



Anal Papanicolaou Screening at Truman Clinic

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Summary:

- The current guidelines for patient's living with HIV is to screen for anal dysplasia with an annual digital anorectal screen (dare) for all patients ≥ 35 years old and those < 35 with symptoms of anal cancer. This is done with an Anal Papanicolaou with cytology.
- A baseline test should be obtained, and if normal be performed annually thereafter. Currently, at Truman clinic, among the infectious disease fellow physicians, there is only 8% adherence rate to anal pap screening. This project will focus on improving education and anal pap screening in this population.

Introduction:

- Anal cancer is a squamous cell cancer associated with human papillomavirus (HPV), the same virus that is associated with cervical cancer.
- In HIV-infected men and women, the incidence is higher of anal cancer than in the general population.
- An anal Papanicolaou is a simple test which detects abnormal cells which that may be a possible precursor of anal cancer, and can determine need for referral for HRA and further intervention
- The anal pap can be done by a clinician, or by the patient via self collection.
- Studies have shown that anal self-sampling and accuracy was similar to that of clinician sampled specimens.
- In addition to providing educational materials, to determine if there is an improvement in adherence to screening guidelines, patient's will be offered both self collection vs. clinician collection Anal Papanicolaou.

Methods:

- Patient's included: All HIV positive patient's > 35 years old, or those < 35 who have anal cancer symptoms on the Fellow Physician clinic panel.
- Baseline data obtained indicated 8.5% of patient's have been appropriately screened before April 1, 2021.
- As of April 1, 2021, each clinic session, the medical assistant will report on all patient's due for anal pap screening, patient's will be provided info pamphlet, including rationale of screening and steps if screening is abnormal.
- Fellow will offer provider or self collect option in clinic room. If self pap is selected, tutorial on proper technique will be given.
- If patient declines, symptom screening will be done and chart note to offer next visit
- Documentation will be done on anal cancer screening and discussion and intervention (when applicable) will be placed in EMR at least annually.

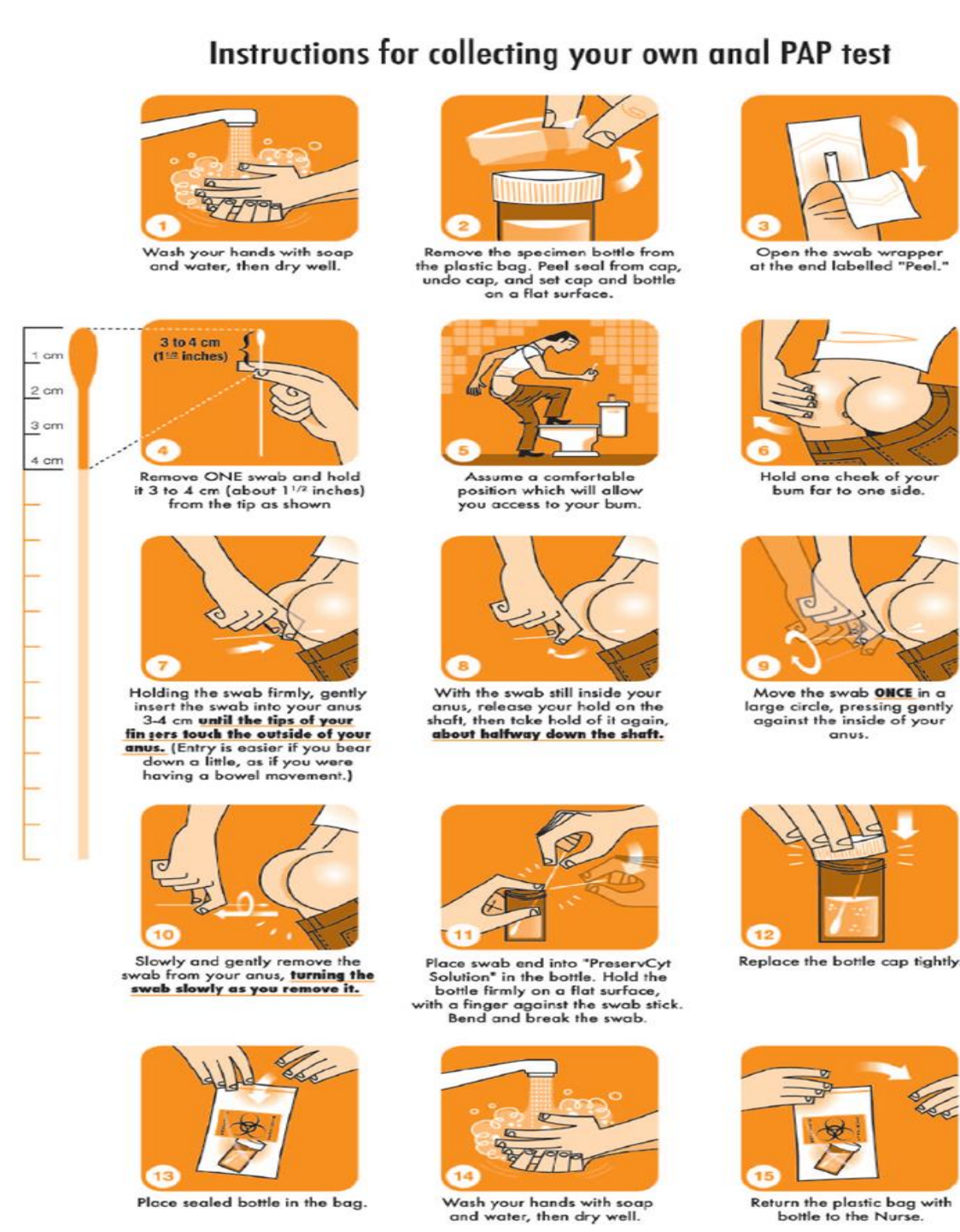


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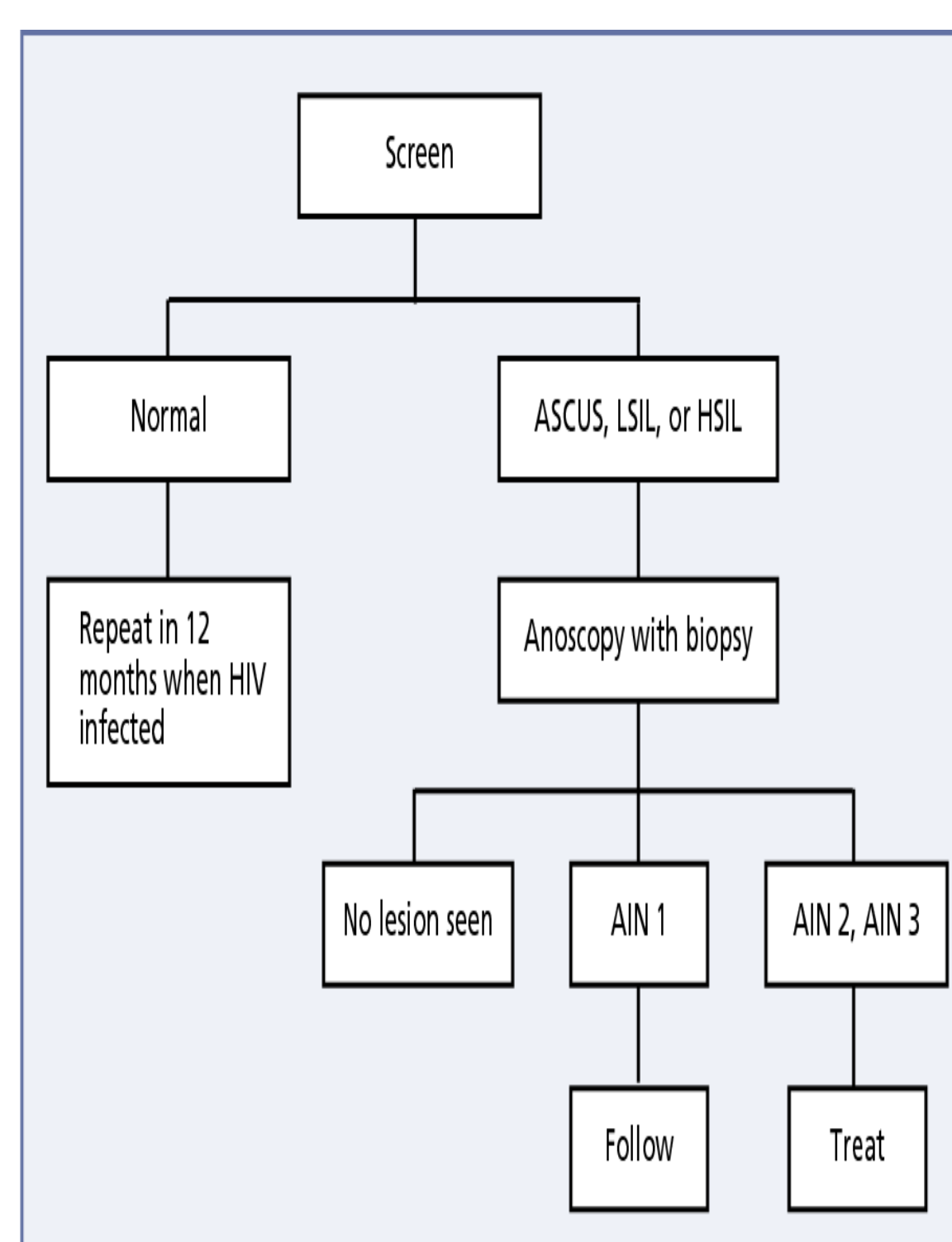
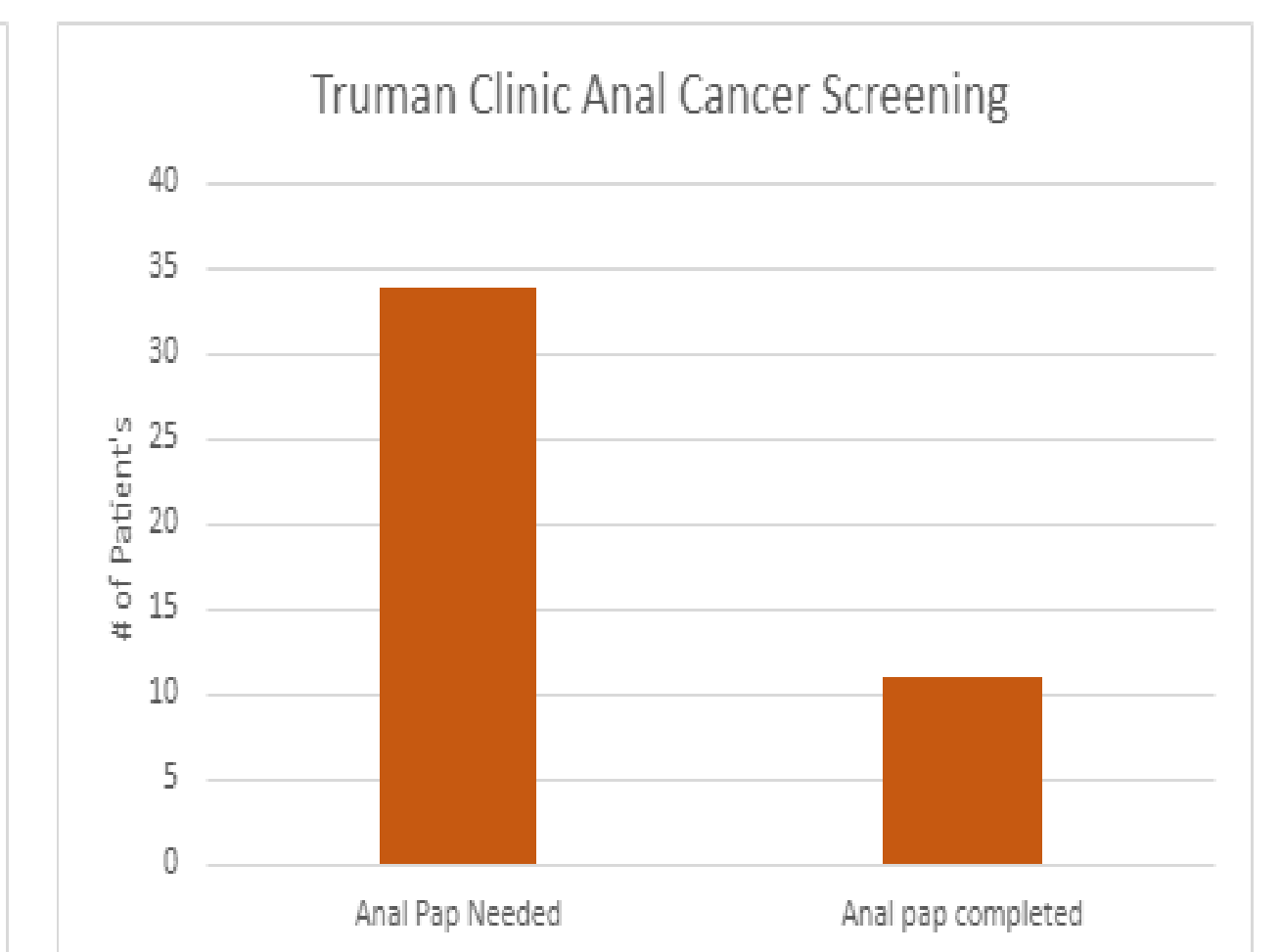
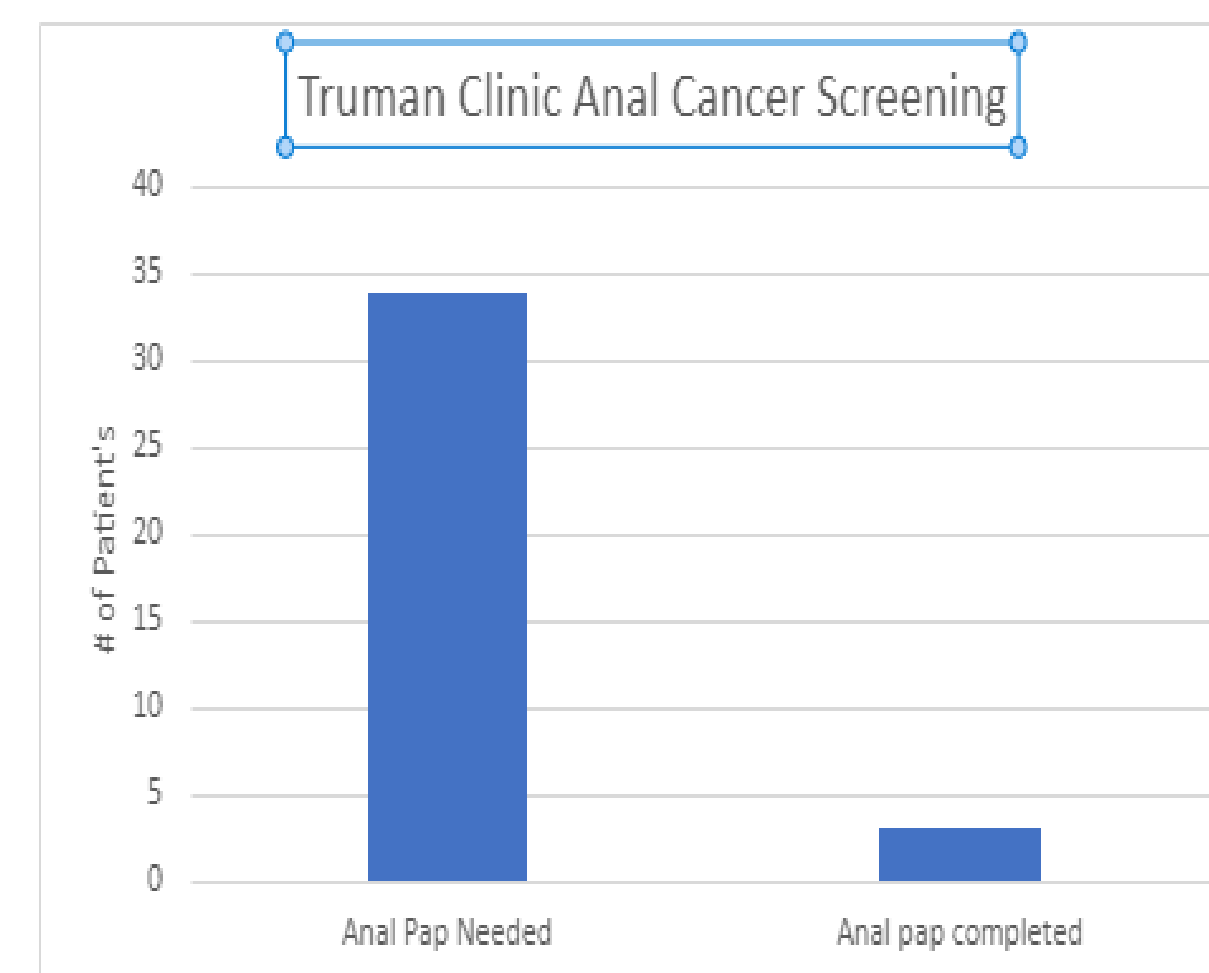


Figure 5. Flow chart of a practical algorithm to follow in response to abnormal results of an anal

Results:

- From April 1, 2021 to May 18, 2021, 11 patient's fit criteria for screening, and were given information and the option for Self vs. Clinician collection.
- 8 of the 11 patient's completed an Anal Pap, 3 of which were Self collection.
- This improved adherence in 2 months from 8 to 29.7 %
- 1 patient was found to have HGSIL, was referred for HRA



Discussion:

- Anal cancer is a squamous cell cancer associated with human papillomavirus (HPV), the same virus that is associated with cervical cancer. Although vaccination against HPV has been shown to be effective in reducing overall rates of infection [1], the number of new anal cancer cases has been rising for many years.
- Research has shown barriers anal cancer screening include a lack of awareness of HPV, stigma associated with anal Pap testing, psychological discomfort associated with anal Pap testing, the idea that the anus is hidden or private, HIV as an overriding concern, and general reluctance among men to seek health care.
- This project was meant to aid in bringing awareness to HPV, reducing the psychological discomfort associated with Anal testing, and providing the option of keeping the anus a private part of the patient's body if desired,
- After applying the intervention, we increased the adherence of Anal Pap's within the clinic panel to 29.7%.
- Limitations include not knowing what the best intervention was, limited period of time data was collected.

Next steps:

- Continue offering Self vs. Clinician anal pap until fellow panel completed.
- Upon completion consider a survey to assess what intervention made the most difference.
- Roll out to other provider's at Truman clinic
- Compare sampling of provider collect versus Patient collected samples
- Determine rate of abnormal Anal Pap among Truman Clinic patient population
- For those who qualify for HRA determine rate of adherence post intervention versus prior.

References:

- Introduction of human papillomavirus vaccination programmes: Updated systematic review and meta-analysis. *Lancet* 2019; 394(10197):497-509
- Abramowitz L, Benabderrahmane D, Ravaud P, et al. Anal squamous intraepithelial lesions and condyloma in HIV-infected heterosexual men, homosexual men and women: prevalence and associated factors. *AIDS* 2007;21(11):1457-1465
- Tamelet C, Ravaux I, Dhiver C, et al. Feasibility and Acceptability of Anal Self-Sampling for Human Papillomavirus Screening in HIV-Infected Patients. *Intervirology* 2016;59:118-122.
- Cranston RD, Darragh TM, Holly EA, Jay N, Berry JM, Da Costa M, Efrid JT, Palefsky JM: Self-collected versus clinician-collected anal cytology specimens to diagnose anal intraepithelial neoplasia in HIV-positive men. *J Acquir Immune Defic Syndr* 2004;36:915-920.
- Rosenberg JG, Dodge B, Van der Pol B, Reece M, Herbenick D, Fortenberry JD: Reactions to self-sampling for ano-rectal sexually transmitted infections among men who have sex with men: a qualitative study. *Arch Sex Behav* 2011;40:281-288.
- Bénard É, Pérez N, Brisson M; HPV Vaccination Impact Study Group. Population-level impact and herd effects following the

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