

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

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BACKGROUND

MSM with HIV are known to be at increased risk of anal intraepithelial neoplasia (AIN). The recent ANCHOR Study showed that active management of high-grade squamous intraepithelial lesions (HSIL) in PWHIV aged 35 years and over improved outcomes for anal cancer compared to watchful waiting.

Current guidelines suggest MSM should receive three doses of HPV vaccine up to 46 years of age and encourage attendance to AIN clinics. However, there remain no national recommendations for routine anal cancer screening. Our service offers two AIN specific clinics/month. These are 'opt in' so need referral by an HIV clinician; no other standardised screening process is in place. This audit aimed to review record of HPV vaccination and current AIN screening practices.

METHOD

Retrospective analysis was conducted of in-service electronic patient records, cross-referenced with the local database of all MSM service users eligible for HPV vaccination and anal screening between 2012 - 2022. Demographic and clinical data were extracted including:

- Age, ethnicity
- Record of HPV vaccination
- Total attendees of AIN clinic

RESULTS

Of 345 MSM who met age criteria for HPV vaccination, 270 (78.3%) have a vaccination record. The majority (65.6%) identified as of white ethnicity.

Of the 506 MSM that had appointments at the AIN clinic over the ten-year period, 388 (76.7%) attended at least one appointment and 118 (23.3%) did not attend or cancelled. Median age at first appointment was 51y. Ethnicity: White British, Irish and other (n = 422, 83.4%); other ethnic groups (n = 53, 10.5%); Black African, Caribbean and other (n = 19, 3.7%) and unknown/not stated (n = 12, 2.4%). Results from all appointments (including multiple per individual) are as follows: 194 had no dyskaryosis; 127 had mild dyskaryosis; 35 had moderate dyskaryosis; 15 had severe dyskaryosis and 49 had inconclusive results.

CONCLUSIONS

Documentation of HPV vaccination in this group was good, but only included vaccinations administered within the service. In light of these findings, we plan to institute an electronic prompt for all service clinics to record HPV vaccination history, including any given externally.

We await national guidelines for anal cancer screening recommendations in all eligible MSMWHIV and in the interim aim to prioritise those who are older and have not yet been seen in our AIN service.

