

SCREENING FOR ANAL CANCER: GETTING BETTER ALL THE TIME

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Background/Purpose:

Age and HIV infection are potent risk factors for anal cancer. Australian guidelines recommend annual digital ano-rectal examination (DARE) for people with HIV aged ≥ 50 years for early detection of abnormalities. This study explores whether the frequency of discussing and offering DARE has improved over 5 years at a sexual health service.

Approach:

Data was collected from clinical records, including whether DARE was discussed, offered, performed, or declined. Initial audits were limited to men who have sex with men (MSM) living with HIV aged ≥ 50 years. A third audit included all men and women living with HIV aged ≥ 50 years to reflect expanded Australian screening recommendations.

Baseline audit: 1/1/17 - 31/12/18 (n=85).
Audit cycle 2: 1/1/19 - 31/12/20 (n=86).
Audit cycle 3: 1/1/21 - 31/12/21 (n=120)

Ongoing staff education, changes to clinical proformas, alerts in medical records and discussion at multi-disciplinary meetings was undertaken following completion of the baseline audit in early 2019 with the aim of increasing DARE.

Outcomes/Impact:

At baseline, 4 of 8 clinicians providing HIV care were aware of DARE recommendations; all staff were aware when surveyed in December 2019 and February 2022.

Discussion and offer of DARE increased from 7/85 (8%) of patients at baseline to 55/86 (64%) in audit cycle 2. There was further improvement in audit cycle 3 with DARE discussed and offered to 83/120 (69%) of eligible patients in 2021. DARE was declined by almost 1/3 patients in audit cycles 1 and 2. Acceptance increased in audit cycle 3, with 51% of patients offered DARE agreeing to examination.

Innovation and Significance:

A quality improvement cycle with repeated audits was invaluable in increasing DARE rates at our service. Additional work is required to achieve documented discussion and offer of DARE to the majority of at-risk patients. This approach is replicable in other services.

Disclosure of Interest Statement:

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