

## Stratifying anal cancer risk in gay and bisexual men

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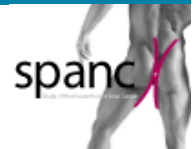
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- The research team would like to thank the participants, who generously shared their time.
- Nil Disclosures

### BACKGROUND/AIMS & METHODS:

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## SPANC (Study of the Prevention of Anal Cancer)



### Background

- ❖ Longitudinal cohort study of 617 community-recruited HIV+ and HIV- GBM
- ❖ 30-40% of participants had HSIL (High Grade Squamous Intraepithelial Lesion) at baseline
- ❖ No existing algorithm evaluating risk of developing anal cancer from HSIL

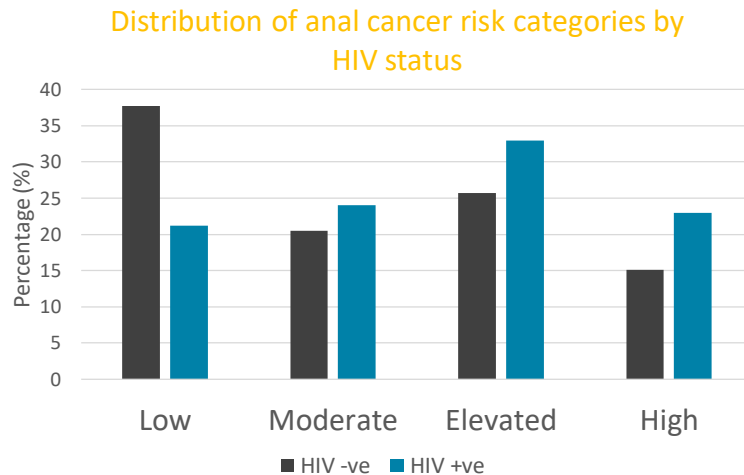
### Methods

Risk Category	Follow Up	Definition
Low	No scheduled follow up	<b>Never had chronic</b> HR-HPV infection or composite HSIL
Moderate	Three year follow up	<b>Chronic</b> HR-HPV infection/composite HSIL during study, evidence that disease/infection <b>clearance</b> probably occurred
Elevated	Two year follow up	<b>Chronic</b> HR-HPV infection/composite HSIL, evidence that disease/infection is <b>persistent</b>
Highest	One year follow up	<b>Chronic, substantial HPV16-related HSIL</b>

## RESULTS:

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- ❖ 312 participants analysed to date
  - ❖ Higher % of HIV+ participants compared to HIV- in high risk category
  - ❖ Lower % of HIV + participants compared to HIV-in the low risk category
- } (P = 0.004)



## CONCLUSIONS/IMPLICATIONS:

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### Implications

- ❖ Stratifying participants by anal cancer risk → better allocation of resources towards those are at highest risk & avoid unnecessary and invasive procedures for those at lowest risk.

### Challenges

- ❖ DACS (Dysplasia and Anal Cancer Services) currently the only clinic in NSW offering HRAs
- ❖ Fewer than a dozen anoscopists in the whole of Australia

