Routine Screening Reduces Anal Cancer Rate Among People With HIV

Men who have sex with men are at higher risk for the disease, which is driven by human papillomavirus.

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Routine anal screening among people with HIV is associated with a lower rate of anal cancer and may even yield a survival benefit among those who do develop the malignancy, aidsmap reports. Human papillomavirus (HPV) is a driver of anal cancer.

Publishing their findings in Clinical Infectious Diseases, a research team led by Boris Revollo, MD, of the Germans Trias i Pujol University Hospital in Barcelona analyzed data on 3,111 people with HIV seen at the hospital.

The hospital started a routine anal screening program in 2005, including an annual checkup for precancerous cell changes. If such changes were detected, individuals then received a high-resolution anoscopy (a viewing instrument is inserted into the anus) and a biopsy. Any precancerous anal lesions received aggressive treatment with infrared coagulation or surgery.

The members of the study cohort were followed for a median of nearly five years. Fifty-four percent of the individuals participated in the screening program.

Upon entering the cohort, 44% of the members had a normal result from their anal cancer screening, while 7% had high-grade precancerous cell changes. During the follow-up period, an additional 17% of the group developed such cell changes.

All told, the cohort members received 744 biopsies and were diagnosed with 142 high-grade precancerous lesions.

Over the 12-year study period, 10 cases of anal cancer were diagnosed. Two of them were in people who participated in the screening program, while the other eight were in people who did not participate. All 10 individuals had once had a CD4 count below 150, indicating severe immune suppression.

All told, 0.1% of those who were screened were diagnosed with anal cancer, including 0.2% of the men who have sex with men (MSM) and 0% in other HIV risk groups. Among those who were not

screened, 0.6% were diagnosed with the malignancy, including 0.3% of MSM and 0.7% of women.

The diagnosis rate per 100,000 cumulative years of follow-up was 22 among those screened and 107 among those who were not.

Having lived with HIV for a longer period was associated with slightly higher risk of being diagnosed with anal cancer.

After adjusting the data to account for various differences among the cohort members, the study authors found that screening was associated with an 83% reduced anal cancer diagnosis rate.

At the end of the study's follow-up period, the two men from the screening group who were diagnosed with anal cancer were still living, while five of the eight individuals in the unscreened group had died.

The ANCHOR study aims to learn more about the potential benefits of anal cancer screening. In this study, people with HIV diagnosed with advanced precancerous lesions will be randomly assigned to receive either immediate treatment or active monitoring. The study is currently recruiting participants in more than a dozen cities.

To learn more about the ANCHOR study, visit AnchorStudy.org or call 844-HIV-BUTT).

To read the aidsmap article, click here.

To read the study abstract, click here.

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