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What are the barriers to accessing cancer care for LGBTQIA+ patients?

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Abstract

Background: LGBTQIA+ individuals are at increased risk of certain cancers yet there is evidence to suggest that they have worse cancer outcomes and reduced access to cancer care. This scoping review was conducted to evaluate what is currently known on this topic and to identify any knowledge gaps.

Methods: A scoping review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR). Four databases were searched to identify peer reviewed primary studies from January 2013 to October 2023. Out of 892 results, 37 papers were selected using inclusion/exclusion criteria and analysed using thematic analysis.

Results: Four major themes were identified – healthcare professional barriers, system barriers, personal barriers and intersectionality. Healthcare professional barriers include poor relationship between service user and HCP, discrimination from HCP, lack of knowledge from HCP, less frequent encounters with HCPs, limited research into LGBTQIA+ specific needs, lack of cultural competency training and personal beliefs. *System barriers* found were financial barriers, administrative issues, external perceptions and lack of LGBTQIA+ resources. Personal barriers were lack of service user knowledge; family factors; acceptability of intervention; efficacy of intervention; internal barriers such as gender dysphoria, self-identity, personal experiences; perceived risk and sexual orientation disclosure. The fourth theme was intersectionality. Despite excluding papers which discussed SOGI and another minority in the selection process, intersectionality still came up in multiple papers, highlighting the complexity of studying human live experiences.

Conclusions: Overall, there are numerous barriers which are preventing LGBTQIA+ people from accessing cancer care. Despite this, more research is needed to understand these barriers, particularly for smaller minority groups within the LGBTQIA+ community and for cancer care post diagnosis.

Keywords: LGBTQIA+ | Cancer | Barriers to care | Equity

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