



THE UNIVERSITY OF
BRITISH COLUMBIA

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Race, Sexuality and Social
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Cancer's Margins

www.lgbtcancer.ca

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Canada's LGBT2Q Arts-and Community-Based Project

www.lgbtcancer.ca

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UBC project aims to understand the LGBTQ experience with breast and gynecologic cancer

Researchers at the University of British Columbia are leading the first nationwide project funded by the Canadian Institutes for Health Research (CIHR) on cancer and sexual and/or gender minority groups, aiming to bring previously overlooked communities into conversations on cancer knowledge-seeking, and experiences of health, support networks and care.

Led by Prof. Mary Bryson, Director of the Institute for Gender, Race, Sexuality and Social Justice, the three-year *Cancer's Margins* project looks at how lesbian, gay, bisexual, queer and transgender (LGB/T) Canadians experience breast and gynecological cancers from screening and diagnosis to care, treatment and support networks.

"In general there is a need for more research on knowledge-seeking behaviours and health experiences for sexual and gender minority groups," said Dr. Bryson, also a Professor in the Department of Language and Literacy Education in the Faculty of Education.

According to Statistics Canada, LGB/T groups are less likely to have a general practitioner and therefore less likely to participate in cancer screening. Canadian GP's typically have little or no knowledge concerning links between breast or gynecologic cancer risk and sexual or gender minority populations. What makes LGB/T experience with breast and gynecological cancers particularly unique is that typical cancer screening initiatives, and standard cancer treatment and post-treatment support protocols don't anticipate the inclusion of sexual minorities. And so for example, lesbian breast cancer patients frequently encounter educational materials, or cancer healthcare providers' assumptions concerning the impacts of mastectomy on sexuality that assume a breast cancer patient's partner is invariably male, or that breast reconstruction after mastectomy is either irrelevant to lesbians or the gold standard for



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an informed cancer patient today. Across the board, cancer treatment standards of care don't typically consider the particular risks or needs of lesbians or bisexuals at all. Also, it is significant that breast and gynecologic cancers are thought of as "women's cancers", which inadvertently excludes many transgendered individuals.

"People try to look for health information in communities that reflect themselves. We've found that these groups don't have access to cancer health care, or cancer support communities online or face-to-face, that map onto their own support networks and community values" said Bryson.

"For example, a transgender man may still be at risk for developing gynecologic cancers but he may not be participating in regular screening by getting pap tests because none of the health promotions and awareness material concerning the importance of Pap tests is directed at him and his GP may be unaware of his actual gynecologic cancer risks."

The *Cancer's Margins* research is being conducted through interviews with 200 LGB/T cancer patients and members of their support networks in British Columbia, Manitoba, Ontario, Quebec, and Nova Scotia. The *Cancer's Margins* project also brings to light the experiences of cancer patients and support network folks who are doubly marginalized by speaking to LGB/T Aboriginals, Francophones, members of racialized communities, and those living in Northern and remote populations.

The overall goal is to understand what did the individuals find significant about their care and support networks, and how did they educate themselves about these types of cancers and cancer treatments.

Cancer's Margins is also the first LGB/T cancer project to involve collaborators who work at all the major community and cancer health organizations across Canada. At the end of the project, these groups will take the results and find ways to build institutional capacity for the provision of culturally competent care – care that reflects sexual and gender diversity -- in their educational material and support resources.

In an effort to create new educational material to fill current gaps, Dr. Bryson and her *Cancer's Margins* colleagues are working collaboratively with the project participants to enable LGB/T cancer patients and members of their support networks to produce mini documentaries featuring some of the participants that discuss critical aspects of their cancer experience. These documentaries will be available online at the *Cancer's Margins* website (www.lgbtcancer.ca).

Background

Principal Applicants



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Dr. Mary K. Bryson, Language and Literacy in Education and Institute for Gender, Race, Sexuality & Social Justice, University of British Columbia, Nominated Principal Applicant

Dr. Janice Ristock, VP Research; Women's and Gender Studies & Anthropology, University of Manitoba

Dr. Stacey Hart, Psychology, Ryerson University, Principal Applicant

Dr. Jacqueline Gahagan, School of Health and Human Performance, Dalhousie University, Principal Applicant

Dr. Genevieve Rail, Simone de Beauvoir Institute, Concordia University, Principal Applicant

Collaborators on the project:

- Kevin Linn, Canadian Cancer Society - National Office (Ottawa, ON)
- Jane Schulman, Canadian Women's Health Network
- Elizabeth Ross, Ovarian Cancer Canada (Toronto, ON)
- Jenn McNeill, Canadian Breast Cancer Network
- Sarah Sample and Richard Doll, BC Cancer Agency (Vancouver, BC)
- Lorraine Grieves, Vancouver Coastal Health Authority
- Dylan Mazur, QMUNITY
- Patricia Kearns, Breast Cancer Action Montreal
- Tess Healy, Northern Health (Prince George, BC)
- Joan Dawkins, Women's Health Clinic (Winnipeg, MB)
- Matthew Numer, Nova Scotia Rainbow Action Project (NSRAP)
- Angus Campbell, Halifax Sexual Health Centre
- Isabelle Mimeault, Reseau Quebecois d'Action pour la Sante des Femmes
- Chad Smith, Rainbow Resource Centre, Winnipeg, MB
- Greta Bauer, Trans Pulse & University of Western Ontario
- Dr. Kate O'Hanlan, Laparoscopic Institute for Gynecologic Oncology
- Deborah McLeod, Beatrice Hunter Cancer Research Institute & Dalhousie University (Halifax, NS)

Other examples of cancer health and treatment issues the LGB/T community face:

- How do the pink ribbons campaigns constitute a barrier for lesbian, gay, queer or bisexual women or for transgendered people, accessing cancer health information?
- Why do standard Canadian provincial cancer screening protocols fail to include reliable knowledge concerning both sexual and gender minority group members and population-based cancer risks?
- Why do Canadian cancer epidemiological databases fail to collect any information concerning sexual identity or gender identity in



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spite of the fact that both factors are known to increase cancer incidence risk and mortality risk.

- Websites for gynecological and breast cancer: can you find the word “lesbian” or “transgender” or “queer” in a Search of that site’s knowledge-base?
- Where are the LGB/T cancer support groups in suburban, rural or remote locations and how do LGB/T Canadians living with a cancer diagnosis access support outside of major urban centres?
- Support networks that use language that doesn’t reflect your own experience: How does a lesbian refer to her partner on a website for women getting hysterectomies when everyone else talks about their DH, meaning darling husband?
- Are lesbians or bisexual women at higher risk for breast and ovarian cancer? If so, why? Is this still true today?
- If today, fewer “women who have sex with women” (WSW) identify as “lesbians” at all, then why is “lesbian” the only term used in those few materials that do exist concerning women, sexual minorities, and cancer risks, screening standards or treatment?