

PERSISTANCE OF ANAL DYSPLASIA FOLLOWING CHEMORADIOOTHERAPY FOR HIV-ASSOCIATED ANAL CANCER

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BACKGROUND

Anal cancer is believed to occur as the final destination of a progression from human papilloma virus (HPV) infection of the anal canal via low and high grade anal intraepithelial neoplasia (AIN). Screening at risk populations for AIN and interventions for high grade AIN may reduce the risk of anal cancer. Definitive treatment for invasive anal cancer is with chemo-radiotherapy (CRT).

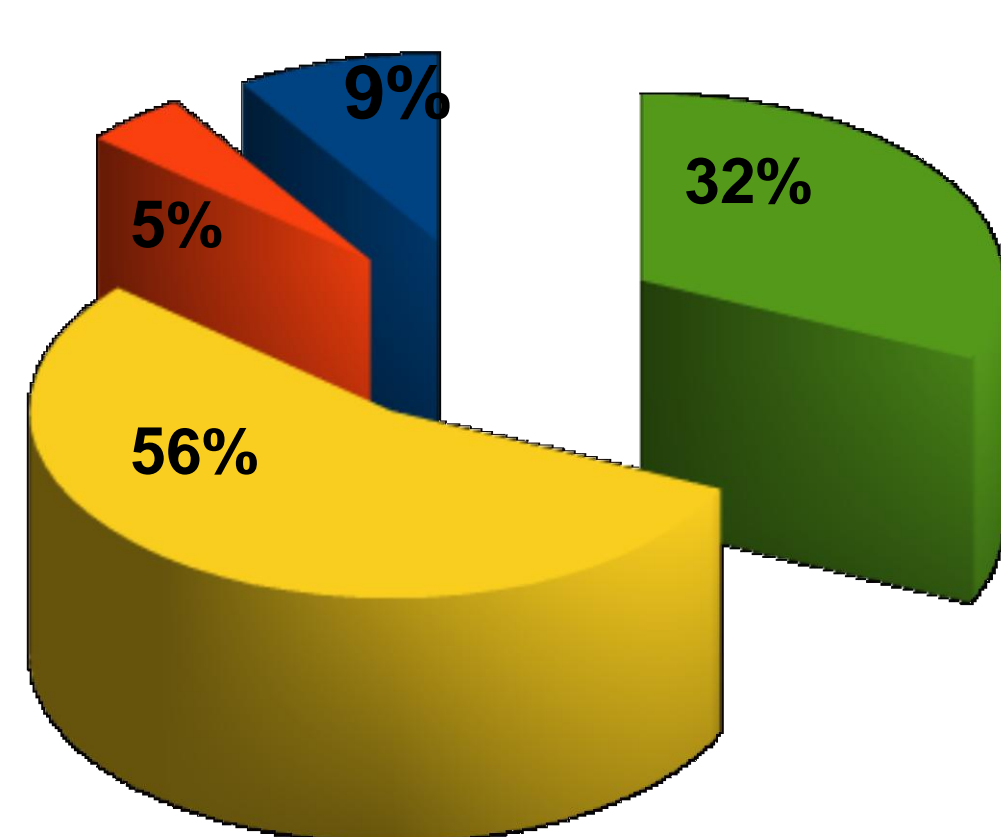
Does CRT irradiate AIN as well as invasive anal cancer, suggesting that these patients do not require ongoing screening as they are not at risk of a second primary anal cancer?

METHODS

A total of 54 HIV positive patients have been treated with CRT for invasive anal cancer. Patients who had completed chemoradiotherapy and subsequent high resolution anoscopy (HRA) were identified and the anoscopic and histological findings were reviewed.

Population features:	
Total number of patients treated with CRT	54
Total number of patients with follow-up HRA	22
Sex: M/F	22/0
Mean age at CRT	47

RESULTS



■ no abnormal findings
■ persistent HPV infection
■ low grade dysplasia (AIN1)
■ high grade dysplasia (AIN2-3)

Latest HRA results:		
HRA results	Number of patients	Percentage of patients
No evidence of abnormal findings	2	9%
Persistence of HPV infection	1	5%
Low grade dysplasia (AIN1)	12	56%
High grade dysplasia (AIN2-3)	7	32%

*The median follow-up following CRT is 5.6 years.

-Two of the patients with **low grade dysplasia** at last HRA had previous HRA screening following CRT ,that was normal, raising the possibility of **reinfection** rather than persistence of low grade dysplasia.

-Two patients relapsed 13 and 16 months after CRT and have died. They both had persistent dysplasia (one low grade and one high grade) at follow up HRA

-A further two patients have died of unrelated causes (one lung cancer and one liver failure)

CONCLUSIONS

Anal dysplasia persists following CRT for invasive anal cancer and could result in disease relapse or development of a second primary anal cancer. Patients with invasive anal cancer who have been successfully treated with CRT should still be considered for screening High Resolution Anoscopy.