Ovarian Cancer Risk and Incidence in Transgender Men
By Parker Hurley

For people on the transmasculine spectrum (like myself), “taking care of our bodies” can be quite challenging. In the U.S., “high rates of joblessness and poverty in transgender populations (due to discrimination), especially those of color and trans youth, often result in a lack of health insurance or underinsurance…This results in lack of routine screening for high blood pressure, heart disease, cancers, STDs and other illnesses, increasing the overall morbidity rates of transgender people and likely lessening their life spans (1).”

For transmen with or without insurance, there is often anxiety to manage, assumptions to evade, and discrimination to endure when engaging with the healthcare system. When it comes to taking care of body parts that many of us would like to ignore altogether, like our ovaries, we have an even greater tendency to avoid routine healthcare and screenings (2). These difficulties are compounded by the limited information and research available to us about our unique healthcare needs.

The paucity of research on ovarian cancer in transmen makes it difficult to draw definitive conclusions. There is, however, some information available, based largely on research conducted in other countries. The Netherlands and Canada, for example, maintain some form of universal healthcare in which transmen are counted and categorized. This allows for continuity of care and also provides a more accurate snapshot of what it means to have ovaries and be engaged in long-term testosterone (“T”) therapy.

This article seeks to provide a better understanding of what we know (and don’t know) about ovarian cancer in transgender people who were assigned female at birth, now may identify as male and are engaged in long-term hormone (testosterone) therapy. For the purpose of simplicity, we will refer to people in this population, as transmen in this article. We will also offer suggestions that can help ease some of our concerns.
What we DO know about transmen’s health and ovarian cancer

- Due to barriers to care, including discomfort over revealing our gender identity, many transmen avoid the healthcare system and screening procedures. When we DO visit the doctor, the health of our entire bodies is important to us, including gynecologic care, despite the emotional challenges to receiving care (3).
- Not every transman who is on “T” is under a doctor’s care and receiving a consistent dosage.
- The American Cancer Society has asserted that, due to the amount of testosterone ingested, transmen have an increased risk of ovarian cancer. Excess testosterone is converted into estrogen in the body, adding to our ovarian cancer risk (2).
- Several studies of transmen (4, 5, 6, 7) have found an increased incidence of Polycystic Ovarian Syndrome (PCOS), even in those who have not taken “T”. For example, gender.org (2002) writes, “PCOS may affect as many as 25% of Female-to-Male (FTM) transsexual persons. The symptoms of PCOS may include hirsutism (in the absence of androgen treatment), irregular or absent menses, dysmenorrhea (painful menses), obesity, and, rarely, true virilization. However, many people show no obvious symptoms. (7)” PCOS is a hormonal condition believed to be caused by an overproduction of insulin, which in turn stimulates the ovaries to produce testosterone. PCOS is associated with increased risk for a number of health problems. Possibly including ovarian cancer (4).
- There is limited and contradictory evidence of a link between PCOS and ovarian cancer (5, 8).
- Ovarian cancer is sometimes called the “silent killer” because of its death rate of 65%, and because there are usually no clear symptoms until it has spread (9).

What we DON’T yet know about transmen and ovarian cancer

- How many transmen are affected by ovarian cancer.
- Why higher rates of transmen are affected by polycystic ovarian syndrome (PCOS) in comparison to other individuals who were assigned female at birth.
- If there is, in fact, a direct link between long-term hormone therapy (testosterone) and incidences of PCOS and ovarian cancer among transmen.
Based on this information, the National LGBT Cancer Network offers the following suggestions for transmen:

**BEFORE beginning hormone (“T”) therapy:**

1. **Assess your personal risk factors.**
   Get evaluated for Polycystic Ovarian Syndrome (PCOS). Find out if you have a family history of ovarian cancer. Learn the risk factors for ovarian cancer.

2. **Familiarize yourself with the early symptoms of ovarian cancer.**
   Even within the general population, a diagnosis of ovarian cancer is often delayed. In hormonally and surgically treated transmen, diagnostic delay may be further enhanced by inattention. Self-care and arming yourself with as much information as possible about symptoms and prevention has to be a priority!
   The early signs and symptoms of ovarian cancer are listed in the first article in on this page.

3. **Get evaluated for Polycystic Ovarian Syndrome (PCOS) before going on T.:**
   Since several studies of FtMs that had not taken testosterone found increased incidence of PCOS among FtMs (compared to the usual rate among people assigned female at birth), we recommend that all FtMs not taking testosterone be evaluated for PCOS, if possible. This can be useful in evaluating and trying to reduce risks for the health problems associated with PCOS, including endometrial and, possibly, ovarian cancer (10).
AFTER Initiating Hormone Therapy:

1. **Monitor your hormone levels closely.**
   Medical monitoring of hormone therapy could prevent an excess of testosterone and estrogen and help detect any health problems. While, ideally, everyone would have access to affirming and consistent treatment, we understand that, in reality, many transmen are put in the position of having to acquire hormones through means other than licensed physicians.

2. **Be your own advocate.**
   Unfortunately, the health and wellness of many transmen depend largely on how well we can speak up for ourselves and voice our concerns. We are the experts on our lives and how we feel about our bodies.

3. **Be Aware of any signs and symptoms of PCOS that existed before starting hormones.**
   This may be difficult, as the main symptoms of PCOS are similar to the changes that happen when transmen start taking testosterone, including: acne; obesity; new growth of body hair and facial hair; no menstrual period or infrequent periods; infertility or reduced fertility(4).

4. **Continue to undergo regular health screenings.**
   “Transgender men who have not undergone hysterectomy and genital reconstruction should continue to receive regular Pap tests and pelvic examinations. Taking testosterone may increase the risk of ovarian cancer if the level exceeds the person’s receptor capacity and is converted into estrogen. (This is especially significant for people obtaining hormones from unlicensed sources, not from a medical provider (11)”

5. **Consider surgery.**
   In the absence of definitive information about transmen’s risks for ovarian cancer and the difficulties many transmen experience in accessing gynecologic healthcare services, some experts advocate for the surgical removal of the ovaries (and uterus and cervix) as part of gender-confirming therapy (8,9,12). Of course, we understand that this is a very personal decision and all the risks and benefits must be considered when making a decision.

For a trans-friendly facility in your area, click here for our directory.
Resources for Healthcare Providers and others seeking to learn more:


NOTES

1. (McGowan, 1999; Xavier, 2000; Risser & Shelton, 2002).
7. Gender.org
8. Muelluer
Long-term exposure to increased levels of endogenous and exogenous androgens is hypothesized to constitute an additional risk factor in transsexuals as it has been associated with ovarian epithelial cancer.

10. Ashbee & Goldberg, 2006