

MEETING ABSTRACTS

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High acceptance rate of anal pap screening despite limited knowledge about anal dysplasia among HIV+ MSM

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Background

Anal cancer in the general population is more prevalent in women, but in most HIV populations, MSM have the highest risk. Data suggest that screening can prevent invasive carcinoma. Use of routine cervical pap smears resulted in an 80% reduction in cervical cancer rates. The current study examines the effectiveness of a clinical intervention designed to increase anal dysplasia education, screening, and treatment for HIV+ MSM.

Methods

To assess anal dysplasia knowledge, sexual history/behavior, and attitudes about health care, a convenience sample of HIV+ MSM (≥ 18 years, English-speaking) being seen for routine care were asked to complete a questionnaire. The questionnaire assessed anal dysplasia knowledge and acceptance of screening anal pap utilizing a 5-point Likert-scale. Subjects were categorized as having anal dysplasia knowledge and accepting of anal pap smear if they answered "agree" or "strongly agree." A chi-square analysis was conducted to determine whether those with anal dysplasia knowledge significantly differed from those who did not in terms of anal pap screening. Clinical information was abstracted from medical records.

Results

Of 142 subjects, 56% were Caucasian, 39% were African American, and 5% were of other ethnicities with a mean age of 44 years (SD 10.74 years) and eighth grade or

higher reading level (88%). Most (92%) subjects were on ART with median HIV RNA < 48 copies per mL and median CD4 534 cells/UL. Although less than half (39%) of the participants felt their current knowledge of anal dysplasia was sufficient to make decisions about detection and treatment, acceptance of anal pap smear screening was close to universal (93%). One-third of subjects (50) had undergone anal pap testing and of these, 44% had dysplasia. Knowledge of dysplasia was not significantly correlated with anal pap screening ($p = .37$).

Conclusions

We found a high acceptance rate of anal pap smear despite low rates of knowledge about anal dysplasia. Importantly, anal dysplasia knowledge did not differ between patients who had been previously screened for anal dysplasia and those who had not. These results suggest that the clinical intervention to increase anal dysplasia screening and treatment must also focus on patient education and awareness. The high acceptance rate of the anal pap test indicates that, if implemented effectively, anal dysplasia screening should be well received by patients.

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