Establishing A Regional Management Pathway for Peri-Anal and Anal Cancers and Pre-Cancers in a Moderate Prevalence HIV Setting

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Introduction
There is a rising incidence of anal cancer in the UK. People living with HIV (PLWH) are at an increased risk of anal cancer and pre-cancer, and this is especially so amongst men who have sex with men (MSM). Sexual transmission of high risk Human Papilloma Virus (HPV), smoking and older age are contributing factors. Screening for anal cancer has not been found to be cost effective by some groups and a wide difference in screening or testing methods exists nationally. BHIVA guidelines state centres should incorporate a pathway of managing suspected peri-anal and anal cancers and pre-cancers.

Methods
Our aim was to collate data on current screening and referral methods for peri-anal and anal lesions within our region to guide establishing a regional management pathway. An online survey was sent to specialists involved in managing PLWH. This included trainees and Consultants in Infectious Disease and Genito-urinary medicine (GUM). They were asked the methods used, if any, in routine clinics for identifying PLWH with anal and peri-anal cancers and pre-cancers, and whether there was a local established management pathway.

Results
23 responses to the survey were received, largely from within GUM. 65% of respondents were Consultants. 33% of respondents stated that they regularly screened PLWH for peri-anal and anal lesions; the majority by enquiring about symptoms or carrying out proctoscopy examination, largely in men who have sex with men and PLWH with known anogenital warts. Only one Infectious Diseases specialist felt comfortable in using a proctoscope, and 67% of clinicians did not feel that they could be involved in the annual surveillance of peri-anal and anal intra-epithelial neoplasia.

Discussion
The results have supported the need for the implementation of a peri-anal and anal cancer and precancer management pathway within our HIV regional network (see below), alongside further education and streamlining of screening within the region.

Would You Feel Confident In Undertaking The Annual Surveillance Of Patients With A History of Peri-anal Or Anal Intra-epithelial Neoplasia

- Neither
- Yes anal intra-epithelial neoplasia only
- Yes, peri-anal intra-epithelial neoplasia only
- Yes, both peri-anal and anal intra-epithelial neoplasia

Do You Have A Local Referral Pathway For Patients With Suspicious Peri-anal Or Anal Lesions

- No clear referral pathway
- Yes, biopsy to be done by colorectal surgeons
- Yes, following in house biopsy

References
2. Czoski-Murray C, Karnon J, Jones R, Smith K, Kinghorn G. Cost-effectiveness of screening high risk HIV-positive men who have sex with men (MSM). Sexual transmission of high risk Human Papilloma Virus (HPV), smoking and older age are contributing factors. Screening for anal cancer has not been found to be cost effective by some groups and a wide difference in screening or testing methods exists nationally. BHIVA guidelines state centres should incorporate a pathway of managing suspected peri-anal and anal cancers and pre-cancers.