Germline Cancer Genetic Counseling: Clinical Care for Transgender and Nonbinary Individuals

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Transgender and nonbinary (TG/NB) individuals may engage in cancer genetic counseling for a variety of reasons, including to assess risk and obtain recommendations for cancer prevention and early detection. Barriers to TG/NB individuals engaging in cancer genetic counseling include concerns of feeling marginalized or not understood. The results of testing may affect decisions about gender-affirming care, including surgical decisions and hormone use. Nurses can provide anticipatory guidance and psychosocial support and work toward changes that make care more inclusive.

AT A GLANCE

- Culturally sensitive care for TG/NB individuals includes anticipatory guidance about pedigree symbols and the test report, as well as that specific care recommendations may be limited.
- Inclusive care begins at scheduling, continues through post-test counseling, and is the responsibility of all providers involved in patient care.
- Nurses should become aware of the concerns and needs of TG/NB individuals, provide psychosocial support, and identify and remove real or perceived barriers to care.

KEYWORDS
transgender; nonbinary; cancer genetic testing; genetic counseling; LGBTQ

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Providing inclusive genetic counseling services to transgender and nonbinary (TG/NB) individuals requires thought, planning, and clear communication. It begins with identifying aspects of the traditional genetic counseling process that could be uncomfortable and eliminating these barriers to care (Sacca et al., 2019). Anticipating potential problems and challenges and providing anticipatory guidance is important, but ultimately the goal is to eliminate these barriers and make providing care to the TG/NB community appropriate, inclusive, and sensitive. This article reviews the foundation of clinical oncology genetic counseling care for TG/NB individuals and provides examples of how that care should be applied in clinical practice.

Definitions

Sex refers to the biologic attributes of an individual, including body morphology (e.g., genitalia, secondary sex characteristics) and chromosomes. This differs from the social construct of gender identity, which refers to an internal sense of one's gender (Barnes et al., 2020). *Gender expression* describes how an individual expresses or displays gender identity, such as through name, pronouns, clothing, or hairstyles. *Transgender* describes an individual whose gender identity or expression does not align with their assigned sex at birth (Barnes et al., 2020). *Nonbinary* refers to an individual whose gender identity does not align with either of the binary male or female gender identities, but rather with an identity between or outside of these identities (Barnes et al., 2020). *Cisgender* refers to an individual whose gender identity aligns with the sex they were assigned at birth (Barnes et al., 2020).

An estimated 10%–12% of cancer diagnoses are associated with pathogenic (harmful) variants in the germline tissue (National Comprehensive Cancer Network [NCCN], 2023). These pathogenic variants contained in the egg and sperm are inherited and passed to subsequent generations. Once these variants are identified, other family members can be tested to clarify their risk; prevention and detection strategies can then be implemented to mitigate risk. Cancer genetic counseling is a multistep process, ideally provided by a credentialed genetics professional, which includes risk assessment; pedigree construction and assessment; selection of a genetic test; informed consent about the potential risks, benefits, and limitations of testing; results