

**Recommendation 3.0 Evidence Profile**

**Recommendation Question: Should risk screening be recommended for 2SLGBTQI+ people?**

**Population:** 2SLGBTQI+ persons across the lifespan (including people from underserved communities)

**Intervention:** Risk screening

**Comparator:** No risk screening

**Outcomes:** Number of persons accessing screening [Critical, not found within this literature], Earlier detection and/or intervention [Critical; not found within this literature], Level of treatment and/or support [Critical], Change in knowledge of person receiving care [Important; not found within this literature], Risk behaviours [Important; not found within this literature]

**Recommendation 3.0:** The expert panel recommends health providers ensure the comfort and safety of lesbian and bisexual women and trans and non-binary people during cervical cancer screening.

**Setting:** All health care settings

**Bibliography:** 28051, 25993, 3358, 3599

Quality assessment							Study details		Reported outcome		Summary of results	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
<b>Level of treatment or support:</b> measured with participant experience [qualitative data]													
4	1 systematic review of qualitative studies and 3 individual qualitative studies of patient experience <sup>a</sup>	Very Serious <sup>b</sup>	Not Serious <sup>c</sup>	Serious <sup>d</sup>	Serious <sup>e</sup>	Not serious	USA	Cervical cancer screening was conducted, wherein participants described both positive and negative experiences	N/A	N/A	Lesbians, bisexual women and trans men experienced greater support and comfort during cervical cancer screening when health providers recognized their vulnerability during screening, the possibility of physical discomfort and affirmed their identity.  Trans men reported feeling dehumanized, de-individualized,	⊕○○○  <b>Very Low</b>	3358: Connolly et al., 2020  28051: Peitzmeier et al., 2017  25993: Agenor, Bailey, Krieger, et al., 2015

Quality assessment							Study details		Reported outcome		Summary of results	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
											<p>experiencing gender dysphoria and were more likely to seek cervical cancer screening when providers were knowledgeable, respectful or accepting of their transmasculine status.</p> <p>Black lesbians and bisexual women experienced several barriers to cervical cancer screening including heterosexism, overt health provider discomfort, and failure to acknowledge sexual identity, racism and classism.</p>		3599: Johnson et al., 2020

**Explanations**

<sup>a</sup>No quantitative evidence answering this research question was identified.

<sup>b</sup> All included studies explored firsthand accounts of experience with cervical cancer screening and offered qualitative data. In the absence of quantitative evidence, we are treating these studies as non-intervention, non-randomized studies (cross-sectional or single arm). We downgraded by 2 due to very serious concerns in risk of bias according to the domains of the ROBINS-I tool.

<sup>c</sup> Qualitative data was consistent across themes and studies. We did not downgrade.

<sup>d</sup> Interventions received by participants varied widely across studies. For example, those that experienced both positive and negative cervical cancer screening care. We downgraded by 1.

<sup>e</sup> Total number of participants across studies was 349. We are unable to ascertain an effect estimate or confidence intervals. We downgraded by 1.0.

**CERQual Evidence Profile**

**Question 5: Should risk screening be recommended for 2SLGBTQI+ people?**

**Recommendation 3.0:** The expert panel recommends health providers ensure the comfort and safety of lesbian and bisexual women and trans and non-binary people during cervical cancer screening.

**Aim:** To explore the 2SLGBTQI+ patient experience of risk screening in relation to patient level of treatment and support, comfort and safety.

**Bibliography:** 28051, 25993, 3358, 3599

Finding: Lesbians, bisexual women and trans men experienced greater support and comfort during cervical cancer screening when health providers recognized their vulnerability during screening, the possibility of physical discomfort and affirmed their identity.							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
3358: Connolly et al., 2020  28051: Peitzmeier et al., 2017  25993: Agenor, Bailey, Krieger, et al., 2015  3599: Johnson et al., 2020	3358: Narrative systematic review. Included studies used in-depth or semi-structured interviews.  28051: in-depth interviews with grounded theory analysis  25993: focus groups with thematic analysis	Minor concerns (Two individual studies did not address researcher reflexivity or participant confidentiality)	No concerns (Studies were representative of the phenomena of interest)	Minor concerns (There was some inter-study variability in the participant data)	No concerns (One systematic review, three individual studies included offering moderately rich data)	⊕⊕⊕○  <b>Moderate</b>	The finding was graded as moderate confidence due to minor concerns over methodological limitations of the individual studies and coherence. There were no concerns related to relevance or data adequacy.

	3599: semi-structured interviews with content analysis						
<b>Finding:</b> Trans men reported feeling dehumanized, de-individualized, experiencing gender dysphoria and were more likely to seek cervical cancer screening when providers were know ledgeable, respectful or accepting of their transmasculine status.							
3358: Connolly et al., 2020  28051: Peitzmeier et al., 2017  3599: Johnson et al., 2020	3358: Narrative systematic review. Included studies used in-depth or semi-structured interviews.  28051: in-depth interviews with grounded theory analysis  3599: semi-structured interviews with content analysis	Minor concerns (One individual study did not address researcher reflexivity or participant confidentiality)	No concerns (Studies were representative of the phenomena of interest)	No concerns (Data in the study was coherent)	No concerns (One systematic review, two individual studies included offering moderately rich data)	⊕⊕⊕○  <b>Moderate</b>	The finding was graded as moderate confidence due to minor concerns over methodological limitations of the individual studies and coherence. There were no concerns related to relevance or data adequacy.
<b>Finding:</b> Black lesbians and bisexual women experienced several barriers to cervical cancer screening including heterosexism, overt health provider discomfort, and failure to acknowledge sexual identity, racism and classism.							
25993: Agenor, Bailey, Krieger, et al., 2015	25993: focus groups with thematic analysis	Moderate concerns (The study did not address researcher reflexivity or participant confidentiality)	No concerns (Study was representative of the phenomena of interest)	No concerns (Participant data in the study was cohesive)	Minor concerns (Only one study offering moderately rich data)	⊕⊕○○  <b>Low</b>	The finding was graded as moderate confidence due to moderate concerns over methodological limitations of the individual studies and minor concerns over data adequacy. There were no

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							concerns related to relevance or coherence.
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