

# Summary of Australian recommendations for anal cancer screening in PLHIV where HRA services are available



## 1. Who to screen

People living with HIV (PLHIV) who are:

- Gay, bisexual and other men who have sex with men (GBM) and trans women (TW) over 35 years of age; or
- Women (not TW) and men (not GBM) over 45 years of age.

## 2. How to screen

Anal swab for HRHPV testing

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Perform DARE (annual)

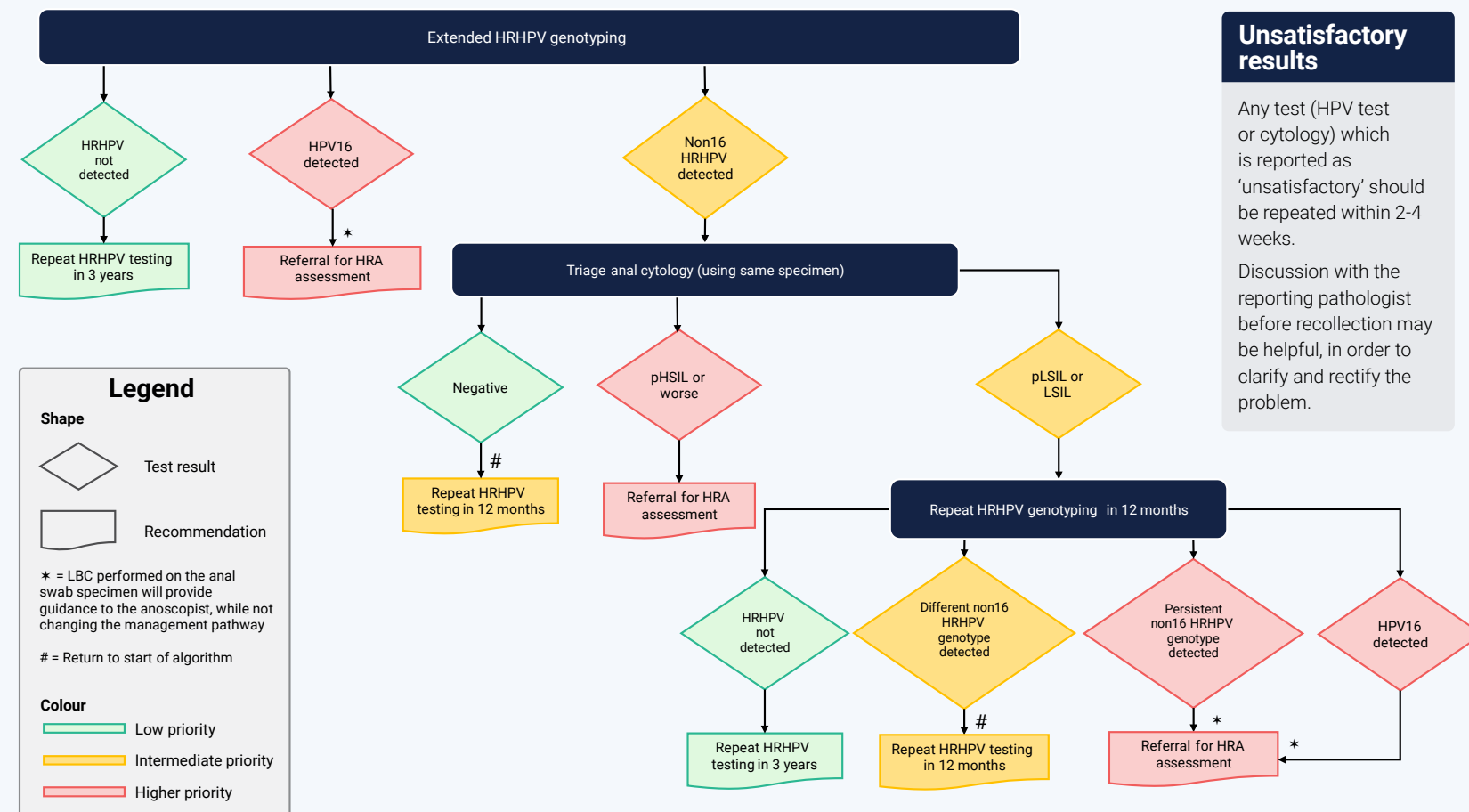
One clinician collected sample required to perform all screening tests -moistened flocked swab eluted into LBC vial prior to DARE.

## Information

- High Resolution Anoscopy (HRA) – limited capacity in Australia
- No HRA available locally – screening remains annual DARE + symptom awareness\*\*
- Screening services should prioritise + current smoker / nadir CD4<200 / older age / anal symptoms/ additional immunosuppressive agents

\*\* people with anal lumps suggestive of cancer require immediate referral to surgeon.

## 3. Screening algorithm



### Unsatisfactory results

Any test (HPV test or cytology) which is reported as 'unsatisfactory' should be repeated within 2-4 weeks.

Discussion with the reporting pathologist before recollection may be helpful, in order to clarify and rectify the problem.

## Definitions

HIV = human immunodeficiency virus, HPV = human papillomavirus, HRA = high-resolution anoscopy, HSIL = high-grade squamous intraepithelial lesion, HRHPV = high-risk human papillomavirus, LBC = liquid-based cytology, LSIL = low-grade squamous intraepithelial lesion, GBM = Gay, bisexual and other men who have sex with men, MSW = men who have sex with women, PLHIV = People living with HIV, pLSIL = possible low-grade squamous intraepithelial lesion, TW = trans women