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Anal cancer screening in the United Kingdom: serial cross-sectional surveys on attitudes and practices

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STATEMENTS

Original publication

This is an original manuscript and is not under consideration with any other journal. There are no duplicate or redundant publications of the same or very similar work.

Authors' contributions

AA oversaw data collection and analysis of the 2018 survey, and drafted the manuscript. HM facilitated data collection for the 2018 survey and provided critical feedback on the final manuscript. JV initiated the project, oversaw data collection and analysis of the survey in 2012, contributed to and provided critical feedback on the manuscript.

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AA, HM and JV have nothing to declare.

Competing interests statement

All authors have completed the ICMJE uniform disclosure form at www.icmje.org/coi_disclosure.pdf and declare: AA, HM and JV have nothing to declare.

Data sharing

Data is available on request to the corresponding author.

Data Access, Responsibility, and Analysis

The lead author had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. The corresponding author and guarantor affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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Ethical approval was not required as the study was a service evaluation exercise.

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Anal cancer is common in people living with HIV (PLWH); men who have sex with men (MSM)¹, and heterosexuals with multicentric human papillomavirus infection. The efficacy of screening for anal cancer is unknown.

We conducted web-based serial cross-sectional surveys in 2012² and 2018 to examine changes in anal cancer screening awareness, attitudes and practices amongst sexual health clinicians in the UK. 72 (62.1%) of 116 sexual health clinics approached responded in 2012, all were senior clinicians, and 73 (17.8%) of 411 clinics responded in 2018, from a variety of healthcare professionals (66 surveys from unique clinics were analysed in 2018).

We observed poorer knowledge of screening methods in 2018, even after excluding responses from General Practitioners with an interest in sexual health and other non-specialist settings; >90% of responders were aware of cytology, digital ano-rectal examination (DARE), or high-resolution anoscopy (HRA) in 2012, dropping to <40% for each in 2018. Practices remained similar for those that screened PLWH regularly. Most enquired about symptoms associated with anal cancer. Routine DARE was rare (three (4.2%) in 2012, one (1.5%) in 2018) .

Clinics regularly screening high risk groups (PLWH MSM) increased (four clinics (5.6%) in 2012, seven clinics (10.6%) in 2018. Patients with confirmed anal intraepithelial neoplasia (AIN) were managed according to local service availability. A greater proportion of clinics referred cases of AIN for HRA in 2018 (14 (21.2%) compared to 10 (13.9%) in 2012).

Screening in high risk groups continued to be perceived as useful (48 (69.6%) in 2012, 53 (80.3%) in 2018).

To our knowledge, this is the only national, serial cross-sectional survey of anal cancer screening attitudes and practices in the UK. Since 2012, commissioning for different sexual health services in England has changed. Our results highlight a reduction in knowledge of anal cancer screening methods among sexual health clinicians between 2012 and 2018.

Keywords: Genital neoplasms, HIV, Health services research

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