



Anal Cancer Screening

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:	
Anal cancer, while rare among the general population, disproportionately impacts certain populations such as people living with HIV, men who have sex with men, transgender women, solid organ transplant recipients, and people with a history of vulvar pre-cancer or cancer. It is most often caused by the human papillomavirus and is preceded by high-grade squamous intraepithelial lesions (HSIL). Treatment of HSIL reducing progression to anal cancer by 57%.ⁱ New consensus guidelines recommend targeted screening for higher-risk populations to detect HSIL and prevent cancer.^{ii,iii} However, implementation remains uneven due to limited high resolution anoscopy (HRA) capacity especially in rural areas,^{iv,v} (one 2022 study identified only 1 HRA service provider in Washington state)^{vi} lack of standardized training pathway for clinicians, knowledge and training gap, and societal structural barriers including stigma and bias.	
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):	
☒ VARIATION IN CARE	☒ SAFETY CONCERNS
☒ HIGH COST AND POOR OUTCOMES	☒ EQUITY CONCERNS
PROPOSED SCOPE:	
Promoting the International Anal Neoplasia Society (IANS) and U.S. guidelines comprehensive anal cancer screening guidelines, adoption of screening pathways to facilitate timely detection and treatment of HSIL, addressing knowledge and capacity gap across healthcare systems, standardizing coverage and reimbursement for screening, and developing state-level framework for monitoring uptake, access, capacity and outcomes. <u>Out of scope:</u> HPV vaccination guidelines and implementation except as incorporated into IANS screening guidelines, diagnosis and treatment of anal cancer, detailed clinical management of symptomatic anal disease outside screening.	
EVIDENCE-BASED IMPACT STRATEGY:	
<u>Clinicians/Care Teams:</u> identification of high-risk individuals, documentation of risk factors, annual symptom assessment and digital anal rectal exam (DARE) when indicated, referral of abnormal results or concerning findings for HRA. Developing pathways for workforce development to train clinicians on high resolution anoscopy to bolster access to this procedure. <u>Delivery Systems:</u> adoption/alignment of anal cancer screening clinical pathways, clinician education/training, timely follow-up of abnormal screening results including treatment for HSIL <u>Plans:</u> align benefits and prior authorization policies with international guidelines for screening, HRA, biopsy and treatment of HSIL; support network adequacy for HRA; monitor disparities in access and completion of screening. <u>Purchasers:</u> Review benefit design for low-barrier access to guideline-aligned screening, HRA, biopsy, and treatment of HSIL for high-risk populations; employee awareness and education	
AVAILABLE DATA FOR MONITORING AND EVALUATION:	
Washington State Cancer Registry (WSCR) data can support state-level incidence and mortality monitoring; HICOR	

POTENTIAL PARTNERS:
WSMA – Expanding Access to High Resolution Anoscopy H-55.962 ; Fred Hutch/HICOR; DOH; HCA; Engaged clinicians providing HRA in different parts of WA
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
The Bree Collaborative could fill a knowledge and capacity gap in guideline-aligned care for those at higher risk for anal cancer. A workgroup could promote standardized screening pathways, identification of eligible individuals, promote standards for timely follow-up of abnormal screening results, identify and address coverage and workforce barriers to access, and promote equitable access to cancer prevention in populations that experience compounding health inequities.

ⁱ Palefsky JM, Lee JY, Jay N, Goldstone SE, et al. Treatment of Anal High-Grade Squamous Intraepithelial Lesions to Prevent Anal Cancer. *N Engl J Med*. 2022 Jun 16;386(24):2273-2282. doi: 10.1056/NEJMoa2201048. PMID: 35704479; PMCID: PMC9717677.

ⁱⁱ American Society for Colposcopy and Cervical Pathology. (2025). ASCCP practice advisory: Anal cancer screening. ASCCP. https://asccp.org/wp-content/uploads/2025/10/ASCCP-Practice-Advisory-Anal-cancer-screening_FINAL.pdf

ⁱⁱⁱ Stier EA, Clarke MA, Deshmukh AA, Wentzensen N, et al. International Anal Neoplasia Society's consensus guidelines for anal cancer screening. *Int J Cancer*. 2024 May 15;154(10):1694-1702. doi: 10.1002/ijc.34850. Epub 2024 Jan 31. PMID: 38297406.

^{iv} Rim SH, Saraiya M, Beer L, Tie Y, Yuan X, Weiser J. Access to High-Resolution Anoscopy Among Persons With HIV and Abnormal Anal Cytology Results. *JAMA Netw Open*. 2024;7(3):e240068. doi:10.1001/jamanetworkopen.2024.0068

^v Barnell GM, Schechter MS. Anal Cancer Screening and Prevention—A New Era, Limited by Access to High-Resolution Anoscopy. *JAMA Netw Open*. 2024;7(3):e240019. doi:10.1001/jamanetworkopen.2024.0019

^{vi} Damgacioglu H, Lin YY, Ortiz AP, Wu CF, Shahmoradi Z, Shyu SS, Li R, Nyitray AG, Sigel K, Clifford GM, Jay N, Lopez VC, Barnell GM, Chiao EY, Stier EA, Ortiz-Ortiz KJ, Ramos-Cartagena JM, Sonawane K, Deshmukh AA. State Variation in Squamous Cell Carcinoma of the Anus Incidence and Mortality, and Association With HIV/AIDS and Smoking in the United States. *J Clin Oncol*. 2023 Feb 20;41(6):1228-1238. doi: 10.1200/JCO.22.01390. Epub 2022 Nov 28. PMID: 36441987; PMCID: PMC9937095.