Ontario Health
Cancer Care Ontario

Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and the Ontario Cervical Screening Program

Program:
Ontario Breast Screening Program (OBSP)
Ontario Cervical Screening Program (OCSP)

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Approval:

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Policy Updates Since Original Approval

The following section outlines the updates made to the *Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and Ontario Cervical Screening Program* (the policy) in March 2022.

- The policy's gender identity terminology has been revised to conform to community norms and corporate guidance.
- The policy's glossary has been revised to remove terms not referenced in the policy document.
- Minor updates have been made to recommendations 6, 7, 8 and 13 to align with current OCSP guidance.

The following section outlines the updates made to the *Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and Ontario Cervical Screening Program* (the policy) in September 2021.

- The policy template has been updated to comply with the Accessibility for Ontarians with Disabilities Act.
- Appendix B has been amended to correct the name of the Chair of the OBSP Working Group.

The following section outlines the updates made to the *Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and Ontario Cervical Screening Program* (the policy) in July 2020.

- The branding of this policy has been updated to the Ontario Health (Cancer Care Ontario) template to align with Cancer Care Ontario's transition to Ontario Health.
- Additional content has been added to the headings of footnotes 4, 5, 6, 7 and 8 to further clarify that the screening guidelines used to develop the policy were current as of January 2019.
- Footnote 8 has been revised to align with OCSP's annual screening recommendations.
- Recommendation 8 has been revised to better align with current OCSP recommendations.
- Footnote 10 has been added to recommendation 8 to confirm that the recommendation was developed and approved by Ontario Health (Cancer Care Ontario)'s clinical and scientific leaders, leaders in the cervical screening program and select Steering Committee members.
- Appendix E was updated to include details on the process for revising recommendation 8.

Rationale for Policy Development

A recent research article estimates that approximately 0.6 percent of the Canadian population in 2016 who are age 18 or older identify as trans[1], or approximately 200,000 people. The article further estimates that there were 77,000 trans people in Ontario [1]. Trans people are medically underserved [2] and face many unique barriers when trying to access cancer screening. Some barriers include health care providers who may not have a full understanding of their needs [3], an absence of trans-specific cancer screening guidelines, and data infrastructure limitations (i.e., improper identification of trans people for organized cancer screening programs). These barriers can contribute to trans people being less up-to-date with cancer screening than cis[2] women [4-6].

There is limited evidence to inform the risk of cancer among trans people, particularly in people who have used, or are currently using hormone therapy, and/or who have undergone transition-related surgery [7].

The Ontario Breast Screening Program (OBSP) and Ontario Cervical Screening Program (OCSP) provide screening recommendations related to eligibility, interval and modality for people at increased risk, and people not at increased risk (sometimes referred to as 'average risk'). The OCSP states in its *Ontario Cervical Screening Guidelines Summary* that trans men who have a cervix should be screened according to program guidelines [8]. Neither the OCSP nor the OBSP have official evidence-based screening policies for trans people.

The purpose of this policy is to provide evidence-informed recommendations to support the inclusion of trans people in Ontario's breast cancer and cervical screening programs.

[1] Someone whose gender identity is different from the sex they were assigned at birth, regardless of whether or not they have undergone surgical or hormonal gender transition processes. It is often used as an umbrella term to refer to people with gender identities and expressions that differ from stereotypical gender norms. This term includes, but is not limited to, people who identify as trans women (male-to-female), trans men (female-to-male), transsexual, gender non-conforming, gender variant, gender queer or two-spirit people (the interpretation of words used in different Indigenous cultures to refer to someone having a male and female spirit) [11, 14].

[2] A term for non-trans people. It is used to describe someone whose gender identity or gender presentation is consistent with the sex they were assigned at birth [11]. Non-trans women are "cis-women" or "cisgender women"[12].

Definitions[3]

Breast implant: A silicon gel-filled or saline-filled sac placed under the breast tissue or under the chest muscle to increase breast size or reconstruct the breast [9].

Cancer screening: Testing done on people who may be at risk of getting a specific cancer, but who have no symptoms and generally feel fine. A cancer screening test is not meant to diagnose a specific cancer – instead, it can help determine which people are more likely to have cancer or develop cancer in the future [10].

Cisgender: A term for non-trans people. It is used to describe someone whose gender identity or gender presentation is consistent with the sex they were assigned at birth [11]. Non-trans men are "cis men" and non-trans women are "cis women" [12].

Exogenous: Originating from outside the body (e.g., an exogenous hormone) [13].

Gender non-conforming/gender queer/gender variant: People who do not follow gender stereotypes based on the sex they were assigned at birth. They may identify and express themselves as "feminine men" or "masculine women" or as androgynous (neither specifically masculine nor feminine) [14, 15].

Genetics clinic: Provides genetic counselling and genetic assessment services. For example, women would come to a genetics clinic to determine their eligibility for high risk breast screening. Genetics clinics are also responsible for communicating genetic assessment results [10].

Genetic counselling: Communication process between a specially trained health professional and someone concerned about their genetic risk of a disease [16].

Genetic testing: Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins. The results of a genetic test can confirm or rule out a suspected genetic condition or help determine a person's chance of developing or passing on a genetic disorder [17].

Heterotopic tissue: Human tissue occuring in, or transplated to, a non-native place in the body [18].

[3] Efforts have been made to ensure the language used in this document is respectful and clear, but we recognize that terms and language related to gender may change over time, and that readers may use and/or prefer different terms.

Hormone treatment (cross-sex hormones [CSH]): Medical management of trans people with exogenous sex hormones. For trans men, the hormone used is typically testosterone; for trans women the hormones used may include estrogen and/or anti-androgens [19].

Neocervix: A cervix that has been surgically created from heterotopic tissue during vaginoplasty [20].

Neovagina: A vagina that has been surgically created during a vaginoplasty [20].

Nonbinary: Umbrella term for anyone who does not identify with static, binary gender identities. Includes people who may identify as having an intermediary gender (e.g., gender queer), as being multiple genders (bigender, multigender), as having a shifting gender (gender fluid), or as not having a gender altogether (agender) [12].

Subtotal hysterectomy: Removal of the uterus, but leaving the cervix in place [21].

Total hysterectomy: Removal of the entire uterus, including the cervix [21].

Trans: Someone whose gender identity is different from the sex they were assigned at birth, regardless of whether they have undergone surgical or hormonal gender transition processes. It is often used as an umbrella term to refer to people with gender identities and expressions that differ from stereotypical gender norms. This term includes, but is not limited to, people who identify as trans women (male-to-female), trans men (female-to-male), transsexual, gender non-conforming, gender variant, gender queer, or two-spirit people (the interpretation of words used in different Indigenous cultures to refer to someone having a male and female spirit). [11, 14].

Transfeminine: An umbrella term to describe all persons assigned male at birth who transition to live as girls/women or somewhere on the feminine spectrum [22].

Transmasculine: An umbrella term to describe all persons assigned female at birth who transition to live as boys/men or somewhere on the masculine spectrum [22].

Vaginoplasty: A surgical procedure to create a vagina. This procedure may also include creating a vulva (including mons, labia, clitoris and urethral opening) and removing the penis, scrotal sac and testes [23].

Background

OVERVIEW

Ontario Health (Cancer Care Ontario) has developed six evidence products that use existing literature, and jurisdictional scans of national and international policies and practices on trans people and cancer screening (see Appendix A for an overview of these products). These evidence products were evaluated by two expert working groups and a steering committee that helped inform specific recommendations for screening trans people in Ontario's breast cancer and cervical screening programs.

SUMMARY OF PROCESS

OBSP and OCSP Expert Working Groups

An OBSP working group and an OCSP working group discussed and evaluated the following evidence products developed by Ontario Health (Cancer Care Ontario):

- Breast Cancer Screening for Transgender Populations: A Guideline Review
- Effectiveness, Benefits and Harms of Breast Cancer Screening for the Transgender Population: A Systematic Review
- Breast Cancer Risk, Prognosis and Mortality in the Transgender Population Using Cross-sex Hormones: A Systematic Review
- Cervical Cancer Screening for Transgender Populations: A Guideline Review
- Benefits, Performance and Harms of Cervical Cancer Screening for the Transgender Population: A Systematic Review
- Cervical Cancer Risk, Prognosis and Mortality in the Transgender Population Using Cross-sex Hormones: A Systematic Review

The OBSP working group included leaders in the OBSP and members with expertise in radiology, pathology, oncology, medical radiation and breast cancer research. The OCSP working group included leaders in the OCSP, as well as members with expertise in obstetrics and gynecology, gynecologic oncology and experience providing health care to the trans community (see Appendix B for the membership list).

A modified Delphi method was used to collect the opinions of working group members and establish expert consensus. The final clinical recommendations from the working groups were used to inform an expert steering committee (see Appendix C for full methodology of the working group process).

Inclusion of Trans People in Organized Cancer Screening Overarching Policy Steering Committee (Steering Committee)

The clinical recommendations from the OBSP and OCSP working groups were reviewed by the steering committee. The steering committee members included people in leadership roles from Ontario Health (Cancer Care Ontario's) breast and cervical screening programs, chairs of the OBSP and OCSP working groups, representation from Ontario Health (Cancer Care Ontario's) Legal and Privacy Office, people with experience providing health care to or researching and evaluating health care for people from trans communities, and members of the trans community (see Appendix D for the membership list).

To align with the working group methodology, a modified Delphi method was used to collect the opinions of steering committee members and establish expert consensus on recommendations (see Appendix E for full methodology of the steering committee process). The final recommendations of the steering committee are presented in this policy and provide a framework for the appropriate inclusion of trans people in the OBSP and OCSP.

Recommended policy

CROSS-PROGRAM CONSIDERATIONS

1. Health care providers should take steps to reduce emotional and physical discomfort for trans and nonbinary people throughout the screening experience.

    1.1. Health care providers are encouraged to educate themselves and their teams on care for trans and nonbinary people. This includes understanding barriers that limit access to care or barriers that trans and nonbinary people face when they do seek care (e.g., participant fear/anxiety/discomfort, provider fear/anxiety/discomfort, previous negative experiences, registration staff/forms, waiting room conditions, gendered washrooms, insensitive providers).

    1.2. The experience of getting screened may be upsetting for trans and nonbinary people. When possible, trans and nonbinary people should be directed to centres and providers that have experience caring for them and have a full understanding of their needs. These centres and providers are encouraged to identify themselves on the Rainbow Health Ontario website.

1.3. As they should for all screening participants, providers offering care to trans and nonbinary people should do so with sensitivity and respect (e.g., asking participants the name they use, what pronouns they use, how they refer to their body parts).

SCREENING ELIGIBILITY, MODALITY AND INTERVAL FOR TRANSMASCULINE AND NONBINARY PEOPLE IN THE OBSP AND OCSP

2. Transmasculine and nonbinary people who meet program criteria[4] may be screened through the OBSP.

3. Transmasculine and nonbinary people who meet high risk referral criteria[5] may be referred to the High Risk OBSP.

4. Transmasculine and nonbinary people who meet program criteria[6] may be screened through the High Risk OBSP.

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[4] **OBSP criteria at the time of policy development (January 2019):**
The OBSP screens participants ages 50 to 74 who have

- no acute breast symptoms,
- no personal history of breast cancer,
- no current breast implants,
- not had a mastectomy, and
- have no history of a screening mammogram within the last 11 months

[5] **OBSP criteria at the time of policy development (January 2019):**
The High Risk OBSP accepts referrals for asymptomatic individuals ages 30 to 69 who

- are a first-degree relative of a carrier of a deleterious gene mutation (e.g., BRCA1, BRCA2, TP53, PTEN, CDH1) and have not had genetic counselling or testing; or
- have a personal or family history (paternal or maternal) of at least one of the following:
    - two or more cases of breast cancer (particularly where diagnosis occurred at ≤50 years) and/or ovarian cancer (any age) in the family, especially in first degree or second degree relatives, on the same side of the family
    - bilateral breast cancers
    - both breast and ovarian cancer in the same person
    - breast cancer at ≤ 35 years
    - invasive serious ovarian cancer
    - breast and/or ovarian cancer in Ashkenazi Jewish families
    - an identified gene mutation (e.g., BRCA1, BRCA2, TP53, PTEN, CDH1) in any blood relative
    - male breast cancer

[6] **OBSP criteria at the time of policy development (January 2019):**
The High Risk OBSP screens participants ages 30 to 69 who are asymptomatic and

- known to have a gene mutation that increases their risk for breast cancer (e.g., BRCA1, BRCA2, TP53, PTEN, CDH1);
- are a first-degree relative of someone who has a gene mutation that increases their risk for breast cancer, have already had genetic counselling and have chosen not to have genetic testing;

5. Transmasculine and nonbinary people with a cervix should be screened according to the current OCSP guidelines.[7,8]

6. Average risk transmasculine and nonbinary people who meet OCSP eligibility criteria and are due or overdue for screening should be offered cervical screening before surgical removal of the cervix.

7. Transmasculine and nonbinary people who do not meet OCSP eligibility criteria (e.g., have not been sexually active[9]) before undergoing surgical removal of the cervix should not be offered cervical screening.

8. The OCSP does not currently have recommendations for vaginal vault testing for people following the removal of the cervix during hysterectomy. This includes transmasculine and nonbinary people who have undergone surgical removal of the cervix. The OCSP is developing vaginal vault testing recommendations. Until then, vaginal vault testing should be based on clinical judgement.[10]

- have been assessed by a genetics clinic (using the IBIS or BOADICEA tools) as having a ≥25 percent lifetime risk of breast cancer based on personal and family history; or
- have had radiation therapy to the chest to treat another cancer or condition (e.g., Hodgkin lymphoma) before age 30 and at least eight years ago

[7] **OCSP average risk screening recommendation guidelines at the time of policy development (January 2019):**

- Screening eligibility: individuals are eligible for screening if they are, or have ever been sexually active, and are between the ages of 21 and 69. Screening stops for individuals age 70 with three or more normal Pap tests in the previous 10 years.
- Screening modality: Pap test, or HPV test when publicly funded.
- Screening interval: every three years.
- Transition to HPV screening is anticipated. When HPV is the screening test, we anticipate a later age of screening initiation, prolonged interval and screening cessation at 65.
    - HPV negative individuals are at average or below average risk.

[8] **Annual OCSP screening recommendation guidelines at the time of policy development (January 2019):**

- Individuals are currently considered for annual screening if they are considered to be at elevated risk. This may include people who are persistently HPV positive or who are immunocompromised. This recommendation is under review by the OCSP and subject to change.
- Immunocompromised individuals who are HPV negative may or may not be at average risk. Individual judgement is required.
- Screening modality: Pap test, or HPV test when publicly funded.
- Screening interval: annually.

[9] Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area of a partner of either sex.gen

[10] Recommendation 8 was updated in July 2020 outside the modified Delphi process to better align with current OCSP recommendations. The recommendation was developed and approved by Ontario Health (Cancer Care Ontario)'s clinical and scientific leaders, leaders in the cervical screening program and select Steering Committee members.

SCREENING ELIGIBILITY, MODALITY AND INTERVAL FOR TRANSFEMININE AND NONBINARY PEOPLE IN THE OBSP AND THE OCSP

9. Transfeminine and nonbinary people who meet program criteria and have a history of five or more consecutive years of cross-sex hormone (CSH) use should be screened through the OBSP.

10. Transfeminine and nonbinary people who meet high risk referral criteria and have a history of five or more consecutive years of CSH use may be referred to the High Risk OBSP.

11. Transfeminine and nonbinary people who meet high risk program criteria and have a history of five or more consecutive years of CSH use may be screened through the High Risk OBSP.

12. Breast implants should not preclude eligible transfeminine and nonbinary people from participating in the OBSP.

13. Given that cervical screening for transfeminine and nonbinary people (people born without a cervix and people with or without a neocervix[11]) may not be clinically or scientifically indicated, transfeminine and nonbinary people born without a cervix are unlikely to benefit from screening and are therefore not eligible for screening within the OCSP. If appropriate, clinicians should consider visual exam and/or vaginal cytology of the neovagina independent of the organized cancer screening program.

SCREENING FOLLOW-UP AND RECALL FOR TRANSMASCULINE AND NONBINARY PEOPLE IN THE OBSP AND THE OCSP

14. The OBSP's one-year[12] and annual[13] recall criteria should apply to eligible transmasculine and nonbinary people.

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[11] Even when a neocervix is present, it would have been created using tissue that has a different epithelium from the cervix and the principles that inform cervical screening cannot be applied.

[12] Participants may be recalled for a one-year screen for a single year (i.e., temporary recall), up to the age of 74, if:

- The participant has breast density of ≥ 75%
- The reading radiologist requests a one-year recall (for reasons other than breast density)

[13] Participants may be automatically recalled annually (i.e., ongoing recall) up to the age of 74 if they meet one of the following annual recall criteria:

- Have a documented pathology of a concerning benign lesion (high-risk lesion)
- Have two or more first-degree female relatives who developed breast cancer at any age
- Have one first-degree female relative who developed breast cancer under the age of 50
- Have one first-degree male relative who developed breast cancer at any age
- A personal history of ovarian cancer
- Have one first-degree female relative who developed ovarian cancer at any age

15. For transmasculine and nonbinary people whose cervical screening test result is abnormal, referral to colposcopy according to OCSP guidelines should be considered.

    15.1. For transmasculine and nonbinary people with low-grade cytologic abnormalities (i.e., atypical squamous cells of undetermined significance and low-grade squamous intraepithelial lesions) potential options before referring to colposcopy include: repeat the Pap test, consider an HPV test (not currently covered by the Ontario Health Insurance Plan [OHIP]), and consider repeating the Pap following a trial of intravaginal estrogen.[14] Clinical judgement in the context of individual participant preferences should be applied.

SCREENING FOLLOW-UP AND RECALL FOR TRANSFEMININE AND NONBINARY PEOPLE IN THE OBSP

16. The OBSP's one-year and annual recall criteria should apply to eligible transfeminine and nonbinary people.

OTHER CONSIDERATIONS FOR TRANSMASCULINE AND NONBINARY PEOPLE IN THE OCSP

17. The use of androgens and the absence of estrogens have been shown to result in atrophic changes to the cervical epithelium, which can mimic dysplasia. The use of these hormones must be indicated on the cervical screening requisition form to minimize cytologic misinterpretation.

    17.1. Since CSH use in transmasculine and nonbinary people has been associated with a higher rate of unsatisfactory Pap test results, in such circumstances, repeating the Pap test with or without a course of intravaginal hormone therapy should be considered.[15]

Considerations for Policy Implementation

- Current billing codes for primary care physicians may pose limitations on successfully implementing this policy. Some OHIP billing considerations are based on sex designation. Certain billing codes can only be processed if the sex designation is "F" in the Registered Persons Database (RPDB).

[14] Individuals whose HPV test is positive will require a Pap test to determine whether referral to colposcopy is indicated. It is known that inflammation interferes with an accurate interpretation of a Pap test. It is common practice in such circumstances to consider a repeat Pap test after a course of vaginal estrogen, as this is the primary strategy that will obtain a sample that can be more accurately interpreted. Individuals may potentially avoid colposcopy if mitigation of inflammatory changes can be achieved with vaginal estrogen, and as such, may be a consideration.

[15] When HPV testing becomes the primary screening test, hormonal environment of the lower genital tract will be a factor when a Pap test is required (i.e., for individuals whose HPV test is positive), in which case vaginal estrogen may be a consideration.

- Some services recommended within this policy are currently unavailable within the OBSP and OCSP. It is anticipated that changes to the screening programs will be made to align with these recommendations in the future.
    - For example, Consideration 12 states: “Breast implants should not preclude eligible transfeminine and nonbinary people from participating in the OBSP.”
    - However, screening people with breast implants through the OBSP is not currently available (except for women in the high risk program).
- Although new OHIP cards no longer include a sex designation, the OHIP registration form still collects information about sex designation and sex designation remains in the Ministry of Health and Long-Term Care’s RPDB. Some aspects of the OBSP and the OCSP, such as the centralized correspondence program and the Screening Activity Report, are based on sex designation as indicated in the RPDB. Therefore, trans people who are eligible for screening may not benefit from all aspects of organized breast cancer and cervical screening, such as the correspondence program.

Next steps

- Once approved, this policy will be addressed at the Cancer Screening Management Committee to determine process and timelines for implementation.

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Appendix A

HIGH-LEVEL EVIDENCE SUMMARY OF BREAST CANCER SCREENING FOR TRANS PEOPLE

Guideline Review: Breast Cancer Screening for Trans Populations

- The results of this guideline review demonstrated agreement on mammography screening for trans men without chest reconstruction and for trans women with at least five years of CSH exposure.
- There was minimal agreement among the included documents in the guideline review regarding screening recommendations for other trans people.
- The recommended screening modalities and screening intervals varied greatly, which may reflect differences in screening practices and policies across organizations and jurisdictions.

Systematic Review: Breast Cancer Risk, Prognosis and Mortality in the Trans Population Using CSH

- The breast cancer incidence rates in the trans groups were not statistically significantly different from the expected rates.
- No evidence was found about the effect of CSH therapy on breast cancer prognosis or mortality among trans people.
- No definitive evidence-based conclusions can be drawn in response to the key questions for this review.

Systematic Review: Effectiveness, Benefits and Harms of Breast Cancer Screening for the Trans Population

- This systematic review did not identify any evidence on the effectiveness and benefits of breast cancer screening among trans people.
- There was limited evidence on one potential harm for mammography and ultrasonography in trans women.

Jurisdictional Scan: Breast and Cervical Screening for Transgender Individuals

- The objective of the jurisdictional scan was to identify current Canadian and international policies and practices that address breast cancer and cervical screening of trans people.
- Specific policies or practices addressing breast cancer screening for trans people were found in three of 12 Canadian provinces and territories, and three of 15 countries.

- Six jurisdictions have specific statements or policies addressing breast cancer screening for trans people.
- There was agreement among three jurisdictions that trans men:
    - with breast tissue (i.e., have not had a mastectomy) should be routinely screened with mammography; and
    - without breast tissue (i.e., who had a bilateral mastectomy) should not be routinely screened with mammography.
- Three jurisdictions recommended that trans women who use CSH should be routinely screened with mammography.
- One jurisdiction did not recommend mammography screening for trans women.
- All recommended screening intervals, modalities and age ranges identified in this scan are based on screening in people who are at average risk for breast cancer. No jurisdiction recommends different screening intervals, modalities or age ranges for trans people compared to cis women.

HIGH-LEVEL EVIDENCE SUMMARY OF CERVICAL SCREENING FOR TRANS PEOPLE

Guideline Review: Cervical Screening for Trans Populations

- The results of this systematic review of guidelines showed consistent recommendations for the inclusion of trans men with a cervix in screening.
- Trans men with a cervix should be screened according to the eligibility criteria, modalities and intervals specified in risk-appropriate guidelines for cis women.
- All identified recommended intervals were based on screening in average risk populations. No jurisdiction recommended different screening intervals for trans people compared to cis women.
- None of the documents addressed using HPV testing to screen trans men who have a cervix.
- Screening recommendations for trans women varied.

Systematic Review: Benefits, Performance and Harms of Cervical Screening for the Trans Population

- This systematic review did not identify any primary research evidence on the benefits, performance and harms of cervical screening in trans men.
- No definitive conclusions on this topic can be drawn.

Jurisdictional Scan Report: Breast and Cervical Screening for Transgender Individuals

- The objective of the jurisdictional scan was to identify current Canadian and international policies and practices that address breast cancer and cervical screening of trans people.
- Specific policies or practices addressing cervical screening for trans people were found in four of 12 Canadian provinces and territories, and three of 15 countries.
- Seven jurisdictions have specific statements or policies addressing cervical screening for trans people.
- All recommended intervals identified in this scan are based on screening in average risk populations. No jurisdiction recommended different screening intervals for trans people compared to cis women.
- Six jurisdictions recommend that trans people with a cervix should be routinely screened using the Pap test[16] in alignment with average risk screening guidelines.
- Two jurisdictions provide screening recommendations for trans people with a neocervix, neovagina, vagina or vaginal vault.

[16] This is the traditional screening test. No evidence was found on HPV testing because most/all jurisdictions currently use the Pap test.

Appendix B

MEMBERS OF THE OBSP AND OCSP WORKING GROUPS

Members of the OBSP Working Group

- **Anna Chiarelli,** Provincial Scientific Lead, OBSP
- **Dr. Susan Done,** Pathologist, University Health Network
- **Dr. Ralph George,** Surgical Oncologist, St. Michael's Hospital
- **Joan Glazier,** Provincial Medical Radiation Technologist Lead, OBSP
- **Dr. Ed Kucharski,** Regional Primary Care Lead, Toronto Central South
- **Dr. Supriya Kulkarni (Chair),** Regional Breast Imaging Lead, Toronto Central
- **Dr. Derek Muradali**, Radiologist-in-Chief, OBSP, Ontario Health (Cancer Care Ontario)
- **Dr. Fahima Osman**, Breast Surgical Oncologist, North York General Hospital

Members of the OCSP Working Group

- **Dr. Dustin Costescu**, Assistant Professor, Department of Obstetrics and Gynaecology, McMaster University; Obstetrician and Gynaecologist, Hamilton Health Sciences
- **Dr. Helena Frecker**, Obstetrician and Gynecologist, Michael Garron Hospital
- **Dr. Rachel Kupets**, Obstetrician and Gynecologist, Michael Garron Hospital
- **Dr. Joan Murphy (Chair)**, Provincial Clinical Lead, OCSP, Ontario Health (Cancer Care Ontario)
- **Dr. Ashley Waddington**, Obstetrician and Gynecologist, Kingston General Hospital

Appendix C

METHODOLOGY FOR COLLECTING SURVEY RESPONSES FOR THE INCLUSION OF TRANS PEOPLE IN ORGANIZED CANCER SCREENING OBSP AND OCSP WORKING GROUPS

OBSP Working Group Methodology

Ontario Health (Cancer Care Ontario) convened an eight-member working group consisting of experts in radiology, pathology, oncology, medical radiation and breast cancer research.

The first working group met on January 9, 2018 to review the available evidence, and discuss eligibility criteria, screening modality, and screening interval for trans people in the OBSP.

Following the meeting, members received an anonymous survey to assess their agreement with the proposed screening guidelines. The survey was open from January 9 until January 15, 2018. The threshold for consensus was 75 percent or greater agreement (strongly agree/agree), and was calculated for each statement.

Consensus was not achieved with the first survey. Therefore, a second working group was convened on March 15, 2018 to discuss areas of disagreement. A second survey was administered on March 22, 2018 to assess levels of agreement with the revised screening guidelines. The survey was open from March 22 until April 1, 2018. As with the previous survey, a threshold of 75 percent or greater agreement (strongly agree/agree) was needed to achieve consensus. Consensus was achieved with the second survey.

Ontario Health (Cancer Care Ontario) drafted final recommendations based the approved screening guidelines. A third and final survey was sent out to members on April 12, 2018 to assess their agreement on the proposed recommendations. The survey was open from April 12 until April 17, 2018. As with the previous surveys, a threshold of 75 percent or greater agreement (strongly agree/agree) was needed to achieve consensus.

Consensus was achieved with the third survey, and the final recommendations were reviewed at the steering committee.

OCSP Working Group Methodology

Ontario Health (Cancer Care Ontario) organized a five-member working group consisting of leaders in the OCSP, as well as members with expertise in obstetrics and gynecology, gynecologic oncology and experience providing health care to the trans community.

The first working group convened on January 25, 2018 to review the available evidence, and discuss eligibility criteria, screening modality, and screening interval for trans people in the OCSP.

Following the meeting, members received an anonymous survey to assess their agreement with the proposed screening guidelines. The survey was open from January 26 until February 1, 2018. The threshold for consensus was 75 percent or greater agreement (strongly agree/agree) and was calculated for each statement.

One working group member could not attend the meeting on January 25, 2018, and a separate meeting was held on February 1, 2018. Their survey was completed following the meeting.

Consensus was achieved with the first survey, and a second working group was not needed.

Ontario Health (Cancer Care Ontario) drafted final recommendations based the approved screening guidelines. A final survey was sent out to members on March 23, 2018 asking how strongly they agreed with the proposed recommendations. The survey was open from March 23 until April 4, 2018. As with the previous survey, a threshold of 75 percent or greater agreement (strongly agree/agree) was needed to achieve consensus.

Consensus was achieved and the final recommendations were reviewed at the steering committee.

Appendix D

MEMBERS OF THE OVERARCHING POLICY STEERING COMMITTEE

- **Gillian Bromfield**, Director, Program Design, Ontario Health (Cancer Care Ontario)
- **Dr. Dustin Costescu**, Assistant Professor, Department of Obstetrics and Gynaecology, McMaster University; Obstetrician and Gynaecologist, Hamilton Health Sciences
- **Dr. Helena Frecker**, Obstetrician and Gynecologist, Michael Garron Hospital
- **Dr. Ed Kucharski (Chair),** Regional Primary Care Lead, Toronto Central
- **Dr. Supriya Kulkarni,** Regional Breast Imaging Lead, Toronto Central
- **Dr. Rachel Kupets**, Obstetrician and Gynecologist, Michael Garron Hospital
- **Steven Lewis**, Chair, Sexual Orientation and Gender Identity Law Section, Ontario Bar Association
- **Devon MacFarlane**, Director, Rainbow Health Ontario
- **Dr. Derek Muradali**, Radiologist-in-Chief, OBSP, Ontario Health (Cancer Care Ontario)
- **Dr. Joan Murphy**, Provincial Clinical Lead, OCSP, Ontario Health (Cancer Care Ontario)
- **Dr. Fahima Osman**, Breast Surgical Oncologist, North York General Hospital
- **Dr. James Owen**, Staff Physician, St. Michael's Inner City Health Program, Department of Family and Community Medicine, Course Director, Complexity and Chronicity; LGBTQ2S Health Theme Lead, University of Toronto MD Program
- **Emery Potter**, Nurse Practitioner, Urban Health, Sherbourne Health Centre
- **Will Rowe**, Trans Activist, PhD Student, McMaster University School of Social Work
- **Dr. Sydney Tam**, Staff Physician, Sherbourne Health Centre; Lecturer, University of Toronto, Department of Family and Community Medicine

Appendix E

METHODOLOGY FOR COLLECTING SURVEY RESPONSES FOR THE INCLUSION OF TRANS PEOPLE IN ORGANIZED CANCER SCREENING OVERARCHING POLICY STEERING COMMITTEE

Ontario Health (Cancer Care Ontario) convened a 15-member expert steering committee consisting of trans people, physicians, nurse practitioners, academic leaders, legal experts and Ontario Health (Cancer Care Ontario) senior management to assess recommendations made by the OCSP and OBSP working groups.

The steering committee met on May 31, 2018, to review and discuss the recommendations. They received an anonymous survey after the meeting to assess their agreement with each of the 17 recommendations based on two criteria: available clinical evidence, and community norms and values.[17]

The threshold for consensus was 75 percent or greater agreement (strongly agree/agree). This threshold was calculated for each statement based on the number of respondents (including respondents who neither agreed nor disagreed), which means that the denominator varied across the survey. This approach aligns with a decision made before the OBSP and OCSP working groups met, which was to exclude non-responders from the denominator for each survey statement.

Consensus on a recommendation was considered to be achieved if there was consensus on both criteria.

The survey was open from June 5, 2018, to June 26, 2018. A few members did not respond to the survey during the consultation period. General survey reminders were sent out to members on June 25 and June 26, 2018. If members did not confirm that they completed the survey, they were sent individual communications (emails/texts) on July 9, July 11, July 12, July 16, July 18 and July 24, 2018. Although 14 people confirmed that they completed the survey, the survey had 13 recorded respondents. Not all respondents who completed the survey responded to all survey questions.

In July 2020, recommendation 8 was updated outside the modified Delphi process so it was better aligned with current OCSP recommendations. The updated recommendation was developed and approved by Ontario Health (Cancer Care Ontario)'s clinical and scientific leaders, leaders in the cervical screening program and select Steering Committee members.

[17] Criteria were assessed using the following statements:

- I support this recommendation based on the available evidence.
- I support this recommendation based on community norms and values.