

# spanc

Study of the Prevention of Anal Cancer

ISSUE 10 JUNE 2016

Welcome to the 10th SPANC newsletter. With just under 2 years to run there are just over 300 men still to complete their remaining SPANC visits, out of the original 617 participants enrolled. This is a fantastic effort on the part of our volunteer SPANC participants, and we say 'Thank You' once again for assisting with this important research.

## IN THIS ISSUE

- ★ Top or Bottom - Does it matter?
- ★ Immunology substudy
- ★ Follow-ups after SPANC?
- ★ Q&As - Our doctors answer some of your questions

TOP

### Does it matter?

BOTTOM

Some guys believe that if they prefer the insertive role in anal sex ('tops'), they will be protected against anal infection with human papillomavirus. This is not necessarily the case. We have analysed all the data from the first (baseline) SPANC visit. Guys who reported higher numbers of anal sex partners without condoms when they were the bottom, were significantly more likely to have anal HPV infection. BUT, reported anal sex position preference had no effect on anal HPV infection. That is, guys who reported that they completely preferred being a top had the same chance of having anal HPV infection as guys who reported that they completely preferred being a bottom. The main reason for this result is thought to be the easily transferrable nature of the virus. Apart from anal sex, HPV can be acquired from other genital areas that are infected, particularly from the penis in men, or the vulva in women. Fingers (under finger nails) and toys can also be routes that lead to anal HPV infection.

## Immunology Substudy

Some of you may have joined the optional Immunology Substudy which involved the SPANC study nurse taking extra bloods at your SPANC visit. The results from this sub-study were published in the Journal of Infectious Diseases in 2015. Infection with high-risk type human papillomavirus (HPV) causes cervical cancer in women and anal cancer in men and women. We looked in detail at how the immune system clears pre-cancer at the tissue level. *contd overleaf*



## Immunology Substudy contd from P1

This has important implications for how to treat HPV-related pre-cancers in order to prevent cancer. Using a blood test invented by doctors and researchers at St Vincent's Hospital, we showed that a detectable immune response against certain HPV proteins was associated with anal pre-cancer improving without any treatment, which supports the hypothesis that in some people, their own immune response can prevent pre-cancers caused by HPV from developing into cancer. Thank you to the SPANC participants - you are extraordinary in your commitment to this study, and without you this work would not be possible.

## Where do I go if I have finished SPANC and have been advised I need follow-up?

At your final SPANC review visit, where you will receive a summary of all your study results, the doctor may recommend that you attend the DACS (Dysplasia and Anal Cancer Services) clinic at IBAC, St Vincent's Hospital, for a follow-up visit at a later stage. This could be anything from 12 months to 36 months depending on your results, and the time since your last SPANC visit. The visit would involve the same kind of detailed anal examinations that you have had in SPANC. These follow-up DACS visits are not part of the SPANC study, although they may occur in the same rooms at SVH that you have attended during your SPANC participation. At your review visit the doctor will discuss how you can access the DACS clinic if required. If it's been recommended to you by the SPANC doctor, or you think you would benefit by having a DACS 'follow-up' appointment, you should discuss the matter with your own GP and ask them for a referral to the DACS clinic at St Vincent's Hospital.

**Further information about the DACs clinic can be found at:**

<https://svhs.org.au/wps/wcm/connect/svhs/home/our-services/list-of-services/hiv-immunology-infectious-disease/dysplasia-and-anal-cancer-services/dysplasia-and-anal-cancer-services>



## Q & A

*our doctors answer some of your questions...*

**Q:** How frequently should we test for anal cancer one we've finished our 5 visits in the SPANC study?


**A:** This is a very important question, and answering it is the main purpose of SPANC. Whilst we have learnt a huge amount over the last 5 years, we really will need all the results back before we can answer this question accurately. The last participant will finish SPANC in 2018, and we will be working very hard to analyse all the results, so it will be some time after that before we can provide a scientific answer. If you are still in SPANC you will be followed up very closely at your clinical visits. When you finish your SPANC visits, we will offer you an extra, non-clinical, '6th Visit' where we will review all of your results and give you follow-up recommendations. These recommendations may involve tests which are currently only available at the DACS Clinic (Dysplasia and Anal Cancer Services) in St Vincent's.

# Q & A

*...continued from page 2*

**Q:** I'm fine about having tests, but the vinegar used causes me discomfort for at least 48hrs. Is there anything that can be done?

**A:** Vinegar (acetic acid) is one of the main techniques we use to detect high grade lesions and is one of the practices borrowed from cervical cancer screening. The other techniques we use are an operating microscope for magnification (to see the blood vessels and lining better) and iodine staining. However, we can reduce the discomfort you experience by giving you the 'pink carpet treatment'. This can involve approaches such as higher concentrations of anaesthetic, reduced concentration of vinegar, using gentle irrigation to wash off the vinegar/iodine, and minimising the duration of the examination. If you've experienced discomfort at previous visits, please mention this when you book your next appointment, and we will try to do our best to help.



**Q:** The online survey is quite long and many of the questions seem unnecessary. I can see the validity of the survey, but can it be shorter?

**A:** We know the online survey can be a pain, but its purpose is to gather as much information about your clinical visit as possible. Sometimes the questions may seem a bit repetitive, but that's because we need to be absolutely sure of your responses. We do apologise for the inconvenience of these surveys, but the important information we obtain from you will provide essential information for future screening programs.

**Q:** The doctor found 2 flat anal warts at my last visit. Freezing them to get rid of them would have seemed appropriate, but the doctor left them there. Can you clarify?

**A:** External flat warts are often treated during the HRA - this is something that we do as part of our extended clinical care, but it's not part of the SPANC protocol. Sometimes we refer you to your GP to have them treated. Internal flat warts (flat LSIL), on the other hand, are not usually treated; this is because they do not usually cause symptoms or become cancerous, and to treat them would be essentially a cosmetic intervention. Treatment can often involve surgery, and even then recurrences can occur. If you are worried about your internal flat warts, mention it at your next visit and we will see what we can do.

**Q:** The biopsy can be uncomfortable, sometimes with bleeding over a couple of days and discomfort over a couple of weeks. Can anything be done?

**A:** Whilst we always try to keep them to a minimum, unfortunately biopsies are generally unavoidable and the most important part of SPANC. This is because biopsies which are sent to the pathologist provide an even more accurate assessment of the presence of abnormalities than the high resolution anoscopy (HRA) that you have during your visit. If the area to be biopsied is near the external part of the anal canal or near an anal skin tag, the skin could be more sensitive, and there are methods we can use to reduce the pain which we'll discuss with you on the day if required. We also can modify your 'comfort pack' to help assist further.



# Q & A

*...continued from page 3*

**Q:** As other male family members have died of anal cancer, am I particularly at risk?

**A:** There is currently no data to indicate that anal cancer is inherited. Anal cancer is sometimes confused with bowel (or colon) cancer, which is much more common, and if you have a family history of bowel cancer, it's important that you discuss this with your GP who can arrange for you to have a colonoscopy (the best way to detect bowel pre-cancers).

**Q:** At my last SPANC visit I felt a little uncomfortable and 'exposed' in the situation. I was a little surprised that I did, but I did. I'm not sure that there is anything that you can/should do about it.

**A:** Having an HRA can make you feel very vulnerable - this is a very normal response! So please always share this with the team on the day. We do try to pre-empt and minimise this in a number of ways, such as providing modesty sheets, and a screen so you can undress privately. We always make sure that the door is locked and our team are trained to be extremely sensitive to your feelings, but sometimes that feeling persists. If it occurs again at your next visit, please let us know immediately and we will assist in whatever way we can.

### SPANC Review Visits

Around 3 months after your final (5th) SPANC visit you will be offered a sixth visit with the SPANC doctor to review & discuss all your study results, and to offer you recommendations to ensure your continued good anal health. This appointment can be either face-to-face, email or skype. There's no need for you to remember this - we'll contact you.

### A reminder that SPANC ended recruitment in June 2015

Thank you to everyone who encouraged friends to join SPANC, however recruitment ended last July 2015 so we're unable to enrol anyone else into the study. If any of your friends have concerns about their anal health, their best option is to speak to their GP.

### Thank you!

Over the past few months we've held quality assurance sessions for our clinical and pathology teams, which required a silent observer in the room during an HRA. We want to thank very sincerely those of you who were so generous in allowing an observer in the room during your visit. These educational sessions will improve the service we can provide at all your visits.

For explanation of terms & abbreviations, visit our website at [SPANC.org.au](http://SPANC.org.au) and refer to the 'Members Section'.

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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[spanc.org.au](http://spanc.org.au)

Contact us at: [spanc.org.au](http://spanc.org.au)  
1800-4-SPANC (1800 4 77262)  
[spanc@kirby.unsw.edu.au](mailto:spanc@kirby.unsw.edu.au)