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# Incidence of Anal High-grade Intraepithelial Lesions in Gay and Bisexual Men from the SPANC Study

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### **Background & Methods**

- · Risk of anal cancer substantially high in GBM, even higher in those living with HIV
  - Anal HSIL, the presumed cancer precursor similar to CIN2+ in cervical screening
    - Routinely treated in some HIV clinics overseas for cancer prevention
  - Solid understanding of natural history critical in developing anal cancer screening programs
- SPANC study—natural history study of anal HPV infection in GBM
- Three-year follow-up once enrolled with HPV testing, cyto/histo assessments at every study visit
- Mainly community-based (N=617)
- Incidence and risk factors for anal HSIL
  - Post baseline incident HSIL
  - Post clearance incident HSIL



Results						
	n	Person- years	Incidence (Per 100 PY)	HR	95% CI	P value
Overall	123	1093.7	11.2			<0.001
Post baseline	88	846.2	10.4			
Post clearance	35	153.5	22.8			
HPV 16 at current and most recent visit						<0.001
	65	847.0	7.7	1		
-+	10	34.0	29.4	3.77	1.93-7.34	
+-	7	53.3	13.1	1.76	0.82-3.92	
++	36	114.9	31.3	4.08	2.71-6.15	
Other HRHPV at current and most recent visit						<0.001
	14	406.9	3.4	1		
-+/+-	21	264.7	7.9	2.71	1.35-5.43	
++	30	175.4	17.1	5.59	2.91-10.72	

## Conclusions

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- Anal HSIL is very dynamic in GBM
  - Incidence higher in those who recently cleared anal HSIL
- Incidence strongly associated with HPV16 infection
  - Incidence highest in those with persistent or incident HPV16 infection
- Screening programs should target persistent HSIL for intervention
- Repeated HPV testing could be used for anal cancer screening in high-risk
  populations