



HSIL is defined as AIN 2 and 3 which is p16 positive

If LSIL/ warty change, can be discharged or treated with: 5% imiquimod, laser ablation or excision by local colorectal service

^Any new diagnosis of anal SCC needs to be discussed at local colorectal MDT. Only T1N0M0 can be referred to CANS

^^Any new diagnosis of anal HSIL should be discussed at local colorectal MDT. If not possible, these cases can be referred to the CANS MDT

* Multizonal disease: The presence of HSIL/carcinoma concurrently at two or more of the following sites/zones: perianus, anal canal, vulva, vagina or cervix

Management of T1N0M0 anal SCC

Initiating topical treatment of anal HSIL and appropriate follow-up pathway

Anal cancer screening recommendations for high-risk patients

Patient resources

Lesion completely or partially excised
Lesion still requiring excision

Tertiary referrals
(Secondary care only)

Direct referrals from primary care need to be assessed first by local colorectal/gynaecology/dermatology or sexual health/HIV services

Histological confirmation of anal/perianal cancer- T1 lesions (<2cm in size) N0M0 only^

HSIL with suspicion of invasive disease on histology^^

Histological finding of anal canal/perianal HSIL^^

Multizonal disease*

Large volume disease requiring laser ablation

Not responding to topical treatment of 3 month duration

Do not refer, but please contact CANS if further advice is needed

Refer to CANS for further management

Troubleshooting/
Important
Considerations

One or more of the above