

**Screening information
for transgender,
non-binary and gender fluid
service users**

AAA

Bowel

Breast

Cervical



Information in other formats on request

www.pha.site/early-detection-nidirect



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This leaflet is for transgender, non-binary and gender fluid service users in Northern Ireland. It tells you about the adult screening programmes that are available through Health and Social Care in Northern Ireland and explains who should consider taking part in each programme, who will be invited for screening based on how they are currently registered with their GP, and how to access screening for those who aren't routinely included. The table on page 5 gives a quick reference guide.

The Public Health Agency has developed this leaflet with involvement primarily from TransgenderNI, as well as Focus, Belfast Health and Social Care Trust and Belfast Butterfly Club.



Belfast Health and Social Care Trust

Which screening will you be invited for?

	Currently registered with GP as male	Currently registered with GP as female
Abdominal Aortic Aneurysm (AAA) screening	✓	X
Bowel cancer screening	✓	✓
Breast screening	X	✓
Cervical screening	X	✓

AAA screening

What is an abdominal aortic aneurysm (AAA)?

The aorta is the main artery that supplies blood to your body. It runs from your heart down through your chest and abdomen (stomach). As some people get older, the wall of the aorta in the abdomen can balloon out to form an abdominal aortic aneurysm (AAA).

If you have an AAA, you will usually not notice any symptoms or pain.

Is an AAA serious?

A small AAA or medium AAA is not serious, but needs to be monitored to see if it grows.

A large AAA is rare but can be very serious. As the wall of the aorta stretches, it becomes weaker and can rupture (burst). This leads to serious internal bleeding, which is fatal in 85% of cases.



If you have a large AAA you will be referred to a team of specialists who have expert knowledge of aneurysms. They will carry out tests, provide more detailed information and discuss your suitability for surgery. Finding an AAA early gives you the best chance of treatment and survival.

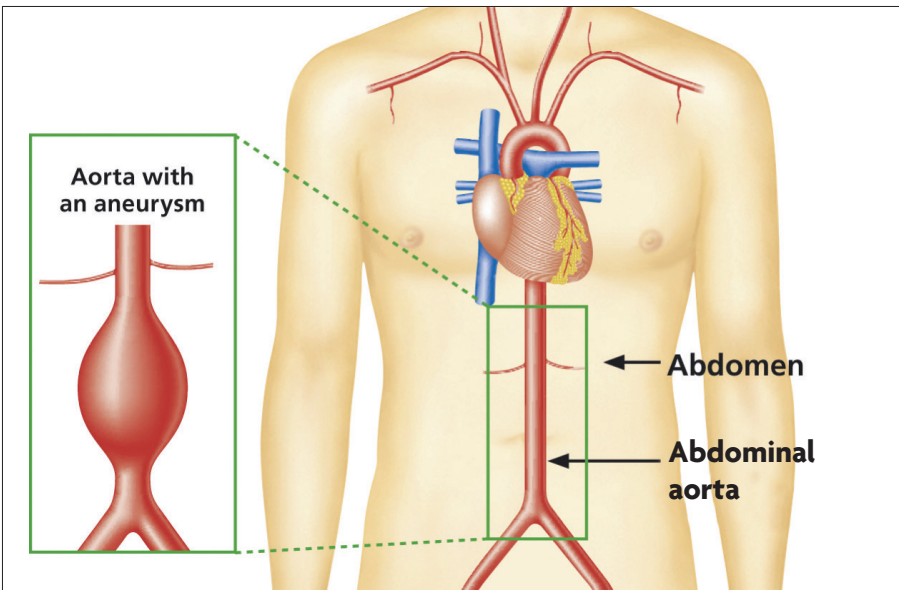


Diagram courtesy of the English NHS AAA Screening Programme

What is AAA screening?

AAA screening is a quick, free and painless scan. It is carried out in local screening clinics across Northern Ireland. Screening involves a simple ultrasound scan to measure the abdominal aorta; it takes about ten minutes.

Are there any risks from screening?

There is no risk from the scan itself. Screening does not completely remove the risk of an aneurysm rupturing, but it is the best method of protection.

Taking part in AAA screening is your choice. To help you make an informed decision please:

- call the Northern Ireland AAA screening programme office on **028 9615 1212**
- visit www.pha.site/AAA-screening-nidirect
- contact your GP

Who should have AAA screening?

We invite all individuals in their 65th year who are registered with a GP as male to take part in the AAA screening programme because the condition is most common in men aged 65 and over. **Men aged over 65 who have not been screened before can ask for a screening**

appointment by contacting the screening programme office on 028 9615 1212.

Individuals who are registered with a GP as female are not invited for screening as evidence shows women are six times less likely to develop an AAA than men. Women also tend to develop AAAs later in their lives than men. However, if you were registered with a GP as male at birth you will have the same risk as a man and should consider accessing screening.

Registered with a GP as male

If you are registered with your GP as male, you **will be** invited for screening in the year you turn 65.

If you were registered with a GP at birth as male, you have an increased risk of developing an AAA and should attend for screening.

If you were registered with a GP as female at birth you will have a lower risk of developing an AAA. You are entitled to screening and you will automatically be invited to attend for a scan in the year you turn 65.

Registered with a GP as female

If you are registered with your GP as female, you **won't be** invited for screening in the year you turn 65.

If you were registered with a GP as male at birth, you will have the same risk as a man aged 65 and should consider accessing screening. You can contact us to arrange a suitable appointment on 028 9615 1212.

If you were registered with a GP as female at birth, you will have a lower risk of developing an AAA.

If you are not sure if you should be screened or not, contact the screening office on 028 9615 1212.

What does the test involve?

The test is a simple ultrasound scan of your abdomen to measure the size of the aorta. The screener will check your personal details and ask for your consent (permission) to do the ultrasound scan.

You will not need to undress. You will be asked to lie on your back and lift up your top. If you are wearing a binder, the screener may be able to do the scan without you having to remove this.

The ultrasound scan is usually painless but may be slightly uncomfortable as the screener may need to apply some pressure when using the ultrasound probe.

Results

The screener will give you your results following your scan.

Sometimes they will have been unable to see the aorta clearly. This is nothing to worry about. The screener will arrange another appointment for you.

If your aorta is found to be bigger than normal, you will need regular scans to check if it is growing. The AAA screening programme sees individuals with a small AAA annually for a surveillance scan and those with a medium AAA every three months for a scan. Some people never need surgery for their AAA.

If your AAA is large you will be referred to a specialist team for more tests and to discuss your suitability for surgery.

What can I do to reduce my risk?

- Take part in AAA screening and follow up when you are invited.
- Stop smoking.
- Drink less alcohol.
- Maintain a healthy weight through a healthy diet and physical activity.

Bowel cancer screening

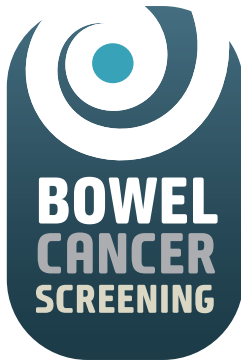
What is bowel cancer screening?

Bowel cancer screening is a free test that you can do in your own home. The test looks for hidden blood in your bowel movements (also known as faeces, stools or poo).

Screening reduces your risk of dying from bowel cancer.

It is important to take part in bowel cancer screening as you may feel well even if you have early bowel cancer. Finding cancer early gives you the best chance of survival.

Screening will miss some cancers, and some cancers cannot be cured.



Taking part in bowel cancer screening is your choice. You can find out more information from your GP or visit the cancer screening pages at www.pha.site/bowel-cancer-screening-nidirect

Who should take part?

In Northern Ireland, bowel cancer screening is available every two years to those within the eligible age group who are registered with a GP.

The screening test is aimed at people who are not experiencing any symptoms that may be linked to the bowel.

What does the test involve?

A bowel cancer screening test kit and information pack will be sent to you when you are due for screening. You are asked to collect a sample of your poo using the test kit provided.

The test looks for very tiny amounts of blood in your poo. This is an early warning sign that something may be wrong. If the test picks up some bleeding, this does not mean that you definitely have bowel cancer. It just means that you should be checked out to find the cause.

Results

If your result shows no further investigation is needed at this time, you don't need to do anything. The same test will be repeated every two years until you are aged 74.



If your result shows that you need further investigation you will be called for an assessment with the specialist screening practitioner (SSP) who will then explain what further tests can be done. About 10 people out of every 500 people tested will be called to the SSP. Even then, 9 out of every 10 people called will not have cancer.

The most common follow up test is called a colonoscopy. If you have had gender-reassignment surgery, you may find having a colonoscopy more uncomfortable. You may want to talk to the SSP about this.

What can I do to reduce my risk?

Take part in screening every two years, even if you have had a previous normal result.

Eat a high fibre diet with plenty of fruit and vegetables, take regular physical exercise and stop smoking.

It is important to visit your GP if you notice blood in your poo, a change in your bowel habit over a number of weeks or unexplained weight loss.

This is important, even if you have recently taken part in bowel screening, as screening is aimed at people who do not have symptoms.

Breast screening

What is breast screening?

Breast screening is a free test that is carried out at breast screening centres and at easy-to-access mobile breast screening units across Northern Ireland.

Breast screening can find cancers which are too small to feel. Finding and treating cancer early gives you the best chance of survival. Screening will miss some cancers, and some cancers cannot be cured.

Taking part in breast screening is your choice. You can find out more information from your GP or by visiting www.pha.site/breast-screening-nidirect



Who should have breast screening?

The Northern Ireland Breast Screening Programme invites people who are eligible for routine breast screening. When you are due for breast screening, they will send you an invitation letter. You will receive your first invitation before your 53rd birthday.

Individuals aged 50 to 70 who are registered with a GP as female and live in Northern Ireland are automatically invited for a breast x-ray every three years. If you are over 70, you can contact your local breast screening unit to request an appointment.

Registered with a GP as female

If you are aged 50 to 70 and currently registered with your GP as female, you **will be** routinely invited for breast screening.

If you were registered with a GP as female at birth, we recommend you consider having breast screening if you have not had chest reconstruction (top surgery). If you have had chest reconstruction (top surgery), we recommend you talk to the consultant who carried out your surgery about the amount of breast tissue you have remaining. If they can confirm you still have breast tissue we recommend you consider having breast screening.

If you were registered with a GP as male at birth, and are on hormone therapy, it's important that you consider going for breast screening when you are invited. Long-term hormone therapy can increase your risk of developing breast cancer.

If you are worried or concerned about visiting a breast screening unit you can phone them to arrange a more suitable appointment. For example, they can arrange for you to have an appointment at the beginning or end of a clinic.

Registered with a GP as male

If you are aged 50 to 70 and currently registered with your GP as male, you **won't be** invited for breast screening. If screening is recommended (see below), your GP can arrange for you to be referred to have a mammogram at a hospital near you.

If you were registered with a GP as female at birth, we suggest you talk to your GP about screening. If you have not had chest reconstruction (top surgery) or still have breast tissue, you will still be at risk of developing breast cancer.

If you were registered with a GP as male at birth, and have been on long-term hormone therapy, you may be at increased risk of developing breast cancer and should consider asking for breast screening.

What does the test involve?

A breast x-ray called a mammogram is used to look for signs of breast cancer. Your breasts are pressed firmly between the plates of an x-ray machine for a few seconds. The pressure is needed to get good images and also reduce the radiation dose. Your test will be carried out by a specially trained female mammographer.

Some people say having a mammogram is uncomfortable and a few may find it painful, but the discomfort should pass quickly.

Breast screening usually involves two x-rays of each breast. People who have implants are offered additional x-rays so the mammographer can see as much breast tissue as possible.

Preparation

If you wear a binder, you will need to remove this before having your mammogram. Private changing facilities will be available so that you can remove your binder just before having your mammogram. If you have any concerns about your appointment, you can contact your local breast screening unit.

Results

For most people the results are normal. If changes are seen on your x-ray, you will be recalled to an assessment clinic for more tests which will include a breast examination, more x-rays or ultrasound scans. You may also have a biopsy, where a small sample of tissue is taken from your breast with a needle.

Sometimes breast screening can pick up cancers that would never have caused harm, so some people may be treated for breast cancer that would never have been life-threatening.

What can I do to reduce my risk?

Take part in breast screening every three years, especially if you have taken hormone therapy and even if you have had a previous normal breast screening result.

Get to know how your breasts/breast tissue normally looks and feels. If you notice any changes report them to your GP.

Speak to your GP if you are worried about breast cancer running in your family.

You can also contact your local breast screening unit:

Belfast Health and Social Care Trust (also covering South Eastern HSC Trust)

Tel: 028 9033 3700

Email: breastscreeninglhst@belfasttrust.hscni.net

Northern Health and Social Care Trust

Tel: 028 9442 4425

Email: breast.screening@northerntrust.hscni.net

Southern Health and Social Care Trust

Tel: 028 3756 0820

Email: breast.screening@southerntrust.hscni.net

Western Health and Social Care Trust

Tel: 028 7161 1443

Email: Altnagelvin.breastscreening@westernttrust.hscni.net

Cervical screening



What is cervical screening?

Cervical screening (sometimes called a smear test) is a free test that is carried out at your GP surgery. Nearly all cervical cancers are caused by a virus called human papillomavirus (HPV). The sample is checked for high risk types of HPV that can cause cell changes. If high risk HPV is found, your sample will be checked for cell changes under a microscope.

Cervical screening aims to prevent cervical cancer from developing in the cervix. It is important to go for screening as finding changes before they become cancer gives you the best chance of successful treatment. Cervical screening does not check for ovarian cancer. Screening will not prevent all cancers and not all cancers can be cured.

Taking part in cervical screening is your choice. You can find out more information from your GP or by visiting www.pha.site/cervical-screening-nidirect

Who should have cervical screening?

In Northern Ireland, screening is offered to all individuals aged 25-64 who are registered with a GP as female. This is the age group where screening is of most benefit. You will be automatically invited every three years if aged 25-49, and every five years if aged 50-64.

We send an invitation letter when the cervical screening test is due, asking you to make an appointment.

Registered with a GP as female

If you were registered with a GP as female at birth, are still registered with your GP as female, and are aged between 25 to 64, you

will be routinely invited for cervical screening. We recommend that you consider having cervical screening if you have not had a total hysterectomy and still have a cervix.

Registered with a GP as male

If you were registered with a GP as female at birth, are now registered with your GP as male, and are aged between 25 and 64, you **won't**

be invited for cervical screening. However, if you have not had a total hysterectomy and still have a cervix, you should still consider having cervical screening.

This is especially important if you have had any abnormal cervical screening results in the past. If this applies to you, let your GP or practice nurse know so you can talk to them about having the test.

What does the test involve?

The nurse or doctor will put an instrument called a speculum into your vagina to help them see your cervix. They will then take a sample of cells with a soft brush.

Preparation

If you have taken long-term testosterone, you may find screening uncomfortable or painful. You may want to talk to your doctor or nurse about using a different size of speculum and some extra lubrication.

Results

For most people their test results will show no HPV. If you have HPV but no cell changes, you will need a repeat test in 12 months to check that the HPV has cleared. If you have HPV and cell changes, you will be offered an appointment at a colposcopy clinic where the cervix is looked at in detail. If you are anxious or concerned about attending this clinic, please contact the unit using the details

on your invitation to colposcopy letter. They can arrange an appointment at the end of the clinic to make it as comfortable for you to attend as possible.

HPV is passed on through any type of sexual activity. If you are worried about your risk of developing cervical cancer you may want to speak to your GP or practice nurse.

What can I do to reduce my risk?

Go for cervical screening every time you are invited, even if you have had a previous normal result. Let your GP or practice nurse know if you think you should be invited for screening. Even if you have had the HPV vaccine you will still need to go for screening when invited.

Stop smoking, as smoking increases your risk of cervical cancer.

If you have symptoms such as unusual vaginal discharge or bleeding, or pain during or after sex, go to the doctor even if your last screening test result was normal.

Where can I find more information?

For more information on screening, go to www.pha.site/early-detection-nidirect



Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

www.publichealth.hscni.net

Find us on:

