

Anal Cancer Screening in a Population of PLWH in an Urban Underserved FQHC Residency Clinic Network: Gaps and Proposal for Increasing Screening

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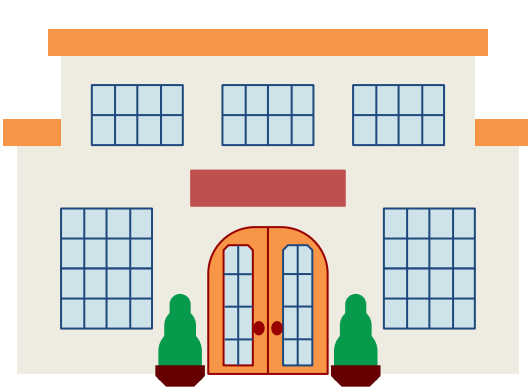
BACKGROUND

- Patients living with HIV are nineteen times more likely to develop anal cancer than the general population.¹
- 44% of anal cancer diagnoses involve a previously missed opportunity to screen² with new studies supporting that early detection and treatment prevents progression to cancer.³
- Limited data regarding efficacy of self-swabbing with one study noting improved participation while maintaining high specimen adequacy.⁴
- PLHIV should begin anal cancer screening at age 35 if they are MSM or transgender women, and at age 45 for others, with earlier screening for those with vulvar cancer or organ transplants.²

¹ Colón-López V, Shiels MS, Machin M, et al. Anal Cancer Risk Among People With HIV Infection in the United States. *J Clin Oncol*. 2018;36(1):68-75. doi:10.1200/JCO.2017.74.9291
² New York State Department of Health AIDS Institute. Screening for Anal Dysplasia and Cancer in Adults With HIV. Updated February 25, 2025. Clinical Guidelines Program, NYSDOH.
³ Palefsky JM, Lee JT, Jay N, et al. Treatment of anal high-grade squamous intraepithelial lesions to prevent anal cancer. *N Engl J Med*. 2022;386(25):2273-2282. doi:10.1056/NEJMoa2201040. (ANCHOR Study)
⁴ Nylund AC, Hoke JT, Agre Boakye E, et al. Home-based self-sampling vs clinician sampling for anal precancer screening: A randomized trial. *Int J Cancer*. 2023;152(10):2021-2032. doi:10.1002/ijc.34379

METHODS

We non-randomly selected HIV providers within an FQHC clinic network for panel reviews. Data pertaining to HIV viral load, CD4 count, anal pap results, and presence of HRA referral were collected. Adequacy of anal cancer screening for each patient was then determined according to HIV Clinical Guidelines Program recommendations.



3

clinic sites



13

providers



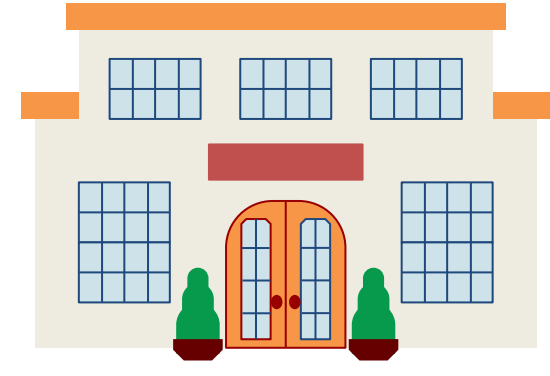
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charts reviewed

RESULTS

Table 1. Demographic Data for Chart Reviewed Participants Living with HIV from Various NYC Clinic Sites

Participant	N (%)
Gender	
Trans-Femme	12 (6)
Cis Female	37 (18)
Trans-Masc	1 (0.5)
Cis Male	155 (74)
Non-binary/Other	4 (4)
Sex Assigned at Birth	
Male	165 (80)
Female	39 (19)
Screening Group for Anal Pap	
MSM and/or TGW (age 35)	129 (62)
Normal screen (age 45)	66 (32)
Unknown	12 (6)
Age at chart review (Mean Years ± Std. Dev.)	48.6 ± 14.2
Primary Clinic Site	
Bronx	23 (11)
Uptown Manhattan	98 (47)
Downtown Manhattan	86 (42)
Last Visit Labs mean (IQR)	*7 missing data
HIV Viral Load (copies/mL)	
CD4 T cells (cells/mm ³)	7608 (68)
No. UD (VL <40 copies/mL), n (%)	687 (487)
	131 (66)
No. AIDS (CD4 <200 cell/mm ³), n (%)	14 (7)



406

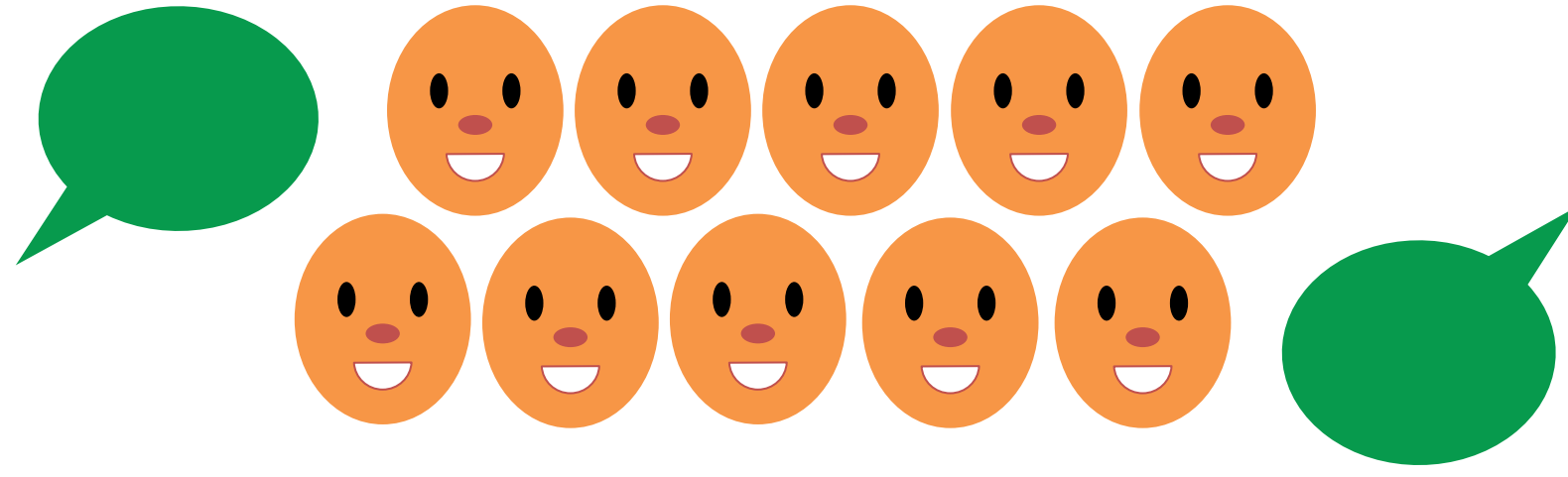
Clinic visits with participant due for anal pap in study period



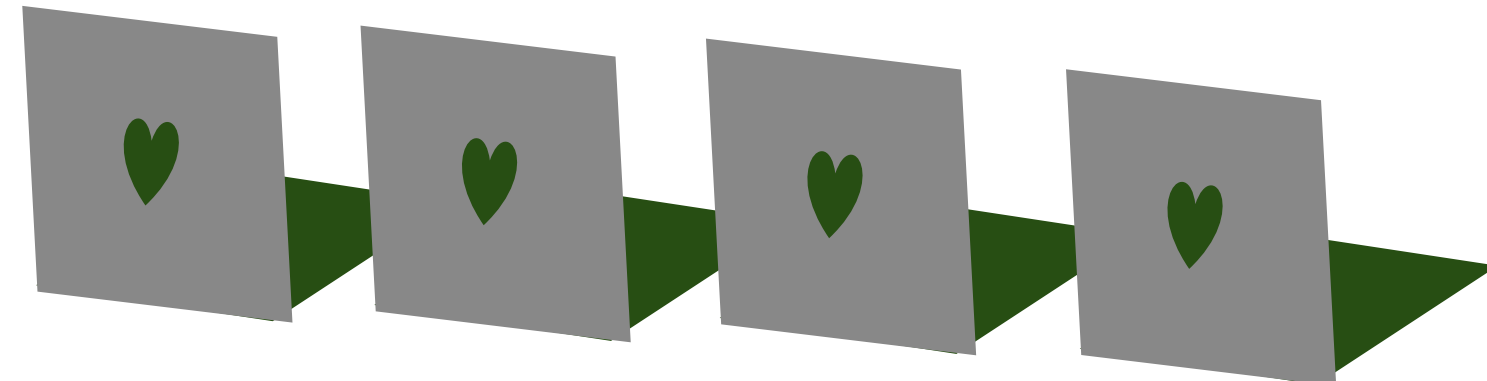
28.3%

Participants who were appropriately screened with anal pap
(Range of rate per year: 26.8 - 29.9%)

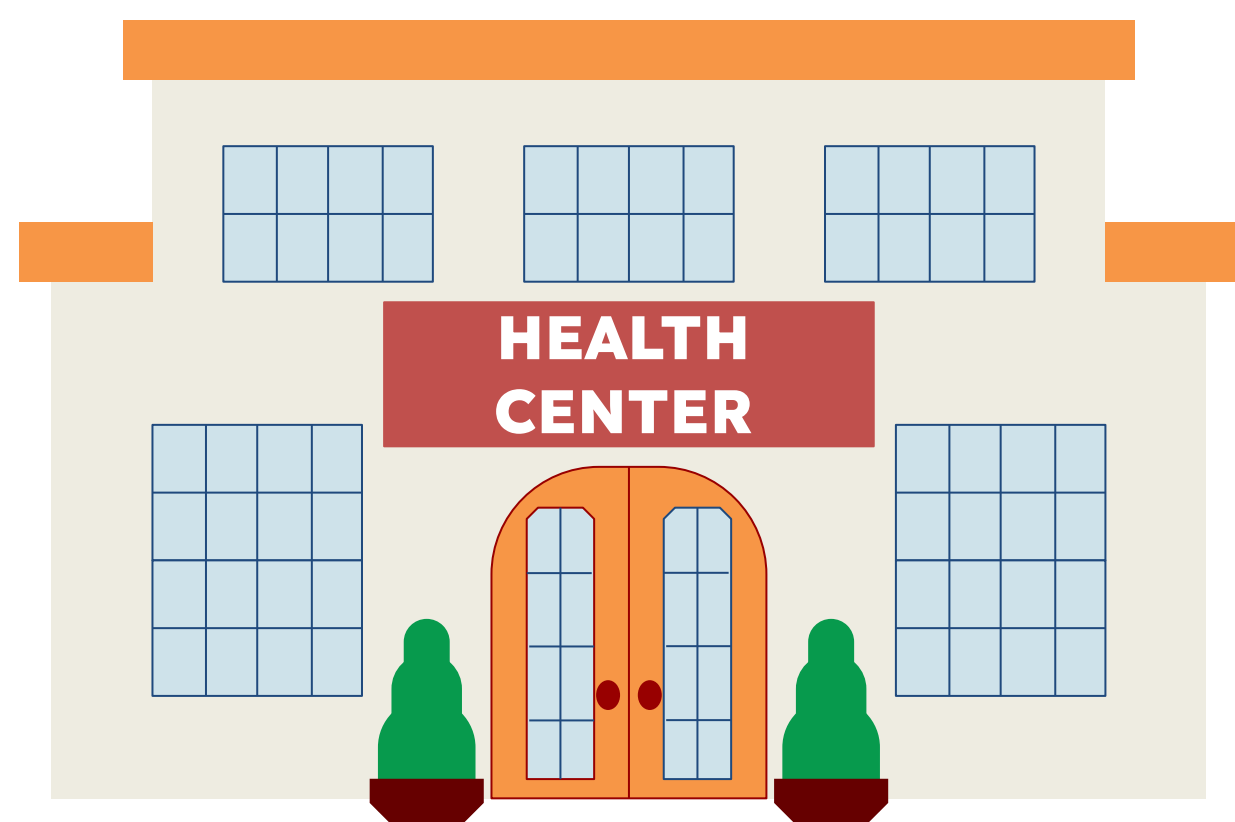
NEXT STEPS



Notify practitioners of patients who are overdue for anal cancer screening



Update notifications and order sets in EMR to reflect current guidelines of annual anal paps with HR HPV co-testing.



Provide institution-wide teaching about offering self-collected paps via handouts and lectures to promote a cultural shift toward providing options for patients

FOLLOW UP

- Assess anal cancer screening rates with every intervention
- Compare quality of patient and provider collected anal paps

Anal Pap Results	N (%)
Satisfactory Pap (+/- TZ)	
2022 Satisfactory	38 (90)
2023 Satisfactory	38 (88)
2024 Satisfactory	43 (78)
HPV Co-tested*	
2022	8 (19)
2023	33 (79)
2024	40 (73)
Transformation Zone For Satisfactory Pap only	
2022 Present	25 (57)
2023 Present	18 (42)
2024 Present	12 (22)

INTERVENTIONS AT EVERY LEVEL

CONCLUSIONS

- Large deficit of appropriate anal cancer screenings in 2022-2024
- HPV co-testing improved with the addition of guideline recommendations- 30% gap in appropriate two-tier screening
- Quality of anal paps varied by year, suggesting provider based variability and need for standardized practices
- We propose a self-swab protocol to increase uptake and standardization