

Examining HPV related cancer screening and vaccination rates amongst women in a large HIV service

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BACKGROUND

Women with HIV (WWH) are known to be at increased risk of cervical intraepithelial neoplasia (CIN) compared to women without HIV. WWH are offered the HPV vaccine up to 25 years, as well as annual cervical swabs between 25-64 years. Current clinical guidance suggests that WWH who have cervical HPV infection should also attend anal intraepithelial neoplasia (AIN) screening clinics. We audited documentation of cervical screening and HPV vaccination in women attending our service who met age criteria for both. We also reviewed referrals from cervical screening to AIN clinic.

METHOD

Retrospective analysis was conducted of in-service electronic patient records, cross-referenced with the local database of WWH eligible for cervical cancer screening between 2012 and 2022. Demographic and clinical data was extracted including:

- Age and ethnicity
- Attendance to in-house cervical screening clinic in past 12 months
- Attendees of AIN clinic
- Referrals from cervical screening clinic to AIN clinic
- Record of HPV vaccination

RESULTS

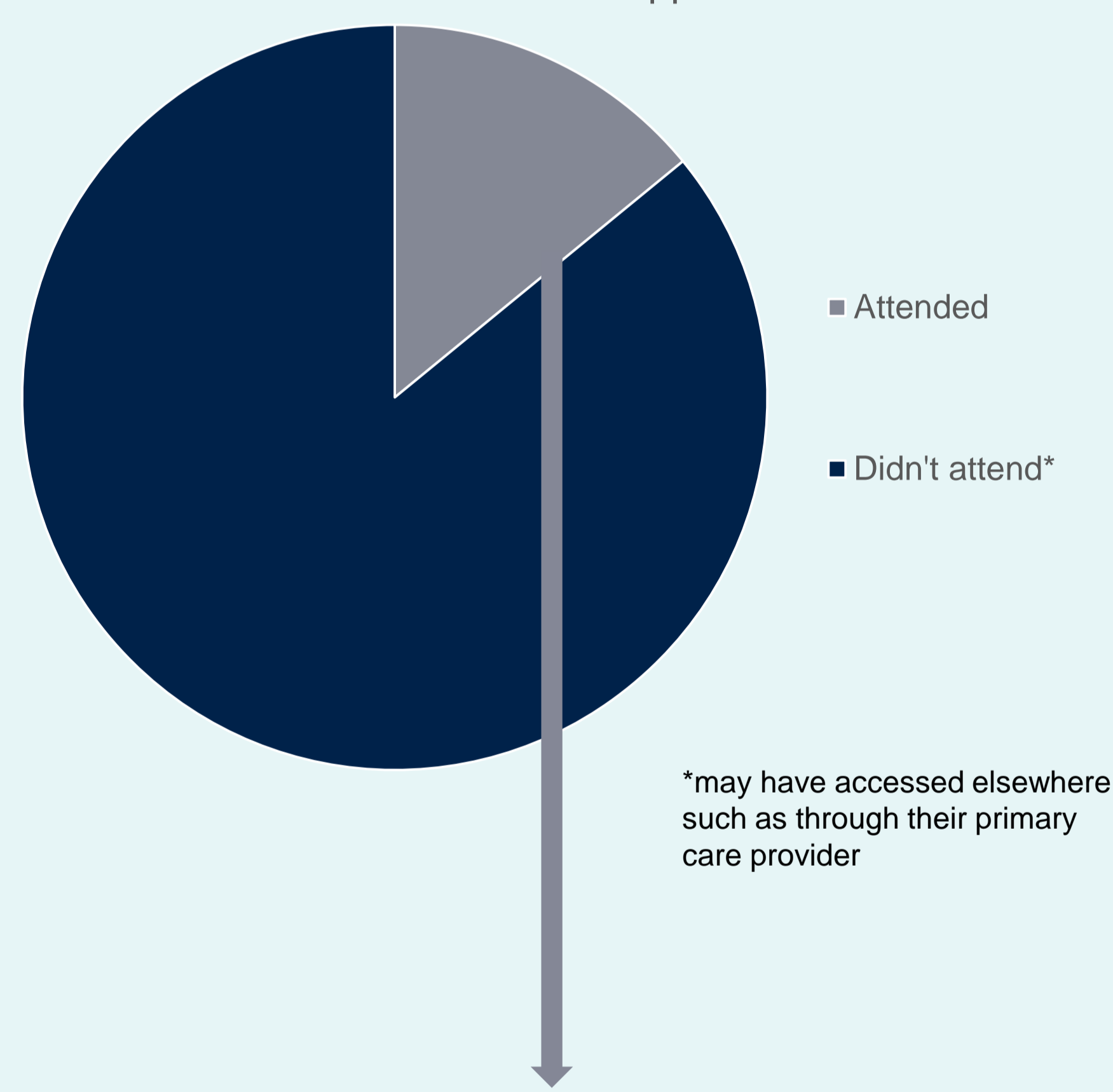
i. A total of 803 WWH service users identified; median age 51y (range 25 - 64). Ethnicity: Black African, Caribbean and other (n = 551, 68.4%); White British, Irish and other (n = 144, 17.9%); other ethnic groups (n = 84, 10.5%) and unknown/not-stated (n = 24, 3.0%).

iii. Of the 113 (14.1%) women who had a documented annual cervical smear in the previous year; 88 (77.9%) were negative, 7 (6.2%) were negative with HPV detected, 13 (11.5%) had low or moderate grade dyskaryosis with HPV detected and 5 (4.4%) were either 'other' or 'insufficient' on the records.

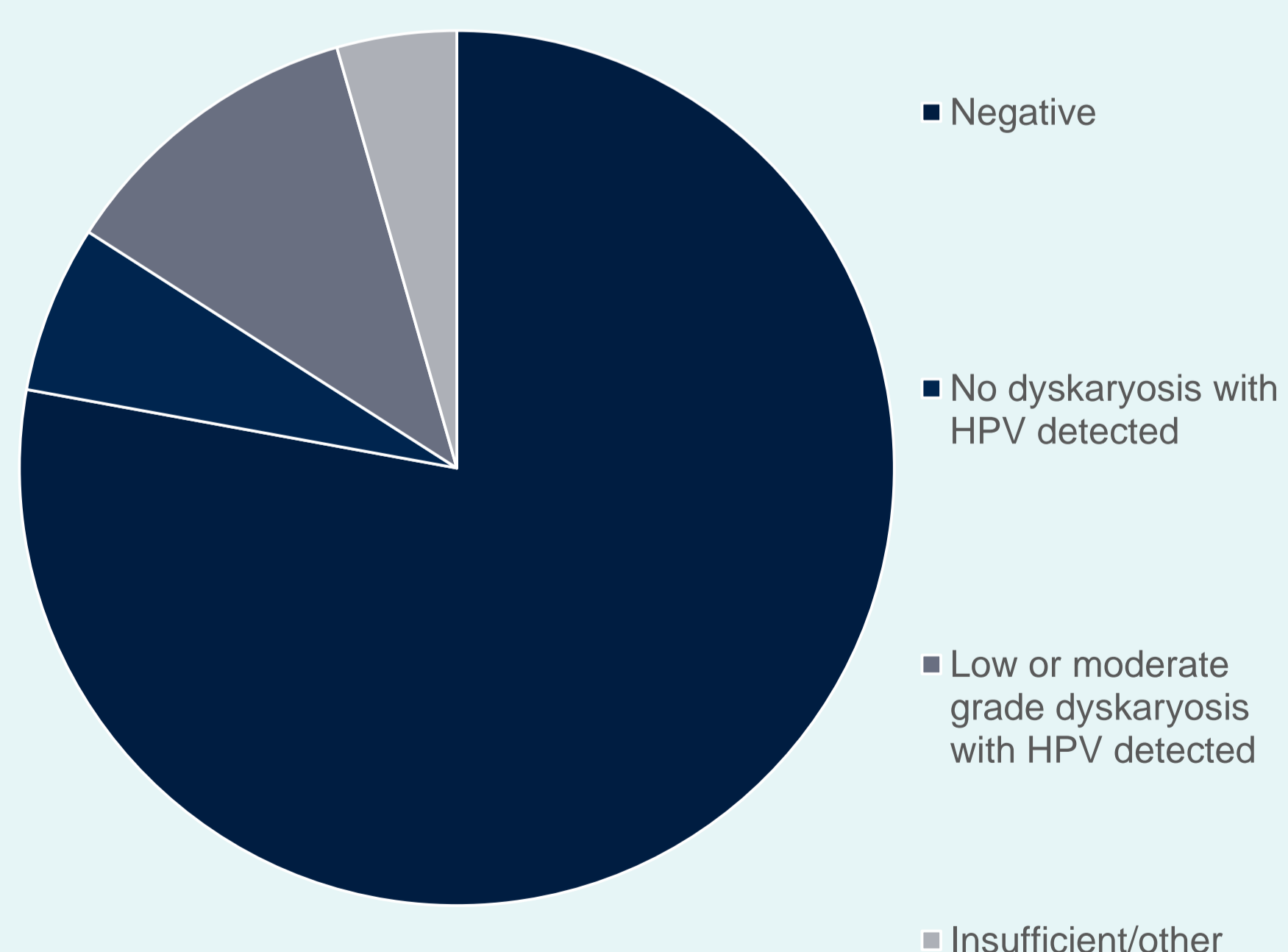
iii. Of the 11 WWH (1.4%) who attended AIN clinic since 2012, (iv). 1 was referred from the cervical screening clinic.

v. One individual had a record of HPV vaccination over the defined period.

Attendance to in-house annual smear appointment



Smear Results



CONCLUSIONS

Electronic record of HPV vaccination was poor. However, only in-service vaccination and cervical smear results were documented. WWH may be accessing these elsewhere (such as through their primary care provider). Notes review was not undertaken at this stage.

Few WWH had attended AIN clinic.

We plan to institute an electronic prompt for all service clinics to record HPV vaccination and cervical smear history, including those given elsewhere. We will also prompt for recording of whether HPV was identified and whether the HPV was a high-risk subtype. In the ANCHOR study 47.2% of individuals investigated for pre-cancerous HSIL lesions were women and 52.8% were men. Following this study, we now await national guidelines for anal cancer screening, including recommendations for WWH.