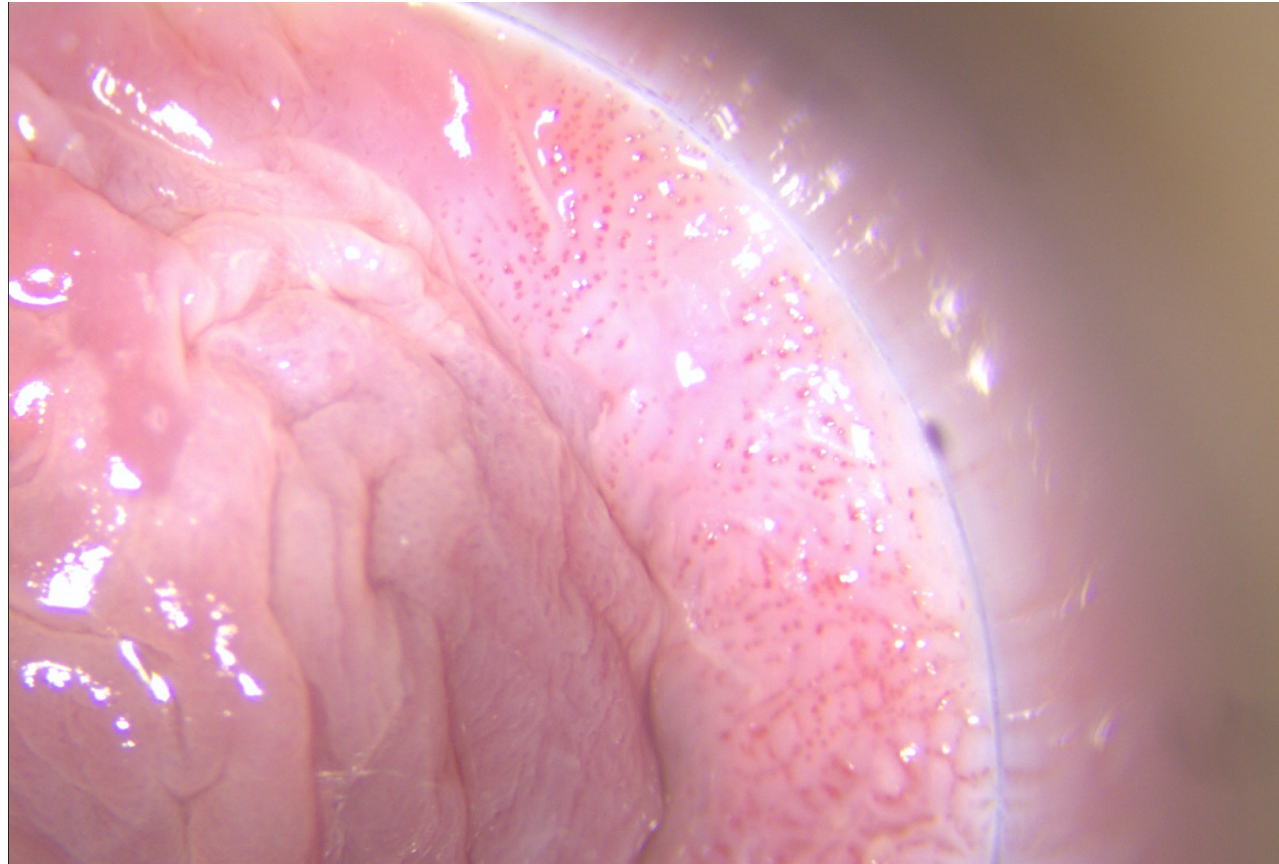


# I want to set up a screening unit How should it be?

Dr Jules Bowring, Gynaecology Lead

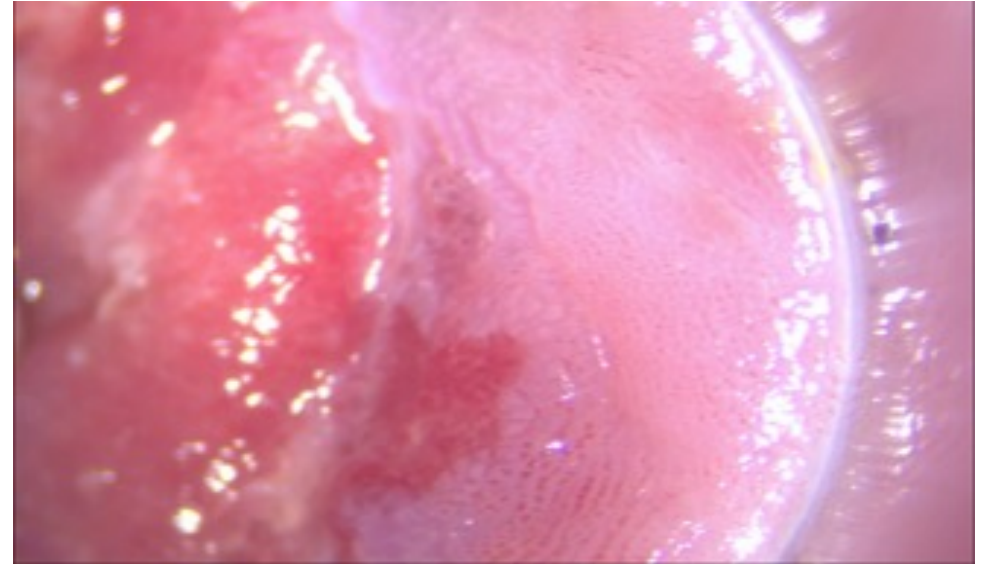
Homerton Anogenital Neoplasia Service (HANS), London

I have no financial interests or relationships to disclose



# Setting up and running your service

- Who should you see?
- What will you do?
  - HRA
  - AIN treatment
  - Cancer treatment
- How will you know things are working?
- How is it funded?



# Who will you see?



SEPA 

Screening and Early Detection in the Prevention of Anal Cancer

NHS Portfolio study

CRUK funded

## HANS

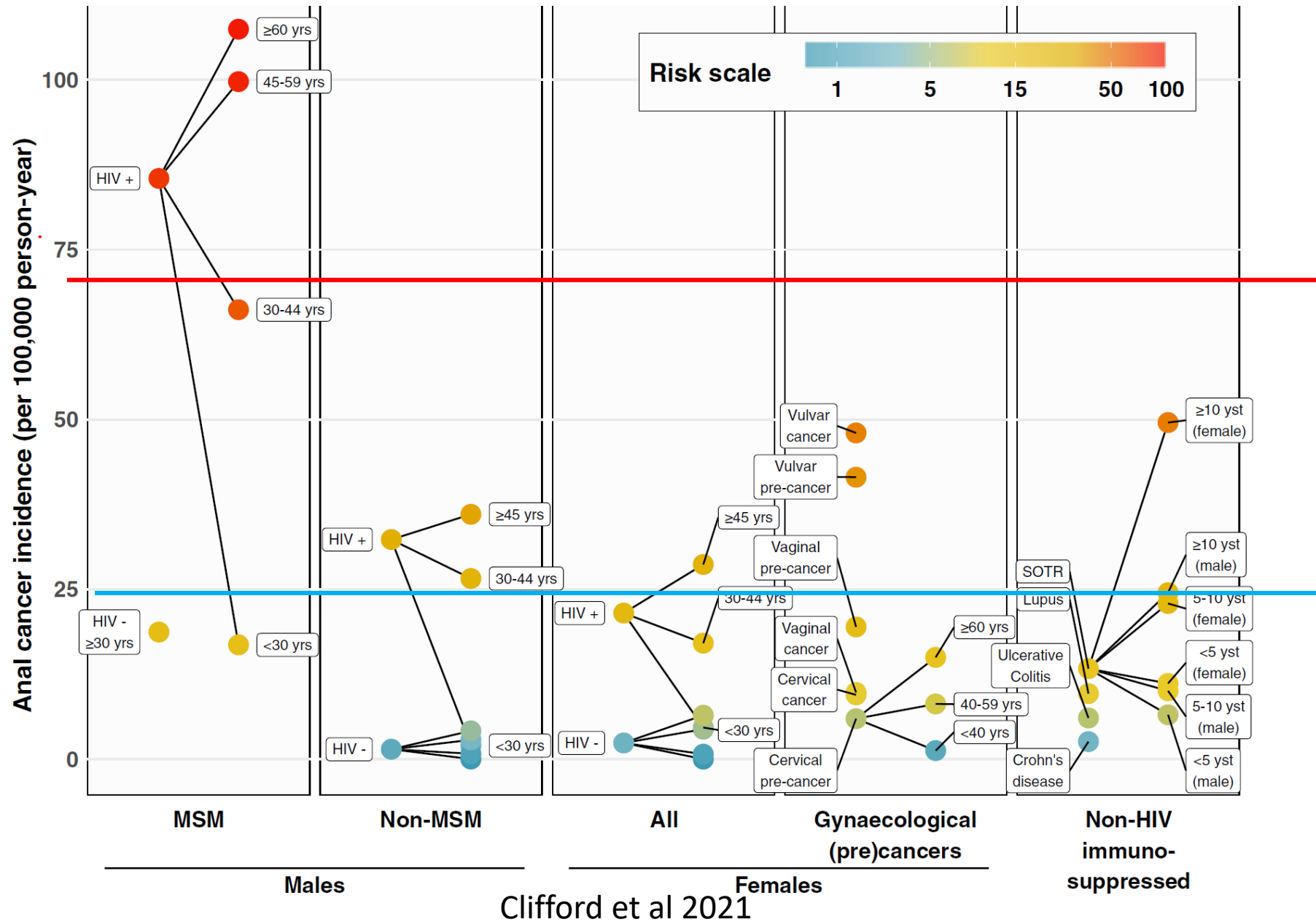
- Proven anal HSIL
- Women with lower genital HSIL/cancer (except for cervix)
- Follow-up after anal cancer
- Ongoing surveillance = screening
- Screen detected patients
  - SEPAC study

Anal SCC is rare but not for some....

Baseline risk  
1.8/100,000  
doubled in last 40 yrs

CRC: 70/100,000

Women >50 most prevalent  
I: 5-8/100,000

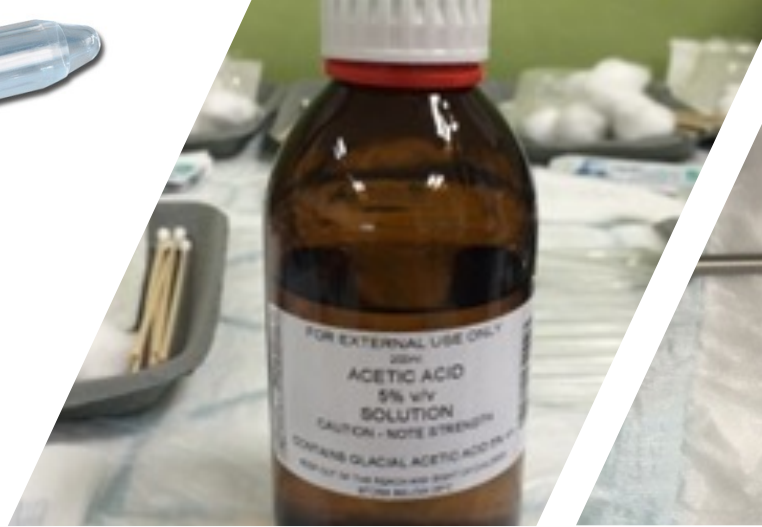


# HRA clinic - what will you do ?

- Training
- HRA only?
- Treatment?
  - office based or in operating room







Equipment ?

Imaging

Support staff

One nurse to assist

How many patients?

60 minutes for new patients or clinic laser

45 minutes for follow-up



# How to make things run smoothly

- Documentation
  - Electronic record keeping
  - Diagrams, images
  - Electronic results system
- Administrative staff
- Local Policies
  - Referral criteria/ Follow-up criteria
- Patient information leaflets
  - HRA/aftercare post laser/topical treatment





# Resources

- IANS
  - Spanish & Portuguese taskforce
  - European taskforce
  - WebRounds
  - Education committee



SAVE THE DATE

IANS next Scientific Meeting will be in San Juan, Puerto Rico next year! Mark your calendars for November 10-12, 2023. See you there!



## WebRounds

Technical Aspects of HRA & treatment  
with Naomi Jay, RN, NP, PhD and Cristina Brickman, MD

**September 20, 2022**  
5:30pm PDT/ 8:30pm EDT

**En español 21 de septiembre de 2022**  
11am PDT/2pm EDT/ 7pm BST/8pm CEST

Register now!




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CONSENSUS TERMINOLOGY

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**2016 IANS International Guidelines for Practice Standards in the Detection of Anal Cancer Precursors**

*Richard John Hillman, MD, PhD,<sup>1,2</sup> Tamzin Cuming, MD,<sup>3</sup> Teresa Darragh, MD,<sup>4</sup> Mayura Nathan, MBBS, FRCP,<sup>5</sup> Michael Berry-Lawthorn, MD,<sup>6</sup> Stephen Goldstone, MD,<sup>7</sup> Carmella Law, MB, BS, FACHSHM, MBA,<sup>8</sup> Joel Palefsky, MD,<sup>9</sup> Luis F. Barroso, MD,<sup>10</sup> Elizabeth A. Stier, MD,<sup>11</sup> Céline Bouchard, MD,<sup>12</sup> Justine Almada, BA,<sup>13</sup> and Naomi Jay, PhD, RN<sup>14</sup>*

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**TABLE 4. Recommended Practical Competencies**

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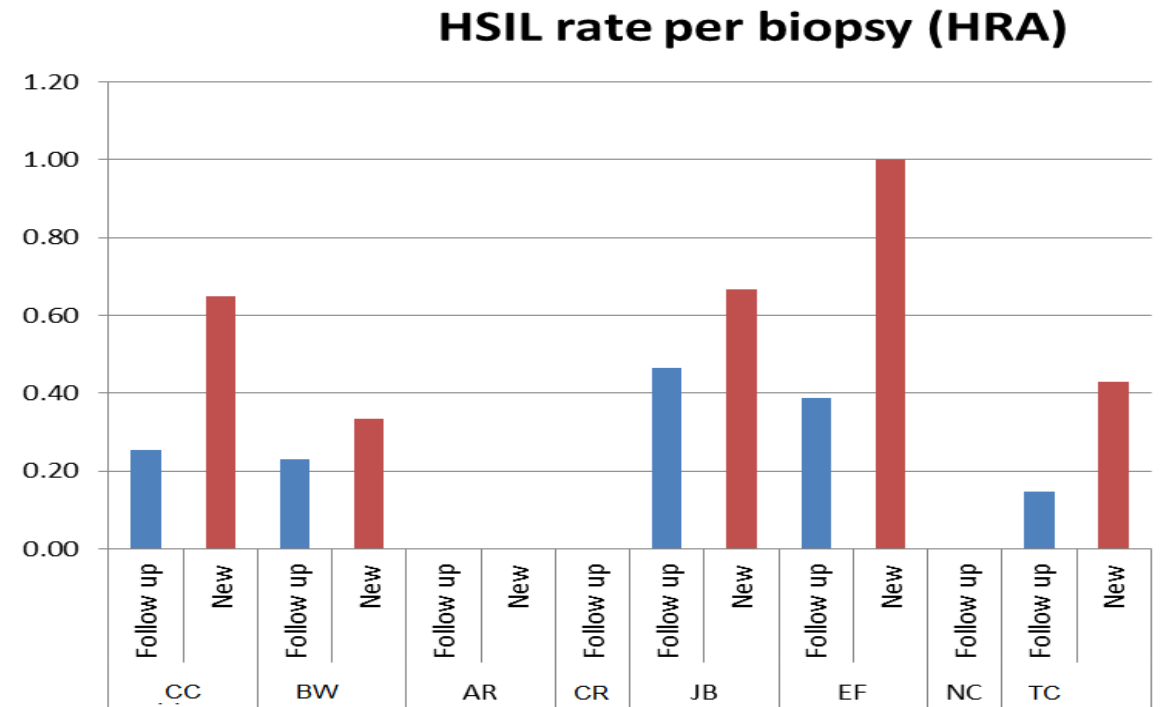
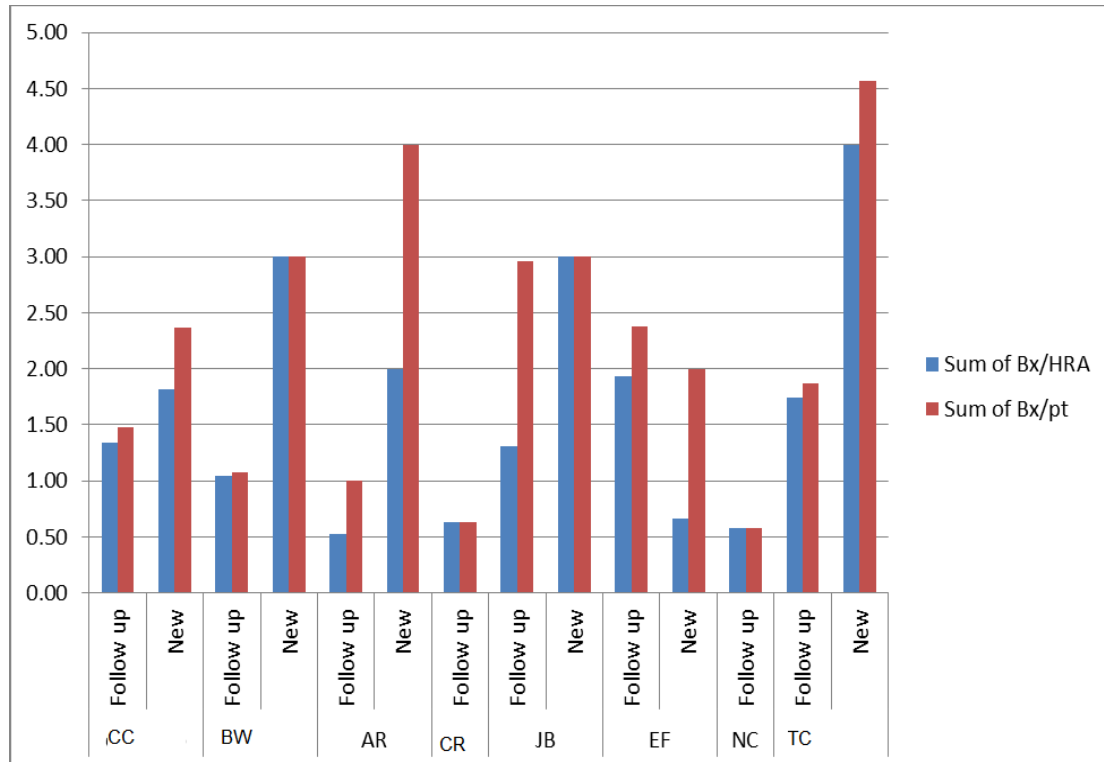
- Conduct a consultation before the HRA procedure where there is an adequate explanation to patient of what to expect, as well as covering initial queries
- Adhere to local infection control procedures
- Obtain either verbal or written informed consent
- Take a technically adequate anal cytological sample
- Perform a digital anorectal examination
- Insert a lubricated anoscope without causing the patient undue discomfort
- Operate a colposcope
- Repeatedly apply 5% acetic acid
- Apply Lugol iodine
- Examine the SCJ at the border of the distal rectum, the anal transformation zone, the distal canal, through to the anal verge and perianus
- Identify, anatomically locate, and describe any morphologic variants
- Identify, anatomically locate, and describe any abnormalities
- Develop an impression of the key clinical problems and differential diagnosis
- Perform adequate anal canal and perianal biopsies
- Achieve hemostasis
- Communicate the anoscopy examination findings and the pathway for future care to patient and other care providers
- Refer onward appropriately

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HRA indicates high-resolution anoscopy; SCJ, squamocolumnar junction.

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# Self audit –against IANS standards



# UK Multidisciplinary team meeting



A screenshot of a Microsoft Teams meeting showing a slide titled "Background - Gynae". The slide contains a list of clinical history points. The meeting interface includes a sidebar with navigation options like Activity, Chat, Teams, Calendar, Calls, and Files. A "People" panel on the right lists participants, including the meeting organizer and other attendees. The bottom of the screen shows the meeting control bar with a timer at 37:12 and icons for video, audio, and chat. The Windows taskbar is visible at the bottom.

## Background - Gynae

- 66F, smokes roll-ups
- 2013: Vulval HSIL excised
  - SCC 1.75mm x 4.5 mm transverse diameter (WLE, R0).
  - Bilateral sentinel nodes –ve
- 2016: Argon ablation of vulval HSIL
- 2017: Imiquimod (poorly tolerated and abandoned)
- 2018: recurrent vulval & periclitoral HSIL
  - “excision of VIN unlikely to be worthwhile in terms of achieving long term control”
  - for surveillance
- 2021: cervical smear: “negative, high-risk HPV present”

# Network



- Infectious diseases
- Colorectal
- Gastroenterology
- Gynaecology
- Doctor/Nurse
- Pathology
- Oncology
- Patient support groups