

MEETING ABSTRACTS

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Delay in anal cancer diagnosis as a non-AIDS-defining malignancy

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Background

Anal cancer is not considered an AIDS-defining malignancy (ADM). Nevertheless, the frequency of both anal intraepithelial neoplasia and invasive squamous cell carcinoma of the anus continues to increase in the HIV/AIDS population. As in cervical cancer, an ADM, numerous studies have established a causal relationship between high-risk types of human papillomavirus (HPV) infection and anal cancer [1]. In cervical cancer, the diagnosis is typically established at or near the time of HIV diagnosis [2]. The goal of this study was to evaluate and ascertain the interval from HIV diagnosis to anal cancer diagnosis.

Materials and methods

Medical records were retrospectively reviewed in 25 HIV+ patients with documented anal cancer. Cases were selectively analyzed using preexistent diagnosis dates of HIV infection. Surgical pathology reports were examined to corroborate the diagnosis of anal cancer.

Results

In all 25 patients, anal cancer was biopsy-proven between 1 and 25 years after a diagnosis of HIV infection, with a mean of 11.43 years (Table 1). Greater than 95% of patients were compliant on antiretroviral therapy at the time of cancer diagnosis. This study identified a considerable delay in anal cancer diagnosis in all cases (Figure 1).

Conclusions

The frequency of anal cancer within the HIV/AIDS population continues to increase despite effective

Table 1

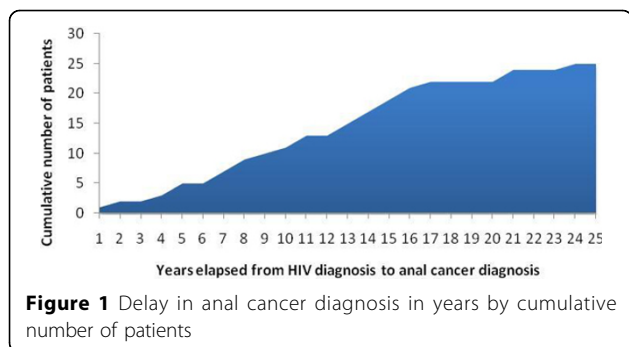
Years elapsed from HIV diagnosis to anal cancer diagnosis	# of patients/ Years elapsed	Cumulative number of patients
1	1	1
2	1	2
3	0	2
4	1	3
5	2	5
6	0	5
7	2	7
8	2	9
9	1	10
10	1	11
11	2	13
12	0	13
13	2	15
14	2	17
15	2	19
16	2	21
17	1	22
18	0	22
19	0	22
20	0	22
21	2	24
22	0	24
23	0	24
24	1	25
25	0	25

antiretroviral therapy. This study reveals that unlike cervical cancer as an ADM, there is a frequent lag in identifying anal cancer among HIV patients. Given the known progression of HPV to cancer despite anti-retroviral therapy, it is imperative that health care providers include a closer examination of the perianal area on a

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regular and continuing basis. We believe that increased awareness of anal cancer in the setting of HIV/AIDS will lead to earlier recognition, timely treatment, as well as improved outcome and long-term survival.

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