

# The Impact of COVID-19 on Sexual Minority Women Seeking Breast Cancer Screenings and Treatment: An Analysis of the OUT National Cancer Survey Data

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## ABSTRACT

Despite the substantial benefits, sexual minority women (e.g., lesbians and bisexual women) are significantly less likely to access breast cancer screenings or undergo less timely screening as compared to heterosexual women. Hesitancy in breast cancer screenings for sexual minority women is compounded by culturally-specific risk factors that place many sexual minority women at higher risk for breast cancer. Hesitancy and delays were increased during the COVID-19 era even with the temporary transition to virtual telehealth appointments. Findings highlight experiences with social isolation, levels of optimism versus pessimism, whether screenings or appointments were delayed, experiences and satisfaction with telemedicine, and other impacts of COVID-19.

The data for this study was collected by the National LGBT Cancer Network from September 2020-March 2021 in a survey focused on the experiences of LGBTQ+ populations who had previously been diagnosed with cancer. Survey items included demographics, behavioral questions about cancer treatment and social support, and structural and psychosocial barriers to or facilitators of seeking care. Of the 2,700 respondents, 503 had current or prior breast cancer diagnoses. The sample for this study includes the 415 participants of the 503 total participants who experienced breast cancer and who also: 1) identified female at birth and continue to identify as female; 2) are either lesbian or bisexual; 3) were 18 years of age or older for consent; and 4) currently live in the U.S.

## KEY MESSAGES

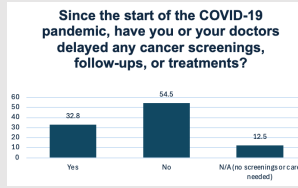
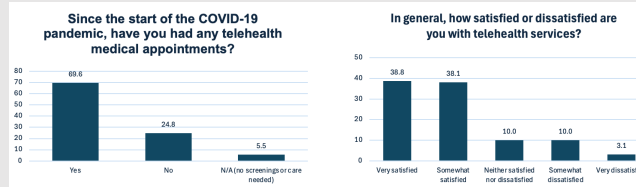
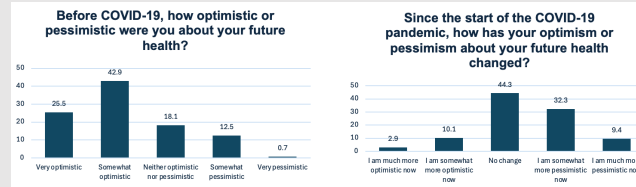
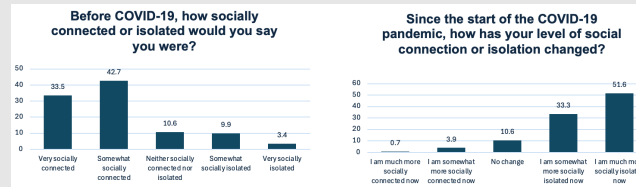
1. **"To go through cancer alone, when you've been together for 25 years and have done everything together, was as hard as it was to hear that I had cancer."**
2. "I was due for mammogram in March and didn't get it. I found a lump in July."
3. **"Not being able to visit in person with my oncologist so she can feel for lumps creates a lot of anxiety."**
4. **"I had two lumpectomies two months apart, and it was a nightmare getting bloodwork, Covid tests and records during this pandemic."**
5. **"It took awhile to set up appointments for various tests, and in four months my tumor grew before I could get surgery and I had to do chemotherapy first."**
6. "I went through the entire biopsy, doctor's appointments and even radiation alone while my wife sat in the parking lot."

## THEMES THAT EMERGED

1. **Delays in treatment:** This was the leading concern for the women in this study. Some noted that delays caused their cancer to spread or caused later stage breast cancer.
2. **Denied accompanying visitors:** The second leading concern for women in this study was the stress and isolation caused by not having their loved ones with them during appointments and treatment.
3. **Increased anxiety and poor mental health:** Many of the residual effects of the COVID-19 pandemic, including the two issues stated above, led to increases in anxiety and stress.

## FIGURES

Note: All charts are in percentages.



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## FINDINGS

There is a growing body of research on the effects of the COVID-19 pandemic on cancer screenings and care for patients<sup>1</sup>; however, for nearly all of the studies on LGBTQ+ patients<sup>2</sup>, sexual minority women (e.g., lesbians and bisexual women) are not the focus and are just one of many sexual and gender subgroups analyzed. Lesbians and bisexual women already face increased delays in breast cancer screenings.<sup>3,4</sup> They also face increased scrutiny of their chosen visitors at medical clinics, bringing girlfriends and wives instead of boyfriends and husbands. The COVID pandemic exacerbated these two issues, and likely contributed to increased anxiety and poor mental health for many sexual minority women seeking breast cancer screenings and care.

Findings show that 1) social connection skewed from socially connected to socially isolated before and after the start of the pandemic for these women<sup>2</sup>; 2) their feelings about their own health skewed during this time from optimistic to pessimistic; 3) telehealth appointments greatly increased with the pandemic and over 75% of these women were satisfied with these appointments; and 4) a third of these women had delays in screenings or treatment.<sup>1</sup>

The purpose of this study was to document the experiences of sexual minority women and to provide a set of data-driven best practices for clinicians serving lesbians and bisexual women with breast cancer diagnoses during a pandemic.

## REFERENCES

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