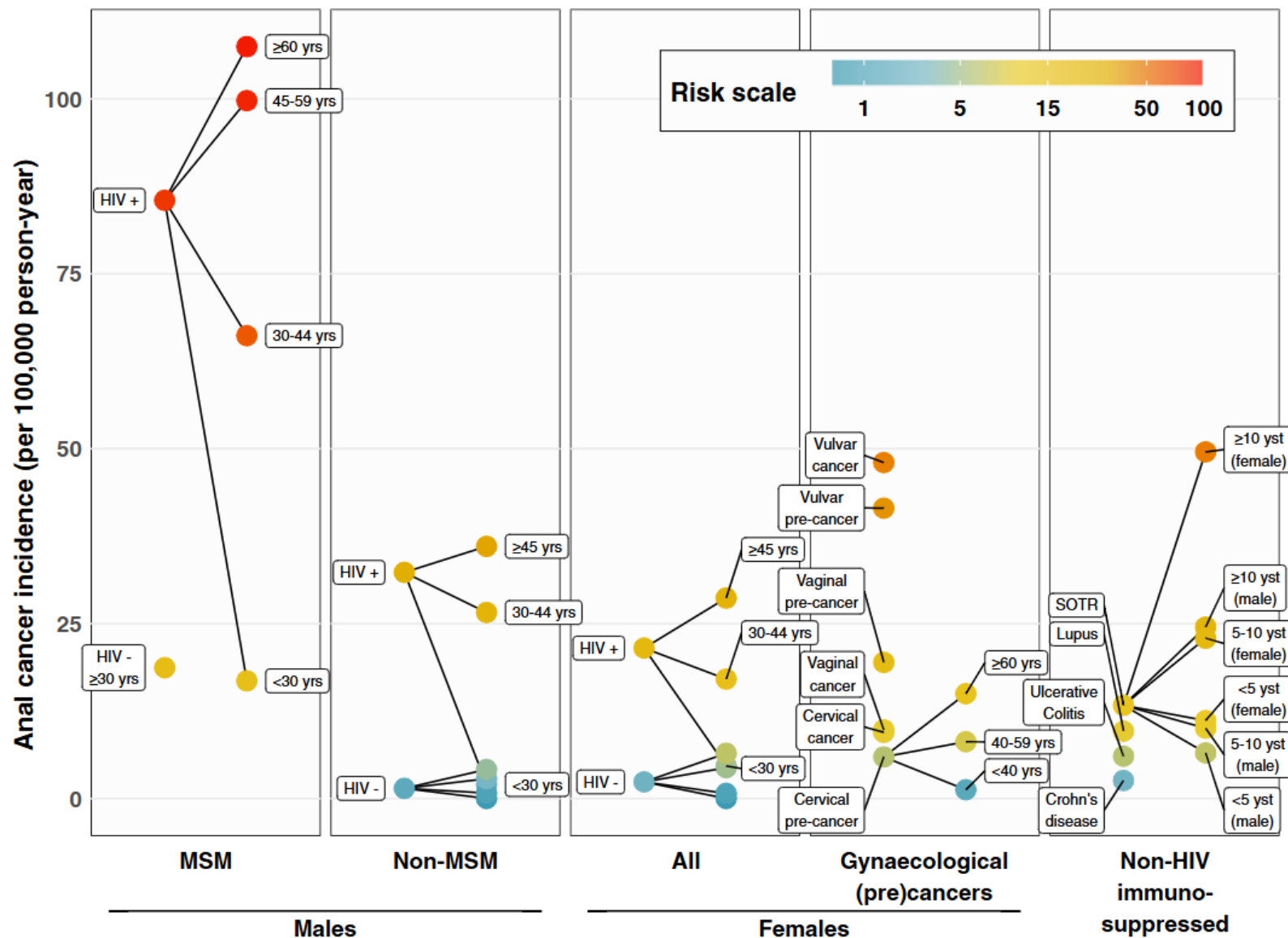


Anal cancer screening guidelines for people living with HIV

Mary Poynten, Kirby Institute, UNSW

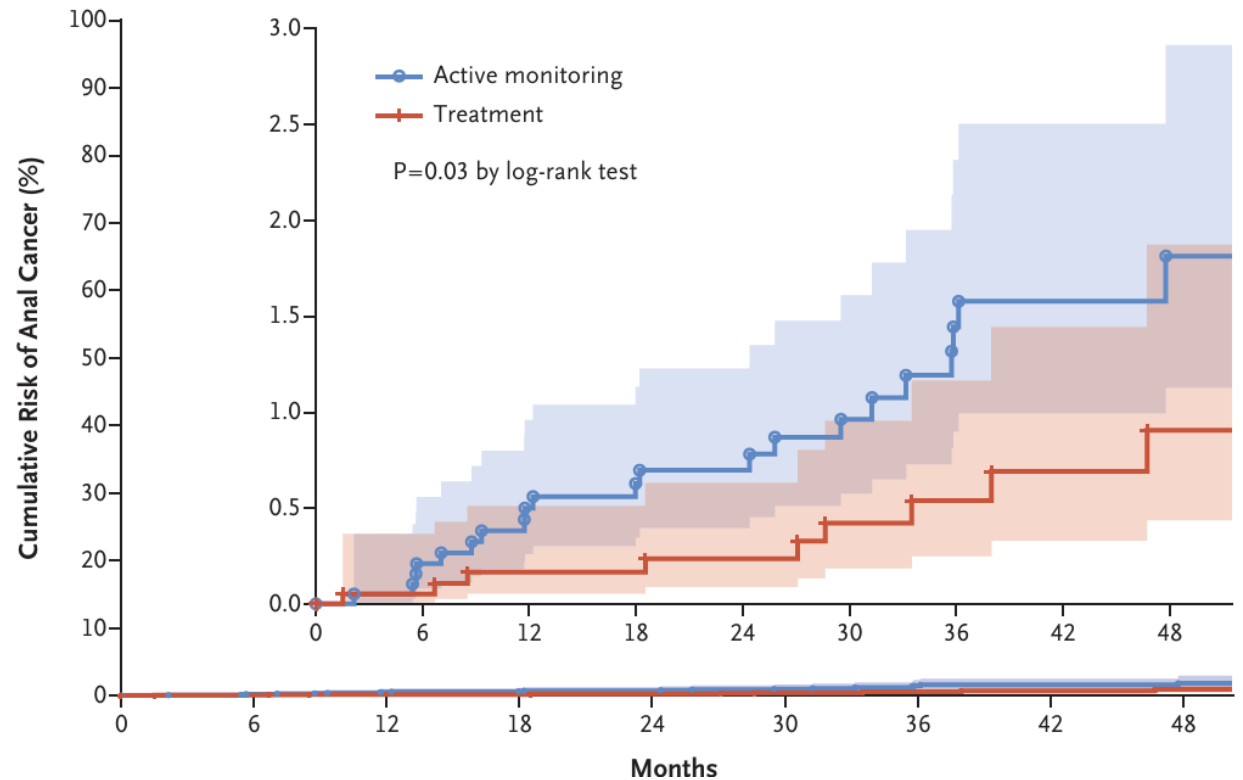
Anal cancer epidemiology

- 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

Elizabeth A. Stier , Megan A. Clarke, Ashish A. Deshmukh, Nicolas Wentzensen, Yuxin Liu, I. Mary Poynten, Eugenio Nelson Cavallari, Valeria Fink, Luis F. Barroso, Gary M. Clifford, Tamzin Cuming, Stephen E. Goldstone, Richard J. Hillman, Isabela Rosa-Cunha, Luciana La Rosa, Joel M. Palefsky, Rosalyn Plotzker, Jennifer M. Roberts, Naomi Jay ... [See fewer authors](#) ^

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 ≥ 35 years
2. Women (not TW) and men (not GBM) LHIV ≥ 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)



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 ≤ 200 cells/ μ 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)

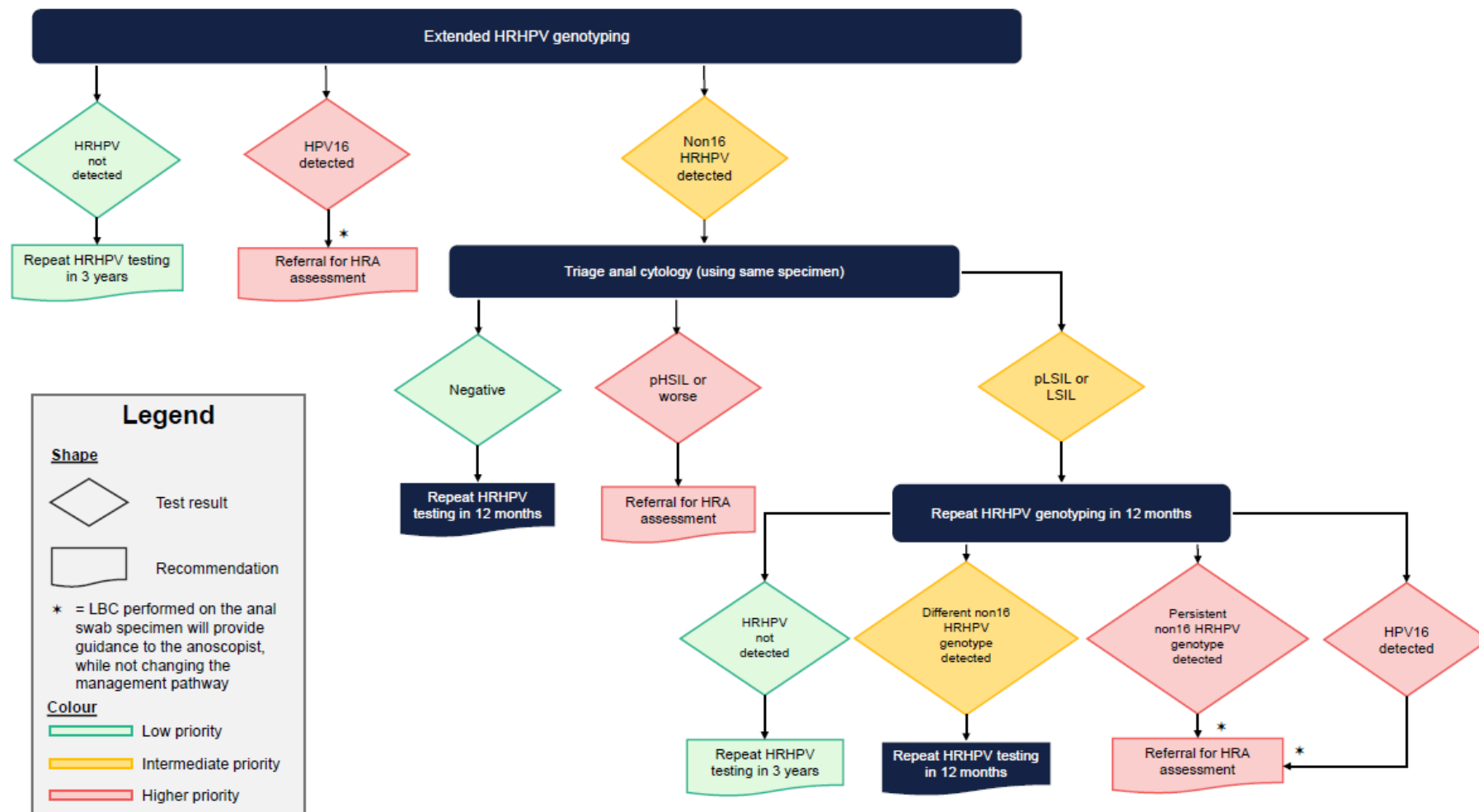
One clinician collected sample required to perform all screening tests -moistened flocked swab prior to DARE.

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



Definitions

HIV = human immunodeficiency virus, HPV = human papillomavirus, HRA = high-resolution anoscopy, HSIL= high-grade squamous intraepithelial lesion, HRHPV = high-risk human papillomavirus, LSIL= low-grade squamous intraepithelial lesion, GBM = Gay, bisexual and other men who have sex with men, MSW = men who have sex with women, PLHIV= People living with HIV, pLSIL = possible low-grade squamous intraepithelial lesion, TW = trans women

Proposed screening intervals for PLHIV

Population	Interval if previously HPV-negative	Triage test	HPV testing interval after negative HRA
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

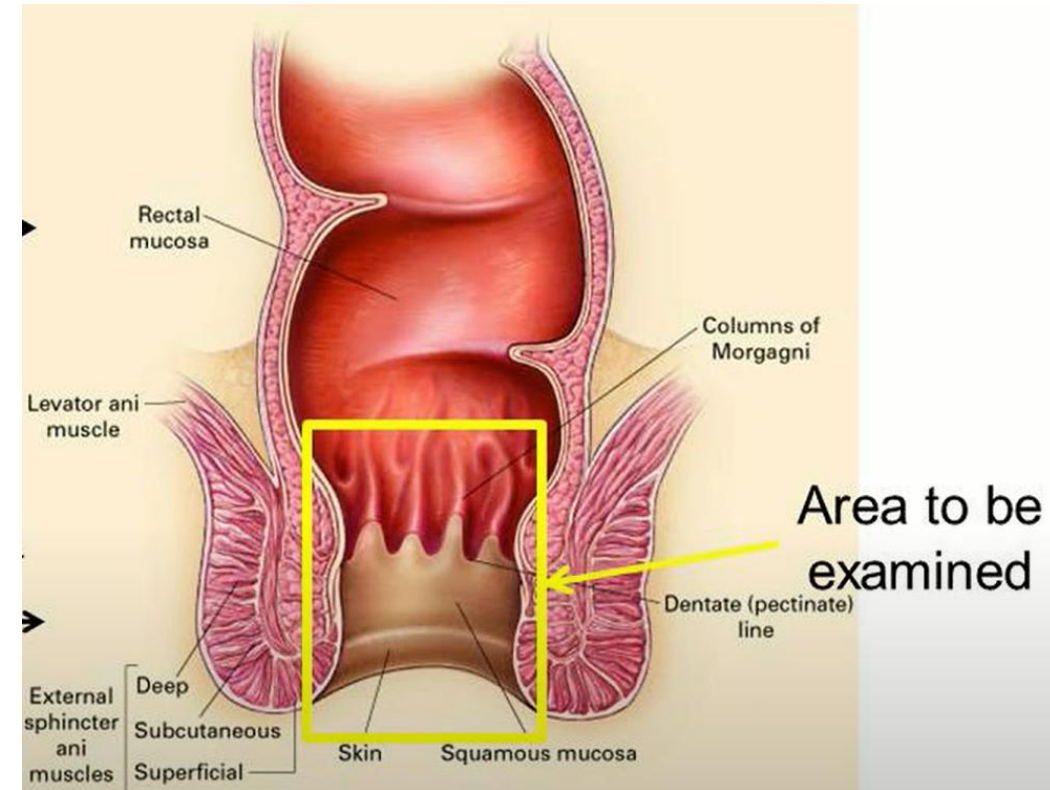
assesses comparative safety, clinical effectiveness, cost-effectiveness, and total cost

- 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



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

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