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Anal cancer

Anal cancer is a type of cancer which arises from the anus, the distal orifice of the gastrointestinal tract. It is a distinct entity from the more common colorectal cancer. The etiology, risk factors, clinical progression, staging, and treatment are all different. Anal cancer is typically a squamous cell carcinoma that arises near the squamocolumnar junction.

Prevalence

The American Cancer Society estimates that in 2009 about 5,290 new cases of anal cancer will be diagnosed in the United States (about 3,000 in women and 2,000 in men).[1] It is typically found in adults, average age early 60s.[1]

In the United States, an estimated 710 people died of anal cancer in 2009, including Charlie's Angels star Farrah Fawcett.[1]

Symptoms

Symptoms of anal cancer include bloating and change in bowel habits, a lump near the anus, rectal bleeding, itching or discharge.[2] Women may experience lower back pain due to pressure the tumor exerts on the vagina, and vaginal dryness.

Risk factors

Human papillomavirus examination of squamous cell carcinoma tumor tissues from patients in Denmark and Sweden showed a high proportion of anal cancers to be positive for the types of HPV that are also associated with high risk of cervical cancer (90% of the tumors from women, 100% of the tumors from homosexual men, and 58% of tumors from heterosexual men).[3] In another study done, high-risk types of HPV, notably HPV-16, were detected in 84 percent of anal cancer specimens examined.[4]

Sexual activity: Having multiple sex partners due to the increased risk of exposure to the HPV virus.[5] Homosexual and bisexual men are 17 times more likely to develop anal cancer than heterosexual men.[6]

Smoking: Current smokers are several times more likely to develop anal cancer compared with nonsmokers.[5]

Immunosuppression, which is often associated with HIV infection.[5]

Benign anal lesions (inflammatory bowel disease (IBD),[7] hemorrhoids, fistulae or cicatrices). Inflammation resulting from benign anal lesions, such as hemorrhoids and anal fistulas, has been considered to cause a predisposition to anal cancer.[8][9]

Prevention

Since many, if not most, anal cancers derive from human papillomavirus infections, and since the HPV vaccine prevents infection by some strains of the virus and has been shown to reduce the incidence of potentially precancerous lesions,[10] scientists surmise that HPV vaccination may reduce the incidence of anal cancer.[11]

Screening

Anal Pap smears similar to those used in cervical cancer screening have been studied for early detection of anal cancer in high-risk individuals.[12][13]

Treatment

Localised disease

Anal cancer is most effectively treated with surgery, and in early stage disease (i.e., localised cancer of the anus without metastasis to the inguinal lymph nodes), surgery is often curative. The difficulty with surgery has been the necessity of removing the anal sphincter, with concomitant fecal incontinence. For this reason, many patients with anal cancer have required permanent colostomies.

In more recent years, physicians have employed a combination strategy including chemotherapy and radiation treatments to reduce the necessity of debilitating surgery. This "combined modality" approach has led to the increased preservation of an intact anal sphincter, and therefore improved quality of life after definitive treatment. Survival and cure rates are excellent, and many patients are left with a functional sphincter. Some patients have fecal incontinence after combined chemotherapy and radiation. Biopsies to document disease regression after chemotherapy and radiation were commonly advised, but are not as frequent any longer. Current chemotherapy active in anal cancer includes cisplatin and 5-FU. Mitomycin has also been used, but is associated with increased toxicity.

Metastatic or recurrent disease

Up to 10% of patients treated for anal cancer will develop distant metastatic disease. Metastatic or recurrent anal cancer is difficult to treat, and usually requires chemotherapy. Radiation is also employed to palliate specific locations of disease that may be causing symptoms. Chemotherapy commonly used is similar to other squamous cell epithelial neoplasms, such as platinum analogues, anthracyclines such as doxorubicin, and antimetabolites such as 5-FU and capecitabine. J.D. Hainsworth developed a protocol that includes Taxol and Carboplatinum along with 5-FU.

Prognosis

Based on series of 270 patients, the five year survival by stage was:

T1 – 86 percent

T2 – 86 percent

T3 – 60 percent

T4 – 45 percent

N0 – 76 percent

Node-positive – 54 percent

See also

Genital warts

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External links

American Cancer Society - Detailed Guide: Anal Cancer

Anal Warts, Anal Cancer, and Anal Pap Smears

Anal Cancer and HPV in Men Who Have Sex With Men

National Cancer Institute (U.S.): Anal Cancer: Information for Health Professionals

Cancer.Net: Anal Cancer

Farrah Fawcett fighting cancer