CANS Chelsea Anogenital Neoplasia Service

Internal referral pathway

Anal HSIL and anal cancer

Chelsea and Westminster Hospital NHS Foundation Trust

For in Trust referrers. Find your team, check the criteria, then follow the arrows.

Refer to CANS | Conditional, or manage locally | Advice and guidance | Outside pathway / not listed

In Trust referral

Any other team
Please refer to the appropriate specialty to gain a tissue diagnosis of anal HSIL.

Colorectal

ANY OF

- Histological diagnosis of anal HSIL from endoscopic biopsy++
- Locally excised SCC: T1 (<2cm), N0, M0, R0+
- Incidental finding of anal HSIL on proctological histology++
- Anal lesion histologically confirmed as HSIL (not SCC)+

Gynaecology and Dermatology

ANAL FINDINGS

ANY OF

- Histological incidental finding of anal or perianal HSIL++
- Histological incidental finding of anal or perianal cancer+
- Clinically suspicious anal or perianal lesion in a patient with risk factors*

GENITAL DISEASE ONLY

ANY OF

- Previous or active genital HSIL
- Previous or active genital cancer

Advice and guidance
These patients will need to be considered for the anal cancer screening trial.

HIV and Sexual Health

ANY OF

- Histological finding of anal or perianal HSIL++
  - AND ONE OR MORE OF
    - Multizonal disease**
    - Large volume disease requiring laser ablation
    - Not responding to 3 months of topical treatment
- Histological confirmation of anal or perianal cancer, or suspicion of invasive disease on histology+
- Clinical suspicion of anal or perianal cancer

One or more of the above?

YES → **Refer to CANS**
for further management.

NO → **Do not refer**
Contact CANS if further advice is needed.

CANS can be contacted for advice and guidance on:

- Initiating topical treatment of anal HSIL and the follow up pathway
- Anal cancer screening recommendations for high risk patients
- Patient information leaflets

IMPORTANT CONSIDERATIONS

* **Risk factors:** immunosuppression (transplant or medication), smoking, HIV, other HPV driven genital HSIL or SCC.

** **Multizonal disease:** HSIL or carcinoma at two or more of perianus, anal canal, vulva, vagina or cervix at the same time.

\+ Any new diagnosis of anal SCC: **also refer to the colorectal MDT.**

++ Any new diagnosis of anal HSIL: **also refer to the CANS MDT.**

i **HSIL** is defined as AIN 2 or AIN 3 that is p16 positive.

i **LSIL or warty change:** can be discharged, or treated with 5% imiquimod, laser ablation or local excision on any colorectal list.

Scan for the CANS webpage, referral guidance and patient leaflets

Contact CANS:
Chelwest.anogenitaldysplasiaservice@nhs.net
Twitter: @ChelwestCans

Pathway lead: Miss S Mills