



spanc

Study of the Prevention of Anal Cancer

ISSUE 9 DECEMBER 2015

Season's Greetings! We hope you enjoy this 9th edition of the SPANC Newsletter. Our big news: recruitment into the study closed in July this year, and our final enrolment figure is 617 participants, way over our goal of 600 that we set back in 2010! SPANC is now past the halfway mark, with funding to take us through to July 2018. We know that probably sounds like a long way off, but there is a lot of work to do between now and then, so thank you all for rallying to assist in this important research, and for your continued support and attendance at your regular SPANC appointments.

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ANAL CANCER ADVOCACY GROUP

Early results from the SPANC study showed that high grade anal lesions were extremely common among men in the study. Around this time, it became increasingly apparent that there were gaps in knowledge of anal cancer risk among affected communities and clinicians and gaps in available services for diagnosis of pre-cancer and early anal cancer. Members of community groups and researchers began discussions about the need for an Anal Cancer Advocacy Group. This group was established in October 2013. The group now comprises representatives from the Kirby Institute, Positive Life NSW, ACON, Cancer Council NSW, ASHM, AFAO, NAPWHA and a member of the affected community. The objectives of the advocacy group are to:

- Generate greater community awareness of risk, and promote testing for people at heightened risk of anal cancer
- Generate greater awareness of anal cancer prevention and treatment amongst doctors
- Advocate for expanded HPV vaccination programs in young gay men (Aged up to 26)
- Advocate for expanded access to high resolution anoscopy (HRA) for early diagnosis of anal cancer

The group has been very productive. Education campaigns have been developed and implemented to raise awareness of anal cancer in high risk populations (gay men and people living with HIV). These include the Bottom Line campaign conducted by AFAO and anal cancer fact sheets developed by Positive Life NSW. A joint submission from Positive Life NSW and ACON was made to RPA and St Vincent's Hospitals for increased diagnostic services for anal cancer. In August 2015 it was announced that St Vincent's Health Network would increase anoscopy services at St Vincent's Hospital. The current HRA service will be increased from two clinics per month to six clinics per month, effectively tripling capacity and significantly reducing wait times for HRA diagnostic services for people at increased risk of anal cancer. The advocacy group has also been campaigning for enhanced training of doctors in digital anal examination. A submission to NSW Health and, the Victorian

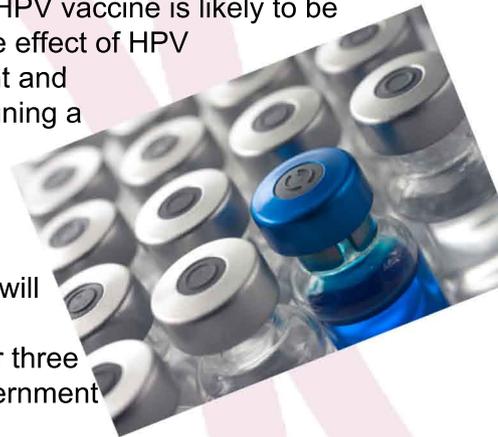


Health Department was made by the group, requesting that free HPV vaccine be offered to all gay men aged 26 years or less attending sexual health clinics, who have not been vaccinated under the school based HPV vaccination program. These are all examples of successful advocacy collaboration between researchers, community, clinicians and health services.

PROPOSED VACCINE TRIAL

In Australia, the HPV vaccine has been available in school programs for girls since 2007 and for boys since 2013. It is approved for use in women up to 45 years. For men it is recommended only to the age of 26, as there have been no studies to determine if the vaccine works in men at older ages. It has however, been shown to be safe in older men. HPV vaccine trials in young gay men have shown that widespread vaccination should eventually lead to a substantial reduction in anal cancer. Though the HPV vaccine is likely to be less effective in adult men already infected with HPV, little is known about the effect of HPV vaccination in older gay men on new anal HPV infection and the development and persistence of high grade anal lesions (HSIL). We are in the process of designing a study to answer the following question: **Does HPV vaccine reduce rates of new infection with HPV types in HIV positive and HIV negative gay men aged 27 years to 55 years, compared with placebo vaccine?**

If funded, the study will be conducted at St Vincent's Hospital in Sydney and will recruit approximately 400 men. Half will receive the vaccine, half a placebo vaccine (for example, hepatitis B vaccine). Participants will be followed up for three years. The Kirby Institute team is currently writing a grant application for government funding for this project which would begin no earlier than mid 2017.



Q & A

our doctors answer some of your questions...

Q: Can you give me some information about anal health for the sexually active?

A: A key function of the anus is to get rid of waste in the faeces. The anus is kept in a closed position by two sphincters: internal and external. Most of the time, the anal canal is empty because the internal anal sphincter (a circular muscle about 10cm inside the anal opening) keeps faeces out. However, usually once or twice per day, the internal anal sphincter opens, faeces enters the anal canal & you get the urge to empty your bowel. Once you successfully go to the bathroom, your anal canal is essentially then empty of faeces for the next 24 hours.

To enable this function, the anus is richly supplied with nerve endings. In fact, the concentration of nerve endings is almost as high as that of the head of the penis. This is the reason many people experience considerable pleasure when the anus is stimulated. Stimulation of the prostate (which lies adjacent to the anus inside) can also be pleasurable for some men.

Sometimes the external anal sphincter is tight (this is the one seen between the buttocks). If this is the case, attempts at anal penetration can be quite painful, causing the receptive partner to tighten up further, and the whole process gets even more difficult. Anal sex isn't for everyone, so don't feel pressured into it, unless it feels right for you. A condom on the insertive partner can actually help, as the receptive partner can be reassured that his risk of STIs is much reduced. The best approach is lots of relaxation, foreplay, condoms & lube.

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Tears/fissures can occur at the anal opening if the skin becomes irritated and/or if there is constipation. Occasionally this can follow rough sex if the receptive partner is not lubricated adequately when “bottoming”. Rashes are very common in the skin around the anus and these are usually caused by a combination of dermatitis and fungal infection. Most respond to simple measures like wearing loose underwear and avoiding excessive soaping (refer to section on itching below). If you notice new lumps or bumps around the anal region, please make sure you see your doctor to get it checked out. The article referenced in the section on haemorrhoids will give you more details about common anal conditions.

“Douching” is the name given to washing out the anus, often done before sex. There has been surprisingly little research done on which practices are safe. However, the current consensus is that, if you have to douche, then it is best done with a solution that approximates to the natural liquids that surrounds our cells – that is, around 0.9% saline. The concentration does not need to be precise, but can be approximated to a teaspoon of table salt in a tumbler of water. It is best to avoid any cleaning agents or disinfectants, as these are likely to irritate the lining of the bowel. When we have looked at all the data from SPANC, we should be able to add more information.

STIs can occur in the anus & do not usually cause any symptoms. So, the best strategy is to condom-up. If this doesn't happen, then arrange for regular testing for STIs and HIV – maybe even every 3 months, if you are not using condoms and having lots of partners.

Q: Can you tell me why my anus becomes itchy?

A: The skin on the outside surface of the anus has to deal with a lot. Not only does it get exposed to faeces during defaecation, some of the things people do to their anuses can cause considerable irritation. Many gay men are understandably very conscientious about their anal hygiene, and excessive washing is a very common cause of anal itch. Chemicals present in toilet paper (such as bleaches, dyes & perfumes) and soaps (just see how many ingredients are on the packet label) are often the culprits. Nowadays with an increasing number of people using wet wipes, there are chemical ingredients included in the formulation that have been found to be irritating to some individuals. So if you think there is a possibility of your rash being associated with wet wipes, try a few weeks without using them and use water instead, followed by patting dry with your usual toilet paper.

Many individuals with rashes on other parts of their body e.g. eczema, psoriasis or seborrheic dermatitis can also get the same condition in the perianal skin (the area outside the anus). Don't forget to tell your GP that you also have a rash in the anus if you are seeing the doctor for your skin condition.

Sometimes sweat rashes (caused by minor fungal infections) and other skin conditions can also add to the itch. Fungal and yeast infections are the most common conditions encountered in this area because the buttocks are rubbing against each other. The skin irritation is worsened with the combination of tight synthetic underwear and sweating, say during gym sessions. Rather than jumping straight on to creams, try some of these other measures which are preventative and help keep rashes away:

- Wear loose cotton boxer shorts, or nothing when at home
- Avoid tight pants and tight gym gear that macerate the perianal skin



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- Change out of your synthetic pants as soon as possible if you have been cycling or in the gym
- Topical creams which contain both hydrocortisone and clotrimazole, an antigungal, are best if a medicated cream is required because they cover both the dermatitis and the yeast/fungal infection. But it is not a good idea to use these creams for weeks and weeks at a time. They should produce the desired effect within 2 weeks.

Q: I'm interested in vaccines for HPV?

A: Human Papilloma Virus (HPV) is the most common anal STI. It is very easy to catch and, apart from acquiring it with anal intercourse, you can also get it from rimming and fingering. One of the best way of preventing anal HPV infection is to get vaccinated, but unfortunately the vaccine needs to be given before the person has come into contact with the virus. As the HPV is so infectious, it means that the virus needs to be given very early on, ideally before becoming sexually active. This is why it is now given to school age boys. It definitely works in gay men aged 26 years or younger, who have had fewer than 5 sexual partners. However, it is not known for sure whether it works for older gay men, but it may do. The only side effect of the vaccine is temporary soreness at the site of vaccination, in the arm. It costs \$450 for the course of three injections, which can be obtained from your GP.

The current HPV vaccine covers 4 types of HPV but there is a new HPV vaccine that has been approved in the US and is likely to come to Australia soon. It is called the “nonavalent vaccine”, referring to the nine types of HPV against which it is targeted. It has never been formally tested in gay men, but is likely to be even more effective than the currently available one. (Please refer to the earlier article on page 2 for more information)

Q: Can you give me more detailed information on abnormal cells and the percentage of those that just disappear, and those that go on to develop cancer?

A: When people come for their SPANC visit, they have an anal cytology/Pap test, as well as the high resolution anoscopy (HRA). Around a third of men have been found to have the “high grade” cells/HSIL present in one or both of these tests. As far as we can tell, around 40% of these abnormalities will clear within a year, although the rest will persist. At present, we don't know how big a proportion of men with persisting high grade cells will progress to anal cancer, but it is likely to be less than 1% per year. One of the key research questions in SPANC is to understand why a small minority of men progress to cancer, but most do not. Over the next year we will be publishing Baseline data from your first visit and the data from follow up visits will appear in subsequent years. So keep reading the SPANC Newsletter!

Q: Could you give me advice about having anal cancer screenings for my own personal health checks once the study is finished ... how often, and where would I go to have screenings done?

A: We should have a better idea once we have conducted a detailed analysis of all the SPANC data. In the meantime, you will be given personalised advice when you come for your sixth ‘review’ visit. At this non-clinical visit we will sit down with you and give you an assessment of your risk of anal cancer in the future using an algorithm we have developed. We will also provide you with advice on what you can do about your individual risk, including frequency of regular check ups. If you need further follow-up, we will arrange it then. These follow-up

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HRA appointments will be with the Dysplasia and Anal Cancer Service (DACs) at St Vincent's Hospital. At present there are some limited services at St Vincent's Hospital to enable this and we are working to try to expand these.

Q: The plastic tube was initially not a problem but towards the end of the procedure it became uncomfortable - is it normal that irritation occurs after a period of insertion?

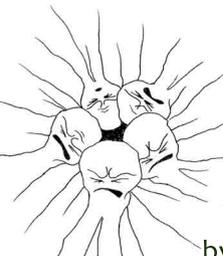
A: This is a very common experience. The average time that the plastic tube is inside the anal canal is around 10-12 minutes. It sometimes takes a little longer if the doctor needs to have a more thorough look, and/or if there are many folds or haemorrhoids making the examination more challenging. This is when the procedure can become quite uncomfortable as haemorrhoids can swell at the end of the HRA. Longer times tend to be associated with more discomfort. Occasionally the discomfort may be related to taking of the biopsies and more rarely some participants have reacted to the application of the Monsel's solution which we use to reduce bleeding from biopsies.

If this is something that you have had problems with in the past, let the SPANC team know, and we will see if we can do things slightly differently, to make the discomfort less of a problem e.g. using the stronger local anaesthetic ointment, a smaller anoscope, not using the Monsel's solution or taking other measures to reduce haemorrhoid discomfort (please refer to the article on haemorrhoids in this issue).

Q: Can you clarify the well-being questions in the survey? Should I answer in relation to the SPANC visit itself or more broadly about what's happening in my day to day life?

A: The physical and mental health questionnaires are an important part of SPANC. What we're hoping to get in those questions is a snapshot of your well-being at the time you're completing the survey, whether it relates directly to your SPANC visit or not. We use your responses to these questions to see how you are travelling psychologically, and whether there has been any change since your last visit, and we understand that there may well be other things going on in your life that might be affecting your well-being. When an anal screening program is eventually rolled out to the gay community, we will use this information to estimate the proportion of men who may be adversely affected, so that we can put in place adequate support structures. If there is something you want to say or clarify that can't be captured in these questions, by all means please use the free-format section at the end of the survey as we look very closely at your responses to learn how we can make our processes smoother and more comfortable for you.

What you can do if you have haemorrhoids



Haemorrhoids can be considered as varicose veins of the anal canal. They occur very commonly but tend not to be noticed unless they swell up, appear outside the anal canal, or cause intermittent bleeding. The ones that appear outside the anal canal are either prolapsed internal haemorrhoids or external haemorrhoids. The latter tend to be rather painful. You may either have noticed them yourself or been told by your doctor or a partner that you have haemorrhoids.



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Once haemorrhoids are identified, it is important to make sure that every care is taken to keep them under control so that they do not add to your discomfort in day-to-day life, or during the HRA at your SPANC appointment. Here are some tips which may help:

- Try conservative simple measures first like avoiding factors that worsen the haemorrhoids e.g. constipation can lead to straining in the toilet; or repeated lifting of heavy weights can increase the pressure inside the abdomen.
- Ensure you are drinking lots of fluids and eating enough roughage (eg. vegetables, psyllium husks) to avoid getting constipated.
- If these measures are insufficient, you may try using a cream or ointment available from the chemist. They usually don't require a script and can be bought over the counter. These products (eg. Scheriproct, Proctosedyl, Rectinol or Anusol) essentially contain a chemical (eg. cinchocaine) which shrinks the dilated veins, and a cortisone to reduce swelling and itchiness. Some medications also contain an antibiotic to reduce the risk of infection.

For straightforward haemorrhoids, the measures and preparations mentioned above should work within 1-2 weeks. If these measures don't work, you should get your doctor to review your symptoms to make sure there is no other diagnosis that has been missed.

If you have haemorrhoids please start the above processes 2 weeks ahead of your appointment. But please do NOT put on any creams/ointments at least 24 hours before your SPANC visit, as this may interfere with the anal cytology/Pap test (the swab). If you need to clarify anything or ask further questions, please call the Research Nurse on 02 8382 3106 and he can arrange for you to speak to the Study Doctor if required.

If you wish to read further about haemorrhoids (and other common anal conditions), there is an excellent article written by Dr Darren Gold, a colorectal surgeon. Go the SPANC website and look for the article on 'Benign anal conditions' under reports. www.spanc.org.au/reports



Did you know...?

SPANC men have completed 2,604 online surveys since the study began!

Thank you for your continued support, and don't forget to log in and complete your survey when you get our reminder!

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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