



# **OUTspoken OUTstanding OUTpatients**

**Improving the lives of LGBTQ+  
people overlooked & underserved  
in cancer care**



**OUTpatients**

The UK's LGBTQ+ Cancer Charity



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# Our vision

A future where LGBTIQ+ people feel included and supported on their cancer journey. From cancer screening, through treatment, and beyond, all patients will experience equity in their cancer experience and outcomes.

# Our strategy

This document outlines the steps we'll take over the next five years to realise a cancer service that understands and actively works to improve safety, experiences, and outcomes for our community.





# Cancer is **tough** enough.

We know LGBTIQ+ people can face barriers in care across all areas of the cancer pathway. From public health and screening through to living with and beyond a cancer diagnosis, change is needed to improve our community's care.

We believe in a cancer sector that takes its goal of 'person-centred care' seriously. We envision a cancer service that is not afraid to openly support our community. We demand that cancer care recognises us in the services we use.

Allyship is an action and our community's safety is everyone's responsibility. We call on all patients, partners, professionals, stakeholders, and the public to join us. The cancer sector cannot continue to shy away from a community in need. We must deliver a health and cancer service that LGBTIQ+ people can access with safety and dignity.





# Our Chair

*Andrew Berrie*



“I’m sorry, your test results show you have cancer.” Every day almost one thousand people across the UK will learn they have a cancer diagnosis. This will be amongst the worst days of their lives. But if supported correctly, it can be the start of a path through treatment, support, and recovery that enables them to live happily and healthily. Unfortunately, we know that for the LGBTIQ+ community, this journey can be a damaging and prolonged period of stigmatisation, discrimination, and poor treatment that leaves them feeling unsupported and alone during their cancer experience. Everyone in the UK deserves access to timely, person-centred cancer care and in 2025 the scale of disparity in cancer patient experience is still too large. We deserve a healthcare system where everyone is treated with dignity and respect and where patient safety and outcomes are of paramount importance. OUTpatients won’t rest until we achieve this goal of equity.

# Our CEO

*Stewart O’Callaghan*



We often hear that “cancer does not discriminate” but, from my own experience and from the countless stories I am privileged to hear through OUTpatients, we know that it absolutely does. Whether through cancer risk, screening, or community health, cancer can disproportionately affect those most marginalised by society. Sadly, this discrimination continues into the services we access. Barriers exist from data and pathways, through to an individual’s safety and dignity during their patient experience. But it doesn’t have to be this way. It is time for us to move from awareness to action, and champion our community’s safety and outcomes in cancer care.





# The **scale** of the issue

By 2030, Macmillan estimates that 4 million people will be living with and beyond cancer.

According to the census and NHS national survey data, between 6-15% of the population in England identify as LGBTIQ+.

This means there could be 600,000 LGBTIQ+ cancer patients in need of our support by the end of the decade.



# Our **plan** on a page

We want to see change all across the cancer pathway. That is why we have built our strategy around three core touchpoints in the patient journey as they move from the public, to patient, and beyond.


**1 Remove barriers  
to cancer screening  
for LGBTIQ+ people**

**2 Improve LGBTIQ+  
patients' outcomes  
and experiences**

**3 Improve the  
support available  
for LGBTIQ+ people**







# 1

**Remove barriers  
to cancer screening  
for LGBTQ+ people**



## The problem

Lesbian women are more than twice as likely as heterosexual women to not be up to date with their cervical screening, with some women being turned away if they disclose their sexual orientation. Queer people also tell us that they find the 'pinking' of breast services off-putting. Similarly, trans and non-binary people can find the gendering of screening a barrier when seeking information or attending appointments.

The NHS fails to provide equitable cervical and breast screening pathways for patients with a male gender marker, leaving trans, non-binary, and intersex people at risk of later diagnoses and poorer outcomes if they are diagnosed with cancer. Exclusion from screening invitations and limited information regarding the screening process written directly for trans, non-binary, and intersex people limits their ability to make informed decisions about attending their screening appointments.

Diagnostic screening services have not agreed or approved reference ranges or biopsy procedures that are designed specifically for transgender people. This is leaving them at risk of poorer care, unnecessary procedures, inaccurate interpretation of their screening or diagnostic results, and potentially having their cancers missed.

Intersex people are forced to navigate an NHS that lacks awareness, training, and the systems to support their needs. We believe in every person's right to self-determination and bodily autonomy, including in the discussion of cancer risk and screening.

**From my experience, and the experience of friends who have routinely skipped screenings, whether that's for breast cancer, or cervical cancer, it's always been because of a really deep-seated fear of how they're going to be treated at the GP's office."**

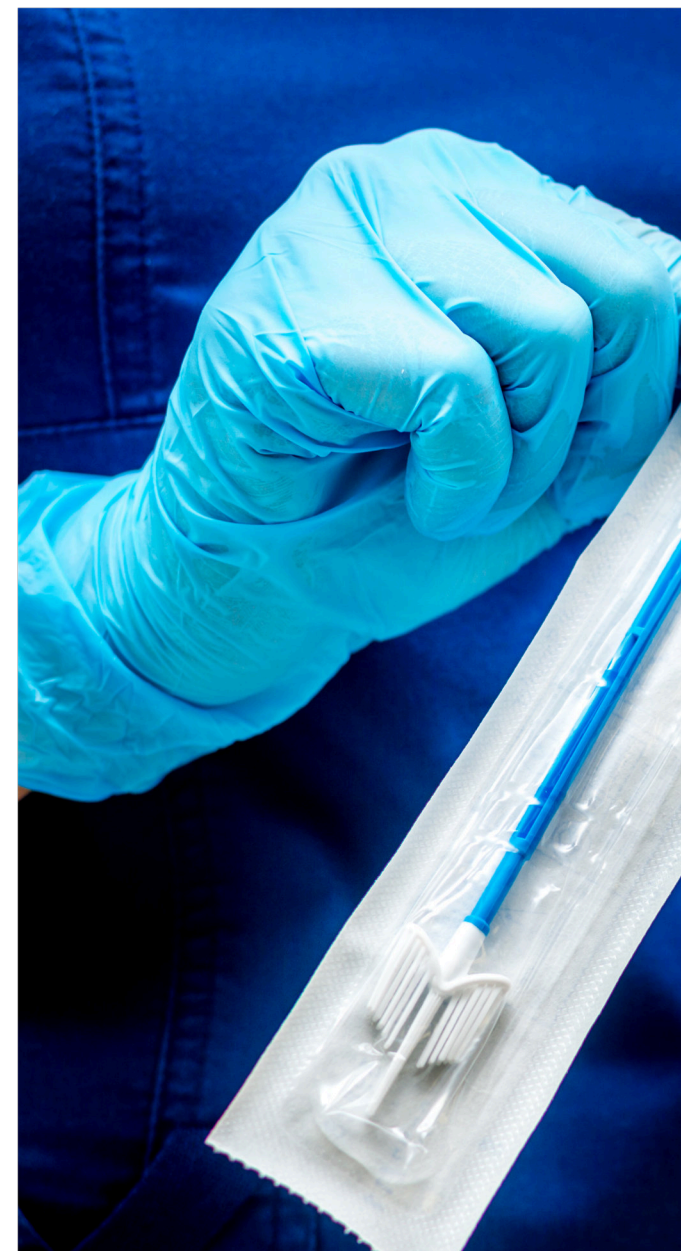
Focus group attendee

## Our progress so far

**We have launched multiple screening campaigns that were co-produced with LGBTIQ+ communities to address any fears or misunderstanding about the cervical and breast screening programmes.** By understanding the barriers our communities face, we are able to provide them with the information and encouragement they need to attend as early as possible and improve their chance of survival.

**By working closely with diverse community members, we have been able to make our resources inclusive and representative of multiple intersectional LGBTIQ+ identities.** We are proud to collaborate with people frequently overlooked within healthcare to make sure that their voices are seen and heard.

**We have encouraged the NHS England national screening teams to deliver acceptable solutions for screening invitations for transgender patients in both the breast and cervical programmes.** We have provided them with community insights, expert opinion, feedback on their materials, and strategic communications consultancy.







**We have supported Cancer Research UK by co-authoring their best practice guide for screening providers to make it inclusive of our transgender community.** By sharing this important information in a core, nationally available resource, we are able to improve the quality of care people receive and upskill the staff who provide this vital service.

**We continue to work closely with our stakeholders in both the cancer and LGBTIQ+ sectors to amplify our message through their audiences and promote early detection across the UK.** Through collaboration, we have been able to create bespoke community and healthcare provider resources to cut through misinformation that can prevent someone from attending a life-saving appointment.

**We have sounded the alarm on the reality of our population missing out on life-saving screening in the national press.** At a time when media hostility is at an all-time high against our community, it is imperative that we do not let this go unchallenged. Now more than ever, we need to keep sharing accurate and affirming information that helps LGBTIQ+ access healthcare with confidence and policy makers act from an informed position.

## **With your help we will**

### **Promote NHS screening programmes to our community**

We want any person with cancer or pre-cancer to be able to have this detected as early as possible and maximise their chances of survival. This is why we continue to promote NHS screening programmes through our LGBTIQ+ targeted campaigns and advocacy. In particular, we are working to target those in our community who are the most overlooked and underserved. As part of this work, we will also share positive health recommendations that can lower modifiable cancer risk factors.

### **Guide the launch and rollout of opt-in solutions**

We will maintain pressure on the NHS England cervical screening team to launch and optimise their opt-in solution for patients eligible with a male record. We expect there to be issues to address during its roll out and will work with the community, LGBTIQ+ and gynae charities, and local screening providers to make sure the new system is fit for purpose.

### **Promote HPV vaccination**

Our community must be included within the NHS' 2040 ambition to eliminate cervical cancer. It is important that our community knows about the vaccine, how it works, and its extended catch-up programme for men who have sex with men (MSM) and transgender people so we are not left behind in the race to reduce the cervical cancer burden.



## **Advocate for trans, non-binary, and intersex inclusion in HPV self sampling**

As HPV self-sampling becomes available within the NHS, we must ensure that its rollout does not replicate the barriers seen within the cervical screening programme. Every person eligible should be able to access this innovation, especially as it has the benefit to overcome some of the most pertinent barriers to screening for many LGBTIQ+ people including privacy, discomfort, and dysphoria.


## **Advocate for LGBTIQ+ inclusion in the Breast Screening Programme**

We will continue to act as a critical friend in challenging the breast screening programme to do better and go further in their design and delivery. The breast screening programme suffers from the same invitation issues as the cervical programme, but with no proposed solution or roadmap to address this. When challenged, we are told that breast systems are too outdated to cater for our community, or that the digital transformation of screening (DToS) is too complicated for us to be included. We do not accept this. We will point to the advances in cervical screening as a comparison, and challenge them to replicate its improvements.

## **Provide training and materials to screening sites**

Our education sessions inform and empower healthcare professionals with the skills they need to provide LGBTIQ+ inclusive screening. With your support, we can reach more clinicians and administrative staff across the UK with our education, and provide them with LGBTIQ+ affirming materials to display in their clinics. These will help to create more inclusive services and support patients to make an informed decision about their screening options.



A photograph of two women of color looking out a window. The woman in the foreground has dark hair and is looking slightly to the right. The woman behind her has her hair pulled back and is looking further to the right. They are both wearing casual clothing. The background is a bright, out-of-focus window.

2

**Improve LGBTQ+  
patients' outcomes  
and experiences**



# The problem

**Year on year, the Cancer Patient Experience Survey shows that LGBTQ+ people are having poorer experiences in cancer care.** The survey does not yet report on people who are intersex. Lesbian and gay people were the least likely to be told they could have someone with them when they were diagnosed. This is unacceptable. Everyone should have the option to be surrounded by the people that matter most to them during such a pivotal moment in their lives.

**When comparing experiences by sexual orientation, bisexual people often fare the worst.** This is especially the case in ratings for involvement in the decisions related to their care. We have also seen that bisexual people’s trust in the teams looking after them has fallen by 12% in the last three years.

**For trans people, 2021 ratings for support received in cancer care were often higher than those of their cisgender peers, suggesting a good level of person-centred care.** Yet in the space of three years, this positive experience has drastically reduced. Whilst cisgender people had stable scores across the three years, transgender people’s scores have fallen far below their cisgender peers, suggesting a widening inequity.

## Transgender people’s experiences of cancer care

	2021	2023	Change
Diagnostic test results were explained in an understandable way	83%	57%	↓15%
Involvement in decisions related to their care	80%	65%	↓15%
Ability to discuss worries or fears	70%	50%	↓20%
Getting the right level of support from hospital staff	78%	58%	↓20%
Confidence in the staff looking after them	83%	60%	↓23%

*Data source: NHS Cancer Patient Experience Survey 2021, 2023*



## Our progress so far

**Since we became a charity in late 2020, we have educated over 10,000 professionals with our education sessions and conference appearances to help them support our community with confidence.** Our sessions take time to recognise the hard work of healthcare professionals and how the systems they use can create barriers to delivering person-centred care and LGBTIQ+ patient safety. These are consistently highly rated at 96%, with 98% recommending the content, and over 99% saying they will apply their learning. We have expanded our educational sessions to include university students in order to prime graduates with the core LGBTIQ+ inclusive skills they need for joining a modern workforce.

**Our work is helping to improve our community's cancer patient experience.** Cross-referencing the data from the NHS Cancer Patient Experience Survey (CPES) with our work, we can see that the gap is closing on key moments like whether our community feels that their loved ones could be with them during diagnosis and treatment.

**We have delivered an annual professional event, now in its fifth year, to help connect advocates in the sector to move the dial on LGBTIQ+ cancer care.** These events are always highly rated for their ability to bring people together and the diversity of voices we invite to speak. We have seen the connections developed at the conference lead to new research, community projects, and PhD opportunities in this vital topic.

**We have supported the launch and growth of the UK Cancer and Transition Service** to meet the needs of transgender people who have questions or concerns about how their cancer care may impact their gender care, or vice versa.

We have co-authored and published information and guidance in a variety of specialties and with notable key partners including:

- **Macmillan**  
Creating the first nationally available booklet for Macmillan's resource library.
- **Cancer Research UK**  
Authoring best practice guidance for the screening of transgender people.
- **The Society of Radiographers**  
Co-authoring guidelines for the protection of transgender, non-binary, and intersex people when undergoing diagnostic and therapeutic radiography.
- **British Oncology Pharmacists Association**  
Authoring best practice recommendations for patients receiving systemic anti-cancer therapies at the same time as gender affirming care.

**After my mastectomy for gender reassignment, I was diagnosed with breast cancer, which has since progressed to Stage 4. Throughout my treatment, every aspect of care—conversations, counselling, and support—was geared toward cisgender, heterosexual women. The assumption that losing my breasts was my primary trauma ignored my reality: the mastectomy likely saved my life.**

**This lack of understanding highlighted the absence of protocols for treating transgender men with breast cancer. I often felt misunderstood, invalidated, and alone in my journey. Support networks like OUTpatients and the UK Cancer and Transgender Service have been invaluable, and I hope broader agencies prioritise inclusivity for LGBT+ patients.**

Transgender man, 50s



## **With your help we will**

### **Advocate for bodily autonomy in treatment decisions**

We believe everyone should have the right to decide what happens to them in their treatment. It is a founding principle of medicine that patients should be able to provide informed consent for their care. On this basis alone, no patient should feel that they are being forced down a treatment path against their wishes, especially when this relates to bodily autonomy and cisheteronormative assumptions.

### **Educate the sector on gender affirming care and cancer**

We strongly support the positive impacts of gender affirming care and the rights of transgender people to access cancer care safely and with dignity. We recognise that there is active discussion around this point in the medical community, especially in relation to concurrent cancer management. We will continue to be active in our research and authorship in this area and guide the cancer sector with our expert opinion, alongside the UK Cancer and Transition Service (UCATS).

### **Achieve a Cancer Plan that includes LGBTIQ+ patient safety**

When national policy, plans, and strategies are drafted, mention of our community is often nowhere to be seen. Despite strong data showing that LGBTIQ+ health suffers across multiple sectors and numerous system-based inequities, we remain invisible and voiceless in the changes proposed by the Government and NHS. It's time for this to change. We will continue to raise our voices and demand our explicit inclusion in these important documents to make sure that our community is no longer overlooked and left behind.

## **Provide more education for the cancer sector to improve policy and practice**

We want to reach more healthcare professionals with new learning packages. Based on our education feedback and the CPES data, we can see the strengths of our approach and where we need to go next. We will create a suite of educational materials that can help HCPs in a variety of cancer settings to deliver the LGBTIQ+ informed, person-centred care we so desperately need.

## **Progress the conversation in psychosexual care**

The cancer sector needs to improve its management of psychosexual issues with and beyond cancer. This need is especially true for LGBTIQ+ patients. A lack of willingness to discuss these topics is leaving patients unsupported, isolated, and at risk of physical and psychological harm. We will explore new resources, education, and ways of working to improve the confidence of HCPs discussing these unmet needs and how to embed these within the existing system for our community and beyond.

## **Support research that has our community's improvement at its core**

Too much research is done about us, without us. That is why we will continue to support research projects that align with our mission through aiding recruitment, public and patient involvement, and content review. We believe in the power of co-production to make researchers accountable to the communities they investigate, and will find opportunities to involve and upskill our community wherever we can.



A woman with curly hair, wearing a pink shirt, is sitting and looking at a man. The man, wearing a white shirt, is looking down with a sad expression. The woman has her hand on the man's shoulder, suggesting she is offering support. The background is slightly blurred, showing what appears to be a gallery or a room with framed pictures.

# 3

**Improve the  
support available  
for LGBTQ+ people**



## The problem

**A large proportion of cancer support services are not confident in supporting LGBTIQ+ people and do not have appropriate resources or policies to do so.** We have seen this lack of confidence and resources result in LGBTIQ+ people being actively turned away from support groups. This is not acceptable. No one should be denied the support they are eligible for because of their identity.

**Passive approaches to inclusion are not enough and leave people feeling unseen, unheard, and unsupported.** Our community highly values visible markers of safety in the services they access. We speak to many services across the country who are willing to welcome our community but hesitate when it comes to advertising this publicly. This leaves our community unable to tell which services are safe for them to access.

**Transgender people tell us that their experience of support and cancer care are completely separate from each other.** Whilst cisgender people have multiple avenues of support offered to them, transgender people tell us they are left to advocate for themselves constantly. This leaves them feeling overlooked, exhausted, and isolated during their cancer experience.



**I just felt like I fell into a gap and people didn't really know what to do with me.**

Transgender cancer patient



## Our progress so far

**We provide online peer support for people all over the UK and beyond to help prevent the isolation our community feels.** We have built an active community of patients at various stages of their cancer experience who are able to mutually support one another. This service welcomes people from all parts of the LGBTIQ+ community, with any experience of cancer. This is important to us as our Founder's own experience is grounded in being a queer young adult with a rare blood cancer who was not able to join any groups that reflected or supported their experience.

**We provide a breast specific LGBTIQ+ support service that delivers sessions in-person and online.** This allows us to reach people from all over the UK, and provide regular opportunities to connect people around mutual activities in a warm and friendly environment.




**Thank you for creating such a safe and supportive space for LGBTQ+ people living through cancer. I found the last session really powerful and such a contrast to the breast cancer support group I had been to previously, where only courage and bravery are allowed a voice.**

Breast cancer patient, 50s

**We have partnered with key charities in patient support including Macmillan and Maggie's to deliver our support services.** We have provided training to all of our service delivery partners. This helps us to expand our reach to the people who need us, and to support them with additional services provided by our partner organisations.

**We provide information designed specifically for partners and carers to navigate their experience and connect with others.** They receive a tailored resource guide that speaks to their experiences as an LGBTIQ+ partner or carer and helps to link them to wider LGBTIQ+ carer support networks.

**We host events and creative sessions for our beneficiaries to attend,** including skill building activities like photography workshops that have led to exhibitions celebrating the contributions of our attendees and reignited their passion in art and self-expression.



**Thank you so much for the exhibition and the workshop before that. It's the first time in my life I've ever had anything exhibited - what a privilege and honour. My artistic nature is rising up slowly and it's been a significant healing and release time in my life, so thanks for being part of that journey.**

60s, prostate cancer patient, photography workshop attendee



## With your help we will

### **Get our charity materials into more spaces**

We believe our materials should be in every cancer centre across the UK. Through our partnership with Macmillan, we have created information booklets available nationally for free to all cancer centres and trusts. We will promote this resource further with Macmillan and work with them to assess how many centres stock the materials. We will also work with LGBTIQ+ spaces and services to display our materials to improve the wider community's awareness of risk, screening, and cancer support.

### **Expand the support available**

We are proud of our support options, and we are excited to provide more. Building off of our recent survey with our beneficiaries, we will create new opportunities to connect people and provide them with skills and resources to improve their cancer experience. We will work with trusted services to create partnership outputs that help familiarise service users with a broad range of engaging ways to improve personal wellbeing.







### **Promote our services through stakeholder organisations and networks**

We will create clear signposting pathways and tracking mechanisms to see who in our stakeholder networks is sharing our information with their service users. This will help us to support these stakeholders with bespoke materials, strategies, and support to facilitate the mutual care of our community, especially those who are facing multiple intersectional barriers.

### **Support and upskill new LGBTIQ+ cancer projects and services**

In the past two years, we have seen a dramatic growth in new projects related to LGBTIQ+ cancer support. This is fantastic for our mission, and we will seek out and support these services to ensure they are able to succeed and function well with the existing network. We will champion collaboration over competition, and work to create a vibrant and resilient network that can coordinate service delivery and funding opportunities. We remain available to our projects and partners to guide them with our consultancy and expertise.



# Other **issues** we face

## **Absence of routine monitoring**

The general public would be stunned at current data collection practices. Despite the NHS having approved methods to record sexual orientation and gender identity (SOGI), this information is still missing from patient records and disease registries. The NHS continues to avoid mandating the routine collection of this data, and so we are kept in the dark about the scale of the issue our community is facing. This is unacceptable. We believe that no-one should be forced to share this data, but there must be a means to record it for those who feel safe to disclose their identity so that they can receive the person-centred care they deserve. **This is why we will keep pressing this point with the NHS and the Department of Health and Social Care, so we can get the data we so desperately need to build strategic and impactful national policy.**

## **Medical mistrust**

The NHS Cancer Patient Experience Survey tells us that our community has less trust in their health care teams when they are receiving cancer care. For transgender people, this trust has been falling rapidly. **We know this sits in a wider context of LGBTIQ+ health inequity, which is why we will continue to work closely with our community and our healthcare peers to improve the system together, so everyone can access health care with safety and confidence.**

## **A postcode lottery**

Where you live in the UK can drastically affect your cancer diagnosis, patient experience, and outcomes. We have seen how limited resources have prevented local services from supporting their workforce to provide LGBTIQ+ inclusive care. This can include affirming interpersonal skills, knowledge of NHS systems and referral pathways for transgender people, and medical factors associated with LGBTIQ+ treatment decisions and outcomes. Our community is left weighing up their options between potentially receiving non-LGBTIQ+ informed care locally, or travelling to larger cities and LGBTIQ+ hubs to seek this support, increasing the financial burden to their experience. **This is why our education is available to be delivered online, and we are working to expand our digital education options so that anyone in the UK can become their local LGBTIQ+ cancer champion.**

## **A workforce stretched too far**

The relationship between a patient and their healthcare professional can transform their cancer experience. We have met countless people who have described a supportive nurse or radiotherapist as their lifeline during their cancer treatment. From direct advocacy to small acts of kindness, the cancer workforce is full of unsung heroes in our community's cancer care. Yet year on year, this workforce is being stretched further and further. When staff are stretched, it limits people's ability to build these bonds with their patients that can be so vital. We need a healthy and happy workforce to keep the human touch in our cancer services that so many patients desperately need to make it through their day. **This is why we continue to provide events and opportunities for the workforce to keep them inspired and engaged. We maintain an active dialogue with NHS Workforce leads and Cancer Alliances to understand the current and future pressures so that we can make sure our work is accessible, affordable, and attractive to the development of the NHS.**



# The foundations of our approach

## **Influencing the system**

The rights of our community are continually under threat. Being diagnosed with cancer can compound this inequality. We need NHS Executives, the Department of Health and Social Care, MPs, and Lords to recognise that LGBTIQ+ issues and cancer care are not scary topics to be avoided. Instead, they are some of the most pressing issues in our current health and social climate and they deserve their full attention and support to achieve change for all.

## **Defending IDEA**

Inclusion, Diversity, Equity, and Accessibility (IDEA) are grounding principles that we abide by as a charity. All new work from OUTpatients undergoes an Equity Impact Assessment and strict Due Diligence in line with our Ethical Policies. These are important tools in keeping us true to our mission and accountable to the community we serve.

## **Led by and for**

We understand the power of lived experience. That is why our charity is proudly led by patient voices in every decision we make. We actively involve our community through employment, volunteering, and advisory groups to make sure every action we take has the potential to improve their lives.

## **Amplifying our beneficiaries' voices**

We believe our beneficiaries have a right to feel seen and heard. That is why we amplify their stories to reach the wider public. By working together, we can work to improve the national conversation about their needs and reach those who can relate so they do not have to feel alone.

## **Centring intersectionality**

We reinforce Krenshaw's view that it is society and its systems that limit our freedoms, and that when our personhood has greater diversity, this exposes us to more barriers that can overlap to create unique forms of discrimination. We recognise that a person's diversity is not inherently their limitation, nor is it their fault. It is society and its systems that need to change, and we will work to do so.

## **Measuring our impact**

We measure the impact of our work so that we can be transparent with and accountable to our service users, supporters, and funders. We continue to explore new models, systems, and frameworks that help us to track and report our progress so that we can achieve our goals.





# How **you** can help

## **Donate**

Your donations help us to reach more people living with and beyond cancer. You can donate directly to us as a one-off donation or register for a regular monthly gift via your payroll provider. You can even add us as your chosen charity for PayPal transactions.

## **Fundraise**

Whether you're a passionate individual, student society, employee network, community organisation, health provider, or business, we'd love to hear from you! We can provide leaflets and resources to support your event and warmly receive any photos of your fundraising events for our social media.

## **Read our updates in our newsletter**

To hear more about what we are doing join our newsletter. Each month, direct to your inbox, you will receive the latest news from OUTpatients, our activities that month, and opportunities to get involved.

## **Access training and resources**

Our high quality education is helping professionals to improve their LGBTIQ+ person-centred care all over the country. Submit an education request through the Get Involved page and check out our Professionals Page for even more support options.

## **Corporate partnerships**

Being a small but mighty charity means we greatly value the support and goodwill of partner organisations to support our community. From volunteering and commercial partnerships, to project funding and staff donations, we are enthusiastic to collaborate with industry and corporate partners to support your EDI strategy and achieve positive impact together.

## **Volunteer**

Are you looking to give something back to the community? Do you want to use your employee volunteer days for our charity? We would love to hear from you! We've a range of opportunities available for you to get involved in, and every hour you volunteer helps us move closer to a world where no one faces cancer alone or faces poorer treatment just because of who they are. The range of opportunities includes supporting us at events, helping us to plan activities, and learning how to talk to other people about our mission, just to name a few!





# OUTpatients

**The UK's LGBTIQ+ Cancer Charity**

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