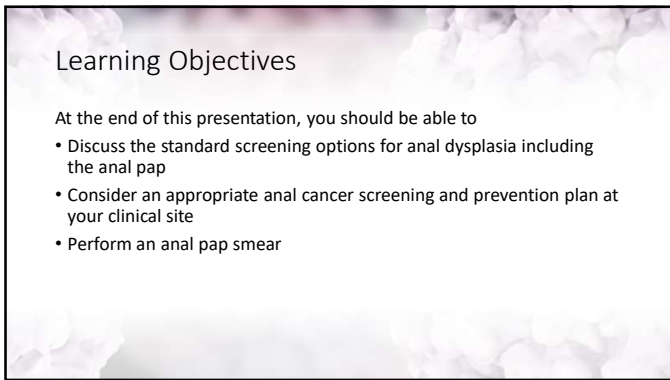
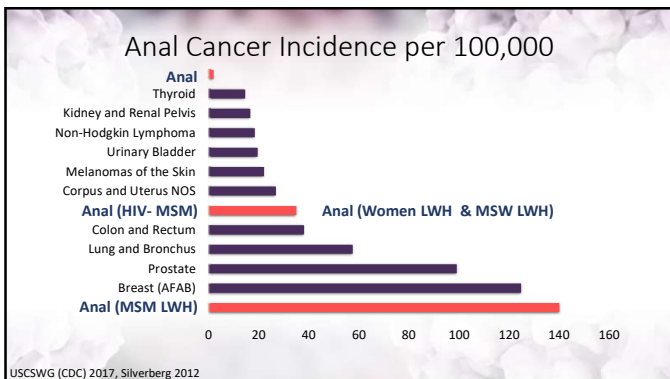


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At Risk Populations

- HIV+
- MSM (men who have sex with men)
- Iatrogenic immunosuppression (ie transplant and biologicals)
- Gynecologic disease (cervical/vaginal/vulvar dysplasia)
- Inflammatory Bowel Disease

Silverberg 2012, Cranston 2017

4

We CAN Prevent Anal Cancer

4,446 PLWH with HSIL

Randomized 1:1

Active Monitoring

21 cases of anal CA

Treatment of HSIL

9 cases of anal CA

57%
Reduction

Palefsky 2022

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FOR IMMEDIATE RELEASE
Thursday, October 7, 2021

Source: Elizabeth Fernandez (415) 502-6387
Elizabeth.Fernandez@UCSF.edu | @EFernandezUCSF

Treating Anal Cancer Precursor Lesions Reduces Cancer Risk for People With HIV

Groundbreaking National Clinical Trial Halted Due to Therapy's High Success Rates

Treating precursor anal cancer lesions can significantly reduce the risk of progression to full blown anal cancer among people living with HIV, according to results of a large, phase 3 study led by researchers at UC San Francisco.

In a randomized clinical trial with 4,446 participants, known as the Anal Cancer/HSIL Outcomes Research (ANCHOR) study, researchers found that by removing high-grade squamous intraepithelial lesions (HSIL), chances of progression to anal cancer were significantly reduced.

The trial is the first to show such findings and was performed at 21 clinical sites around the United States. Results are being prepared for peer-reviewed publication and are being shared now because of the public health importance of the findings.

The study caps decades of research into the history, prevention and treatment of anal cancer and its precursors. It also provides important information for developing standard of care guidelines for people at high risk of anal cancer, including screening for and treatment of anal HSIL, said lead investigator Joel Palefsky, MD, a professor of medicine at UCSF.

"ANCHOR data show for the first time that, like cervical cancer, anal cancer can be prevented even in high-risk populations, such as people living with HIV, who often have HSIL that can be difficult to treat," Palefsky said. "Although the study was performed in people living with HIV, the results suggest that anal cancer prevention could be similarly possible in other groups known to be at increased risk of anal cancer, including women with a history of vulvar or cervical cancer, men who have sex with men who are

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Anal Cytology

- ↑ Sensitivity ↓ Specificity
- Various methods
- 3-10% unsatisfactory

**Special
Equipment**

**Special
Training**



Cranston 2004, Darragh 2011

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Anal Cytology

Equipment

- water-moistened synthetic-fiber swab with non-scored stick
- Liquid media (same as cervical cytology)

1. Evert anal verge.
2. Blindly insert one half of swab through the anal verge.
3. Apply lateral pressure in a circular motion while withdrawing the swab (10+ seconds)
4. Stir into liquid preparation (15+ seconds)

<https://www.youtube.com/watch?v=YyzmLYFc7Yc>

8

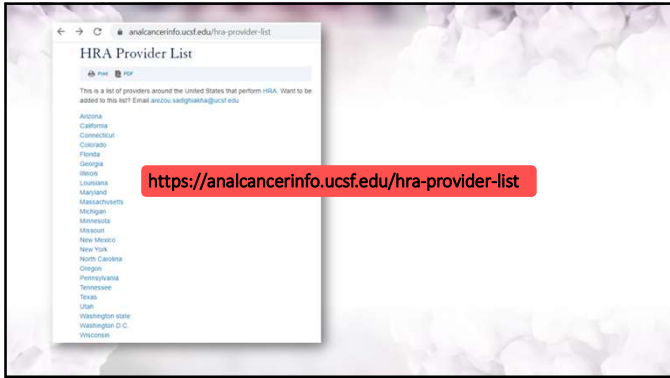
Histologic Grades & Paired Cytology

		Histology			
		Normal	LSIL	HSIL	SCC
Cytology	Normal	58%	37%	5%	0%
	ASCUS	37%	23%	40%	0%
	LSIL	14%	50%	36%	0%
	HSIL	3%	22%	70%	6%

Adapted from: Panther 2004

Panther 2004, Swedish 2011, Nahas 2009, Saito 2010, Bean 2010

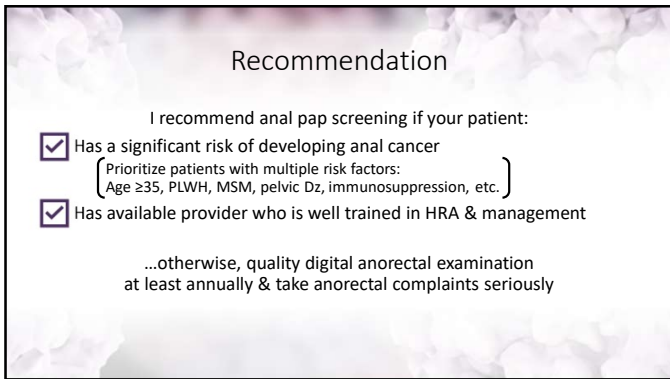
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