



## **Anal cancer screening – what are we waiting for?**

Richard Hillman  
on behalf of the SPANC team

4:50 PM - 5:02 PM **September 25th, 2018**



## **COI Declarations**

Received funding/in kind support from:

Merck  
CSL  
Antiva  
Hologic  
Douglass Hanley Moir  
Gilead  
Viiv

# The SPANC team: 2010-2018



N>21



## Structure



- Anal cancer
- SPANC
- What happens next

## HPV associated cancers (Aus/US) - 2014

	Incidence (deaths )		Rates/100,000	
	Male	Female	Male	Female
Cervical cancer		898 (217)		7.4
Anal cancer	160 (54)	225 (98)	1.4	1.9
Penile			0.8*	
Head & neck – inc lip	3,342 <sup>§</sup> (776)	1,195 <sup>§</sup> (270)	6.1 <sup>§</sup>	1.8 <sup>§</sup>
Vulvar*				1.8*
Vaginal*				1.4*

≈ 1400 HPV-related deaths/yr  
 ≈ 150 anal cancer-related deaths/yr

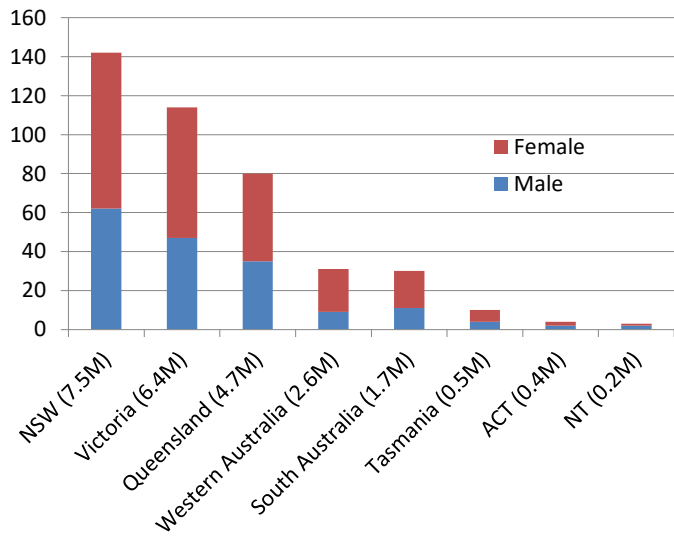
HPV+ → HIV+

\*US data 2004-8 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6115a2.htm>

<sup>†</sup>Oropharyngeal SCC (US)- <sup>§</sup>approx 1/3<sup>rd</sup> HPV-related

<http://www.aihw.gov.au/acim-books/>

## Anal cancer cases by state/territory (2013)



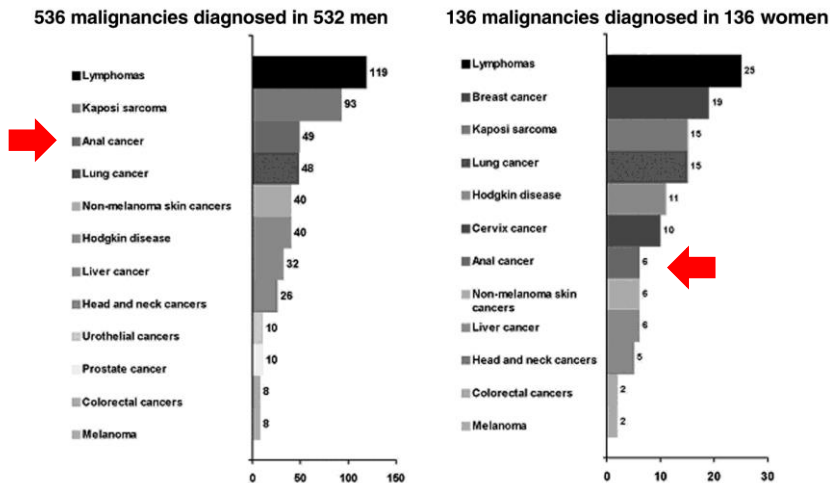
Source <https://www.aihw.gov.au/reports/cancer/acim-books/contents/acim-books>

## Anal cancer demographic stratifiers

Key population	Incidence rates (IR) per 100 000	Reference
General female population	0.5 - 2.4	Stier 2015
Women with Cx/vag/ vulvar IN3+	13.6 0.8 to 63.8	Saleem 2011 Stier 2015
Women with HIV	3.9-30	Stier 2015
Transplant recipients	15	Grulich 2007
HIV negative MSM	37	Palefsky 2009
HIV positive MSM	131	Silverberg 2012

Stier EA et al Am J Obstet Gynecol 2015;213(3): 278-309

### The spectrum of malignancies in HIV-infected patients in 2006 in France: The ONCOVIH study

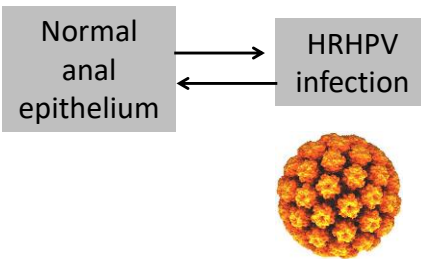


Lanoy E et al 2011 Int J Cancer 2011;129(2): 467-75

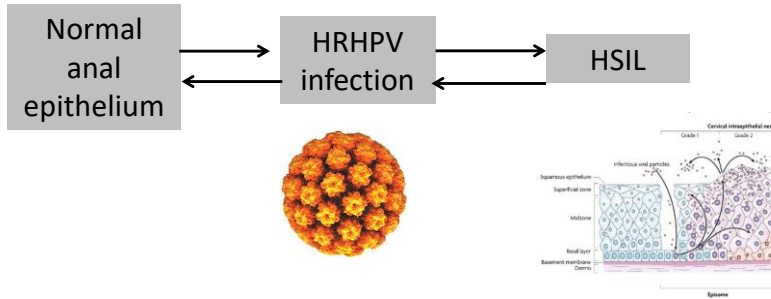
# Anal HPV/HSIL natural history

Normal  
anal  
epithelium

# Anal HPV/HSIL natural history



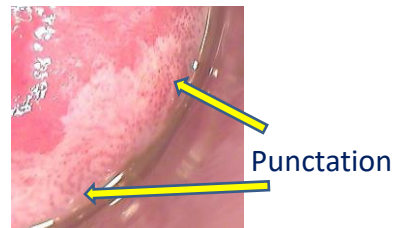
## Anal HPV/HSIL natural history



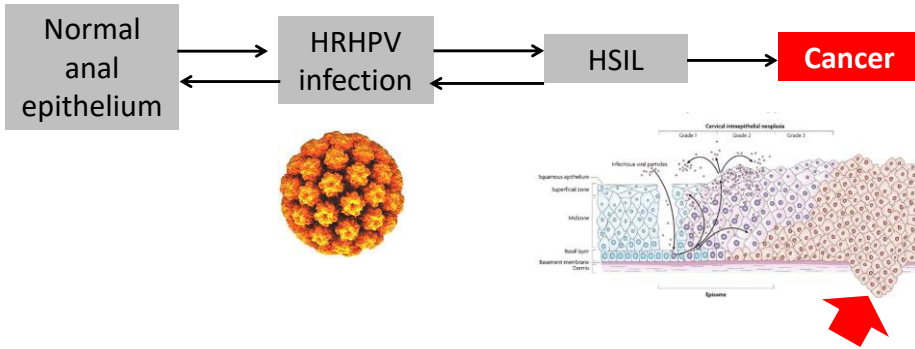
## High Resolution Anoscopy (HRA)



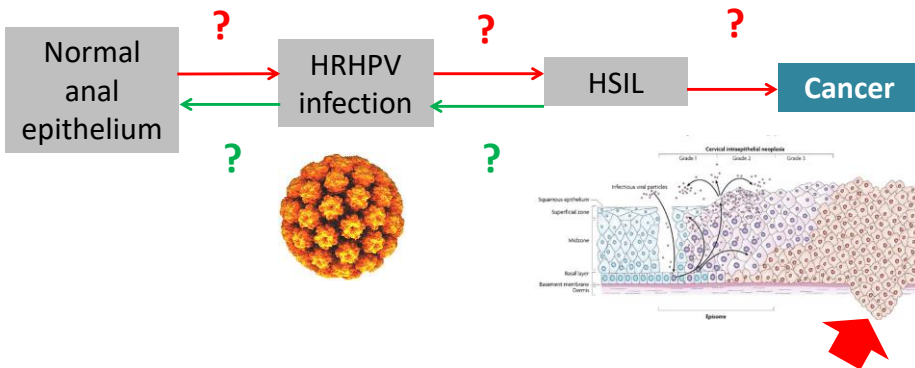
- $\cong$  colposcopy
- most accurate way of identifying HSIL
- learning curve ( $\geq 5$  years)  
→ underestimation ++



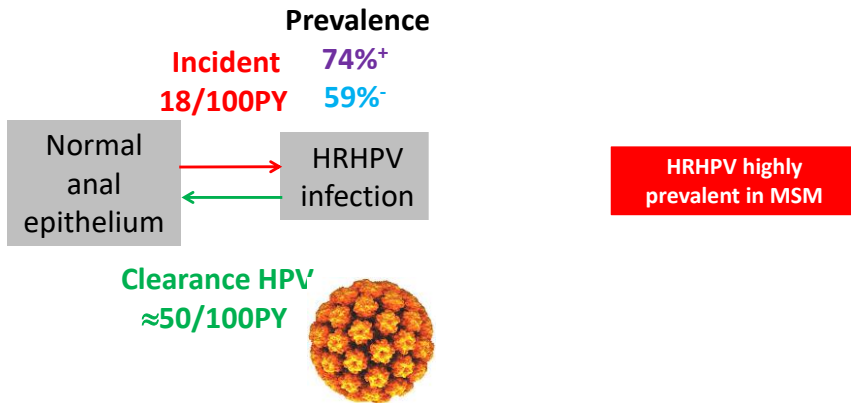
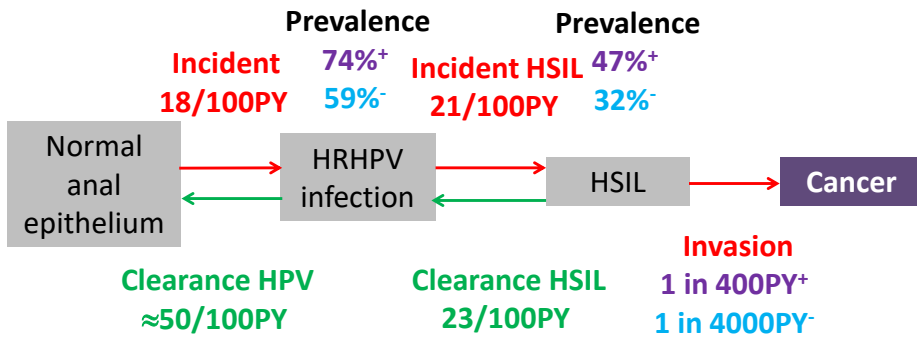
# Anal HPV/HSIL natural history



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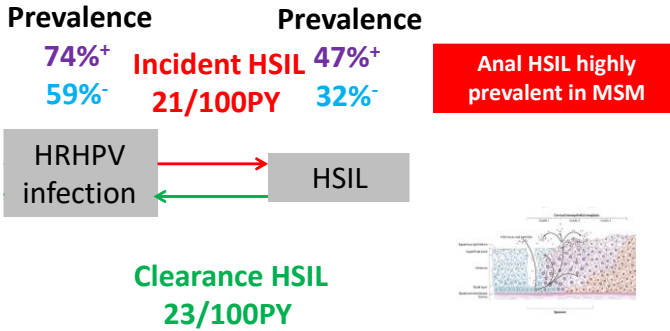


Evidence-based prevention/treatment strategies require accurate information on all these steps



↑Prevalent HRHPV	Incident HRHPV	Clearance hrHPV
HIV+ Lifetime CLessRAP ↑Recent (<6/12) CLRAP Younger age (<45yrs) (not: smoking)	(not: HIV, age)	HPV16 << other HRHPV





Prevalent HSIL	Incident HSIL	↓ Clearance of HSIL
HIV+/ nadir <200 Lifetime + recent ClessRAP (AIN3) HPV16 Other HRHPV (AIN2 - recent CLRAP) (Not age/smoking)	?	Older men (≥45yrs) HPV 16 + Larger lesions (≥2 octs) AIN2>AIN3

## Summary of SPANC

- Anal cancer significant and growing problem
- Highly prevalent HRHPV/HSIL
- **Highly dynamic environment** – immunologically very active with high rates of incidence/clearance
- Mechanisms to identify those at highest risk to offer intensive follow up/Rx





## What should I do now?



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## Anal Cancer in Men living with HIV

Anal cancer and its screening using digital ano-rectal examination (DARE) in men living with HIV who have sex with men

ASHM has commissioned a subcommittee to look at the role of screening for anal cancers in men living with HIV who have sex with men (MSM). The group will initially focus on the merits and issues around routine screening using DARE.

ASHM's HIV treatment guidelines committee has supported the recommendation from the anal cancer screening subcommittee on 17<sup>th</sup> November 2016.

### Recommendation:

- MSM living with HIV aged 50 and above should have a digital ano-rectal examination annually as part of their routine HIV care.
- The 'screening test' will also involve examination of the perianal area looking or feeling for any abnormalities in the perianal skin (i.e. within 5 cm diameter of the anal verge).

Table 4. Experience with anal HPV and anal cancer screening in relation to age and HIV status

	No		Yes		P value
	n	%	n	%	
<b>Had talked to your doctor about anal HPV</b>					
Age					0.007
18-24	154	99.3	11	6.7	
25-34	388	88.0	53	12.0	
35-44	317	84.8	57	15.2	
45-54	266	83.9	51	16.1	
≥55	136	85.0	24	15.0	
HIV status					<0.001
Negative/unknown	1076	89.2	131	10.9	
Positive	167	72.3	64	27.7	
<b>Had an anal cancer examination</b>					
Age					<0.001
18-24	132	95.7	6	4.4	
25-34	374	90.8	38	9.2	
35-44	291	86.9	44	13.1	
45-54	229	80.4	56	19.7	
≥55	93	70.5	39	29.6	
HIV status					<0.001
Negative/unknown	960	88.6	123	11.3	
Positive	145	71.1	59	28.9	

Feeney L et al 2018

## What should we do now?

**What should we do now?**

**PASS  Study**

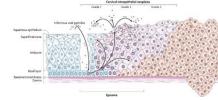
**What should we do now?**

**PASS  Study**

- = operationalise SPANC findings
- Initially HIV positive MSMs attending SVH
- DARE + anal swab (self/clinician-collected)
- → stratify by hrHPV
- HRA to assess for HSIL
- Stratify to Rx trials
- Commencing November 2018

## Further Research Questions

- Biomarkers for persistence/clearance of HSIL & progression to cancer (methylation, human genome studies)
- Treatment options for HSIL
  - Pomalidomide
  - Antiva ABI-1968 (human DNA polymerase cream)
    - selective apoptosis of HPV-infected cells
    - Phase 1 studies promising



## Thank you

Richard Hillman  
on behalf of the SPANC



## Acknowledgements



### Kirby Institute, UNSW

Andrew Grulich  
Mary Poynten  
Jeff Jin  
Brian Acraman  
Garrett Prestage  
Leonie Crampton  
Patrick McGrath  
Robert Mellor  
Piero Pezzopane  
Kathy Petoumenos  
Matthew Law

### St Vincent's Hospital, Sydney

Richard Hillman  
Carmella Law  
Winnie Tong  
Daniel Seeds  
Simon Comben  
Andrew Carr

### RPA Sexual Health

David Templeton

### Western Sydney Sexual Health

Rick Varma  
Julian Langton-Lockton

### University of Sydney

Kirsten McCaffery  
Kirsten Howard

### Douglass Hanly Moir Pathology

Annabelle Farnsworth  
Jennifer Roberts  
Adele Richards  
Julia Thurloe

### Royal Women's Hospital, Melbourne

Suzanne Garland  
Sepehr Tabrizi  
Alyssa Cornall  
Samuel Phillips  
Dorothy Machalek

### Community representatives

Lance Feeney  
Russ Gluyas

### Melbourne Sexual Health Centre

Kit Fairley

The SPANC team thanks the participants. The SPANC study is funded by a NHMRC program grant (# 568971) and a Cancer Council NSW Strategic Research Partnership Program grant (#13-11). Cytological testing materials are provided by Hologic (Australia) Pty Ltd.

The Kirby Institute is affiliated with the Faculty of Medicine, University of New South Wales and funded by the Australian Government of Health and Ageing. The views expressed in this publication do not necessarily represent the position of the Australian Government.



## Missouri

# Making a splash: American town launches Uranus Examiner newspaper

Missouri town's mayor has threatened a boycott, saying it puts the city up for ridicule

**Michael McGowan**

@mmcgowan569  
Fri 14 Sep 2018 11:38  
AEST



▲ While some have criticised the name of The Uranus Examiner, the managing editor said it was decided by 'the people who love us'. Photograph: MoFasterMo/Twitter

For many in the town of Uranus, **Missouri**, the title of the town's new newspaper is taking some time to digest.

