## Anal Canal Carcinoma

### Cancer Centre of Southeastern Ontario

Standard Management Guidelines

Version 1.2014

Revision Date: 2014/11/27

Lead: J Biagi

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**Intended for use by Clinicians and Health Care Providers involved in the Management or Referral of adult patients with Anal Canal Carcinoma**

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<tr>
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| **AA**  | Cancer Centre Referrals | | • Management usually requires multidisciplinary input; therefore concurrent referrals to colorectal cancer surgeon, medical oncology, and radiation oncology is appropriate  
• MCC Recommended | |
| **A**   | Diagnosis | Biopsy type, procedure | • Incisional biopsy  
• The initial role for surgery in the curative management is diagnosis  
• Most common histology is squamous cell carcinoma; this classification includes cloacogenic, basalog, and transitional tumours | |
| **B**   | History and Physical exam | | • DRE  
• Inguinal node palpation  
• In women - bimanual pelvirectal examination  
• Proctoscopy | |
| **C**   | Investigations | | • Complete colonoscopy  
• MRI pelvis for staging and radiation planning  
• CT chest abdomen pelvis  
• Confirm adequate renal function (usually serum creatinine will suffice)  
• Inguinal nodal biopsy if recommended at MCC discussion  
• HIV testing not routine, but indicated in at risk patients | |
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<tr>
<td>D</td>
<td>Pathology of Diagnostic Specimen</td>
<td>• HPV testing not routinely indicated</td>
<td></td>
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<tr>
<td>E</td>
<td>Staging</td>
<td>Assign Primary Clinical Stage</td>
<td>All cases preferentially to be discussed at MCC</td>
<td>American Joint Committee on Cancer (AJCC) Staging Quick Reference (7th edition)</td>
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<tr>
<td>F</td>
<td>Primary management</td>
<td>Definitive Curative Intent treatment</td>
<td>Surgical excision of bulky inguinal nodes prior to chemoradiation per MCC guidance Radiation: IMRT or 3-D conformal technique Radiation to at-risk nodal beds: mesorectal, inguinofemoral and iliac nodal regions are irradiated on prophylactic and therapeutic basis Treatment interruptions - while it is reasonable to delay radiotherapy for several days to allow recovery from grade 3-4 toxicities, evidence would suggest that increased time to completion of definitive radiation is associated with decreased survival (Ben-Josef JCO 2010) Chemotherapy regimen: FUMTMC(RT) Dose capping: MMC 10 week 1 and 5</td>
<td>Ben-Josef (1) Cancer Care Ontario Adjuvant/Curative/Neo-Adjuvant Intent Systemic Therapy</td>
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| G       | Primary management | Advanced and metastatic disease | Chemo: per CCO Systemic Treatment Funding Model: [CISPFU](#)  
Radiation for specific symptom management issues  
Focus on palliation and quality of life  
Referral to palliative care services as appropriate | [Cancer Care Ontario Palliative Intent Systemic Therapy](#) |
| H       | Follow up with no evidence of disease | | • Regularly scheduled clinical follow-up over a five-year period by experienced specialists is essential since incomplete response or local recurrence may be amenable to salvage surgery.  
• Biopsy is recommended only when recurrence is suspected, not in routine follow-up of resolving disease | [Cancer Care Ontario (CCO) Guideline 2-8 Management of Squamous Cell Cancer of the Anal Canal](#) |
| I       | Recurrent Disease | Locally recurrent disease | • Salvage abdominal perineal resection (by CRC surgeon)  
• Inguinal node dissection | |
| J       | Controversies | | • T1 lesions – role of definitive chemo-radiation versus Radiation alone– requires MCC discussion  
• Adenocarcinoma - rule out a low rectal primary with a rectal pattern of disease  
• Neo-adjuvant chemotherapy not recommended at this time based on randomized evidence | |
### Role of cisplatin:
- Should not replace MMC unless the latter contraindicated

### Role of PET scanning:
- Still to be determined in clinical studies

## Clinical Trials
- None open at this time

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Reference(s):
- Cancer Centre of Southeastern Ontario Clinical Trials
References

Revisions

- 2014/06/24: Draft created
- 2014/10/15: Edits for clarity prior to discussion at Disease Site Group Chairs Council meeting (2014/10/15)
- 2014/10/16: Edits after discussion and initial approval at Disease Site Group Chairs Council meeting (2014/10/15)
- 2014/10/20: Edits after review by Disease Site Group Chair (J. Biagi), addition of reference links