

# Premalignant neoplasms of the anal canal: how to treat them?


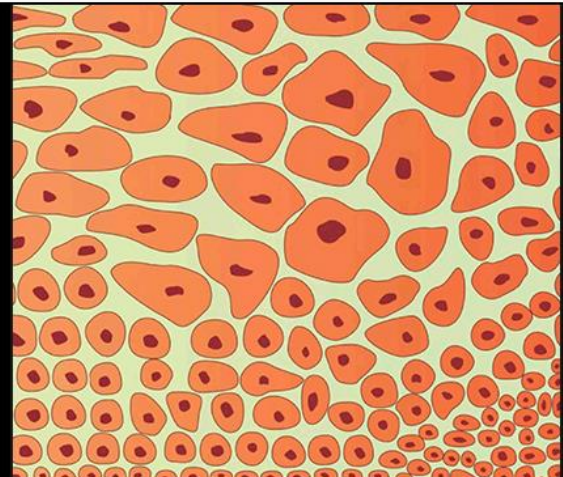
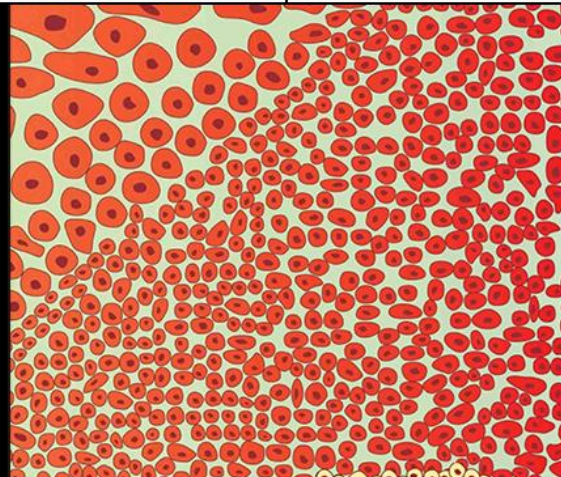
# Case presentation

- 76 y/o ♀
- Medical history
  - 2011 Anal fissure - conservative
  - 2018 Rheumatoid arthritis
- Anemia due to intermittent anal bleeding
- Examination
  - Anoscopy: suspicious intra-anal lesion
  - Biopsy: HSIL, HPV negative

# Intro

- Anal cancer mostly preceded by high-grade squamous intraepithelial lesions (HSIL)
- 90% of HSIL caused by HPV 16/18
- No standards for treatment

**Schematic representation of squamous intraepithelial lesions (SIL)**

Normal	Low-grade squamous intraepithelial lesion (LSIL)		High-grade squamous intraepithelial lesion (HSIL)	
	Condyloma	CIN/AIN grade 1	CIN/AIN grade 2	CIN/AIN grade 3
	Very mild to mild dysplasia		Moderate dysplasia	Severe dysplasia
				
	Infection		Precancer	

# Case presentation

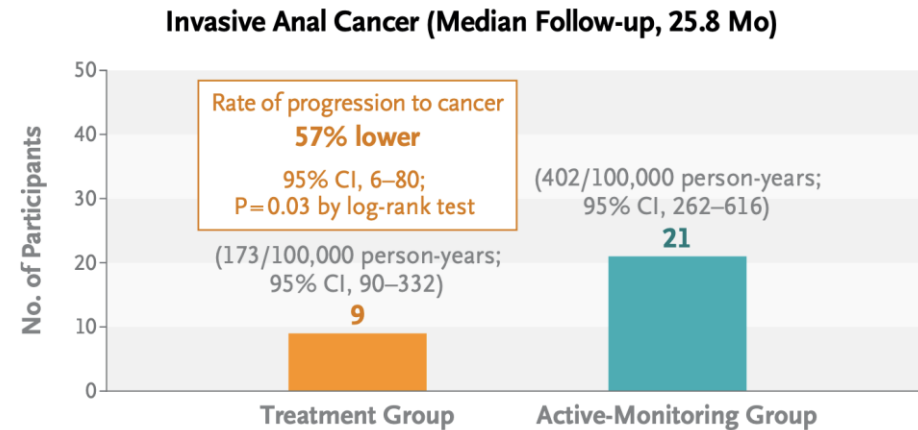
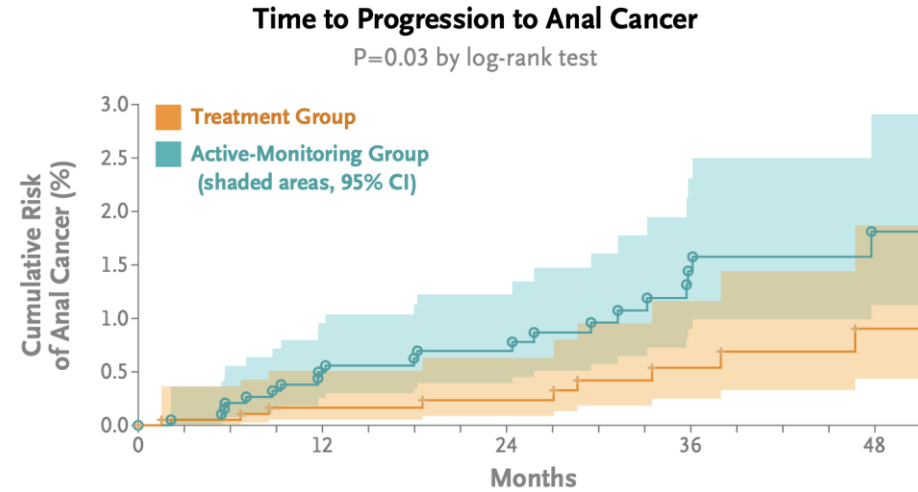
- Multidisciplinary discussion: excision in OR
- Perioperative anoscopy showed circular suspect mucosa  
→ Ablation with electrocautery of mucosa over 240°
- Pathological examination: HSIL (AIN3) extending into the resection margins
- Second treatment session planned

# Should we treat HSIL?

- Progression rate of HSIL to anal cancer
  - HIV + (5% - 14,1% / 5y)
  - HIV – (1% - 3,2% / 5y)
- Risk factors for progression (Category A:  $\geq 10x$ )
  - MSM/TW
  - History of vulvar HSIL
  - Solid organ transplant
  - HPV 16
  - Large lesions

# ANCHOR study

- 57% reduction of progression to anal cancer in HIV patients
- Office-based treatment with electrocautery in 84%

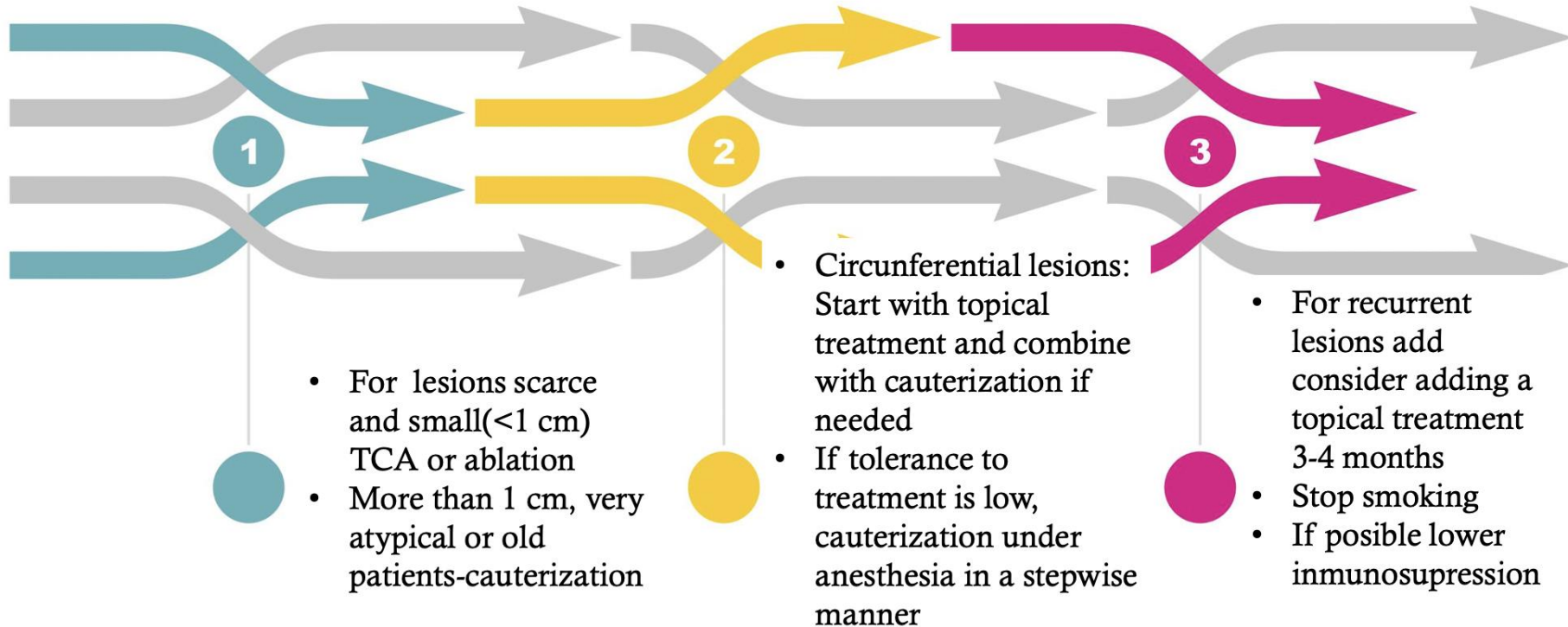


# Treatment modalities

- Topical therapy (off label)
  - Trichloroacetic acid
  - Immune modulators (imiquimod / 5 fluorouracil)
- Office-based ablation
  - Infrared coagulation
  - Radiofrequency ablation
  - Electrocautery
- Surgical ablation



# Treatment modalities





# Follow-up

- High rates of recurrence!
- HRA 4 to 6 months after treatment

# Case presentation

- Postoperative course was complicated by anal stenosis
- Daily dilatation
- Additional resection when sufficient dilatation

# Adverse events

- Low risk
- Local therapy (most frequent): erythema, ulceration, symptoms of irritation
- Surgical ablation (rare): bleeding, anal stenosis, anal fissure

# Discussion

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- What would your approach be for this patient?
- How to avoid anal stenosis?
- Screening in Belgium?