

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/uncovering-unmet-needs-in-squamous-cell-carcinoma-of-the-anal-canal-care/34982/>

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Uncovering Unmet Needs in Squamous Cell Carcinoma of the Anal Canal Care

Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by Incyte, we'll learn about the current unmet needs in squamous cell anal carcinoma management with Dr. Richard Kim. Not only is he a Service Chief of Medical Gastrointestinal Oncology and a Senior Member in the Gastrointestinal Oncology Department at Moffitt Cancer Center, but he's also a Professor of Oncology at the University of South Florida College of Medicine. Here's Dr. Kim now.

Dr. Kim:

So the current gap in the prevention and diagnosis of squamous cell anal cancer is HPV vaccination. We know that HPV vaccination can prevent some of the disease, yet it remains underutilized, particularly among adults and patients in high-risk groups. And for whatever reason, despite having the same viral driver as cervical cancer, anal cancer prevention has lagged far behind.

Furthermore, the diagnosis is also delayed in many cases. Symptoms are very vague, and the bleeding and pain are frequently misattributed to other conditions. When combined with stigma and a lack of awareness among both patients and providers, this can potentially lead to late-stage presentation, and therefore, anal cancer is still underrecognized. And many patients do suffer unnecessary delays of care.

In terms of the treatment landscape for squamous cell anal cancer, there are a couple of areas where we fall short. In early disease, we know that a typical treatment is chemoradiation, but those are highly toxic, causing bowel dysfunction, pain, and sexual health challenges. Also, it's not a one-size-fits-all approach; that doesn't serve all patients. Therefore, right now, trials are being done in the early stages to see if we could de-escalate treatment, but those are not considered standard of care at this time.

In advanced disease, we talk about the platinum-based chemotherapy showing modest results and also the POD1UM study showing that now we can incorporate immunotherapy in the first-line setting. However, some patients do not respond, so we really need a predictive biomarker that could tailor care for these patients. Last but not least, I think we need better tools to predict who will benefit from certain therapies, such as immunotherapy, chemotherapy, or potentially targeted therapy, to reduce any collateral damage.

Announcer:

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