

you want to be treated. By remaining in the study, you can continue to help advance this research, improve people's lives, and take care of your own health.

Should I get treatment if I have anal HSIL?

We strongly recommend participants with anal HSIL get treatment since we now know that it lowers the risk of anal cancer. However, ALL participants in the ANCHOR Study are encouraged to stay in the study, regardless of their choice to be treated.

PWHIV who are not in the study should talk to their healthcare provider if interested in anal HSIL screening and treatment.

Will the study continue paying for the costs of study visits?

Yes, the study will continue to cover the cost of care related to this research. This includes any out-of-pocket costs after billing your insurance. You will still be paid for your time and travel expenses for attending visits (\$100 for visits with HRA).

What are the researchers doing next?

The next steps for the researchers are to look at tests that can help tell us which PWHIV who have anal HSIL are most likely to develop cancer. These tests will be done on the samples (blood, tissue, and swabs) collected for this study. We also want to find the best ways to screen for and treat anal HSIL, and how often this care should be given.

Where can I get more information?

Contact the study team or CAB member at your ANCHOR site.



www.anchorstudy.org/townhall

Come to a Virtual Town Hall or watch a recording from the study website. Visit the site for the schedule and links to join.



www.anchorstudy.org

Check out the resources on the ANCHOR study website.



We still need your help!

Frequently Asked Questions (FAQ) on the ANCHOR Study Results



Anchor Study FAQ

Thanks to generous volunteers taking part in the ANCHOR Study, we now know that treating anal HSIL can reduce the risk of progression to anal cancer.

What is the anus? What is anal cancer?

The anus is the very end of the digestive system, just below the colon and the rectum. Anal cancer is cancer of the skin lining the anus. It is different from colorectal cancer, and sometimes missed during routine colonoscopies (exams to look for colorectal cancer).

How often do people with HIV get anal cancer?

People living with HIV (PWHIV) have the highest risk of anal cancer. The lifetime risk of anal cancer can be as high as 10% of people with anal high grade squamous intraepithelial lesions, or HSIL. In the general population, anal cancer occurs most often in women.

What is anal pre-cancer (anal HSIL)?

Anal pre-cancer is called HSIL. Anal HSIL is an area of abnormal skin growth of the anus. Anal HSIL and anal cancer is caused by the human papillomavirus (HPV). Some types of this virus cause warts and some types cause pre-cancer and cancer. Most of the time, anal HSIL does not progress to anal cancer. However, it can become anal cancer in about 10% of PWHIV with HSIL.

Why did we do this study?

The study's main question was whether treating anal HSIL reduces the risk of anal cancer in PWHIV. Preventing anal cancer will

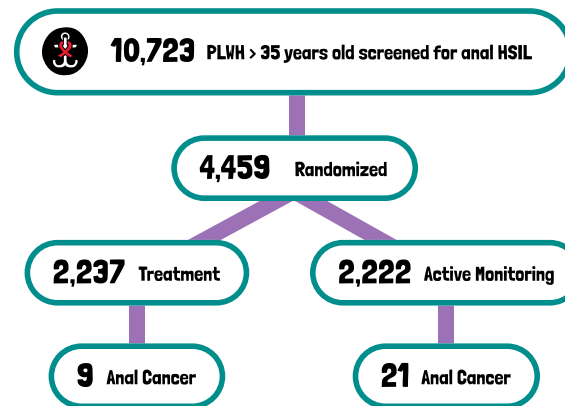
prevent suffering and death, and serious discomfort from chemotherapy and radiation to treat the cancer.

Who was included in the study?

The study included PWHIV age 35 and older who also had anal HSIL.

How many people were included in the study?

Study participants were of similar race, sex, and gender identities overall as PWHIV in the U.S.

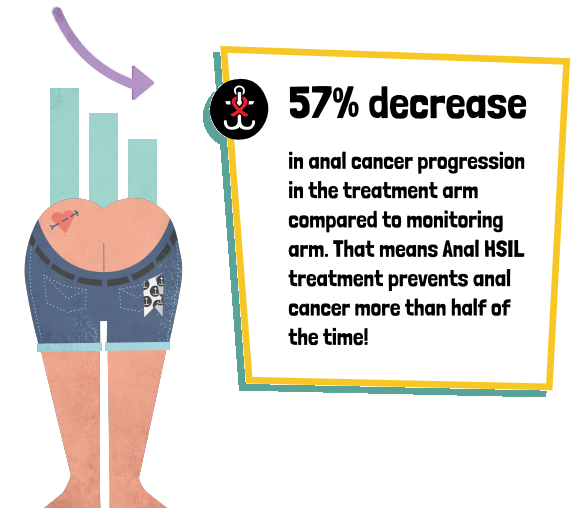


What did the results show?

We found that the rate of anal cancer was 57% lower in the treatment group than in the monitoring group. This means that treatment lowered the chance of getting anal cancer. Treatment did not prevent all anal cancers, but the study showed that the best way to prevent anal cancer is to continue treatment for anal HSIL.

How many people in the study got anal cancer?

During the study, participants in the monitoring arm (21 cancers) developed cancer more than twice as often than participants in the treatment arm (9 cancers).



What were the side effects of HSIL treatment?

Most participants treated for anal HSIL had mild side effects from treatment that went away within 2 weeks. The most common side effects were anal pain or bleeding. Serious side effects requiring medical care happened in less than 1% of participants.

How did treatment affect quality of life?

We compared quality of life between groups. There were no major differences between treatment and monitoring on how participants reported their symptoms or well-being.

Can I still have ANCHOR study visits?

Yes, the ANCHOR Study is continuing visits until September 30, 2024! We are still collecting data to answer questions about which anal HSIL is most likely to become cancer.

Participants will return for study visits every 6 months or more, which will include 3 anal swabs, HRA, and biopsies when needed. A blood sample will also be taken once per year. If we find anal HSIL, you may choose whether