

# AIN GUIDELINES – AN UPDATE

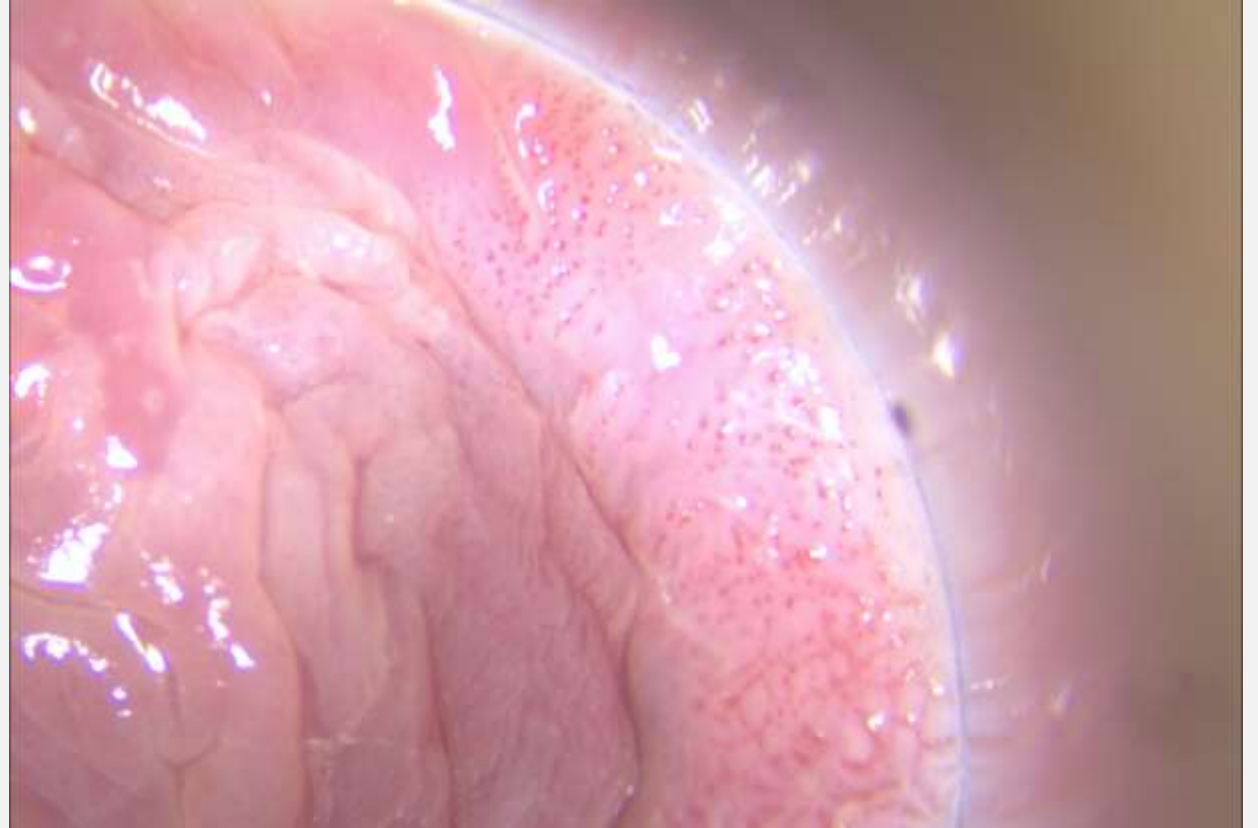
DR JULES BOWRING, MBCHB MRCOG MFSRH, CONSULTANT SEXUAL & REPRODUCTIVE HEALTH

HOMERTON ANOGENITAL NEOPLASIA SERVICE



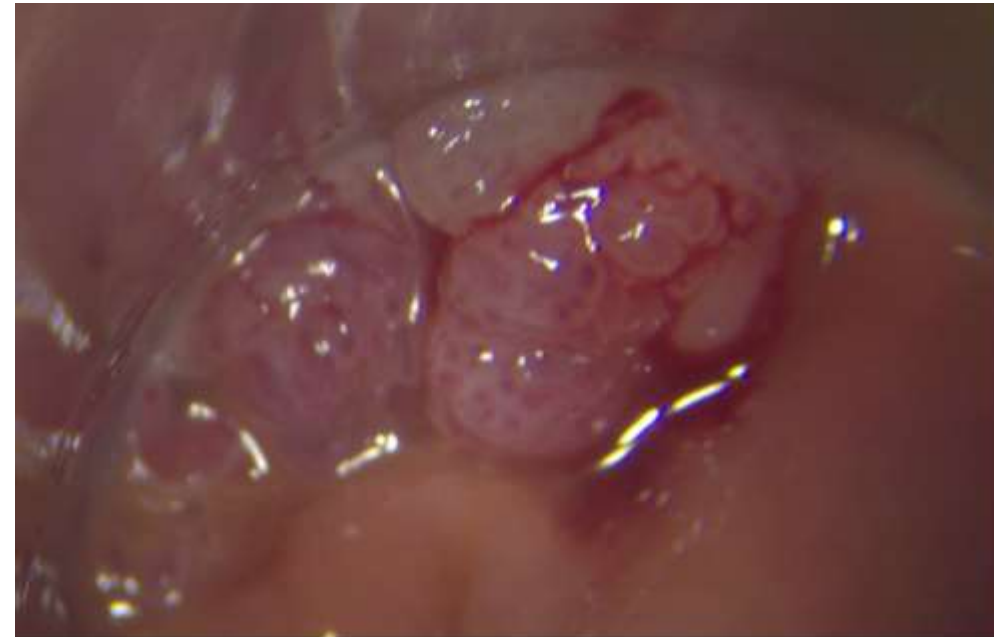
## GUIDELINES

- SCREENING
- HRA PRACTICE
- AIN  
TREATMENT &  
FOLLOW-UP



# CURRENT MANAGEMENT

- 67
- 2019:AIN3
- 6 monthly reviews:AIN3
- 2022: PR bleeding
- Sigmoidoscopy: anal mass
- MRI:T2 cancer
- AIN3



## U.K GUIDANCE 2017

ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN & IRELAND (ACPGBI):  
GUIDELINES FOR THE MANAGEMENT OF CANCER OF THE COLON, RECTUM AND ANUS

(2017)

COLORECTAL DISEASE VOLUME 19 SUPPLEMENT 1 JULY 2017

- If one can induce regression or eradicate AIN, then malignant transformation can be prevented.

***However, to-date, there is no direct evidence to support this pathway in the prevention of anal SCC (as there is for CIN to invasive cervical carcinoma)***

- Targeted biopsies using high-resolution anoscopy and 3% acetic acid to the anal canal mucosa (similar to colposcopy) can help identify areas of AIN.
- ***Anoscopy is mandated in trials, but its role in clinical practice is not yet established***

## U.K GUIDANCE 2017

ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN & IRELAND (ACPGBI):  
GUIDELINES FOR THE MANAGEMENT OF CANCER OF THE COLON, RECTUM AND ANUS (2017)  
COLORECTAL DISEASE VOLUME 19 SUPPLEMENT 1 JULY 2017

- *The estimated AIN transformation rates to anal SCC in the general population has been considered very low*
- *The surveillance of patients with AIN II and III is predominantly aimed at the identification of early invasive carcinoma*
- *Small, discrete lesions should be excised*
- *There are several therapeutic options*

## U.K GUIDANCE 2017

### ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN & IRELAND (ACPGBI): GUIDELINES FOR THE MANAGEMENT OF CANCER OF THE COLON, RECTUM AND ANUS (2017)

COLORECTAL DISEASE VOLUME 19 SUPPLEMENT 1 JULY 2017

- *To avoid the risk of misdiagnosis of invasive disease and potential for overtreatment, the diagnosis of AIN III should be confirmed by the specialist histopathologist within the Anal Cancer MDT.*
- *High-risk patients should be followed up at six monthly intervals for at least 5 years, ideally with periodic photographic documentation of the perianal region*
- **Missing**
  - **Screening/ IANS / Anchor / treatment**

## 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>*

# IANS – INTERNATIONAL GUIDANCE

- Standardise the terminology: lesion and HRA
- Initial training recommendations
- Once trained performance metrics
- Patient experience metrics



Figure 3: Quality Assurance Log Book

FU or New	Date of HRA + Unit Number	Recent cytology result + date taken	Anoscopic Impression (Include % scj seen)	Intra-anal abnormalities + sites of biopsies	Perianal abnormalities + sites of biopsies	Histology (with locations)
				<p>HRA IA:</p>	<p>HRA PA:</p>	

**Abbreviations**

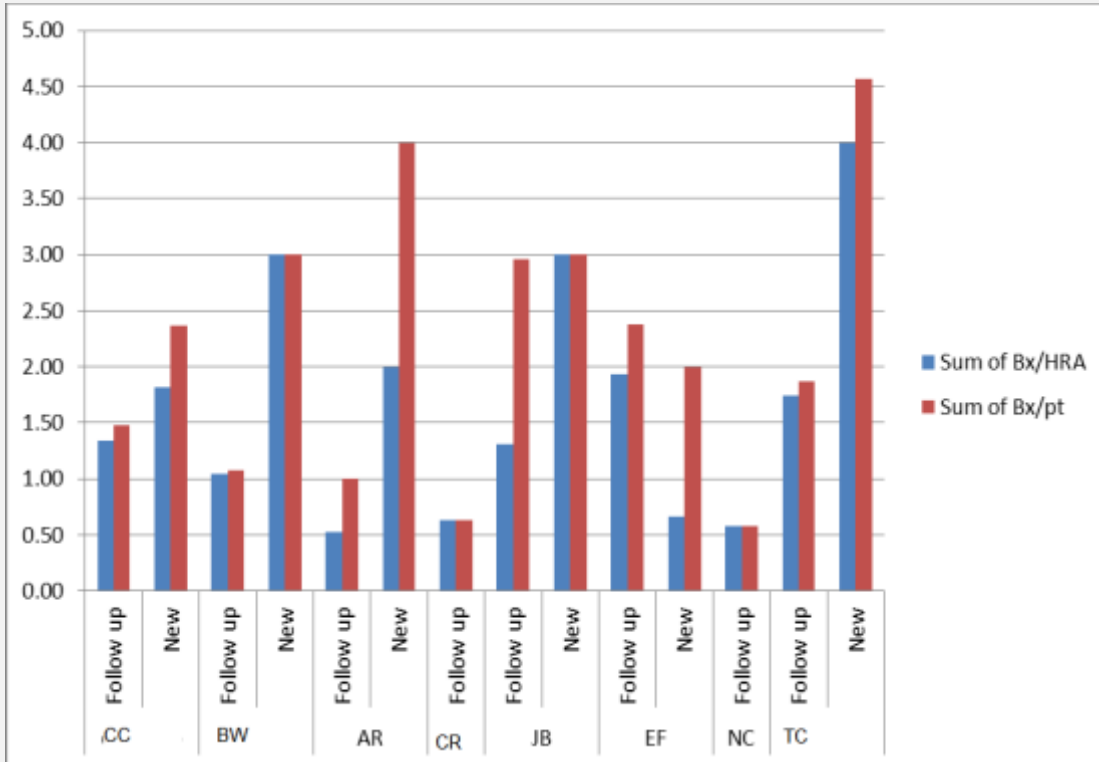
FU - follow up  
 HRA - high resolution anoscopy  
 SCJ - squamocolumnar junction  
 IA - intraanal  
 PA - perianal

RL - right lateral  
 RA - right anterior  
 A - anterior  
 LA - left anterior

LL - left lateral  
 LP - left posterior  
 P - posterior  
 RP - right posterior

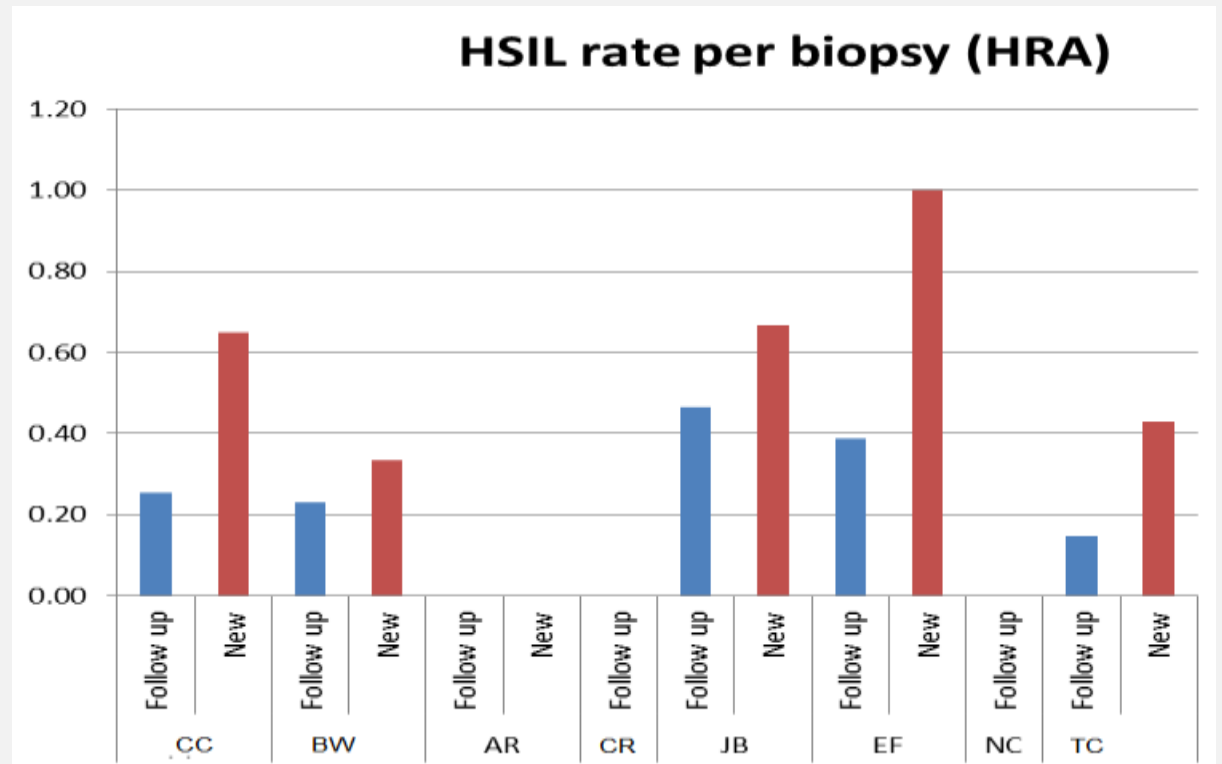


# SELF AUDIT



HIGH RESOLUTION  
ANOSCOPY  
OBSERVE 20  
50 OBSERVED

## HSIL rate per biopsy (HRA)



# UPDATES TO GUIDELINES

1

Screening

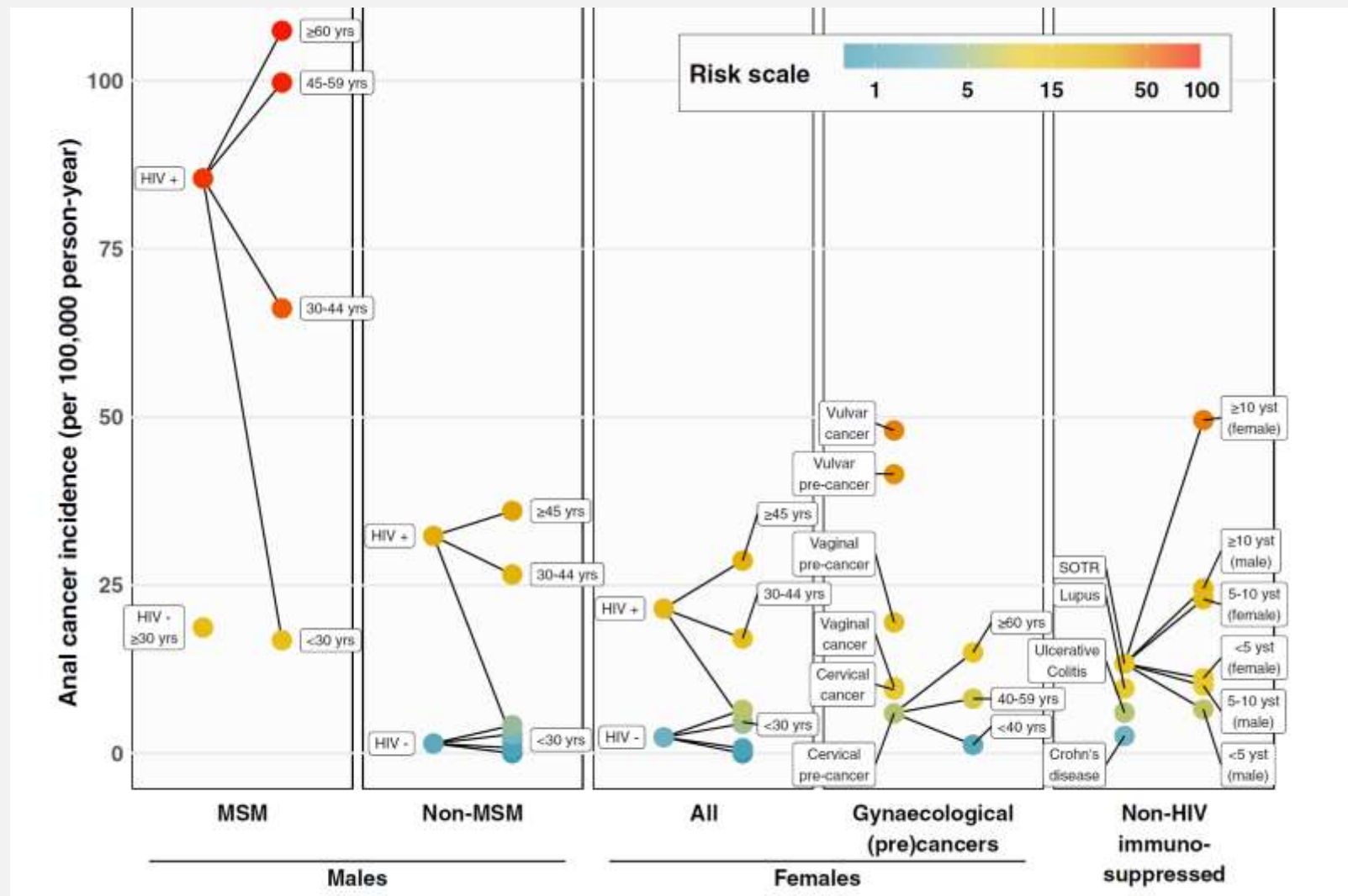
2

Training

3

Treatment  
+ follow-up

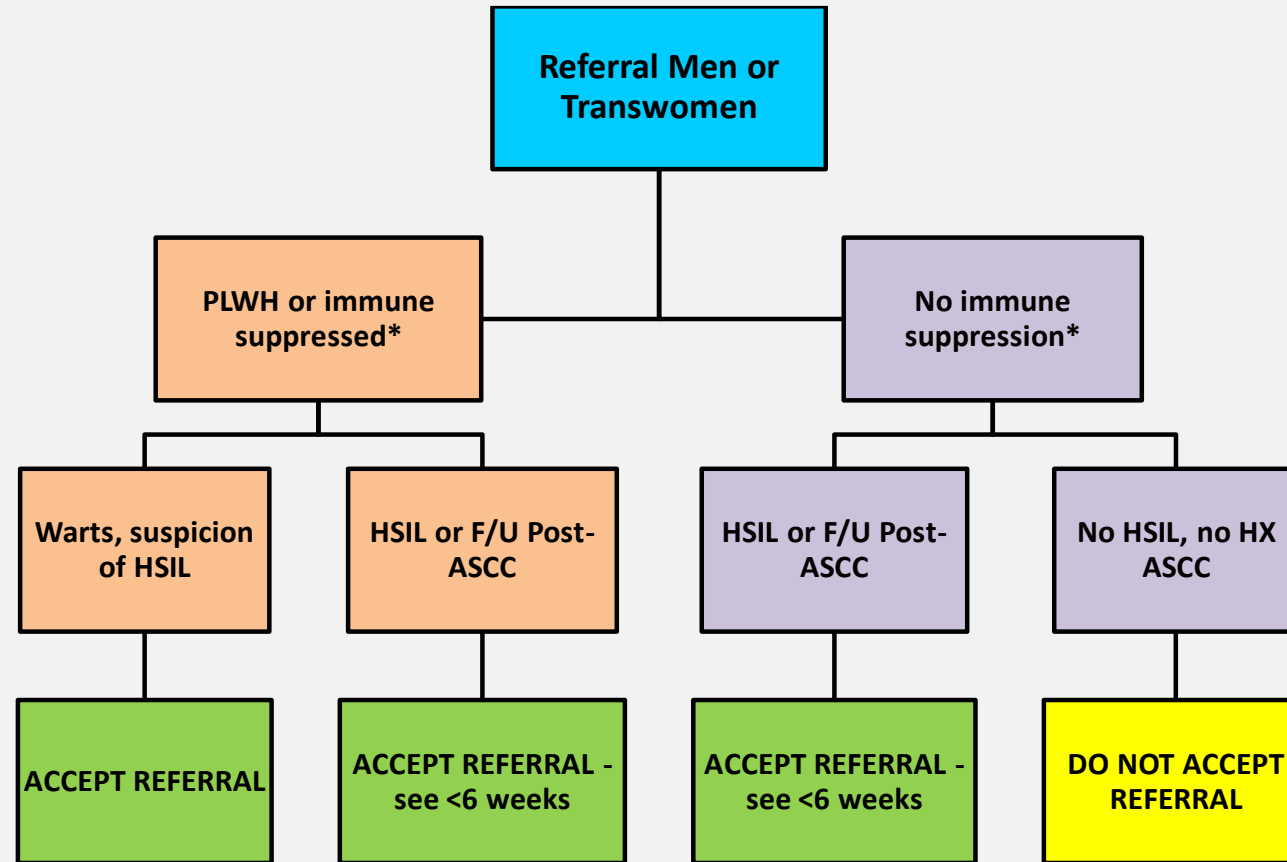
# SCREENING GUIDELINES



Clifford GM, Georges D, Shiels MS, Engels EA, Albuquerque A, Poynten IM, de Pokomandy A, Easson AM, Stier EA. A meta-analysis of anal cancer incidence by risk group: Toward a unified anal cancer risk scale. *Int J Cancer*. 2021 Jan 1;148(1):38-47. doi: 10.1002/ijc.33185. Epub 2020 Jul 29. PMID: 32621759; PMCID: PMC7689909.

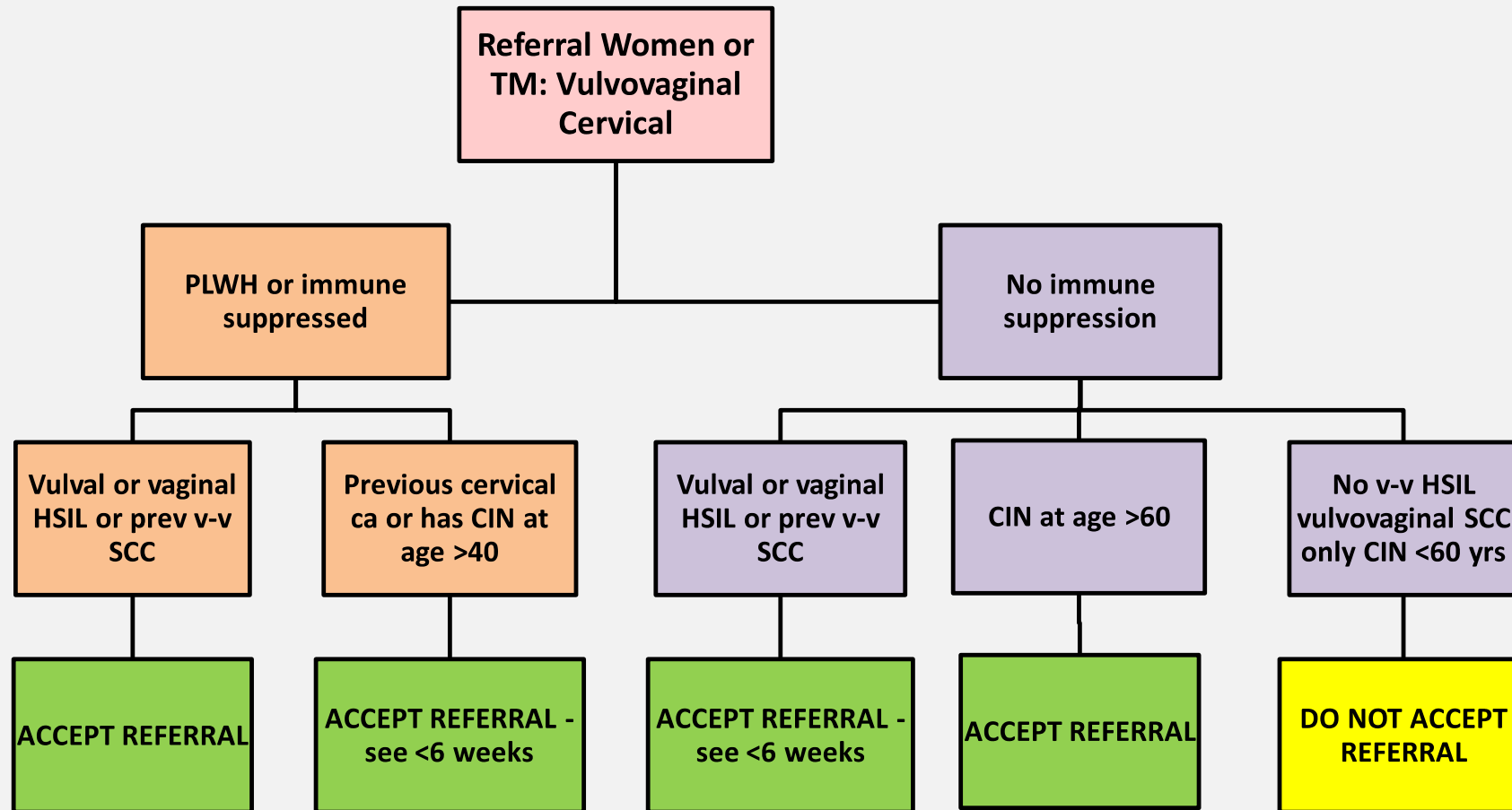
# HOMERTON ANOGENITA NEOPLASIA SERVICE

## Referral Men or Transwomen



Management: All will have assessment HRA, anal cytology and hrHPV\*\*

## Referral Women or TM: Vulvovaginal Cervical



Management: all will have assessment HRA, anal cytology and anal hrHPV +/- cervical hrHPV & cytology if indicated

All HSIL will be considered for: topical/ablative or watchful waiting

\*consider reducing intensity of f/u if hrHPV negative

Also can be referred back to HRA service if one available locally

† Disclaimer: refer back if lump or bleeding

# TRAINING GUIDELINES



## Course Instructions

The Virtual High Resolution Anoscopy Course will be open **March 1** through **November 30, 2023**. This will be a self-paced course with pre-recorded thematic modules that can be completed at any time during the period the course is open.

In addition to the recorded modules, a live Q&A session with faculty members will be scheduled. Questions can be submitted at any time during the course for discussion during the Q&A session. You can submit questions to the **HRA Q&A Forum**. A recording of the live Q&A will be available for those who cannot attend live.

Once you have registered for the course, the event confirmation will be emailed to you which includes the link to the course and the instructions.

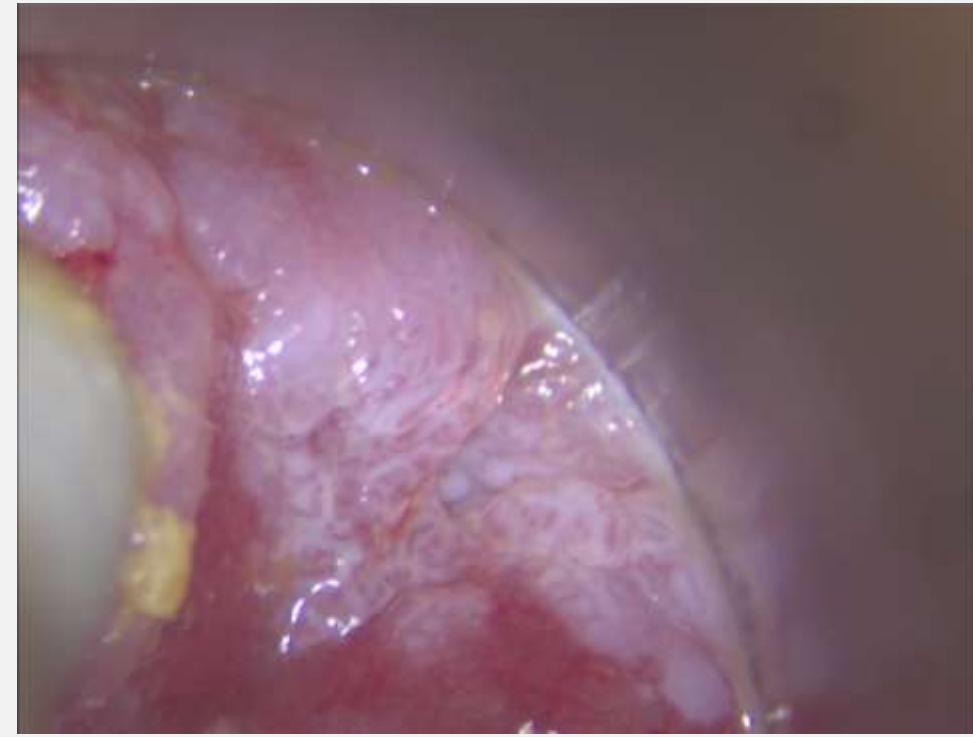
[Download Program - English](#)

[Download Program - Spanish](#)

# CERTIFICATION

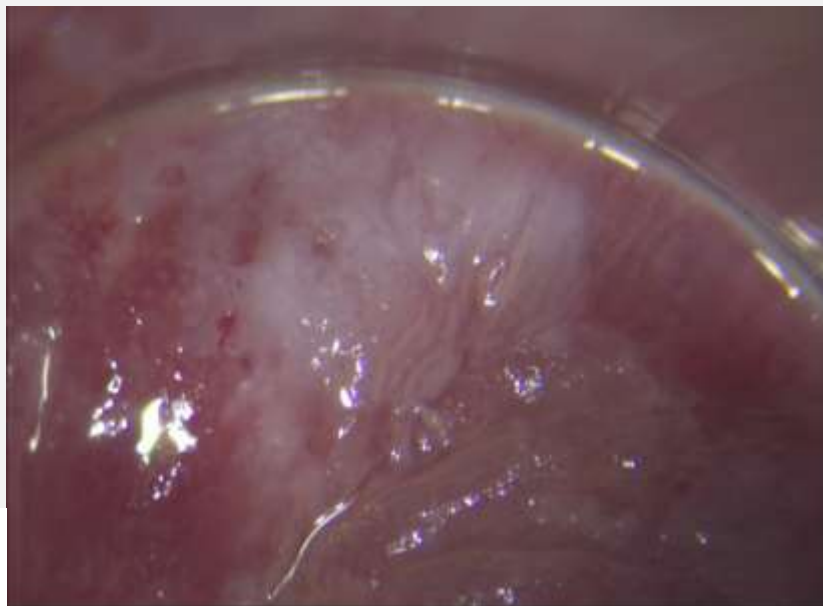
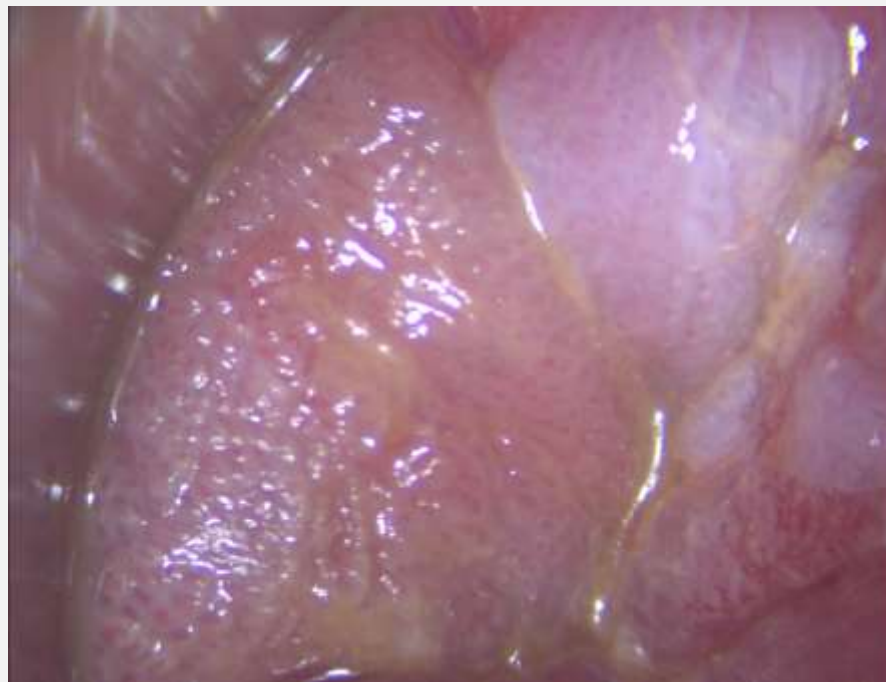
- HRA rapidly growing specialty
- Imperfect gold standard
- Protecting credibility of practitioners
- Not letting “the perfect being the enemy of the good”
- IANS best-placed to deliver
- Legal clarity – “**Certification of Program Completion**”
- Local jurisdiction to decide value
- Minimum standard for research participation

# TREATMENT GUIDELINES





TREATMENT GUIDELINES  
CONSERVATIVE  
MANAGEMENT  
TOPICAL  
ABLATION  
EXCISION

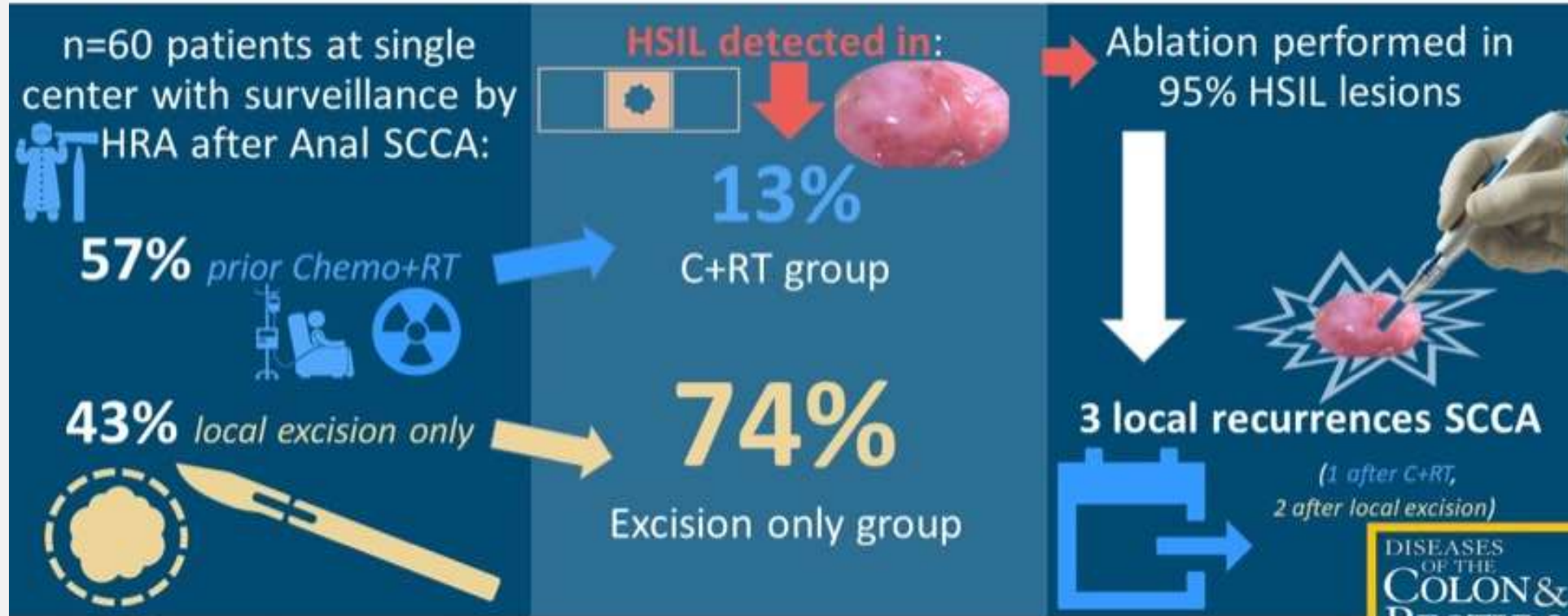


## FOLLOW-UP GUIDELINES

- *If you have AIN3, close follow-up will be recommended with careful clinical examination, very 6 months over many years.*
- *If the specialist has concerns at these examinations, you may need further biopsies.*

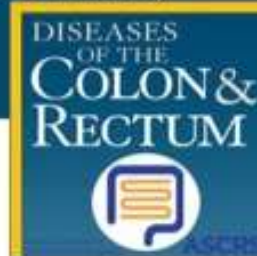
- **No HSIL**
- **HSIL untreated**
- **HSIL treated**
- **Cancer follow-up**

# High Resolution Anoscopy After Anal SCCA: HSIL Detection & Recurrence

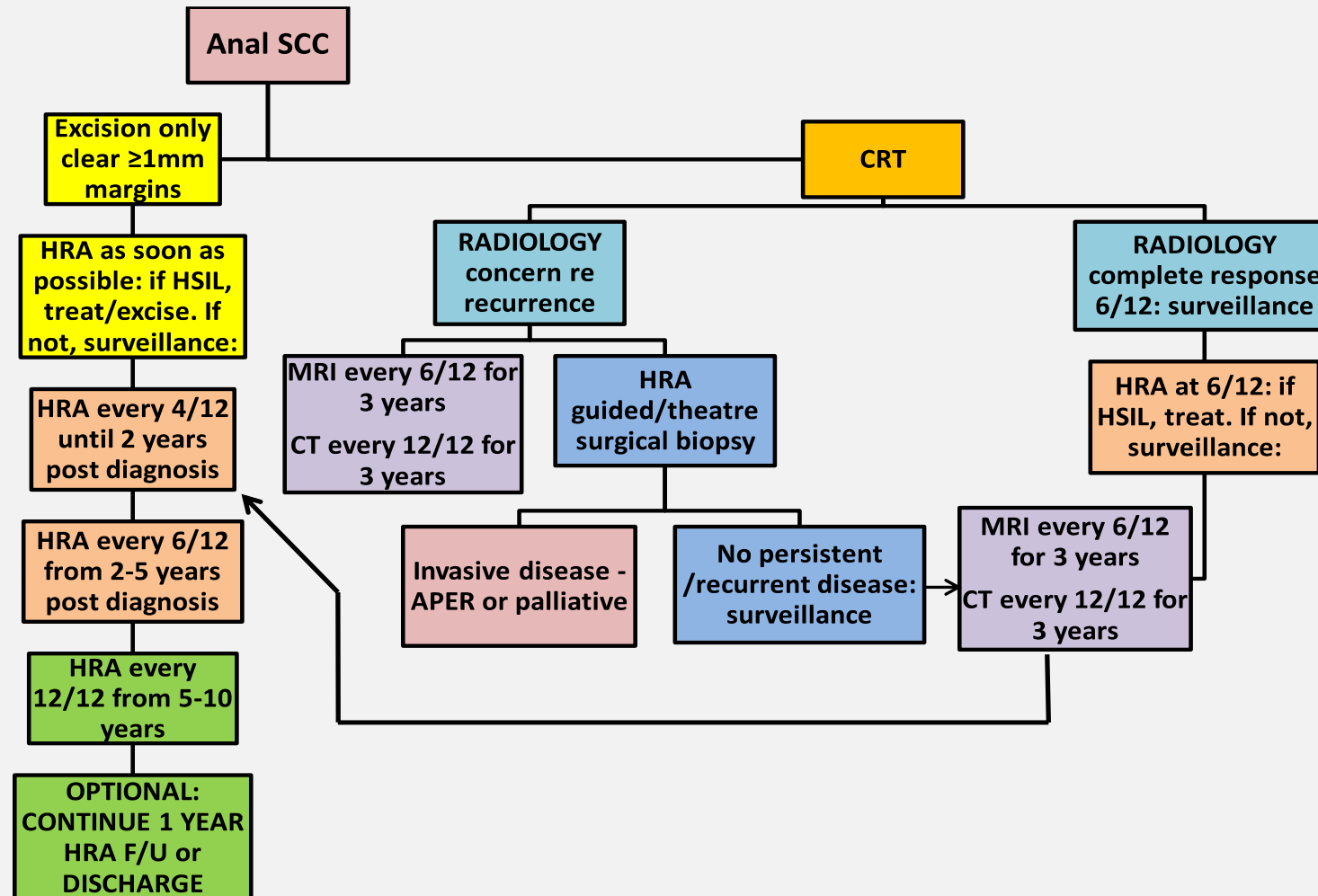


Cappello & Cuming et al. *Dis Colon Rectum* 2020;63(10):1363-71

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## Anal SCC



ACT II study : very few recurrences (<1%) occur after 3 years

Lancet Oncol 2017; 18: 347–56

# CONCLUSION



WE NEED UPDATED  
GUIDELINES



GUIDELINES FOR OUR OWN  
HEALTHCARE SETTING

**THANK YOU!**



**IANS Scientific Meeting 2023**  
**PUERTO RICO | November 10-12**

# IANS SCIENTIFIC MEETING 2023

San Juan, Puerto Rico  
November 10-12, 2023  
In-Person Meeting

[www.ians2023scientificmeeting.evareg.com/](http://www.ians2023scientificmeeting.evareg.com/)

[www.iansociety.org](http://www.iansociety.org)