## Ascertaining barriers to Anal Cancer Prevention in People Living with HIV, A Pilot Study

Amber Trauth, MPH, Constance Pfingstag CNM, DNP, FACNM, Michael Hagensee MD, PhD Department of Medicine, Louisiana State University Health Sciences Center, New Orleans, LA, USA

#### SIGNIFICANCE & OBJECTIVE

- The ANCHOR study showed that treating high-grade anal lesions prevents anal cancer in people living with HIV.
- There is a 19-fold increase in anal cancer risk among PLWH which increases to 37-fold for HIV+ MSMs.
- Anal cancer screening modalities are underutilized but few studies have explored factors contributing to non-adherence.
- No study has been focused in Louisiana despite the state ranking 4<sup>th</sup> nationally in new cases of HIV.
- The goal of this project is to identify barriers to anal cancer screening and then to develop effective advocacy and education modalities to overcome these barriers.

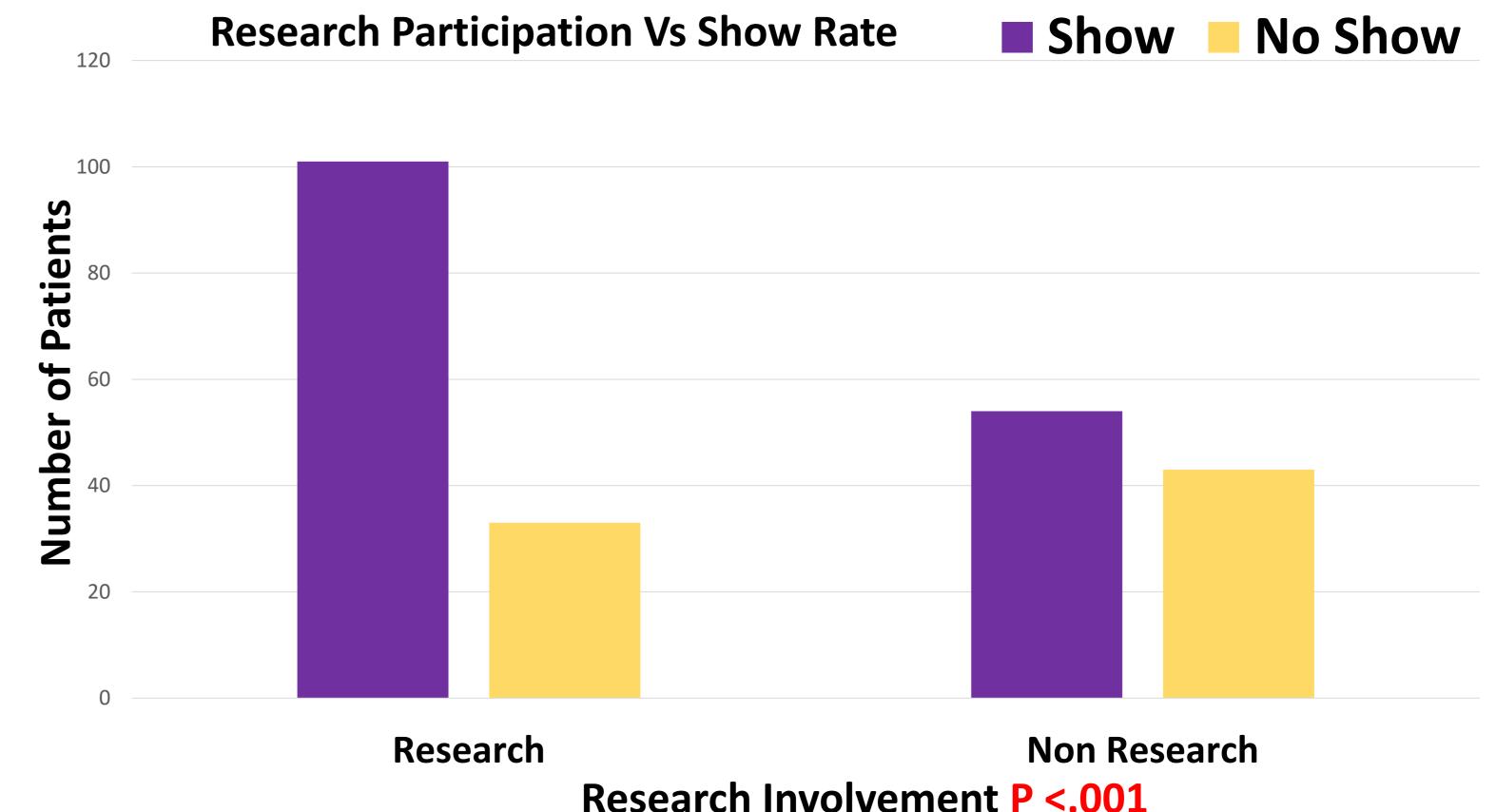
#### **RESULTS**

### **DEMOGRAPHICS**

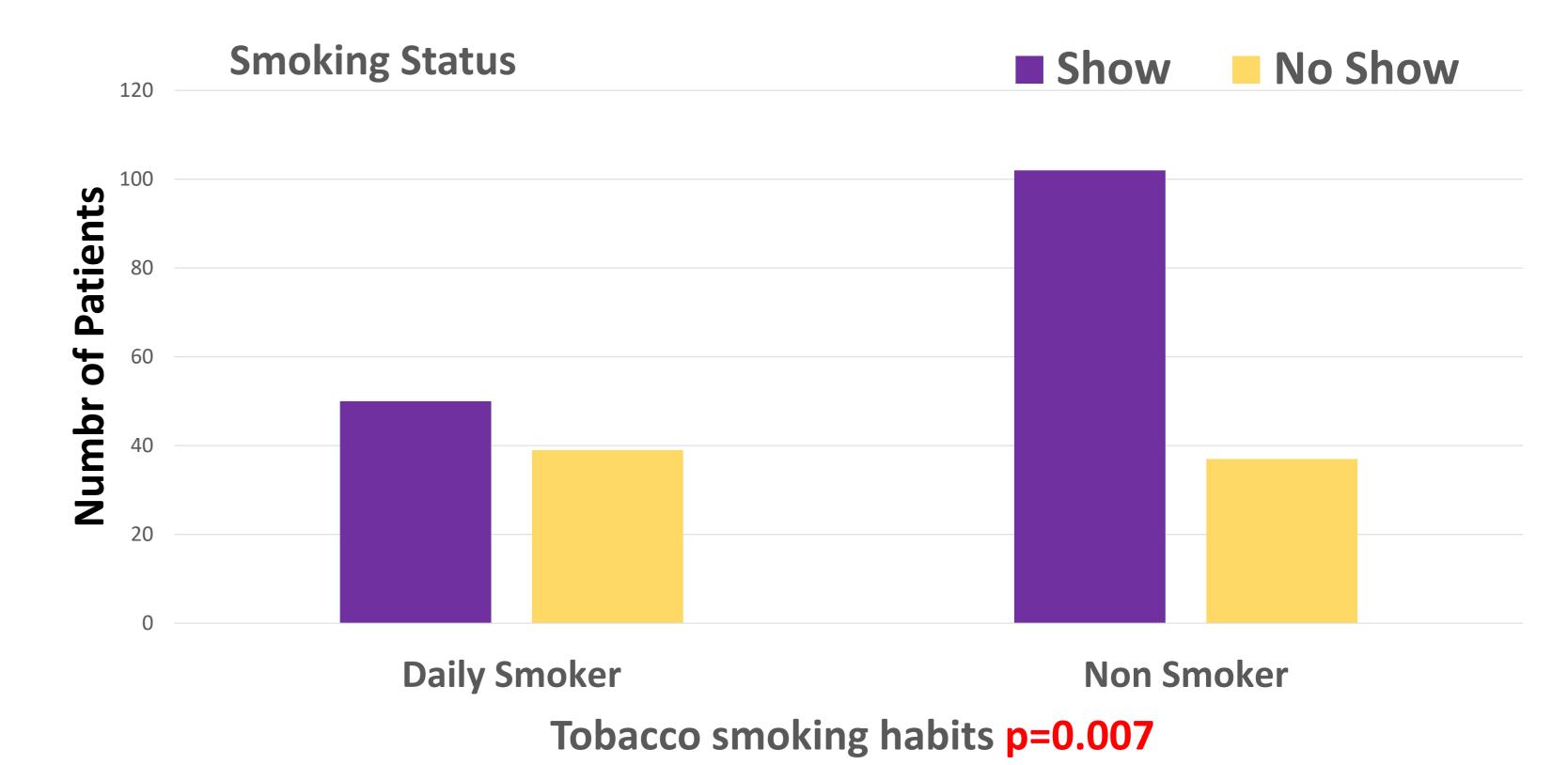
Variable	<u>Total</u>	<u>Show</u>	No Show	<u>P Value</u>
<u> Mean Age (Range)</u>	51.8 (24-76)	53.8 (24-76)	48.0 (30-71)	<0.001
<u>Race</u>				0.004
African American	104 (45.6%)		45 (59.2%)	
Caucasian Smoking Status	124 (54.4%)	93 (61.2%)	31 (40.8%)	0.007
Smoking Status  Daily Smoker	89 (39.0%)	EO (22 00/)	39 (51.3%)	0.007
Daily Smoker  Non Smoker				
	139 (01.0%)	102 (67.1%)	37 (40.7%)	0 904
<u>Gender</u> Cis Male	100 (00 20/)	120 (04 20/)	61 (90 20/)	0.894
Cis iviale  Cis Female	189 (89.2%)	•	61 (80.3%)	
	15 (6.6%)	9 (5.9%)	6 (7.9%)	
Trans Female	21 (9.2%)	13 (8.6%)	8 (10.5%)	
Non Binary	3 (1.3%)	2 (1.3%)	1 (1.3%)	0.262
Insurance  Note alice in Anna disease	4CF /72 40/\	444 (72 00/)	FA /74 40/\	0.262
Medicaid/Medicare	165 (72.4%)	•	54 (71.1%)	
Commerical	45 (19.7%)	32 (21.1%)	13 (17.1%)	
Self Pay	18 (7.9%)	9 (5.9%)	9 (11.8%)	
Health Provider Shortage				0.183
Adequate	25 (11.5%)	20 (13.9%)	5 (6.8%)	
Primary care shortage	88 (40.4%)	61 (42.4%)	27 (36.5%)	
Medically Underserved	29 (13.3%)	19 (13.2%)	10 (13.5%)	
Both	76 (34.9%)	44 (30.6%)	32 (43.2%)	
Distance From UMC				0.417
<15 Miles	158 (69.3%)	108 (71.1%)	50 (65.8%)	
>15 Miles	70 (30.7%)	44 (28.9%)	26 (34.2%)	
HIV Management				0.05
Controlled	214 (93.9%)	146 (96.1%)	68 (89.5%)	
Uncontrolled	14 (6.1%)	6 (3.9%)	8 (10.5%)	
HRA based Research				<0.001
Research	134 (58.8%)	101 (66.4%)	33 (43.4%)	
Non Research	94 (41.2%)	51 (33.6%)	43 (56.6%)	

# **METHODS**

A retrospective chart review was completed on 228 patients needing HRA at University Medical Center in New Orleans. Data was captured in the RedCap data based and analyzed by SPSS using the Chi-Square method to determine significance. Health Professional Shortage areas were determined using the address locator on the HRSI site.



Patients involved in a HRA based research study were more likely to show for their appointment



Participants who did not smoke were significantly more likely to show for their appointment.

### CONCLUSIONS

- Patients at the highest risk for anal cancer have high rates of non-adherence to recommended preventative screening modalities.
- This retrospective chart review showed older age, non smokers, well controlled HIV and being part of a research study increased show rate.
- We plan to survey both patients and providers to better understand the barriers to care.
- It is felt that navigation services and improved education will reduce the no-show rate and plans are to institute these measures.

This study was approved by the LSUHSC Institutional Review Board prior to its initiation. Study supported in part by NIH-NCI R01 CA121979.

The authors have no conflicts of interest to disclose.

FOR MORE INFORMATION ABOUT THIS STUDY, CONTACT:

Michael Hagensee, MD PhD. <a href="mailto:mhagen@lsuhsc.edu">mhagen@lsuhsc.edu</a>, office ph. 1-504-210-3325