HPV and Anal Diseases Forum

Toward an integrated system for secondary prevention and treatment of anal cancer

Wednesday, February 10 • 9.00 - 18.30

Coordinators



Joel Palefsky
USA



Stephen E. Goldstone
USA



Renske Steenbergen
Netherlands



Anna Coghill
USA



Meredith Shiels
USA

The incidence of anal cancer is increasing in many countries around the world particularly among individuals over 50 years of age.

Primary prevention of anal cancer is accomplished through HPV vaccination of individuals before exposure to the HPV types that cause anal cancer. Secondary prevention is accomplished through detection and treatment of the anal cancer precursor, anal high-grade squamous intraepithelial lesions (HSIL).

We now know that treatment of anal HSIL can reduce the incidence of anal cancer, similar to the reduction in cervical cancer associated with detection and treatment of cervical HSIL. Secondary prevention of anal cancer is a much younger field than prevention of cervical cancer, and virtually all elements of a secondary anal cancer prevention program require further development and optimization of current approaches.

In addition, further work is needed to better integrate the wide range of health care delivery systems and health care professions involved in the various steps involved, including screening, referral for high resolution anoscopy (HRA), biopsy of visible HSIL, treatment of HSIL and follow-up after treatment. Other professional interactions are key as well, including close collaboration with pathologists, proctologists/colorectal surgeons, radiation oncologists and medical oncologists.

This session will explore how each of the steps in the screening and treatment process can be improved on, including adoption of new technologies, and how the various entities described above can be better integrated to ensure a smoother, more efficient experience for patients.

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I. Screening for anal high-grade squamous intraepithelial lesions (HSIL) and anal cancer — 9.00 - 10.00

Chair: J. Palefsky (USA)

Introduction	J. Palefsky (USA)
Who are the screeners and how should they be trained?	R. Hillman (Australia)
Screening for anal cancer: New and old technologies	J. Palefsky (USA)
Screening for anal HSIL: How can we optimize screening algorithms for anal HSIL in different high-risk populations?	N. Wentzensen (USA)
Discussion	

II. Treatment of anal high grade squamous intraepithelial lesions (HSIL) — 10.30 - 11.30

Chair: J. Palefsky (USA)

Expanding the availability of high-resolution anoscopy	
Role of AI and other newer technologies in diagnosing HSIL during HRA: Opportunities and challenges	M. Mascarenhas (Portugal)
New treatment approaches to HSIL	S. E. Goldstone (USA)
Discussion	

III. Treatment of anal cancer — 11.30 - 12.30

Chair: J. Palefsky (USA)

Update on treatment of anal cancer	D. Sebag-Montefiore (UK)
Expanding communication and interaction between those who treat anal HSIL and those who treat anal cancer	K. L. Spindler (Denmark)
The role of HRA in patient surveillance post-completion of anal cancer treatment	T. Cuming (UK)
Discussion and Q&A	T. Cuming (UK)
Summary and key messages	J. Palefsky (USA)

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IV. Current advances in anal disease management 13.30 - 15.00

Chair: S. E. Goldstone (USA) • R. Steenbergen (Netherlands)

This workshop will address emerging developments and challenges in HPV-related anal disease management, including the use of methylation and other biomarkers for clinical decision-making, optimization of HRA training across the world, screening needs and strategies for low-risk populations, and the implications of vaccination and need for long-term follow-up. Each topic will include dedicated time for interactive discussion. We aim on bringing together current evidence, clinical experience and areas of uncertainty to explore how anal cancer prevention and disease management strategies can be further refined and implemented in clinical practice.

Supporting clinical decision-making using methylation and other biomarkers	R. Steenbergen (Netherlands) N. Wentzensen (USA)
Optimal HRA training around the world	S. E. Goldstone (USA) E. Kuyvenhoven (Netherlands)
Is it time to broadly screen low risk populations e.g. pre transplant, women	A. Deshmukh (USA) M. Del Pino (Spain)
Can we ever say goodbye: Impact of vaccination, repetitive follow-up	T. Cuming (UK) J. Palefsky (USA)
Discussion	

V. Drivers of global anal cancer incidence – HPV, HIV, screening and classification 15.30 - 17.00

Chair: A. Coghill (USA) • M. Shiels (USA)

Anal cancer risk is caused by HPV infection, with significantly elevated rates in people with HIV and notable sex differences. Prior work has suggested that roughly 1 in 4 of anal squamous cell carcinomas among people without HIV and 2 in 7 among people with HIV were diagnosed in the U.S. in 2020, despite the U.S. including <5% of the world's population. The objective of the session will be to describe anal HPV infection, HIV prevalence, screening and diagnosis in relation to anal cancer incidence. We will introduce the session with an overview of global data, and then each speaker will describe the existing epidemiology of each established driver of anal cancer incidence and provide a regional context for observed incidence rates. We will end the session with a moderated panel discussion and then open a Q&A to the audience.

Introduction	A. Coghill (USA) M. Shiels (USA)
Overview of global variation in anal cancer incidence	M. Shiels (USA)
The role of HIV and immunosuppression on anal cancer risk	S. Mashele (South Africa)
Anal HPV prevalence and factors associated with anal HPV aquisition	L. Carvajal (USA)
Impacts of anal cancer screening on population-level incidence of anal cancer	J. Palefsky (USA)
The role of variation in cancer registry case ascertainment and reporting on anal cancer incidence	G. Clifford (France)
Panel discussion and Q&A	A. Coghill (USA)