

# Anal self-exam is a valuable screening tool for anal cancer in sexual and gender minority persons

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Addressing disparities in cancer prevention and treatment among sexual and gender minorities (SGM) is a national health priority given that they experience higher rates of cancer and worse physical and mental health outcomes compared to the general population.<sup>1,2</sup> The study by Dr. Nitray and colleagues<sup>3</sup> touches upon this significant, yet under-addressed, healthcare burden among men who have sex with men (MSM) and transgender women (TW).

Anal cancer, most commonly squamous cell carcinoma caused by the Human Papillomavirus (HPV), has been on the rise in the United States.<sup>4</sup> A coalescence of unique risk factors, barriers to health care access, and limitations of screening guidelines and healthcare infrastructure underscores the importance of addressing the anal cancer burden among MSM and TW, groups who disproportionately impacted.<sup>3-7</sup> Nitray et al. have done an excellent job of highlighting all of these challenges and providing meaningful results that provide confidence in self-screening as a tool for anal cancer early detection.

Among MSM and TW, there is often a hesitance to accessing routine health care screenings due to longstanding stigmatization and mistreatment imposed upon these populations by the healthcare system.<sup>8</sup> Among gender expansive persons, such as TW, encounters with healthcare professionals can often result in uncomfortable and unnecessary exams and questioning, which can exacerbate gender dysphoria. Therefore, self-conducted testing and screening, when medically appropriate, is a strategy that can mitigate the distress of some healthcare encounters. It has been shown to be both feasible and acceptable, even preferred, among sexual and gender minority (SGM) persons.<sup>9,10</sup> MSM and TW are also more likely to be uninsured and face more socioeconomic barriers to accessing healthcare,<sup>11</sup> further underscoring the importance of developing and evaluating mechanisms for self-testing.

The International Anal Neoplasia Society (IANS) has recently released consensus guidelines for anal cancer screening among high-risk groups, in particular MSM and TW.<sup>6</sup> These guidelines were founded upon a

landmark national, multi-site study (ANCHOR) that demonstrated treatment of anal high-grade squamous intraepithelial lesions (HSIL) could reduce anal cancer risk.<sup>12</sup> In the IANS guidelines, digital anal rectal examinations (DARE) are recommended at all screening visits in combination with anal swab collection for cytology and/or high-risk HPV testing. Abnormal results should prompt referral for high resolution anoscopy (HRA). IANS acknowledges the inherent limitations of HRA infrastructure, which requires costly equipment and training and is currently only accessible in large cities in the United States, Western Europe, and Australia. The IANS guidelines, and those of other medical societies, underscore the importance of the DARE for anal cancer screening, particularly when referral to HRA services is not available.

Given the limitations of HRA, DARE truly is the cornerstone of anal cancer screening and remains an important tool in the arsenal of anal cancer treatment and prevention. For SGM persons, Nitray et al. have demonstrated that self or partner anal exams, while not a substitute for DARE, are a promising tool for detection of early-stage anal lesions when treatment is more likely to be successful.

Self-exams and screenings are an invaluable tool among SGM populations who face unique challenges to accessing healthcare, and Nitray et al. present a new application of this concept that could meaningfully impact early anal cancer detection. Development and implementation of educational tools and awareness strategies, in concert with SGM community engagement and support, will be crucial to widespread adoption of this method. Future study of self-exams, their application, and acceptability for other SGM persons, including transmasculine and non-binary individuals assigned female at birth, would provide necessary insight into anal cancer screening for vulnerable groups. I applaud Dr. Nitray et al. for their study that presents a sensitive approach to an important, yet often neglected, aspect of SGM health care that acknowledges and seeks to overcome known barriers to healthcare often faced in this population.

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## Contributors

Lydia A. Fein MD MPH: literature search, writing.

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## Declaration of interests

No conflicts of interest.

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