

To the Editor

We are glad to see that the authors of the letter are also surveying postcancer patients in their region and reaching out to oncologists. Our experience suggests that it is patients who have had small anal squamous cell cancer (ASCC) lesions excised with no adjuvant therapy who stand to benefit the most from high-resolution anoscopy (HRA) and anal high-grade squamous intraepithelial lesion (HSIL) treatment during the follow-up process.

However, we are confused by the authors' reference to "screening." We do not currently screen for anal cancer/HSIL in the United Kingdom. In our practice, cases of HSIL were referred for management and HRA assessment that led to the detection of early cases of ASCC in some, whereas in others, an ASCC diagnosis led to their referral.

Regarding the authors' concern about sex proportions in our cohort: the UK national proportion of patients with anal cancer is 66% female vs 44% male.¹ We speculate that being based in London may have skewed our cohort to 58% male because of the large London population of HIV-positive men who have sex with men who are at high risk for anal cancer. Sixteen of 35 (46%) of the men in our cohort were living with HIV. We agree that more should be done to follow up the women who develop ASCC with HRA in cases where this is appropriate. Screening at-risk female populations such as women with genital neoplasia, HIV+ women, and women who are immunosuppressed is likely to identify early ASCC and anal HSIL, leading to better outcomes. This would involve supporting the development of HRA units around the country so that every regional anal cancer multidisciplinary team and oncology center has access to an HRA unit for surveillance after successful treatment of the primary ASCC. This development will be enhanced by prospective, comparative studies supporting HRA as a useful technique in the follow-up of ASCC and in the prevention of local recurrence in all sexes. We look forward to reading the authors' own work in due course.

Cuming, Tamzin F.R.C.S.; Cappello, Carmelina M.D.; Bowring, Julie M.B. Ch.B.; Rosenthal, Adam N. Ph.D.; Chindawi, Noreen B.Sc.; Nathan, Mayura F.R.C.P.

1. Cancer Research UK. Anal cancer. <https://www.cancerresearchuk.org/about-cancer/anal-cancer>. Accessed August 10, 2020.