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 authority'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.

SELECTED KEY POINTS

- Clinicians should engage patients who are 27 to 45 years of age in screening.
- For all patients with HIV ≥35 years old, clinicians should recommend annual DARE screening for anal pathology. (B3)
- Clinicians should base follow-up after a patient's first post-treatment HRA on the most recent histopathology findings (see Figure 1). (A3)
- Clinicians should perform post-treatment HRA at 6 months in patients with HIV and perform annual DARE to screen for anal pathology. (B3)
- Clinicians should encourage patients who were 27 to 45 years old and presents with signs or symptoms that suggest anal dysplasia. (A3)
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.