



IMPORTANT INFORMATION FOR YOU TO KNOW

The Facts About Anal Dysplasia

- Anal Dysplasia means that there are abnormal cells (or a lesion) in the lining of the anal canal. It can be low-grade (mild) or high-grade (moderate to severe).
 - Some low-grade lesions may progress to high-grade lesions.
 - High-grade lesions are very common, and can progress to cancer.
- Anal dysplasia is associated with human papillomavirus (HPV) infection. If untreated, anal dysplasia may progress over time to squamous cell cancer of the anus (SCCA).
- HIV infection is associated with increased rates of anal HPV infection, anal dysplasia, and SCCA.
- HIV-infected patients are at much higher risk of developing SCCA than the general population and have a poorer 5-year survival rate once it is diagnosed.
- Anal cancer rates continue to increase in HIV-infected men having sex with men, despite the use of antiretroviral therapy.

What can you do?

- All at-risk men and women should be screened for anal cancer to develop a baseline, and annually thereafter by digital rectal examination (DRE).
- An anal Pap smear, if available, can be done at baseline and annually thereafter.
- All patients with abnormal results of any degree should be referred for evaluation for the possible administration of high-resolution anoscopy (HRA) and biopsy.
- Screening will also evaluate certain risk factors for dysplasia, in addition to HIV infection: degree of immunosuppression, and history of prior anal disease.
- There is a high recurrence rate of anal dysplasia, so early detection is key as it may lead to better tolerance of therapy.

Call for your screening today.

<http://www.crsgh.com/>

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