



Anal Cancer

John L. Zeller; Cassio Lynm; Richard M. Glass

JAMA. 2008;299(16):1980 (doi:10.1001/jama.299.16.1980)

<http://jama.ama-assn.org/cgi/content/full/299/16/1980>

Online article and related content
current as of November 21, 2009.

Supplementary material

Spanish PDF

<http://jama.ama-assn.org/cgi/content/full/299/16/1980/DC1>

Correction

[Contact me if this article is corrected.](#)

Citations

This article has been cited 1 time.

[Contact me when this article is cited.](#)

Topic collections

Oncology; JAMA Patient Page; Gastrointestinal Diseases

[Contact me when new articles are published in these topic areas.](#)

Related Articles published in
the same issue

Fluorouracil, Mitomycin, and Radiotherapy vs Fluorouracil, Cisplatin, and Radiotherapy for Carcinoma of the Anal Canal: A Randomized Controlled Trial

Jaffer A. Ajani et al. *JAMA*. 2008;299(16):1914.

Subscribe

<http://jama.com/subscribe>

Email Alerts

<http://jamaarchives.com/alerts>

Permissions

permissions@ama-assn.org

<http://pubs.ama-assn.org/misc/permissions.dtl>

Reprints/E-prints

reprints@ama-assn.org

Anal Cancer

Anal cancer is a disease in which **malignant** (cancer) cells form in the tissues of the anus. The anus is located at the end of the large intestine, below the rectum, through which solid waste leaves the body. The anus is formed partly from the outer skin layers and partly from the intestine. The **anal canal**, the part of the anus between the rectum and the anal opening, is about 1½ inches long. Anal **carcinoma** (cancer) is unique and can be distinguished from all other gastrointestinal tumors. It is mainly a local-regional cancer, with a **metastatic potential** (possibility of spreading to other body tissues) in only 15% of patients. The April 23/30, 2008, issue of JAMA includes an article evaluating current therapies for the treatment of anal carcinoma.

RISK FACTORS

- Gender—Women have a higher risk than men.
- Age—Most cases occur in individuals aged 50 years and older.
- Multiple sexual partners
- Anal sex
- **Human papillomavirus (HPV)**—a sexually transmitted virus that can cause genital warts and increases the risk of anal and **cervical** (bottom of the womb) cancers
- Drugs or conditions that suppress the immune system—Long-term use of corticosteroid drugs and the presence of **HIV** (the virus that causes AIDS) have both been linked to an increased risk of anal cancer.
- **Anal fistulas**—presence of abnormal openings along the anal canal
- Tobacco use

SIGNS AND SYMPTOMS

Individuals may have bleeding from the anus, pain or pressure in the area, itching or discharge from the anus, or a lump near the anus. Since successful treatment depends on early recognition, see your doctor for evaluation if you experience any of these problems.

TESTING FOR ANAL CANCER

- Physical examination and medical history
- **Digital rectal examination (DRE)**—The doctor inserts a lubricated, gloved finger into the anus to feel for lumps or masses that may indicate an abnormality.
- **Anoscopy**—visual examination of the anus and lower rectum using a short lighted tube
- **Endo-anal ultrasound**—An ultrasound probe is inserted into the anus and used to bounce high-energy sound waves off internal tissues or organs. The acquired echoes form a **sonogram** (picture) of the body tissues.
- **Biopsy**—removal of tissue samples that can be viewed under a microscope to check for signs of cancer

TREATMENT OPTIONS

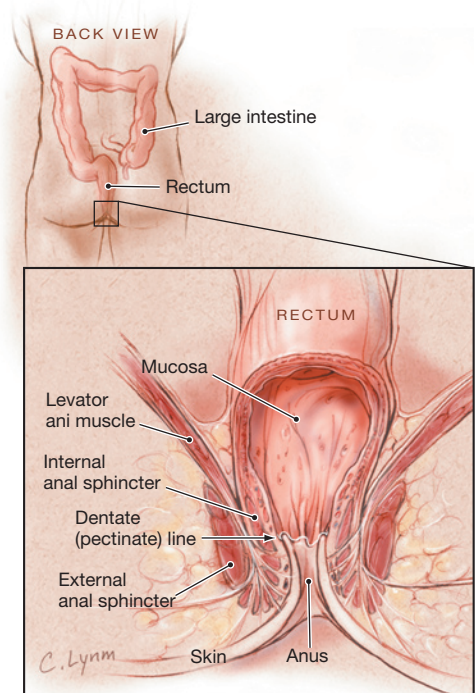
The **prognosis** (chance of recovery) depends on the size, location, and spread of the tumor. Treatment options depend on the location of the tumor, the stage of the cancer, whether the patient has HIV, and whether cancer remains after the initial treatment or has recurred. Prior to the 1970s, treatment focused on surgical removal of the tumor, but the main treatments now are **chemoradiation therapies** (anti-cancer drugs combined with radiation), with surgery reserved for patients who have residual disease after such treatment.

John L. Zeller, MD, PhD, Writer

Cassio Lynn, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 203/259-8724.



FOR MORE INFORMATION

- American Cancer Society
www.cancer.org
- National Cancer Institute
www.cancer.gov

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English and Spanish.

Sources: American Cancer Society, National Cancer Institute

JAMA
COPY FOR
YOUR PATIENTS