I AM ON THE FTM SPECTRUM*...

WHAT DO I NEED TO KNOW ABOUT HPV AND CANCER?
* “FTM spectrum” does not reflect the full range of identities within the gender non-conforming community, but our use of the term “FTM spectrum” was motivated by input from focus group and survey participants. Other terms include but are not limited to: female-to-male (FTM), female-assigned at birth, trans men, transgender men, men, transsexual men, trans male, male, trans masculine, masculine of center, boi, genderqueer, or non-binary. We celebrate the diverse terms people use to describe themselves and their communities.
WHAT IS HUMAN PAPILLOMAVIRUS (HPV)?

Most common sexually transmitted infection
Can be transmitted skin-to-skin during sexual contact

Most people who are sexually active are exposed to HPV. Everyone who has ever had sexual contact with another person is at risk, regardless of sexual orientation, gender identity, or the kind of sex they have – even if there’s no penetration or fluid exchange. Some strains of HPV can cause genital warts, while other strains can cause changes to tissues in the pelvis, anus, and throat. If left untreated, these changes can lead to cancer.

The majority of HPV infections do not cause symptoms. Regular screening is one of the most important things you can do to lower your risk of developing serious health problems caused by HPV.
“Taking care of the body you were given doesn’t make you any less of a man. Sometimes it can feel like acknowledging any part of your body that doesn’t align with your identity can call your identity into question. That isn’t true. Your provider will make this as painless as possible - it’s a short procedure that can save a life.”

– MIGUEL, 25

**GUYS GET PAP TESTS TOO**

The Pap test is a preventive screening tool for cervical cancer. Current guidelines recommend screening starting at age 21, regardless of when you begin having sex. The test detects early changes caused by HPV, before they cause serious health problems or develop into cancer.

While testosterone therapy may cause changes to your body, it does not provide protection from HPV or cancer.
HPV is the main risk factor for cervical cancer, but several other factors can also increase your risk:

- Smoking cigarettes
- Being immunosuppressed
- Not receiving the HPV vaccine

Because HPV is so common, screening is recommended even if you don’t have any other known risk factors.

If the sex designation on your insurance plan is male, you may have to contact your insurance company about this screening before they will cover it. Your provider can help advocate for you. Most companies will cover the exam if you have a cervix.*

* People use many words to talk about their bodies. For clarity, we will use the clinical term “cervix.”
IF YOU HAVE IT, CHECK IT

Regular screening is recommended if you:

Have not had genital reconstruction surgery

Have had “lower” surgery that did not remove the cervix (including a partial hysterectomy)

Individuals on the FTM spectrum who have had a total hysterectomy with removal of the cervix no longer need to be screened.

Screening intervals range from 3-5 years, with more frequent screening after abnormal results. Your health care provider will help determine the best follow up plan for you.

“I didn’t work so hard to take care of myself by transitioning, only to stop taking holistic care of myself when it comes to my genital/sexual health.”

— TYLER, 25
WHAT HAPPENS DURING A PAP TEST?

Screening involves the collection of cells during an internal pelvic exam, which typically takes 2-3 minutes.

You will undress from the waist down and lie on your back on an exam table with your knees bent and feet in footrests. You will be given a sheet to cover your legs if this helps you feel more comfortable. Your healthcare provider will insert a small speculum inside your body through the frontal pelvic opening. The speculum will press against the walls of the internal canal to hold it open so your provider can use a small brush to take a sample of cells from the cervix. The sample will be sent to a lab for review, and your provider will get back to you with the results within two weeks.
Your provider may also perform an external and bimanual exam. The provider will look at the outside of your pelvic area to check for signs of cysts, genital warts, or other conditions. During a bimanual exam, the provider inserts one or two gloved and lubricated fingers into the frontal pelvic opening while pressing gently on your lower abdomen. This exam provides information about the size, shape, and health of internal organs. This portion of the exam also typically takes 2-3 minutes.

Your provider can also perform a swab to test for sexually transmitted infections at this time if necessary. If you prefer, a chest exam can take place at a separate visit.
**WHAT DO THE RESULTS MEAN?**

If the results of the Pap test are normal, which is the case about 85%* of the time, you probably won’t need more screening for 3 to 5 years.

If too few cells are collected during the exam, the screening test cannot be evaluated by the laboratory and is considered “inadequate” or “unsatisfactory.” Inadequate results may be more common among transmasculine individuals due to changes to the cervix caused by testosterone therapy. It is important to repeat the test within three months if the first is inadequate, which happens about 10% of the time.

“My family does have a history of cancer. If something happens, I want to be diagnosed early. It is a medical procedure, and it’s not because someone sees you as a woman. It’s because cancer affects anyone and everyone, no matter what their gender or sexual identity.”

— JAKE, 23
If the results are abnormal, which happens about 5% of the time, follow-up recommendations vary depending on the exact result. In some cases, the test should be repeated in one year, or your provider may recommend that you undergo a procedure called a colposcopy. A colposcopy allows your provider to take a closer look at any changes to the cervix to determine if they are pre-cancerous and then remove them before they develop into cancer.

* based on Fenway Health patient data for individuals on the FTM spectrum
HOW TO FEEL MORE IN CONTROL OF YOUR EXAM

For some people, screening is no big deal. For others, it can be a difficult experience. There are some things you can do to help with nerves or discomfort.

How to feel more comfortable...

- You have control of the exam. If at any time you want to stop, tell your health provider.
- Choose to be screened at the time that feels right to you. You do not have to be screened during your first visit with a new provider.
- Bring a support person with you. Tell your provider if you want this person in the exam room with you.
- Bring your headphones and favorite music to help relax.
- Keep your shirt on during the exam.
- Take long, slow, and deep breaths to relax your muscles.
Talk to your doctor about taking a low-dose anti-anxiety medication before the exam.

You can ask your provider to explain each step of the exam to you as they go - or ask them to be quiet or talk about something else during the exam. You can also ask them to do the exam slowly - or to get it done as quickly as possible.

Ask your provider to show you a speculum so you know what to expect. If you feel comfortable, you could practice inserting your fingers or speculum at home before the exam.

If you’ve experienced physical discomfort in the past during internal pelvic exams or if anything feels uncomfortable during the exam, let your provider know.

Ask your health care provider about using a smaller speculum, lubricant, or a topical anesthetic.

If there’s anything else that you think would make the exam more comfortable for you, talk to your provider and see if it’s possible.

Bring notes to read or hand to your provider if it is difficult to discuss your needs out loud.
Most Fenway providers have experience providing cervical cancer screening for transmasculine people. If you prefer a provider other than your primary care provider to perform the exam, ask your provider for a recommendation.

We want to help you have the best possible screening experience. If you have feedback on how to make your screening experience better or would like help communicating with your provider, please call the Transgender Health Program line at 617.927.6225.

“I think the motivation for healthcare and Pap tests and all the uncomfortable things is really the people I love, especially now that I have a kid. I want to be healthy. I want to be alive for the people I care about.”

— Omar, 38
NOT READY FOR A PAP?

There are steps you can take to lower your risk for HPV and cervical cancer

If you’re 26 or under, talk to your health care provider about the HPV vaccine, which protects against new HPV infections.

Use condoms or gloves during penetrative sex to reduce the risk of HPV transmission. Condoms and dental dams can be used during oral sex. However, these will not fully protect against HPV because the virus can infect areas that are not covered by condoms or other barriers.

Stop smoking or reduce how much you smoke.

Schedule a separate visit with your provider before the exam and make sure all your concerns are addressed.
RESOURCES

For more information on Fenway services, the transgender health program, or to see a list of providers, visit fenwayhealth.org

For more information about HPV: fenwayhealth.org/HPV

For more information about cervical cancer screening in transmasculine people:

Some information from this Canadian group about how often to get tested will differ compared to American guidelines. checkitoutguys.ca

National Center for Transgender Equality goo.gl/eYsgNB
For more information about transgender health:

cdc.gov/lgbthealth/transgender.htm

transbodies.com

brownboiproject.org
We thank the 106 members of the FTM community who shared their stories with us and contributed to the development of this brochure.