

Awareness and Utilization of Anal Cytology Screening among Men who have Sex with Men



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Background

- HPV-associated anal cancer is more common among men who have sex with men (MSM) than is cervical cancer among women in the United States.
- Anal cytology has been proposed as a screening test to prevent anal cancer among MSM.
- Previous research has demonstrated that anal cytology screening among MSM is feasible and cost-effective.
- Little is known about awareness of anal cancer risk and cytology screening among the MSM population.
- The present study aimed to identify MSM's knowledge, beliefs, and past experiences regarding anal cancer and anal cytology screening.

Methods

- In the spring of 2000, MSM from Central Arizona were recruited for participation in the Heads Up study of HIV prevention service utilization.
- Participants were recruited through advertisements in newspapers, magazines, and websites, and through direct outreach.
- 388 MSM completed questionnaires. Consistent with AZ demographics, the sample was 76% White, 13% Latino, 5% African American, and 5% Native American. Sixteen percent reported that they were HIV-positive.

Results

Table 1. Beliefs about anal cancer and HPV

"Gay and bisexual men are at increased risk for..."		
	Anal warts (HPV)	Anal Cancer
Disagree Strongly / A little	11.3%	20.1%
Don't Know	35.3%	53.9%
Agree Strongly / A little	53.4%	26.0%

Table 2. Multivariate predictors of anal pap awareness

23.9% of MSM reported that they had ever heard of an anal pap

Variable	Multivariate OR	95% CI
Age (per 10 year increment)	1.32*	1.03-1.68
Education	0.92	0.69-1.23
Income	1.10	0.98-1.23
Disclosure of sexual orientation (i.e., outness)	0.93	0.74-1.18
Latino ethnicity (vs. White)	0.57	0.22-1.43
Other ethnicity (vs. White)	0.55	0.21-1.41
HIV-positive (vs. negative)	2.89**	1.51-5.54
Unprotected anal intercourse in past 6 months	1.18	0.71-1.96

*p < .05, **p < .01

Table 3. Multivariate predictors of anal pap utilization

6.8% of MSM reported that they had ever had an anal pap

Variable	Multivariate OR	95% CI
Age (per 10 year increment)	1.52*	1.02-2.27
Education	0.77	0.49-1.22
Income	1.13	0.95-1.35
Disclosure of sexual orientation (i.e., outness)	0.80	0.55-1.67
Latino ethnicity (vs. White)	0.80	0.17-3.71
Other ethnicity (vs. White)	0.34	0.04-2.70
HIV-positive (vs. negative)	3.72*	1.34-10.35
Unprotected anal intercourse in past 6 months	1.49	0.64-3.48

*p < .05

Conclusions

- Although more than 50% of MSM were aware of their increased risk for anal warts or HPV, fewer understood that this may increase risk for anal cancer.
- Awareness and self-reported history of Pap screening were low, especially for HIV-uninfected men.

Implications for Policy and Research

- Future research should explore the barriers and facilitators to MSM utilization of Pap screening.
- Public health campaigns are needed to raise awareness among providers and patients about the availability and benefits of anal cytology screening.

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