640

Distribution of High Resolution Anoscopists in the United States

@mgeba_md

Virtual poster and resources:

Maria C. Geba[1], Tania A. Thomas[1]

[1]Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, United States

BACKGROUND

- Anal cancer disproportionately affects people with HIV (PWH).
- Anal Papanicolaou (Pap) testing and high-resolution anoscopy (HRA) with ablation of anal cancer precursors are both standard of care for anal cancer prevention.
- Anal cancer screening uptake remains low despite federal and international guidelines that recommend it.

Figure 1: High-resolution anoscopy clinic room (A). B = colposcope; C = anoscope; D = forceps for biopsy.



METHODOLOGY

- We created a heat map of the number and location of HRA clinics and providers in the United States currently listed on the HRA Provider List from the University of California San Francisco Anal Neoplasia Clinic, Research and Education Center as well as independent internet searches.
- We also used the publicly available AIDSVu datasets from Emory University to map the prevalence of PWH by state and calculate the ratio of HRA clinics to PWH on a regional and state level.

CONCLUSIONS

- Though the list we used is not comprehensive, based on the data available, there are 23 states that do not have a single HRA clinic in their state.
- PWH that live in the South and Midwest face greater challenges to accessing HRA services.
- State funding cuts for preventative health may impact HRA availability in many states.
- If anal cancer screening is to be considered the standard of care, there is a great need to augment the number of HRA clinics in states that do not have programs.

Figure 2: Heat map of HIV prevalence in the United States. Darker purple indicates greater population of PWH. Red circles indicate location of HRA clinics. Size of the circles indicate the number of HRA providers per clinic site.

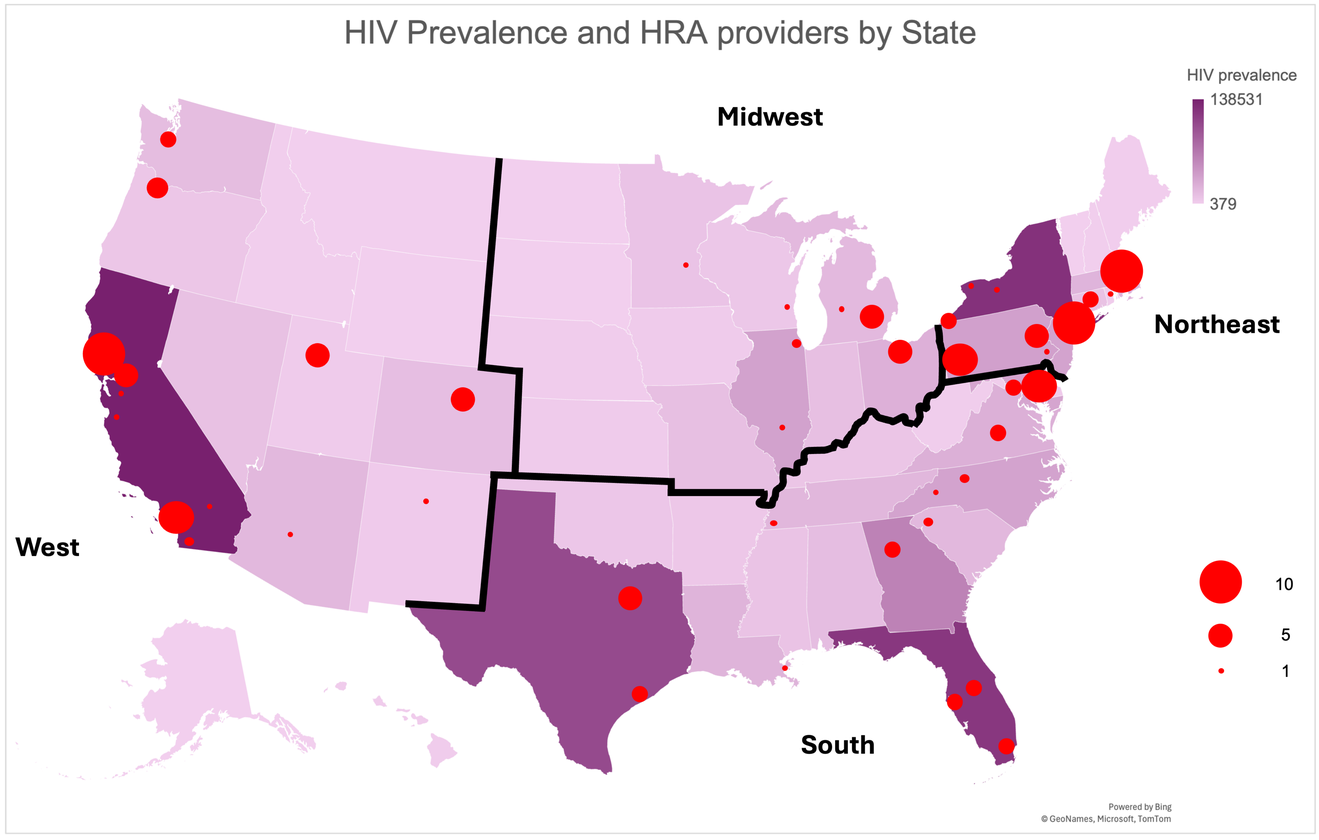


Table 1: Total number of HRA clinics per state in column one and prevalence of HRA clinics per 100,000 PWH per state. 27 states have clinics not including Washington, DC or Puerto Rico.

State/Territory	Total number of HRA clinics	HRA clinics/ 100,000 PWH
Arizona	1	5
California	12	8
Colorado	3	22
Connecticut	1	9
Florida	8	7
Georgia	3	5
Illinois	1	3
Louisiana	1	5
Maryland	4	12
Massachusetts	6	28
Michigan	2	11
Minnesota	1	11
Missouri	1	8
New Mexico	1	25
New York	9	7
North Carolina	2	6
Ohio	1	4
Oregon	2	26
Pennsylvania	4	11
Puerto Rico	1	6
Rhode Island	1	36
South Carolina	1	5
Tennessee	1	5
Texas	5	5
Utah	1	28
Virginia	1	4
Washington	3	20
Washington, DC	2	85
Wisconsin	1	14

Figure 3: Prevalence of HRA providers per 100,000 PWH in each region of the US.

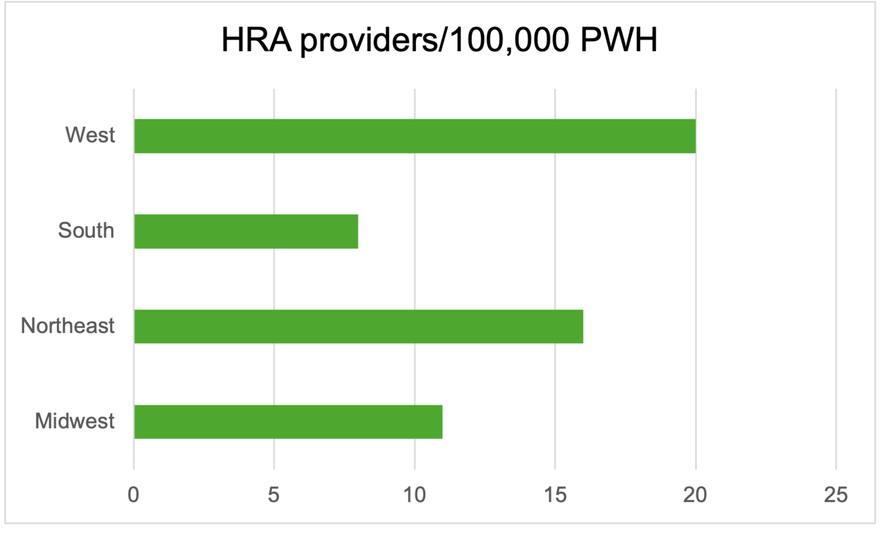
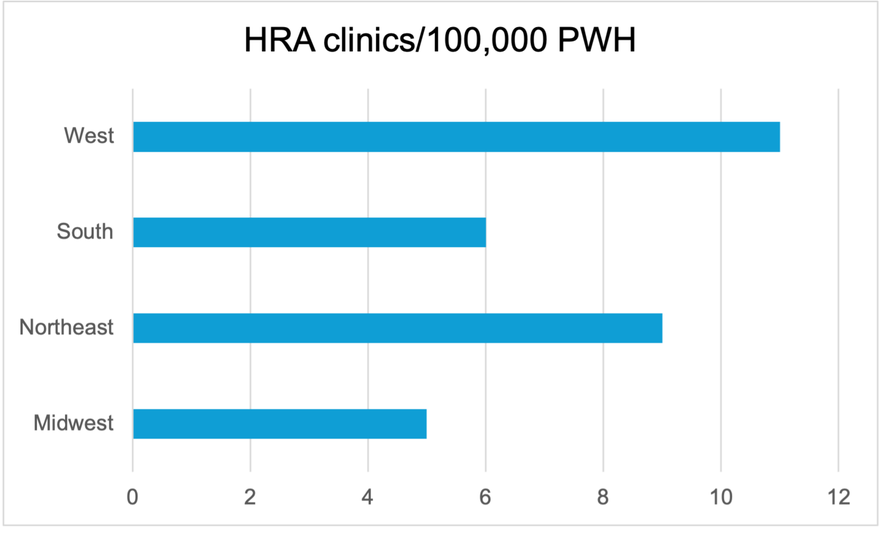


Figure 4: Prevalence of HRA clinics per 100,000 PWH in each region.



Acknowledgement: This work was supported by the National Institute of Allergy and Infectious Diseases at the National Institutes of Health (grant number T32 AI007046 to M.C.G.).