Screening for Anal Disease, continued

• Clinicians should evaluate any patient with HIV <35 years old who presents with signs or symptoms that suggest anal dysplasia. (A3)

• Clinicians should conduct high-resolution anoscopy (HRA) and histology (via biopsy) for any patient with low-grade squamous intraepithelial lesions (LSILs) or high-grade squamous intraepithelial lesions (HSILs) or refer as needed. (A2)

• For patients with anal cytology results indicating atypical squamous cells of undetermined significance (ASC–US), clinicians should perform HPV testing (A2): if HPV testing is available but reflex testing is not available, perform HPV test at follow-up within 6 months. (B2)

• If positive for high-risk HPV or if HPV testing is not available, refer for HRA. (B2)

• Clinicians should refer patients with suspected anal cancer determined by DARE or histology to an experienced specialist for evaluation and management. (A3)

• Clinicians should discontinue screening for anal cancer when life expectancy is less than 10 years and in individuals with 2 consecutive negative anal cytology specimens who are not currently sexually active. (B3)

Follow–Up of Abnormal Anal Cytology Results

• Clinicians should refer patients with abnormal anal cytology results to a care provider with experience performing HRA and follow up as indicated in Figure: Follow–Up of Anal Cytologic Screening Results. (A3)

• Clinicians should perform a cervical cytology test (Pap test) for any individual with abnormal anal cytology results who has not had negative cervical screening results within the past year. (A3)

Treatment and Follow–Up: HSILs and Anal Cancer

• Clinicians should base follow-up after a patient’s first post–treatment HRA and biopsy on the most recent histopathology findings (see Figure: Follow–Up of Anal Cytologic Screening Results). (A3)

• Clinicians should continue annual clinical assessment and anal cytology, with annual HRA for patients with a history of HSILs, as long as life expectancy exceeds 10 years. (A3)

• Clinicians should refer patients with suspected anal cancer determined by DARE or histology to an experienced specialist for evaluation and management. (A3)

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FIGURE: Follow-Up of Anal Cytologic Screening Results [a]

- **Normal cytology**
  - Annual anal cytology
  - Reflex high-risk HPV testing, if available, on ASC-US specimen OR perform anal HPV testing on follow-up visit within 6 months

- **ASC-US**
  - Anal cytologic screening (anal Pap test and clinical assessment) [b]
  - HPV (+) or not available
    - HPV (+)
      - LSIL or HSIL
        - Perform HRA with biopsy
      - Normal histology or no biopsy indicated
        - Follow up 1 year later with HRA
    - HPV (-)
      - ASC-US
        - Annual anal cytology
      - HSIL: Treat and follow up 6 months later with HRA
      - Follow up 1 year later with HRA

- **LSIL or HSIL**
  - Perform HRA with biopsy
  - LSIL: Follow up 1 year later with HRA
  - HSIL: Treat and follow up 6 months later with HRA

**Abbreviations:** ASC-US, atypical squamous cells of undetermined significance; HPV, human papillomavirus; HRA, high resolution anoscopy; HSIL, high-grade squamous intraepithelial lesion; LSIL, low-grade squamous intraepithelial lesion.

**Notes:**
- a. The figure describes recommended screening and follow-up for the following individuals with HIV who are ≥35 years old: men who have sex with men, women, transgender men, and transgender women.
- b. Continued annual clinical assessment and anal cytology, with annual HRA, is recommended for patients with a history of HSILs as long as life expectancy exceeds 10 years.