

07.14.2021

AN ACCREDITED CONTINUING EDUCATION SERIES WITH THE EXPERTS

# Addressing Disparities in Cancer Care and Incorporating Precision Medicine for Minority Populations

THIS ACTIVITY IS JOINTLY PROVIDED BY



ENDORSED BY



# Disparities of Cancer Care in the LGBTQ Community



Moderator & Course Director  
**Edith Mitchell, MD, MACP, FCPP, FRCP**  
Clinical Professor of Medicine and Medical Oncology  
Department of Medical Oncology  
Director, Center to Eliminate Cancer Disparities  
Associate Director, Diversity Affairs  
Sidney Kimmel Cancer Center at Jefferson  
**116<sup>th</sup> President National Medical Association**



Presenter  
**Karen L. Parker, PhD, MSW**  
(Pronouns: She, Her)  
Director, Sexual & Gender Minority Research Office  
Division of Program Coordination,  
Planning & Strategic Initiatives  
National Institutes of Health

This activity is supported by independent educational grants from

Amgen, Astellas, GlaxoSmithKline,  
Merck & Co., Inc., Sanofi Genzyme,  
and Seagen Inc.

# This activity is jointly provided by



ENDORSED BY



# Continuing Education



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by University of Nebraska Medical Center and Bio Ascend. University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Nebraska Medical Center, Center for Continuing Education designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

THIS ACTIVITY IS JOINTLY PROVIDED BY



ENDORSED BY



# Disclosure

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. All faculty, planners, and others in a position to control continuing education content participating in an accredited continuing education activity are required to disclose all financial relationships with ineligible companies. Ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating all relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.

This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications. All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC or Bio Ascend.

# Faculty Disclosures

## **Edith Mitchell, MD**

**Consultant:** AstraZeneca, Bristol Myers Squibb, Genentech, Merck & Co., Inc., Pfizer Inc., Taiho Oncology, Inc.

**Clinical Research:** Amgen, Genentech

## **Karen Parker, PhD, MSW**

**No relevant financial disclosures**

## **Planning Committee**

The following planning committee members have nothing to disclose:

**UNMC:** Brenda Ram, CMP, CHCP

**Bio Ascend:** Chloe Dunnam; Lucja Grajkowska, PhD; Kraig Steubing

# Learning Objectives

- Review racial difference in the outcomes in patients with cancer, including patients with both hematologic and solid tumors
- Evaluate sociodemographic, physician, and hospital factors that can help identify potentially modifiable patient and health care system factors that may underlie persistent racial disparities in receipt and quality of therapy
- Develop efforts to improve access to care, enhance diversity in the healthcare workforce, navigate minority cancer patients through the healthcare system, and enhance adherence to cancer-specific best practice



# **Advancing Sexual & Gender Minority Health Research and Data Collection**

Karen L. Parker, PhD, MSW

(Pronouns: She, Her)

Director, Sexual & Gender Minority Research Office

Division of Program Coordination, Planning & Strategic Initiatives

National Institutes of Health

**July 14, 2021**

# Acknowledgements

## Sexual & Gender Minority Research Office (SGMRO)



**Irene**  
Avila, PhD  
(She, Her, Ella)



**Christopher**  
Barnhart PhD  
(He, Him)



**Ryan**  
Mahon, MSW  
(They, Them)



**Shyam**  
Patel  
(He, Him)



**Anthony**  
Anderson  
(He, Him)



**Sara**  
Omar, PhD  
(She, Her)

# Overview of Presentation

- Background
- Sexual & Gender Minority Research Office
- SGM Research Strategic Plan
- NIH SGM Grants Portfolio
- Cancer & SGM Populations
- SGM Data Collection
- Relevant Resources
- Connect with Us

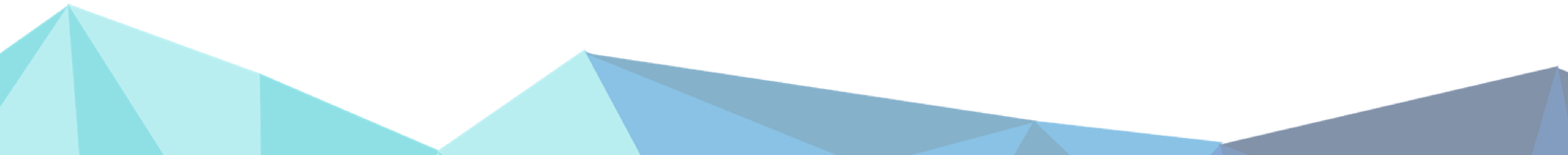




**Background**

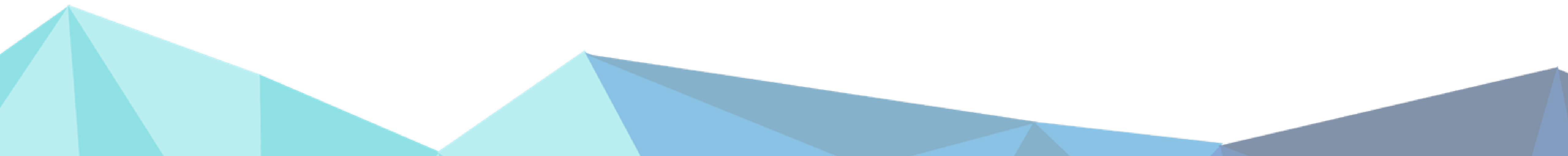
# Constructs to Consider

- **Sex** –determined via biological factors (such as external facing genitalia) and often assigned at birth; can be non-binary (e.g., male, female, intersex)
- **Gender Identity** – an individual's innate and personal sense of gender and how they identify along the gender spectrum; gender identity can deviate from sex (e.g., transgender, cisgender, gender nonconforming)
- **Sexual Orientation** – an individual's emotional, romantic, and/or sexual attraction or behavior towards other people (e.g., heterosexual, gay, bisexual, asexual)



# Important Definitions Regarding Sex

- **Birth Sex/Sex Assigned at Birth:** typically determined via presence/absence of male or female sex organs at birth
- **Intersex:** individuals who identify as intersex have either a congenital variation in either sex chromosomes, gonadal development, sex hormone synthesis or function, and/or appearance of external genitalia that fall outside of binary notions of male and female. Variations are referred to as differences of sex development (DSD) or intersex traits



# Important Definitions Regarding Gender

- **Gender non-conforming/non-binary:** an individual whose gender identity, characteristics, and/or behaviors do not conform to binary constructs and social stereotypes of sex
- **Transgender/trans:** individuals whose gender identity is different from their sex assigned at birth
- **Cisgender/cis:** individuals whose gender identity aligns with their sex assigned at birth



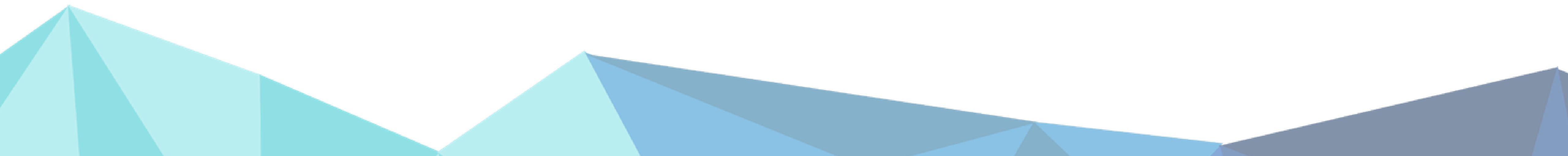
# NIH Definition of SGM

“Sexual and gender minority (SGM) populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, two-spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex.”



# SGM as a Health Disparity Population

- In October 2016, NIMHD announced SGM as an officially designated health disparity population for NIH
- This designation has since facilitated the creation of tailored research projects, programs, and activities intended to tackle the distinct issues encountered by SGM individuals
- Ascertainment of SGM status in ongoing and planned population studies has been enhanced



# **Sexual & Gender Minority Research Office**



# SGMRO – What We Do

- **Coordinate** sexual and gender minority (SGM) health research activities across NIH
  - **Represent** NIH at conferences and events focused on SGM research
  - **Serve** as a resource for the extramural and NIH communities about SGM-related research activities
  - **Connect** extramural researchers with key NIH contacts
  - **Convene** conferences and workshops to inform priority-setting and research activities
  - **Collaborate** with NIH Institutes and Centers on the development of SGM health research reports
  - **Manage** information dissemination related to SGM research
  - **Leverage** resources and develop initiatives to support SGM health research
- 

# SGMRO – How We Accomplish Our Goals

- Sexual & Gender Minority Research **Coordinating Committee** (RCC): representatives from across the Institutes and Centers
- Sexual & Gender Minority Research **Working Group** (RWG): representatives from extramural institutions; reports to the Council of Councils
- **Cross-Agency Collaboration:**
  - HHS LGBT Coordinating Committee
  - Measuring SOGI Research Group of the Federal Committee on Statistical Methodology
  - HHS Data Council



# **Sexual & Gender Minority Research Strategic Plan**



# New NIH SGM Strategic Plan

- Focuses on FY 2021 - FY 2025
- Includes activities across the agency (not just the SGMRO)
- Serves as a blueprint for SGMRO priorities and collaborations



# Operational Strategic Goal Areas



**Operational Goal 1:** Advance rigorous research on the health of SGM populations in both the extramural and intramural research communities



**Operational Goal 2:** Expand SGM health research by fostering partnerships and collaborations with a strategic array of internal and external stakeholders

# Operational Strategic Goal Areas



**Operational Goal 3:** Foster a highly skilled and diverse workforce in SGM health research



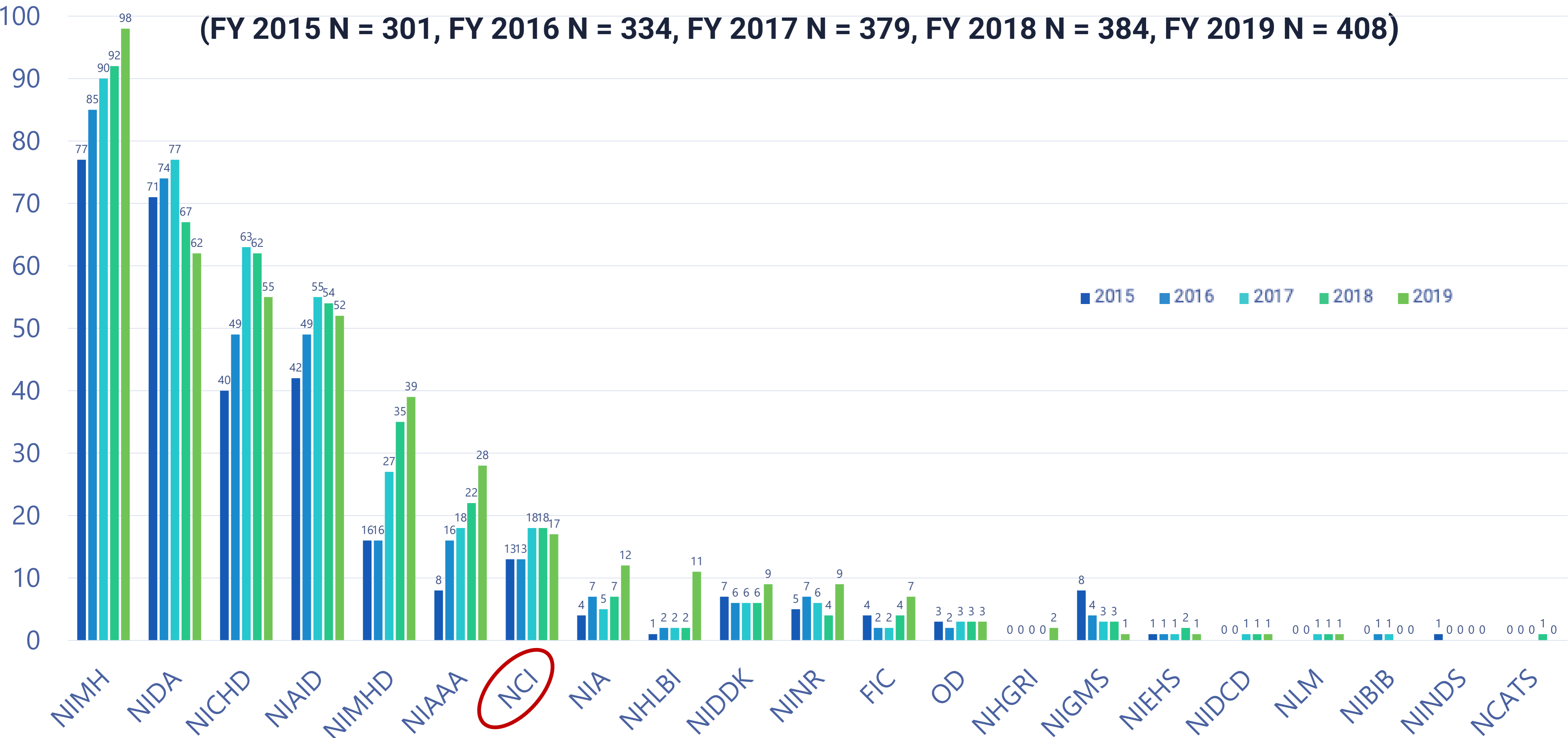
**Operational Goal 4:** Encourage data collection related to SGM populations in research and the biomedical research workforce

# NIH SGM Grants Portfolio



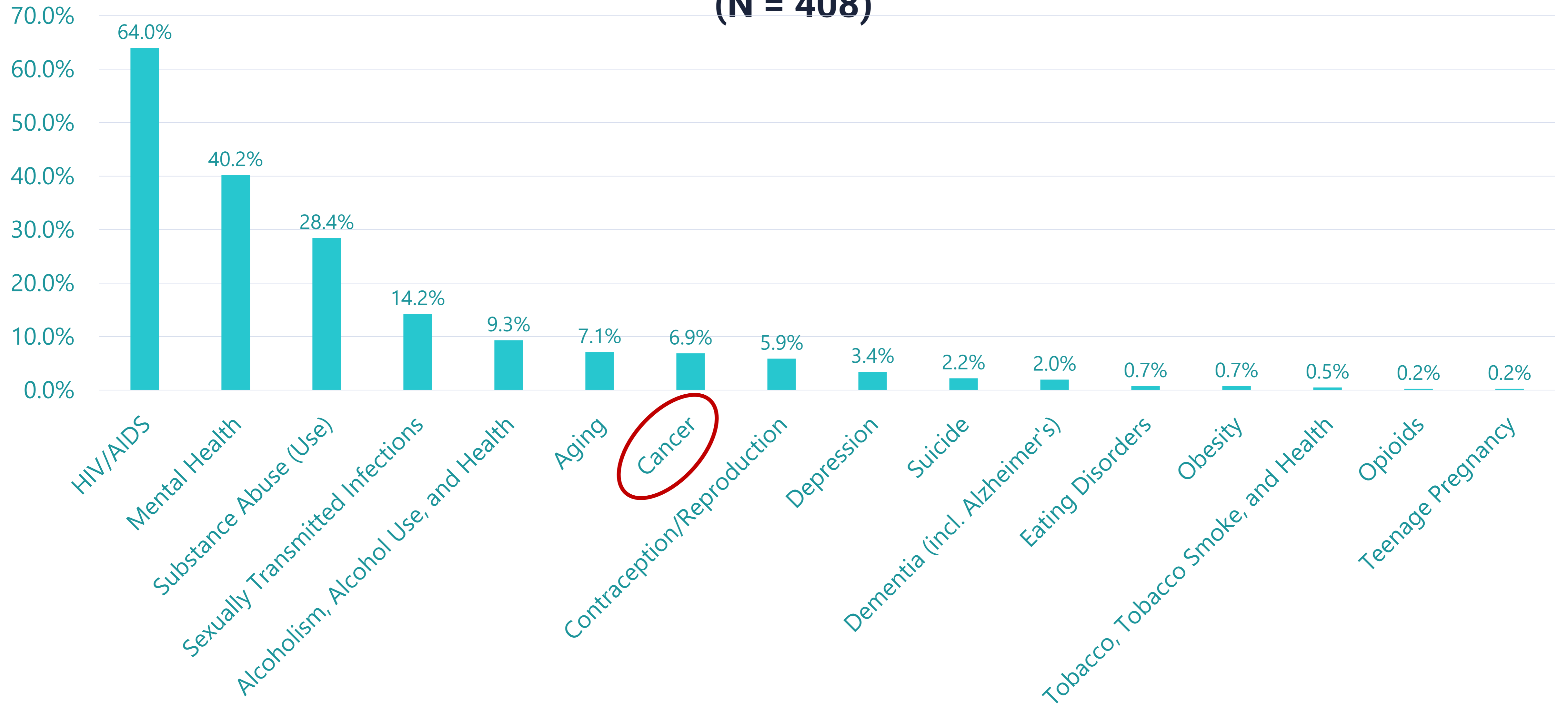
# Number of SGM-Related Projects by NIH Institute/Center/Office

(FY 2015 N = 301, FY 2016 N = 334, FY 2017 N = 379, FY 2018 N = 384, FY 2019 N = 408)



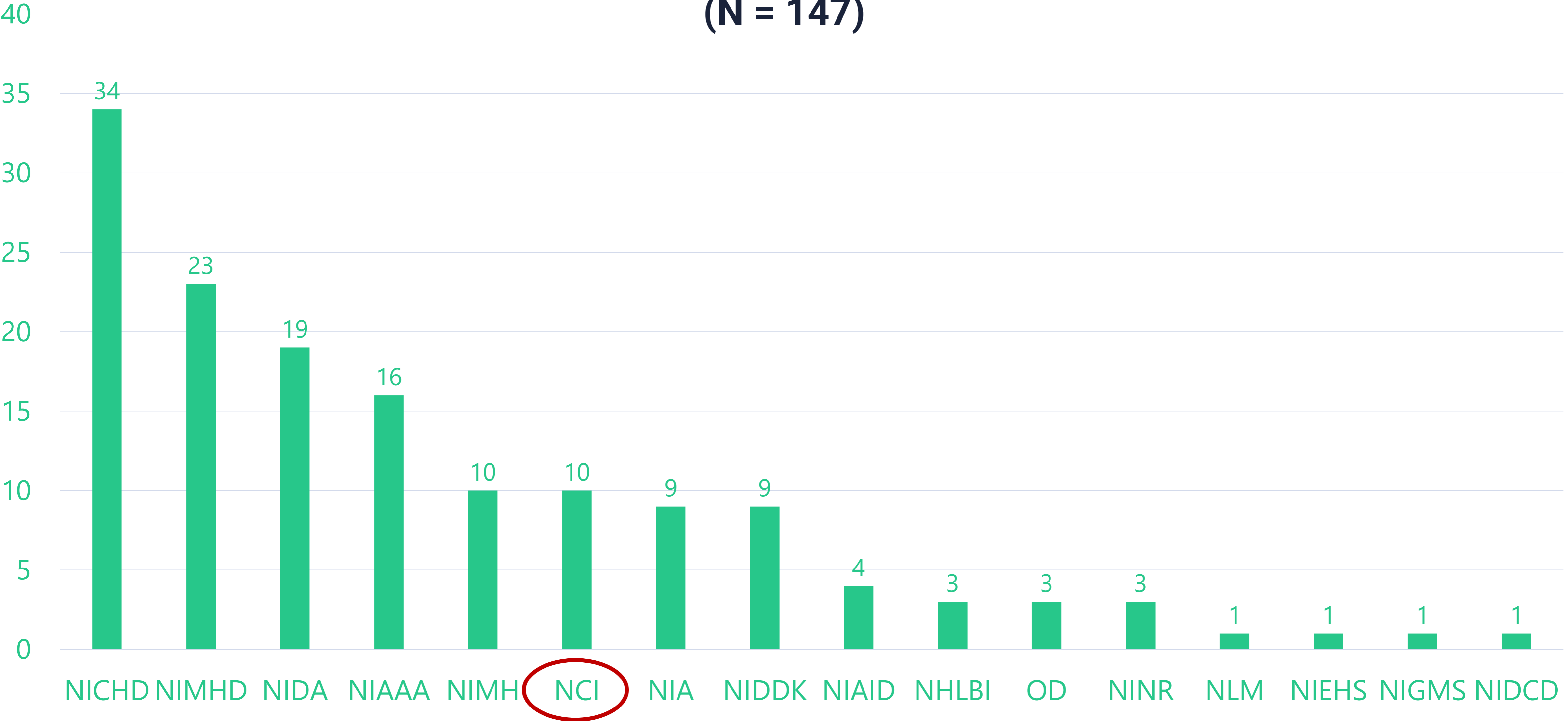
# Proportion of SGM Projects by Disease Area/Health Condition (FY 2019)

(N = 408)



# Number of Non-HIV/AIDS Related SGM-Related Projects by NIH Institute/Center/Office (FY 2019)


(N = 147)



# Portfolio Analysis Key Takeaways

- **35.6% increase** in the number of funded SGM-related projects from 2015 to 2019
  - The total number of Non-HIV/AIDS projects reached its highest level ever in FY 2019
  - **83.8% increase** in the number of non-HIV/AIDS funded SGM-related projects from 2015 to 2019
  - **18 NIH ICOs** funded SGM health related work in FY 2019
- 

# Recently Funded Research Projects (Examples)

- Restore: Improving Sexual Outcomes of Gay and Bisexual Prostate Cancer Survivors – NCI
  - Evaluating Companion Diagnostics to the anal Pap test to improve prediction of AIN2+ in HIV-infected MSM – NCI
  - The Role of Transgender Embodiment on Breast and Uterine Cervix Cancer Screening – NCI
  - Barriers to Knowledge of Family History and Family Communication among Sexual Minorities and the Implications in the Context of Hereditary Cancer Syndromes – NHGRI
  - Increasing Uptake of Evidence Based Screening Services through a Community Health Worker-led multimodality - NIMHD
- 




Allyus  
RESEARCH PROGRAM

RESEARCH PROGRAM

# Cancer & SGM Populations

# Cancer in SGM Populations

- Limited research on SGM populations and cancer
  - National cancer registries do not collect sexual orientation and gender identity (SOGI) data
  - Evidence suggests that incidence of certain cancers is higher among SGM populations
  - Cancer screening rates among SGM populations **overall** are often low and significant gaps in screening recommendations exist for these populations<sup>9,10</sup>
  - SGM populations encounter significant barriers to care, including a lack of culturally competent providers
- 

# Cancer Health Disparities Among SGM Populations

- **Lesbian and bisexual women:**
  - Report higher rates of breast cancer in comparison to heterosexual women<sup>1</sup>
  - Cancer survivors report fair or poor health compared to other survivors<sup>3</sup>
- **Bisexual women:**
  - At greater risk for endometrial and ovarian cancers; less likely to undergo cancer screening procedures<sup>2</sup>
- **Transgender women:**
  - At risk of developing breast cancer if prescribed gender affirming hormone therapy<sup>8</sup>



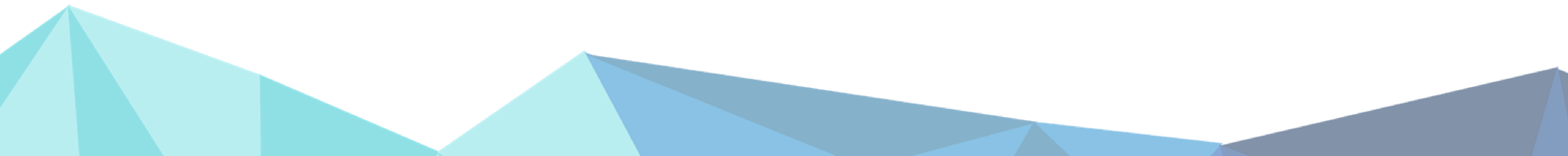
# Cancer Health Disparities Among SGM Populations, Cont.<sup>4</sup>

- **Transgender adults:**
  - Cancer outcomes may be worse for transgender adults than cisgender adults for some cancers
  - More likely to be diagnosed with lung cancer at later stages
  - Less likely to receive treatment for pancreas and kidney cancers
  - At increased risk of death for prostate cancer, non-Hodgkin lymphoma, and bladder cancer



# Cancer Health Disparities Among SGM Populations, Cont.

- **Gay men** are more likely to report having prostate and colorectal cancers when compared to heterosexual men<sup>5,6</sup>
- **HIV-negative men who have sex with men (MSM)** are 20x more likely to have anal cancer when compared to other men
- **HIV-positive MSM** are up to 40x more likely to have anal cancer than other men



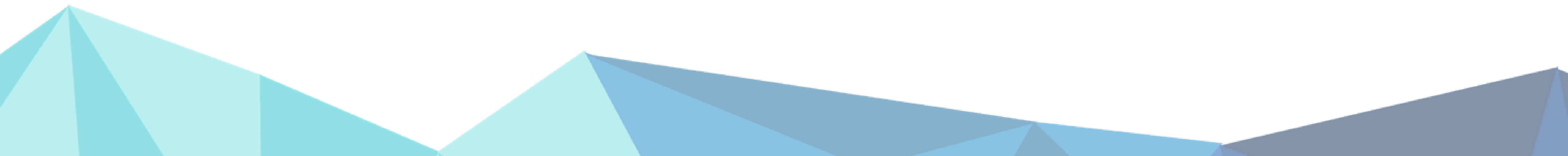
# Issues in Cancer Care Experiences Among SGM Populations

- SGM patients are deeply affected by providers' LGBTQ-specific knowledge and skills, assumptions, and mistreatment<sup>11</sup>
- Most oncologists do not feel confident in their knowledge of the SGM-specific health needs
- Majority of cancer institutions do not include questions pertaining to SOGI on intake forms<sup>12</sup>
- Disclosure of sexual orientation and gender identity is related to more positive health outcomes<sup>13</sup>



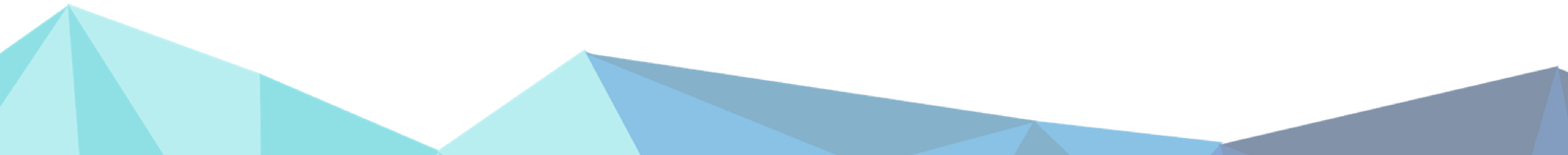
# Issues in Cancer Care Experiences Among SGM Populations, Cont.

- Current models of cancer care are inadequate in accounting for transgender and gender nonconforming cancer experiences<sup>14</sup>
- SGM cancer patients want their providers to: <sup>15,16</sup>
  - Discuss how treatments may affect SGM patients
  - Discuss impacts on sexuality
  - Avoid heterosexist assumptions
  - Recognize the importance of partners in decision making



# Key Takeaways

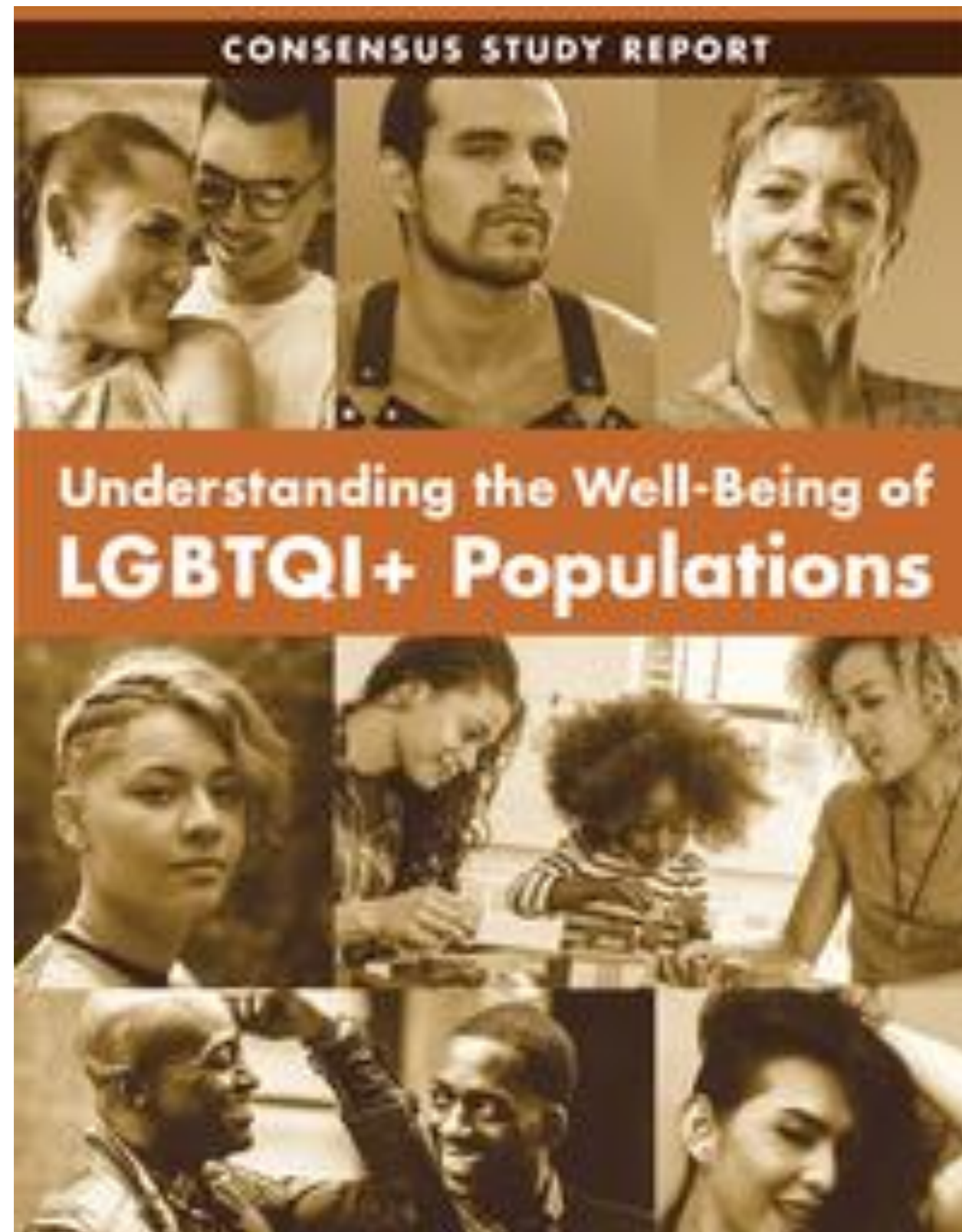
- More data is needed to better assess and resolve SGM cancer disparities
- SOGI data collection must occur in national cancer registries for adequate surveillance
- Cultural competency training for providers is critical
- Patients have demonstrated high levels of acceptability in routine collection of SOGI data in clinical settings and disclosure drives positive health outcomes



# SGM Data Collection



# Understanding the Well-Being of LGBTQI+ Populations (2020)



- National Academies (NASEM) Consensus Study Report released in 2020 and co-funded by the NIH SGMRO
- Report reviews available evidence and identifies future research needs related to the well-being of sexual and gender diverse (SGD) populations across the life course and across 8 different domains
- Recommendations include addition of SOGI measures to all data collection efforts and instruments, and highlight the need for methodological research to develop, improve, and expand measures that capture the full breadth of sexual and gender diversity

# Current Challenges in SGM Data Collection

- Lack of data about SGM populations
- Lack of standardization across measures for collecting:
  - Non-binary sex (to capture the intersex population)
  - Gender identity
  - Sexual orientation
- Lack of standard measures in order to adequately:
  - Pool data across studies
  - Develop clear guidance for researchers, particularly those who do not conduct SGM-specific research, and others




# Issues in Collecting SOGI Information<sup>17,18</sup>

- Conflating sex, sexual orientation, and gender
- Utilizing binary gender construction and not incorporating gender neutral language
- Not acknowledging that sexual orientation and gender identity can change over time
- Lack of “other” options in SOGI response categories



# Patient Experiences with SOGI Data Collection

- Patients across four large health centers understood the importance of SOGI data collection and would be willing to answer questions developed to collect SOGI data in health settings<sup>19</sup>
  - Patients who answer questions regarding sexual orientation identity questions may feel safer discussing their health and risk behaviors<sup>20</sup>
  - Multiple studies have shown discordance between patient and provider beliefs regarding SO data collection. Many providers believe patients would be offended or refuse to answer, when in reality, patients are okay with disclosing this information<sup>21,22</sup>
- 

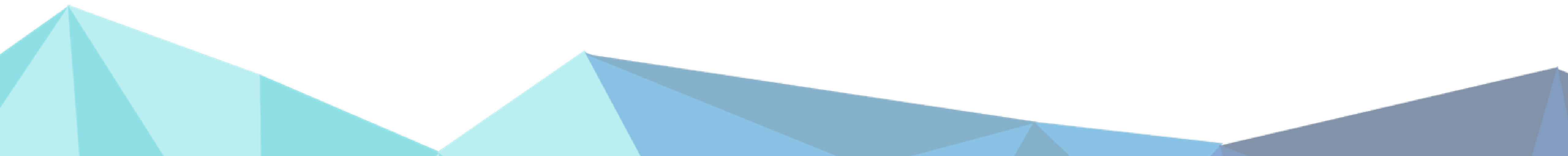
# Examples of SGM Data Collection at NIH

- *All of Us* Research Program  
(<https://databrowser.researchallofus.org/survey/the-basics>)
  - Asks sex assigned at birth, gender identity, and sexual orientation in demographics protocol
  - Comprehensive, but not appropriate for standard federal surveys or administrative data collection
- PhenX Toolkit  
(<https://www.phenxtoolkit.org/protocols/view/11801?origin=search>)
  - Mirrors *All of Us* Research Program



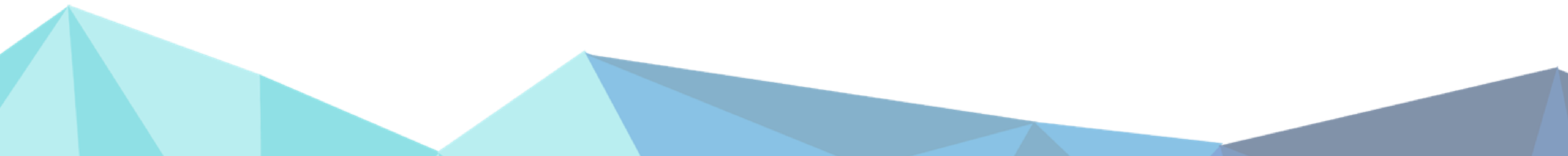
# Examples of SGM Data Collection at NIH

- Adolescent Brain Cognitive Development (ABCD) Study (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584307/>)
  - Asked sex assigned at birth, sexual orientation, and gender identity for cohort of 9 to 10 year old children
- NCI Health Information National Trends Survey (HINTS) (<https://hints.cancer.gov/view-questions-topics/all-hints-questions.aspx>)
  - Asks male or female (does not specify sex assigned at birth or gender identity) and sexual orientation



# Upcoming NASEM Report

- Consensus Study Panel to determine recommended measures across three constructs: non-binary sex, gender identity, and sexual orientation
- Recommendations will be made across three domains:
  - **Research** (including large Federal surveys)
  - **Administrative Data Collection** (e.g., grant and job applications)
  - **Clinical Settings** (e.g., clinical trials, physician offices, community health centers)
- Report will also include guiding principles



# Fenway Health Recommendations on SOGI Data Collection in Clinical Setting<sup>23</sup>

**Figure 3a. Recommended SO/GI Questions**

Do you think of yourself as (Check one):

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Something else
- ☐ Don't know
- ☐ Choose not to disclose

What is your current gender identity? (Check one):

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/ Female-to-Male (FTM)
- ☐ Transgender Female/Trans Woman/ Male-to-Female (MTF)
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Additional gender category, please specify: \_\_\_\_\_
- ☐ Choose not to disclose

What sex were you assigned at birth? (Check one):

- ☐ Male
- ☐ Female
- ☐ Choose not to disclose

# Fenway Health Recommendations on SOGI Data Collection in Clinical Setting<sup>23</sup>

- Allow for patient self-report during registration, either remotely prior to the visit or on-site
- Group questions with other demographic questions to normalize the process
- If SOGI is not reported, providers can ask during social or sexual history during the visit
- All clinical staff should be trained to communicate effectively and respectfully with patients about the reasons for collecting SOGI data and how data will be used



# Relevant Resources



# SGM Health/Cancer Related Resources

- [National LGBT Cancer Network](#)
- [The National LGBTQIA+ Health Education Center \(Fenway Institute\)](#)
- [Federal Committee on Statistical Methodology Measuring SOGI Research Group](#)
- [Sage Advocacy & Services for LGBT Elders](#)





The NIH Sexual & Gender Minority Research Office (SGMRO) recognizes the growing need to develop better measures and methods to accurately capture and understand the health of sexual and gender minority (SGM) populations. The information provided highlights work within the field of SGM methods and measurement. These resources are not exhaustive. They may be useful for those looking to better understand how to capture SGM populations in research and clinical settings but do not represent standards required by NIH.

## Data and Measurement Frameworks

- [Data Sources](#)  
Access publicly-available, nationally-representative data sources that can be used answer your SGM-related health research questions.

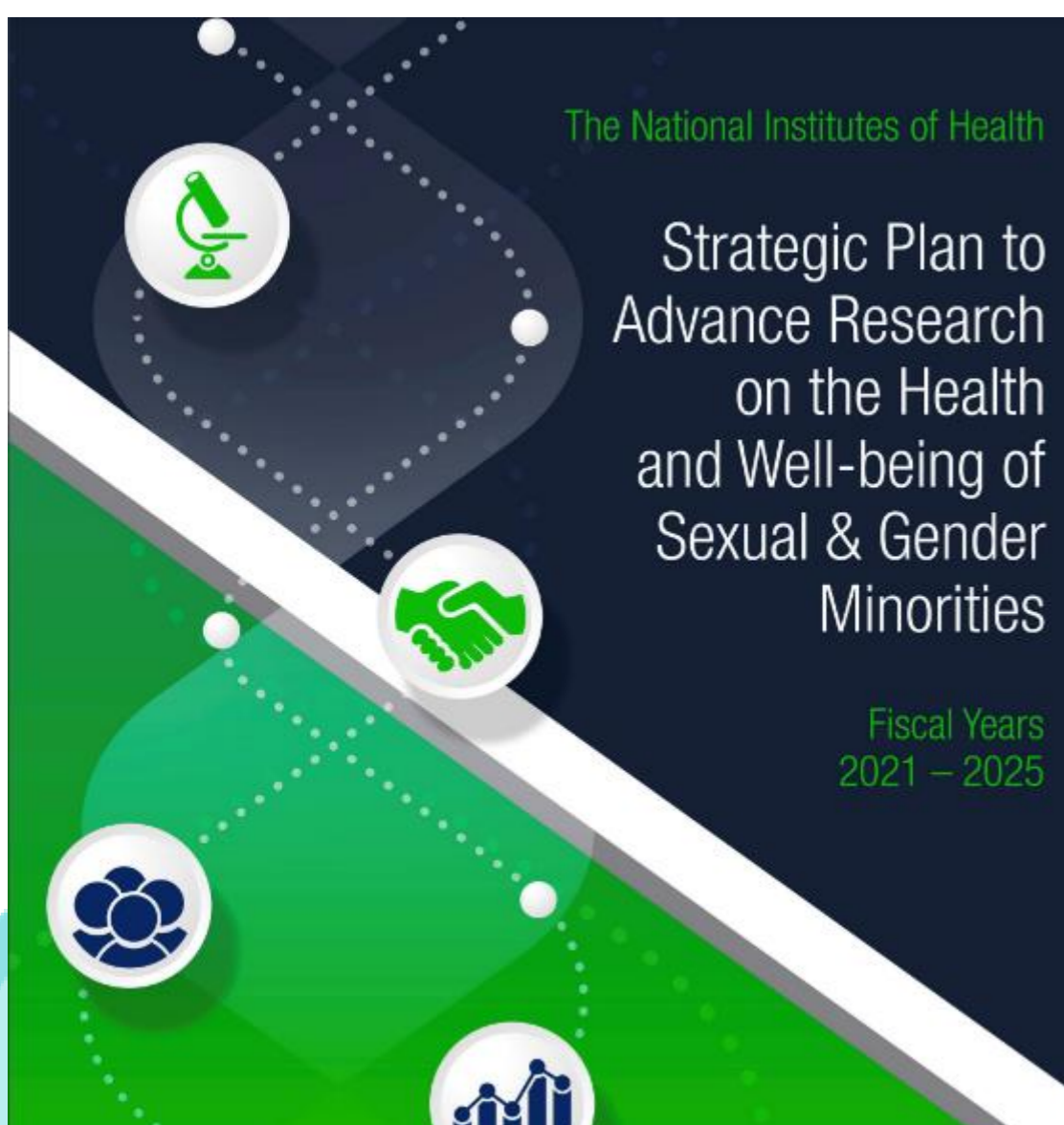
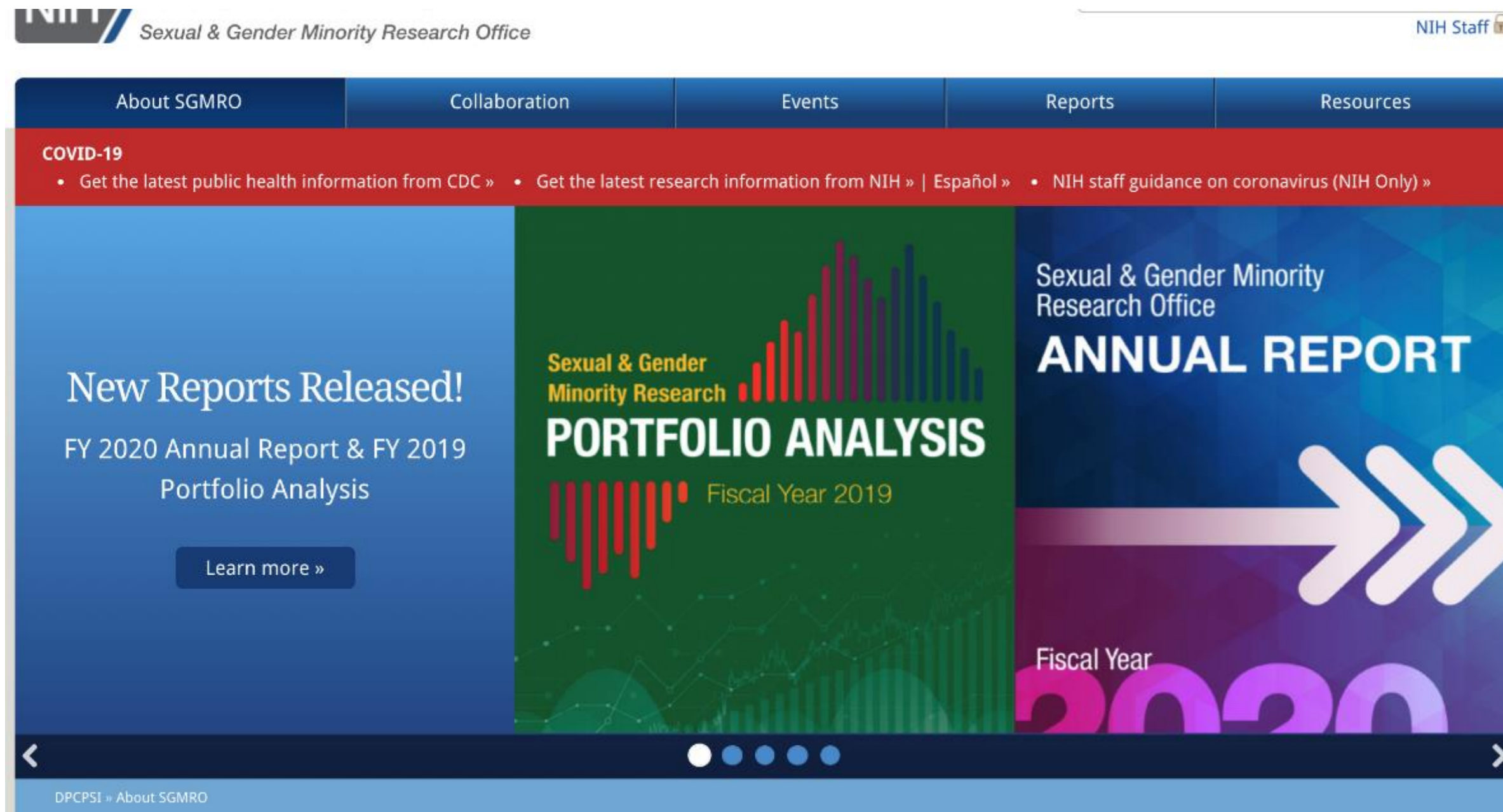
## Quick Links

- [Data Sources](#)
- [Examples of Sexual Orientation and Gender Identity \(SOGI\) Questions](#)
- [Federal Register Notice PDF version](#) [pdf](#)
- [Publications](#)
- [SGM Related Projects \(via NIH RePORTER\)](#)

## Related Federal Reports

- [Current Measures of Sexual Orientation and Gender Identity in Federal Surveys](#) [pdf](#)
- [Evaluations of Sexual Orientation and Gender Identity Survey Measures: What Have We Learned?](#) [pdf](#)
- [Sexual Orientation in the 2013](#)

<https://dpcpsi.nih.gov/sgmro/measurement>



# Connect with Us



Office E-mail:  
[SGMRO@nih.gov](mailto:SGMRO@nih.gov)

Karen Parker, PhD, MSW  
[klparker@nih.gov](mailto:klparker@nih.gov)

Website:  
<https://dpcpsi.nih.gov/sgmro>

Sign-up for NIH SGM Listserv:  
<https://tinyurl.com/NIHSGMLIST>

# References

- <sup>1</sup>Kasey Clavelle, Dana King, Angela R. Bazzi, Valerie Fein-Zachary, Jennifer Potter, Breast Cancer Risk in Sexual Minority Women during Routine Screening at an Urban LGBT Health Center, *Women's Health Issues*, Volume 25, Issue 4, 2015, Pages 341-348, <https://doi.org/10.1016/j.whi.2015.03.014>
- <sup>2</sup>Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>3</sup>Boehmer, U. , Miao, X. and Ozonoff, A. (2011), Cancer survivorship and sexual orientation. *Cancer*, 117: 3796-3804. doi:[10.1002/cncr.25950](https://doi.org/10.1002/cncr.25950))
- <sup>4</sup>Jackson SS, Han X, Mao Z, et al. Cancer Stage, Treatment, and Survival among Transgender Patients in the United States [published online ahead of print, 2021 Mar 11]. *J Natl Cancer Inst*. 2021
- <sup>5</sup>B.R. Simon Rosser, Enyinnaya Merengwa, Benjamin D. Capistrant, Alex Iantaffi, Gunna Kilian, Nidhi Kohli, Badrinath R. Konety, Darryl Mitteldorf, and William West. *LGBT Health*. Feb 2016. ahead of print <http://doi.org/10.1089/lgbt.2015.0092>
- <sup>6</sup>Heslin KC, Gore JL, King WD, et al. Sexual orientation and testing for prostate and colorectal cancers among men in California. *Med Care*. 2008;46(12):1240–8. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2659454/?tool=pubmed>
- <sup>7</sup> Gay Men and Cancer. The National LGBT Cancer Network. <https://cancer-network.org/cancer-information/gay-men-and-cancer/>
- <sup>8</sup>de Blok Christel J M, Wiepjes Chantal M, Nota Nienke M, van Engelen Klaartje, Adank Muriel A, Dreijerink Koen M A et al. Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands *BMJ* 2019; 365 :l1652
- <sup>9</sup>Tabaac A.R., Sutter M.E., Wall C.S.J., Baker K.E. Gender Identity Disparities in Cancer Screening Behaviors (2018) *American Journal of Preventive Medicine*, 54 (3) , pp. 385-393.
- <sup>10</sup>P. Charkhchi, M.B. Schabath, R.C. Carlos Modifiers of cancer screening prevention among sexual and gender minorities in the Behavioral Risk Factor Surveillance System *J Am Coll Radiol*, 16 (2019), pp. 607-620
- <sup>11</sup> Kamen et al., "Treat us with dignity": a qualitative study of the experiences and recommendations of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients with cancer. *Support Care Cancer*. 2019 Jul;27(7):2525-2532. doi: 10.1007/s00520-018-4535-0. Epub 2018 Nov 8.
- <sup>12</sup> Matthew B. Schabath, Catherine A. Blackburn, Megan E. Sutter, Peter A. Kanetsky, Susan T. Vadaparampil, Vani N. Simmons, Julian A. Sanchez, Steven K. Sutton, and Gwendolyn P. Quinn. National Survey of Oncologists at National Cancer Institute–Designated Comprehensive Cancer Centers: Attitudes, Knowledge, and Practice Behaviors About LGBTQ Patients With Cancer. *Journal of Clinical Oncology* 2019 37:7, 547-558

<sup>13</sup>Mollie A. Ruben, Madeline Fullerton, Proportion of patients who disclose their sexual orientation to healthcare providers and its relationship to patient outcomes: A meta-analysis and review, Patient Education and Counseling, Volume 101, Issue 9, 2018, Pages 1549-1560, <https://doi.org/10.1016/j.pec.2018.05.001>.

<sup>14</sup>Evan T. Taylor and Mary K. Bryson. Cancer's Margins: Trans\* and Gender Nonconforming People's Access to Knowledge, Experiences of Cancer Health, and Decision-Making LGBT Health. Feb 2016.ahead of print<http://doi.org/10.1089/lgbt.2015.0096>

<sup>15</sup>Liz Margolies, Carlton G. Brown, Current State of Knowledge About Cancer in Lesbians, Gay, Bisexual, and Transgender (LGBT) People, Seminars in Oncology Nursing, Volume 34, Issue 1, 2018, Pages 3-11, <https://doi.org/10.1016/j.soncn.2017.11.003>.

<sup>16</sup>Richard Harding, Eleni Epiphaniou, and Jayne Chidgey-Clark. Needs, Experiences, and Preferences of Sexual Minorities for End-of-Life Care and Palliative Care: A Systematic ReviewJournal of Palliative Medicine. May 2012. ahead of print<http://doi.org/10.1089/jpm.2011.0279>

<sup>17</sup>Westbrook, L., & Saperstein, A. (2015). New Categories Are Not Enough: Rethinking the Measurement of Sex and Gender in Social Surveys. Gender & Society, 29(4), 534–560. <https://doi.org/10.1177/0891243215584758>

<sup>18</sup>Jennifer L. Glick, Katherine Theall, Katherine Andrinopoulos & Carl Kendall (2018) For data's sake: dilemmas in the measurement of gender minorities, Culture, Health & Sexuality, 20:12, 1362-1377, DOI: 10.1080/13691058.2018.1437220

<sup>19</sup>Cahill S, Singal R, Grasso C, King D, Mayer K, et al. (2014) Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community1 Health Centers. PLOS ONE 9(9): e10710 <https://doi.org/10.1371/journal.pone.010710>

<sup>20</sup>Klitzman RL, Greenberg JD: Patterns of communications between gay and lesbian patients and their healthcare providers. J. Homosex 2002; 42:65-76

<sup>21</sup>Haider AH, Schneider EB, Kodadek LM, et al. Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity : The EQUALITY Study. JAMA Intern Med. 2017;177(6):819–828. doi:10.1001/jamainternmed.2017.0906

<sup>22</sup>Allysha C. Maragh-Bass, Maya Torain, Rachel Adler, Eric Schneider, Anju Ranjit, Lisa M. Kodadek, Ryan Shields, Danielle German, Claire Snyder, Susan Peterson, Jeremiah Schuur, Brandyn Lau, and Adil H. Haider.LGBT Health.Apr 2017.ahead of print<http://doi.org/10.1089/lgbt.2016.0107>

<sup>23</sup>Ready, set, go! Guidelines and tips for collecting patient data on sexual orientation and gender identity. Fenway Institute, National LGBT Health Education Center. <https://www.lgbthealtheducation.org/wp-content/uploads/2018/03/Ready-Set-Go-publication-Updated-April-2018.pdf>. Updated April 2018



AN ACCREDITED CONTINUING EDUCATION SERIES WITH THE EXPERTS

# Addressing Disparities in Cancer Care and Incorporating Precision Medicine for Minority Populations

THIS ACTIVITY IS JOINTLY PROVIDED BY



ENDORSED BY

