Precancerous Anal Lesions Recur at High Rate in HIV-Positive Gay Men

Various factors increased the likelihood of such recurrent high-grade anal intraepithelial neoplasia, or HGAIN.

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Men who have sex with men (MSM) who are living with HIV and have been successfully treated for high-grade anal intraepithelial neoplasia (HGAIN) have a high rate of recurrence of the precancerous anal lesions within 18 months.

Publishing their findings in the journal AIDS, researchers conducted an observational study of 100 HIV-positive MSM diagnosed with HGAIN who received electrocautery therapy to remove an anal lesion and achieved a partial or complete response to that treatment. The investigators followed the men and tested them at three to six month intervals for recurrent HGAIN.

The study ran from 2009 to 2016. The men had a median age of 43 and were diagnosed a median of just less than five years prior to entering the study. Eighty-four percent of the men were on antiretroviral (ARV) treatment for HIV, and 70 percent of the overall group had an undetectable viral load. The median CD4 count was 629.

Three out of four of the men were anally infected with a strain of human papillomavirus (HPV) associated with a high risk of cancerous cell changes.

The men received a median three sessions of electrocautery to treat HGAIN. Fifty-two percent of the men had a complete response to that treatment, and 48 percent had a partial response.

The participants were followed for an average of 17.6 months and a median 13.6 months following their official response to HGAIN treatment. Thirty-nine of them were diagnosed with recurrent HGAIN during this time.

The probability of experiencing recurrent HGAIN was 24 percent at 12 months and 54 percent at 24 months.

After controlling the data for various factors, the researchers found that the following factors were associated with the following increased likelihoods of HGAIN recurrence: having a CD4 count below 200, a 2.61-fold increased likelihood of recurrence; being coinfected with hepatitis C virus (HCV),

2.79-fold; and having large HGAIN lesions, 8.27-fold. Being infected with at least two high-risk strains of HPV was associated with a 2.3-fold increased likelihood of HGAIN recurrence, although this particular finding was only of borderline statistical significance, meaning it is possible the association was the result of chance.

To read the aidsmap article, click here.

To read the study abstract, click here.

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