

<b>Table 1: Anal Cancer Screening Strategies [a]</b>			
<b>Screening Strategy</b>	<b>Sensitivity [b]</b>	<b>Specificity [b]</b>	<b>Benefits and Limitations</b>
Anal cytology alone	88% (95% CI, 85–90)	30% (95% CI, 27–33)	Has a high sensitivity but relatively low specificity and generates a large number of HRA referrals
Anal cytology with hrHPV triage	85% (95% CI, 82–88)	47% (95% CI, 44–50)	Generates fewer unnecessary HRAs than some other strategies but includes the second step of hrHPV determination
hrHPV alone	96% (95% CI, 95–97)	27% (95% CI, 25–30)	Has the highest sensitivity but lowest specificity and triggers the most HRA referrals
hrHPV with anal cytology triage	85% (95% CI, 82–88)	48% (95% CI, 44–51)	Generates fewer unnecessary HRAs than some other strategies but includes the second step of cytology
Anal cytology with hrHPV cotesting	89% (95% CI, 86–91)	40% (95% CI, 37–44)	An efficient strategy but requires coordination with laboratory services
<p><b>Abbreviations:</b> ASC-US, atypical squamous cells of undetermined significance; CI, confidence interval; HRA, high-resolution anoscopy; hrHPV, high-risk human papillomavirus.</p> <p><b>Notes:</b></p> <p>a. Adapted from [Liu, et al. 2024].</p> <p>b. For predicting anal high-grade squamous intraepithelial lesions.</p>			

## Reference

Liu Y, Deshmukh A, Sigel K, et al. The effectiveness of different anal cancer screening strategies for people living with HIV/AIDS. Abstract OAB0102 AIDS 2024; 2024 Jul 22-26; Munich, Germany.  
<https://onlinelibrary.wiley.com/doi/10.1002/jia2.26279>