

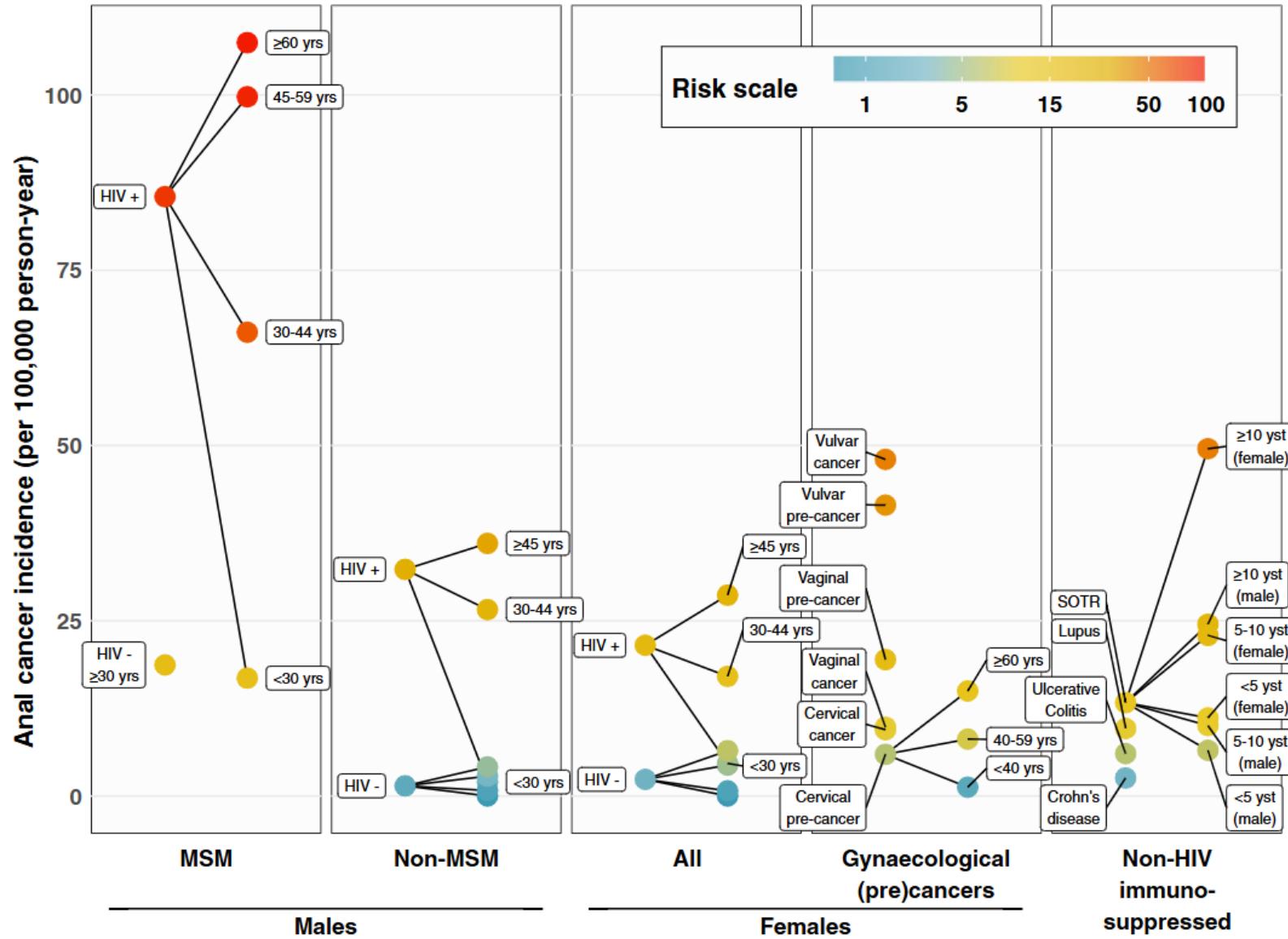
# Anal cancer screening guidelines for people living with HIV

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Mary Poynten, Kirby Institute, UNSW

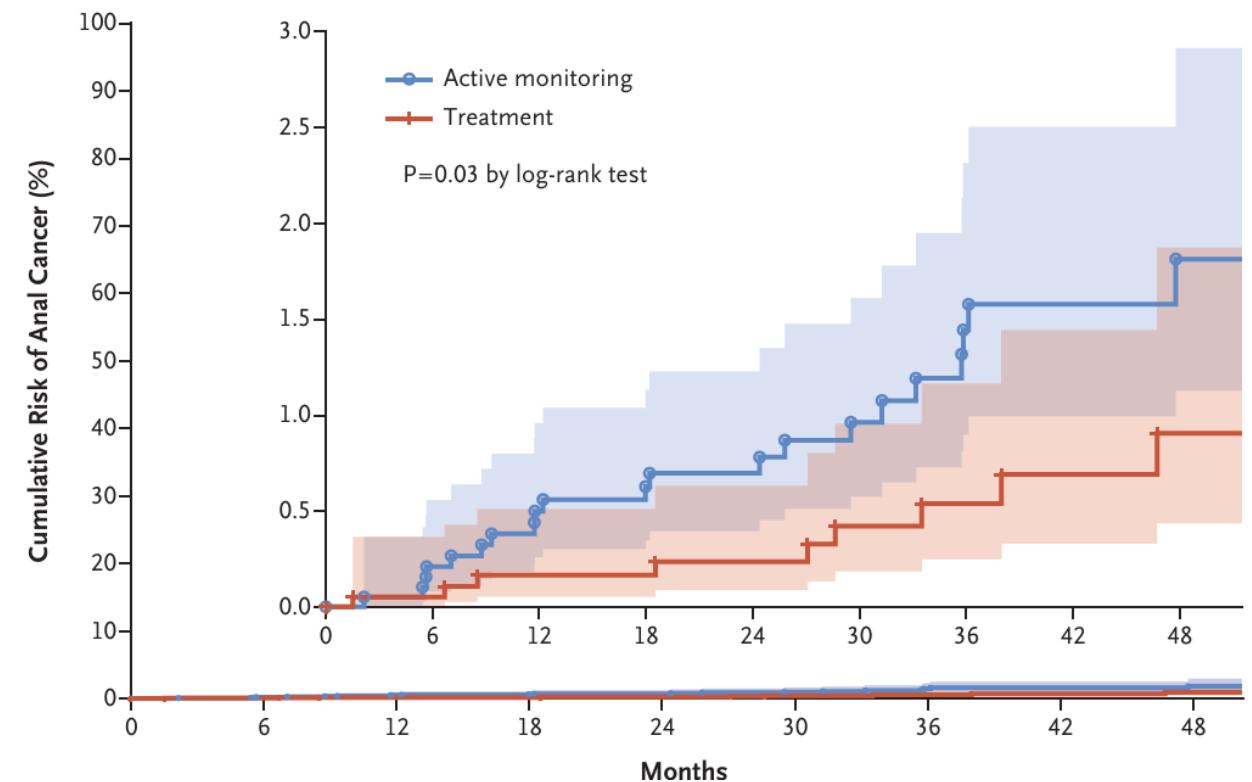
# Anal cancer epidemiology

- An HPV-associated cancer
- Rare in the general population
- Highly concentrated in people with
  - increased anal HPV exposure
  - mild+ immune deficiency
- Highest risks in people living with HIV, especially MSM



# Preventing morbidity from anal cancer

- Early detection of cancer
  - Digital ano-rectal examination (DARE)
  - Early detection leads to much better cure rates, and less treatment toxicity
- Screening linked to ablative treatment of the HPV-associated precursor lesion, high grade squamous intra-epithelial lesions (HSIL)
  - 57% reduction in progression to cancer
  - Requires high resolution anoscopy (HRA)



# International Anal Neoplasia Society (IANS) anal cancer screening guidelines



SPECIAL REPORT | Open Access |

## International Anal Neoplasia Society's consensus guidelines for anal cancer screening

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First published: 31 January 2024 | <https://doi.org/10.1002/ijc.34850>

# US NIH Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV



- July 2024, first US DHHS guidelines for anal cancer screening in PLHIV
- All adults with HIV be assessed  $\geq$  once per year for anal abnormalities and undergo DARE
- For
  - MSM and TW 35+
  - All other PLHIV 45+
  - Cytology-based screening with subsequent HRA

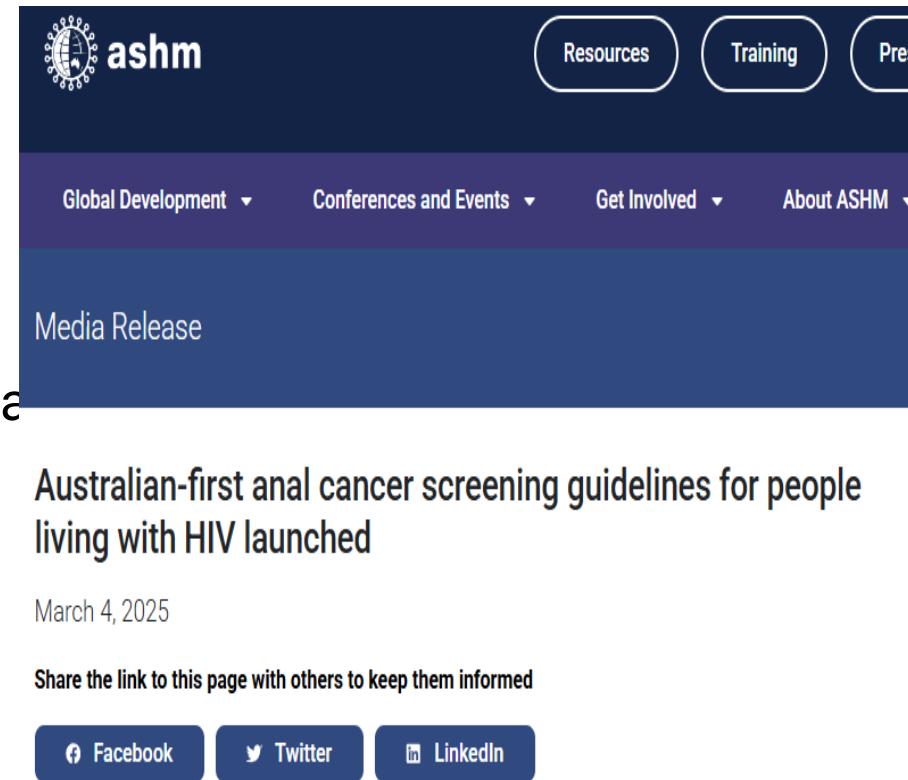
# Four priority areas for development of Australian guidelines for anal cancer screening in PLHIV

1. establish anal cancer incidence in PLHIV to substantiate benefits of screening
2. screening tools and testing algorithms
3. management of screening results
4. treatment of anal HSIL

# Australian guidelines for targeted anal cancer screening in PLHIV

Based on current evidence, recommend screening:

1. GBM and TW LHIV  $\geq 35$  years
2. Women (not TW) and men (not GBM) LHIV  $\geq 45$  years
3. **If referral for HRA is available:**  
Primary HRHPV testing with cytology triage
4. Repeat every 3 years for those who screen negative
5. Annual DARE and a peri-anal examination and a history to elicit anal symptoms (pain, change in anal bleeding, anal warts or lump)



The screenshot shows the ASHM (Australian Society for HIV Medicine) website. The header includes the ASHM logo, a search bar, and navigation links for Resources, Training, and Press. Below the header, a purple navigation bar offers links to Global Development, Conferences and Events, Get Involved, and About ASHM. A blue sidebar on the left contains the text 'Media Release'. The main content area features a headline: 'Australian-first anal cancer screening guidelines for people living with HIV launched', followed by the date 'March 4, 2025' and a call to action: 'Share the link to this page with others to keep them informed'. Below this are three social media sharing buttons for Facebook, Twitter, and LinkedIn.

# As HRA capacity is limited in Australia...

- Clinicians should **prioritise screening of PLHIV** based on:
  1. Age (anal cancer risk increases with increasing age)
  2. CD4 nadir  $\leq$  200 cells/ $\mu$ L
  3. Current smoker
  4. Current anal symptoms of pain, change in anal bleeding, anal warts or lump

# 1. Who to screen

People living with HIV (PLHIV) who are:

- Gay, bisexual and other men who have sex with men (GBM) and trans women (TW) over 35 years of age; or
- Women (not TW) and men (not GBM) over 45 years of age.

# 2. How to screen

Anal swab for HRHPV testing

+

Perform DARE (annual)

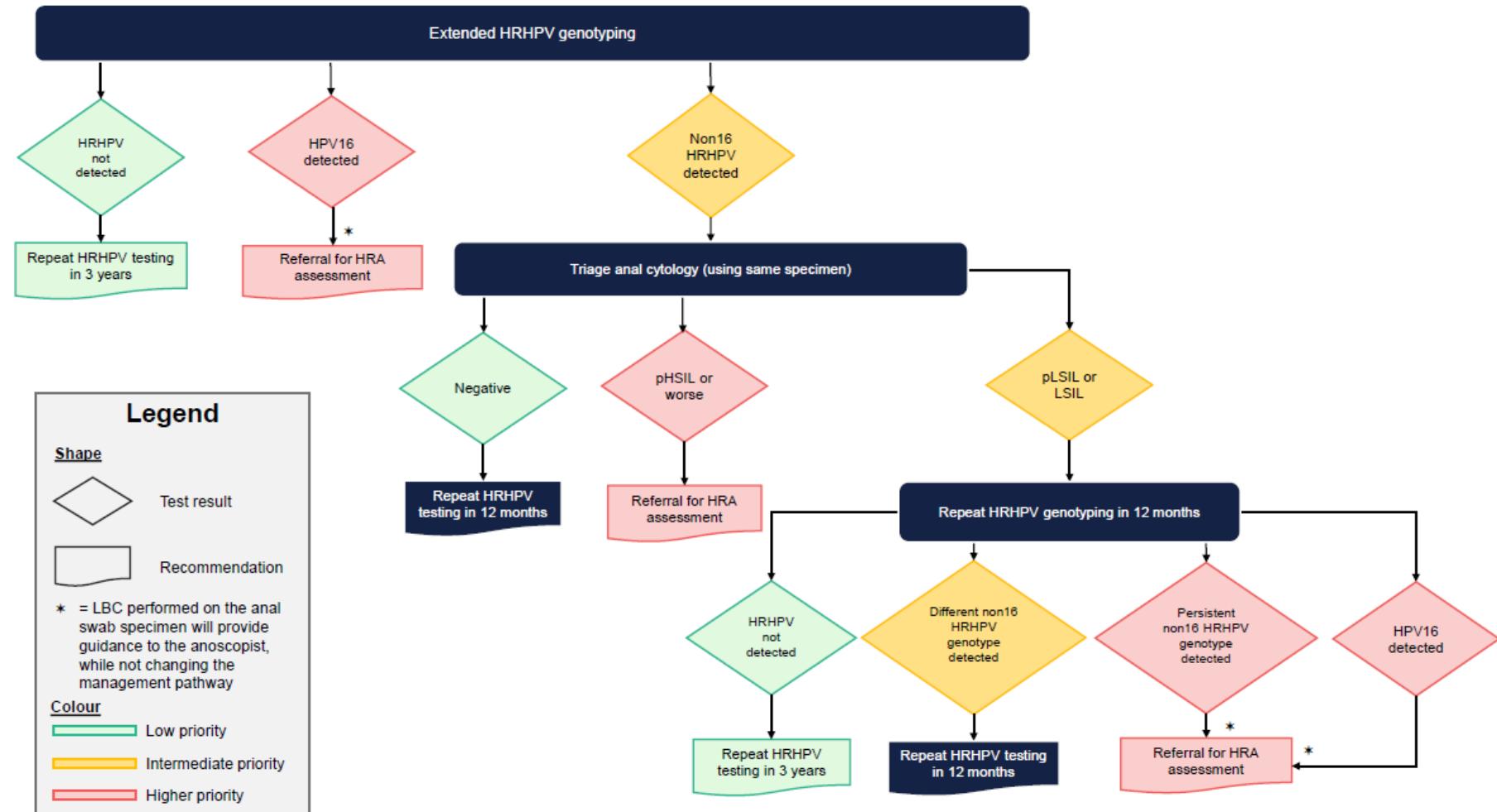
One clinician collected sample required to perform all screening tests - moistened flocked swab prior to DARE.

# Information

- High Resolution Anoscopy (HRA) – limited capacity in Australia
- No HRA available locally – screening remains annual DARE + symptom awareness\*\*
- Screening services should prioritise + current smoker / nadir CD4<200 / older age / anal symptoms/ additional immunosuppressive agents

\*\* people with anal lumps suggestive of cancer require immediate referral

# 3. Screening algorithm



# Proposed screening intervals for PLHIV

<b>Population</b>	<b>Interval if previously HPV-negative</b>	<b>Triage test</b>	<b>HPV testing interval after negative HRA</b>
MSM and TW 35+	3 years	Cytology	1 year
Women and MSW 45+	3 years		
After treatment for anal cancer	6 months		
Incidental HSIL	3 years		

# Application for funding for diagnostic and treatment procedures (MSAC)

- MSAC

appraises and provides advice to federal government on new medical services proposed for public funding

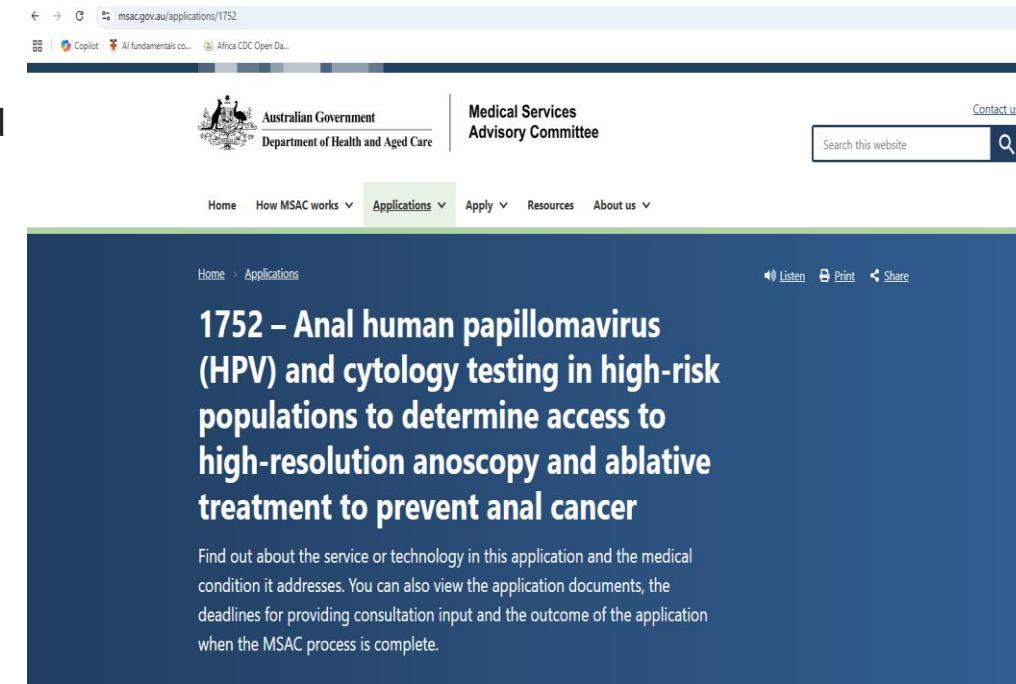
assesses comparative safety, clinical effectiveness, cost-effectiveness, and total cost

- Submitted by RACP, St Vincent's Hospital, Kirby Institute

- To be considered at the November 2025 meeting

- If successful, funded from mid 2026

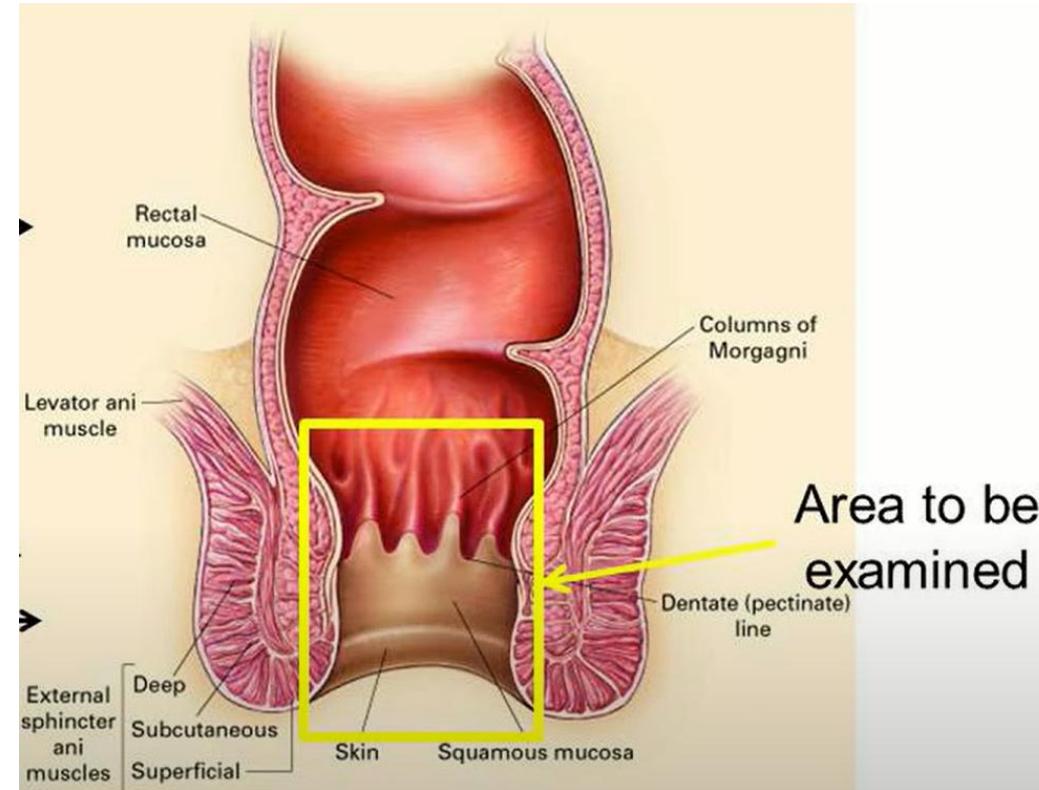
- All people at high risk of anal cancer



The screenshot shows a web browser displaying the MSAC website. The URL in the address bar is [msac.gov.au/applications/1752](https://msac.gov.au/applications/1752). The page title is "1752 – Anal human papillomavirus (HPV) and cytology testing in high-risk populations to determine access to high-resolution anoscopy and ablative treatment to prevent anal cancer". The page content includes a summary of the application, mentioning the service or technology, medical condition, application documents, deadlines for consultation input, and the outcome of the application when the process is complete. The MSAC logo is visible in the top right corner, along with the Australian Government and Department of Health and Aged Care logos. The navigation menu includes Home, How MSAC works, Applications (which is highlighted), Apply, Resources, and About us. There are also links for Listen, Print, and Share.

# Anal Cancer screening in 2025

- Annual DARE is recommended in PLHIV
  - Online training is available
  - Quite different to a prostate examination
- Screening using HPV testing and cytology
  - Currently not funded
  - ?Funded from mid 2026
  - Very limited referral services, training and expansion of services over the next few years
  - Roll-out of guidelines will likely occur over the next few years



# Acknowledgments

- The ASHM Anal Cancer Guidelines Committee:

*Ben Armstrong, Mark Bloch, Brent Clifton, Jane Costello, Sam Elliott, Joe Givan, Andrew Grulich, Richard Hillman, Jenny Hoy, Ken Koh, Jenny McCloskey, Jason Ong, Mary Poynten, Jenny Roberts, Zoe Sever, Richard Turner, Rick Varma*