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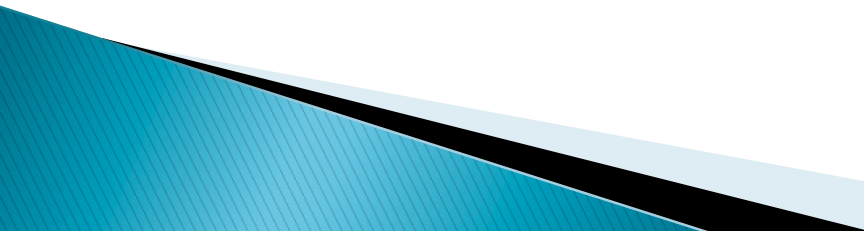
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ANAL CANCER PREVENTION PROGRAM IN HIV INFECTED POPULATION NURSING INTERVENTION

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**AMPARO TRICAS (RN)
RODRIGO GARCIA (RN)
HOSPITAL CLINIC OF BARCELONA**

BACKGROUND

- ▶ 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”.
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ANAL CITOLOGY



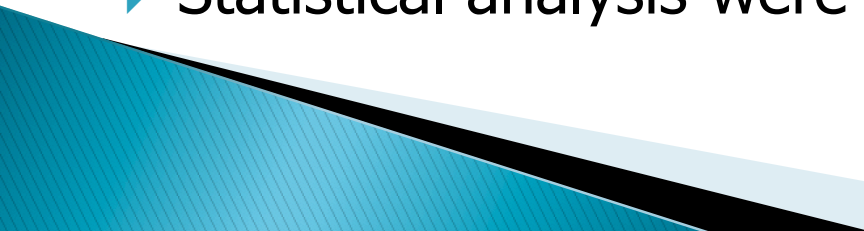
- ▶ Its objective is the screening of intraepithelial lesions caused by Human Papillomavirus (HPV) in HIV⁺ MSM population.
- ▶ It's joined the routine monitoring of people with HIV because of the increasing incidence of anal canal cancer.

OBJETIVES

- ▶ 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.
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NURSING INTERVENTION

Counselling

- ***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.

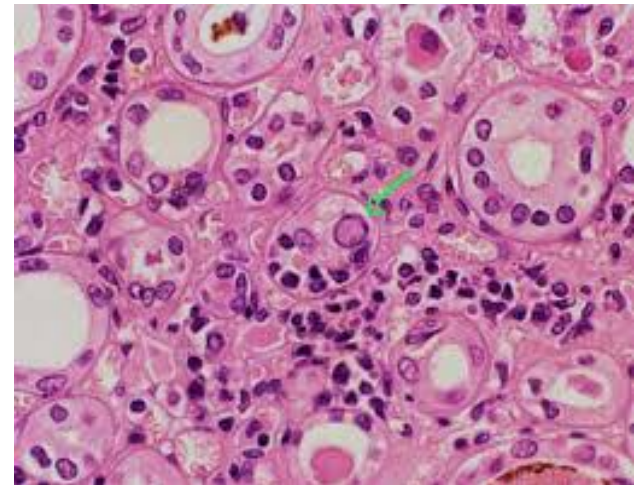


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RESULTS

QUALITY AND EFFICACY OF THE SAMPLES

- ▶ 93% of the samples were of good quality.
- ▶ 100% of the patients were well prepared for the AC.



EVALUATION AC

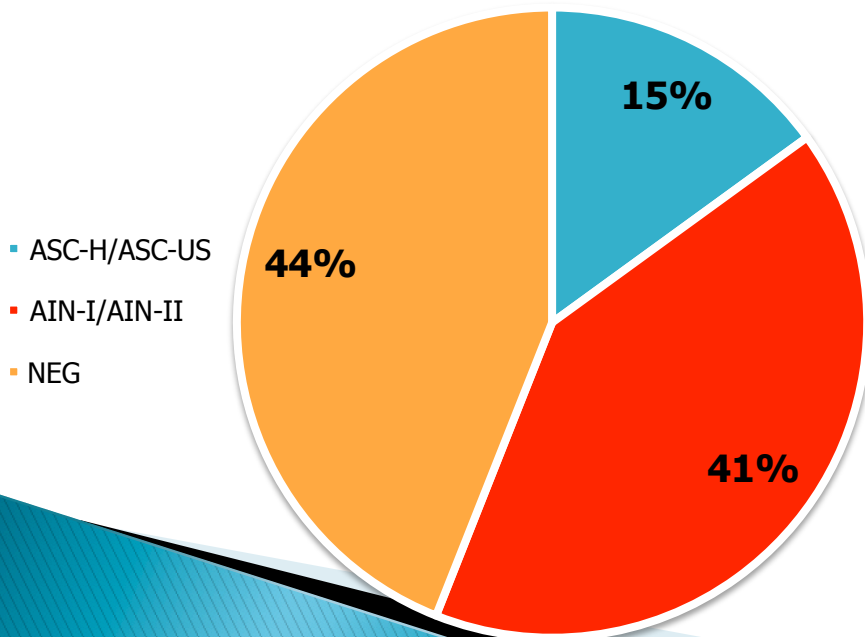
44% negative.

15% had a result of atypical squamous cells and indeterminat.

(ASC-H and ASC-US)

41% squamous intraepithelial lesions.

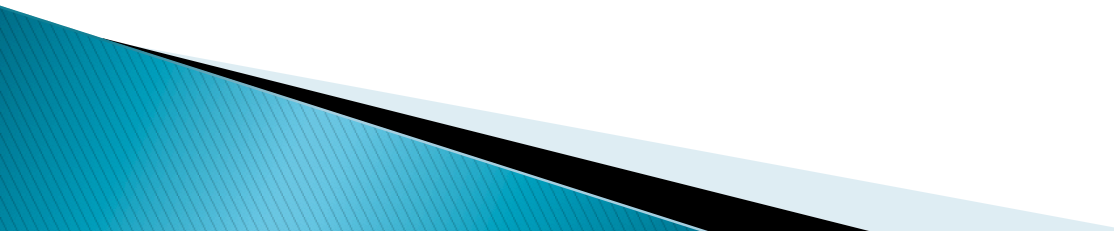
(AIN-1(LSIL) and AIN-2 (HSIL))



| EPITHELIAL CELLS | RESULTS | INTERVENTION |
|--|----------------|--------------------------------|
| No intraepithelial lesion or malignancy | Negative | Annual monitoring |
| Atypical squamous cells of undetermined significance | ASC-US | High Resolution Anoscopy (HRA) |
| Atypical squamous cells without discarding LSIL | ASC-H | HRA |
| Low- grade squamous intraepithelial lesions | AIN.I (LSIL) | HRA |
| Moderate-grade squamous intraepithelial lesions | AIN.II (HSIL) | HRA |
| High-grade squamous intraepithelial lesions | AIN.III (HSIL) | HRA |

Clasification anal dysplasia: Bethesda classification

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.
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THANKS FOR YOUR CONTRIBUTION TO THIS
WORK!

Thank you for your attention

