Non-AIDS-defining Malignancies (NADMs): Prevalence and Risk Factors in HIV-infected Patients
Rates of Non-AIDS-defining Malignancies in HIV-infected vs Non-HIV-infected Persons


ASD=Adult and Adolescent Spectrum of HIV Disease; HOPS=HIV Outpatient Study
SEER=Surveillance, Epidemiology, and End Results
Risk of Cervical Precancer and Cancer Among HIV-Infected Women With Normal Cervical Cytology and No Evidence of Oncogenic HPV Infection

**Context**  US cervical cancer screening guidelines for human immunodeficiency virus (HIV)-uninfected women 30 years or older have recently been revised, increasing the suggested interval between Papanicolaou (Pap) tests from 3 years to 5 years among those with normal cervical cytology (Pap test) results who test negative for oncogenic human papillomavirus (HPV). Whether a 3-year or 5-year screening interval could be used in HIV-infected women who are cytologically normal and oncogenic HPV-negative is unknown.

**Results**  No oncogenic HPV was detected in 369 (88% [95% CI, 84%-91%]) HIV-infected women and 255 (91% [95% CI, 88%-94%]) HIV-uninfected women with normal cervical cytology at enrollment. Among these oncogenic HPV-negative women, 2 cases of

**Conclusion**  The 5-year cumulative incidence of HSIL+ and CIN-2+ was similar in HIV-infected women and HIV-uninfected women who were cytologically normal and oncogenic HPV-negative at enrollment.
The anal canal is approximately 4 cm long from the anal verge (margin) to the transitional zone.
Rationale for the Anal Pap and Cytology Screening:
Derived from the model for of cervical cytology screening

Association between human papillomavirus (HPV) and anal cancer and the similarities between the “transitional zones” within the cervix and anus:

Implication: the medical biology of anal cancer is similar to that of cervical cancer

The prevalence of HPV infection is high and is a common sexually transmitted disease in the United States with high prevalence in HIV patients > Non-infected persons (males)

Persistence of HPV (in setting of HIV) is associated with clinically identifiable lesions and high-grade dysplasia leading to anogenital cancers

Only, a minority of anal cancer cases have not been connected with HPV infection
Performing an Anal PAP: Proper Technique

Dacron swab (a cotton swab will not yield accurate results) is moistened with sterile or non-sterile water.

The anus is spread with the index and thumb of the non-dominant hand so that the anoderm pouts out.

The swab is then gently inserted into the anal canal as far as it will go, until it hits the wall of the rectum approximately 2 cm (1 inch) from the anal verge.

The swab is then slowly moved in and out without completely withdrawing it, while rotating it in a spiral motion and applying mild pressure to the anal wall.

After several rotations, the swab should be withdrawn and immediately immersed in methanol-based preservative-transport solution.