



Medical Advisory Bulletin

August 2002

Breast Cancer in Transgendered & Transsexual Persons

Advisory

Gender Education & Advocacy (GEA) recommends that all MTF transsexual and transgendered persons who have experienced significant breast development from hormonal therapy do self-examinations of their breasts on a monthly basis. GEA recommends that all FTM transsexual and transgendered persons, even those who have had mastectomy/chest reconstruction, perform breast self-examinations on a monthly basis. Those who find lumps or knots in their breasts should contact a physician immediately.

The Problem

Breast cancer is a major cause of death in women. Recent research has strengthened the belief that it is related to estrogen exposure through Hormonal Replacement Therapy (HRT). While estrogen is naturally produced by persons with female bodies, it also is ingested or injected in large doses by MTF transgendered and transsexual people. Further, 2% of all breast cancer occurs in men. Excessive testosterone in men (either FTMs or non-transsexual men) can be converted into estrogen, which may lead to increased risk for estrogen-induced health problems. Consequently, both MTF and FTM persons may be at significant risk for breast cancer.

Discussion

There have been no studies of the incidence of breast cancer in transsexual and transgendered persons. Although only three cases of breast cancer in transsexual women have been found in the medical literature, it is likely that this is significantly under-reported. Onset would most likely occur after these transwomen have established new lives and identities as women, and would be unlikely to reveal their transsexualism to physicians. Given that recent research has found sharply-increased risks of breast cancer in non-transgendered women after only five years of HRT, we believe that MTF transgendered people must also incur some increased risk for this disease.

FTM persons often feel disassociated from their breasts, and do not perform breast self examinations because it reminds them that they have female bodies. However, until mastectomy or chest reconstruction takes place, and especially before initiation of testosterone therapy, they are at the same risk for breast cancer as are women. Even after top surgery, some breast cancer risk may persist in the muscle wall tissue under their surgery sites. Particularly when "keyhole" or other liposuction techniques are used, significant breast tissue cells may still be present in and around the nipple tissue, as well as in pockets throughout the chest area. Post-operative FTMs should consult their doctors about appropriate screening for their breast cancer risks.

Breast self-examination is quick and easy to perform, and can detect cancer in its early stages, when treatment is most effective. We believe that it only makes sense to perform this quick and easy procedure on a monthly basis. For a copy of the American Cancer Society's booklet *How to Do Breast Self Examination*, call at 1-800-ACS-2345. You also can contact Lesbian & Transgender Outreach, Bronx/Manhattan Breast Health Program, American Cancer Society, at (212) 237-3834 for additional transgender-specific information.

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