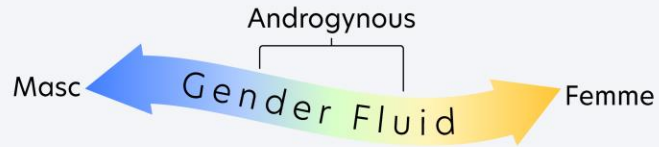


## Gender Identity

Multigender/Non-binary



## Gender Expression



## Pronouns

pronouns



she/her



they/them



he/they



zi/zir



name

Single pronouns

Mixed pronouns

Neo pronouns

No pronouns

## Sex

Male ← Intersex → Female

Components of Sex



Anatomy



Chromosomes



Hormones

## Sexual Orientation

Heterosexual  
Straight

Bi or Pansexual

Gay or Lesbian

Asexual

## Relationships

Unpartnered

One Partner  
Monogamous

Multiple Partners  
Consensual non-monogamy  
Polyamory

Platonic

Romantic  
Sexual

## Cancer Pathway

Diagnosis

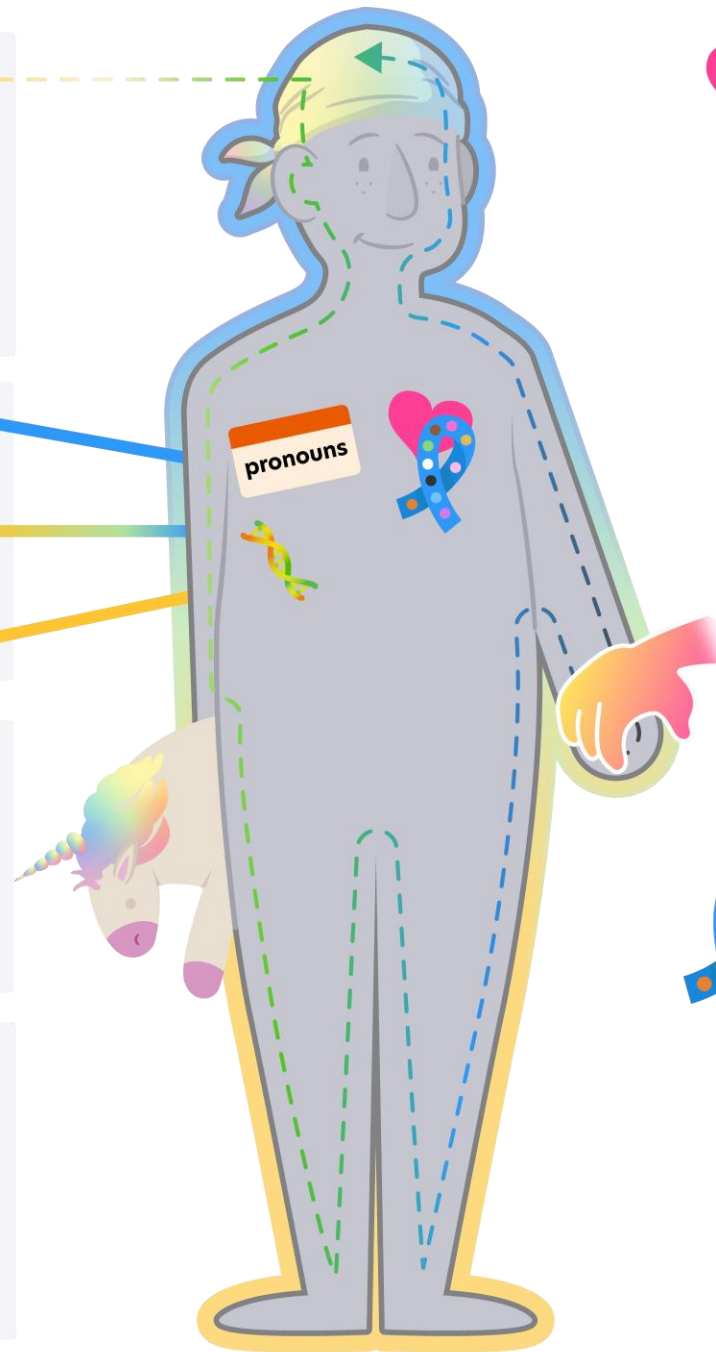
Treatment

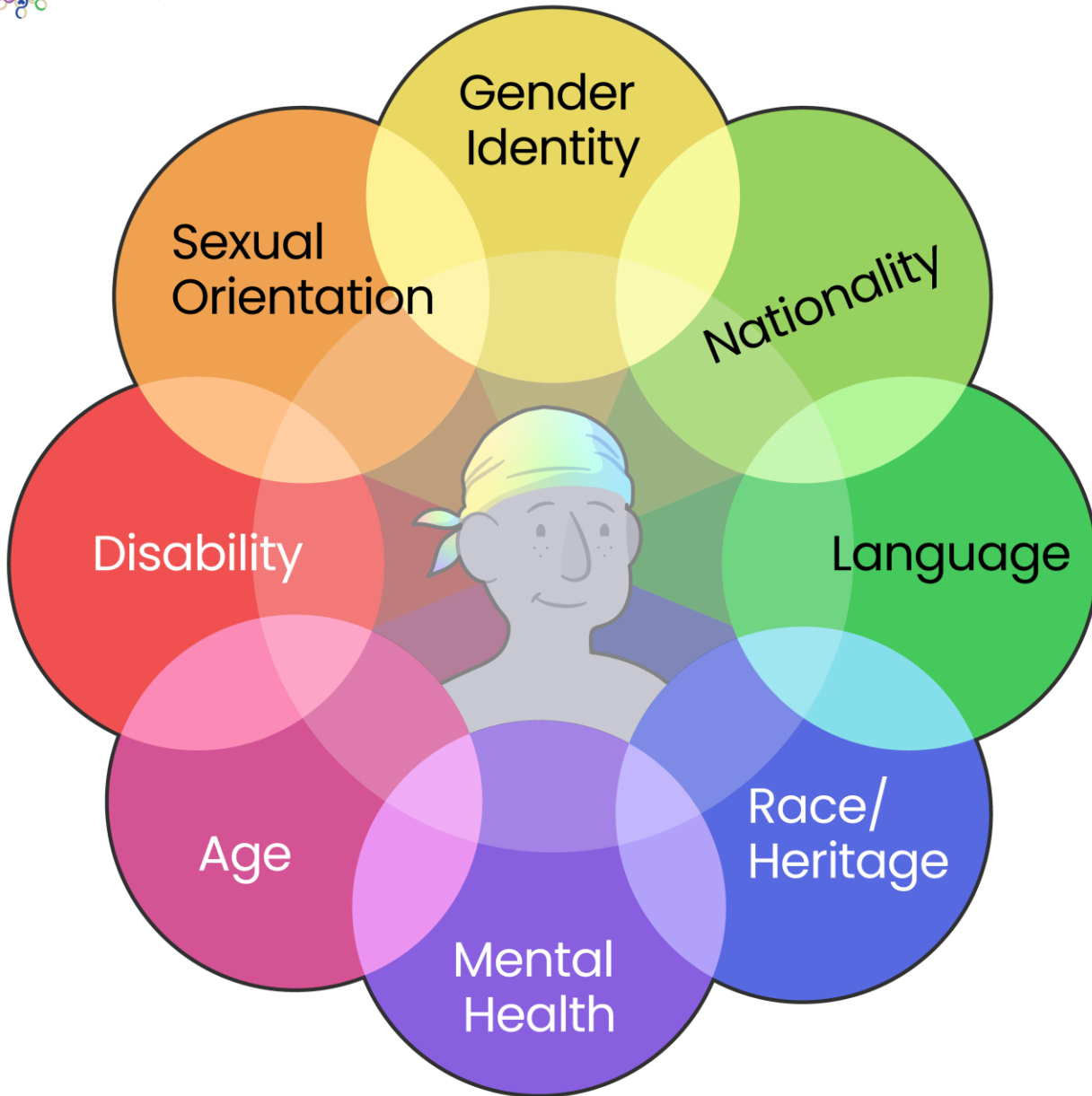
Remission

Recurrent/progressive disease

Survivorship

End of life care





## Intersectional Identities

People with cancer are diverse and have intersecting identities, which may provide power and privilege in some situations and may contribute to marginalization in other situations. Individuals are so much more than solely their sexual orientation or gender identity. People from sexual and gender diverse communities may not have had positive healthcare experiences. Many face difficult and discriminatory experiences based on intersecting (overlapping) factors of their identity.

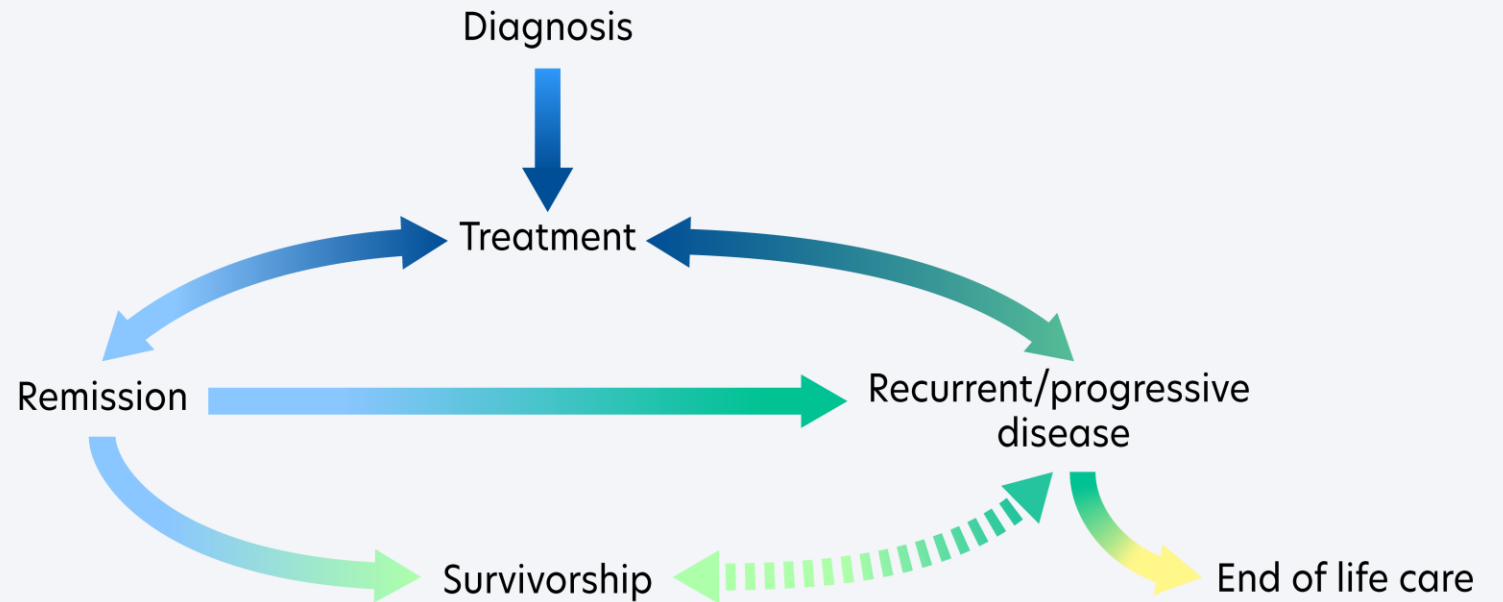
It is important to recognize the systems of oppression that reinforce power, privilege and marginalization based on identities such as race, ethnicity, income, ability, gender identity and sexual orientation. These systems impact everyday life, access to healthcare and the experience of cancer care.



# Cancer Pathway

Where a person is on their cancer pathway will impact their identity, understanding of self and outlook on life. People with diverse gender identities, sexual orientations and relationship structures may have unique experiences along the cancer pathway.

**Understanding SGD basic terms, why it is important to someone's identity, and the connections to cancer, is the first step in providing inclusive care.**



# Unique Concerns of Sexual and Gender Diverse Patients

What if I experience homophobia?

If they write in my health records that I am queer, will everyone know?

Should I come out to my health care providers?

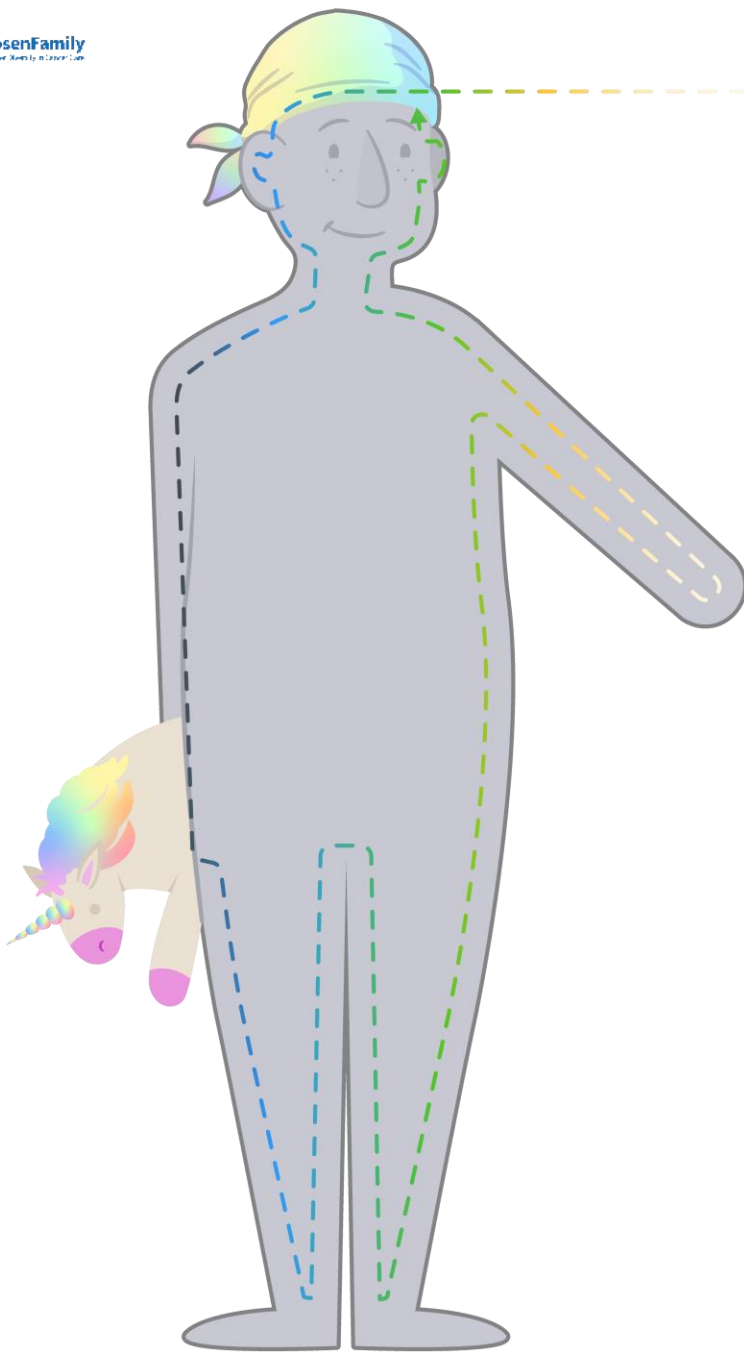
Will they have an all-gender washroom?

How will this interact with HRT or PReP?

Will my chosen family be included?

What if I am the only queer person in the support group?

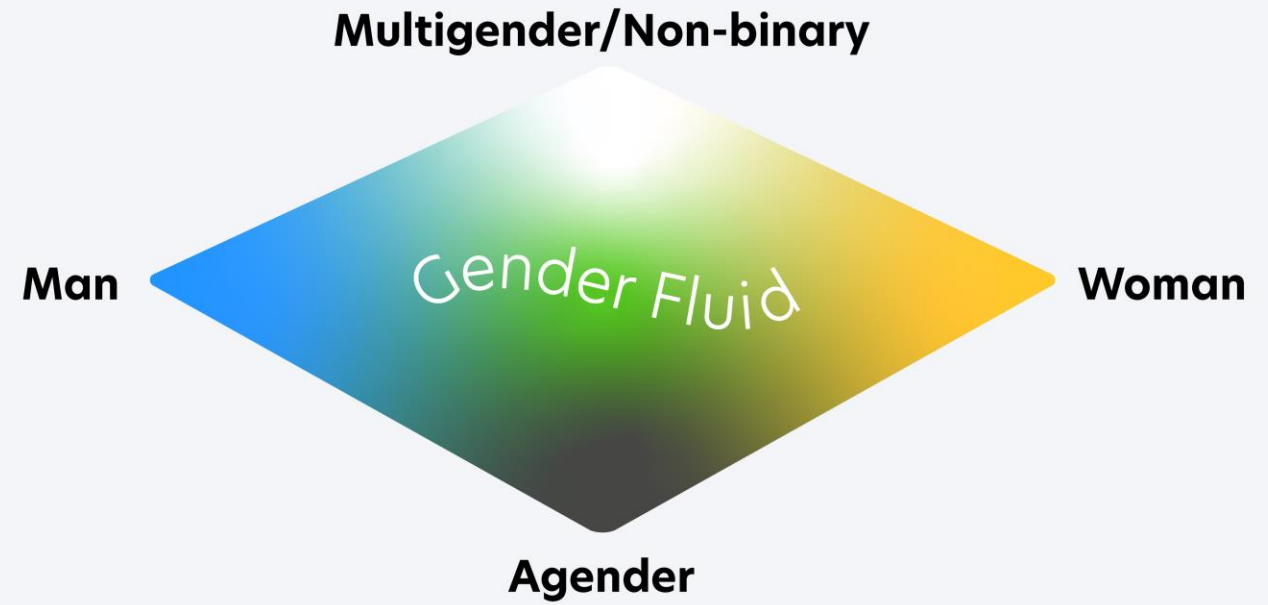


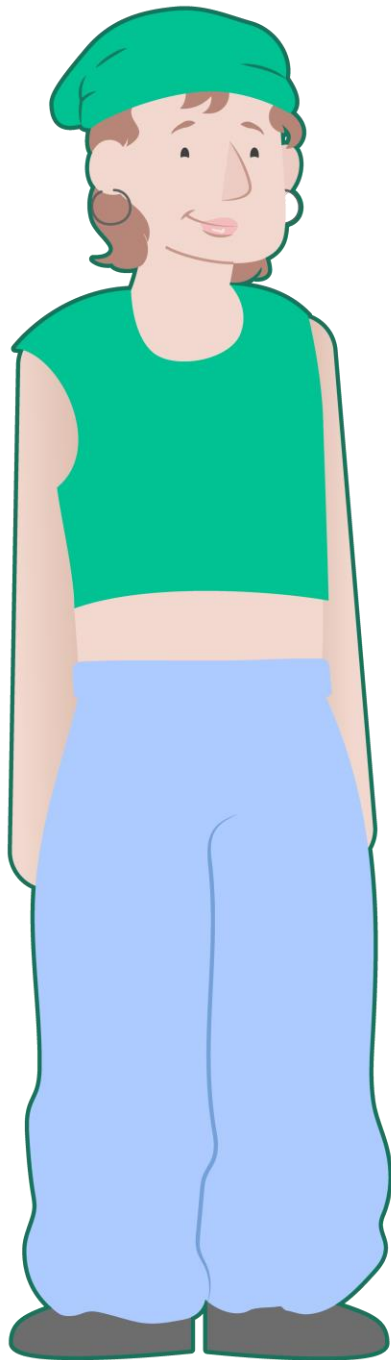


# Gender Identity

**Gender identity is a person's internal sense of self and their gender**, whether someone feels like a man, woman, neither, both or another gender. It may or may not be the same as their sex assigned at birth. If someone's sex assigned at birth is the same as their current gender, they are cisgender. If a person's gender identity does not match their sex assigned at birth, they fall under the transgender umbrella.

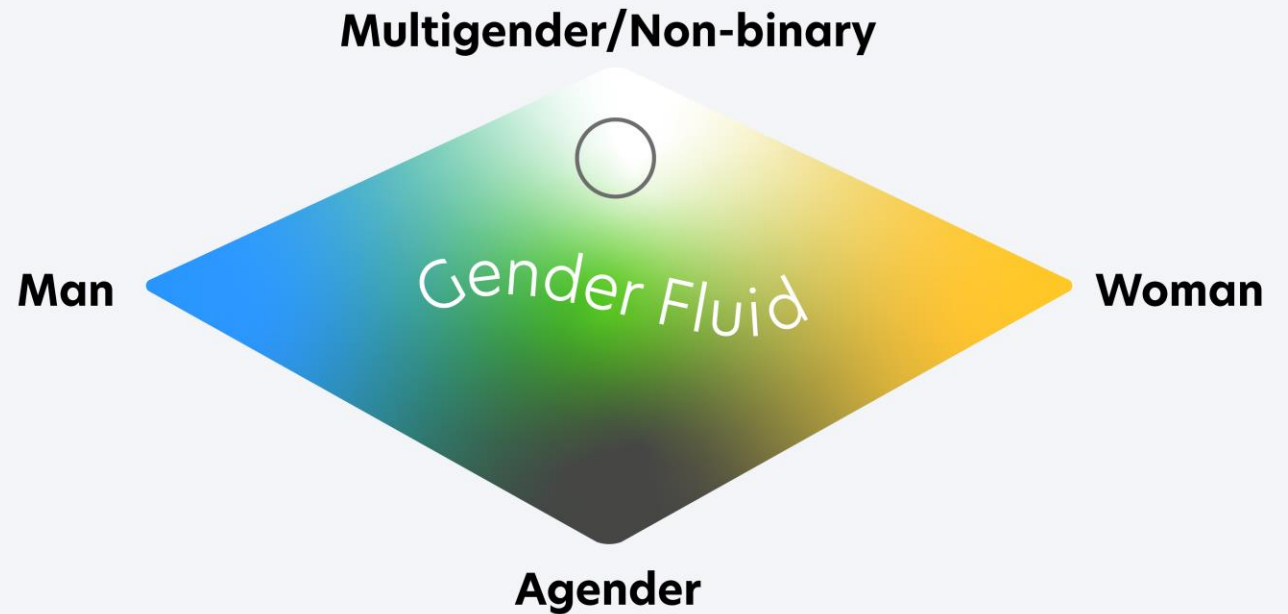
**Gender is socially constructed.** There are societal expectations, roles and assumptions about how someone "should" behave based on sex. Gender norms vary across cultures and change over time. Gender identity can be fluid meaning people can identify with different or multiple genders at different times.

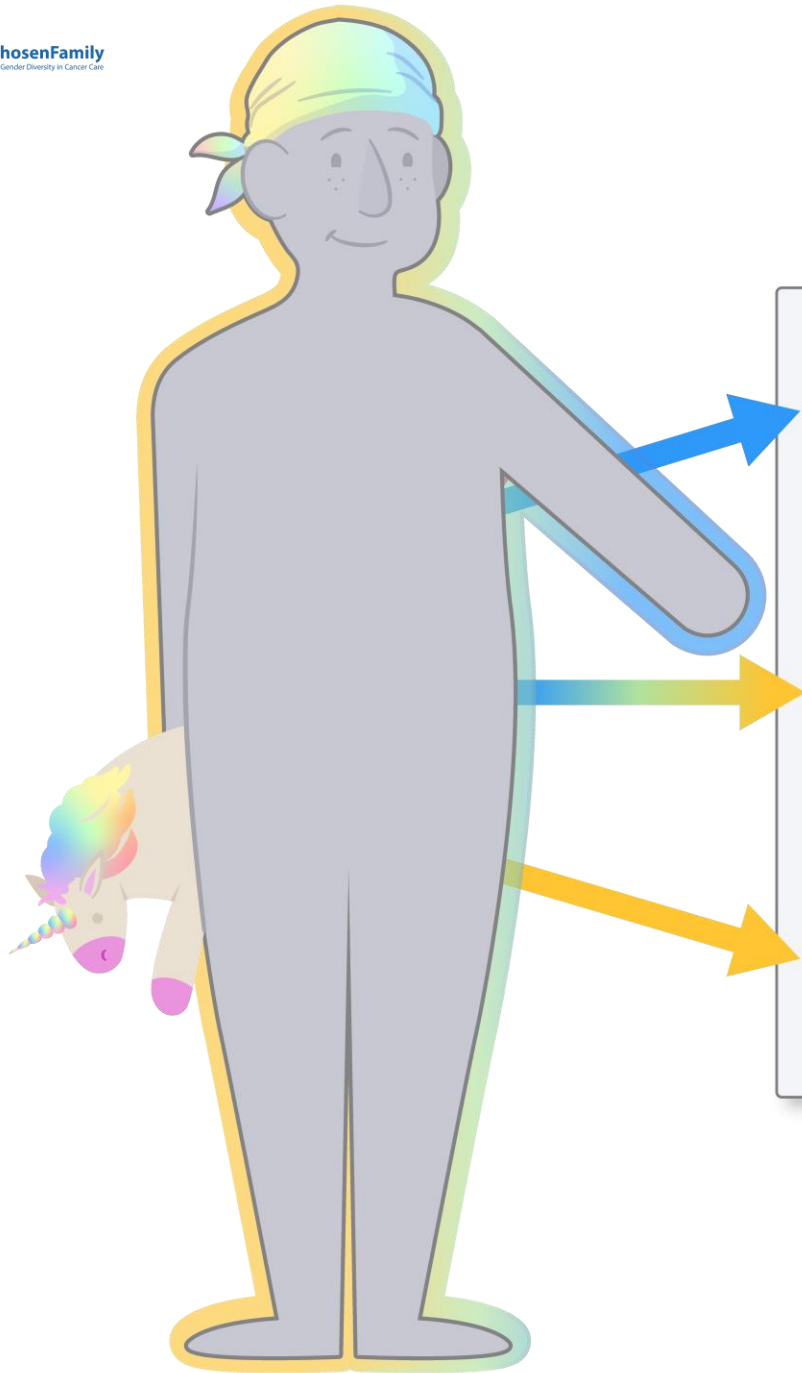




# What does Gender Identity have to do with cancer care?

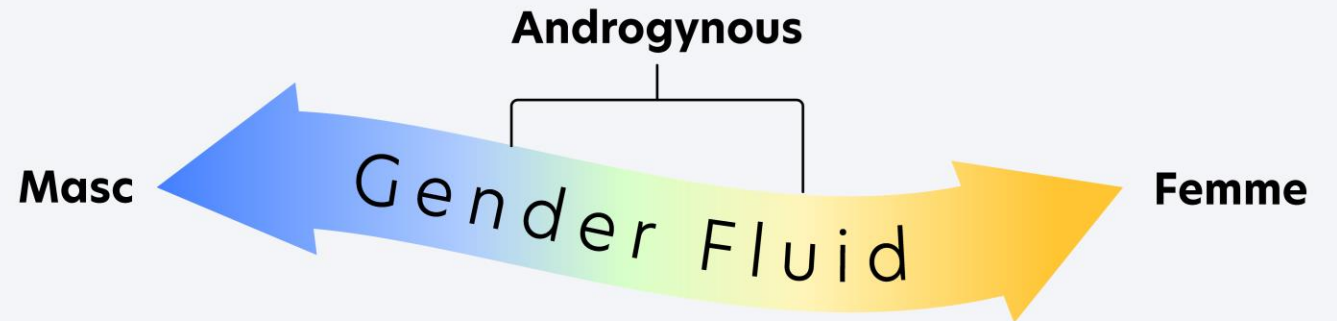
Matthew, who is nonbinary, feels significant stress before each of their clinic appointments and dreads having to “come out” to multiple health care providers after experiencing discrimination at another health care institution. They feel emotionally exhausted when asked if they are a transman or a transwoman.

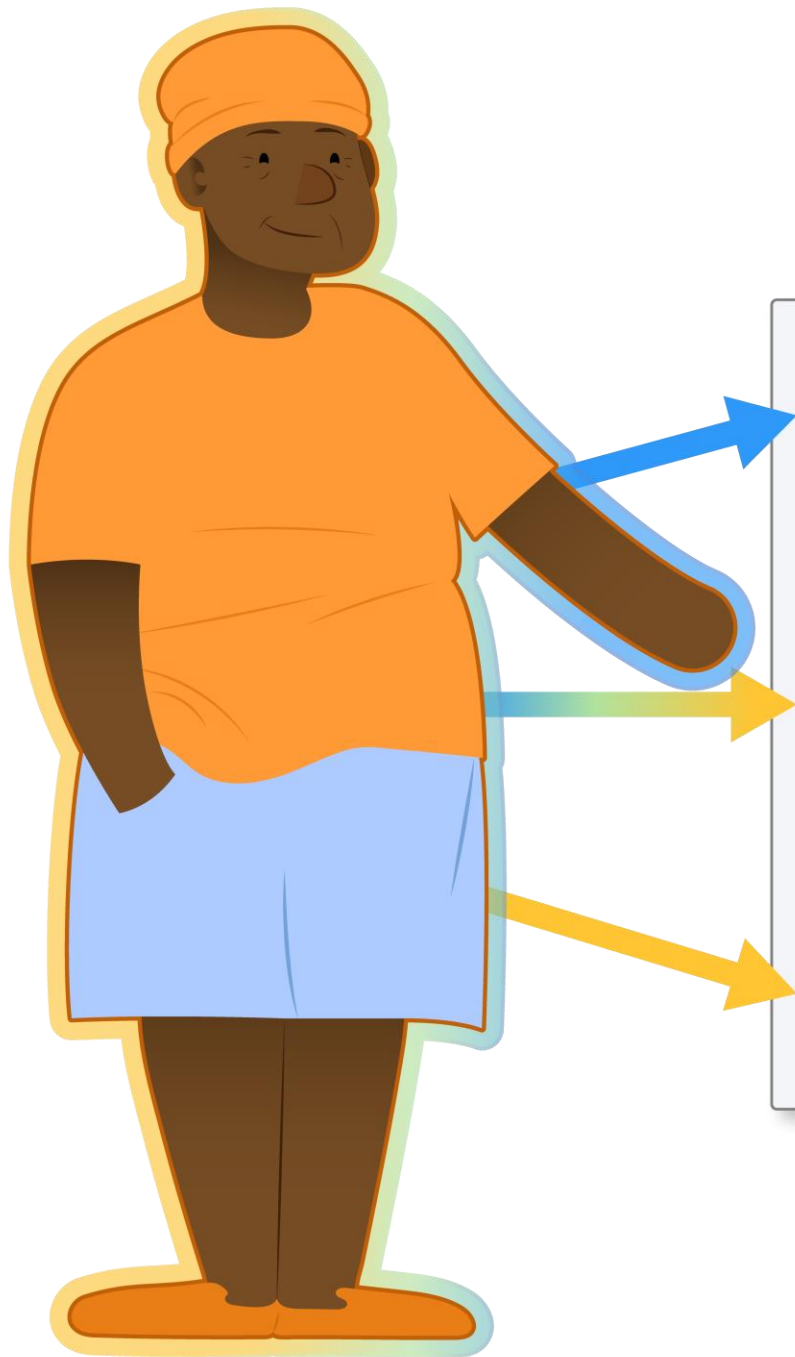




## Gender Expression

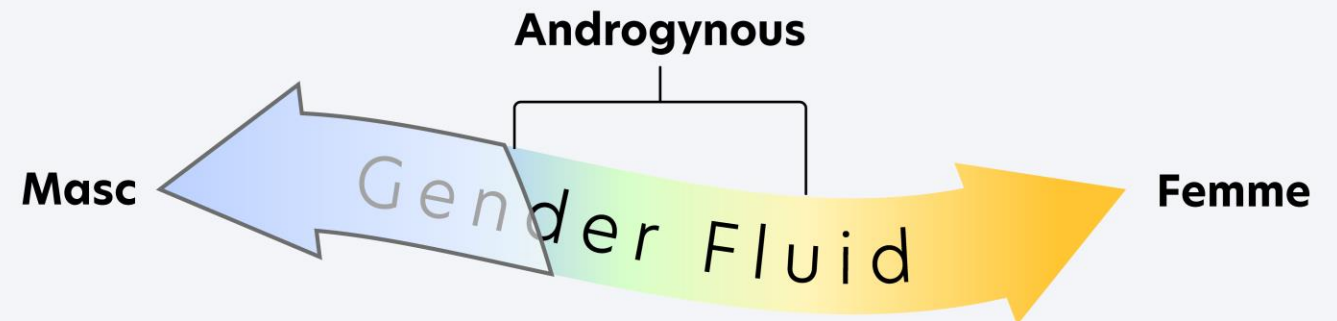
**Gender expression refers to how a person expresses their gender identity, through appearance, clothing and behaviour.** Society often classifies these expressions as masculine or feminine. This expression can be fluid and change over time. Gender expression is not always reflective of a person's internal gender identity.



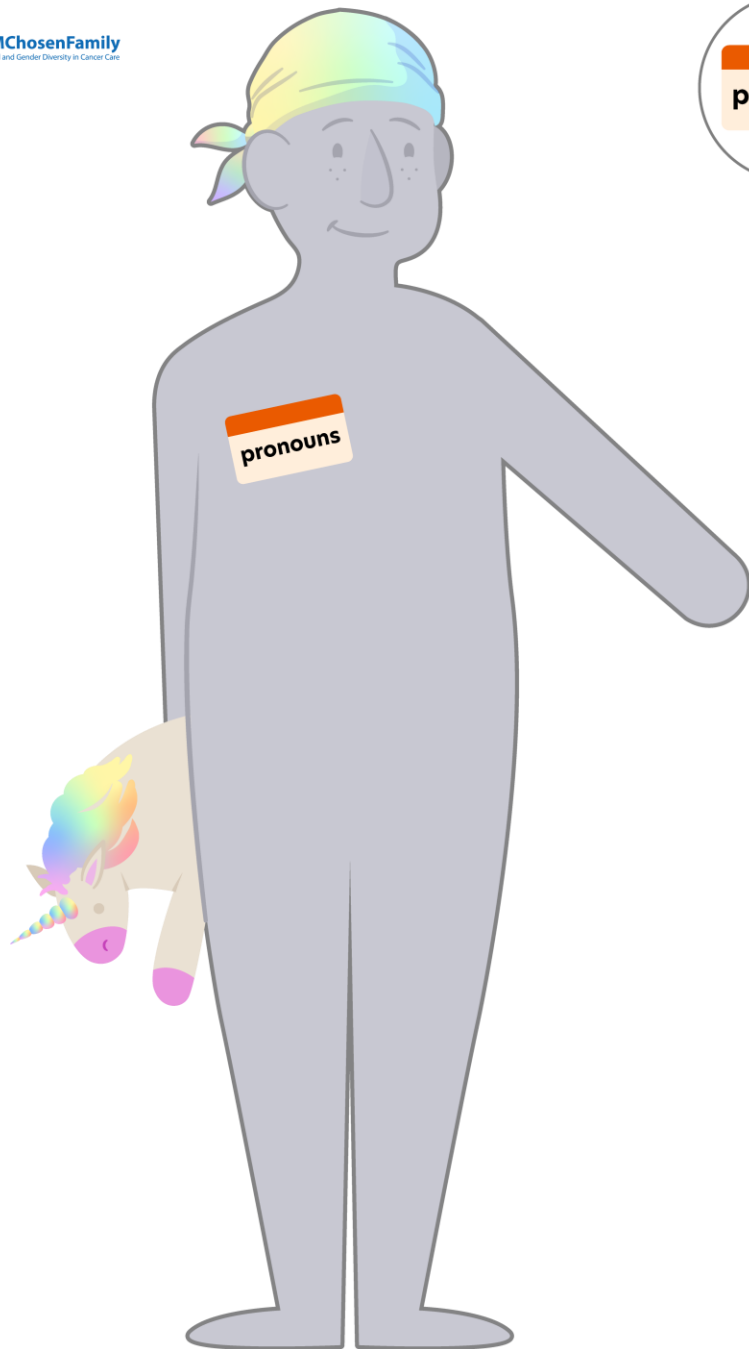


## What does Gender Expression have to do with cancer care?

Zar, a transman, experiences gender dysphoria and anxiety after he loses facial hair/beard following chemotherapy treatment. He feels devastated by being misgendered in different places on numerous occasions without his beard.







pronouns

# Pronouns

**A pronoun is a word that is used instead of a noun, to refer to a person.** Pronouns are often used in place of a person's name. (e.g., she/her, he/him, they/them, or ze/zir). In the English language, we have gendered pronouns which specifically refer to someone's gender: he/him or she/her. Nonbinary pronouns are not gender specific and are most often used by people who identify outside of a gender binary - not identifying as a woman or a man.

she/  
her**Single pronouns**they/  
themhe/  
they**Mixed pronouns**zi/  
zir**Neo pronouns**

name

**No pronouns**



pronouns

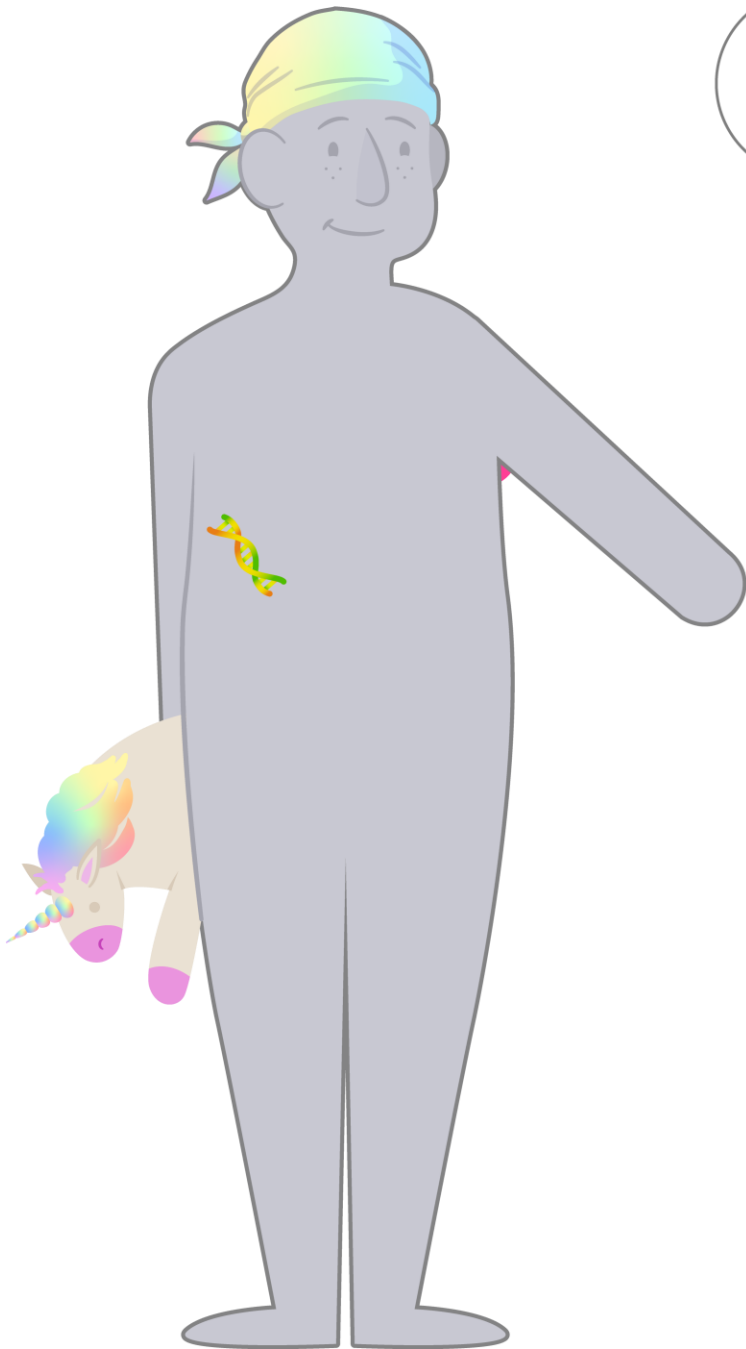
## What do Pronouns have to do with cancer care?

Emerald uses they/them pronouns, and has to repeatedly advocate to have their clinical notes amended to include their correct pronouns. They feel frustrated, humiliated, angry and disappointed by not being heard. They are losing trust with their HCPs and recognizes this is a microaggression.

she/  
her**Single pronouns**they/  
themhe/  
they**Mixed pronouns**zi/  
zir**Neo pronouns**

name

**No pronouns**



## Sex

Sex can be understood as a label. It is often assigned at birth, when a doctor or midwife declares a new born baby to be male, female or intersex. **Sex is primarily based on anatomy, hormones, and chromosomes.** Sex is also a legal status, usually listed on a birth certificate. Sex can be changed in legal documents such as a health card, birth certificate, passport or drivers license. **Sex and gender are different and not always related.**



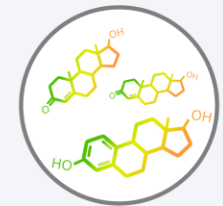
### Components of Sex



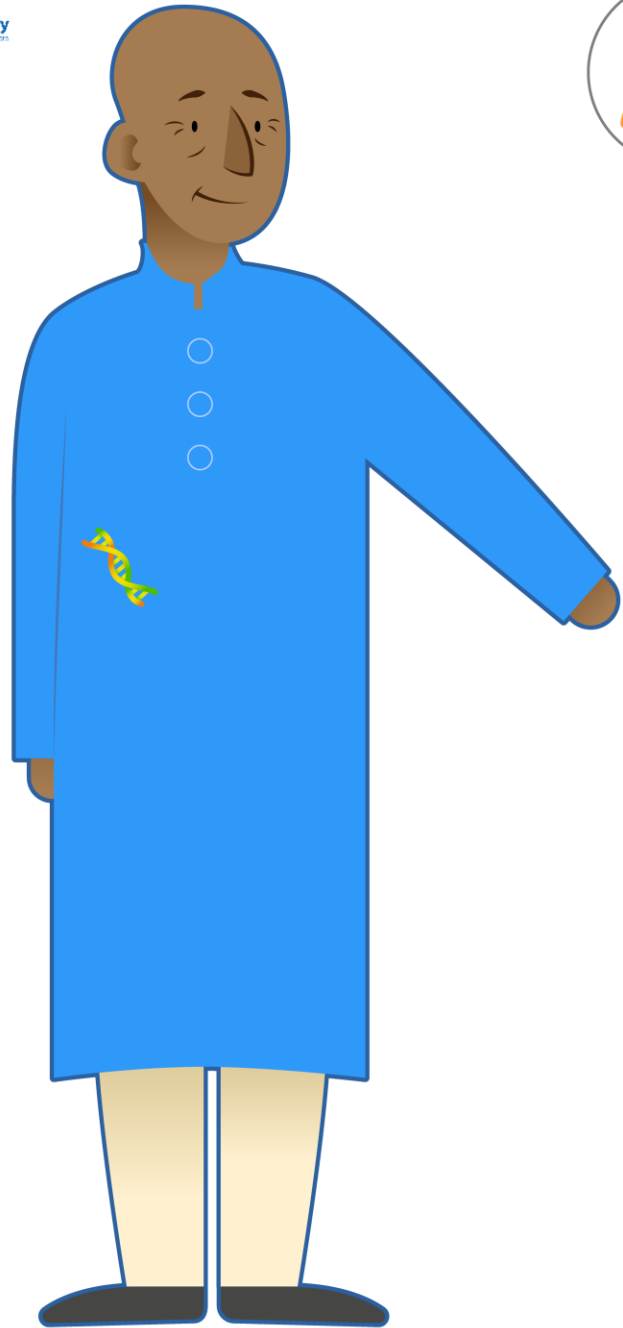
Anatomy



Chromosomes

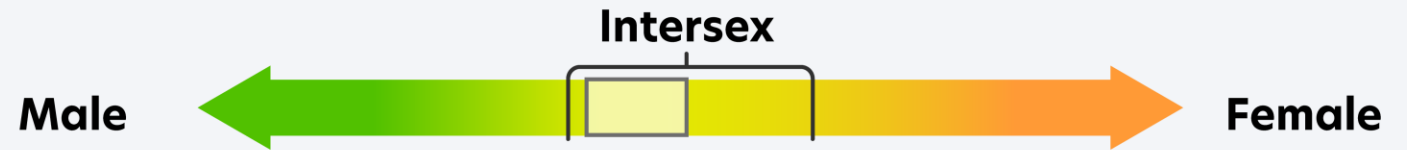


Hormones



# What does Sex have to do with cancer care?

Zain is 60 years old, recently diagnosed with advanced metastatic prostate cancer. Zain was assigned male at birth and then diagnosed as intersex at puberty. Zain uses the pronouns they/them. They want to enroll in a clinical trial, but informed that they may not be accepted due to their intersex status.



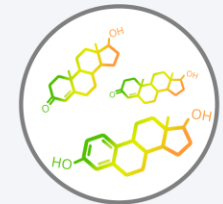
## Components of Sex



Anatomy



Chromosomes

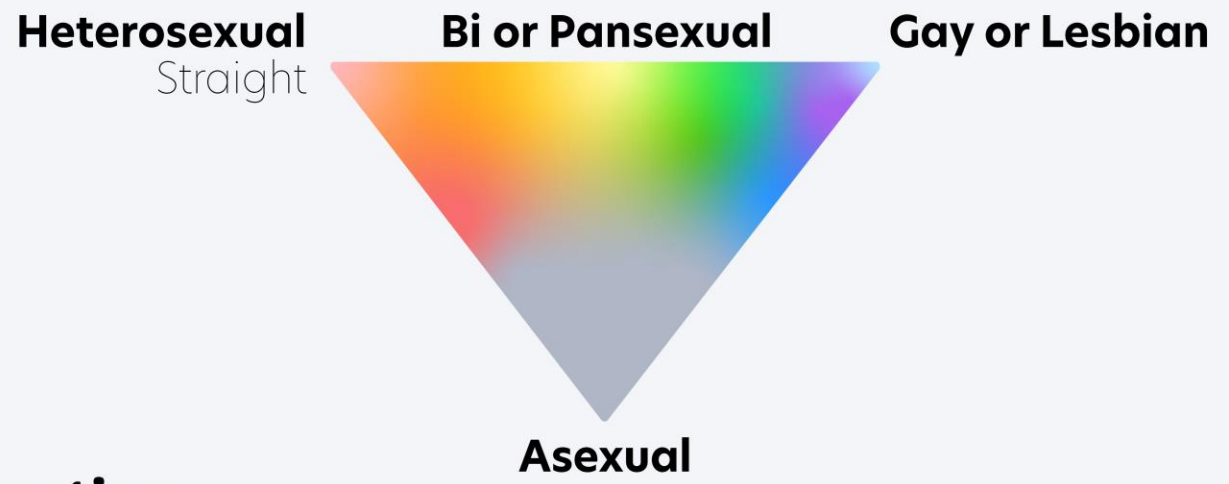


Hormones



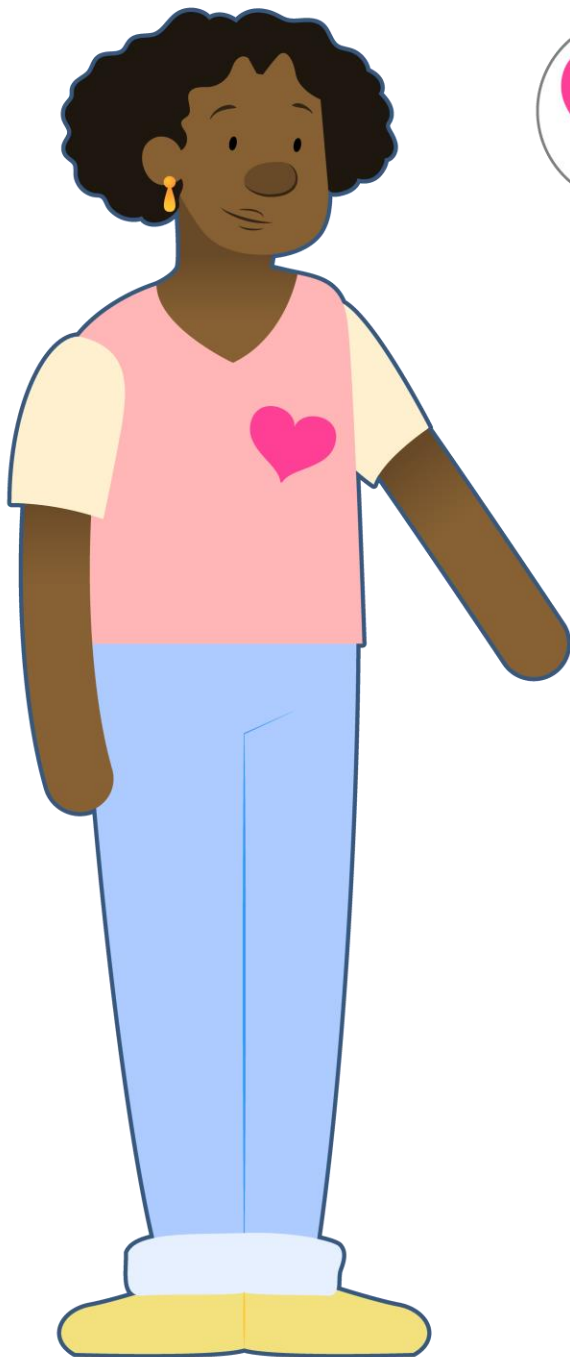
# Sexual Orientation

**Sexual orientation is the gender(s) a person is attracted to.** Generally, lesbian or gay people are attracted to the same gender; heterosexual (straight) people are attracted to the opposite gender; bisexual or pansexual people are attracted to more than one or all genders; and asexual people experience limited or no sexual attraction. **Sexual orientations can be fluid, change over time and use a variety of terms.**



## Attraction

**People may experience other forms of attraction, such as romantic, emotional, intellectual, as a different experience than their sexual orientation.** What genders someone is emotionally or romantically attracted to may be different than their sexual orientation. These different attractions can also inform someone's sexual orientation. The above figure can be applied to all types of attraction.



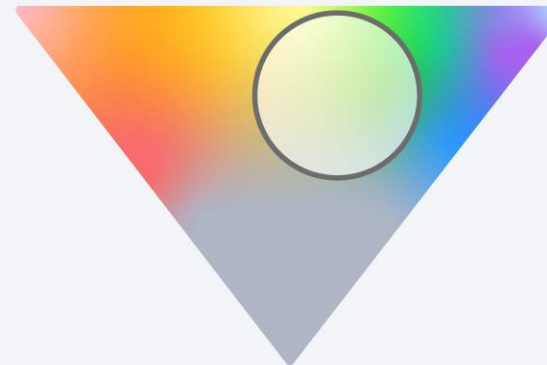
## What does Sexual Orientation have to do with cancer care?

Leah is a young mixed race, bisexual woman with cervical cancer. She has been experiencing isolation and has a number of questions regarding sex and intimacy after her cancer treatment. She is unable to find any support groups or resources that can meet her needs. She feels very alone in this experience, not understood, and that she doesn't quite fit or belong anywhere.

**Heterosexual**  
Straight

**Bi or Pansexual**

**Gay or Lesbian**



**Asexual**



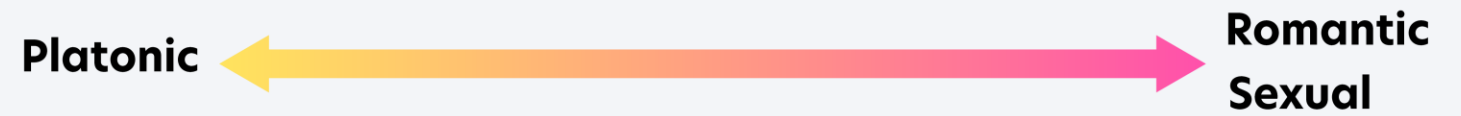
# Relationship Diversity

**Relationships can be structured in a spectrum ranging from monogamy to polyamory.** Monogamy means the person has one primary partner, like a husband, girlfriend, etc. Polyamory (or poly) means having multiple partners, it is a spectrum that includes different types of relationships. A person can also be unpartnered. Relationship types can range from romantic/sexual relationships to platonic ones. **People may have other platonic or familial supportive relationships (chosen family or family of origin).**

## Structure



## Type





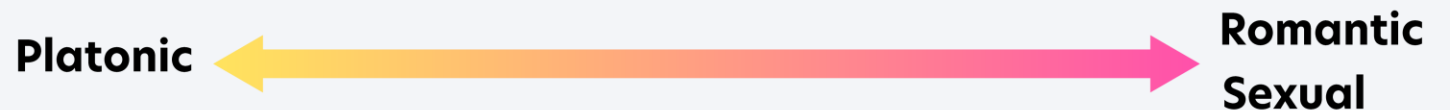
# What does Relationship Diversity have to do with cancer care?

Jean was urgently admitted to the inpatient department for an adverse event secondary to her cancer treatment. She is in a poly relationship with two partners. Her health care team has told her she has to choose only one partner to receive updates regarding her clinical status. She feels disrespected, and that her relationship is being discounted and erased.

## Structure



## Type







## Learn more

To learn more about inclusive care, visit the SGDC website and SGDC created eLearning program on inclusive communication by scanning the QR code.



**SGDC  
Website**



**eLearning  
Program**

## References

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2. The Proud Trust. "What is Gender?"  
<https://www.theproudtrust.org/young-people/exploring-identity/gender-identity-t/>
3. Egale Canada. "Genderbread Person: Components of Human Identity".  
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4. LGBT Center UNC-Chapel Hill. "Asexuality, Attraction, and Romantic Orientation".  
<https://lgbtq.unc.edu/resources/exploring-identities/asexuality-attraction-and-romantic-orientation/>
5. Cancer Care Ontario, 2024. "Breast Cancer Treatment Pathway Map"  
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