

# spanc

Study of the Prevention of Anal Cancer

ISSUE 4 NOVEMBER 2012

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

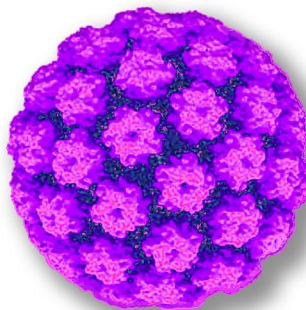
SPANC has now enrolled 280 participants and we thank you all for your interest and for continuing to support this important study. By attending your follow-up visits and completing the online questionnaires when we send out the reminders you are greatly assisting this research and anal cancer screening programs in the future. We apologise for the delays some of you have experienced during your clinic visit but rest assured we are working to minimise your waiting time and taking on board your valuable comments about what you think is working and not working throughout your involvement with SPANC.

## WHAT'S IN THIS NEWSLETTER?

- ⇒ The latest HPV vaccination news for boys and how it will impact the future male population.
- ⇒ New SPANC staff
- ⇒ Q&A – Due to the number of questions you have raised either during your clinic visit or when completing your questionnaires we have devoted more of this newsletter to answering some of these for you in the Q&A section.
- ⇒ Other studies that you or your friends may be interested in joining.

## HPV vaccine for boys

As you may have seen in the news lately, a vaccine against HPV has been approved for boys. School-based HPV vaccination of 12-13 year old boys, with a two year catch up program, will commence Australia-wide in 2013. This is a world-first initiative. The HPV vaccine currently in use in Australia protects against four HPV types, namely HPV6, 11, 16 and 18. HPV 6 and 11 are low-risk types from the point of view of cancer, but they cause more than 90% of cases of anal and genital warts. HPV 16 and 18 are high-risk types, and together cause about 70% of cervical cancer cases and 90% of anal cancer cases. Clinical trials have tested the efficacy of HPV vaccines in preventing anal and genital warts and found they do provide protection. More recent research has indicated that the vaccines are very effective in preventing penile and anal pre-cancerous lesions. Males older than 15 will not receive free vaccine. In men, the HPV vaccine is approved, but only to the age of 26, as there are no studies on safety or effectiveness in men at older ages. The vaccine will be less effective in adult men already infected with HPV.



HPV - human papillomavirus

There are many studies underway looking at the effect of HPV vaccination on prevention of recurrence of HPV-related disease after treatment. Vaccination of all adolescents prior to the onset of sexual activity will result in protection of future generations of Australian men and women from the HPV types that cause most anal cancer BUT it will take many decades for the benefit of HPV vaccination to be fully realised. For the next 30 to 50 years,

alternative approaches will be needed to combat anal cancer, and screening and early detection of anal cancer cases offers great promise. This is why your continued participation in SPANC is so important for it to achieve its goal. We need to establish whether routine anal testing is worthwhile and if so, which anal screening program is the most beneficial and least invasive for gay men to prevent anal cancer until the protective effects of HPV vaccination are seen.

## Ask your friends to join the study!

Tel: 1800 4 SPANC [1800 4 77262]  
Email: SPANC@kirby.unsw.edu.au  
Web: spanc.org.au

## SPANC represented at CONFERENCE

In October the SPANC study was represented at the 13th International Union against Sexually Transmitted Infections (IUSTI) World Congress in Melbourne. At a symposium on approaches to anal cancer prevention, Professor Andrew Grulich, *Head of the HIV Epidemiology and Prevention Program, Kirby Institute, and one of the chief investigators on the SPANC study*, argued that data from studies such as SPANC were necessary to measure the risks and potential benefits of screening before any firm recommendations on anal cancer screening could be made. The SPANC team had four presentations at the conference; the abstracts of these presentations can be accessed on the SPANC website ([www.spanc.org.au](http://www.spanc.org.au)). At the conference there was great interest in SPANC and the critical information it will provide for the fight against anal cancer.

## NEW SPANC STAFF

SPANC was sad to lose Tara our study nurse this year but the lure of the Central Coast was too much and we had to let her go. Kate Thompson has stepped into her shoes and now coordinates the clinical side of the study. We also welcome Dr Rick Varma & Matthew O'Dwyer to the team and are sure you will enjoy meeting them all at one of your future visits



**Kate Thompson**

Kate joined the SPANC team in September this year after working in Critical Care in the Intensive Care Unit. She is enjoying her new role as clinical trial nurse for the SPANC study. Kate returned to Australia 3 years ago after

working in the USA where she gained her Masters Degree in International Policy Studies but is finding the research aspect of nursing a refreshing change.



**Dr Rick Varma**

Rick Varma is a Sexual Health Physician at Westmead & Nepean Hospitals. He has worked within the field since 2004 and was a consultant in London before moving to Sydney three years ago. He joins the SPANC team to assist

perform the High Resolution Anoscopies with the other doctors trained in this field.



**Matthew O'Dwyer**

Matthew O'Dwyer has recently joined the SPANC team and will be working with Patrick and Brian administering the questionnaires and assisting in the day to day running of the study. Matt originally joined The Kirby Institute to work on the CONNECT and Sydney Gay

Community Mapping Studies in 2011 after returning from an internship at UNAIDS in New York City. Matt has a Masters degree in Public Health and he is enjoying being part of the SPANC study.

## Q & A

*Our doctors answer some of your questions*

**Q:** How is HPV transmitted? Where does it live in the body? Could I give my boyfriend the virus if he didn't have it before me?

**A:** HPV is a family of viruses of over 100 types. These include types that cause warts on your fingers and skin, types that cause anal and genital warts and types that potentially can cause anal cancer. The ones that can cause anal cancer are usually transmitted through sexual contact. They also cause cervical, vaginal and vulvar cancers in women, penile cancer in men, and oral cancer in both men and women. They can be detected in the anus, on the skin surface of the penis, and in the mouth. Anal HPV infection is almost universal in gay men, and most gay men aged 35 years or above have had one or more types of HPV detected in their anus. In most cases, the virus will be cleared by your body's natural defence system spontaneously. However, it can come back again due to further sexual exposure.

**Q:** What would the symptoms be if I were to get anal cancer (I was diagnosed as high grade)?

**A:** Possible signs of anal cancer include bleeding from, or pain in, the area around the anus. Some people will report a lump in the region. Nevertheless, these signs are not only related to anal cancer. More often these symptoms are related to common diseases such as haemorrhoids or anal fissures. Most anal cancers are without symptoms in the early stages. If you are experiencing new anal symptoms and have been diagnosed with HGAIN in the study, you should contact us and we will discuss this with your study doctor. Fortunately, the follow up schedule in SPANC means that if you did develop anal cancer between visits, it would be detected very early, at a stage when treatment for the cancer usually results in a complete cure.



**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. (Ethics approval ref no: UNSW HREC project #06168) Find out more at: [www.hivss.net](http://www.hivss.net) [seroconversion@kirby.unsw.edu.au](mailto: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. Opposites Attract is recruiting now. (Ethics approval ref no: HREC/11/SVH/170) For more information: [www.OppositesAttract.net.au](http://www.OppositesAttract.net.au) [oppositesattract@unsw.edu.au](mailto:oppositesattract@unsw.edu.au) 1800 129 073

The **TAXI-KAB Study** is designed to measure the Knowledge, Attitudes, and Beliefs (KAB) of gay men in Australia when they ThinkAbout eXposure to Infection (TAXI) to HIV. Gay men are going to experience many changes in the way healthcare is presented to them in the next few months. We are seeking information from these men in order to inform the progress of the "Treatments as Prevention" revolution that is occurring in Australian health care, right now (Ethics approval ref no: UNSW HREC Ref. #HC12394) For more information: [www.taxi-kab-study.net.au](http://www.taxi-kab-study.net.au)

a larger tumour, spread outside the anal canal). The standard treatment involves radiation therapy and chemotherapy, which can cause local pain, scarring and other side effects.

**Q:** Is it possible to refer friends to the study? If they don't have access to the internet, how should they go about it?

**A:** We appreciate your support for the SPANC study and you are very welcome to refer your friends to the study. If they don't have access to the internet, they can call the SPANC Hotline on 1800 477 262 (1800 4 SPANC). Recruitment into the study ceases at the end of March 2013 (i.e. in just 4 months) so tell your friends to hurry! .

**BUT WAIT - THERE'S MORE!**

Psycho-Social Responses to Participation in SPANC - Are you interested in doing a single face-to-face interview about your experience in SPANC, and how anal cancer screening affects the way gay men feel about their health and sexuality? We'd like to conduct 40 qualitative interviews, and more information will be emailed soon with details about how you can participate.

(Sub-study Approval HREC/09/SVH168)

**Q:** I'd like relevant, detailed pathology to tell me if the biopsy removed all suspect material (was it cancer?)

**A:** A study clinician will take one or more biopsies if there are visible lesion(s) detected during the high resolution anoscopy. These biopsies are examined by highly specialized pathologists. In most cases, you will learn the results within a month after your study visit. You will be notified by the research nurse if high grade anal intraepithelial neoplasia (HGAIN) is found in the biopsy. If any biopsy is suspicious of cancer, we will contact you to return for further investigations. These biopsies are usually small sample of the anal tissue and therefore unlikely to have removed the whole lesion. If you are diagnosed with HGAIN, it is very important that you attend all the scheduled follow-up visits, so it can be closely monitored. In the SPANC study, we have already had several cases of HGAIN that disappear completely without treatment, but monitoring is required to document whether the condition persists.

**Q:** My Pap test showed a Possible High Grade Squamous Intraepithelial Lesion (PHSIL), and 2 of my 3 biopsies showed Low Grade Anal Intraepithelial Neoplasia (LGAIN). I would like to know what percentage of participants have had similar abnormal results?

**A:** Both the Pap smear and the biopsy results are important. However, as neither is 100% accurate, we tend to focus on the most severe result, wherever it is from. At Baseline (i.e. first) visit, around a quarter of SPANC participants have been diagnosed with LGAIN and around a third have been diagnosed with HGAIN.

**Q:** If anal cancer is caught early what timeframes for life expectancy and prognosis and treatment options can I expect to receive in Australia?

**A:** The prognosis of anal cancer is very much dependent on the stage of the disease when it is diagnosed. When diagnosed at a very early stage and the tumour size is usually less than 1cm, the 5-year survival is almost 100%. Any man diagnosed with anal cancer during SPANC follow up would likely be in this category. Overall, the average 5-year survival in Australia after anal cancer diagnosis is close to 70%. Survival is poor (about 25% at five years) for men who present with advanced disease (e.g. with