

Anal Cancer Screening and Prevention

1. Guidelines for Screening

Risk Factors

Human papilloma virus: About 90% of anal cancers occur in patients with HPV infection. Of these, HPV-16 or HPV-18 can be detected in 90%. Other HPV-related cancers, including vulvar, vaginal and cervical cancer, increase risk 3-fold. Also, oral/pharyngeal cancer.

Sexual activity: Multiple sex partners, particularly uncircumcised men, and receptive anal sex increase the risk of HPV due to increased exposure to the **HPV virus** by 17-fold if HPV-infected partners

Smoking: Current smokers have a 2-3-fold increase in risk of developing anal cancer

Immunosuppression: Up to 30-fold increase in risk with **HIV** infection and at least 2-3-fold increase after organ transplant transplantation

Benign anal lesions (**inflammatory bowel disease**, **hemorrhoids** or <http://en.wikipedia.org/wiki/Fistulae> fistula)

Anal intraepithelial neoplasia

Screening

Anal PAP smears (similar to those used in **cervical cancer**) for patients with risk factors. The test should be repeated yearly in HIV-positive men who have sex with men, and every 2 - 3 years if the men are HIV-negative.

Patients with abnormal results should be referred for a biopsy. If anal intraepithelial neoplasia is detected, this condition should be referred for treatment.

2. Cancer Prevention

Vaccination with Gardasil® before exposure to HPV prevents infection by some strains of HPV and reduced the incidence of anal intraepithelial neoplasm, a precancer lesion for anal cancer, in men having sex with men by 50-75%. Use of condoms may prevent infection.

Strang Cancer Prevention Institute has developed and updates guidelines for cancer screening and best practices for cancer prevention. Strang is synonymous with cancer screening and prevention. Strang was the first medical facility to introduce the Pap test into clinical practice which has saved millions of women's lives worldwide. Strang was opened by first lady Eleanor Roosevelt in 1933.

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