Anal intraepithelial neoplasia

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Gastroenterologists should actively screen for and diagnose anal neoplasia during endoscopy, as anal squamous cell carcinoma is HPV-related, rising in incidence, and preventable through treatment of high-grade squamous intraepithelial lesions.

KEY POINTS

- The speaker stated that every endoscopist should look for anal neoplasia, know who is at risk, and be able to diagnose it using magnification techniques such as narrow band imaging or acetic acid application, with most disease occurring in the transitional zone between the dentate line and squamocolumnar junction.
- The speaker reported that treating anal high-grade squamous intraepithelial lesions prevents cancer, citing a New England Journal of Medicine 2022 study that was stopped early due to the impact of treatment, though the speaker noted it does not prevent all cancers.
- High-risk groups include people living with HIV, women with a history of vulvar intraepithelial neoplasia (at 20 times the risk), post-transplant patients particularly women, and older gay men, who the speaker stated are more likely to have anal cancer than colorectal cancer.
- The speaker stated that 95 percent of anal squamous cell carcinoma is HPV-related, two-thirds occur in women who are mostly HIV-negative worldwide, and incidence is rising with levels not expected to drop until 2050 in vaccinated populations.
- The speaker reported that in the anchor study the number needed to screen was 400 to prevent one cancer, and that international guidelines from Ians recommend screening high-risk groups rather than population screening.
- The speaker recommended that endoscopists not shy away from biopsying suspicious lesions in the anal canal and consider ablation techniques such as argon beam or radiofrequency ablation, analogous to treatment of Barrett's oesophagus.

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