# CERVICAL SMEAR TAKING IN TRANS MEN

Dr Tara Suchak 56 Dean Street



### NATIONAL CERVICAL SCREENING PROGRAMME

- Smear tests are recommended for anyone with a cervix over the age of 25
- If a patient has changed their sex to male, they will not be routinely called up by the NCSP.

• The same age rules apply to trans men as cis females

 Many trans men will not be aware they need a smear test so we must take the opportunities to offer these opportunistically

• Many trans men will have had a hysterectomy as part of current gender guidelines so not all men will necessarily need a smear test

- Patients are often reluctant to speak to their GP/Practice nurse about this especially if their GP has only ever known them as male
- Even when done in a sexual health setting patients must be registered with a GP in order for the smear to be taken

#### Multiple barriers

- Outward Appearance
- Language
- Cliteromegaly
- All the same issues that affect cis females

## CLINICAL DIFFICULTIES

 Trans men may or may not be having penetrative vaginal / front hole sex

#### • Many trans men will be using testosterone

Vaginal atrophy (pain and bleeding with speculum examinations)

#### • Time

- Range of speculums available and proctoscopes
   A speculum second sec
- Allow the patient to insert the speculum themselves
- Oral anagelsia 30-60 mins prior
- Diazepam if GP will prescribe in advance
- Topical oestrogens will help but are not often accepted
- Topical anaesthetics such as instillagel / lidocaine ointment can help

• Have a low threshold for referral to colposcopy, especially if the smear taking process was difficult

## **RESULTS FROM 56 DEAN STREET**

- 35 patients had 38 CST in 12 month period June 2017-June 2018
- Age range 25-55, median age 29
- 15 (39.5%) CST were inadequate for 13 (37.1%) of patients
- 12 (34%) patients were opportunistically offered testing
  - 4: age>25 and first smear
  - 8: >36/12 since last screen

 Inadequate smears are reported at a population level as 0.3-2.8% compared to 39% in this cohort

American NCSP reported inadequate rates 8.3 higher in trans men
 ours roughly 10 times higher

#### Reasons possibly include

- Difficult speculum examinations leading to poor visualisation of cervix
- Increased number of atrophied cell samples
- Cervical cell changes due to testosterone

### LIMITATIONS

• Limitations of data is no control as cervical cytology is not done for other client groups in 56 Dean Street, other than HIV positive patients, which means no data for comparison

Small numbers

## THE FUTURE

- Currently in talks about partnering with cancer network and GIC to have a dedicated cervical smear clinic specifically for trans patients
- Bookable appointments as well as walk in

• HPV self swabbing...

### ACKNOWLEDGEMENTS

Dr Vicky Tittle
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