

spanc

Study of the Prevention of Anal Cancer

ISSUE 5 MAY 2013

Welcome to the fifth newsletter of SPANC (Study of the Prevention of Anal Cancer).

Two and half years after SPANC first started recruiting we now have over 340 men enrolled and we are producing very valuable data on how anal cancer screening programs might be accepted in the community. Thank you to all of you for your valuable contributions.

In this newsletter...

- ▶ **NEWSFLASH!!** - SPANC funding
- ▶ Fair Day 2013
- ▶ Q&A - We once again dedicate a large section of this newsletter to answering some of the questions you have raised in your survey responses. Remember, if there is something you feel you'd like to know more about please don't hesitate to ask the SPANC doctor at one of your visits.

NEWSFLASH!! - new funding for SPANC

A group of researchers and cancer specialists led by Professor Andrew Grulich, the Principal Investigator of the SPANC study, was recently awarded a grant from the NSW Cancer Council of almost \$2 million. This is great news for the SPANC study. The Strategic Research Partnership (STREP) grant called "Preventing morbidity and mortality from anal cancer", has many objectives. It will enable the expansion of infrastructure available for anal cancer prevention research in Australia as well as expansion of the SPANC study. This will assist the study to inform the development of anal cancer screening guidelines. It will also provide funds to investigate the patterns of care for people diagnosed with anal cancer in Australia and will help us examine means of preventing anal cancer related deaths and improving early stage cancer treatments. We are now able to continue recruiting and collecting important data for another 2 years. This will provide us with a much greater capacity to determine which men are more predisposed to developing high grade anal lesions and potentially anal cancer

Fair Day 2013

The vibe at Fairday this year was warm and friendly. It was great to see so many of you popping by the SPANC stall to say hello and wish us well. Sixty five new guys said they were interested in joining the study at Fairday and by the time this newsletter goes to air we should have phoned nearly everyone and booked them in. If you still have friends who wish to participate please get them to contact us using one of the methods mentioned in this newsletter.



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SPANC would like to thank the boys at MAG (Mature Aged Gays) for inviting us to their monthly meeting on the 9th March at ACON to update MAG on the study, and enrol other men who are concerned with their anal health.

MAG meet on the 2nd and last Saturday of every month in the ACON building, at 414 Elizabeth St., Surry Hills, Sydney with a typical attendance of a hundred members at every meeting. There is no lower age limit for members and the night is always full of fun and friendship.

Q & A

Our doctors answer some of your questions...

Q: Since my HRA (*high resolution anoscopy*) identified the presence of an abnormality, what sort of screening process might be helpful in the future? Of course, since the survey is ongoing, this is taken care of while I continue to participate.

A: Since you've joined the study, we will be closely monitoring any abnormality that has been identified. This is why it is important to return for your scheduled study visits. We are closely monitoring any abnormal lesions found in SPANC. Two years on from the commencement of SPANC there are still no evidence-based guidelines on anal cancer screening programs or how such a program would be implemented. This is due to the lack of data on the natural history of anal HPV infection, and this is the data that SPANC is specifically gathering.

Q: How many HIV+ gay men in Australia are diagnosed with anal cancer every year and how many actually die from it every year?

A: In Australia, about 300 people are diagnosed with anal cancer each year. Just under half of those diagnosed with anal cancer are men. The rates of anal cancer diagnosis are low, but they have been steadily increasing over the last 30 years. HIV status and sexual identity are not routinely collected when anal cancer cases are notified to the cancer registries, so we don't know exactly how many of them are HIV positive gay men. However, we do know that among HIV positive men, anal cancer is among the most common type of cancer. The five-year survival has increased in recent years to close to 70%, and it varies on the stage of the disease at diagnosis and age. Patients diagnosed earlier and younger tend to have better outcomes.



Keeping your SPANC
appointment means we are
able to make the most of our
resources.
Please let us know when
you're unable to attend your
SPANC appointment.

... a considerable proportion of men with HGAIN will clear it, without any treatment.

Q: Some more information about an abnormal result and what it means would be helpful. Also comparative information about results across the study participants would be good.

A: One of the very surprising things about the SPANC study is how common “high grade” anal disease (“HGAIN”) is. If you have this, it will have been explained to you, and there is more information on the SPANC website. Over a third of men on SPANC have HGAIN. Although HGAIN is still regarded as a form of “pre-cancer”, it is clear that the vast majority of men with this will **not** progress to cancer. In fact, SPANC has shown for the very first time that a considerable proportion of men with HGAIN will clear it, without any treatment. This is a very important finding, as some clinicians overseas routinely recommend treatment for HGAIN, which can be very time consuming, painful and expensive. The team at SPANC has adopted a “watchful waiting” approach as the evidence suggests that there may be less than a 0.1% chance of HGAIN progressing to cancer. Furthermore, a recent scientific review has cast significant doubts about the evidence base for any of the currently available treatments. SPANC is working hard to understand why most people do not progress to cancer. One of the ways of investigating this is to look for “biomarkers”, which are chemicals that may be present in anal Paps & biopsies. It is hoped that we might be able to use biomarkers in the future to reduce the need for high resolution anoscopies.

Q: Does the screening 'activate' my hemorrhoids?

A: The doctors are very careful in proceeding with screening when hemorrhoids are present during examination. The screening procedure should therefore not ‘activate’ hemorrhoids. Nevertheless, bleeding is probably more likely to occur afterwards in men who have hemorrhoids if there are biopsies taken in surrounding areas. Let the doctor know if you suspect you have hemorrhoids and they will do all that’s possible to minimise any potential discomfort for you.

Q: Is having anal sex a risk factor, given that I have had a poor diagnosis? Should I abstain or at least have anal sex very occasionally?

A: Most anal cancer is caused by infection with HPV in the anus. Anal HPV infection is highly prevalent in gay men, almost universal, and it is not restricted to men who have receptive anal sex only. HPV is also very transmissible, so people could get anal HPV infection through other means of sexual contact involving the anus. In most cases, anal HPV infection will not lead to having anal cancer. The SPANC study aims to determine which men are more likely to have anal cancer after having anal HPV infection.

Do you have positive friends you think would like to join SPANC?

As you know SPANC is open to men over 35 years of age, from all walks of life, HIV positive or negative. At present about 30% of SPANC participants are HIV positive. We would like to increase the numbers of HIV positive men enrolling in the study. This will increase statistical “power” to detect the risk factors for having anal HPV and for developing anal lesions in all gay men, and then among HIV positive and negative men separately. It is really important to do this, as screening may be more beneficial to some groups of gay men than others. As we all know, anal cancer screening is not a simple or painless process and is potentially very costly. So we need to identify who would benefit most from anal cancer screening.

Please spread the word about SPANC to anyone you think might be interested in joining the study. Thank you!

The strongest evidence are the links with smoking and reduced immunity...

Q: What can be done at early stages to reduce the risks of developing into anal cancer?

A: There is surprisingly little good quality data regarding why some men develop cancer and others do not. The strongest evidence are the links with smoking and reduced immunity. So, guys can reduce their chances of developing cancer by stopping smoking, and keeping their T cells up. We don't fully understand the link between sexual activity and developing anal cancer. The very detailed sexual behaviour questionnaires at SPANC visits are designed to investigate this matter further, as we frequently get asked by men how to reduce their risk. Whilst receptive anal sex may be a significant factor, anal cancer can still occur in life-long

Are you interested in other studies run by the University of New South Wales?

Experiences of HIV:

The Seroconversion Study

Are you newly HIV positive?

(Ethics approval ref no: UNSW HREC project #06168)

Find out more at: www.hivss.net

seroconversion@kirby.unsw.edu.au

02 9385 9954

Opposites Attract

is a study of gay men in serodiscordant sexual relationships.

(Ethics approval ref no: HREC/11/SVH/170)

For more information:

www.OppositesAttract.net.au

oppositesattract@unsw.edu.au

1800 129 073

The TAXI-KAB Study

Knowledge, Attitudes, and Beliefs (KAB) of gay men in Australia when they ThinkAbout eXposure to Infection (TAXI) to HIV.

(Ethics approval ref no: UNSW HREC Ref. #HC12394)

For more information:

www.taxi-kab-study.net.au

tops. However, it is likely that condoms may have at least a partially protective role. Time of diagnosis of anal cancer strongly influences the outcome – very early anal cancers are 100% treatable, whereas those diagnosed at later stages can be very difficult to treat. This is one of the reasons we monitor people so closely on SPANC. HRA is the best way to pick up early cancer.

Q: Is it worth going ahead with a vaccination for HPV even with an abnormal result and positive HPV blood test?

A: Australia was the first country in the world to offer HPV vaccination for boys at schools, with the program being rolled out this year for 13 and 14 year olds. Unfortunately, this particular vaccine works best if it is given before the onset of sexual activity. As all men on the SPANC study are 35 years or older (and not many are virgins!), the benefit of using the vaccine is unknown. Further studies will need to be done before vaccination can be recommended to older gay men.

Q: Why are the SPANC surveys so repetitive?

A: In research, consistency and accuracy of data is all important. By asking the same questions after each of your visits we are able to measure any changes in behaviour, even small ones, during the preceding 6 or 12 months since your last SPANC visit, and factor that into the overall data analysis. The result will be more reliable data, with more benefit to the community.

Q: I would like to know if you also look for any kind of marker for cancer in blood or any other indicators. (like high iron level)

A: There are a number of cancers for which markers have now been developed, for example breast cancer. None are available for anal cancer yet, but we are collecting and storing blood samples from SPANC participants. Because of all the other data we are collecting, the SPANC study is ideally placed to look at potential candidate markers when they are discovered. However, realistically, such a test is unlikely to be available for quite a few years.

Don't forget

* to do your 2 week and 3 month surveys when we send you a reminder.

* let us know if your email or postal address changes: Call the SPANC line on

1800 4 SPANC

(1800 4 77262)