

## **ANAL CANCER SCREENING – WHAT ARE WE WAITING FOR?**

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Anal cancer is the commonest non AIDS-defining cancer in people with HIV, occurring at rates up to 100 times higher than that found in the general community. It typically presents late, when symptomatic, usually requiring major surgery, followed by chemoradiotherapy. Five year survival is 60-70%.

Persistent infection with oncogenic types of human papillomavirus (HPV), leads to the development of anal High grade Squamous Intraepithelial Lesions (HSIL - also known as AIN2/3), in a manner closely analogous to that seen in the cervix. Anal HSIL is the precursor of anal cancer.

Prophylactic vaccination against HPV is likely to ultimately reduce rates of anal cancer. However, the vaccine is only effective when given prior to the onset of sexual activity, and so is generally not of benefit to those already with HIV.

Given the close similarities between the two cancers, cervical screening methods were the starting point for the development of anal cancer screening technologies. However, despite the similarities, a number of challenges need to be overcome before deployment of anal cancer screening.

The world's largest natural history study of anal HPV infection (SPANC – the Study of the Prevention of ANal Cancer) is now finishing in Sydney. Data from this study will provide the crucial evidence with which to design screening programs.

In this presentation, I will discuss some of the data from SPANC, how these can be operationalised, and what further evidence is needed. I will also briefly discuss expanding options for the management of AIN2/3.