Teaching HRA... What are the options?

Adrià Curran, MD, PhD
Infectious Diseases Department
Vall d'Hebron University Hospital
Vall d'Hebron Research Institute
Barcelona, Spain

Conflict of Interest Disclosures

- I have received fees, grants and/or conference support from Gilead, Janssen-Cilag, Merck Sharp & Dohme and ViiV Healthcare regarding **HIV**.

- I have received lecture fees and consultancy fees from Merck Sharp & Dohme regarding **HPV**.

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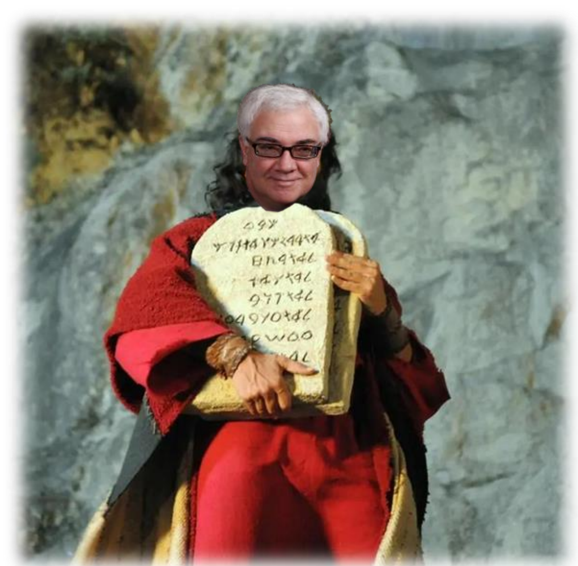
- Whom?
- What?
- How?
- Other considerations...

Why do we need new anoscopists?



A scene from 'The Real Wild West,' a Curiosity Stream docuseries

Why do we need new anoscopists?

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Treatment of Anal High-Grade Squamous Intraepithelial Lesions to Prevent Anal Cancer

J.M. Palefsky, J.Y. Lee, N. Jay, S.E. Goldstone, T.M. Darragh, H.A. Dunlevy, I. Rosa-Cunha, A. Arons, J.C. Pugliese, D. Vena, J.A. Sparano, T.J. Wilkin, G. Bucher, E.A. Stier, M. Tirado Gomez, L. Flowers, L.F. Barroso, R.T. Mitsuyasu, S.Y. Lensing, J. Logan, D.M. Aboulafia, J.T. Schouten, J. de la Ossa, R. Levine, J.D. Korman, M. Hagensee, T.M. Atkinson, M.H. Einstein, B.M. Cracchiolo, D. Wiley, G.B. Ellsworth, C. Brickman, and J.M. Berry-Lawhorn, for the ANCHOR Investigators Group*

ABSTRACT

BACKGROUND
The incidence of anal cancer is substantially higher among persons living with the human immunodeficiency virus (HIV) than in the general population. Similar to cervical cancer, anal cancer is preceded by high-grade squamous intraepithelial lesions (HSILs). Treatment for cervical HSIL reduces progression to cervical cancer; however, data from prospective studies of treatment for anal HSIL to prevent anal cancer are lacking.

METHODS
We conducted a phase 3 trial at 25 U.S. sites. Persons living with HIV who were 35 years of age or older and who had biopsy-proven anal HSIL were randomly assigned, in a 1:1 ratio, to receive either HSIL treatment or active monitoring without treatment. Treatment included office-based ablative procedures, ablation or excision under anesthesia, or the administration of topical fluorouracil or imiquimod. The primary outcome was progression to anal cancer in a time-to-event analysis. Participants in the treatment group were treated until HSIL was completely resolved. All the participants underwent high-resolution anoscopy at least every 6 months; biopsy was also performed for suspected ongoing HSIL in the treatment group, annually in the active-monitoring group, or any time there was concern for cancer.

RESULTS
Of 4459 participants who underwent randomization, 4446 (99.7%) were included in the analysis of the time to progression to cancer. With a median follow-up of 25.8 months, 9 cases were diagnosed in the treatment group (173 per 100,000 person-years; 95% confidence interval [CI], 90 to 332) and 21 cases in the active-monitoring group (402 per 100,000 person-years; 95% CI, 262 to 616). The rate of progression to anal cancer was lower in the treatment group than in the active-monitoring group by 57% (95% CI, 6 to 80; P=0.03 by log-rank test).

CONCLUSIONS
Among participants with biopsy-proven anal HSIL, the risk of anal cancer was significantly lower with treatment for anal HSIL than with active monitoring. (Funded by the National Cancer Institute; ClinicalTrials.gov number, NCT02135419.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Dr. Palefsky can be contacted at joel.palefsky@ucsf.edu or at the University of California, San Francisco, 513 Parnassus Ave., Rm. S420, Box 0654, San Francisco, CA 94143.

*The members of the ANCHOR Investigators Group are listed in the Supplementary Appendix, available at NEJM.org.

N Engl J Med 2022;386:2273-82.
DOI: 10.1056/NEJMoa2201048
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CME at NEJM.org

The New England Journal of Medicine
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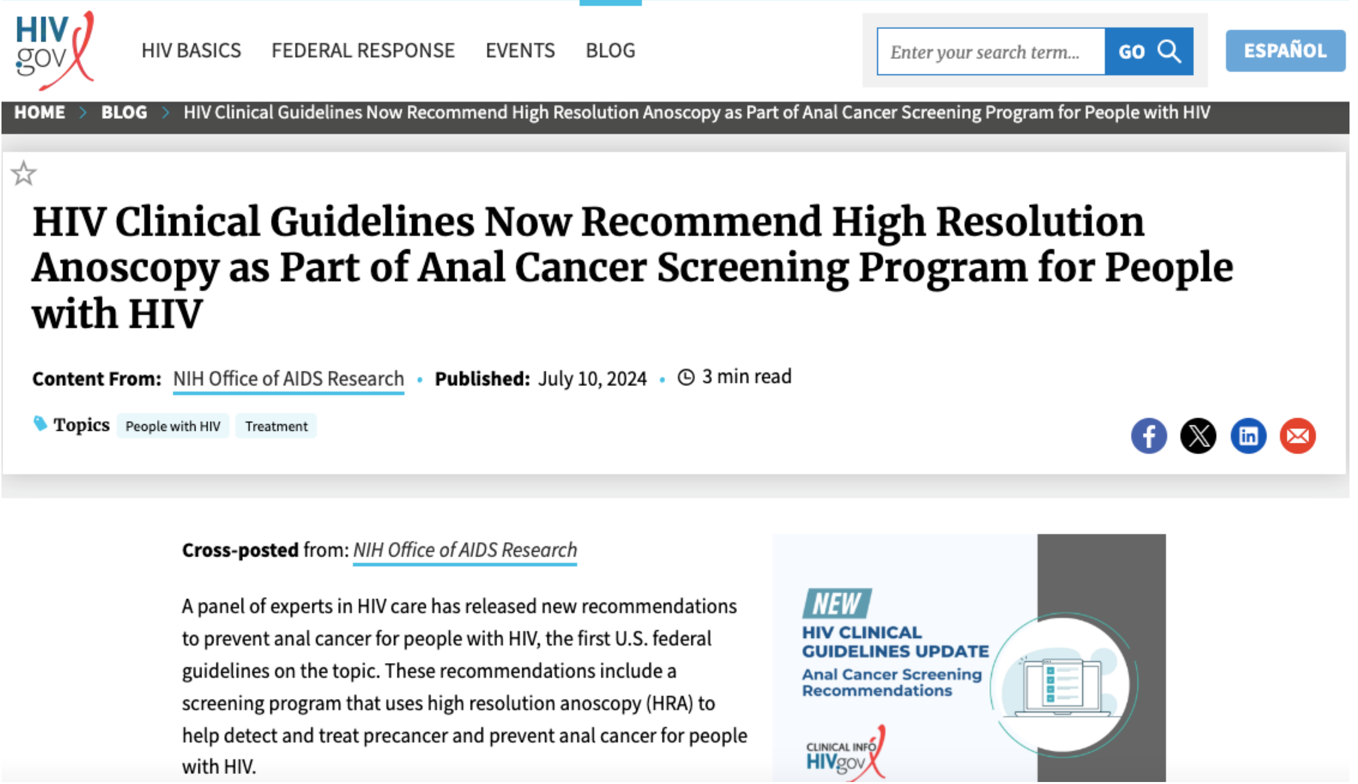
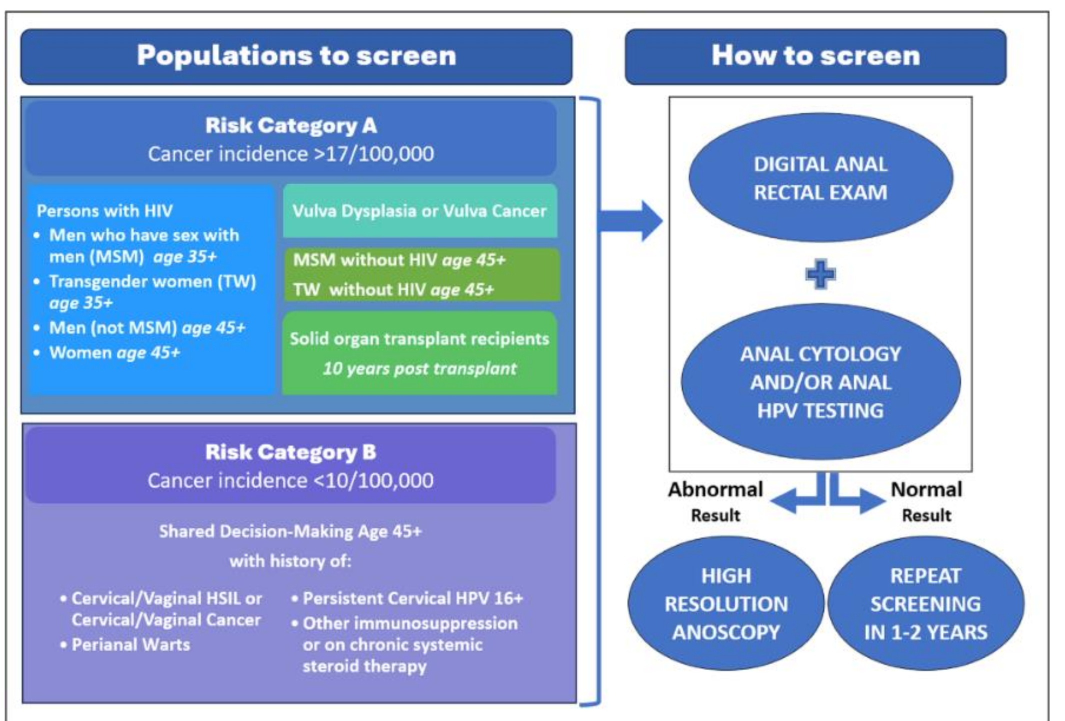
Palefsky J et al. N Engl J Med 2022;386:2273-82.

Why do we need new anoscopists?



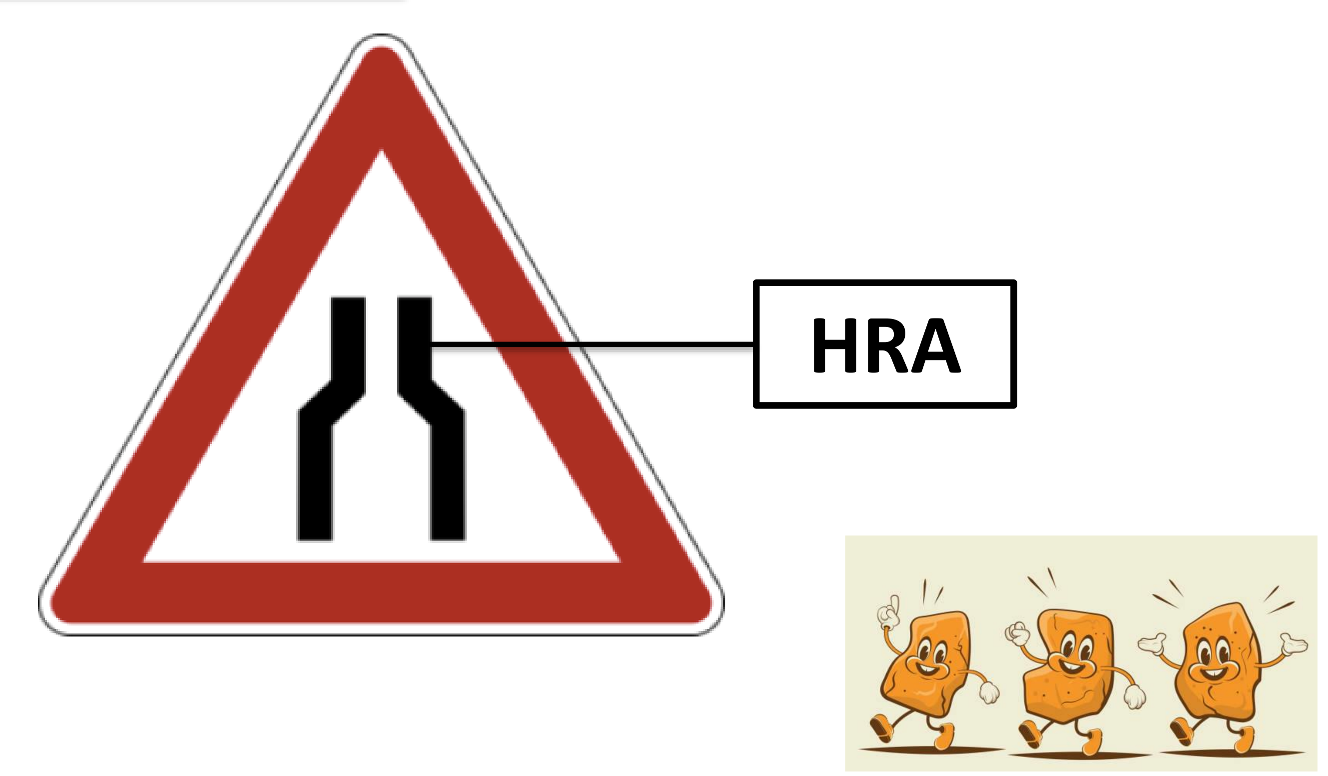
https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new

Why do we need new anoscopists?



Stier EA et al. Int J Cancer 2024;154:1694–1702

Why do we need new anoscopists?



The HRA provider journey

I believe
in HRA!

I go and get
trained

I start
doing HRA!

I convince my
boss to set up a
clinic

I actually set up
a clinic

I get
proficient
doing HRA!

Who has to learn about HRA?

- **HCP who want to perform HRA**
  - **Basic level**
  - **Advanced level**
- "General" HCP
  - HPV-related disease specialties
    - ID/GUM, colorectal surgeons/proctologists, dermatologists, gynecologists, gastroenterologists, nurses?
- Policy makers and guidelines
- Potential users (patients)

The HRA provider journey

I go and get trained

I start doing HRA!

I get proficient doing HRA!

Learn the theory
Attend a course
Practice without a patient
Observe an experienced provider

Do it yourself

Where can we learn from?

https://www.iansoc.org/

Home Membership Members Only Education Patient Support Pathology

This section is viewable to members only. **You must login to your profile to gain access to this section.**

Members Only

IANS Member Directory
Online Business Meeting
IANS WebRounds-Recording
IANS In Europe
Discussion Forum
Member Newsletter
Helpful Videos
Helpful Documents

Digital Anal Rectal Exam

An Exam at the UCSF ANCRE: Anal Neoplasia Clinic, Research & Education Center

Topical Therapy Application

HRA Documents

Click to download the documents

- IANS Treatment Logs-IANS-Example.xlsx
- IANS Treatment Logs-IANS.xlsx
- IANS_Instructions for filling out HRA Logs

Click here to download: Efudex instructions

Helpful Documents

Atlas of Anal Canal and Perianal HPV Related Disease
IANS Guidance Statement
IANS DARE Guidelines
Topical Treatment Survey Results
HRA in Spanish and Portuguese

https://www.iansoc.org/

Atlas of Anal Canal and Perianal HPV-related Disease

This atlas is posted as a service to members of the International Anal Neoplasia Society. It is provided with the kind permission of Lippincott Williams and Wilkins (http://lww.com), publishers of the textbook "Modern Colposcopy"in which this atlas was published as Chapter 17. Images and text may not be reproduced without permission of the authors and publishers.

Atlas of Anal Canal and Perianal HPV Related Disease

CHAPTER 17

TERESA M. DARRAGH
J. MICHAEL BERRY
NAOMI JAY
JOEL M. PALEFSKY

The Anal Canal and Perianus: HPV-Related Disease

17.1 EPIDEMIOLOGY OF ANAL HPV INFECTION, ANAL INTRAEPITHELIAL NEOPLASIA, AND ANAL CANCER IN MEN AND WOMEN
- 17.1.1 Epidemiology of Anal HPV Infection in Men and Women
- 17.1.2 Epidemiology of AIN in Men and Women

17.2 ANAL CANCER SCREENING

17.3 PATHOLOGY OF HPV-RELATED DISEASE OF THE ANAL CANAL AND PERIANUS
- 17.3.1 Anal Cytology
- 17.3.2 Histopathology of HPV-Related Disease of the Anal Canal and Perianus

17.4 EVALUATION OF THE ANUS AND PERIANUS
- 17.4.1 Assessment of New Patients
- 17.4.2 The Anal and Perianal Examination
- 17.4.3 Anal Cytology Collection
- 17.4.4 Digital Anorectal Examination
- 17.4.5 High-Resolution Anoscopy
- 17.4.6 Differences between HRA and Cervical Colposcopy
- 17.4.7 Anal and Perianal Biopsies
- 17.4.8 HRA Terminology
- 17.4.9 Normal Anal Transformation Zone
- 17.4.10 Abnormal Anal Transformation Zone
- 17.4.11 Perianal Examination

17.5 MANAGEMENT AND TREATMENT OF ANAL CANAL AND PERIANAL LESIONS
- 17.5.1 Rationale for Treating HGAIN or Condyloma
- 17.5.2 Role of HRA in Management and Treatment of Anal Neoplasia
- 17.5.3 Office-Based Treatment of AIN
- 17.5.4 Approach to Patients in the Operating Room: UCSF Experience
- 17.5.5 Specific Management Scenarios If Cancer Is Identified or Suspected
- 17.5.6 Specific Recommendations for Management and Treatment of HGAIN and Condyloma
- 17.5.7 Management of Anal Cancer

17.6 SUMMARY AND CONCLUSIONS
- 17.6.1 Primary Prevention: Hope for the Future

https://www.iansoc.org/

IANS Guidelines

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

Hillman R et al. J Low Genit Tract Dis 2016;20: 283–291

International Anal Neoplasia Society Guidelines for the Practice of Digital Anal Rectal Examination

Hillman R et al. J Low Genit Tract Dis 2019;23: 138–146

International Anal Neoplasia Society's consensus guidelines for anal cancer screening

Stier EA et al. Int. J. Cancer. 2024;154:1694–1702

Meetings & Education

- Registration
- WebRounds Schedule 2024
- Virtual Standard HRA Course 2024
- Virtual Advanced HRA Course 2024
- ECHO Hub 2024

The International Anal Neoplasia Society
P.O. Box 1543
Leesburg, Virginia 20177
info@iansociety.org

https://www.iansoc.org/

Home Membership Members Only Education Patient Support Pathology

Basic Facts
Resource Materials
Patient Seminars

General Info on HPV
HPV Immunization
General Info on Anal Cancer and Precancer
Info Related to Procedures
Useful Educational Resource Sites and Organizations
Support Services

IANS' Patient Su

ians International Anal Neoplasia Society
Farrah Fawcett Foundation
ACF ANAL CANCER FOUNDATION

patient SEMINARS for free

resource MATERIALS for you!

HRA PROVIDERS to contact

Basic FACTS about anal cancer

Helpful Podcasts

https://www.iansoc.org/

However...

* Membership level

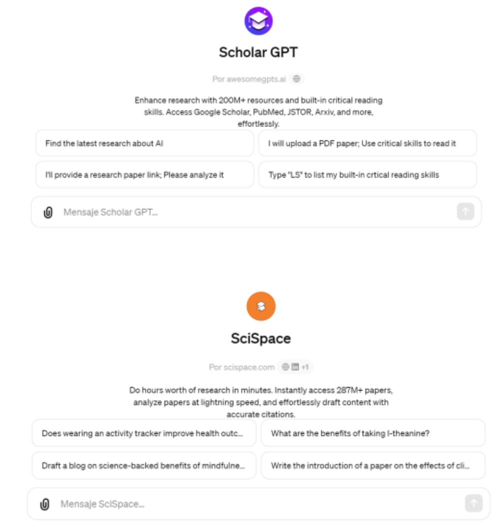
- **Physician Member - $270.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
  Physicians who are interested in high resolution anoscopy and anogenital pathology or those who demonstrate an active interest in anal neoplasia, including invasive and preinvasive disease, high resolutio anoscopy and anogenital pathology by their professional involvement through pathology/cytology, nursing public health policy, and/or research/basic science.
- **Physician Member - Discount for Automatic Renewal - $240.00 (USD)**
  Subscription period: 1 year
  Automatic renewal (recurring payments)
- **Clinical Specialist - $180.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
  Nurses, nurse practitioners, physician assistants, etc.
- **Clinical Specialist - Discount for Automatic Renewal - $160.00 (USD)**
  Subscription period: 1 year
  Automatic renewal (recurring payments)
- **Low-Medium Income Country Physician - $50.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
  Check status:https://data.worldbank.org/country
- **Low-Medium Income Country Physician - Discount for Automatic Renewal - $45.00 (USD)**
  Subscription period: 1 year
  Automatic renewal (recurring payments)
  Check status:https://data.worldbank.org/country
- **Advocate/Research Scientist - $180.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
  Researchers, Scientists and individuals interested in public health, policy, education, or research and basic science related to anal neoplasia.
- **Advocate/Research Scientist - Discount for Automatic Renewal - $160.00 (USD)**
  Subscription period: 1 year
  Automatic renewal (recurring payments)
- **Resident/Trainee - $100.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
  Physicians interested in anal neoplasia and who are currently enrolled in an accredited residency program or have completed such a program in the past year. Physicians in post-residency fellowships are also eligible.
- **Student Member - $50.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
- **Retiree Member - $50.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments
  Individuals who have retired from practice but would like to be involved and participate in meetings and events.
- **Patient/Survivor/Advocate - $50.00 (USD)**
  Subscription period: 1 year
  No automatically recurring payments

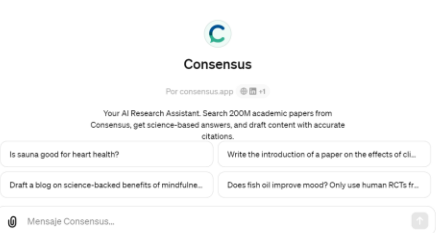
https://www.iansoc.org/

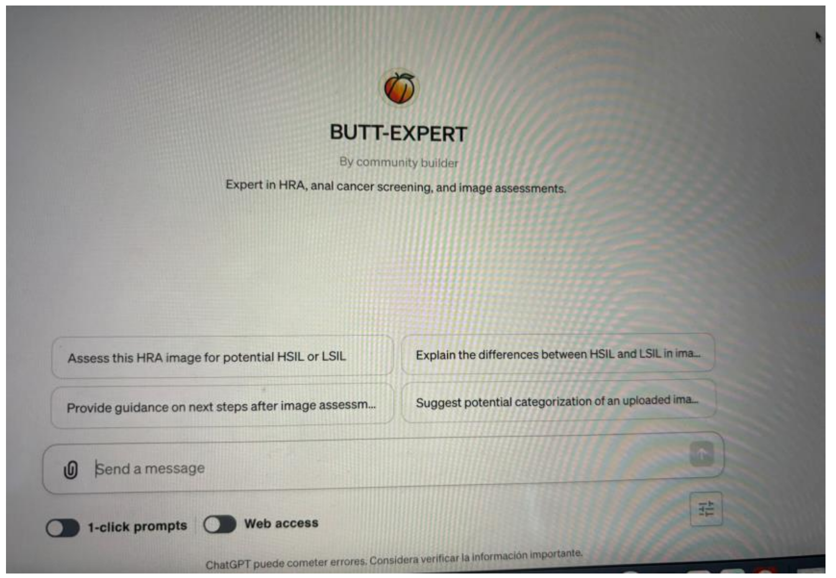
AI in HPV

Artificial Intelligence and data driven decision making in anal dysplasia	**Anna Sala** Hospital Universitari Vall d'Hebron, Barcelona.

AI in HPV







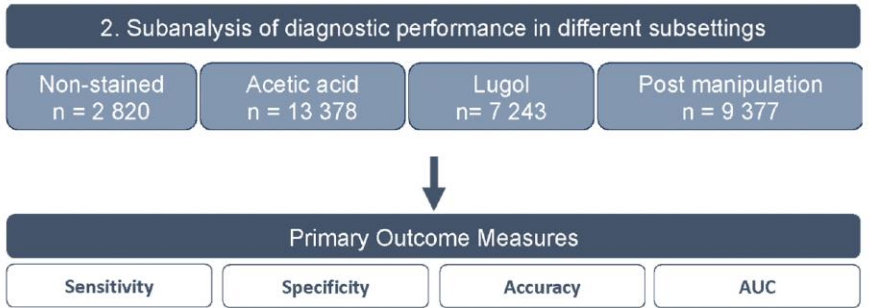
Elena Sendagorta, HU La Paz, Madrid

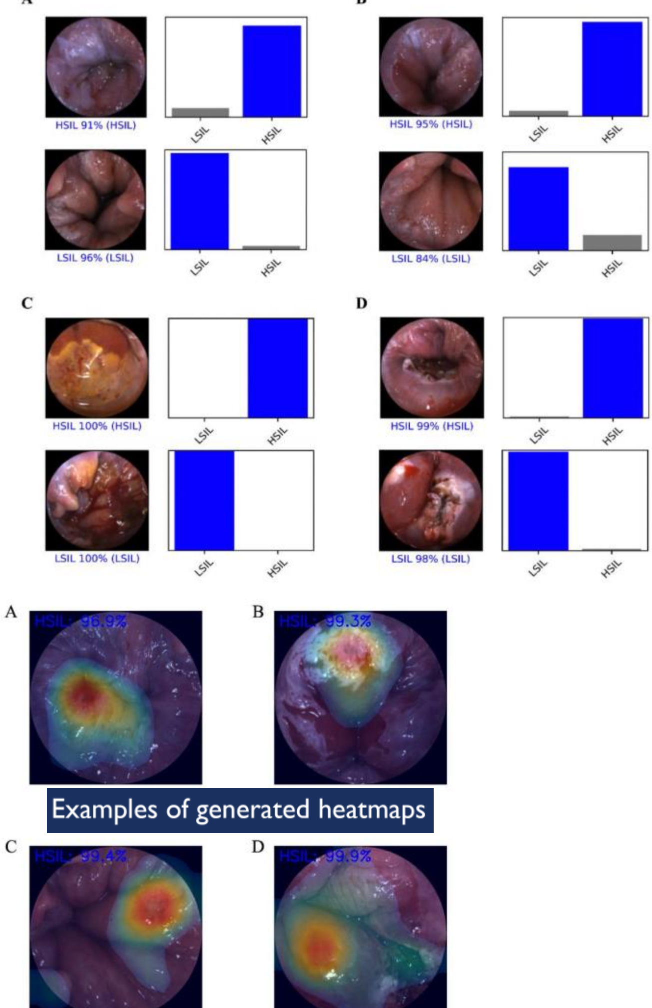
IANS Scientific Meeting 2023
PUERTO RICO | November 10-12

DEEP LEARNING AND HIGH-RESOLUTION ANOSCOPY: ASSESSING THE IMPACT OF STAINING AND OVERCOMING THE IMPACT OF THERAPEUTIC ANAL MANIPULATION IN THE AUTOMATED DETECTION AND DIFFERENTIATION OF ANAL SQUAMOUS CELL CANCER PRECURSORS

M.J. Mascarenhas Saraiva [1], L. Spindler [2], N. Fathallah, [2] T. Ribeiro [1], J. Afonso [1], P. Cardoso [1], F. Mendes [1], M. Martins [1], J. Ferreira [3], G. Macedo [1], V. de Paredes [2]

[1] Gastroenterology Department, São João University Hospital, Porto, Portugal
[2] Hospital Paris Saint Joseph, Proctology, Paris, France
[3] Faculty of Engineering of the University of Porto, Portugal





Examples of generated heatmaps

I want to get trained...
What should be teached?

What should be teached?

BRITISH SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY

TRAINING PROGRAMME LEADING TO CERTIFICATION

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• Theoretical understanding record	10
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SUMMARY OF TRAINING REQUIREMENTS

Basic Colposcopy Course
All trainees must have completed a BSCCP-recognised Basic Colposcopy Course within 5 years of starting clinical colposcopy training.

The Log-Book
This has a number of educational roles and should not simply be regarded as a record. Firstly it documents the trainee's progress in working through the theoretical aspects of colposcopy: the trainer should regularly review this with the trainee to identify if there are any problem areas. In addition, the log-book records clinical experience and it is important that the trainer periodically reviews this in order to assess breadth of experience and to overview the correlation between colposcopic findings and histology.

Clinical experience
It is recommended that clinical training should be completed within 18 months. The trainee is required to see 50 cases (20 of which must be new cases) under direct supervision and 100 (30 new) cases under indirect supervision. ***Half of all new cases must be high-grade cytology referrals.***

Direct supervision means that the colposcopic examination is performed with the trainer in the room. Indirect supervision is when the trainee is seeing a patient without the trainer present in the room. However, the trainer should be available if needed. The trainer should review every case seen by the trainee, ideally straight after each clinical session so as to provide feedback.

Treatment Module
The core training programme is about diagnostic colposcopy. There is an additional module for trainees who intend to perform treatment. Completion of the training programme and this additional module culminates in the awarding of the BSCCP/RCOG Certificate (Diagnostic and Treatment). This module comprises *20 local treatments (10 witnessed, 10 performed under supervision)* in the 150 core module cases. Trainers should ensure they have the appropriate documentation for the treatment module from the BSCCP.

Audit/ research
Trainees should be encouraged to undertake at least one audit topic during their training, whether or not they had previous audit experience. Wherever possible they should be encouraged to participate in research studies.

Pathology experience
All trainees should be familiar with the workings of the cyto- and histopathology laboratories and spend at least one session in each. Nurse trainees must dedicate 3 sessions each to cytopathology and histopathology. In addition all trainees must attend at least 50% (a minimum of 6) colposcopy MDT meetings during training.

https://www.bsccp.org.uk/images/Trainer-Trainee_Guidelines.pdf

Naomi Jay, RN NP PhD

a.k.a. Tushie Queen

Anal Neoplasia Clinic, Research, and Education Center, San Francisco, California, USA

Naomi.Jay@ucsf.edu

N° 162

Practising and training for high-resolution anoscopy

Providers from a variety of specialties and backgrounds have received training in HRA. In most countries, medical doctors and advanced practice clinicians can perform HRA. Ideally training will include a didactic course followed by hands-on mentorship and observation with an experienced provider. Courses are offered annually through the International Anal Neoplasia Society. Unfortunately, as a young field, there is a shortage of expert clinicians to provide mentorship for hands-on training. Practice standards have been published as a guideline for establishing minimal proficiency.[5] While the difficulties of attaining a level of expertise has been documented in many studies, these same studies indicate that expertise will develop with practice.[6] There is a steady increasing demand for HRA in clinical care and research. Providers who choose to establish HRA in their practice will be rewarded by involvement in a young, growing field as well as the opportunity to serve patients seeking these much-needed services.

https://www.hpvworld.com/articles/practising-and-training-for-high-resolution-anoscopy/

1) Didactic course

Epidemiology

Etiopathogenesis

Anatomy

Pathology

HRA basics

Intra-anal patterns

Peri-anal patterns

Topical treatments

Ablative treatments

Primary prevention (vaccines)

Tertiary prevention (DARE)

Dermatology

STIs

Follow-up algorithms

Special populations

Patient perspective/ QoL

Setting up a unit

Guidelines

Billing

Clinical cases

HRA images

1) Didactic courses examples

Home > Education > Virtual Standard HRA Course 2024 > HRA Course Overview

HRA Course Overview

The High Resolution Anoscopy (HRA) course serves as a basic introduction for all clinicians interested in providing this specialized procedure and who work with populations under consideration for anal cancer screening. These include men who have sex with men (MSM), immunocompromised men and women, and women with a history of gynecologic HSIL and cancer. Health care providers from a variety of backgrounds commonly take the course including those in family practice, internal medicine, infectious disease, gynecology, gastroenterology, general and colo-rectal surgery. Providers may or may not have background in gynecologic colposcopy before taking the course. Prior attendees have included MDs and advanced practice clinicians as well as clinicians in training including residents, fellows and RNs.

The course will cover the background and rationale for anal cancer screening, all aspects of the procedures used for screening and management of HPV-associated anal lesions.

Competencies and Objectives

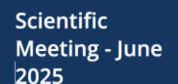
This course has been designed to improve competencies in medical knowledge, practice-based learning, systems-based practice, and patient care.

- To describe the epidemiology and pathophysiology of anal HPV-associated disease including HPV infection, low- and high-grade squamous intraepithelial lesions (L/HSIL), anal cancer.
- To identify populations who may benefit from anal cancer screening.
- To teach the diagnostic procedures used in the evaluation of L/HSIL and anal cancer. These include anal cytology, digital anal rectal exam, high resolution anoscopy, anal biopsy and ablative therapies.
- To discuss different treatment and management options for L/HSIL and anal cancer
- To discuss prevention strategies for HPV-associated disease.

ipvc 2024
NOVEMBER 12-15, 2024 | EDINBURGH, UK

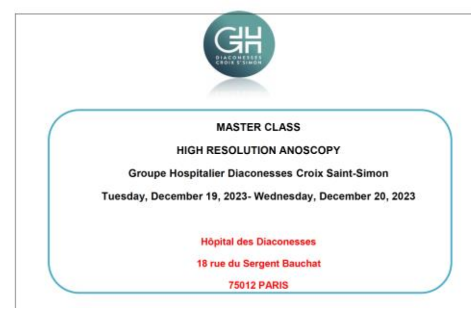
Module 3	ANUS AND PERIANUS	3 hours	Andreia Albuquerque and Mayura Nathan
14.30-14.40	Histological and cytological classification	10 min	Elisabete Rios
14.40-14.55	Epidemiology of anal HPV infection, condylomas, AIN and anal cancer	15 min	Gary Clifford
14.55-15.10	Screening: cytology, HPV testing, biomarkers, DARE	15 min	Andreia Albuquerque
15.10-15.30	Screening: high-resolution anoscopy	20 min	Mayura Nathan
15.30-15.40	Prevention and HPV vaccine	10 min	Gary Clifford
15.40-15.55	Break	15 min	
15.55-16.25	Treatment of anal precancerous lesions	30 min	Joel Palefsky
16.25-16.40	Recommendations for screening and treatment- similarities and differences to cervix	15 min	Nicolas Wentzensen
16.40-16.50	Hot Topics in Anal squamous cell carcinoma	10 min	Carmela Cappello
16.50-17.05	Discussion	15 min	All
17.05-14.45	Case-based discussion	40 min	Mayura Nathan, Carmela Cappello, Isabelle Etienney

Scientific Meeting - June 2025



HRA Clinical Workshop - June 5, 2025

Scientific Meeting June 6-8, 2025



BRIGHAM HOSTS COUNTRY'S FIRST HIGH-RESOLUTION ANOSCOPY COURSE FOR COLORECTAL SURGERY FELLOWS

5th European HRA Course, London

Thursday 7th November – Friday 8th November 2019

OBJECTIVES

- Understand the pathogenesis of HPV-related anal neoplasia
- Understand the clinical presentation of anal neoplasia
- Understand the principles of high-resolution anoscopy
- Understand aspects of management of anal neoplasia and anal cancer
- Understand the practicalities of setting up and maintaining an HRA service

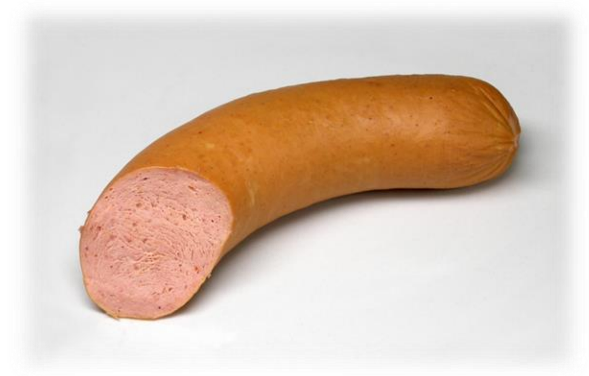
https://www.iansoc.org/HRA-Course-Overview-2023; https://www.iansoc.org/; https://ipvconference.org/ipvs-human-papillomavirus-related-anogenital-diseases/; https://scienhub.org/es/activity/hpvcourse2024-es/; https://www.acpgbi.org.uk/_userfiles/import/2019/07/HRA-Course-programme_final.pdf; https://www.brighamhealthonamission.org/2022/11/28/brigham-hosts-countrys-first-high-resolution-anoscopy-course-for-colorectal-surgery-fellows/

2) Practice w/o patient

- DARE
- Citology
- HRA
- Biopsies
- Anesthesia/ablative treatment

Hands-on?

“Hands-on” HRA



Upon completion of this course, participants will be able to

1. Describe recent advances in rectal cancer oncology treatment pathways.
2. Understand the indications for extended resection for colon, rectal and anal cancer.
3. Understand treatment pathway and surveillance options for dysplastic colorectal and anal lesions
4. Describe the importance of having multidisciplinary team input for complex cancer cases.

Full 3 Day Course (Non CME) $950.00

Please select preferred hands on option:

Option I: Advanced Robotic Colorectal Surgery Hands On Cadaver Workshop

Option II: Advanced Laparoscopic Colorectal Surgery Hands On Cadaver Workshop

Option III: Advanced Open Colorectal Surgery Hands On Cadaver Workshop

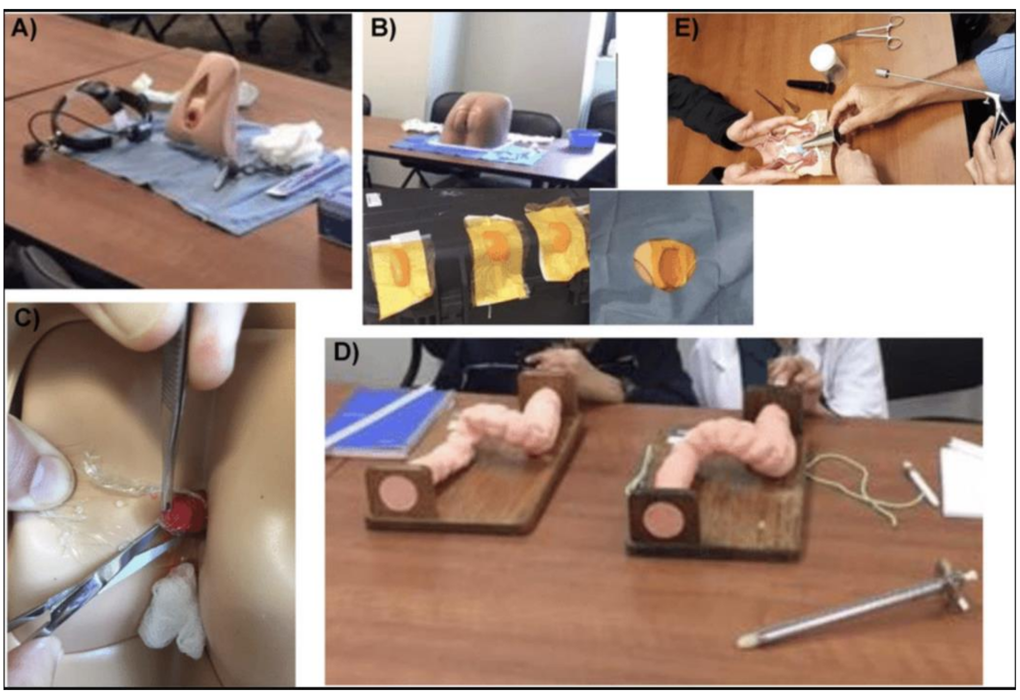
Option IV: High Resolution Anoscopy Hands On Workshop

https://colorectalsymposium.massgeneral.org/coureoverview/

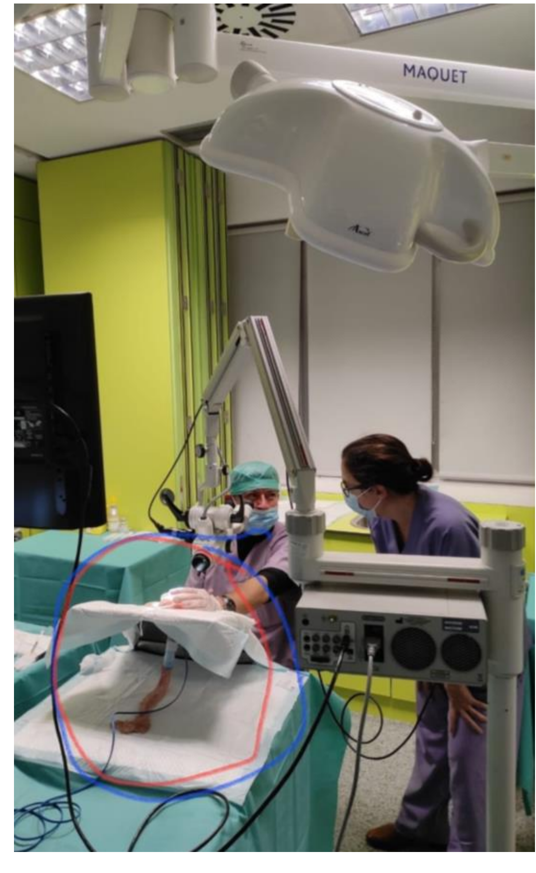
MILITARY MEDICINE, 185, 9/10:e1794, 2020

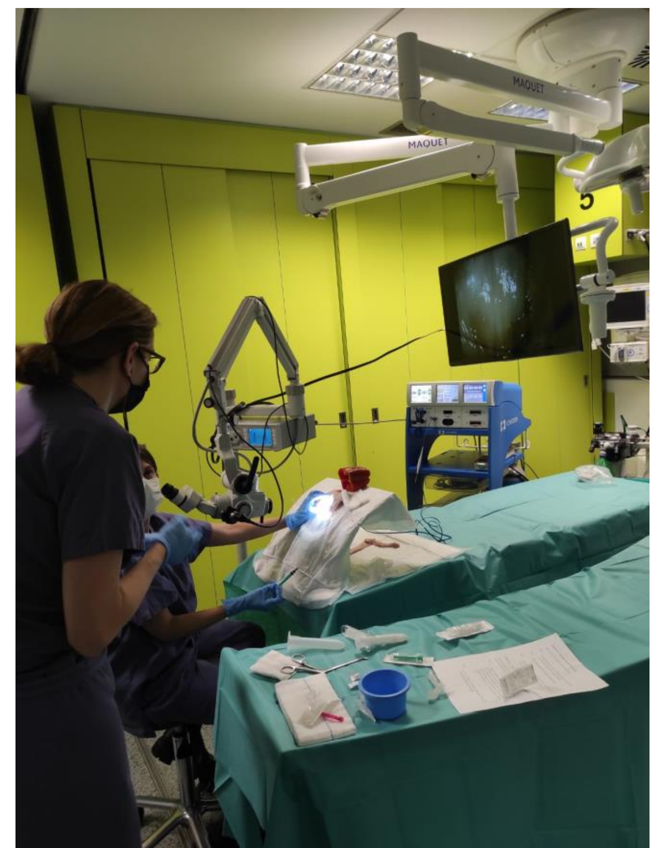
Fundamentals of Anorectal Technical Skills: A Concise Surgical Skills Course

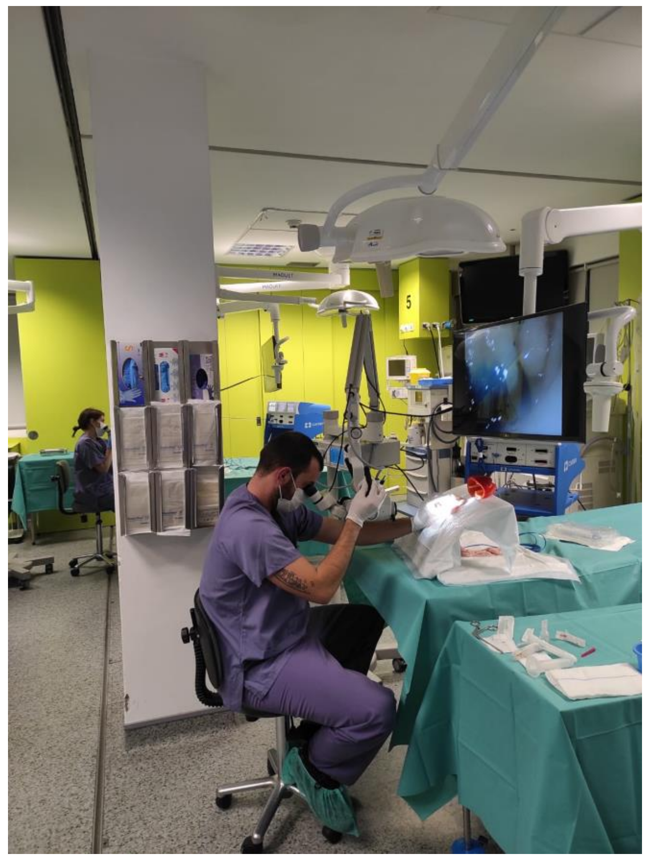
LT Walter B. Kucera, MD, MC, USN† ; LCDR Matthew D. Nealeigh, DO, MC, USN*† ;*
CPT Christopher Dyke, MD, USA, MC† ; Col E. Matthew Ritter, MD, USAF, MC* ;*
CAPT Anthony R. Artino, Jr, PhD, MSC, USN, PhD (Ret.)† ; Steven J. Durning, MD, PhD† ;
*CAPT W. Brian Sweeney, MD, MC, USN (Ret.)**



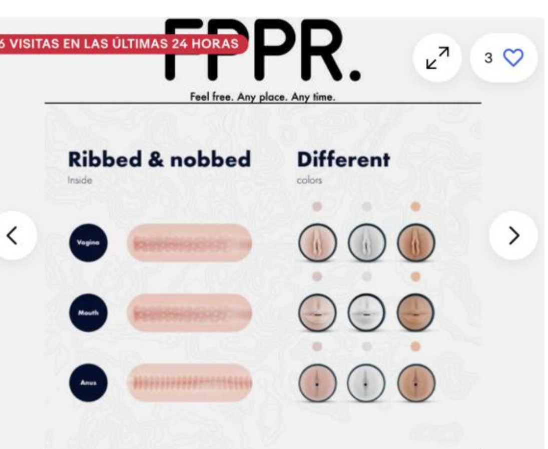
BRIGHAM HOSTS COUNTRY'S FIRST HIGH-RESOLUTION ANOSCOPY COURSE FOR COLORECTAL SURGERY FELLOWS







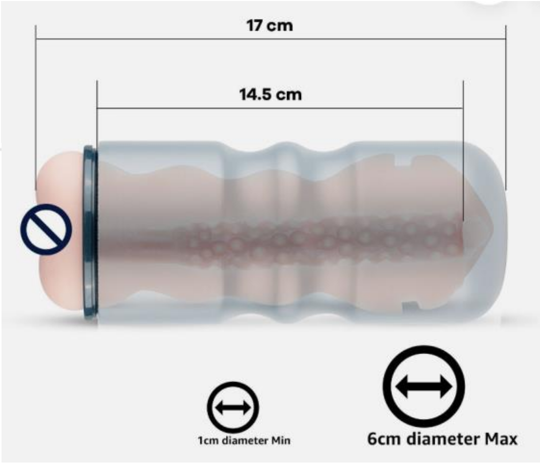
Courtesy Maite García, A Coruña



15,95 EUR c/u

(15,95 EUR/Unidad)

Estado: **Nuevo**



HASTA EL 15% DE DESCUENTO EN COMPRA MÚLTIPLE

https://www.ebay.es/itm/364020953301

CENTRE DE REFERÈNCIA

Vall d'Hebron Centre de Simulació Clínica Avançada

3) Observation with an experienced provider

- Who is observed?
  - How to define “experienced provider”
- For how long?
- Do you ever switch positions?
  - Legal implications of experienced provider observing (and not doing)?

The HRA provider journey

I go and get trained

- Learn the theory
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- Practice without a patient
- Observe an experienced provider

I start doing HRA!

- Hands-on mentorship w patient
- Perform HRA alone
- Invasive procedures mentorship
- Invasive procedures alone

I get proficient doing HRA!

Is that HRA provider ready?

- Who has to certify it?
  - Autocertification?
    - IANS Guidelines 2016
    - Logs
  - External certification?
    - IANS guidelines 2016
    - Logs/videologs
    - Who is entitled to certify in HRA?
      - Multi-specialty
      - Different countries/societies/health systems

  - Legal implications of certification
    - Certification of program completion vs Certification of competency

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

TABLE 4. Recommended Practical Competencies

- 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

TABLE 6. Volume of Practice Criteria

Code	Metric	Minimum cases	Recommended
A.1	Anal cytology samples taken per year	50	≥100
A.2	HRAs completely performed per year	50	≥100
A.3	Histological HSIL diagnoses per year	20	≥50

TABLE 7. Technically Unsatisfactory Anal Cytological Sampling Rates

Code	Metric	Recommendation
B.1	Technically unsatisfactory anal cytological sample (at first attempt) - in highest risk populations: for example, HIV-positive MSM	<5%*
B.2	Technically unsatisfactory anal cytological sample (at first attempt) - in lower risk population: for example, HIV-negative women	<15%

TABLE 8. High-Resolution Anoscopy Performance Metrics

Code	Metric	Recommendation
C.1	Entire SCJ, AnTZ, distal anal canal and perianus fully visualized	>90%
C.2	Average number of biopsies performed per procedure for new patients[1]	>1
C.3	Detection of histological HSIL within 3 months after initial cytological HSIL	>90%
C.4	% perianal biopsies[2]	≥5%

TABLE 9. Patient Experience Metrics

Code	Metric	Recommendation
D.1	Duration of HRAs[1]	90% <15 minutes >90% lasting ≥5 min
D.2	Problematic pain[2]	≤10%
D.3	Problematic bleeding[3]	≤10%

TABLE 10. Possible Additional Metrics

Code	Metric	Recommendation
E.1	Inadequate biopsy rates (including pathologist unable to comment on grade of squamous intraepithelial lesion because of lack of depth, colonic biopsies, and no tissue)	<10%
E.2	If cHSIL identified, but no hHSIL detected, then patient to be recalled within 6 months for repeat HRA	>90%

Hillman R et al. J Low Genit Tract Dis 2016;20: 283–291

Logs

ians
International Anal Neoplasia Society

Clinician's Name: ______________________

Site: ______________________

Log #	Patient ID	Preceding HRA Exam Date	Preceding HRA Examiner, if different	Ablation Date	Type of Ablation	Number of Lesions and Locations Treated	Complications of Treatment (if any)	Comments: complete ablation, Y/N, if no provide reason.	Date of Follow-up HRA	Follow-up HRA Findings	FU Cytology Results	FU Summary- complete resolution, persistence, recurrence, new lesions	Summary: Most Severe Histologic Diagnosis	Lesion 1 Location, Pathology Results*, Recurrent Lesion Y/N	Lesion 2 Location, Pathology Results*, Recurrent Lesion Y/N	Lesion 3 Location, Pathology Results*, Recurrent Lesion Y/N	Lesion 4 Location, Pathology Results*, Recurrent Lesion Y/N	Lesion 5 Location, Pathology Results*, Recurrent Lesion Y/N	Lesion 6 Location, Pathology Results*, Reucrrent Lesion Y/N
2																			
3																			
4																			
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* List pathology results if biopsy was taken. Note as "WNL" if no lesion seen and no biospy taken.

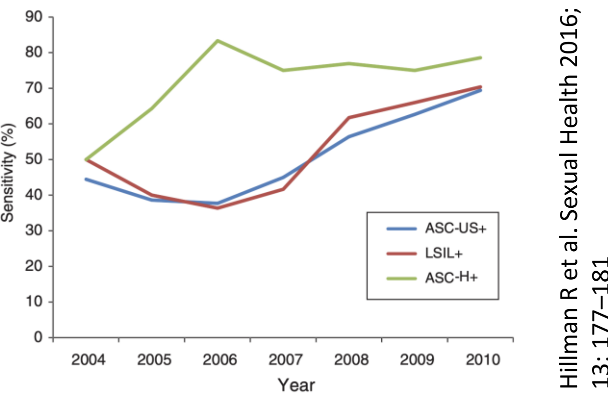


Fig. 1. Trends of detecting anal squamous intraepithelial lesions from 2004 to 2010.

Hillman R et al. Sexual Health 2016; 13: 177–181

Neukam K et al. Papillomavirus Research 2019; 7: 62-66

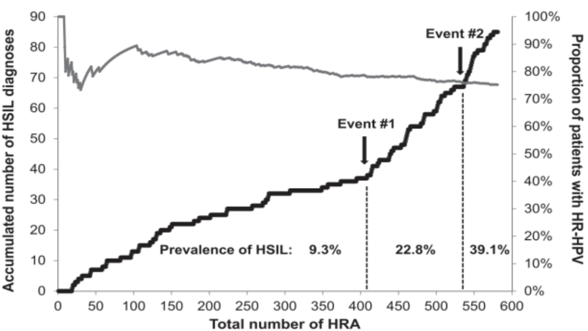
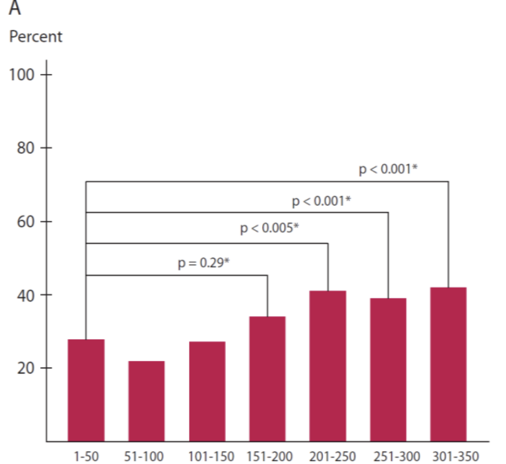
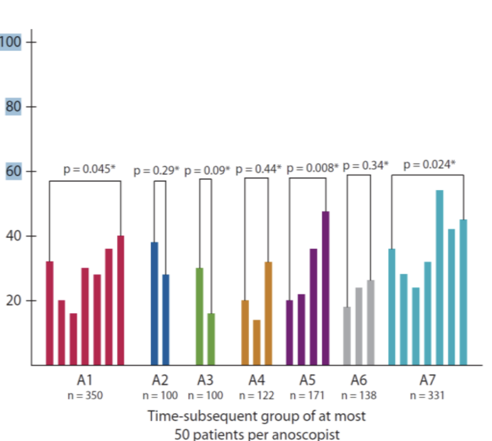
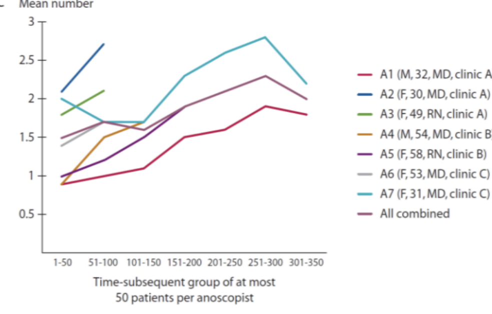


Fig. 2. Accumulated high-grade anal squamous neoplasias (HSIL) according to the total number of high resolution anoscopies (HRA) with subsequent biopsy (black line) and the prevalence of high-risk human papillomavirus (HR-HPV) (grey line) in 581 HIV-infected men who have sex with men seen between 2010 and 2017 in an HIV outpatient clinic of a tertiary care centre in Seville, Spain. Event #1: One single expert pathologist responsible for biopsy interpretation; Event #2: Observer participates at additional one week expert training. The slope of the HR-HPV curve from the hundredth HRA onwards was −0.0003 (r^2 = 0.97).







Siegenbeek van Heukelom ML, et al. Dis Colon Rectum 2018; 61(7):780-786.

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I get proficient doing HRA!

- Certification
- Accreditation
- Advanced course
- Learning specific procedures
- Providing HRA vs Teaching HRA

Accreditation

- Of the provider
- Of the Unit

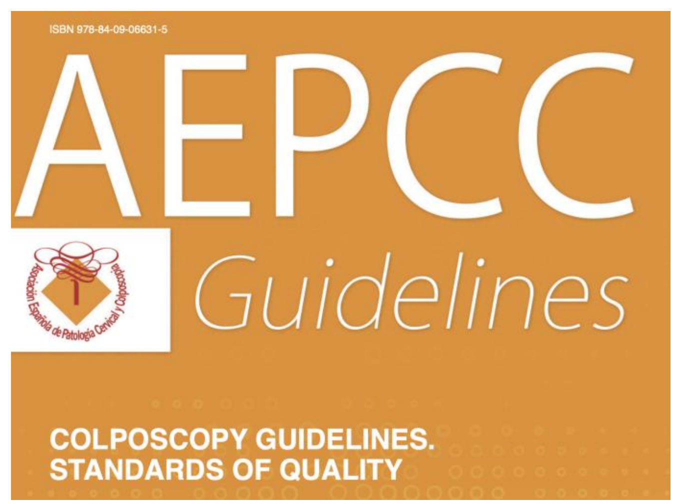
- Periodicity??
- Who accreditates providers/units?
  - National societies (which specialty?)? IANS?

Certification / Accreditation

TABLE 1. Quality Assurance Metrics for Selected Specialties and Jurisdictions

Specialty	Jurisdiction	Contents
Colposcopy	United States	None (although mentorship programs exist and colposcopy practice standards are currently under evaluation through the ASCCP)
	United Kingdom BSCCP (2016)	Minimum caseload of 50 cases per year, comprising: • ≥25 new cases with abnormal cytology • ≤25 new cases referred with abnormal symptoms or an abnormal appearing cervix or multi focal lower genital tract disease referrals within or between colposcopy clinics • >90% biopsies should be suitable for histological interpretation • predictive value of a colposcopic diagnosis of a high-grade lesion (cervical intraepithelial neoplasia grade 2 or worse) should be at least 65% • Biopsy should be undertaken in >95% of women with high-grade abnormalities
	Australia (ASCCP)	• Have completed the Colposcopy Online Learning Program within 12 months before application for certification • Provide evidence of having completed 100 colposcopic examinations, 50 of which must be new cases • Provide evidence of satisfactory completion of the in house clinical assessment 'Colposcopy and the Treatment of Cervical Disease' • Complete a logbook of 10 documented treatments for high-grade lesions of the cervix (therapeutic stream) • Provide a letter of competency signed off by their training supervisor
	Canada (Tinmouth J 2014)	A minimum of: • 6 months technical training • 300 completed procedures with at least 50 polypectomies performed to achieve accreditation • 200 colonoscopies per year to maintain privileges, with at least a 95% cecal intubation rate
Gastrointestinal endoscopic procedures	USA (ASGE 2015)	Preprocedure, intraprocedure, and postprocedure indicators with levels of supportive evidence and specified performance targets, separated by process and outcome measures
	United Kingdom (Group 2011)	≥100 procedures/year (150/year "aspirational") Joint Advisory Group on Gastrointestinal Endoscopy: individual—90% cecal intubation rate; 15% polyp detection rate; unit: patient feedback; cleanliness; standards of decontamination

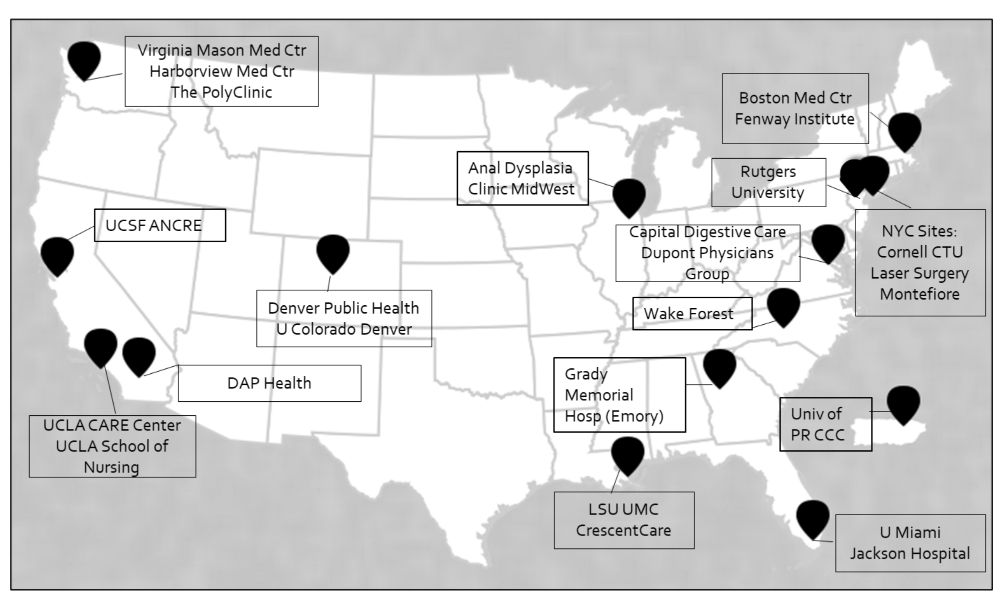
Hillman R et al. J Low Genit Tract Dis 2016;20: 283–291



https://www.aepcc.org/wp-content/uploads/2019/04/10a-AEPCC_guidelines-COLPOSCOPY.pdf

ANCHOR Study Centers

- How were they trained/certified?



Anoscopists mandated to attend IANS-approved course

- Hands-on practical training as part of course
- Proctorship by ANCHOR study expert members
  - Sometime remote
  - Zoom works

Quality assurance (QA):

- Minimum 35% HSIL in MSM LWH
- ≥ 5% biopsies should be perianal of which ≥ 10% should be HSIL
- HRA: 8 observed by expert
  - all 8: complete view of SCJ
  - 5/8 to have biopsies

Program

Module 1: Identification of anal SIL– pre-recorded didactic lectures

1.1 - Introduction: Where we are in terms of identifying and treating anal HSIL -30 mins

1.2 - ABCs of Advanced HRA – 30 mins

1.3 - Perianal squamous intraepithelial lesions part A – 15 mins

1.4 - Perianal squamous intraepithelial lesions part B - 15 mins

1.5 - Use of metrics and monitoring progress – 30 mins

1.6 - Pathology: Updates on biomarkers in distinguishing HSIL, challenges in identification of cancer – 30 mins

Module 2: Treatment of anal SIL and/or SCCA– pre-recorded didactic lectures

2.1 - Ablative Technique in the treatment of anal HSIL – 30 mins

2.2 - Treatment of perianal squamous intraepithelial lesions – 30 mins

2.3 - Surgical management of squamous intraepithelial lesions – 30 mins

2.4 - Surgical management of early anal and perianal cancers – 30 mins

2.5 - Workshop: Block for anesthesia – 5 mins

2.6 - Workshop: Use of tattoos to mark areas of excision – 5 mins

Module 3 – Live/recorded panel case-based discussions

3.1 - Panel Discussion: Diagnosis: early cancer or advanced HSIL – 60 mins

3.2 - Panel Discussion: Diagnosis: challenging scenarios – 60 mins

3.3 - Panel Discussion: Treatment: HRA in the OR– 60 mins

3.4 - Panel Discussion: Treatment: challenging treatment in the office – 60 mins

https://www.iansoc.org/Program

Who can teach?

- Societies/IANS course endorsment?
- Certified/accredited providers/units?
  - Different certification for:
    - Providing HRA
    - Teaching HRA

Seminar series “Educating the Trainers”

Naomi Jay, RN NP PhD
a.k.a. Tushie Queen

Stay
TUNED

- Online
- 4-5 90 minute sessions:
  - Setting up a practice
  - Metrics for evaluating new providers - analyzing and using for feedback
  - Common Problems for new learners and solutions
  - Treatment
  - Teaching remotely

Take home messages

- **Urgent Need for More HRA Providers:**
  - Significant demand for trained anoscopists to meet current & future needs in healthcare system
- **Ensure Quality in HRA Practice:**
  - Maintain a high standard of quality in both theoretical knowledge & practical application of HRA
- **Comprehensive Training Essential:**
  - Effective training programs that combine theoretical knowledge with practical skills are essential to prepare new providers.
- **Certification might enhance Credibility:**
  - Obtaining certification or accreditation from recognized institutions like IANS might ensure the credibility and proficiency of HRA providers.
- **Ongoing Education and Updates:**
  - Continuous learning and staying updated with the latest guidelines and techniques are vital for the expertise in HRA.

THANK YOU