



Chest Cancer Risk & Gender-Affirming Care

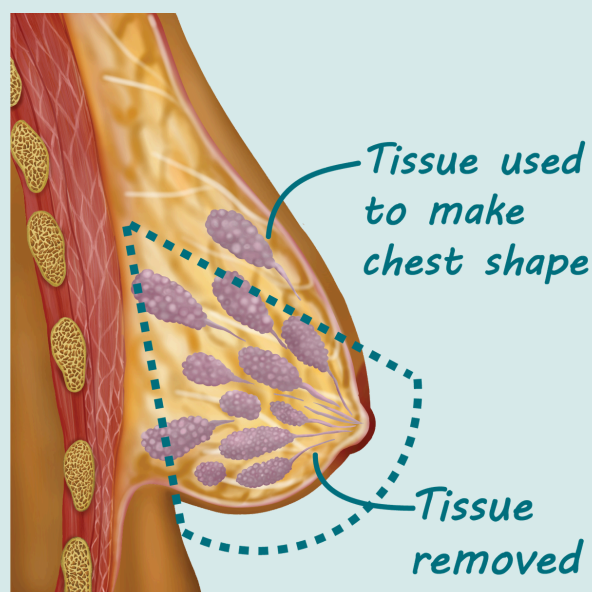
A Fact Sheet for Transgender, Nonbinary, and Gender-Diverse People

We use **"chest cancer"** in place of "breast cancer" throughout this fact sheet. Your doctors may still use the term "breast cancer." This guidance does not cover other chest cancers, like lung cancer.

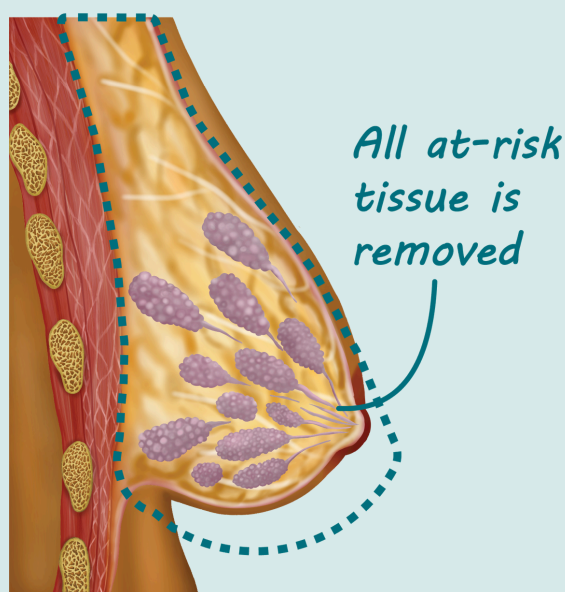
Top Surgery & Chest Cancer Risk

Top surgery reduces – but does not eliminate – chest cancer risk. Some tissue is left behind to create a masculine chest shape, which means some risk remains. This is different from a risk-reducing mastectomy, which removes nearly all tissue and is designed specifically for cancer prevention.

- People with a family history of cancer or a genetic variant may still be at elevated risk after top surgery
- For those with high hereditary risk, a risk-reducing mastectomy with masculine reconstruction is an option
- The choice of surgery is yours. Providers should give you full information and respect your decision



Top Surgery



Risk-Reducing Mastectomy

Testosterone & Chest Cancer Risk

- The impact of testosterone on chest cancer risk is not yet fully understood.
- Testosterone may change how chest tissue looks and behaves, which can affect screening quality
- Chest cancer still occurs in people on testosterone, with or without top surgery
- Testosterone should not be withheld based on theoretical cancer risk alone
- Tell your provider about your T use and full health history, including family history and genetic test results

Family History & Hereditary Risk

- About 1 in 10 breast cancers have a genetic cause. You may be at increased risk if you or a blood relative has had breast, ovarian, pancreatic, prostate, or melanoma cancer – especially at a young age or in multiple family members.
- Genes linked to chest cancer risk include *BRCA1*, *BRCA2*, *PALB2*, *ATM*, *BARD1*, *CDH1*, *CHEK2*, *NF1*, *PTEN*, *RAD51C*, *RAD51D*, *STK11*, and *TP53*, among others.
- Genetic testing may be recommended even without a family history if you have limited family history knowledge, a small family, or Ashkenazi Jewish ancestry
- National guidelines recommend genetic testing before top surgery for those with a personal or family history of hereditary cancer, so results can inform surgical decisions
- Find a genetic counselor: findageneticcounselor.nsgc.org

Chest Cancer Screening

The right screening for you depends on your age, surgery history, family history, and genetic risk. Options include:

- Mammogram – X-ray; may or may not be possible after top surgery
- MRI – Magnet-based imaging; often recommended for high-risk individuals
- Ultrasound – Sound wave imaging; can be used after top surgery
- Clinical exam – Provider checks for lumps by hand
- Self-exam – Know your body so you can report changes

Ask your provider about gender-inclusive imaging centers and ways to make screening more comfortable for you.

Questions to Bring to Your Doctor

- Should I see a genetic counselor or get genetic testing based on my family history?
- After my top surgery, how much tissue was left behind – and what screening do I need?
- What chest cancer screenings do I need, and when should I start?
- Can you teach me how to do a self-exam?

Your Rights

You have the right to say no to surgery or screening, receive complete information about all options, and experience respectful, gender-affirming cancer care.



Want guidance tailored to your health history?

Visit [CHESTcare.org](https://chestcare.org) – a free personalized tool developed with transgender researchers and healthcare providers to help you understand your chest cancer risk and next steps.