ANAL CANCER SCREENING IN HIV PRIMARY CARE: UPTAKE AND OUTCOMES

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HIV and Co-morbidities Session
November 18, 2013 – 3:30 PM

OHTN 2013 RESEARCH CONFERENCE
NOVEMBER 17-19, 2013

CHANGING THE COURSE OF THE HIV PREVENTION, ENGAGEMENT AND TREATMENT CASCADE

INTRODUCTION

Anal Cancer

- Caused by the Human Papillomavirus (HPV)
- Occurs at high rates in HIV+ MSM

Screening for anal pre-cancers

- Similar methods to cervical cancer screening
- Anal Pap tests and High Resolution Anoscopy (HRA).
- The pre-cancers can be ablated

Previous screening studies in HIV+ MSM

- Almost all have anal HPV and 90% have oncogenic HPV
- An abnormal anal Pap test is sensitive but not specific
- A high-grade (HSIL) Pap test is insensitive but very specific
- The best test is to go directly to HRA – but costly and time-consuming
- Alternatively, screen with Pap test first and then do HRA only if abnormal Pap

ANAL PAP


ANAL CYTOLOGY
1280
NORM
AUTO
1/250 F6.5
[293]

INTRODUCTION

Who would not want to get free cancer screening?

- 83% of MSM stated that they were willing to accept free screening
- Only 11-14% of MSM and 33% of HIV+ MSM have had anal Pap smears in the past year
- About 86% of women have had at least one cervical Pap test
- 50% had a cervical Pap test in the previous 6 months

AIMS

STANDOUT STUDY

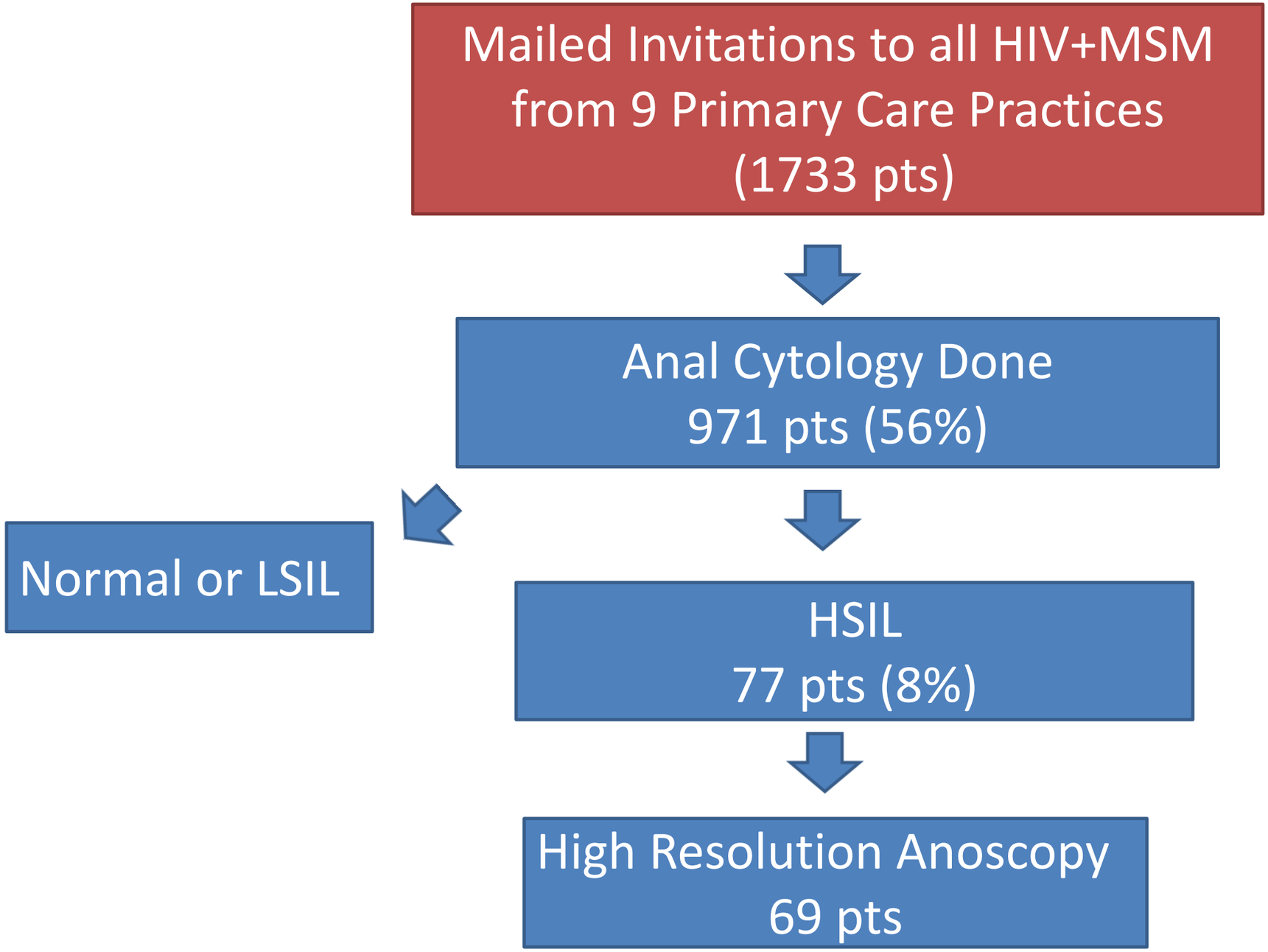
- Examine response rates to an invitation for anal cancer screening
- Identify factors associated with uptake of anal cancer screening
- Identify barriers to participation
- Improve education of the target population (HIV+ MSM)
- Provide training of family physicians in simple screening (anal Pap tests)
- Treat those with high-grade anal lesions

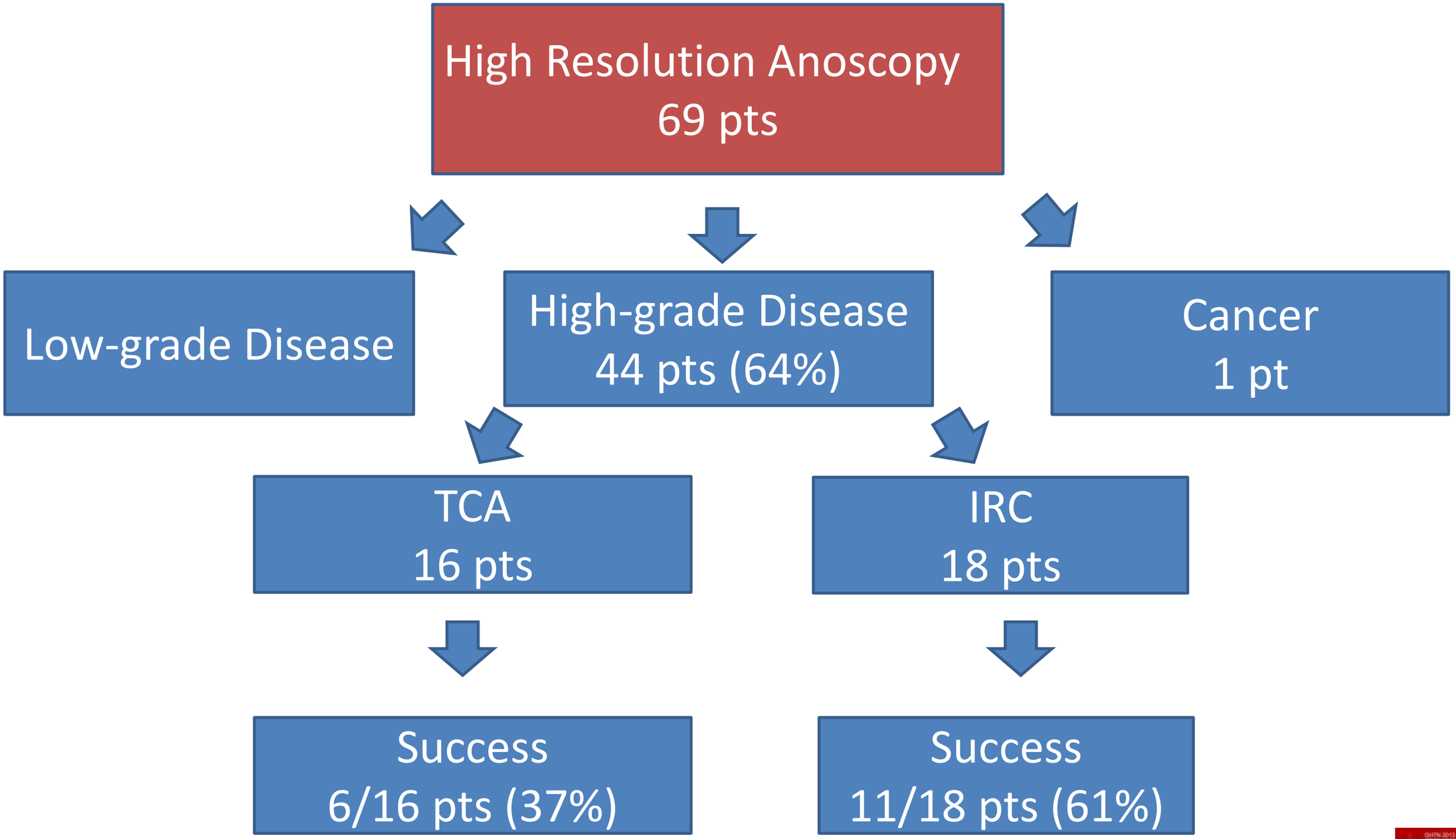
METHODS

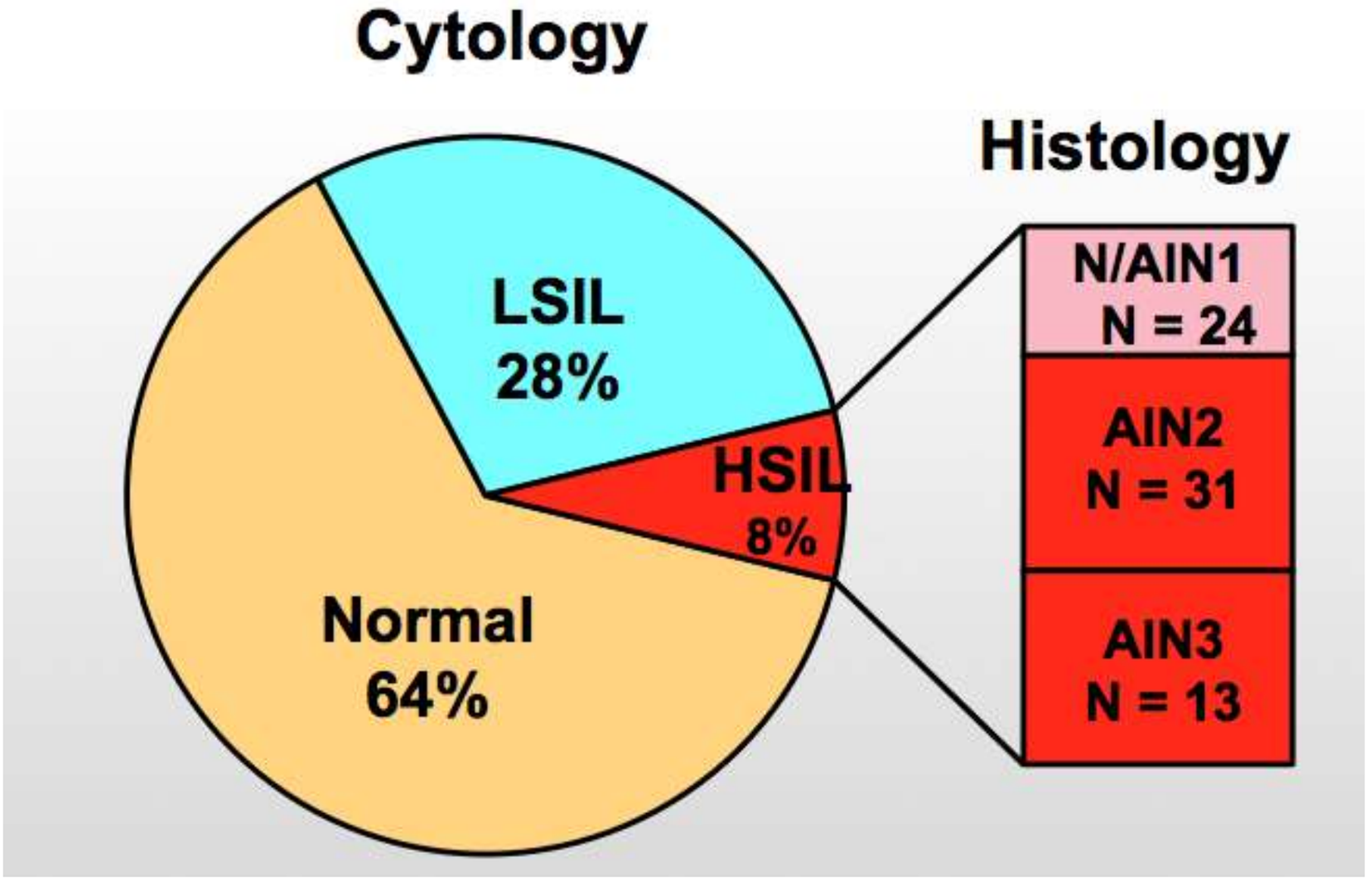
Study Design

- All previously unscreened HIV+ MSM from 9 HIV primary care practices were invited to receive anal cancer screening
- Responders had anal cytology done
- Focus groups for participants and refusers/non-responders
- Those with high-grade squamous intraepithelial lesions (HSIL) on anal cytology were offered HRA
- Those with AIN 2/3 on biopsy were randomized to receive Trichloroacetic acid (TCA) or Infra-red Coagulator (IRC) treatments.

RESULTS


Mailed Invitations to all HIV+MSM from 9 Primary Care Practices (1733 pts)
Anal Cytology Done 971 pts (56%)
Normal or LSIL
HSIL 77 pts (8%)
High Resolution Anoscopy 69 pts


High Resolution Anoscopy
69 pts
Low-grade Disease
High-grade Disease
44 pts (64%)
Cancer
1 pt
TCA
16 pts
IRC
18 pts
Success
6/16 pts (37%)
Success
11/18 pts (61%)


Cytology
LSIL
28%
HSIL
8%
Normal
64%
Histology
N/AIN1
N = 24
AIN2
N = 31
AIN3
N = 13

Factors associated with abnormal cytology

	Normal n=208	LSIL n=95	HSIL n=24	P value
Age	49 (43-56)	47 (40-53)	46 (35-545)	0.08
Years since HIV dx	11 (5-20)	8 (4-17)	13 (5-20)	0.10
Born in Canada	136 (67%)	67 (71%)	15 (63%)	0.62
Smoking Status				**0.02**
Current Smoker	47 (23%)	33 (35%)	8 (33%)	
Past Smoker	87 (42%)	22 (23%)	9 (38%)	
Never Smoked	72 (35%)	40 (42%)	7 (29%)	
Recent CD4	540 (400-690)	480 (350-650)	560 (355-705)	0.11
Undetectable Viral Load	180 (88%)	74 (79%)	22 (92%)	0.08
Any Symptoms	108 (52%)	57 (60%)	16 (67%)	0.22
Any previous anal disorders	111 (53%)	57 (60%)	14 (58%)	0.54
ARV Status				
No current treatment	17 (8%)	13 (14%)	1 (4%)	0.31
PI based cART	31 (15%)	13 (14%)	3 (13%)	
NNRTI based cART	97 (47%)	43 (45%)	8 (33%)	

RESULTS

- There were no differences in cytology results with respect to symptoms, HIV duration, viral load or antiretroviral use.
- Current smokers were most likely to have abnormal cytology
- In a sample of 1733 men offered screening for anal cancer we have so far found and removed precancerous lesions from 17 patients (~1%)

SUMMARY

- About half of the HIV+ MSM invited for anal cancer screening agreed to have it done
- High-grade (HSIL) Pap tests found in 8.2 %
- Smoking was a significant risk factor
- Most with cytologic HSIL also had histologic high-grade disease
- IRC appeared to be more successful than than TCA at ablating high-grade disease

CONCLUSIONS

- Population screening for anal cancer can find pre-cancers and cancers and increase awareness amongst doctors and patients

FUTURE STUDIES

- Focus groups were done to discern reasons for refusing or agreeing to be screened. Need larger samples.

STANDOUT STUDY GROUP

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THANKS TO OUR STUDY PARTICIPANTS!

FUNDING

Canadian Cancer Society