Panel discussion
Real world challenges in secondary anal cancer prevention

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Challenges in implementation of secondary anal cancer prevention programs

We have limited HRA and treatment capacity

Challenges in implementation of secondary anal cancer prevention programs

We need to optimize screening approaches for different groups in the context of differing prevalence of anal HSIL and low number of HRA practitioners

All current screening recommendations are expert opinion

We need to determine when we can stop screeningWe need to determine optimal follow-up algorithms after treatment

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Challenges in implementation of secondary anal cancer prevention programs

Not all HSIL lesions have the same potential to progress to cancer

We have some knowledge about which lesions need treatment most urgently but more info is needed

Risk of progression in ANCHOR from HSIL to cancer was 5.26-fold higher (95% CI: 2.54-10.87) for people with lesions >50% of the anal/perianal canal, respectively compared with ≤50%

We need reliable biomarkers of progression and regression to optimize use of limited HRA resources

Challenges in implementation of secondary anal cancer prevention programs

Treatment

- We can prevent about 57% of anal cancers by treating (mostly hyfrecating anal HSIL)
- The need for sustained treatment is very high and continued long-term follow-up is essential

We need better treatment

- Need for better treatment
  - Hyfrecation= A1 but high recurrence rate, requires HRA
- Systemic therapy (oral, injectable (immunotherapeutic) which obviates need for localization of all lesions and treats multifocal disease
- Topical could work as well
- Treatment that is HPV-specific would be ideal
- Treatment that does not require extended course of therapy
- Treatment that leads to low rate of recurrence
- Treatment that is very safe with low AE rate and high therapeutic index

Challenges in implementation of secondary anal cancer prevention programs

We need to directly address the HRA workforce shortage

We need to make HRA training and treatment more efficient

Better treatment would be a major contributor by reducing need for targeted HRA ablation/removal