



spanc

Study of the Prevention of Anal Cancer

ISSUE 11 - DECEMBER 2016

Season's Greetings! It seems like only 12 months ago SPANCman was donning his Santa outfit for the 2015 Xmas Newsletter photoshoot! Thank you for your continued support of SPANC, and most importantly for attending your visits and completing your online questionnaires. The study will continue until all SPANC participants have been seen for their final visits (that will be around early 2018). All the very best for the festive season from the SPANC team, and we look forward to seeing you in the New Year!

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OUTCOME OF THE PROPOSED VACCINE TRIAL

Some of you may be aware of that there is increasing focus on using the HPV vaccine to prevent anal HPV and anal high grade lesions (HSIL). The vaccine offers protection against the two most common HPV types that cause cervical and anal cancer – 16 and 18 – as well as 6 and 11 which cause genital warts. In Australia, the vaccine is given to girls and boys aged 11-12. It is recommended for gay and bisexual men (GBM) up to age 26, but is not publically funded. The vaccine has also been recommended for use in England for GBM under the age of 45 attending sexual health clinics. A newer version of the vaccine protects against 9 HPV types.

The SPANC team, along with other national and international researchers wanted to evaluate whether the new vaccine against 9 HPV types was effective against anal HPV in Australian GBM. A grant application was submitted to the leading research funding body in Australia (NHMRC) but unfortunately was unsuccessful. The process is extremely competitive, with only 15% of grant submissions funded. We are now exploring other research priorities in anal cancer prevention and treatment, so please provide your details if you are interested in joining any new studies, if they become available.

As for HPV vaccination in older gay and bisexual men – the evidence is not yet there to universally promote its use as an anal cancer prevention strategy. But we strongly recommend that you discuss HPV vaccination with your GP if you would like more information.



Q & A

our doctors answer some of your questions...

Q: Abnormal cells - If many disappear on their own accord, what percentage don't, and what percentage go on to form cancerous cells? Can high fibre diets, more sex or any other activity reduce these cells?

A: These are really good questions & something that SPANC has been working hard to understand. The best guess we have at the moment is that around 40% of high grade disease cases (HSIL or High grade Squamous Intra-epithelial Lesions on the biopsy report) will disappear of their own accord, although a smaller proportion may return. The SPANC study is designed to follow this up. So at the end of the study when we analyse the follow-up data, we will have a more accurate idea of the proportions persisting, and what makes the cells disappear in some people. At the moment, we have observed that the presence of HPV type 16, cigarette smoking and larger areas of high grade disease are associated with less frequent disappearance.



There are currently no good data on whether high fibre diets can specifically help, but such diets are important from an overall health point of view. We always encourage people to aim for the Australian Government guidelines of 5 portions of veggies and two pieces of fruit per day. Unfortunately we don't yet know how sex affects this phenomenon, although we should be able to look at this when we have analysed more of the data.



Q: I feel very tired after the HRA procedure (in the long term) and want to go to the toilet immediately after. Is this normal? Is it to do with being a "Bottom" or "Top"? Is my immune system in slight shock with the procedure and tints used? Are these tints dangerous?

A: The procedures you have during each SPANC visit can be a little challenging for some people and it is understandable if some people feel a little tired afterwards. Some of the chemicals we use can irritate the lining of the anus and give you a sensation of wanting to empty your bowels. If you can, it is probably better not to go to the toilet immediately afterwards, as it might lead to bleeding re-starting. However, if you do need to go, don't be alarmed if you see some blood. A small amount of blood often looks quite alarming in the toilet bowl. People who are bottoms tend to have a greater understanding of how their anus works and feels, and may tolerate the procedures a little easier. The tints we use are not dangerous – they are iodine (which people often put on their skin after a cut) and acetic acid (perhaps better known as vinegar, which people often put on their fish and chips).

Q: My SPANC results said 'minor changes consistent with HPV infection' but the rest of the email seemed to say there were no concerns. What does the former message mean in that case? (see over)



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A: It means that the cells from your anus had encountered some wart viruses (HPV), but they had not been adversely affected by this. Virtually everyone will have this at some stage, and it does not indicate anything serious is going on.

Q: **At my last SPANC visit I had painful haemorrhoids as a result of the tests, which lasted a few weeks, painful, annoying and unpleasant. Is there a way to avoid this in the future?**

A: Sorry to hear that you had such a tough time. Haemorrhoids are extremely common but can also be quite uncomfortable. We have noticed that some guys will have the problem you described following a procedure. If this does happen, keep your stool as soft as possible (both before and after the procedure) by maintaining a high fibre intake. Some people also take fibre supplements, which you can buy from your local chemist. We think that some people are genetically predisposed to haemorrhoids, by having a different type of elastic in the walls of their veins. During the high resolution anoscopy procedure, pressure is exerted on the wall of the anal canal and this can cause the haemorrhoids to swell a little.

In this situation, the longer the duration of the procedure, the more likely the haemorrhoids are to flare up. Please bring this matter up with the Study Nurse before your next visit. The Study Doctor can prescribe some haemorrhoid ointment for you to use before your next study visit which should make it less likely to happen.



Q: **How common is HPV and anal cancer in gay men? What can a man do to avoid it?**

A: Anal HPV (Human Papilloma Virus) is almost universal in gay men and by itself is no big deal. Most men clear the virus and they are usually never aware that this has ever happened. Anal HPV infection is at the base of the pyramid, in terms of the number of people affected. The next level up relates to the cellular changes detectable through the anal cytology (equivalent to the Pap smear). The next level up again is the finding of high grade changes on HRA biopsy, which occurs in around 40% of gay men. Anal cancer is the top of this pyramid, but extremely rare.

In the general community, anal cancer occurs at the rate of 1-2 cases per 100,000 population. HIV negative gay men have rates approximately 10 times more common than this, and HIV positive gay men, 100 times more common. The best ways to avoid anal cancer are:

- i) If you are HIV negative, stay negative
- ii) If you are HIV positive, keep your T Cell count as high as possible
- iii) Avoid cigarette smoking
- iv) Do all the things we all know about (but sometimes forget) to keep ourselves generally healthy:

Things like diet, exercise and plenty of sleep.



Q & A

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The fact that you are in a study like SPANC, which is looking at the natural history of precancerous anal lesions, means that you are well ahead of most gay men and will allow you to become aware of any changes early.

Q: What happens after I finish SPANC?

A: This depends on what your results are. After your 5th visit you'll be given a chance to talk with one of the doctors about all your results from the three years that you've been in SPANC. We will give you an overall, individual, estimate of the likelihood of you developing anal cancer in the future, and advise what you can do to minimise this risk. If you have given consent, your GP and/or specialist can be sent a copy of this summary. If you are "Low Risk", you will be given general advice about how to remain healthy. If you are in higher risk categories, we will give you additional information on how to look after yourself. Someone who falls into in a High Risk category will be offered follow-up at the St Vincent's Dysplasia and Anal Cancer Services (DACs). If you search for that term on the internet, you'll find details of what goes on there. It is covered by Medicare, but you will need a referral from your General Practitioner to be seen there.

Q: What are my options if my final test comes back "high risk"?

A: Please see the answer to the previous question.

Q: Does the presence of LSIL automatically mean I have the HPV infection? What does the LSIL mean for future concerns?

A: Yes, LSIL stands for "Low grade Squamous Intraepithelial Lesion", which is one of the possible results of HPV infection. LSIL is generally regarded as a benign condition, which is very unlikely to turn in to cancer. If you have ever had warts (on your fingers, or elsewhere), then you have had a version of LSIL.

Q: On the examination bed at SPANC I was in a position where I constantly felt I was about to slip off into the doctors lap – it was uncomfortable and left me feeling more vulnerable than I needed to be. What can be done to improve that?

A: Sorry to hear about this. Nobody has ever fallen into the doctor's lap yet, but we appreciate your



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concern. We try very hard to get you in the most comfortable position that is consistent with us being able to perform the high resolution anoscopy procedure with the clearest view of the entire anal canal including the internal skin folds.

With the generous donation of a new examination couch (which should be installed over the next month or so), your comfort level should improve. The new couch has a place for you to rest your feet and you should feel more stable.

If you feel in any way uncomfortable, or nervous, please let us know immediately and we will sort this out as best we can. Remember, it might not always feel like it, but you are in charge the whole time.

USEFUL WEBSITES

THE
BOTTOM
LINE

The Bottom Line - <http://www.thebottomline.org.au/>



DACS - <https://svhs.org.au/wps/wcm/connect/svhs/home/our-services/list-of-services/hiv-immunology-infectious-disease/dysplasia-and-anal-cancer-services>



New email?
Changed home address?
Have a new mobile number?

**don't
forget to
UPDATE YOUR
DETAILS**

SPANC is funded through the Australian Government's chief medical research agency, the National Health and Medical Research Council and Cancer Council NSW. Over the life of SPANC more than \$3 million will be invested in anal cancer prevention.

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