



Cribage de displasia anal en la mujer

¿Cuál es la mejor estrategia?

Javier Corral Rubio

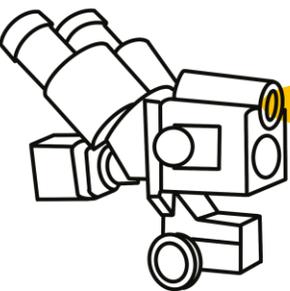
Colorectal Surgery Unit / HIV-Proctology Team

Hospital Germans Trias i Pujol / Fundació Lluita contra la Sida



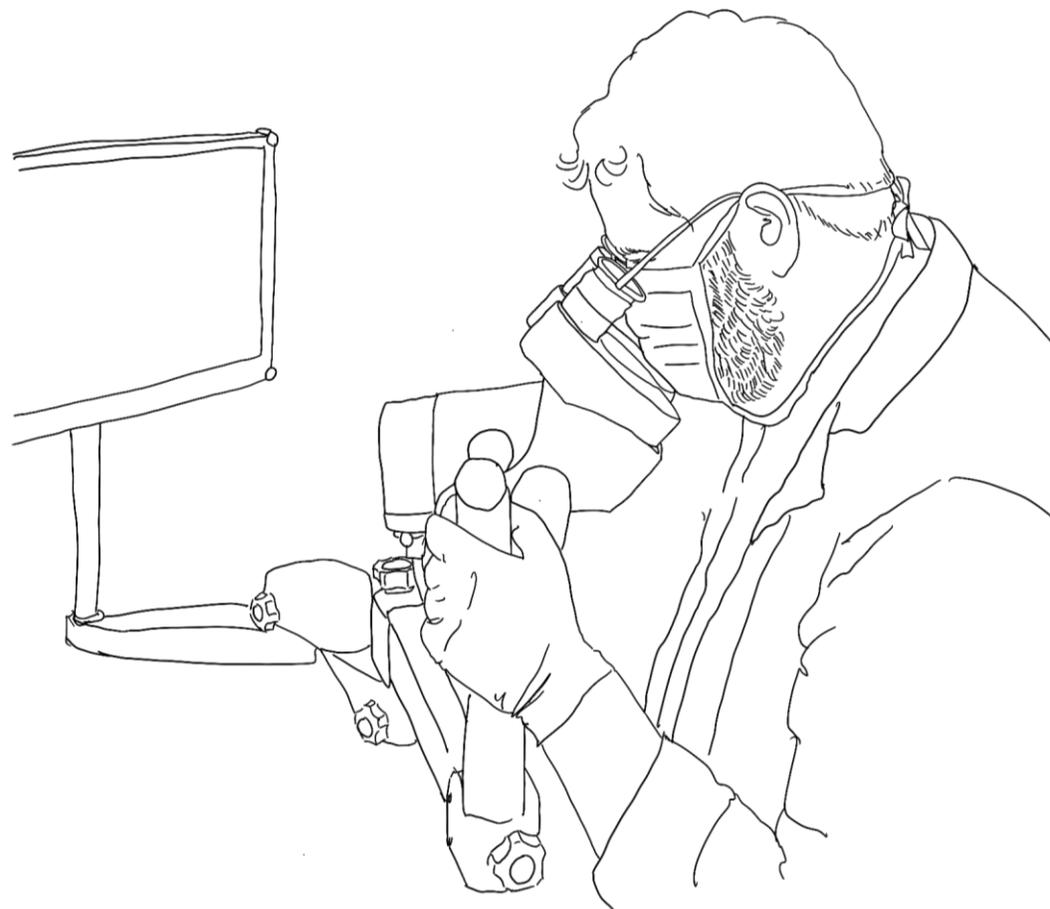
Germans Trias i Pujol
Hospital

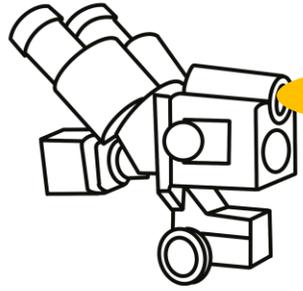
UAB



ÍNDICE

- Qué sabemos?
 - VPH
 - Poblaciones en riesgo
 - Mujeres
 - Mujeres VIH
- Cómo actuamos?
 - Cómo?
 - Es útil? (ANCHOR)
 - A quién? (Guías)
 - Cada cuánto? (VIH vs. no VIH)
 - Unidad de displasia anal (HGTiP, FLS)

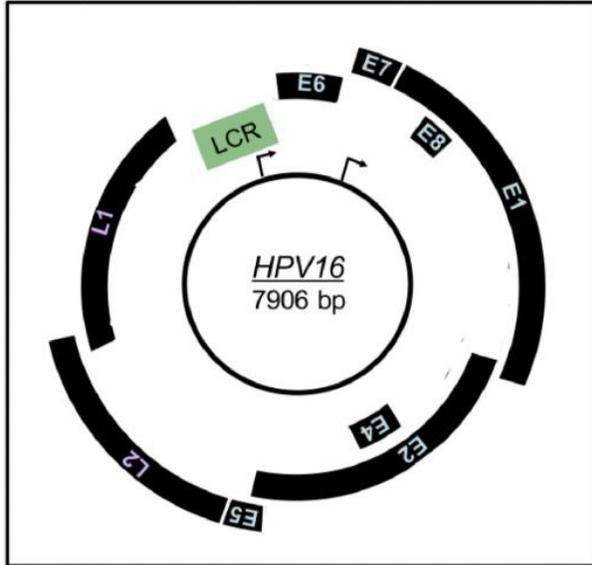




¿Qué sabemos sobre el VPH?



Infección por el VPH



EARLY REGION: proteins necessary for viral replication

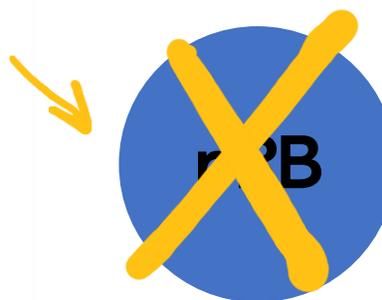
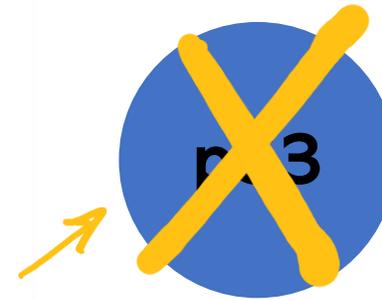
LATE REGION: viral capsid proteins

LONG CONTROL REGION: sequences controlling viral replication & transcription

ORF	HPV16 PROTEIN FUNCTION
E1	origin binding protein, ATPase-dependent helicase involved in genome replication
E2	regulator of viral gene transcription, association with E1 (origin binding), viral genome partitioning
E4	expressed abundantly as E1^E4 fusion protein, cyokeratin network destabilization, virus release and transmission
E5	small transmembrane protein, interacts with EGF receptor activating mitogenic pathways
E6	drives cell cycle allowing genome amplification in upper epithelial layers, association with E6AP and degradation of p53, PDZ-protein binding, hTert activation
E7	drives cell cycle allowing genome amplification in upper epithelial layers, association with and degradation of pRB, mitotic mutator
E8	expressed as E8^E2 fusion protein, acts as a repressor of transcription and replication during the viral life cycle
L1	major capsid protein, assembles into pentameric capsids forming the icosahedral virion (prophylactic vaccines)
L2	minor capsid protein, involved in viral DNA encapsidation, facilitates viral entry and trafficking



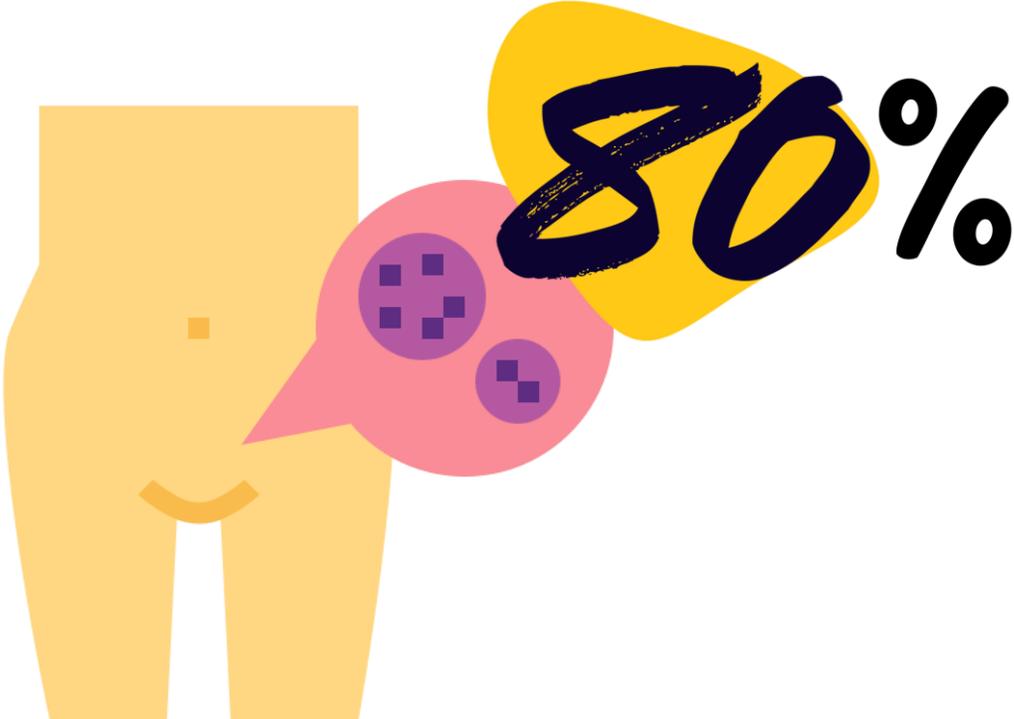
Responsable del 4,8% de los cánceres a nivel mundial



genes supresores de tumores

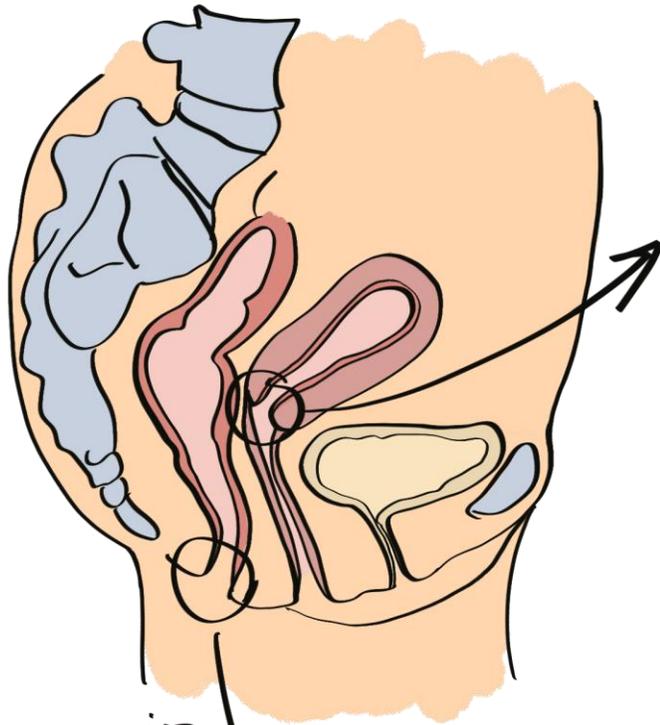
Infección por el VPH

EPIDEMIOLOGÍA

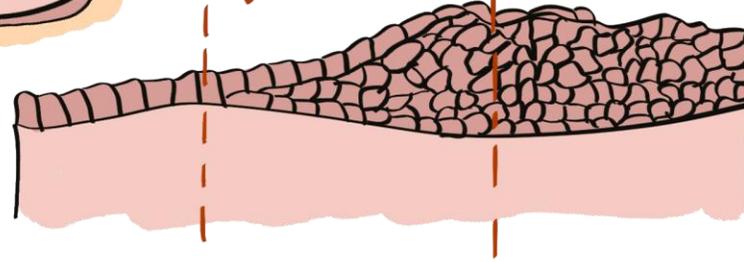
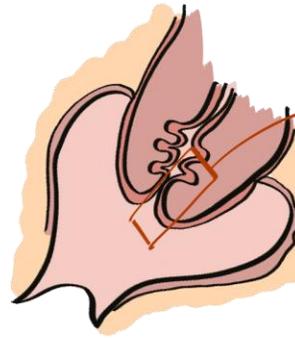


50% de las infecciones se aclararán tras 6m—2años después
10% infecciones persistentes

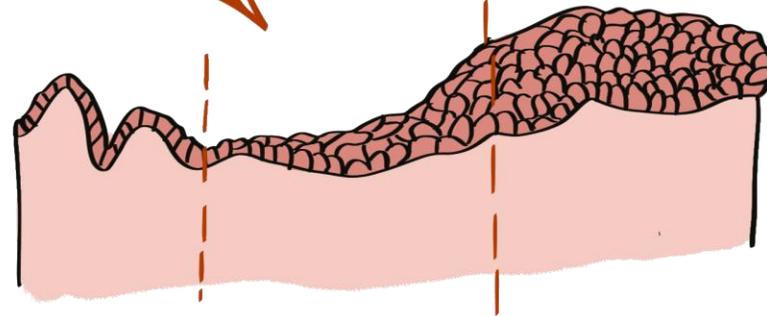
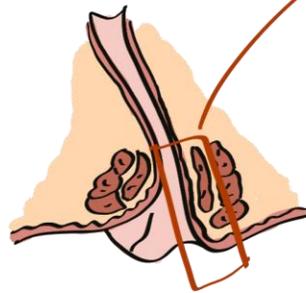
Infección por VPH



Javier Corral



CERVICAL



ANAL



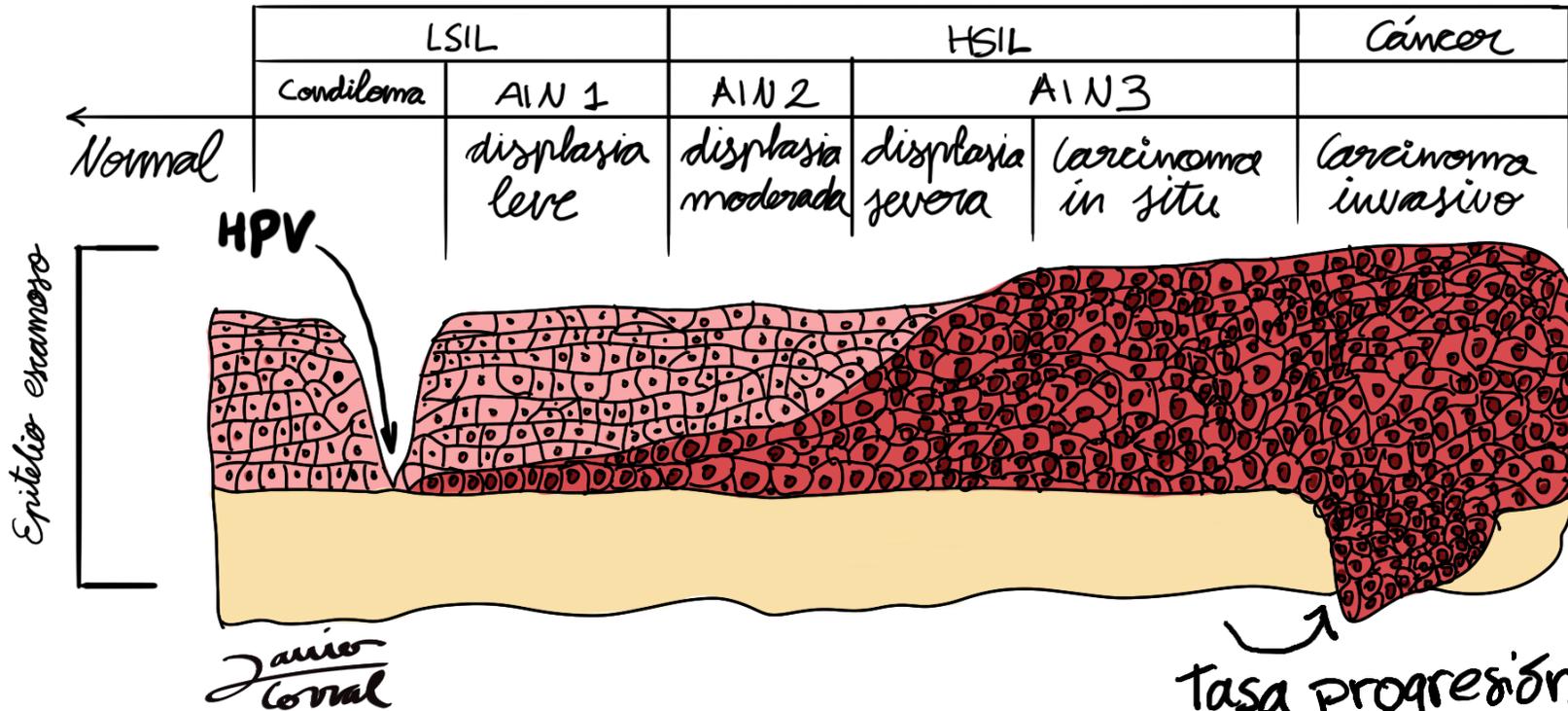
Infecciones



Cáncer

Displasia anal

¿COMO ACTUA?



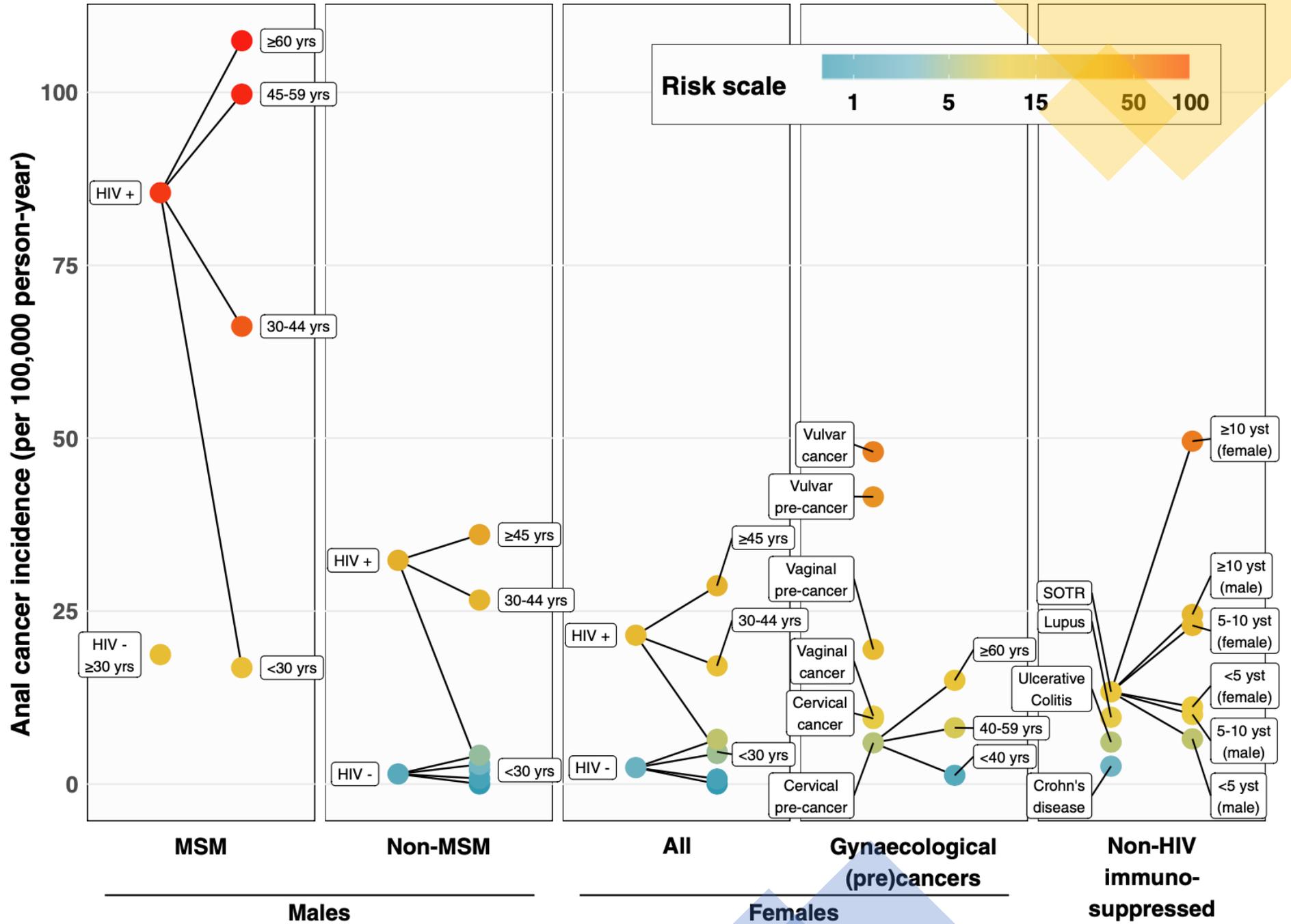
* Lee et al 2018

9,5 a 5 años

* Lee et al 2018

A meta-analysis of anal cancer incidence by risk group: Toward a unified anal cancer risk scale

Gary M. Clifford¹ | Damien Georges¹ | Meredith S. Shiels² | Eric A. Engels² |
 Andreia Albuquerque^{3,4} | Isobel Mary Poynten⁵ | Alexandra de Pokomandy⁶ |
 Alexandra M. Easson⁷ | Elizabeth A. Stier⁸



Displasia anal y mujeres

↑ ESTUDIOS



VS.

↓ ESTUDIOS



Llamativo, especialmente si consideramos que **2/3** de los CCE anales son en **mujeres** y solo el 3% de ellos son en mujeres que conviven con el VIH



Displasia anal en mujeres



Cáncer anal y mujeres

- CCE área anogenital en aumento
 - <50 años: cervical
 - >50 años: anal, vulvar
- 10-20 años después de HSIL cervical o cáncer de cérvix
- >40% estadio III (SV 5a: 60%)
- <15% estadio I (SV 5a: 90%)

Article

Anogenital HPV-Related Cancers in Women: Investigating Trends and Sociodemographic Risk Factors

Micol Lupi ^{1,2,*}, Sofia Tsokani ^{3,4}, Ann-Marie Howell ², Mosab Ahmed ⁵, Danielle Brogden ¹, Paris Tekkis ^{1,2,6}, Christos Kontovounisios ^{1,2,6,7} and Sarah Mills ^{1,2}



Displasia anal y mujeres

- Citología anal 30-38% positivas
- Citología cervical 22-33% positivas

- 30% HSIL anal en HSIL cervical/vulvar
- 57% si HSIL multifocal

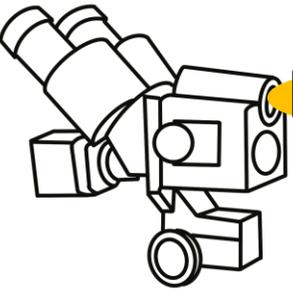


Displasia anal y mujeres VIH

- Hasta 60% citologías anormales
- 27% HSIL en biopsias
- Peor resultado si
 - < CD4
 - sexo anal

* Stier, Sebring et al 2015





Nuestra experiencia



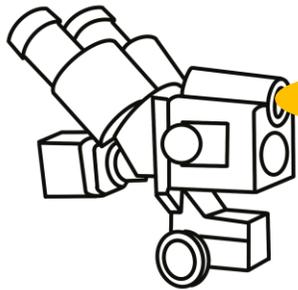
pathogens



Article

Incidence of Recurrent High-Grade Anal Dysplasia in HIV-1-Infected Men and Women Following Infrared Coagulation Ablation: A Retrospective Cohort Study

Javier Corral ^{1,2,3,*}, David Parés ^{1,2,3}, Francesc García-Cuyás ^{1,2}, Boris Revollo ^{2,4}, Ana Chamorro ^{2,4}, Carla Lecumberri ^{2,5} , Antoni Tarrats ^{2,5}, Eva Castella ⁶, Marta Piñol ^{1,2}, Bonaventura Clotet ^{2,3,7}, Sebastià Videla ^{2,8,*} [†] and Guillem Sirera ^{2,4} [†]



Resultados

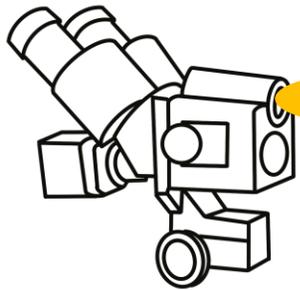
665
pacientes
VIH

92% HSH
8% HSM

Características basales	Población estudio n=81	Mujeres n=16	Hombres n=65	p-valor
Años				
Mediana (Rango*)	44 (24-77)	46,5 (24-59)	43 (24-77)	0,425
Tiempo evolució VIH (años)				
Media (Rango*)	5 [0 – 30]	23 [5 – 30]	4 [0 – 30]	<0,001
Terapia antiretroviral				
Sí (%)	73/81 (90%)	15/16 (94%)	58/65 (89%)	0,503
Carga viral (copias/mL)				
Zenit [media (DS)]	142.064 (243.485)	59.063 (79.322)	162.495 (265.490)	0,129
actual [media (DS)]	7.1250 (22050)	5.343 (18.381)	7.565 (22.970)	0,72
<50 HIV RNA [n (%)]	62/81 (76,5%)	11/16 (68,8%)	51/65 (78,5%)	0,302
Recuento CD4 /uL				
actual [media (DS)]	572 (250)	482 (252)	594 (247)	0,108
Nadir [media (DS)]	246 (170)	182 (159)	261 (169)	0,096
Nadir <200 cel/ μ L [n (%)]	35/81 (43%)	10/16 (63%)	25/65 (39%)	0,073
Hepatitis C				
[sí, n (%)]	20/81 (24,7%)	10/16 (62,5 %)	10/65 (15,4%)	<0,001

*Rango (valores mínimo-máximo).

↳ 40% HSM



Resultados: recidiva



81 HSIL

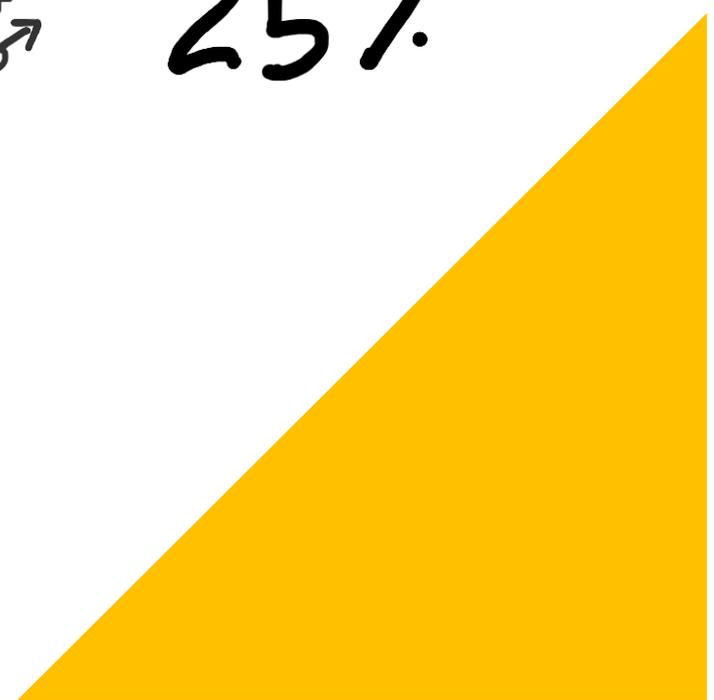
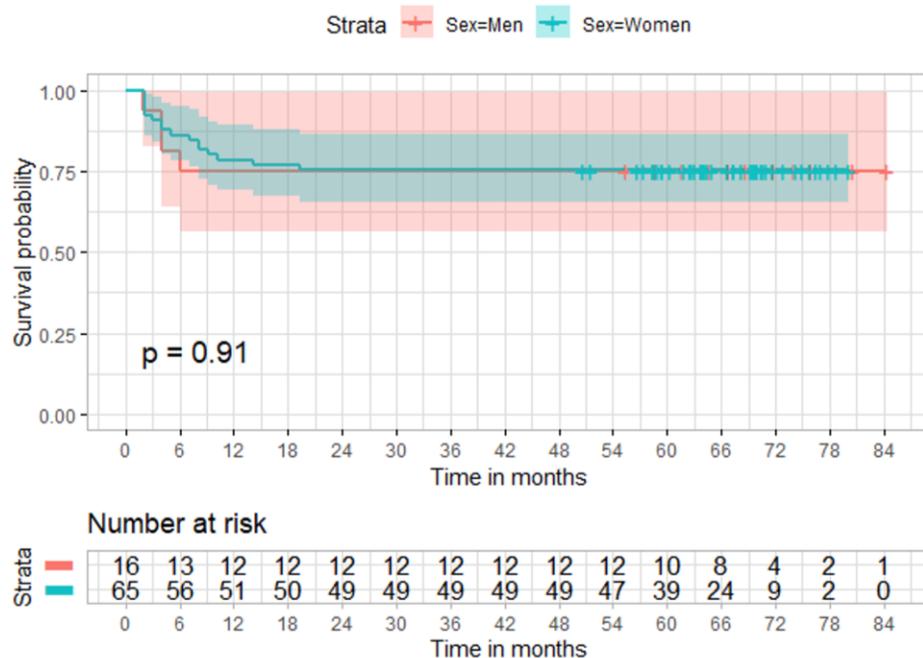
16 ♀
65 ♂

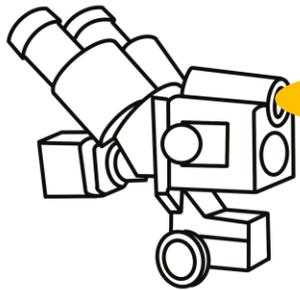
6 meses

20 recidiva

4 ♀
16 ♂

25%





Resultados: histopatología basal y recidiva

Basal

Recidiva

Cito

	ASCUS	LSIL	HSIL
Mujeres (n=16)	6% (1)	31% (5)	63% (10)
Hombres (n=65)	8% (5)	59% (38)	34% (22)

Cito

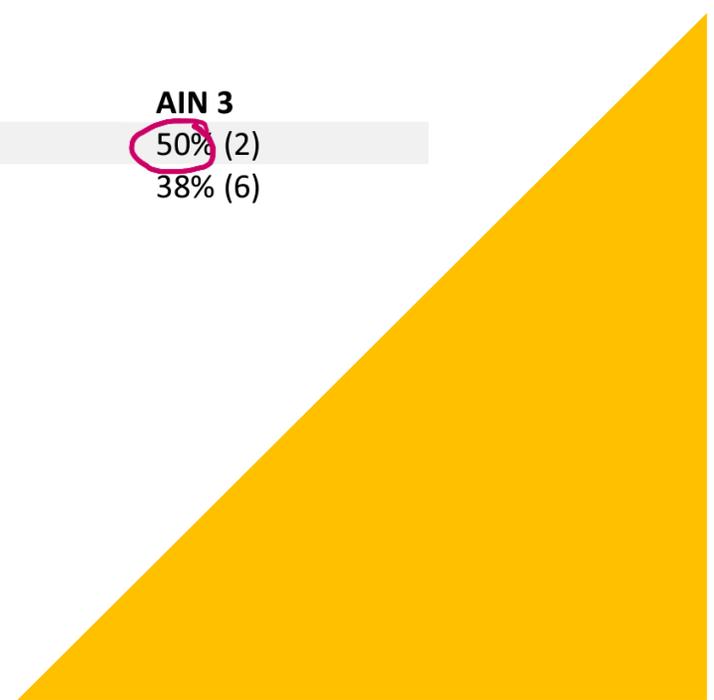
	ASCUS	LSIL	HSIL
Mujeres (n=4)	0% (0)	25% (1)	75% (3)
Hombres (n=16)	6% (1)	31% (5)	63% (10)

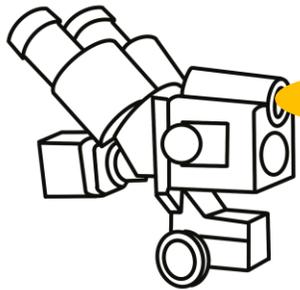
Bx

	AIN 2	AIN 3
Mujeres (n=16)	63% (10)	38% (6)
Hombres (n=65)	79% (51)	22% (14)

Bx

	AIN 2	AIN 3
Mujeres (n=4)	50% (2)	50% (2)
Hombres (n=16)	63% (10)	38% (6)





Resultados: historia ginecológica

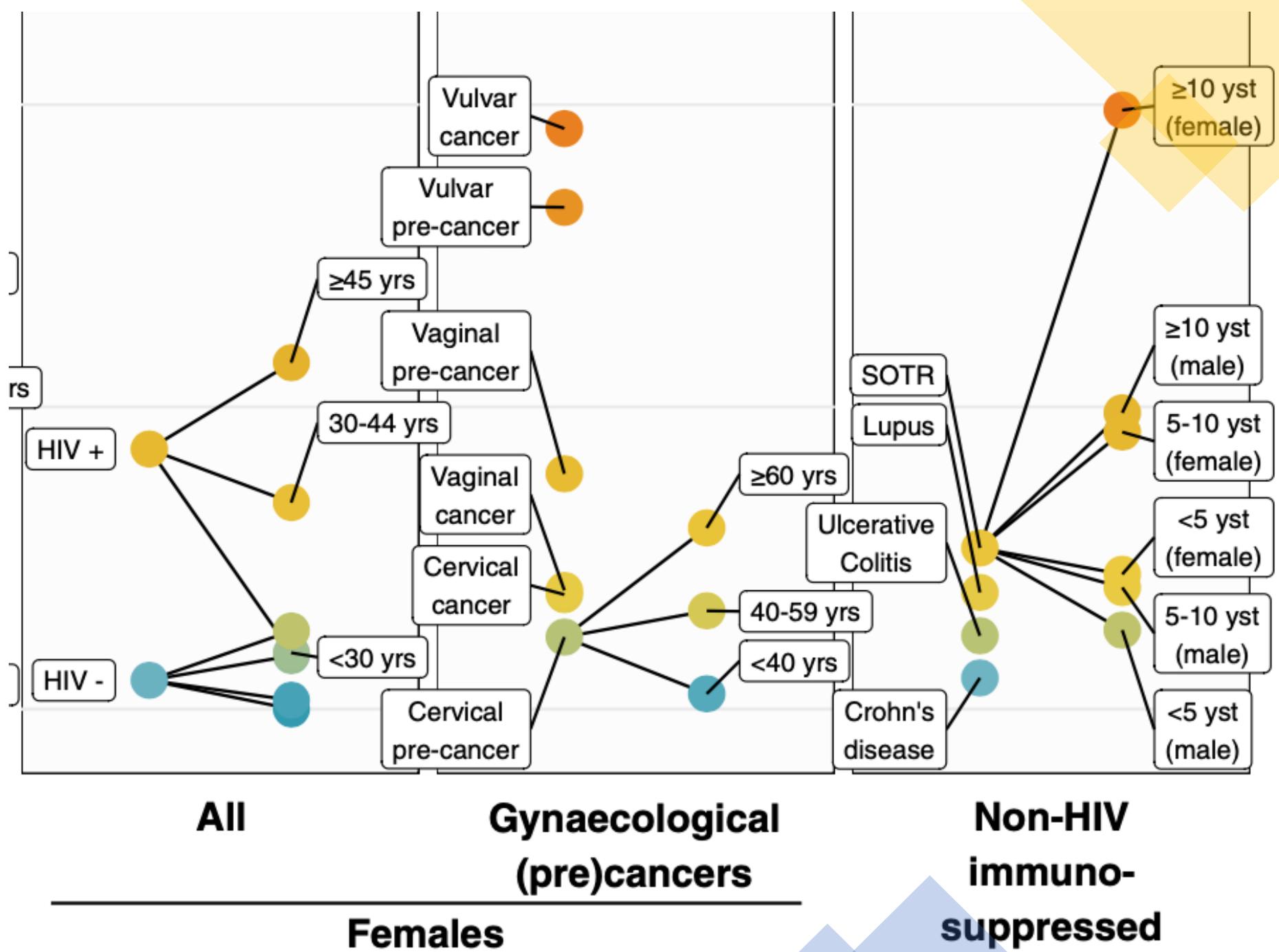
p=0,062

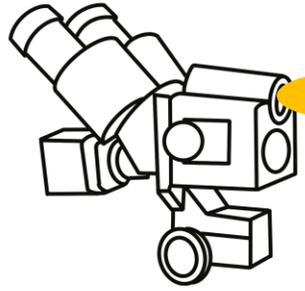
Patología cervical histórica
% (n)

	Normal	ASCUS	LSIL	HSIL
Canal anal				
No recidiva (n=12)	17% (2)	25% (3)	58% (7)	0% (0)
Recidiva (n=4)	0% (0)	25% (1)	25% (1)	50% (2)

A meta-analysis of anal cancer incidence by risk group: Toward a unified anal cancer risk scale

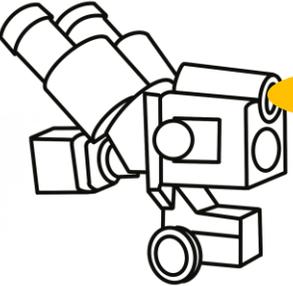
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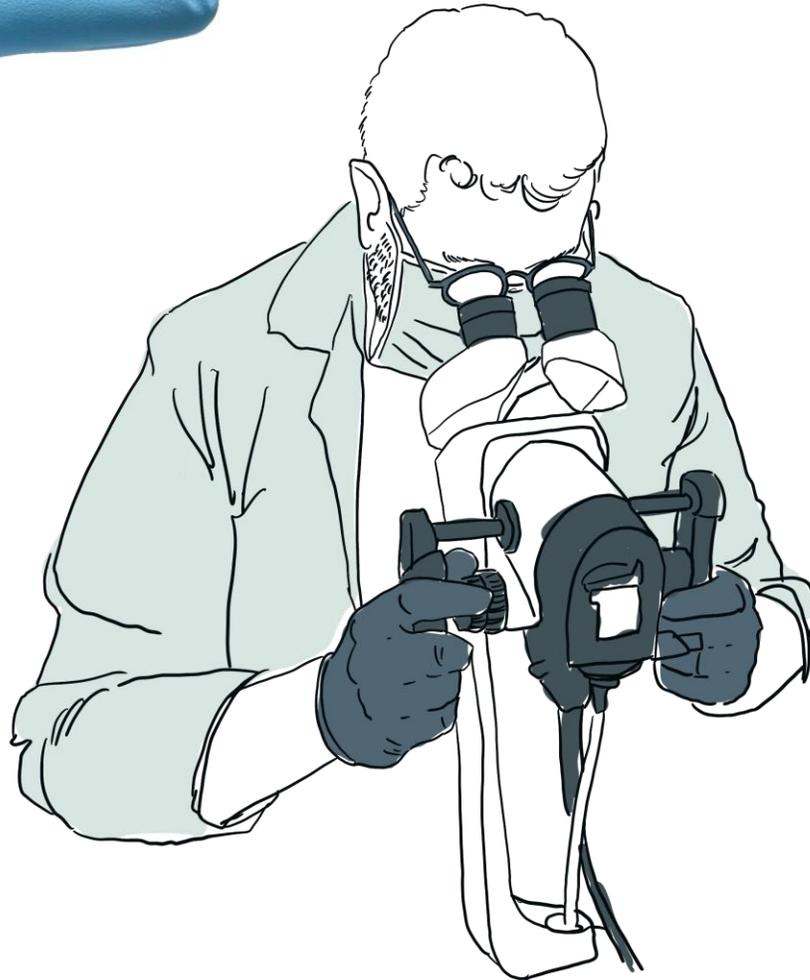
¿Cómo lo hacemos?



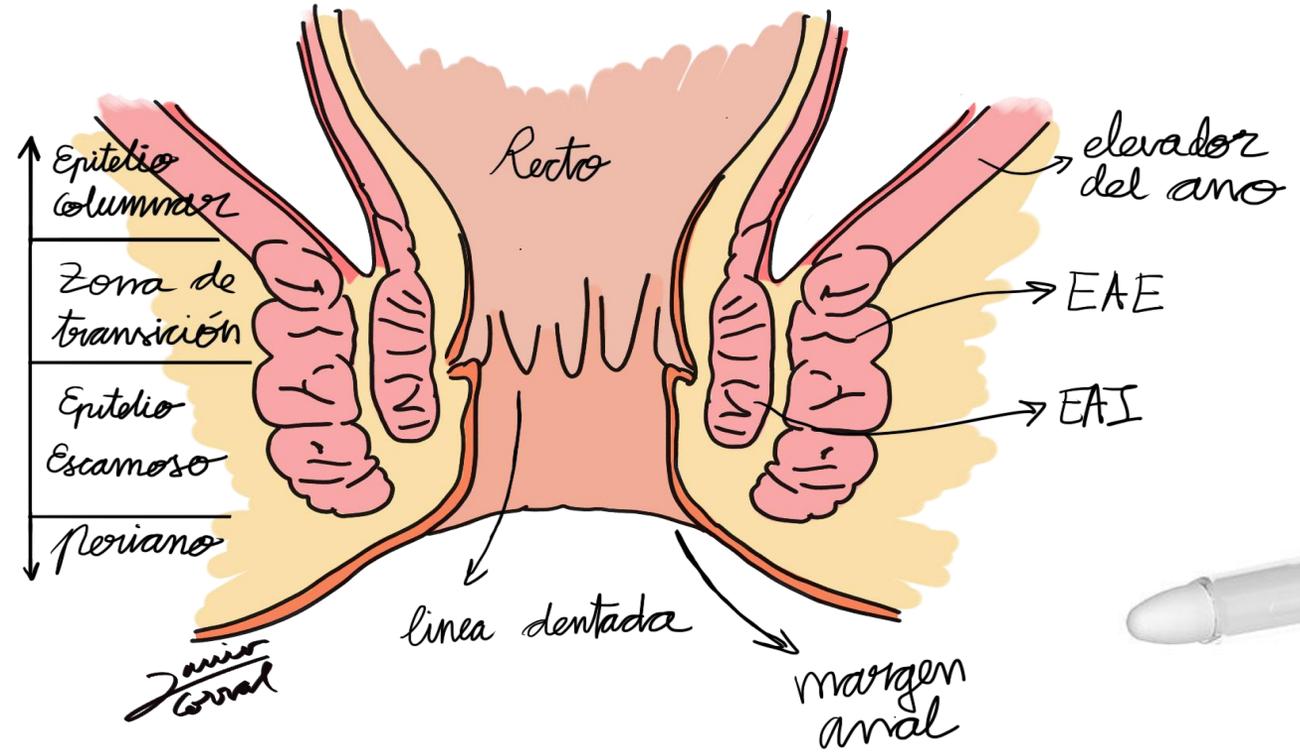
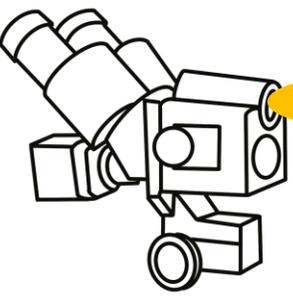


Displasia anal

DIAGNÓSTICO

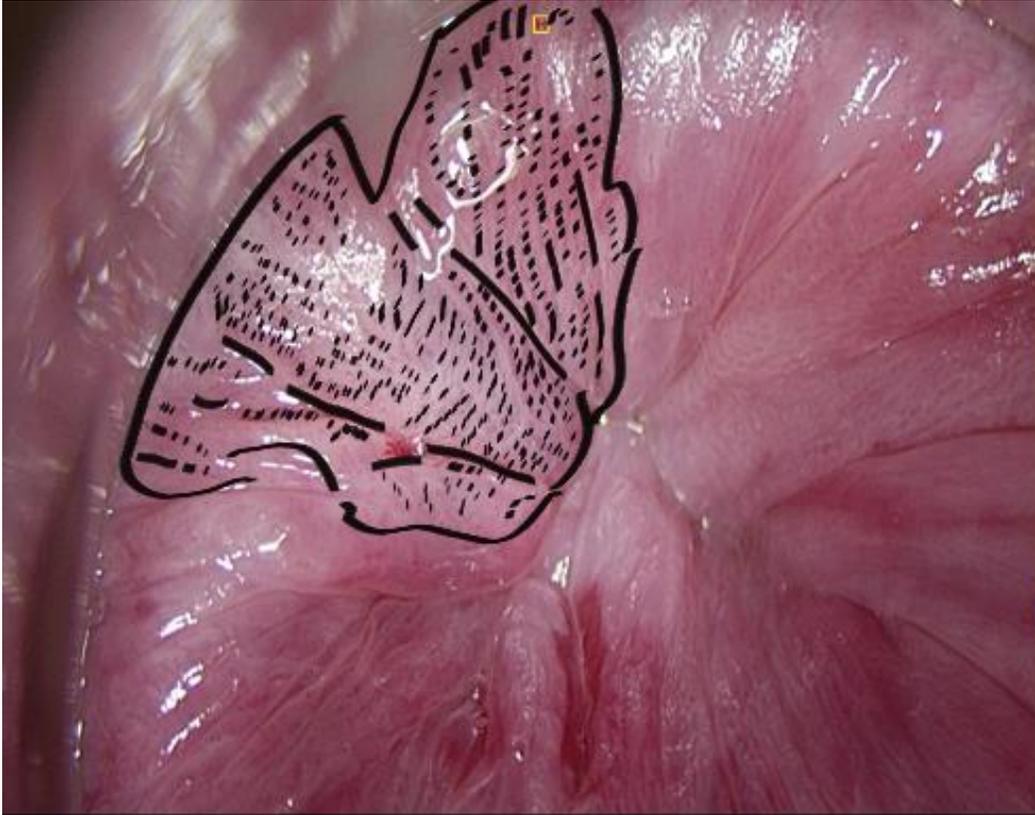


Anoscopia



Anoscopy

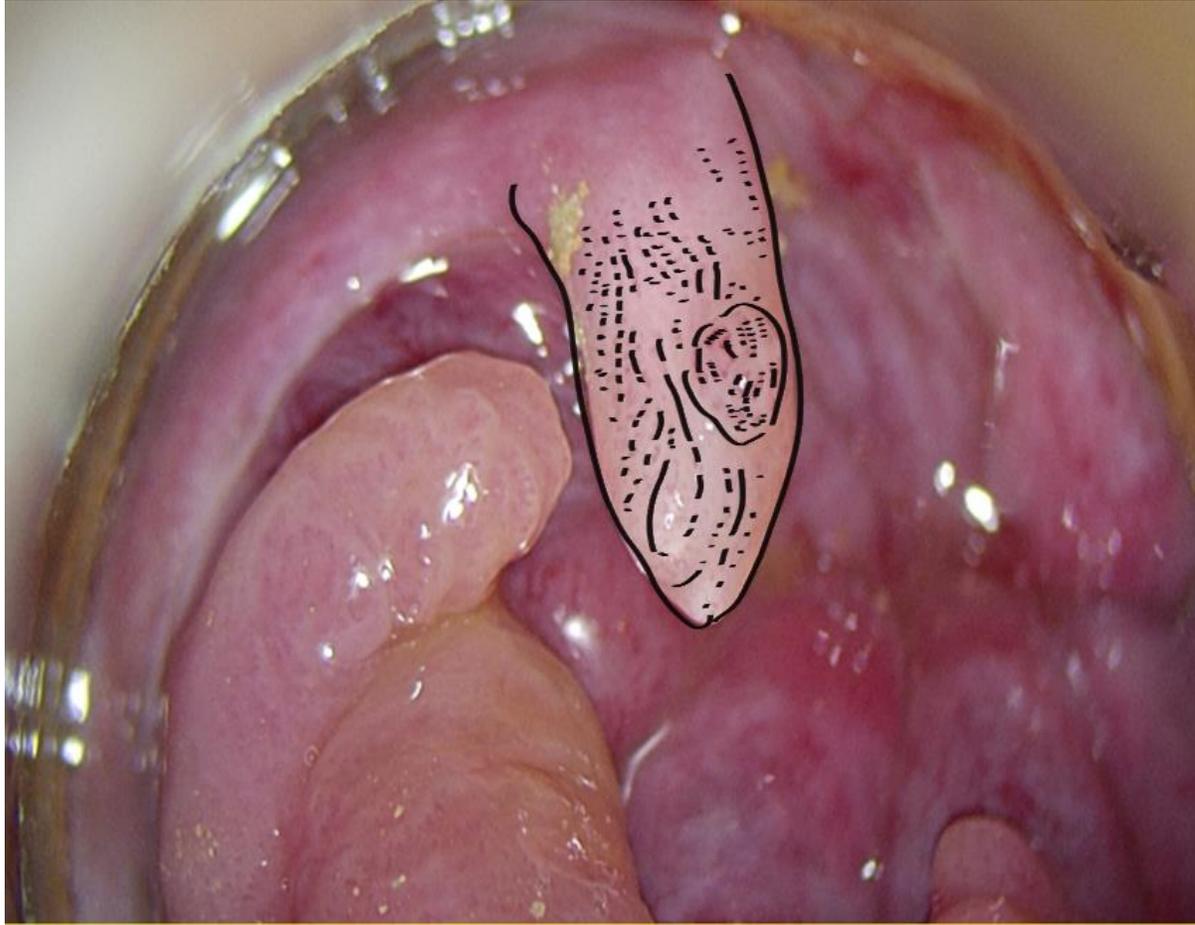
PATRONES



AIN I

Anoscopy

PATRONES



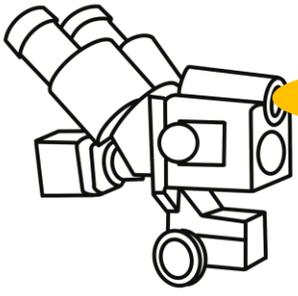
AINI

Anoscopia

PATRONES



AIN II



Anoscopy

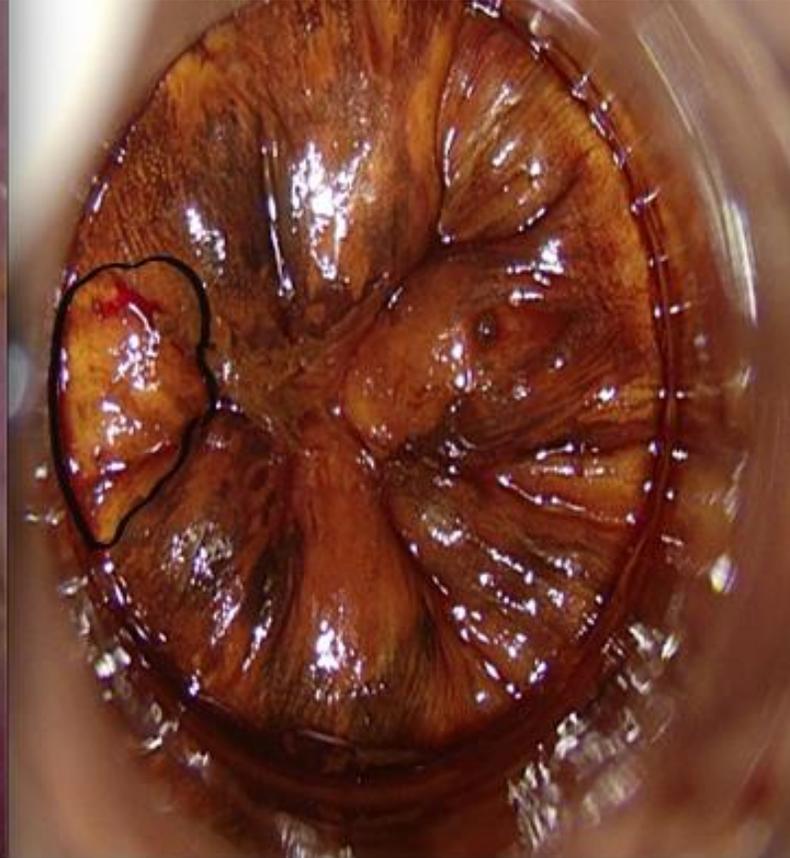
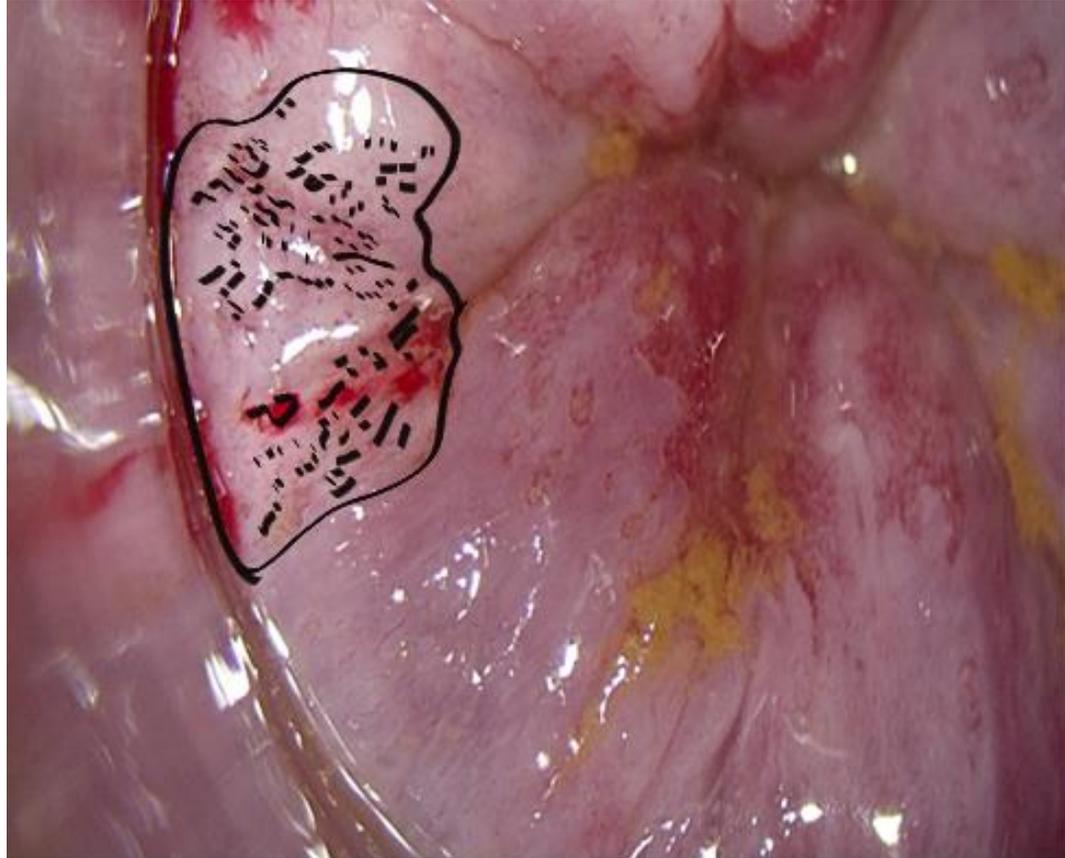
PATRONES



AIN II

Anoscopy

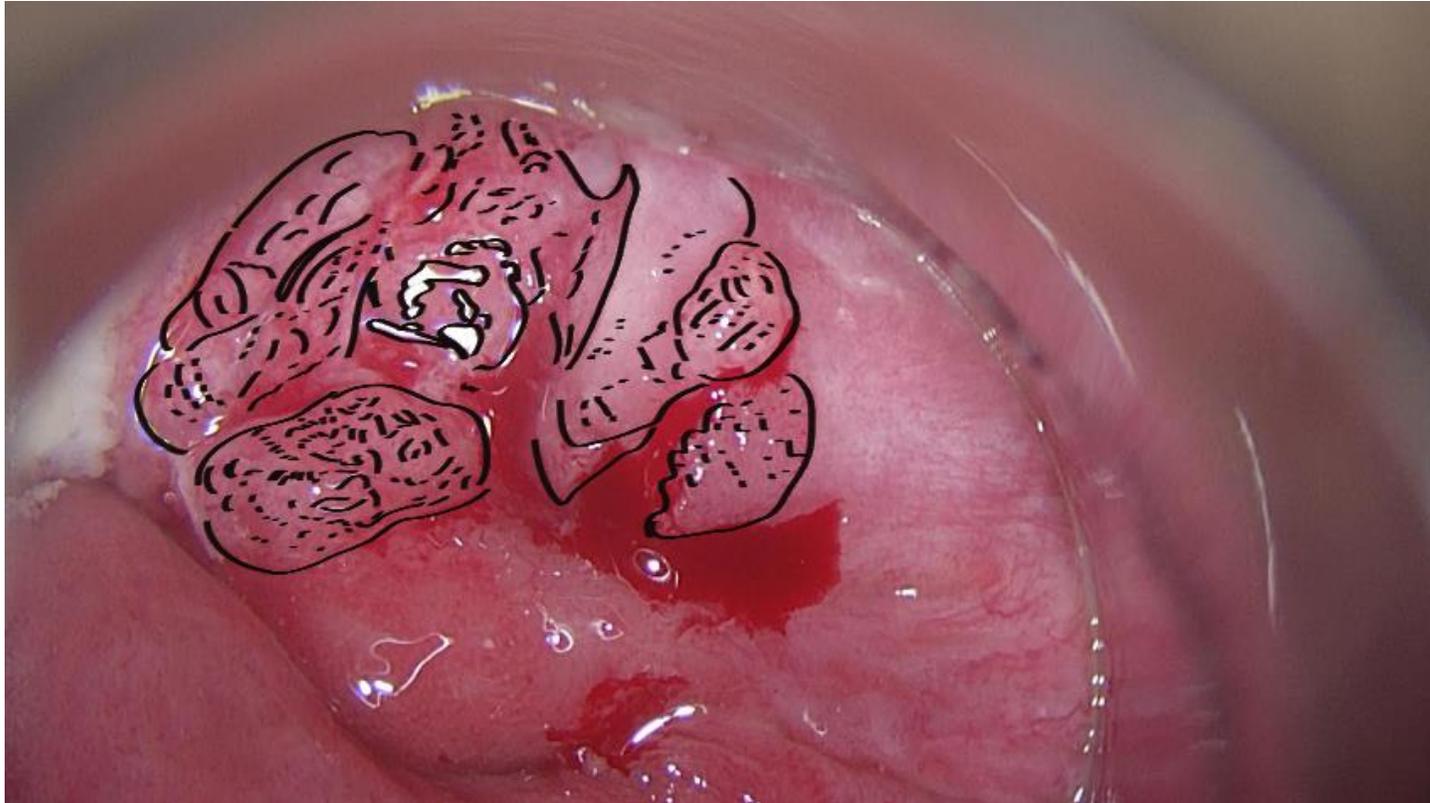
PATRONES



AIN II

Anoscopia

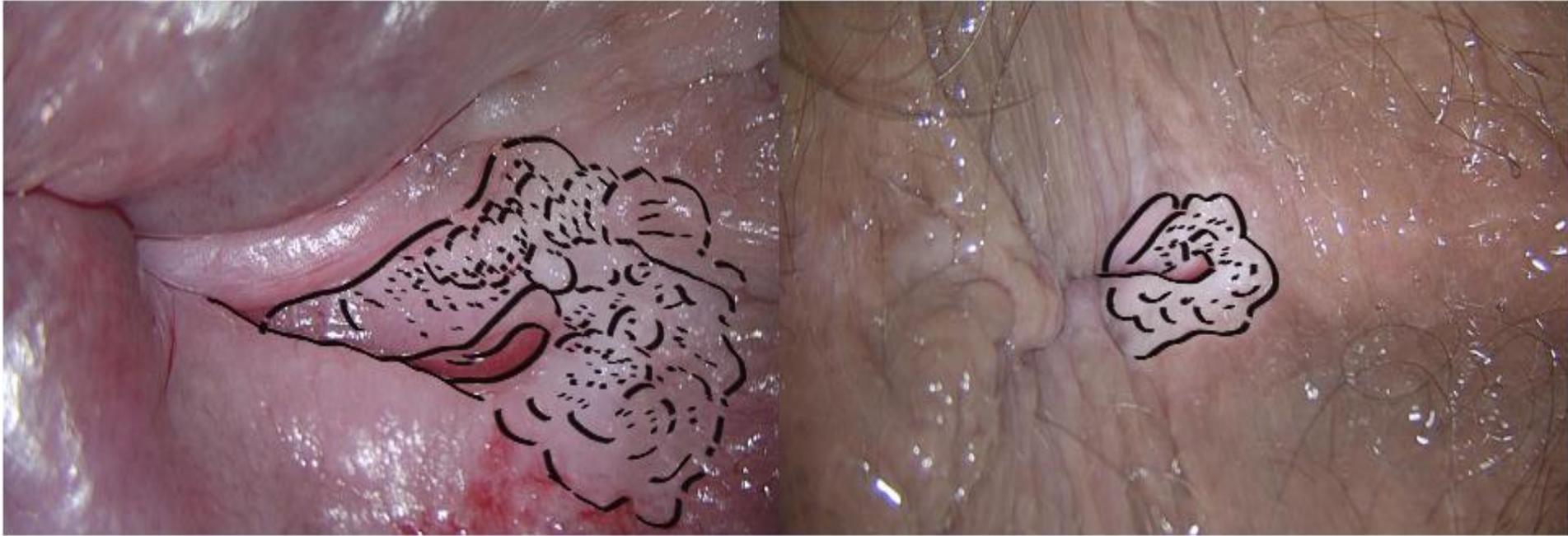
PATRONES



CA. ESCAMOSO

Anoscopia

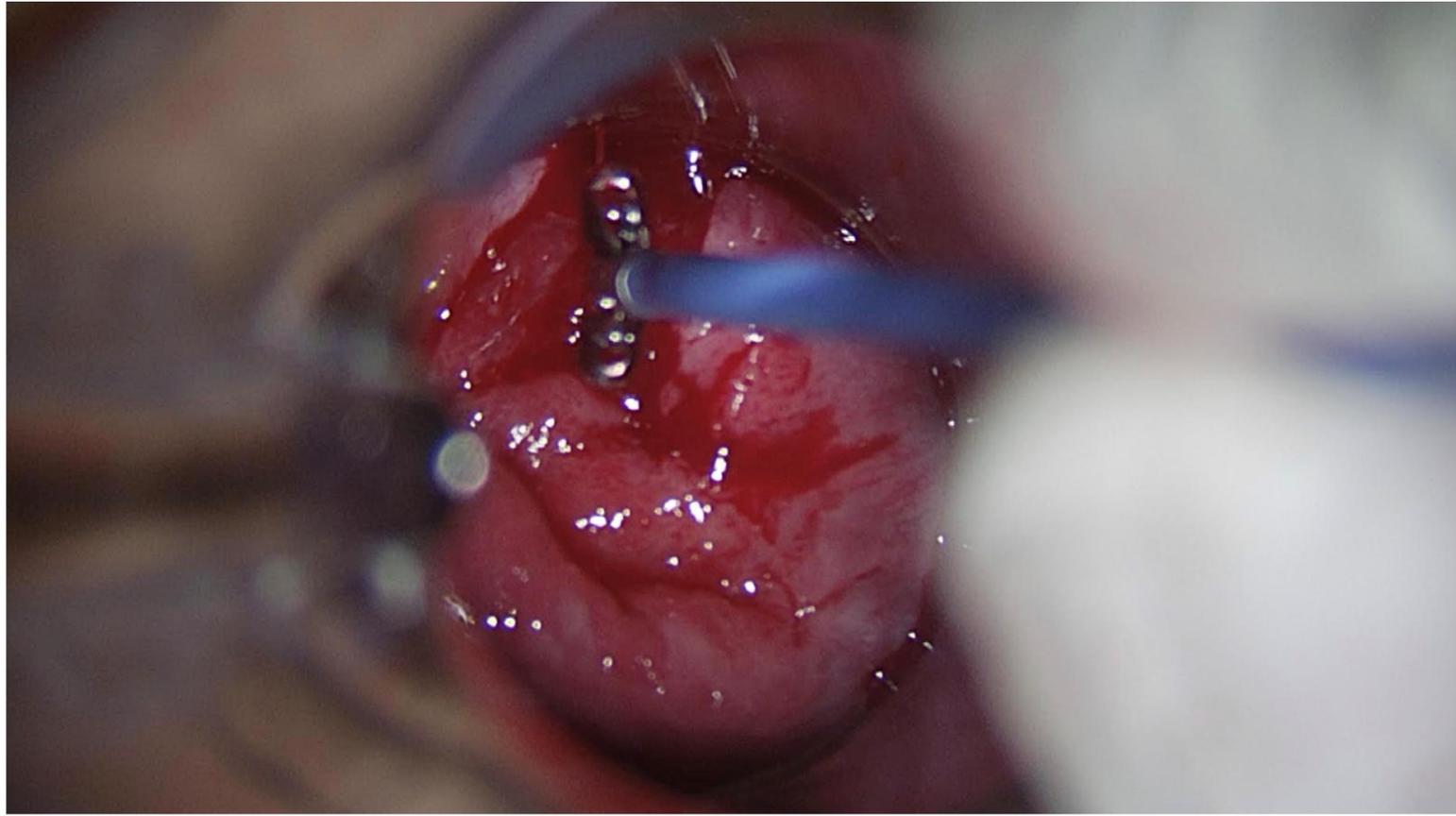
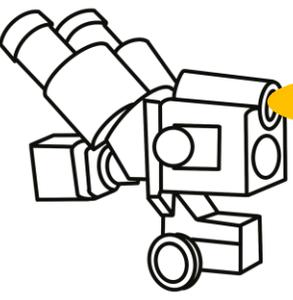
PATRONES



CA. ESCAMOSO

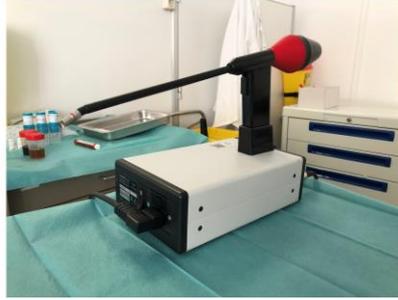
Anoscopy

BIOPSY

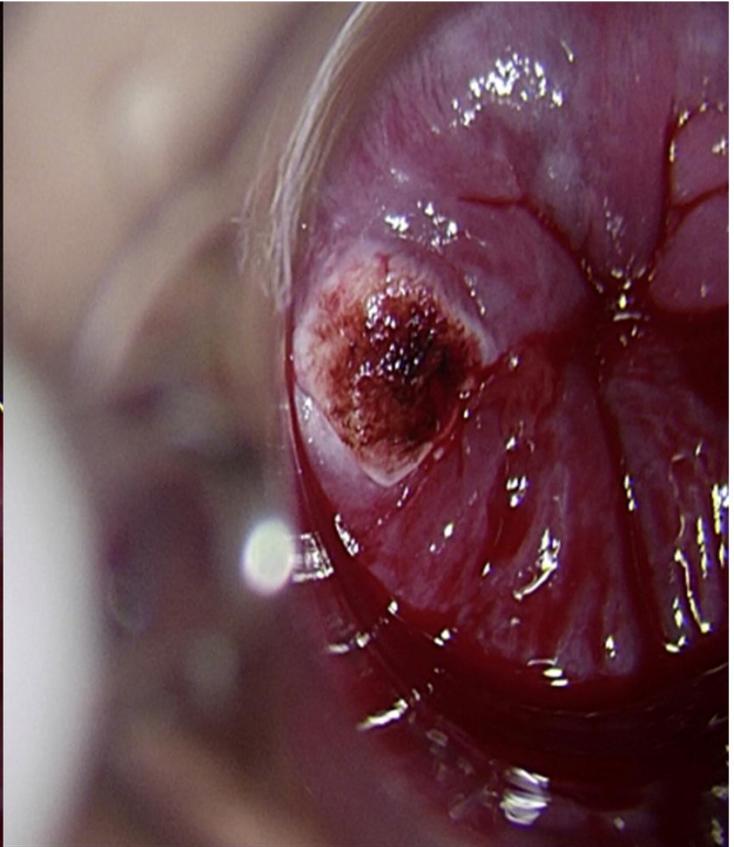
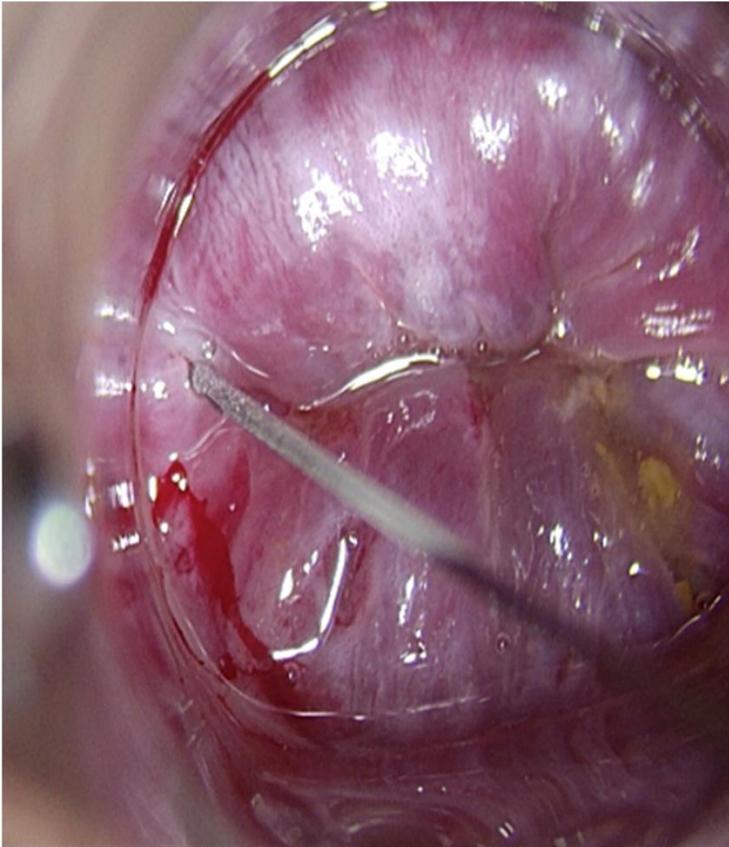


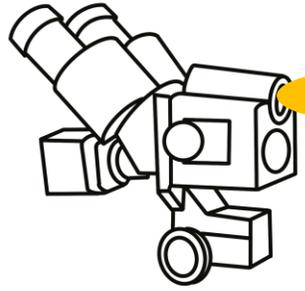
Bx
↙

Anoscopia



TRATAMIENTO





¿Es útil el cribado?





the
ANCHOR
study.org

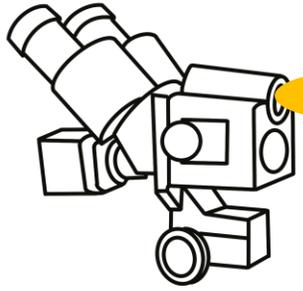


The NEW ENGLAND JOURNAL *of* MEDICINE

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*



¿A quién cribamos?



SPECIAL REPORT

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

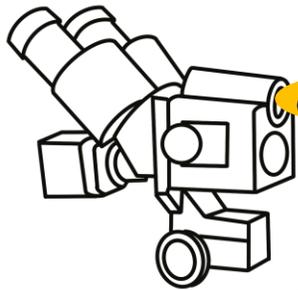
Elizabeth A. Stier¹  | Megan A. Clarke²  | Ashish A. Deshmukh^{3,4}  |
Nicolas Wentzensen²  | Yuxin Liu⁵  | I. Mary Poynten⁶  |
Eugenio Nelson Cavallari⁷ | Valeria Fink⁸ | Luis F. Barroso⁹ |
Gary M. Clifford¹⁰  | Tamzin Cuming¹¹ | Stephen E. Goldstone¹² |
Richard J. Hillman^{6,13} | Isabela Rosa-Cunha¹⁴ | Luciana La Rosa^{15,16} |
Joel M. Palefsky¹⁷ | Rosalyn Plotzker¹⁸ | Jennifer M. Roberts¹⁹  | Naomi Jay¹⁷



NEW

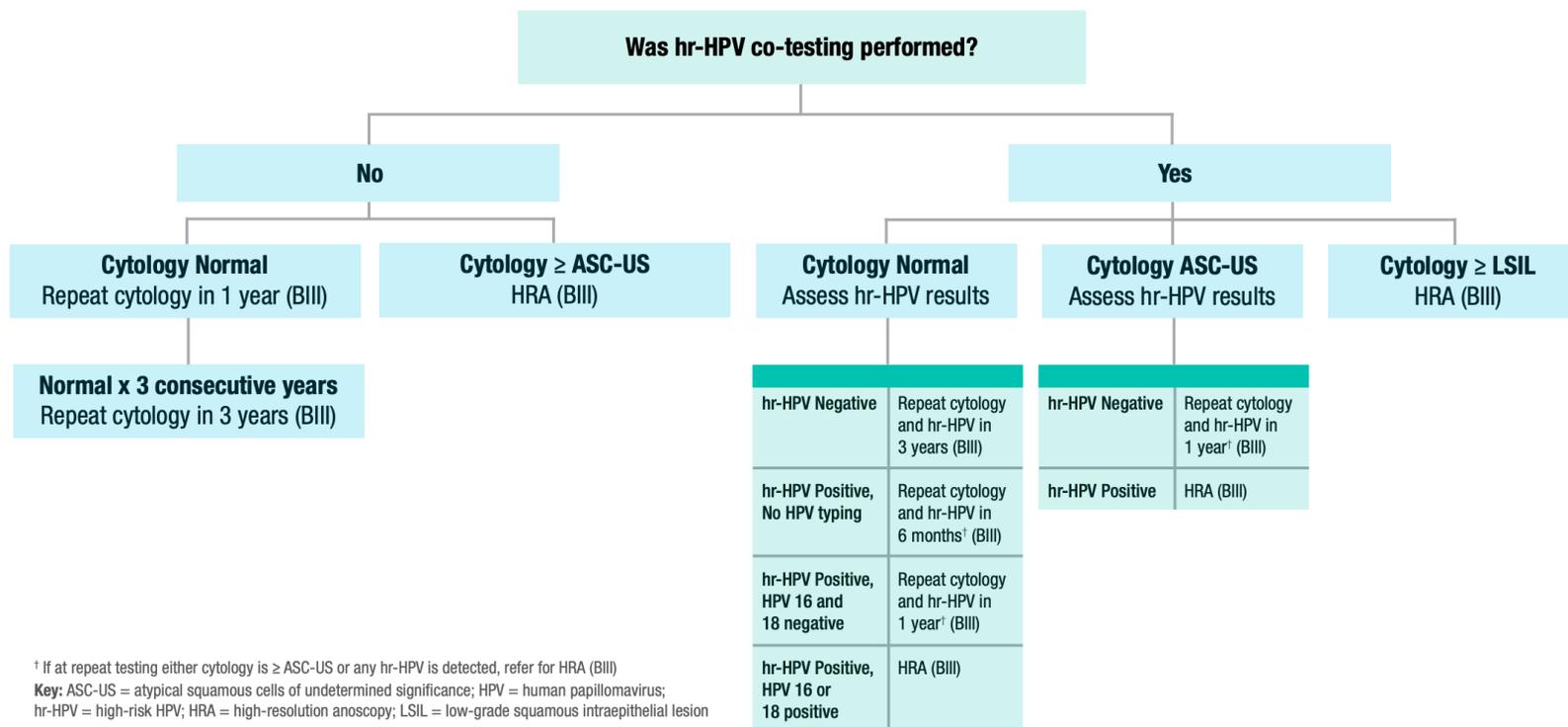
Population—Risk category	When	Anal cancer incidence ^{2,5} per 100,000 person-years
Risk Category A (incidence ≥ 10-fold compared to the general population)		
MSM and TW with HIV	Age 35	>70/100,000 age 30–44 >100/100,000 age 45+
Women with HIV	Age 45	>25/100,000 age 45+
MSW with HIV	Age 45	>40/100,000 age 45+
MSM and TW not with HIV	Age 45	>18/100,000 age 45–59 >34/100,000 age 60+
History of vulvar HSIL or cancer	Within 1 year of diagnosis	>40/100,000
Solid organ transplant recipient	10 years post-transplant	>25/100,000
Risk Category B (incidence up to 10-fold higher compared to the general population)		
Cervical/vaginal cancer	Shared decision age 45 ^a	9/100,000
Cervical/vaginal HSIL	Shared decision age 45 ^a	8/100,000
Perianal warts (male or female)	Shared decision age 45 ^a	Unknown
Persistent cervical HPV 16 (>1 year)	Shared decision age 45 ^a	Unknown
Other immunosuppression (e.g., Rheumatoid arthritis, Lupus, Crohn's, Ulcerative colitis, on systemic steroid therapy)	Shared decision age 45 ^a	6/100,000

Incidence among the general population: 1.7 per 100,000⁸



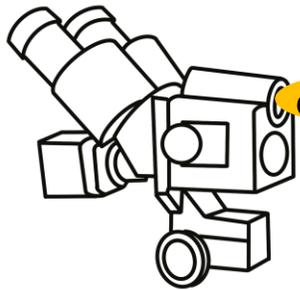
¿Cada cuánto?

ASSESSMENT OF ANAL CYTOLOGY AND HPV RESULTS IN PEOPLE WITH HIV



[†] If at repeat testing either cytology is ≥ ASC-US or any hr-HPV is detected, refer for HRA (BIII)
 Key: ASC-US = atypical squamous cells of undetermined significance; HPV = human papillomavirus;
 hr-HPV = high-risk HPV; HRA = high-resolution anoscopy; LSIL = low-grade squamous intraepithelial lesion





¿Cada cuánto en no VIH?

- Cada 1-3 años
- Tacto rectal y Citología
- Más unidades de HRA disponibles
- Faltan más estudios para evaluar a la larga cómo hacerlo

Unidad de Displasia anal per VPH (en nuestro hospital)



- ✓ **Multidisciplinaria!**
(Malalties Infeccioses + Cirugía Colorrectal)
- ✓ **Cartera de Servicios (“extendida”):**
 - Diagnóstico y tratamiento displasia anal por VPH
 - Seguimiento pacientes con otras patologías por VPH
 - Proctología (incluida ITS) en pacientes VIH
- ✓ **Investigación clínica y docencia**

14 Oct → 16 Oct 2024

The Barcelona HPV Course 2024



Coordinadores/as



Adrià Curran

Médecin adjoint

Hospital Universitari Vall d'Hebron, Barcelona, España.



David Parés

Cirujano colorrectal

Hospital Universitari Germans Trias i Pujol, Badalona



DAY 3: WEDNESDAY 16TH OCTOBER 2024
PLENARY SESSION: FUNDACIÓ BOFILL – HUB SOCIAL BARCELONA

09.00h	Welcome	Adrià Curran Hospital Universitari Vall d'Hebron, Barcelona. David Parés HUGTIP, Badalona.
BLOCK I: Research in HPV from the bench to the clinical practice		
09.10h	Biomarkers and anal dysplasia: How we can use them?	Fernando Dias Gonçalves Amsterdam University Medical Center, Netherlands.
	Microbiome and its role in anal HSIL	Sergio Serrano Hospital Universitario Ramón y Cajal, Madrid.
	Artificial Intelligence and data driven decision making in anal dysplasia	Anna Sala Hospital Universitari Vall d'Hebron, Barcelona.
<i>Overall discussion</i>		
11.30h	Coffee break	
BLOCK II: Clinical guidelines on the edge		
12.00h	To whom: just for HIV?	Tamzin Cuming Homerton Hospital, UK.
	HPV vaccines controversies	Marta del Pino Hospital Clínic de Barcelona.
	HPV testing vs cytology	César Sotomayor Hospital Universitario Virgen del Rocío, Sevilla.
<i>Overall discussion</i>		
14.15h	Lunch break	
BLOCK III: Hot topics and controversies on anal dysplasia		
15.15h	What was not explained in the ANCHOR TRIAL?	Joel Palefsky UCSF, USA.
	Strategies for patient's empowerment	Jorge García Hospital Universitari Vall d'Hebron, Barcelona.
	Quality of life and psychosocial aspects of patients on follow-up for anal dysplasia: The voice of patient	Jose Luis Blanco Hospital Clínic de Barcelona.
<i>Overall discussion</i>		
17.30h	Closing remarks	

Gracias!

