Missed opportunities for screening and prevention have been documented. Lower rates of anal cancer screening for people of color have been described and represent inequities in health care. Patients should be informed about the objective of anal cancer screening and the risk of developing anal dysplasia and anal cancer.

**Rationale for Screening**

- **HPV Type and Anal Dysplasia in Women**
  - Infection with more than 1 HPV type occurs more frequently among individuals with HIV, and such individuals can be at risk for cervical, vulvar, and perianal or anal SILs.
  - Infection with more than 1 HPV type occurs more frequently among individuals with HIV, and such individuals can be at risk for cervical, vulvar, and perianal or anal SILs.
  - Infection with more than 1 HPV type occurs more frequently among individuals with HIV, and such individuals can be at risk for cervical, vulvar, and perianal or anal SILs.

- **Other Forms of HPV Prevention**
  - Consistent and correct condom use remains an effective way to reduce the risk of transmission of most STIs, including HPV. However, it is important that clinicians inform patients that barrier protection, such as condoms and dental dams, may not fully protect against HPV.

- **Screening for Anal Disease**
  - For all patients with HIV, regardless of HPV vaccination status, clinicians should recommend the 9-valent HPV vaccine 3-dose series at 0, 2, and 6 months to all individuals with HIV who are 9 to 45 years old regardless of CD4 cell count, prior cervical or anal screening results, HPV test results, HPV-related cytologic changes, or other history of HPV-related lesions. (A3)

- **Screening for Anal Disease**
  - For all patients with HIV, regardless of HPV vaccination status, clinicians should recommend the 9-valent HPV vaccine 3-dose series at 0, 2, and 6 months to all individuals with HIV who are 9 to 45 years old regardless of CD4 cell count, prior cervical or anal screening results, HPV test results, HPV-related cytologic changes, or other history of HPV-related lesions. (A3)

- **Screening for Anal Disease**
  - For all patients with HIV, regardless of HPV vaccination status, clinicians should recommend the 9-valent HPV vaccine 3-dose series at 0, 2, and 6 months to all individuals with HIV who are 9 to 45 years old regardless of CD4 cell count, prior cervical or anal screening results, HPV test results, HPV-related cytologic changes, or other history of HPV-related lesions. (A3)

  - For all patients with HIV, regardless of HPV vaccination status, clinicians should recommend and perform annual DARE to screen for anal pathology. (B3)
FIGURE: Follow-Up of Anal Cytologic Screening Results [a]

Anal cytologic screening (anal Pap test and clinical assessment) [b]

- Normal cytology
  - Annual anal cytology

- ASC-US
  - Reflex high-risk HPV testing, if available, on ASC-US specimen
    OR
    - Perform anal HPV testing on follow-up visit within 6 months

- LSIL or HSIL
  - HPV (-) or not available
    - Perform HRA with biopsy
  - HPV (+)
    - Normal histology or no biopsy indicated.
      Follow up 1 year later with HRA
  - LSIL: Follow up 1 year later with HRA. Stop HRA after 2 normal results and continue with annual assessment and anal cytology
  - HSIL: Treat and follow up every 6 months with HRA. Stop HRA after 2 normal results and continue with annual assessment and anal cytology

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.

← Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Screening for Anal Dysplasia and Cancer in Adults With HIV. The full guideline is available at www.hivguidelines.org.