ANAL CANCER PREVENTION PROGRAM IN HIV INFECTED POPULATION
NURSING INTERVENTION

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HIV-infected population, men who have sex with men (MSM), are in higher risk of anal cancer than the non-infected.

The anal cancer prevention program includes an anal cytology (AC) and a high resolution anoscopy (HRA), both initially performed by the physician.

To improve the operation of our program had been decided that AC would be performed by a “nurse specialist”.
Its objective is the screening of intraepithelial lesions caused by Human Papillomavirus (HPV) in HIV+ MSM population.

It’s joined the routine monitoring of people with HIV because of the increasing incidence of anal canal cancer.
To assess the benefits achieved by including a nurse in the team members
METHODS

- Retrospective study from January to April 2014.

- The nursing intervention protocol is established before and after sample collection.

- The nurse executes the AC to all the patients referred from the medical consultation.

- Quality results of the sample are compared with previous data.

- Samples are evaluated by Bethesda system

- Statistical analysis were performed using SPSSv19.
The day of the appointment is scheduled:
Do not have anal sex 24 hours before the test.
Do not use enemas, anal deep cleaning or apply intra-anal creams.

Before sampling:
Establish a climate of trust.
Report the importance of conducting the test.
History of sexual habits.
Answer epidemiological questions.

After test:
Protected sex practices.
Avoid consumption of snuff and other drugs.
Make healthy lifestyle.
Emphasize the importance of periodic reviews.
RESULTS

Baseline

- 153 patients were included in the study.

- 62% people are European.

- 96% were men, mean age 42 years old.

- 148 were HIV+ all of them with viral load < 37 copies/ml and a mean of CD4 cell counts > 500 cell/mm³.

- 131 (88%) were MSM with an average of 172 sexual partners.
RESULTS
QUALITY AND EFFICACY OF THE SAMPLES

- 93% of the samples were of good quality.
- 100% of the patients were well prepared for the AC.
44% negative.
15% had a result of atypical squamous cells and indeterminate. *(ASC-H and ASC-US)*
41% squamous intraepithelial lesions. *(AIN-1(LSIL) and AIN-2 (HSIL))*
CONCLUSIONS

- The AC is an effective method for early detection of lesions caused by HPV.

- The incorporation of a nurse in the interdisciplinary team has reduced the waiting time for HRA.

- The creation of a nursing protocol:
  Helps to create a climate of trust and personal attention.
  Provides information about the test.
  Increases collection efficiency and quality sample.
  Counselling about high risk sexual practices.
THANKS FOR YOUR CONTRIBUTION TO THIS WORK!
Thank you for your attention