



## High-Resolution Anoscopy (HRA)

### Information for Referring Physicians and other Healthcare Professionals

#### Who is at risk for anal cancer and who should be screened for it?

While anal cancer is a relatively rare cancer in the general population, anal cancer affects certain groups of patients disproportionately. Given their increased anal cancer risk, the following individuals should be considered for screening:

- Persons living with the Human Immunodeficiency Virus (HIV), regardless of gender or sexual preference; for those patients, screening is generally accepted clinical practice and recommended to start
  - o at age 35 for men who have sex with men and for transgender women.
  - o at age 45 for all other individuals living with HIV such as cisgender women.
- Recent research also established the utility of anal cancer screening among
  - o Men who have sex with men without HIV starting at age 45
  - o Women with a history of cancer or precancer of the vulva within 1 year of diagnosis.
  - o Women and Men who have received a solid organ transplant  $\geq 10$  years ago.

#### What to screen with?

Anal cytology (PAP smear), ideally with high-risk (oncogenic) HPV testing.

#### When to refer for HRA?

If you do not have access to anal HPV testing, any abnormal cytology should trigger HRA referral (i.e. ASCUS, LSIL, ASC-H or HSIL) with ASC-H and HSIL requiring more expedited evaluation.

If you have access to anal HPV testing, then please refer anyone for HRA

- who tests positive for high-risk HPV regardless of cytology result *or*
- who has ASC-H or HSIL anal cytology regardless of high-risk HPV test result.

DO NOT refer and repeat anal cytology/HPV testing in 12 months:

- ASCUS or LSIL anal cytology AND high-risk anal HPV negative.