SCREENING FOR ANAL CANCER: WHAT DOES A PRIMARY CARE PROVIDER DO?
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The Patient: Mr. Z is a 55 year old man with a history of coronary artery disease, hypertension, hyperlipidemia presenting for a checkup. His medical problems are currently well-controlled. He has had age-appropriate colon cancer and prostate cancer screening, all of which are negative. During the interview, he endorses a history of receptive anal intercourse with other men, using a condom. Recent HIV and other STD tests are negative. He asks whether there are any other tests he needs.

The Problem: Much like cervical neoplasias, anal neoplasias have been linked with infections with certain strains of the human papilloma virus. Rates of anal cancer are increased in men who have sex with men, especially those who have HIV. In fact, some studies show rates of anal cancer in HIV positive men who have receptive anal intercourse to be as high as 137/100,000, higher than the highest reported rates of cervical cancer in women. The question is then should asymptomatic men who have receptive anal intercourse be screened for anal intra-epithelial neoplasms and anal cancer.

The Intervention: Traditional cytology tests are very sensitive in detecting high grade anal intra-epithelial neoplasias (HGAIN), analogous to CIN lesions, and thus lead to early treatment and avoidance of morbidity and mortality. Just as in cervical cancer screening for women, in cytology screening for anal cancer, a small scraping of cells from the anus are placed on a slide for pathologic evaluation. Once HGAIN is detected, however, the road is still unclear; available treatments for it have high morbidity, though they avoid the morbidity and mortality of advanced anal cancer. Furthermore, no large, randomized controlled trials exist showing the efficacy or cost-effectiveness of screening for anal cancers in any population, although some trials are ongoing.

The Solution: While screening for anal cancer among men who have receptive anal intercourse remains controversial, Mr. Z understood the potential risks and benefits and decided that he would like to have the test. His cytology was negative. It seems reasonable, given the current information available, to individualize discussions about screening for anal cancer. A strong risk factor such as HIV infection might push the clinician and patient toward screening.

Further questions: A large RCT examining the question of screening for anal cancer, particularly in HIV-positive men would be useful. Whether HPV-typing could augment current screening techniques is also a question. Finally, whether vaccinating men who have sex with men, or all boys prior to sexual activity, is cost-effective and useful would be an interesting question for further research.