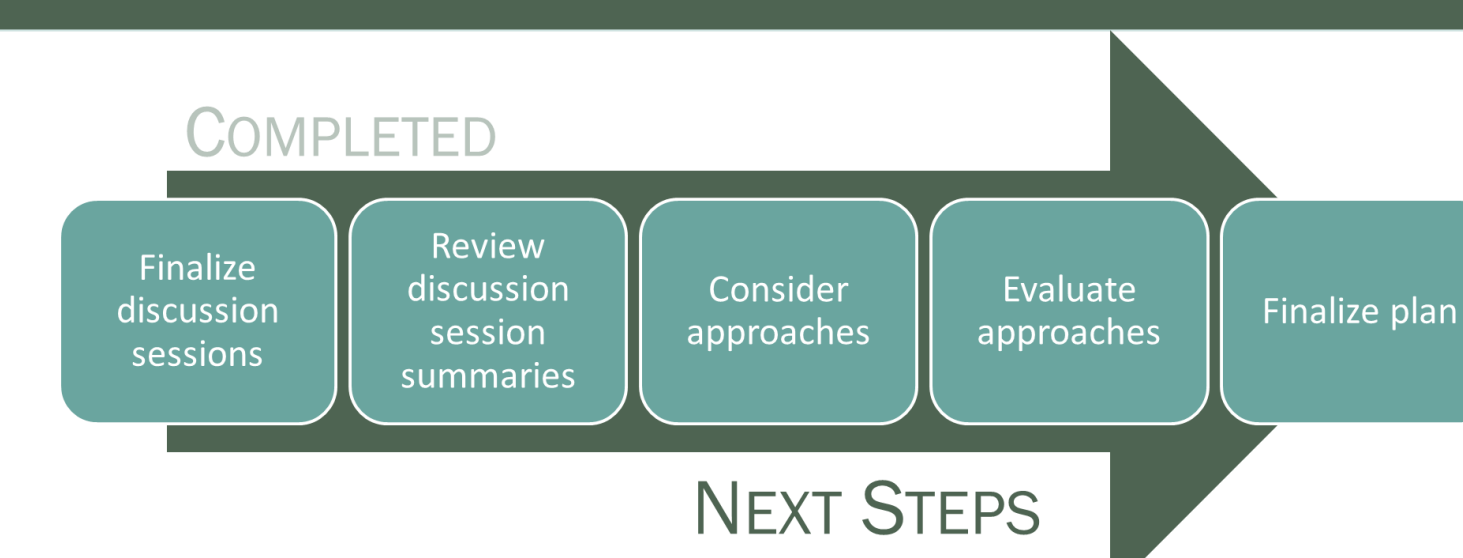
The discussion sessions results contributed context and nuance to the root cause analysis developed by the TDS team. Community organizations/members noted systemic issues such as insufficient training of healthcare providers and staff, individual mistrust, and not believing they would live long enough to worry about cancer development. Community members discussed the persistent stress of existing as a TGD person during a time of increasingly aggressive anti-TNB legislation and social attitudes. Providers identified personal uncertainty working with TGD patients, knowledge of appropriate recommendations for cancer screening, and individual risk behaviors (i.e. tobacco and alcohol use) as potential causes for cancer disparities. Most clinical and population health researchers indicated they had not considered TGD individuals as a specific subject population and often mentioned issues of sample size and power. Basic scientists shared uncertainty about study methodologies given the lack of mouse models for studying cancer in this population. All researchers acknowledged the opportunity for future study inclusion. Healthcare providers and researchers reflected on the behavioral and physiological impact of stress on an individual's health and cancer risk.

The findings from our discussion sessions elucidated areas of shared understanding between the three different audiences; however, they also highlighted concepts that were not shared which offer opportunities for further collaboration and learning by key stakeholders. Through our TDS and collaborative approach, we will continue deep learning between team members to identify specific research questions to address the root causes of TGD cancer disparities through TDS collaboration and innovative research.

## Limitations:

The discussions sessions for this effort were conducted to inform a community action and research action plan to address cancer disparities in the TGD population. Sample sizes for these sessions was small and included only a few individuals who were older than 50 years old or who had been diagnosed with cancer. Further, researchers were limited to only one academic medical center. Nonetheless, the data collected in these sessions enriches our understanding of factors which may impact cancer disparities in the TGD population and elucidates several areas for future work.

## Next Steps:



The TDS team will use the data from the discussion sessions, literature review, and group discussions to consider community action and research questions. These questions will be evaluated by a set of criteria developed by the team and a draft report will be created. The draft report will be shared with community members, community organizations, researchers, and other key stakeholders for feedback, and finally the TDS team will draft a final report for distribution. For more information, visit [ccsnwi.org](http://ccsnwi.org).

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