

INCLUSION CRITERIA:

- ✓ HIV+ men, women, transgender folks
- ✓ 35 years of age or older
- ✓ Biopsy-proven HSIL, as determined at 1st ANCHOR screening visit

EXCLUSION CRITERIA:

- ✗ History of anal, penile, vulvar, vaginal, or cervical cancer



LEARN MORE

ANCHOR provides high-resolution anoscopy for your patients living with HIV. Our interactions with the participants are restricted specifically to their participation in ANCHOR and its associated procedures. Conditions not pertaining to anal health are referred back to the primary HIV care provider.

TheANCHORstudy.org
National Number. 844.448.2888



THE ANCHOR STUDY IS RECRUITING



Primary objective: To determine whether treating anal high-grade squamous intraepithelial lesions (HSIL) is effective in reducing the incidence of anal cancer in people living with HIV (PLWH), just as screening for and treatment of similar lesions in the cervix reduces the incidence of cervical cancer.



Accrual target: 5058 participants followed for five+ years; recruiting through 2020.



WHO IS AT RISK FOR ANAL CANCER?



People living with HIV, especially smokers and men who have sex with men, have up to 80x higher risk of anal cancer than the general population. Even if your patient hasn't had receptive anal sex, they may still be at risk for HPV-associated anal cancer and should be screened. **Those with a normal colonoscopy are still at risk if they fall into one of the usual risk categories.**

How do people get HSIL & anal cancer?

The anus has cells that can become infected with human papillomavirus (HPV). HPV can cause changes to anal cells and can lead to cancer, similar to how HPV can lead to cervical cancer.

The patient has rectal bleeding. Is a sigmoidoscopy or colonoscopy sufficient?

In addition to ensuring there are no colon lesions, we recommend HRA in patients living with HIV. Bleeding can come from anal HSIL (precancer). Anal cancer is sometimes not well seen by GI scopes and lesions can be missed. An HRA can help determine if HSIL or anal cancer is the cause of bleeding. Sending a patient for HRA to see the anal tissue in detail helps to rule out anal cancer or HSIL as a cause.

What is the difference between a high resolution anoscopy (HRA) and anoscopy?

Anoscopy looks directly at the anus through a clear tube (scope) and is useful for seeing things visible to the eye without magnification or special stains such as 5% acetic acid and iodine.

High resolution anoscopy (HRA) is a specialized procedure that uses magnification with a colposcope, vinegar, and iodine to identify lesions that may be invisible with standard anoscopy.

