

Letter to the Editor Regarding “Gender Identity Disparities in Cancer Screening Behaviors”



We read the article by Tabaac and colleagues,¹ “Gender Identity Disparities in Cancer Screening Behaviors,” in the March 2018 issue of the *American Journal of Preventive Medicine* with great interest as there is a paucity of information on cancer screening patterns in transgender and gender-nonconforming populations.² We thank and commend the authors for writing this innovative manuscript; however, a few items in the manuscript were unclear to us.

Authors state that 2014, 2015, and 2016 Behavioral Risk Factor Surveillance System (BRFSS) data were used. According to Table 1 in Tabaac et al., more than 70% of the sample was from the 2015 survey and 2% or less was from the 2016 survey. From BRFSS documentation, questions on gender identity and breast, cervical, and colorectal cancer (CRC) screening were fielded in fewer than ten states in the 2015 survey and in more than 20 states in 2016.³ Thus, we would anticipate that a greater proportion of the sample would come from the 2016 than 2015 data.

Furthermore up-to-date (UTD) CRC, breast, and cervical cancer screening rates are presented, but only among those with lifetime testing. We did not find this conditioned prevalence to be plainly defined based on Tables 3 and 4 in Tabaac et al., and without careful attention, could be misinterpreted. For example, UTD CRC screening prevalence as presented in the manuscript by Tabaac et al. in Table 3 exceeds 90% when conditioned on ever having a fecal occult blood or endoscopic test. Unconditioned UTD CRC screening rates are remarkably lower. For example, we applied the American Cancer Society definition of UTD CRC screening (colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, and stool testing in the past year)⁴ to 2014 and 2016 BRFSS data and found that trans men (67.3%) had similar CRC screening prevalence as cis men (67.5%) and cis women (69.9%), though rates are lower among trans women (49.1%) and gender nonconforming (53.0%).

In addition, we encourage readers to interpret the ORs presented in Table 4 in Tabaac et al. with caution. These ORs appear to be correctly calculated, but could be misunderstood if readers are not aware of the divergence of ORs and prevalence ratios when outcomes are common.^{5,6} For example, according to Table 3 in Tabaac et al., more than 90% of respondents were UTD with CRC screening when condition on lifetime endoscopy or fecal occult blood test. The magnitude of the greatest absolute difference was between cis men and gender nonconforming is 98.5%

–91.6%=6.9%, or in terms of prevalence ratios: $91.6/98.5=0.93$. When the odds are used, because of the high prevalence of the outcome, the unadjusted OR is $[(0.916/[1-0.916])]/(0.985/[1-0.985])=0.17$.

We hope that our letter helps clarify some of the data presentation and again would like to express our appreciation to the authors for examining cancer screening in this understudied population.

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Author Response to “Letter to the Editor Regarding ‘Gender Identity Disparities in Cancer Screening Behaviors’”



First, we would like to thank S. A. Fedewa, A. G. Sauer, and A. Jemal for their Letter to the Editor¹ regarding our publication “Gender Identity Disparities in Cancer Screening Behaviors.”²

Fedewa and colleagues¹ first noted that fewer than expected cases from survey year 2016 were presented in