

Clinical Practice Guideline: Anal Cancer—Diagnosis, Treatment and Follow-up.

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Dtsch Arztebl Int Dtsch Arztebl Int 870 doi 10.1475967 Deutscher Arzte Verlag Deutsches Arzteblatt International 1866-0452 Deutscher Arzte-Verlag GmbH PMC8572542 PMC8572542.1 8572542 8572542 33531112 10.3238/arztebl.m2021.0027 1 Clinical Practice Guideline Anal Cancer—Diagnosis, Treatment and Follow-Up Siegel* Robert PD Dr. med. 1 2 * Niklas Werner* Ricardo Dr. med. 3 Koswig Stephan Dr. med. 4 Gaskins Matthew MPH 3 Rödel Claus Prof. Dr. med. 5 Aigner Felix Prof. Dr. med. 6 on behalf of the Anal Cancer Guideline Group 1 *These authors share equal first authorship. 2 Department for General, Visceral and Oncological Surgery, Helios Klinikum Berlin-Buch; Faculty of Health, Universität Witten/Herdecke, Witten, Germany 3 Department of Dermatology, Venerology and Allergology, Division of Evidence-Based Medicine (dEBM), Charité— Universitätsmedizin Berlin, Berlin, Germany 4 Department of Radiation Oncology and Radiation Therapy, Helios Klinikum Bad Saarow, Bad Saarow, Germany 5 Department of Radiation Therapy and Oncology, Universitätsklinikum Frankfurt am Main, Germany 6 Department of Surgery, Campus Charité Mitte/Campus Virchow-Klinikum, Charité—Universitätsmedizin Berlin, Berlin, Germany Department of Surgery, Krankenhaus der Barmherzigen Brüder, Graz, Austria *Klinik für Allgemein-, Viszeral- und Onkologische Chirurgie Helios Klinikum Berlin-Buch Schwanebecker Chaussee 50 13125 Berlin, Germany robert.siegel@helios-gesundheit.de 4 2021 02 4 2021 118 13 393346 217 224 25 10 2020 3 12 2020 01 04 2021 08 11 2021 09 11 2021 Background: The number of anal cancer diagnoses has been rising steadily, so that the incidence has doubled in the past 20 years. Almost all anal cancers are induced by persistent infection with human papillomaviruses. Hitherto the care of patients with anal cancer has been heterogeneous and little experience exists with the primary management of anal cancer.

The guideline was developed in accordance with the requirements of the German Guideline Program in Oncology. In line with the GRADE approach, the certainty of the evidence was assessed on the outcome level following a systematic literature search. Interdisciplinary working groups were set up to compile suggestions for recommendations, which were discussed and agreed upon in a formal consensus conference.

Ninety-three recommendations and statements were developed. No high-quality evidence was available to support recommendations for or against the treatment of stage I anal cancer with local excision alone as an alternative to chemoradiotherapy. Chemoradiotherapy is the gold standard in the treatment of stages II–III. Among other aspects regarding the timing and extent of response evaluation after chemoradiotherapy, the guideline panel recommended against obtaining a biopsy in the event of complete clinical response. Owing to lack of confidence in the available evidence, only open recommendations were given for treatment of stage IV.

This evidence-based clinical practice guideline provides a sound basis for optimizing the interdisciplinary, cross-sector care of anal cancer patients. Among other areas, gaps in research were identified with respect to the care of patients with early-stage or metastatic anal cancer. Approaches such as chemoradiotherapy combined with regional deep hyperthermia require further

investigation. The role for immunotherapy in the management of metastasized anal cancer has also been insufficiently explored to date.