

Oncology Clinical Pathways

Anal Cancer

March 2024 – V2.2024



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SHOULDER to SHOULDER
Every Step of the Way

VA



U.S. Department
of Veterans Affairs

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Anal Cancer – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

Gulf War and Post 9/11 Veterans

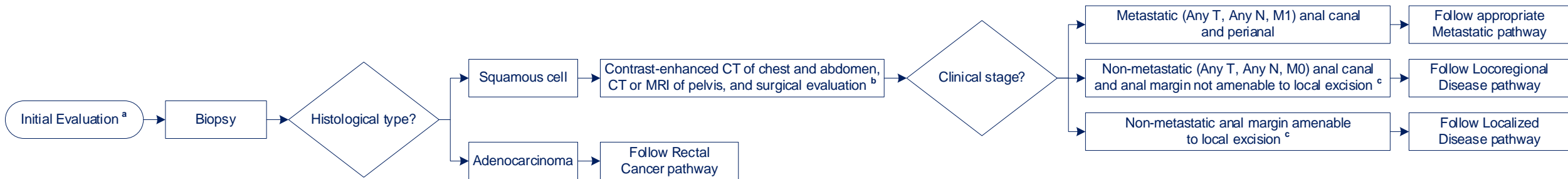
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if you served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Gastrointestinal cancer of any type

* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit [U.S. Department of Veterans Affairs - Presumptive Disability Benefits \(va.gov\)](https://www.va.gov)

Anal Cancer – Initial Evaluation



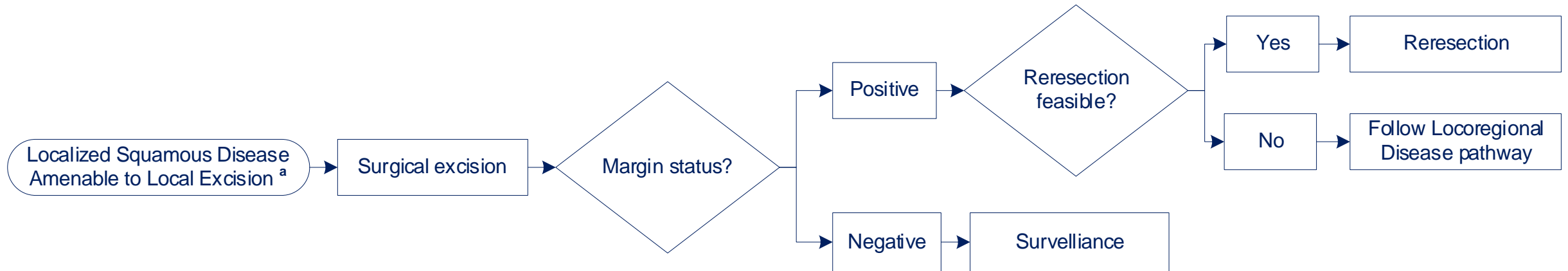
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

^a **Initial Evaluation** based upon suspicious lesion

^b **Imaging and Surgical Evaluation** may also include PET/CT, anoscopy, HIV testing, or gynecologic exam

^c **Candidate for Local Excision** of perianal cancer typically includes well and moderately differentiated T1N0 and select T2N0 tumors that can be completely excised with 1 cm lateral margins without compromising the anal sphincter

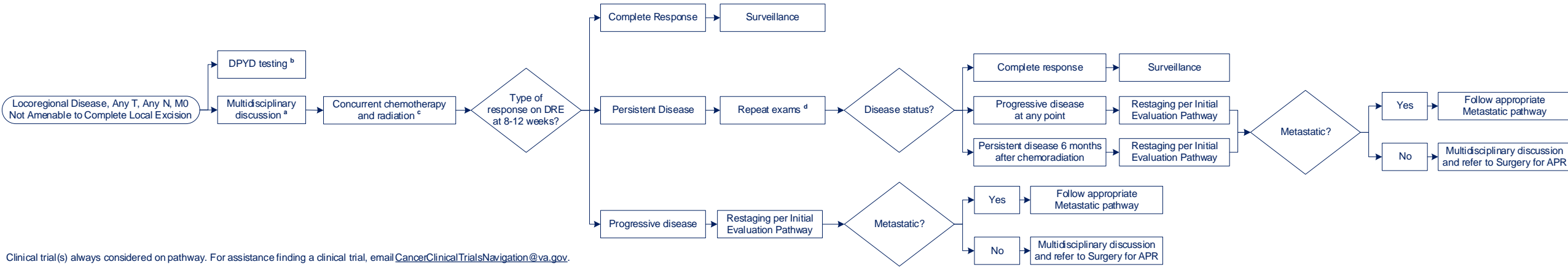
Anal Cancer – Localized Squamous Disease Amenable to Local Excision



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^a **Candidate for Local Excision** of perianal cancer typically includes well and moderately differentiated T1N0 and select T2N0 tumors that can be excised with 1 cm lateral margins without compromising the anal sphincter

Anal Cancer – Locoregional Disease, Any T, Any N, M0 Not Amenable to Complete Local Excision



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^a **Multidisciplinary Discussion** to include at a minimum surgical oncology, medical oncology, and radiation oncology as available

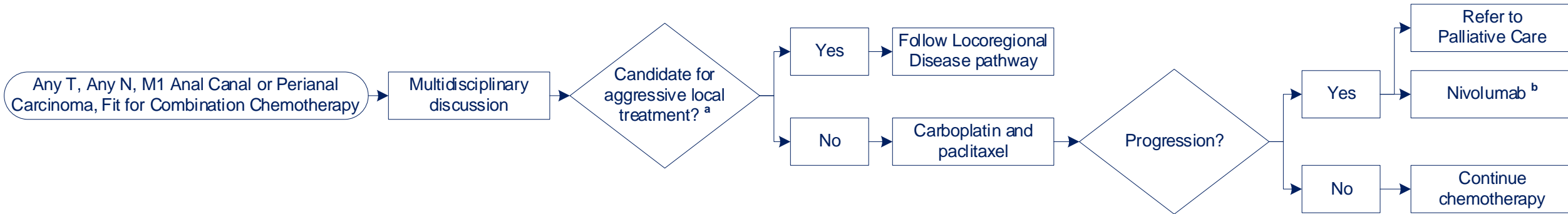
^b **Perform DPYD Testing If Not Already Performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

^c **Concurrent Chemotherapy Regimen** mitomycin + fluorouracil or capecitabine

^d **Repeat Exams** repeat DRE in another 4 weeks (12-16 weeks after treatment); then, if still persistent, at 6 months after treatment with DRE and restaging imaging

APR Abdominoperineal Resection
DPYD Dihydropyrimidine Dehydrogenase
DRE Digital Rectal Exam

Anal Cancer – Any T, Any N, M1 Anal Cancer or Perianal Carcinoma, Fit for Combination Chemotherapy



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

^a **Candidate for Aggressive Local Treatment** in cases of periaortic nodal involvement (M+); extended radiation fields can be considered at the discretion of radiation oncology; excludes patients with distant organ disease

^b **Candidate for Immunotherapy** prior recipients of solid organ transplant or those with uncontrolled autoimmune/inflammatory condition should not be offered immunotherapy

Anal Cancer – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Anal Cancer with Squamous Histology, Locoregional Disease (M0) but Not Amenable to Complete Local Excision	PGx	DPYD Testing*	Fulgent	Yes	Blood, Saliva
<p>* Perform DPYD Testing If not already Performed; if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD testing if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.</p>					