

## LACK OF ASSOCIATION OF ANAL SYMPTOMS WITH ANAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL), AMONG GAY AND BISEXUAL MEN (GBM) IN THE STUDY OF THE PREVENTION OF ANAL CANCER (SPANC)

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**Background:** Whether intra-anal HSIL is associated with symptoms has not been previously investigated.

**Methods:** SPANC is a community-based cohort of GBM aged  $\geq 35$  years. Detailed self-reported anal symptoms were collected in a baseline questionnaire. Anal cytology and high-resolution anoscopy (HRA) (including biopsy of suspected Human Papillomavirus-related lesions) were undertaken. Men negative for any anal squamous intraepithelial lesions (SIL) on cytology and histology were compared with those diagnosed with composite-HSIL (detected on either cytology and/or histology). Univariate logistic regression analyses were performed to assess the association of HSIL with anal symptoms in the previous month.

**Results:** Of 617 GBM (median age 49 years), 341 (55.4%) reported any anal symptom in the month prior to HRA. The most frequent symptom was "feeling that something was left after a bowel movement" ( $n=191$ , 31.0%), followed by anal itch ( $n=135$ , 21.9%), anal bleeding ( $n=119$ , 19.3%), pain with defaecation ( $n=76$ , 12.3%), anal lump ( $n=42$ , 6.8%), anal tearing ( $n=33$ , 5.4%), anal "sores" ( $n=31$ , 5.1%) and anal discharge ( $n=22$ , 3.6%). Composite-HSIL was diagnosed in 228 (37.7%) men and 181 (29.9%) men were negative for SIL. In univariate analyses, there was no significant association between HSIL diagnosis and reporting "feeling something was left after a bowel movement" (OR 0.80, 95% CI 0.52-1.21); anal itch (OR 1.03, 95% CI 0.64-1.66); anal bleeding (OR 0.97, 95% CI 0.59-1.59); pain with defecation (OR 1.00 95% CI 0.56-1.80); anal lump (OR 2.13, 95% CI 0.87-5.22); anal tearing (OR 1.28 95% CI 0.73-2.25); anal sore (OR 1.64, 95% CI 0.60-4.45); anal discharge (OR 1.75, 95% CI 0.48-3.75) or report of any anal symptom in the previous month (OR 0.90, 95% CI 0.61-1.33).

**Conclusion:** Anal symptoms were commonly reported by SPANC participants. Intra-anal HSIL was not associated with any symptom, suggesting that anal symptoms are not a clinically useful marker of the presence of HSIL among GBM.