

spanc

Study of the Prevention of Anal Cancer

ISSUE 3 APRIL 2012

Welcome to the third newsletter of SPANC (Study of the Prevention of Anal Cancer).

Thank you to everyone for continuing to support SPANC. Many of you have already attended your first follow-up visit, and some of you have already completed your third visit. After each visit we ask you to complete an online survey 2 weeks and three months after receiving your test results. These surveys are very important as they help inform us about how you are coping with the processes we are using for 'anal cancer screening', and will help form the basis for future anal cancer screening programs.

WHAT'S IN THIS ISSUE?

- An update of where the study is and what we hope to achieve this year.
- Dr Jennifer Roberts from Douglass Hanly Moir Pathology explains what happens to your cell and tissue samples after your SPANC visit
- Q&A – The SPANC team will answer some of the questions you have asked in your follow-up questionnaires or issues you have brought up with the SPANC team members.
- Other studies that you or your friends may be interested in joining.

FAIRDAY 2012



Fair Day 2012

SPANC UPDATE

SPANC currently has 210 men recruited in the study. The response from the community has been overwhelming and we thank everyone for assisting with this important research. Because so many follow-up visits are due, there has been less time to contact new participants, particularly those who we met at Fairday. To enable us to accommodate more new participants, we are in the process of making another clinic day available, hopefully to be operational in the coming weeks. This extra clinic will still be at the same place at St Vincent's Hospital where you'll see all our familiar faces, and will assist the goal of recruiting 500 men by the end of this year.

We want to say a huge thank you for more than 160 follow-up visits you've made and more than 500 follow-up surveys you've completed since the beginning of the study. This data, all contributed by you, will add significantly to the current body of scientific knowledge about anal cancer and its impact on gay men.

Click on 'About Spanc' on the 'SPANC website' to read the latest reports and findings about Anal Cancer..

Douglass Hanly Moir Pathology - Processing your cell & tissue samples



Back row: A/Professor Annabelle Farnsworth, Dr Jenny Roberts, Adele Richards, Marjorie Adams - Front: Dr Clare Biro, Ross McDonald, Debbie Ekman

Have you ever wondered what happens to your Pap test and biopsy (if you had one) after you leave the clinic? They are in fact processed and examined by the highly trained scientific and medical staff you see here in the photo. We are very much part of the SPANC team, even though we don't get to meet you in the clinic. We thought you might be interested to hear what goes on 'behind the scenes'

First your Pap test: The cells which were collected on your first anal swab are transferred into a jar of fixative fluid which preserves the cells. In the laboratory, a small sample is drawn off and sent to Melbourne for HPV testing. Then residual cells are filtered onto a microscope slide and stained with dyes to enhance their

important features. They are first examined by a cytologist (a scientist trained in the study of cells).

The cytologist will highlight the most important features and then the slide will be examined by the pathologist, who is a medical specialist trained in the study of cells and tissues. The pathologist will make a final decision regarding your report.

Next your biopsy. These small tissue samples are also fixed or preserved before they make their way to the laboratory. There, the samples are hardened and embedded in wax, allowing very thin slices to be cut and placed on a microscope slide. Once again, dyes are applied and the slides can then be examined by the pathologist. Sometimes the pathologist wants to look at more tissue in order to clarify the diagnosis so additional thin slices are cut. Sometimes different special dyes are applied in order to determine the grading of a particular abnormality.

Our team of pathologists, scientists and statistician was chosen to be part of this important study, because of our long history of interest and expertise in genital disease, especially that caused by the human papillomavirus. Adjunct Professor Annabelle Farnsworth, who has an international profile in this discipline, leads the team here at Douglass Hanly Moir Pathology. Four times per year, our clinical and research colleagues visit the laboratory for a 'multidisciplinary team meeting' at which we discuss our patients and correlate their clinical features with their Pap test and biopsy results. We are all finding this type of interaction hugely rewarding and are always grateful to you, the SPANC participants for your commitment to the study, which makes what we do possible.

Q & A

Our doctors answer some of the questions you have asked in SPANC...

Q: I am confused that on the one hand anal warts are seen as a danger sign, and on the other as benign and nothing to worry about....?

A: Anal warts and anal cancer are caused by infection with different types of HPV. All up, there are more than 100 different types of HPV. Warts are caused by so-called low-risk HPV types (mainly types 6 and 11). These types rarely if ever cause anal cancer. Anal cancer is caused by high-risk HPV types, most commonly (about 80-90%) by HPV16, but also by a number of other high risk types. Having had anal warts is a sign that you have been infected with low risk HPV types, so it isn't directly related to anal cancer. However, a man who has had low risk anal HPV infection is more likely to have had high risk anal HPV infection, so it is an indirect marker of increased anal cancer risk. It's worth noting that more than 20% of gay men will get anal warts at some stage, and the great majority of them will never get anal cancer.

Are you interested in other studies run by the University of New South Wales?

Experiences of HIV:

The Seroconversion Study

Are you newly HIV positive?
Were you diagnosed with HIV since 2010?
We want to know about your experiences.

You can help by participating in the HIV Seroconversion Study.

(Ethics approval ref no: UNSW HREC project #06168)

Find out more at: www.hivss.net
seroconversion@kirby.unsw.edu.au
02 9385 9954

Opposites Attract

is a study of gay men in serodiscordant sexual relationships, where one partner is HIV-positive and the other is HIV-negative. If you are in a serodiscordant relationship this study is very relevant to you.

Opposites Attract is recruiting now.

(Ethics approval ref no: HREC/11/SVH/170)

For more information:

www.OppositesAttract.net.au
oppositesattract@unsw.edu.au
1800 129 073

CONNECT

is a study of beliefs and attitudes in gay men's networks and communities in Sydney, Melbourne and Perth. If you live in any of these cities we would like to hear from you. CONNECT explores beliefs about HIV and HIV risk/risk reduction.

(Ethics approval ref no: UNSW HREC project #09381)

To learn more, visit: connectstudy.net
connectsydney@unsw.edu.au

HPV infection and anal pre-cancerous changes, and this data will be presented in the future.

Next issues we will answer more of your questions and comments that have been raised by participating in SPANC...stay tuned...

HPV is a very transmissible virus, and that is why most gay men have HPV infection...

Q: I can't see how a depression questionnaire is related to an anal cancer research project. In future I'd prefer not to answer such questions!

A: If the SPANC study provides evidence suggesting that anal cancer screening will be useful in decreasing illness in gay men, then it is important that we also measure how much worry the screening process also causes. Most of the questions about mental health that you answer come from an internationally validated questionnaire called the SF36, which measures functional health and well-being. We have also adapted questions from women's cervical screening questionnaires that help tell us how much distress we might be causing. We know that some men have no psychological ill-effects from being told they have anal abnormalities, but some men become quite worried. Only by capturing all this information can we provide an accurate summary of the benefits and other impacts of anal cancer screening.

Q: Can you tell me about the transmission of HPV and anal cancer to others, and how best to avoid this?

A: Unfortunately, HPV is a very transmissible virus, and that is why most gay men have HPV infection. It is MUCH more infectious than HIV, and can be transmitted not only by anal sex, but also by fingers or other body parts simply touching the anus. HPV is present on the skin of the genitals and anal region, so it really is very hard to avoid transmission. Condoms provide some protection, but nowhere near complete protection. We are looking into these transmission issues in detail using the data we collect in SPANC.

Q: Are guys who are bottoms more at risk of anal cancer than guys who are tops?

A: You'd think so wouldn't you? However, nobody has really looked at this. In SPANC we are collecting detailed information about whether "bottoms" are at higher risk of anal

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.