On the Gender Identity of Breast Patients

To the Editor: The article titled “Future Directions for Breast Reconstruction on the 20th Anniversary of the Women’s Health and Cancer Rights Act” by Offodile and Lee1 raises valid points about the variations in breast reconstruction preferences patients may have. However, one factor that may affect preferences has been rarely addressed in the literature: not all patients who receive cancer-based mastectomy or reconstruction are cisgender women. Any patient with breast tissue can develop breast cancer, regardless of their gender identity.

The Women’s and Cancer Rights Act expanded access to breast reconstruction for women.2 This expansion should include gender-minority patients with breast cancer who desire reconstruction.3 Insurance coverage of breast reconstruction should not limit options for patients whose breasts are important to them functionally and emotionally.

Both breast cancer and breast reconstruction are likely to differ depending on the gender of the patient involved. Therefore, our discussions around breast cancer treatment should include cisgender men, transgender men, transgender women, and gender nonbinary patients. Excluding them from our research and literature could lead to further health disparities in these already marginalized populations.4

As suggested by Offodile and Lee,1 conversations about possible limitations and alternatives of breast reconstruction should be had with all patients. When discussing these with gender-minority patients, special considerations should be taken regarding unique anatomic and psychosocial factors of individuals who belong to these groups.

Transgender women are women whose sex was assigned as male at birth. Many have likely undergone some extent of hormonal gender affirmation, which could result in a significant amount of breast tissue.4,5 If diagnosed with breast cancer, they should be offered mastectomy and breast reconstruction similar to cisgender women.3

Transgender men are men who were assigned female sex at birth. The amount of breast tissue present varies widely between individuals, based on which surgical or hormonal gender affirmation treatments they have undergone, if any.3 If breast cancer is discovered, transgender men may elect for mastectomy and possibly prophylactic contralateral mastectomy. Most transgender men will likely not elect for any form of breast reconstruction, but this can be offered.

Gender nonbinary patients may or may not desire some form of breast reconstruction after cancer-based mastectomy. The wide variety of gender expressions within this group further complicates the role of reconstruction. Our conversations about breast reconstruction should reflect all of these considerations, not just the ones that apply to cisgender women.

Ian T. Nolan, BM
Alexes Hazen, MD
Shane D. Morrison, MS, MD

Author Affiliations: Hansjörg Wyss Department of Plastic Surgery, New York University School of Medicine, New York (Nolan, Hazen); Division of Plastic Surgery, Department of Surgery, University of Washington School of Medicine, Seattle (Morrison).

Corresponding Author: Shane D. Morrison, MS, MD, Division of Plastic Surgery, Department of Surgery, University of Washington, Harborview Medicine Center, 325 9th Ave, Mailstop 359796, Seattle, WA 98104 (shanedm@uw.edu).

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Editorial Note: This letter was shown to the corresponding author of the original article, who declined to reply on behalf of the authors.


CORRECTION

Error in Author Byline: In the Research Letter titled “Association Between Simulation Curriculum and Learners’ Confidence and Interest in Cardiothoracic Surgery,” published online July 11, 2018, an author name was misspelled. The name Juston Watson, MD, should have been Justin Watson, MD. The article has been corrected online.


Error in Figure 2: In the Original Investigation titled “Association of Hydrocodone Schedule Change With Opioid Prescriptions Following Surgery,” published online first August 22, 2018, in JAMA Surgery, there was an error in Figure 2. The labels should be switched; the upper blue line should be labeled “Other opioid types,” and the lower orange line should be labeled “Hydrocodone.” This article was corrected online.