done without mechanical stress of the tumour site and avoiding tissue rupture, image-guided visualisation of lymphatic vessels can guide surgeons through a safe dissection, and conscientious peritoneal lavage after surgery might help to reduce cancer cell spillage and peritoneal disease burden. For organ reconstructions, immediate suction evacuation of any stomach lumen content after excision, and protection of the operation field by gauze can avoid cancer cell spillage into the peritoneum. All these preventive measures can help to reduce or avoid cancer cell spillage during gastric cancer surgery to achieve the best possible patient outcome by avoiding cancer recurrence.

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Towards a standard of care in oncology for transgender patients

Transgender is a term that broadly encompasses anyone whose gender identity or expression differs from their assigned sex at birth. Recent estimates suggest that 1·4 million individuals in the USA and 25 million individuals worldwide identify as transgender, with increasing prevalence of transgender patients with cancer as the transgender population grows and ages.[1–3] Efforts to improve health care in this population have focused on improving and standardising transition-related care, or on the medical process through which an individual modifies their body to align with their gender identity. However, the medical needs of the transgender community extend far beyond gender-confirming care (eg, services that help confirm a patient's gender), and existing data regarding the outcomes and experiences of transgender patients with cancer suggest that improvements are needed throughout the cancer care spectrum.[4–6]

We believe the oncology community has a duty to transgender patients to provide high quality, equitable treatment that is respectful of their needs and optimises their experiences and outcomes. This approach includes considering how the oncology community uses a binary sex-based approach to cancer (male patients get prostate cancer; female patients get ovarian cancer); a lack of attention to how cancer surgery could affect a patient's sense of gender identity; a perception that clinical settings, programmes, and support groups are non-inclusive; and barriers to preventive screening that lead to patients presenting with later stage disease.[4–6] To the best of our knowledge, there are no best practices regarding care for a transgender patient with cancer. Herein, we proffer five suggestions to begin a discourse aimed at developing standards for quality care for these patients.


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First, individuals who interact with patients with cancer including, but not limited to, physicians, nurses, and administrative staff, should receive formal education on transgender patients' health needs, including relevant aspects of gender dysphoria and standards of care created by stakeholder organisations, such as the World Professional Association for

Transgender Health.[3] This knowledge is necessary for appropriate conversations about the risks and benefits of cancer care. Understanding and respecting the use of a chosen name, preferred pronouns, and other culturally aware language are essential to building a respectful and trustful relationship. Additionally, comprehensive counselling on the rationale for and side-effects of cancer treatment, including systemic agents, radiotherapy, and surgical procedures, often involves frank discussion of anatomy and hormone changes, which carry unique considerations for transgender individuals.

Second, to better address transgender patients' needs, practical procedures must be assessed. Although there are no data about cancer treatment decision-making among transgender patients, clear scenarios exist in which transgender individuals might have unique considerations. For example, radiotherapy frequently involves daily treatments, gender-specific changing and gowned waiting rooms, and community-forming around sex-specific diagnoses, such as prostate, breast, and gynecological cancer. If patients are uncomfortable in the treating facility, they might forego recommended treatments and be at risk of worse outcomes. The oncology community could benefit from guidelines that incorporate additional support and consideration of gender identity in the decision-making process for transgender patients.

Third, transgender community leaders, organisations, and patients must be involved in the development of treatment standards. There is wide diversity in the experiences of transgender patients,[3] and including these key stakeholders in the development of treatment standards is necessary for a broadly applicable and adaptable set of guidelines. As standards are introduced, an ongoing dialogue with stakeholders will help ensure that guidelines are achieving their purported goals and remain relevant to each stakeholder's community.

Fourth, more transgender physicians must be encouraged to enter oncology fields. Minority patients report better doctor–patient relationships, health-care access, and outcomes when they are treated by doctors of their minority group.[7,8] Findings from previous studies have shown that minority patients often have decreased access to oncological care and worse outcomes.[9,10] Given the low numbers of transgender physicians, recruiting them might provide much needed expertise, and increase health-care access and outcomes for transgender patients.

Finally, transgender patients' outcomes and experiences must be incorporated as part of the published literature. The dearth of literature surrounding transgender patients' experiences makes it challenging to determine best practices and benchmark progress. Although initial studies might be more qualitative than quantitative, building a collection of stories is a helpful first step in identifying problems and developing solutions.[6] Collaborative efforts should seek to identify data about the care of transgender patients with cancer. Gender diversity should be included in future administrative databases to accurately evaluate disparities in cancer treatment access and outcomes.

We have an ethical obligation to optimise health care for transgender patients. With an increasing population of transgender individuals, we believe that the oncology community should prioritise the provision of care that addresses these patients' needs. Developing a set of best practices in collaboration with the transgender community is a necessary first step to accomplishing this goal.

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