Do Breast Cancer Awareness Campaigns Exclude Transgender and Nonbinary People?

Transgender men and women, nonbinary people and cisgender men also get breast cancer—but are not reflected in breast cancer campaigns.

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The imagery and language of much breast cancer–focused public health messaging, replete with pictures of pink ribbons and cheeky references to “boobs” and “tatas,” are cloaked in the trappings of femininity. But that may alienate many other people who are susceptible to breast cancer, according to Forbes, including:

- Transgender men, who were assigned female at birth but who identify as male;
- Transgender women, who were assigned male at birth but who identify as female;
- Nonbinary people, who identify as neither male nor female;
- Cisgender men, who were assigned male at birth and identify as male.

While cisgender women, who were assigned female at birth and identify as female, constitute the majority of breast cancer patients, members of these groups can also develop the disease.

For example, transgender women may have taken estrogen, progesterone, testosterone blockers or some combination of the three to feminize their faces and bodies for five or more years, which puts them at greater risk for breast cancer, according to Forbes. Compared with cisgender men, transgender women have a higher risk for breast cancer, although their risk is lower than that of the general female population, according to a 2019 study published in the British Medical Journal.

Gender transitioning may increase the risk for other breast-related cancers as well. “An estimated 60% to 70% of individuals who undergo male-to-female transition require breast implantation,”

said Miriam David, MD, the director of breast imaging services at Westchester Medical Center and the coauthor of a 2020 study on the subject, in an interview with The ASCO Post, the publication of the American Society of Clinical Oncologists. “Therefore, breast implant–associated anaplastic large cell lymphoma may be diagnosed more frequently in transgender women in the coming years.” Her study found that “issues related to transgender breast imaging are not well addressed in the radiology literature or in the radiology community, even though more transgender patients are presenting to breast centers,” according to the Post.

For their part, cisgender men, transgender men and nonbinary people may be turned off by breast cancer campaigns’ emphasis on stereotypical markers of femininity, such as the color pink, as well as their characterizations of mammograms and other breast screenings as “women’s health procedures.” While transgender men who take testosterone to masculinize their appearance are at reduced risk for breast cancer, there is still a risk, as there is for cisgender men.

Furthermore, trans men and women may not feel welcome at many doctors’ offices, which can discourage accessing preventive care as often as medically recommended. In 2015, the National Center for Transgender Equality’s U.S. Transgender Survey found that 33% of transgender people who had seen a health care provider within the previous 12 months had one or more negative experiences, including but not limited to rejection, harassment and sexual abuse.

Research suggests that people are more likely to act on public health messaging when they see themselves reflected in it, according to Forbes. Consequently, revising the imagery and language featured in breast cancer awareness campaigns to be less gender-specific, and therefore more gender inclusive, could potentially encourage transgender and nonbinary people to seek out breast screenings and save lives in the process.

For more on screening for and the diagnosis and treatment of cancer in LGBTQ people, read “Breaking the Binary.” And to hear from advocates for increased inclusivity in medicine, read “Changing How LGBT People With Cancer Are Treated” and “Providing Hope and Affirmation to LGBT People With Cancer.”

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