

Anal Intraepithelial Neoplasia-Single centre experience

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Background

The incidence of Anal Intraepithelial Neoplasia (AIN) and Anal squamous carcinoma (ASCC) has risen significantly over last 10 years in particular in men who have sex with men (MSM)¹

A joint clinic run by a HIV physician and colorectal surgeon was introduced in the HIV outpatient clinic to provide specialist services for HIV positive patients with a history ano rectal problems. Patients were either referred to the clinic by their clinic doctor or self referred.

Patients presenting with a history of anal HPV or a previous diagnosis of AIN were screened by High resolution Anoscopy (HRA), and referred for surgical evaluation where indicated

We describe our findings over the first 12 months of this new service

Methods

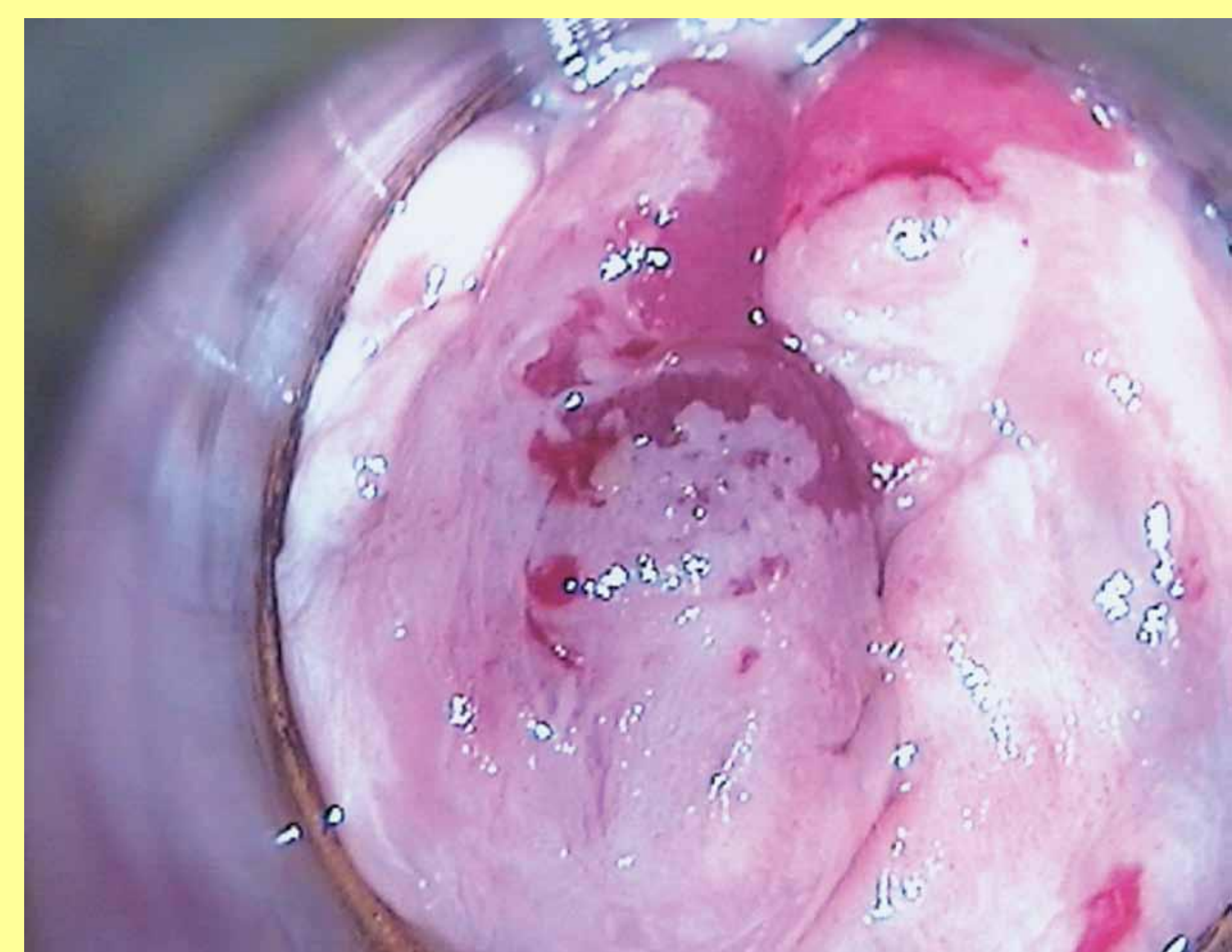
Prospective data was collected on all patients attending the clinic including demographics, clinical presentation, antiretroviral history, current and nadir CD4 count and HIV Viral load (VL), duration of HIV infection and time on highly active antiretroviral therapy (HAART) and current smoking status. (All figures quoted as median inter quartile range)

Results

73 patients were seen over 12 months. 85% (61/73) were Caucasian, the majority 91% (67/73) were MSM. Age 45 (41-50) years, CD4 at presentation 511x10⁹ /L (362-741), CD4 nadir 152x10⁹ /L (26-288). 95% (69/73) were on HARRT, 82% (60/73) had a VL<40 copies/ml. Median time since HIV diagnosis was 15 years (10-20), with 11 (6-13) years on HARRT. 75% (55/73) were smokers. 40% (30/73) presented with a history of previous AIN or anal warts and underwent (HRA)+/- EUA for screening. Of these 27% (8/30) were diagnosed with AIN: AIN-1 (3), AIN-2 (2), and AIN-3 (3). 3/8 had prior diagnosis of AIN, the remainder were all newly diagnosed. 3/30 (10%) were diagnosed with ASCC and were managed by the surgeons and oncologists.

No	AIN	CD4 nadir	Age
1	AIN 1	2	45
2	AIN 1	78	50
3	AIN 1	46	37
4	AIN 2	121	34
5	AIN 2	8	41
6	AIN 3	14	41
7	AIN 3	3	44
8	AIN 3	165	66
9	ASCC	60	53
10	ASCC	149	40
11	ASCC	188	42

3 Quadrant disease of high-grade anal intraepithelial neoplasia



Conclusions

A high rate of anal cancer was detected in this selected ,symptomatic population in the first 12 months of screening. All patients diagnosed with AIN and anal cancer were MSM, older patients with a low CD4. There are plans to expand the service for asymptomatic patients to offer a more routine approach to screening with HRA, HPV cytology and HPV typing.

References