Performing an Anal Pap Test

- Perform an anal Pap test before using swabs for other STI testing, using lubricant, or performing a DARE.
- A moistened nylon or polyester swab may be used to obtain an anal cytology sample according to the laboratory's collection instructions (cotton swabs should not be used). See University of California San Francisco Anal Cancer Information > Obtaining a specimen for anal cytology for detailed instructions.
- Instruct patients to refrain from performing an anal enema or douche, engaging in anal sex, or inserting any objects into the anus for 24 hours prior to cytologic screening.

Transmission and Prevention of HPV

- Infection with more than 1 HPV type occurs more frequently among individuals with HIV, compared to the general population. 
- Clinicians should promote smoking cessation for all patients with HIV, especially those at increased risk for anal cancer.
- Consistent and correct condom use remains an effective way to prevent the transmission of most STIs, including HPV. However, it is important that clinicians inform patients that barrier protection such as condoms may not provide adequate protection against HPV.

Screening for Anal Dysplasia and Cancer in Patients with HIV

- Clinicians should engage patients who are 27 to 45 years of age in shared decision-making regarding HPV vaccination. (A3)
- Clinicians should recommend the 9-valent human papillomavirus (HPV) vaccine 3-dose series at 0, 2, and 6 months to all individuals aged 9 to 26 years [a] with HIV regardless of CD4 cell count, prior cervical or anal cytology (Pap test) results, HPV test results, HPV-related cytologic changes, or other history of HPV-related lesions. (A3)
- Clinicians should engage patients who are 27 to 45 years of age in shared decision-making regarding HPV vaccination. (A3)
- Clinicians should recommend the 9-valent HPV vaccine for all patients aged 9 to 26 years (A2) who have been successfully treated for anal HSIL or who have been successfully treated for anal cancer (A3) and should refer patients for this follow-up. (A3)
- Clinicians should base follow-up after a patient's first post-treatment HRA according to the most recent histopathology findings (see Figure 1). (A3)
- Clinicians should immediately refer patients with a diagnosis of anal cancer to an oncologist or surgeon trained in the management of anal cancer. (A2)
- Clinicians should closely monitor patients with anal cancer in collaboration with the oncologist after definitive treatment for cancer. (A3)
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Figure 1. Follow-up of Anal Cytologic Screening Results

Anal cytologic screening (anal Pap test)

- Normal cytology:
  - Annual anal cytology
  - Normal histology or no biopsy indicated
  - If positive for high-risk HPV, perform annual HRA

- ASC-US:
  - Perform HRA with biopsy if indicated

- ASC-H, LSIL, or HSIL:
  - Perform HRA with biopsy
  - **AIN grade 1**: Follow up 1 year later with HRA
  - **AIN grade 2/3**: Treat and follow up 6 months later with HRA. Base subsequent screening and treatment on HRA results.

**Key:** AIN, anal intraepithelial neoplasia; ASC-US, atypical squamous cells of undetermined significance; ASC-H, atypical squamous cells cannot exclude HSIL; HPV, human papillomavirus; HRA, high resolution anoscopy; HSIL, high-grade squamous intraepithelial lesion; LSIL, low-grade squamous intraepithelial lesion.