

AB045. Impact of genitourinary & infectious disease (GUIDE) involvement and anal cancer survival outcomes

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Background: Anal squamous cell carcinoma (ASCC) is a rare malignancy, but with increasing incidence. The patients at highest risk are men-who-have-sex-with-men (MSM) and human immunodeficiency virus (HIV)-positive. Both are regular attendees at Genitourinary & Infectious Disease (GUIDE) clinics. Our institution's catchment area has the highest prevalence of HIV in Ireland. We hypothesised that patients linked in with GUIDE services may present to colorectal surgeons at earlier stages with anal pathology and therefore have better outcomes

Methods: Retrospective review of ASCC at a tertiary-referral hospital with a dedicated GUIDE clinic between 2000–2018. Comparative analysis of demographics, management and outcomes between patients attending and

not attending GUIDE clinics.

Results: A total of 85 patients were treated for ASCC. Fifty nine percent (n=50) of the total cohort were male, and median (range) age at diagnosis was 53.0 [25–88] years. 15 patients (17.5%) had initial surgical management, and 63 (74%) had primary chemoradiotherapy. Eight patients ultimately required a salvage abdominoperineal resection (APR). The overall mortality rate was 30% (n=25), with 76% three-year survival (3YS) and 65% five-year survival (5YS) rates. Twenty five percent (n=21) of the cohort attended GUIDE clinic. GUIDE patients were diagnosed significantly younger (median 41 years, P=0.000). Risk factors like HIV, HPV and MSM were more significantly more prevalent (P=0.000, P=0.000 and P=0.000, respectively). GUIDE patients tended to be diagnosed at earlier stages, had lower recurrence rates and better 3YS than non-GUIDE patients (92% vs. 72%, P=0.037).

Conclusions: ASCC is increasing worldwide, especially among high-risk groups. Dedicated GUIDE-Colorectal collaboration offers a unique opportunity for risk-reduction strategies and earlier intervention.

Keywords: Anal squamous cell carcinoma (ASCC); genitourinary & infectious diseases; risk reduction

doi: 10.21037/map.2020.AB045

Cite this abstract as: Foley MP, Kelly M, Kerr C, Bergin C, Larkin J, Mehigan B, McCormick P. Impact of genitourinary & infectious disease (GUIDE) involvement and anal cancer survival outcomes. *Mesentery Peritoneum* 2020;4:AB045.