

# spanc

Study of the Prevention of Anal Cancer

## ISSUE 2 NOVEMBER 2011

### **Welcome to the second newsletter of SPANC (Study of the Prevention of Anal Cancer).**

Thank you to those of you who have recently joined the study and those who have attended their follow-up visits. As you're aware the strength of any study lies in the willingness of its participant's to continue in the study and we thank everyone for returning to do your follow-up visits. We understand being a participant in SPANC is not always easy but in the long term, determining what works in an anal cancer screening project is important and will save lives in the future.

## ADDITIONAL STAFF

Due to the increasing size of SPANC we have increased the number of staff. We know you will enjoy meeting Winnie, Carmella and Brett at one of your next visits.



### **Dr Winnie Tong**

Winnie is a Research Fellow at St Vincent's Hospital. She is currently in the second year of her PhD, studying immune

responses to human papillomavirus infection. She completed her specialist training in January 2011 in Immunology. Winnie has been training in High Resolution Anoscopy with Richard Hillman since March 2011.



### **Dr Carmella Law**

Carmella is a Sexual Health Physician with a longstanding interest in gay men's health for over 20 years. She is currently

the Head of Curriculum Development in the School of Medicine at Notre Dame University, Darlinghurst.



### **Brett Sinclair**

Brett completed his nursing degree graduating from The University of Technology Sydney in 1996. He has

worked in HIV/AIDS nursing for 13 years and been involved in High Resolution Anoscopy with Dr Richard Hillman since 2006. He recently joined SPANC to help the research team reduce the incidence and burden of illness caused by anal cancer.

## WHAT'S NEW SINCE OUR LAST NEWSLETTER?

### **How many men have been recruited?**

Since our last newsletter in May of this year we have recruited another 80 participants, and by year's end we will have about 200 SPANCsters! There are still about 100 men waiting for their appointments due to space and resource issues. The good news is that in 2012 we will be able to almost double our capacity after negotiating extra space in St Vincent's, and we thank you for your patience while these new improvements are put in place.

### **Pain and bleeding after the procedure**

Some of the feedback we have had from you is about the amount of pain experienced after a biopsy procedure. Some men report no pain or bleeding at all after their visit, but for others it can be very uncomfortable. We are doing everything we can to minimise this, but the nature of the procedure means some discomfort is unavoidable. We are constantly looking at ways to minimise pain and are always happy to provide advice +/- reassurance when required. We now offer participants a 'Comfort Pack' when they leave the clinic, which includes the numbing gel used during the procedure and other items and information that may help you manage any discomfort you may experience in the hours after the procedure.

### **Reduced number of study visits**

We also looked at reducing the number of participant visits and found that we were able to maintain the quality of data required if we reduced the number of study visits from 7 to 5 over three years. That's 3 visits six months apart in the first year, followed by 2 more visits spaced one year apart.

### **Increased work space for SPANC**

As mentioned previously, from 2012 we will have another clinic space available to us at St Vincent's Hospital. This will help keep us on-schedule with following-up participants and will give everyone more flexibility in their appointment times. Currently we have 2 anoscopists performing the High Resolution Anoscopies, however this will be increasing to 4 in the New Year to assist with the increased workload.



## SPANC RESULTS SO FAR...

There has been an overwhelming response from men wanting to participate in the SPANC Study. To date, close to 200 men from 35 all the way to 80 years of age have enrolled. Overall, more than 80% of the participants have tested positive for anal HPV. This high figure is not surprising as HPV infection is very common and can be considered a normal part of being a sexually active person.

Anal abnormalities detected by Pap (anal swab) and HRA are also common. Just over half of the participants have anal abnormalities detected on anal Pap. Also, when undergoing High Resolution Anoscopy (HRA), the vast majority of men have one or more biopsies taken. The biopsy results show that one in five (20%) men have low grade anal abnormalities or LGAIN, and one in three (33%) have high grade anal abnormalities or HGAIN.

The large majority of men with HGAIN will not go on to develop anal cancer. The actual risk is uncertain and will depend upon other risk factors. We don't know what makes some HGAIN go on to become anal cancer and other HGAIN to go away by itself. We are doing the SPANC study to try to answer this and other questions about anal HPV and the diseases it can cause.

**Q:** Does the HPV cause oral cancers? If HPV can cause cervical cancer in women and HPV can cause anal cancer in men would it not mean it can cause oral cancer?

**A:** Yes it can! Some oral cancers, particularly those at the back of the throat, can be caused by HPV. Strangely, gay men appear to be at only slightly increased risk of oral cancers compared to others.

**Q:** How does this affect us as we age ... are we at higher risk?

**A:** Like many ills, the risk of anal cancer does increase with age. That's why we have no upper age of participation in SPANC. We even have some participants approaching their 80's!!

*We get many questions from our participants about the study and what it all means. Here are answers to some of the most common ones...*

**Q:** I've had a high grade diagnosis. Is having anal sex likely to make it worse? Should I abstain or at least have anal sex very occasionally?

**A:** About one third of our participants have a high grade diagnosis at each visit. We know this condition is caused by HPV, but there is absolutely no evidence that continuing to have anal sex would make it any worse. So no, a diagnosis of high grade disease should not affect your sex life. We do recommend that you not have receptive anal sex for one week after the HRA procedure, to make sure the lining of your anus has had time to recover.

**Q:** I've been told I have a high grade diagnosis. Why aren't you treating it?

**A:** One of the goals of SPANC is to determine which men with high grade changes need to be treated. We are finding that about one third of men have a high grade diagnosis. Given that only a small proportion of men will ever get anal cancer, most of this high grade disease is likely to go away on its own. Our frequent visit schedule means that even if a participant developed anal cancer it would be caught very early, when treatment of anal cancer is usually curative. In SPANC, we will be trialling investigational tests using the swabs we have taken to see if we can predict which cases of high grade disease will go away, and which will persist. Men who have high grade disease diagnosed throughout SPANC, and still have it at the end of the study may require further close observation, or some treatment, at the end of the study. Treatment of high grade disease usually involves using heat, cold, or lasers. Unfortunately this treatment is associated with significant side effects, and isn't always effective. Hence, we believe a "wait and see" approach is a far better way forward.

### 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)

SPANC is funded through the Australian Government's chief medical research agency, the National Health and Medical Research Council. Over the life of SPANC, more than \$1.5 million will be invested in anal cancer prevention.