About Anal Cancer

Overview and Types

If you've been diagnosed with anal cancer or are worried about it, you likely have a lot of questions. Learning some basics is a good place to start.

- What Is Anal Cancer?

Research and Statistics

See the latest estimates for new cases of anal cancer and deaths in the US and what research is currently being done.

- Key Statistics for Anal Cancer
- What's New in Anal Cancer Research?

What Is Anal Cancer?

Cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other parts of the body. To learn more about how cancers start and spread, see What Is Cancer?

Anal cancer starts in the anus. To understand anal cancer, it helps to know about the anus and how it works.

The anus

The anus is the opening at the lower end of the intestines. It's where the end of the intestines connect to the outside of the body.
As food is digested, it passes from the stomach to the small intestine. It then moves from the small intestine into the main part of the large intestine (called the colon). The colon absorbs water and salt from the digested food. The waste matter that's left after going through the colon is known as *feces* or *stool*. Stool is stored in the last part of the large intestine, called the *rectum*. From there, stool is passed out of the body through the anus as a bowel movement.

The anal opening is connected to the rectum by the *anal canal*. The anal canal is about 1-1/2 inches long. It goes from the rectum to the *anal verge*. This is where the canal connects to the outside skin at the anus.
The inner lining of the anal canal is the *mucosa*. Most anal cancers start from cells in the mucosa.

Glands and ducts (tubes leading from the glands) are found under the mucosa. The glands make mucus, which acts as a lubricating fluid. Anal cancers that start from cells in the glands are called *adenocarcinomas*.

The anal canal changes as it goes from the rectum to the anal verge:

- Cells above the anal canal (in the rectum) and in the part of the anal canal close to the rectum are shaped like tiny columns.
- Most cells near the middle of the anal canal are shaped like cubes and are called *transitional cells*. This area is called the *transitional zone*.
- About midway down the anal canal is the *dentate line*, which is where most of the anal glands empty into the anus.
- Below the dentate line are flat (squamous) cells.
- At the anal verge, the squamous cells of the lower anal canal merge with the skin just outside the anus. This skin around the anal verge (called the *perianal skin* or...
the anal margin) is also made up of squamous cells, but it also contains sweat glands and hair follicles, which are not found in the lining of the lower anal canal.

**Anal cancers are often divided into 2 groups, which are sometimes treated differently:**

- Cancers of the anal canal (above the anal verge)
- Cancers of the anal margin (below the anal verge)

Sometimes anal cancers extend from one area into the other, so it’s hard to know exactly where they started.

The anal canal is surrounded by a sphincter, which is a circular muscle that keeps stool from coming out until it relaxes during a bowel movement.

**Anal tumors**

Many types of tumors can develop in the anus. Not all of these tumors are cancers – some are **benign** (not cancer).

**Polyps**

Polyps are small, bumpy, or mushroom-like growths that form in the mucosa or just under it. There are many kinds.

- **Inflammatory polyps** start because of irritation from injury or infection.
- **Lymphoid polyps** are caused by an overgrowth of lymph tissue (which is part of the immune system). Lymph tissue under the anal inner lining (mucosa) is normal, but these overgrowths are not.
- **Hypertrophied anal papillae** are benign growths of connective tissue that are covered by squamous cells. They are simply enlarged normal papillae, which are small folds of mucosa found at the dentate line. Hypertrophied anal papillae are also called **fibroepithelial polyps**.

**Skin tags**

Skin tags are benign growths of connective tissue that are covered by squamous cells. Skin tags are often mistaken for hemorrhoids (swollen veins inside the anus or rectum), but they’re not the same.
Anal warts

Anal warts (also called condylomas) are growths that form just outside the anus and in the lower anal canal below the dentate line. Sometimes they can be found just above the dentate line. They're caused by infection with human papilloma virus (HPV). People who have or had anal warts are more likely to get anal cancer. (See “Potentially pre-cancerous anal conditions” below and Risk Factors for Anal cancer)

Other benign tumors

In rare cases, benign tumors can grow in other tissues of the anus. These include:

- **Adnexal tumors**: Usually benign growths that start in hair follicles or sweat glands of the skin just outside of the anus. These tumors stay in the perianal skin area and do not grow into the anal region.
- **Leiomyomas**: Benign tumors that develop from smooth muscle cells
- **Granular cell tumors**: Tumors that develop from nerve cells and are composed of cells that contain lots of tiny spots (granules)
- **Hemangiomas**: Tumors that start in the cells lining blood vessels
- **Lipomas**: Benign tumors that start from fat cells
- **Schwannomas**: Tumors that develop from cells that cover nerves

Potentially pre-cancerous anal conditions

Some changes in the anal mucosa are harmless at first, but might later develop into a cancer. These are called pre-cancerous conditions. A common term for these potentially pre-cancerous conditions is dysplasia. Some warts, for example, contain areas of dysplasia that can develop into cancer.

Dysplasia in cells of the anus is also called anal intraepithelial neoplasia (AIN) or anal squamous intraepithelial lesions (SILs). Depending on how the cells look, AIN or anal SIL can be divided into 2 groups:

**Low-grade AIN (sometimes called AIN1 or low-grade anal SIL)**

The cells in low-grade AIN look like normal cells in many ways.

Low-grade AIN often goes away without treatment. It has a low chance of turning into cancer.
High-grade AIN (sometimes called AIN2 or AIN3, or high-grade anal SIL)

The cells in high-grade AIN look much more abnormal.

High-grade AIN is less likely to go away without treatment and, with time, could become cancer. It needs to be watched closely. Some cases of high-grade AIN need to be treated.

**Types of anal cancer**

**Carcinoma in situ**

Sometimes abnormal cells on the inner surface layer of the anus look like cancer cells but have not grown into any of the deeper layers. This is known as *carcinoma in situ*, (pronounced in SY-too), or *CIS*. Another name for this is *Bowen disease*.

Some doctors see this as the earliest form of anal cancer. Others consider it the most advanced type of AIN, which is a pre-cancer (see above), but not a true cancer.

**Invasive anal cancers**

These are the different types of cancer that can start in the anal region:

**Squamous cell carcinomas**

Most anal cancers in the United States are squamous cell carcinomas. (Nearly 9 out of 10 cases.) These tumors start in the squamous cells that line most of the anal canal and the anal margin.

Squamous cell carcinomas in the anal canal have grown beyond the surface and into the deeper layers of the lining (as opposed to carcinoma in situ which is only in the surface cells).

**Cloacogenic carcinomas** (also called *basaloid* or *transitional cell carcinomas*) are a type of squamous cell cancer. They develop in the transitional zone, also called the *cloaca*. These cancers look slightly different under a microscope, but they behave and are treated like other squamous cell carcinomas of the anal canal.
Squamous cell carcinomas of the anal margin (perianal skin) are treated much like squamous cell carcinomas of the skin elsewhere. For more on this, see Skin Cancer: Basal and Squamous Cell.

Adenocarcinomas

A small number of anal cancers are known as adenocarcinomas. These start in cells that line the upper part of the anus near the rectum. They can also start in the glands under the anal mucosa that release secretions into the anal canal. Most anal adenocarcinomas are treated the same as rectal carcinomas. For more information, see Colorectal Cancer.

Adenocarcinomas can also start in apocrine glands (a type of sweat gland of the perianal skin). Paget’s disease is a type of apocrine gland carcinoma that spreads through the surface layer of the skin. Paget’s disease can affect skin anywhere in the body but most often affects skin of the perianal area, vulva, or breast. This should not be confused with Paget’s disease of the bone, which is not cancer and a different disease.

Basal cell carcinomas

Basal cell carcinomas are a type of skin cancer that can develop in the perianal skin. These tumors are much more common in areas of skin exposed to the sun, such as the face and hands, and account for very few anal cancers. They are often treated with surgery to remove the cancer. For more information, see Skin Cancer: Basal and Squamous Cell.

Melanomas

These cancers start in cells in the skin or anal lining that make the brown pigment called melanin. Only a very small portion of anal cancers are melanomas. Melanomas are far more common on the skin in other parts of the body. If melanomas are found at an early stage (before they have grown deeply into the skin or spread to lymph nodes) they can be removed with surgery, and the outlook for long-term survival is very good. But because anal melanomas are hard to see, most are found at a later stage. If possible, the entire tumor is removed with surgery. If all of the tumor can be removed, a cure is possible. If the melanoma has spread too far to be removed completely, other treatments may be given. For more on this, see Melanoma Skin Cancer.

Gastrointestinal stromal tumors (GISTs)
These cancers are much more common in the stomach or small intestine, but rarely they can start in the anal region. When these tumors are found at an early stage, they are removed with surgery. If they have spread beyond the anus, they can be treated with drug therapy. For more information, see Gastrointestinal Stromal Tumor (GIST).

The anal cancer information on our web site focuses mainly on anal squamous cell carcinoma, which is, by far, the most common type of anal cancer.

- References
See all references for Anal Cancer

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Key Statistics for Anal Cancer

Anal cancer is fairly rare – much less common than cancer of the colon or rectum. The American Cancer Society estimates for anal cancer in the United States for 2018 are:

- About 8,580 new cases (5,620 in women and 2,960 in men)
- About 1,160 deaths (680 in women and 480 in men)

The number of new anal cancer cases has been rising for many years. Anal cancer is rare in people younger than 35 and is found mainly in older adults, with an average age being in the early 60s.

The risk of being diagnosed with anal cancer during one’s lifetime is about 1 in 500. The risk is slightly higher in women than in men. The risk is also higher in people with certain risk factors for anal cancer.

Treatment for anal cancer is often very effective, and many patients with this cancer can be cured. But anal cancer can be a serious condition. For information on survival, see Survival Rates by Stage of Anal Cancer.

Visit the American Cancer Society’s Cancer Statistics Center for more key statistics

- References
What’s New in Anal Cancer Research?

Important research into anal cancer is now under way in many hospitals, medical centers, and other institutions around the world. Each year, scientists use clinical trials to find out more about what causes this disease, how to prevent it, and how to better treat it.

Looking at changes in anal cancer cells

We know that human papillomavirus (HPV) is a major cause of anal cancer. Researchers are now looking at how HPV affects molecules inside anal cells to cause them to become cancer. Improved understanding of the molecular changes inside anal cancer cells may lead to ways to prevent it and is also expected to help scientists find treatments using drugs that target these changes. Targeted drugs are different from standard chemotherapy drugs. They sometimes work when chemo drugs don’t, and they often have different (and less severe) side effects.

Screening for anal cancer

Ongoing research is being done on the value of screening tests for anal cancer, especially in people with major risk factors, such as HIV infection. (Screening is checking for a disease in people who don’t have symptoms of it.) The test studied most is anal cytology, sometimes called the anal Pap test. This test may help find anal cancer when it’s small, before it's causing symptoms and when it's easier to treat. Studies are also looking at whether the anal Pap test can help find anal pre-cancer (called anal intraepithelial neoplasia, or AIN), so it can be treated before cancer even develops.
Treatment

Better treatments for anal cancer with fewer side effects and long-term changes in body function are areas of active research. For instance, photodynamic therapy is being looked at to see if it can help treat small tumors and pre-cancer changes. Drugs like 5-FU and imiquimod cream are also being used. These treatments are focused on the changed cells in the anus. They don't harm healthy cells in the anus or the rest of the body.

Immunotherapy is treatment that boosts the body's immune response against cancer cells. Different kinds of immunotherapy are being study for use against anal cancer. Pembrolizumab (Keytruda®) is one example that's already used to treat other types of cancer. It's now being studied for use in treating anal cancers that have spread to other parts of the body and don't respond to other forms of treatment.

Radiation therapy is a common treatment for anal cancer. Doctors are looking at ways to give external radiation more accurately and effectively to decrease the effects on normal healthy tissues. Other research is being done to learn about the possible benefits of combining external radiation and internal radiation therapy to treat anal cancer.

Combining chemotherapy and radiation is another area of interest. Giving these treatments together might allow people to get lower doses of each one, which could lessen side effects. Different drug combinations, with different forms of radiation are being tested in clinical trials.

HPV vaccines are used today to prevent HPV infection, but they don't help treat HPV infections. Doctors are looking at whether these vaccines might be used to help treat high-grade pre-cancers and keep them from becoming cancer. Researchers are also working on new vaccines to treat women and men who already have HPV infections and HPV-related cancers like anal cancer or cervical cancer. These vaccines may help the immune system attack pre-cancers and even cancers that contain HPV.

• References

See all references for Anal Cancer

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Anal Cancer Causes, Risk Factors, and Prevention

Risk Factors

A risk factor is anything that affects your chance of getting a disease such as cancer. Learn more about the risk factors for anal cancer.

- Risk Factors for Anal Cancer
- What Causes Anal Cancer?

Prevention

There is no way to completely prevent cancer. But there are things you can do that might lower your risk. Learn more.

- Can Anal Cancer Be Prevented?

Risk Factors for Anal Cancer

A risk factor is anything that affects your chance of getting a disease such as cancer. Different cancers have different risk factors. Some risk factors, like smoking or diet, can be changed. Others, like a person's age or family history, can't.

Several factors can affect your risk of anal cancer. But having a risk factor, or even several risk factors, does not mean that you will get cancer. Many people with risk factors never develop anal cancer, while others with this disease may have few or no known risk factors.

Human papillomavirus (HPV) infection
Most squamous cell anal cancers are linked to infection with the human papillomavirus (HPV), the same virus that causes cervical cancer, as well as many other kinds of cancer. In fact, women with a history of cervical cancer (or pre-cancer) have an increased risk of anal cancer.

HPV is a group of more than 150 related viruses. They are called papillomaviruses because some of them cause papillomas, which are more commonly known as warts. There are many subtypes of HPV, but the one most likely to cause anal cancer is HPV-16. Other subtypes of HPV can cause warts in the genital and anal areas, but not cancer. The 2 types of HPV that cause most cases of anal and genital warts are HPV-6 and HPV-11. While anal warts themselves are unlikely to develop into anal cancer, people who have had anal warts are more likely to get anal cancer. This is because people who are infected with HPV subtypes that cause anal and genital warts are also more likely to be infected HPV subtypes that cause anal cancer.

HPV is passed from one person to another during skin-to-skin contact with an infected area of the body. HPV can be spread during sexual activity – including vaginal, anal, and oral sex – but sex doesn’t have to occur for the infection to spread. All that's needed is for there to be skin-to-skin contact with an area of the body infected with HPV. The virus can be spread through genital-to-genital contact, or even hand-to-genital contact. An HPV infection can also spread from one part of the body to another. For example, an HPV infection might start in the genitals and then spread to the anus.

It can be very hard to avoid being exposed to HPV. It might be possible to prevent genital HPV infection by not allowing others to have contact with your anal or genital area, but even then there could be other ways to become infected that aren’t yet clear.

Infection with HPV is common, and in most cases the body can clear the infection on its own. But in some people the infection doesn’t go away and becomes chronic. Chronic infection, especially with high-risk HPV types, can cause certain cancers over time, including anal cancer.

For more information, see HPV and HPV Vaccines.

Having certain other cancers

Women who have had cancer of the cervix, vagina, or vulva are at increased risk of anal cancer. This is probably because these cancers are also caused by infection with HPV.

In men, it would seem likely that having had penile cancer, which is also linked to HPV
infection, would increase the risk of anal cancer, but this link has not been shown in studies.

**HIV infection**

People infected with the human immunodeficiency virus (HIV), the virus that causes AIDS, are much more likely to get anal cancer than those not infected with this virus. For more information about HIV and AIDS, see [HIV Infection, AIDS, and Cancer](#).

**Sexual activity**

Having multiple sex partners increases the risk of infection with HIV and HPV. It also increases the risk of anal cancer.

Receptive anal sex also increases the risk of anal cancer in both men and women. Because of this, men who have sex with men have a high risk of this cancer.

**Smoking**

Smoking increases the risk of anal cancer. Current smokers are several times more likely to have cancer of the anus compared with people who do not smoke. Quitting smoking seems to reduce the risk. People who used to smoke but have quit are only slightly more likely to develop this cancer compared with people who never smoked.

**Lowered immunity**

Higher rates of anal cancer occur among people with reduced immunity, such as people with AIDS or people who have had an organ transplant and must take medicines that suppress their immune system.

**Gender and race/ethnicity**

Anal cancer is more common in women than men overall, but this varies in racial/ethnic groups and can vary with age. For instance, in African Americans younger than age 60, it's more common in men than in women, but after age 60 it's more common in women.

- References
What Causes Anal Cancer?

Researchers have found some risk factors that increase a person’s risk of anal cancer, but the exact cause of anal cancer is not known.

HPV infection

Most anal cancers seem to be linked to infection with the human papillomavirus (HPV). While HPV infection seems to be important in the development of anal cancer, the vast majority of people with HPV infections do not get anal cancer.

A great deal of research is now being done to learn how HPV might cause anal cancer. There is good evidence that HPV causes many anal squamous cell carcinomas. But the role of this virus in causing anal adenocarcinomas is less certain.

More than 150 subtypes of HPV have been found. The subtype known as HPV-16 is often found in squamous cell carcinoma and is also found in some anal warts. Another subtype, HPV-18, is found less often. Most anal warts are caused by HPV-6 and HPV-11. Warts containing HPV-6 or HPV-11 are much less likely to become cancerous than those containing HPV-16.

HPV makes proteins (E6 and E7) that can shut down 2 important tumor suppressor proteins in normal cells. These proteins – p53 and Rb – normally work to keep cells from growing out of control. When these proteins are not active, cells are more likely to become cancerous.

Lowered immunity

When the body is less able to fight off infections, viruses like HPV can become more
active, which might trigger the development of anal cancer. HIV, the virus that causes AIDS, weakens the body’s immune system, as can medicines used to prevent rejection in patients with organ transplants.

**Smoking**

Most people know that smoking is the main cause of lung cancer. But few realize that the cancer-causing chemicals in tobacco smoke can travel from the lungs to the rest of the body, causing other types of cancer. Smoking also seems to make the immune system less effective in fighting HPV infections. Many studies have noted an increased rate of anal cancer in smokers, and the effect of smoking is especially important in people with other risk factors for anal cancer.

It’s important to remember that some people with anal cancers do not have any known risk factors and the causes of their cancers are not known.

- References

See all references for Anal Cancer

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**Can Anal Cancer Be Prevented?**

Since the cause of many cases of anal cancer is unknown, it’s not possible to prevent this disease completely. But there are things you can do that might lower your risk of anal cancer.

Infection with HPV increases the risk of anal cancer. HPV infection can be present for years without causing any symptoms, so the absence of visible warts can’t be used to tell if someone has HPV. Even when someone doesn’t have warts (or any other symptom), he (or she) can still be infected with HPV and pass it on to somebody else.

**HPV vaccines**
Vaccines are available that protect against certain HPV infections. They protect against infection with HPV subtypes 16 and 18. Some can also protect against infections with other HPV subtypes, including some types that cause anal and genital warts.

These vaccines can only be used to help prevent HPV infection – they do not help treat an existing infection. To work best, the vaccine should be given before a person becomes sexually active.

**Condom use**

Condoms may provide some protection against HPV (and HIV), but they don’t prevent infection completely.

One study found that when condoms are used correctly they can lower the genital HPV infection rate in women – but they must be used every time sex occurs. This study did not look at the effect of condom use on anal HPV infection.

Condoms can’t protect completely because they don’t cover every possible HPV-infected area of the body, such as skin of the genital or anal area. HPV can still be passed from one person to another by skin to skin contact with an HPV-infected area of the body that is not covered by a condom. Still, condoms may provide some protection against HPV. Male condom use also seems to help genital HPV infections clear (go away) faster in both women and men.

Condom use is also important because it can help protect against AIDS and other sexually transmitted illnesses that can be passed on through some body fluids.

To learn more, see [HPV Vaccines](#).

**Treating HIV**

For people infected with [HIV](#), it’s very important to take medicines (known as *highly active antiretroviral therapy*, or HAART) to help keep the infection under control and prevent it from progressing to AIDS. This also lowers the risk of long-term HPV infection and anal intraepithelial neoplasia (a kind of anal pre-cancer), which might help lower the risk of anal cancer.

**Not smoking**
Smoking is a known risk factor for anal cancer. Stopping smoking greatly reduces the risk of developing anal cancer and many other cancers.

- References
  See all references for Anal Cancer

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Anal Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Finding cancer early often allows for more treatment options. Some early cancers may cause signs and symptoms that can be noticed, but that's not always the case.

- Can Anal Cancer Be Found Early?
- Signs and Symptoms of Anal Cancer
- Tests for Anal Cancer

Staging

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- Anal Cancer Stages
- Anal Cancer Survival Rates

Questions to Ask About Anal Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- Questions to Ask Your Doctor About Anal Cancer

Can Anal Cancer Be Found Early?

Many anal cancers can be found early in the course of the disease. Early anal cancers often have signs and symptoms that lead people to see a doctor. Unfortunately, some
Anal cancers may not cause symptoms until they reach an advanced stage. Other anal cancers can cause symptoms like those of diseases other than cancer. This may delay their diagnosis.

Anal cancers develop in a part of the digestive tract that your doctor can easily see and reach. A digital rectal exam (DRE) can find some cases of anal cancer early. In this exam, the doctor inserts a gloved, lubricated finger into the anus to feel for unusual lumps or growths. This test is sometimes used to look for prostate cancer in men (because the prostate gland can be felt through the rectum). The rectal exam is also done routinely as part of a pelvic exam on women.

The odds that anal cancer can be found early depend on the location and type of the cancer. Cancers that begin higher up in the anal canal are less likely to cause symptoms and be found early. Anal melanomas tend to spread earlier than other cancers, making it harder to diagnose them early.

**Screening in people at high risk**

Looking for a disease like cancer in someone with no symptoms is called *screening*. The goal of screening is to find cancer at an early stage, when treatment is likely to be most helpful. Anal cancer is not common in the United States, so screening the general public for anal cancer is not widely recommended at this time.

Still, some people at increased risk for anal intraepithelial neoplasia (AIN, a potentially pre-cancerous condition) and anal cancer might benefit from screening. This includes men who have sex with men (regardless of HIV status), women who have had cervical cancer or vulvar cancer, anyone who is HIV-positive, and anyone who has received an organ transplant. Some experts also recommend screening for anyone with a history of anal warts.

For these people, some experts recommend screening with regular DREs and anal cytology testing (also known as an anal Pap test or anal Pap smear because it is much like a Pap test for cervical cancer). For an anal Pap test, the anal lining is swabbed, and cells that come off on the swab are looked at under the microscope.

The anal Pap test has not been studied enough to know how often it should be done, or if it actually reduces the risk of anal cancer by catching AIN early. Some experts recommend that the test be done every year in men who have sex with men who are HIV-positive, and every 2 to 3 years if the men are HIV-negative. But there is no widespread agreement on the best screening schedule, or even exactly which groups of people can benefit from screening.
Patients with positive results on an anal Pap test should be referred for a biopsy. If AIN is found on the biopsy, it might need to be treated (especially if it is high-grade).

- References

See all references for Anal Cancer

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**Signs and Symptoms of Anal Cancer**

Sometimes anal cancer causes no symptoms at all. But bleeding is often the first sign of the disease. The bleeding is usually minor. At first, most people assume the bleeding is caused by hemorrhoids (painful, swollen veins in the anus and rectum that may bleed). They are a benign and fairly common cause of rectal bleeding.

Important symptoms of anal cancer include:

- Rectal bleeding
- Rectal itching
- A lump or mass at the anal opening
- Pain or a feeling of fullness in the anal area
- Narrowing of stool or other changes in bowel movements
- Abnormal discharge from the anus
- Swollen lymph nodes in the anal or groin areas

Most often these types of symptoms are more likely to be caused by benign (non-cancer) conditions, like hemorrhoids, anal fissures, or anal warts. Still, if you have any of these symptoms, it's important to have them checked by a doctor so that the cause can be found and treated, if needed.

- References

See all references for Anal Cancer

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Tests for Anal Cancer

Some people at high risk for anal cancer are diagnosed by screening tests, such as the digital rectal exam and/or anal Pap test (described in Can Anal Cancer Be Found Early?). Sometimes a doctor will find anal cancer during a routine physical exam or during a minor procedure, such as removing a hemorrhoid. Treating cancers found this way is often very effective because the tumors are found early in the course of the disease. (This means they're small and haven't spread.) But most often anal cancers are found because of signs or symptoms a person is having.

If anal cancer is suspected, exams and tests will be needed to confirm the diagnosis. If cancer is found, more tests will be done to help determine the extent (stage) of the cancer.

Medical history and physical exam

If you have symptoms that might be caused by anal cancer, the doctor will ask about your medical history to check for possible risk factors and learn more about your symptoms.

Your doctor will also examine you to look for signs of anal cancer or other health problems. For women, this will include a pelvic exam and Pap test. A digital rectal exam will probably be done, too. (This is when the doctor puts a gloved, lubricated finger into your anus and rectum to feel for lumps or other changes).

If problems or changes are found, your doctor might do other exams or tests to help find the cause. If you're being seen by your primary care doctor, you might be referred to a specialist such as a colorectal surgeon, also called a proctologist (a doctor specializing in diseases of the colon, rectum, and anus), for more tests and, if needed, treatment.

Endoscopy

Endoscopy uses a thin tube with a lens or tiny video camera on the end to look inside part of the body. Many types of endoscopy can be used to look for the cause of anal symptoms. They can also be used to get tissue samples from inside the anal canal.
(described below under Biopsy). Drugs may be used to make you sleepy during these tests.

**Anoscopy**

For anoscopy the doctor uses a short, hollow tube called an anoscope. It's 3 to 4 inches long and about 1 inch in diameter and may have a light on the end of it. The doctor coats the anoscope with a lubricant and then gently pushes it into the anus and rectum. By shining a light into this tube, the doctor has a clear view of the lining of the lower rectum and anus. This exam usually doesn't hurt.

**Rigid proctosigmoidoscopy**

The rigid proctosigmoidoscope is a lot like an anoscope, except that it's longer (about 10 inches long). It lets the doctor see the rectum and the lower part of the sigmoid colon. You might need to take laxatives or have an enema before this test to make sure your bowels are empty.

**Biopsy**

If a change or growth is seen during an endoscopic exam, your doctor will need to take out a piece of it to see if it's cancer. This is called a biopsy. If the growth is in the anal canal, this can often be done through the scope itself. Drugs may be used to numb the area before the biopsy is taken. Then, a small piece of the tissue is cut out and sent to a lab. If the tumor is very small, your doctor might try to remove the entire tumor during the biopsy.

A doctor called a pathologist will look at the tissue sample under a microscope. If cancer is present, the pathologist will send back a report describing the cell type and extent of the cancer.

Anal cancer sometimes spreads to nearby lymph nodes (bean-sized collections of immune system cells). Swollen lymph nodes in the groin can be a sign that cancer has spread. Lymph nodes may also become swollen from an infection. Biopsies may be needed to check for cancer spread to nearby lymph nodes.

There are many different ways to do a biopsy. A type called fine-needle aspiration (FNA) is often used to check lymph nodes that might have cancer in them. To do this, a small sample of fluid and tissue is taken out of the lymph node using a thin, hollow needle. A pathologist checks this fluid for cancer cells. If cancer is found in a lymph
node, surgery may be done to remove the lymph nodes in that area.

**Imaging tests**

Imaging tests use x-rays, magnetic fields, sound waves, or radioactive substances to create pictures of the inside of your body. Imaging tests might be done for a number of reasons both before and after a diagnosis of anal cancer, including:

- To help find cancer
- To learn how far cancer has spread
- To help see if treatment is working
- To look for signs of cancer coming back after treatment

Some of these imaging tests are used more often than others.

**Ultrasound**

Ultrasound uses sound waves to make pictures of internal organs or masses. This test can be used to see how deep the cancer has grown into the tissues near the anus.

For most ultrasound exams a wand-like transducer is moved around on the skin. But for anal cancer, the transducer is put right into the rectum. This is called a transrectal or endorectal ultrasound. The test can be uncomfortable, but it usually doesn't hurt.

**Computed tomography (CT) scan**

CT scans use x-rays to make detailed cross-sectional images of your body. This is a common test for people with anal cancer. It can be used to help tell if the cancer has spread into the lymph nodes or to other parts of the body, such as the liver, lungs, or other organs.

Instead of taking one picture, like a standard x-ray, a CT scanner takes many pictures as it rotates around you. A computer then combines these into an image of a slice of your body.

**CT-guided needle biopsy:** CT scans can also be used to guide a biopsy needle right into a change that could be cancer. To do this, you stay on the CT scanning table while the doctor moves a biopsy needle through your skin and toward the tumor. CT scans are repeated until the needle is in the tumor. A biopsy sample is then taken out and sent to a lab to be looked at under a microscope.
Magnetic resonance imaging (MRI)

MRI scans use radio waves and strong magnets instead of x-rays. The energy from the radio waves is absorbed by the body and then released in a specific pattern formed by the type of tissue and by certain diseases. A computer translates the pattern into detailed images of parts of the body.

This test is sometimes used to see if nearby lymph nodes are enlarged, which might be a sign the cancer has spread there.

Chest x-ray

A regular x-ray might be done to find out if the cancer has spread to the lungs. It isn’t needed if a CT scan of the chest is done.

Positron emission tomography (PET) scan

For a PET scan, a form of radioactive sugar (known as fluorodeoxyglucose or FDG) is injected into your blood. Cancer cells are very active, so they absorb large amounts of the radioactive sugar. After about an hour, you'll be moved onto a table in the PET scanner. A special camera creates pictures of areas where the radioactivity has collected. The picture is not finely detailed like a CT or MRI scan, but it provides helpful information about your whole body.

Often a PET scan is done in a machine that can do a CT scan at the same time (a PET/CT scan). It lets the doctor compare areas of higher radioactivity on the PET scan with the more detailed image of that area on the CT scan.
After someone is diagnosed with anal cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called staging. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to treat it. Doctors also use a cancer's stage when talking about survival statistics.

The earliest stage anal cancers are called stage 0, and then range from stages I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. And within a stage, an earlier letter means a lower stage. Although each person’s cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

**How is the stage determined?**

The staging system most often used for anal cancer is the American Joint Committee on Cancer (AJCC) TNM system, which is based on 3 key pieces of information:

- The extent (size) of the tumor (T): What is the size of the cancer? Has the cancer reached nearby structures or organs?
- The spread to nearby lymph nodes (N): Has the cancer spread to nearby lymph nodes?
- The spread (metastasis) to distant sites (M): Has the cancer spread to distant lymph nodes or distant organs such as the liver or lungs?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person’s T, N, and M categories have been determined, this information is combined in a process called stage grouping to assign an overall stage. For more information see Cancer Staging.

Anal cancer is usually staged based on the results of a physical exam, biopsy, and imaging tests. This is called a clinical stage. If surgery is done, the pathologic stage (also called the surgical stage) is determined by examining tissue removed during an operation. This is also known as surgical staging.

The system described below is the most recent AJCC system effective January 2018. It is used for tumors in the anal canal and perianal (formally anal margin) area.

Cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.
<table>
<thead>
<tr>
<th>AJCC Stage</th>
<th>Stage grouping</th>
<th>Stage description*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Tis N0 M0</td>
<td>The cancer is only in the mucosa (the top layer of cells lining the inside of the anus). It has not started growing into the deeper layers. (Tis). It has not spread to nearby lymph nodes (N0) or distant sites (M0).</td>
</tr>
<tr>
<td>I</td>
<td>T1 N0 M0</td>
<td>The cancer is 2 cm (about 4/5 inch) across or smaller (T1). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</td>
</tr>
<tr>
<td>IIA</td>
<td>T2 N0 M0</td>
<td>The cancer is more than 2 cm (4/5 inch) but not more than 5 cm (about 2 inches) across (T2). The cancer has not spread to nearby lymph nodes (N0) or to distant sites (M0).</td>
</tr>
<tr>
<td>IIIB</td>
<td>T3 N0 M0</td>
<td>The cancer is larger than 5 cm (about 2 inches) across (T3). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</td>
</tr>
<tr>
<td>IIIA</td>
<td>T1 N1 M0</td>
<td>The cancer is 2 cm (about 4/5 inch) across or smaller (T1) AND it has spread to lymph nodes near the rectum (N1) but not to distant sites (M0).</td>
</tr>
<tr>
<td></td>
<td>OR T2 N1 M0</td>
<td>The cancer is more than 2 cm (4/5 inch) but not more than 5 cm (about 2 inches) across (T2) AND it has spread to lymph nodes near the rectum (N1) but not to distant sites (M0).</td>
</tr>
<tr>
<td>IIIB</td>
<td>T4 N0 M0</td>
<td>The cancer is any size and is growing into nearby organ(s), such as the vagina, urethra (the tube that carries urine out of the bladder), prostate gland, or bladder (T4). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</td>
</tr>
<tr>
<td>IIIIB</td>
<td>T3 N1 M0</td>
<td>The cancer is larger than 5 cm (about 2 inches) across (T3) AND it has spread to lymph nodes near the rectum (N1) but not to distant sites (M0).</td>
</tr>
<tr>
<td>IIIIB</td>
<td>OR T4 N1 M0</td>
<td>The cancer is any size and is growing into nearby organ(s), such as the vagina, urethra (the tube that carries urine out of the bladder), prostate gland, or bladder (T4) AND it has spread to lymph nodes near the rectum (N1) but not to distant sites (M0).</td>
</tr>
<tr>
<td>IV</td>
<td>Any T Any N M1</td>
<td>The cancer can be any size and may or may not have grown into nearby organs (any T). It may or may not have spread to nearby lymph nodes (any N). It has spread to distant organs such as the liver or lungs (M1).</td>
</tr>
</tbody>
</table>
*The following additional categories are not listed on the table above:

- **TX:** Main tumor cannot be assessed due to lack of information.
- **T0:** No evidence of a primary tumor.
- **NX:** Regional lymph nodes cannot be assessed due to lack of information.

**References**


[See all references for Anal Cancer](#)

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## Anal Cancer Survival Rates

Survival rates tell you what percentage of people with the same type and stage of cancer are still alive a certain length of time (usually 5 years) after they were diagnosed. These numbers can’t tell you how long you will live, but they may help give you a better understanding about how likely it is that your treatment will be successful. Some people will want to know the survival rates for their cancer type and stage, and some people won’t. If you don’t want to know, you don’t have to.

### What is a 5-year survival rate?

Statistics on the outlook for a certain type and stage of cancer are often given as 5-year survival rates, but many people live longer – often much longer – than 5 years. The 5-year survival rate is the percentage of people who live at least 5 years after being diagnosed with cancer. For example, a 5-year survival rate of 90% means that an estimated 90 out of 100 people who have that cancer are still alive 5 years after being diagnosed.

**Relative survival rates** are a more accurate way to estimate the effect of cancer on survival. These rates compare people with cancer to people in the overall population. For example, if the 5-year relative survival rate for a specific type and stage of cancer is
90%, it means that people who have that cancer are, on average, about 90% as likely as people who don’t have that cancer to live for at least 5 years after being diagnosed.

But remember, survival rates are estimates – your outlook can vary based on a number of factors specific to you.

**Cancer survival rates don’t tell the whole story**

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they can’t predict what will happen in any particular person’s case. There are a number of limitations to remember:

- The numbers below are among the most current available. But to get 5-year survival rates, doctors look at people who were treated at least 5 years ago. As treatments are improving over time, people who are now being diagnosed with anal cancer may have a better outlook than these statistics show.
- These statistics are based on the stage of the cancer when it was first diagnosed. They do not apply to cancers that come back later or spread, for example.
- Besides the cancer stage, many other factors can affect a person's outlook, such as age and overall health, and how well the cancer responds to treatment.

Your doctor can tell you how these numbers may apply to you, as he or she is familiar with the aspects of your particular situation.

The following statistics come from the National Cancer Data Base and are based on cancers diagnosed between 2003 and 2006. In addition to dividing the cancers by stage, the National Cancer Database divides anal cancers based on histology (how the cells look under the microscope) into squamous cell cancers and non-squamous cell cancers. (See the section about invasive anal cancers in [What Is Anal Cancer?](#) for more details.)

These numbers are *observed* survival rates. They include people diagnosed with anal cancer who might have died later from other causes, such as heart disease. Some people with anal cancer may have other serious health conditions. Therefore, the percentage of people surviving the cancer itself is likely to be higher.

<table>
<thead>
<tr>
<th>5-year observed survival for anal cancer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage</strong></td>
<td><strong>Squamous cancers</strong></td>
<td><strong>Non-squamous cancers</strong></td>
</tr>
<tr>
<td>I</td>
<td>77%</td>
<td>71%</td>
</tr>
<tr>
<td>II</td>
<td>67%</td>
<td>59%</td>
</tr>
<tr>
<td>IIIA</td>
<td>58%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Questions to Ask Your Doctor About Anal Cancer

As you deal with your cancer and the process of treatment, you need to have honest, open discussions with your cancer care team. You should feel free to ask any question that’s on your mind, no matter how small it might seem. Among the questions you might want to ask are:

- What kind of anal cancer do I have?
- Has my cancer spread beyond where it started?
- What is my cancer’s stage? What does this mean?
- Will I need other tests before we can decide on treatment?
- Will I need to see other doctors?
- How much experience do you have treating this type of cancer?
- Should I get a second opinion? Can you recommend a doctor or cancer center?
- What are my treatment choices?
- What treatment would you recommend for me? Why?
- What is the goal of each treatment?
- What are the chances my cancer can be cured with these options?
- What risks or side effects can I expect? How long are they likely to last?
- Will I need to have a colostomy?
- How soon after treatment can I return to my normal activities, such as work, school,
exercise, or sex?

- How soon do I need to start treatment?
- What should I do to be ready for treatment?
- How long will treatment last? What will it be like? Where will it be done?
- How soon after treatment starts will we know if it’s working?
- What will we do if the treatment doesn’t work or if the cancer comes back?
- What type of follow-up will I need after treatment?
- Where can I find more information and support?

You will no doubt have other questions about your own situation. Be sure and write your questions down so you will remember to ask them during each visit with your cancer care team. Keep in mind, too, that doctors are not the only ones who can provide you with information. Other health care professionals, such as nurses and social workers, may have the answers to some of your questions. You can find more information about communicating with your health care team in The Doctor-Patient Relationship.

- References

See all references for Anal Cancer

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For additional assistance please contact your American Cancer Society
1-800-227-2345 or www.cancer.org
Treating Anal Cancer

If you've been diagnosed with anal cancer, your cancer care team will talk with you about treatment options. A key goal of treatment is saving the anal sphincter muscles so you have bowel control and there's less impact in your overall quality of life.

What treatments are used to treat anal cancer?

The 3 main ways to treat anal cancer are:

- Surgery
- Radiation therapy
- Chemotherapy

Often the best approach combines 2 or more of these strategies. In the past, surgery was the only way to cure anal cancer, but now most anal cancers are treated with radiation and chemotherapy combined (called chemoradiation or chemoradiotherapy). When this is done, surgery is often not needed.

Your treatment options depend on many factors. The location, type, and the stage (extent of spread) of the tumor are important. In choosing your treatment plan, you and your cancer care team will also take into account your age, your overall health, and your personal preferences. See Treatment of Anal Cancer, by Stage for information about the most common treatment plans.

Who treats anal cancer?

Based on your treatment options, you might have different types of doctors on your treatment team. These doctors could include:

- A radiation oncologist: a doctor who treats cancer with radiation therapy
- A medical oncologist: a doctor who treats cancer with medicines such as
chemotherapy
• A surgical oncologist (oncologic surgeon): a doctor who uses surgery to treat cancer
• A colorectal surgeon (proctologist): a doctor who uses surgery to treat diseases of the colon, rectum, and anus

You might have many other specialists on your treatment team as well, including physician assistants, nurse practitioners, nurses, nutrition specialists, social workers, and other health professionals. See Health Professionals Associated With Cancer Care for more on this.

Making treatment decisions

It's important to discuss all treatment options, including their goals and possible side effects, so you can make the decision that best fits your needs. You may feel that you need to make a decision quickly, but it's important to give yourself time to absorb the information you have learned. Ask your cancer care team questions. You can find some good questions to ask in Questions to Ask Your Doctor About Anal Cancer.

Getting a second opinion

You may want to get a second opinion. This can give you more information and help you feel more certain about the treatment plan you choose. If you aren't sure where to go for a second opinion, ask your doctor for help.

Thinking about taking part in a clinical trial

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they're not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See Clinical Trials to learn more.

Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn't
mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor’s medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be dangerous.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision. See Complementary and Alternative Medicine to learn more.

Choosing to stop treatment or choosing no treatment at all

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to help maintain or improve your quality of life. Learn more in If Cancer Treatments Stop Working.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors and you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

Help getting through cancer treatment

Your cancer care team will be your first source of information and support, but there are other resources for help when you need it. Hospital- or clinic-based support services are an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists.
The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Surgery for Anal Cancer

In most cases, surgery is not the first treatment used for anal cancer. For people who do need surgery, the type of operation depends on the type and location of the tumor.

Local resection

A local resection is an operation that removes only the tumor, plus a small margin (edge) of the normal tissue around the tumor. It's most often used to treat cancers of the anal margin if the tumor is small and has not spread to nearby tissues or lymph nodes.

In most cases, local resection saves the sphincter (the muscular ring that opens and closes the anus). This allows a person to move their bowels normally after the surgery.

Abdominoperineal resection

An abdominoperineal resection (or APR) is a major operation. The surgeon makes one incision (cut) in the abdomen (belly), and another around the anus to remove the anus and the rectum. The surgeon may also take out some of the nearby groin lymph nodes, though this (called a lymph node dissection) can also be done later.

The anus (and the anal sphincter) is removed, so a new opening needs to be made for stool to leave the body. To do this, the end of the colon is attached to a small hole (called a stoma) made on the abdomen. A bag to collect stool sticks to the body over the opening. This is called a colostomy.

In the past, APR was a common treatment for anal cancer, but doctors have found that it can almost always be avoided by using radiation therapy and chemotherapy instead. Today, APR is used only if other treatments don't work or if the cancer comes back after treatment.

Possible risks and side effects of surgery
Potential side effects of surgery depend on many things, including the extent of the operation and the person’s health before surgery. Most people will have at least some pain after the operation, but it usually can be controlled with medicines. Other problems can include reactions to anesthesia, damage to nearby organs, bleeding, blood clots in the legs, and infection.

**APR tends to cause more side effects, many of which are long-lasting changes.** For instance, after an APR, you might develop scar tissue (called adhesions) in your belly that can cause organs or tissues to stick together. This might cause pain or problems with food moving through the intestines, which can lead to digestive problems.

People also need a permanent colostomy after an APR. This can take some time to get used to and may mean some lifestyle changes.

For men, an APR may cause erection problems, trouble having an orgasm, or your pleasure at orgasm may become less intense. An APR can also damage the nerves that control ejaculation, leading to “dry” orgasms (orgasms without semen).

APR usually does not cause a loss of sexual function for women, but abdominal adhesions (scar tissue) may sometimes cause pain during sex.

More information on dealing with the sexual impact of cancer and its treatment can be found at [Sex and the Man With Cancer](https://www.cancer.org) and [Sex and the Woman With Cancer](https://www.cancer.org).

For more general information about cancer surgery, see [Cancer Surgery](https://www.cancer.org).

- References

  See all references for Anal Cancer

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**Radiation Therapy for Anal Cancer**

Radiation therapy uses a beam of high-energy rays (or particles) to kill cancer cells or
slow their growth. Radiation therapy can be used:

- As part of the main treatment (along with chemotherapy) for most anal cancers (This is called **chemoradiation**.)
- After surgery if the doctor is concerned that all of the cancer might not have been removed
- To help treat cancer that has come back in the **lymph nodes** after initial treatment
- To help control **cancer that has spread** or to relieve symptoms it causes (This may be called **supportive or palliative care**.)

There are 2 main forms of radiation therapy: external beam and internal radiation.

**External-beam radiation therapy (EBRT)**

The most common way for anal cancer to be treated with radiation is by using a focused beam of radiation that comes from a machine outside the body. This is known as **external-beam radiation therapy**.

Radiation can harm nearby healthy tissues along with the cancer cells. This causes side effects. To reduce the risk of side effects, doctors carefully figure out the exact dose you need and aim the beams as accurately as they can. Before treatment starts, the radiation team will get **PET/CT** or **MRI scans** of the area to be treated to help figure this out. Radiation therapy is much like getting an x-ray, but the radiation is stronger. The procedure itself doesn't hurt. Each treatment lasts only a few minutes, but the setup time – getting you into place for treatment – usually takes longer. Treatments are usually given 5 days a week for a period of 5 weeks or so.

Newer techniques allow doctors to give higher doses of radiation to the cancer while reducing the radiation to nearby healthy tissues:

**Three-dimensional conformal radiation therapy (3D-CRT)** uses special computers to precisely map the location of the cancer. Radiation beams are then shaped and aimed at the tumor from several directions. This makes them less likely to damage normal tissues. You will most likely be fitted with a plastic mold like a body cast to keep you in the exact same position each time so that the radiation can be aimed more accurately.

**Intensity-modulated radiation therapy (IMRT)** is an advanced form of 3-D therapy and the preferred type of EBRT for anal cancer. It uses a computer-driven machine that actually moves around you as it delivers radiation. Along with shaping the beams and aiming them from several angles, the intensity (strength) of the beams can be adjusted. This helps limit the dose reaching normal tissues. IMRT lets doctors deliver an even
higher dose to the cancer.

**Side effects of external radiation therapy**

*Side effects* vary based on the part of the body treated and the dose of radiation given. Some common short-term side effects include:

- Diarrhea
- Skin changes (like a sunburn) in areas being treated
- Short-term anal irritation and pain (called radiation proctitis)
- Discomfort during bowel movements
- Tiredness
- Nausea
- Low blood cell counts

In women, radiation may irritate the vagina. This can lead to discomfort and discharge.

Most of these side effects get better over time after radiation stops.

Long-term side effects can also occur:

- Damage to anal tissue by radiation may cause scar tissue to form. This can sometimes keep the anal sphincter muscle from working as it should, which could lead to problems with bowel movements.
- Radiation to the pelvis can weaken the bones, increasing the risk of fractures of the pelvis or hip.
- Radiation can damage blood vessels that nourish the lining of the rectum and lead to chronic radiation proctitis (inflammation of the lining of the rectum). This can cause rectal bleeding and pain.
- Radiation can affect fertility (the ability to have children) in both women and men. (For more on this, see *Fertility and Men With Cancer* and *Fertility and Women With Cancer*.)
- Radiation can lead to vaginal dryness and even a narrowing or shortening of the vagina (called *vaginal stenosis*), which can make sex painful. A woman can help prevent this problem by stretching the walls of her vagina several times a week. This can be done using a vaginal dilator (a plastic or rubber tube used to stretch out the vagina). (To learn more, see *Sex and the Woman With Cancer*.)
- If radiation is given to the lymph nodes in the groin, it can lead to swelling problems in the genitals and legs, called *lymphedema*. (See *For People at Risk of*
Internal radiation (brachytherapy)

Internal radiation is not commonly used to treat anal cancer. When it is used, it's usually given as a radiation boost along with external radiation when a tumor isn't responding to regular chemoradiation (chemo plus external radiation).

Internal radiation involves putting small sources of radioactive materials in or near the tumor. It may also be called brachytherapy, interstitial radiation, or intracavitary radiation. It's used to focus the radiation in the area of the cancer.

The possible side effects are a lot like those seen with external radiation.

More information about radiation therapy

To learn more about how radiation is used to treat cancer, see Radiation Therapy.

To learn about some of the side effects listed here and how to manage them, see Managing Cancer-related Side Effects.

- References


Chemotherapy for Anal Cancer

Chemotherapy (chemo) uses drugs to treat cancer. Some drugs can be swallowed in pill form, while others need to be injected into a vein or muscle. The drugs enter the bloodstream to reach and destroy the cancer cells throughout the body. This makes chemo a systemic or “whole body” treatment.

To treat anal cancer, chemo can be:

- Combined with radiation therapy (known as chemoradiation) as the first treatment for most anal cancers. This can often cure the cancer without the need for surgery. If the cancer doesn’t go away completely after chemoradiation, more chemo might be given.
- Given along with radiation after surgery to try to kill any cancer cells that may have been left behind. This is called adjuvant therapy. It’s done to lower the chance of the cancer coming back.
- Used if anal cancer has spread to distant parts of the body, such as the liver or lungs. This can help keep the cancer under control or relieve symptoms it’s causing. In most cases, 2 or more drugs are used at the same time because one drug can boost the effect of the other.
• The main drug combination used to treat anal cancer is 5-fluorouracil (5-FU) and mitomycin.
• The combination of 5-FU and cisplatin is also used, especially in people who can't get mitomycin or for advanced anal cancer.

In these treatments, the 5-FU is a liquid given into a vein 24 hours a day for 4 or 5 days. It's put in a small pump that you can take home with you. The other drugs are given more quickly on certain other days in the treatment cycle. And radiation is given 5 days a week for at least 5 weeks. Talk to your treatment team about your treatment plan and how and where you will get chemo.

**Side effects of chemo**

Chemo drugs attack cells that are dividing quickly, which is why they work against cancer cells. But other cells in the body, like those in the bone marrow (where new blood cells are made), the lining of the mouth and intestines, and the hair follicles, also divide quickly. These cells are also likely to be affected by chemo, too, which can lead to side effects. Side effects depend on the drugs used, the amount taken, and the length of treatment. Common short-term side effects might include:

• Nausea and vomiting
• Loss of appetite
• Hair loss
• Diarrhea
• Mouth sores

Because chemo can damage the blood-producing cells of the bone marrow, patients may have low blood cell counts. This can result in:

• An increased chance of infection (due to a shortage of white blood cells)
• Bleeding or bruising after minor cuts or injuries (due to a shortage of blood platelets)
• Fatigue or shortness of breath (due to low red blood cell counts)

Along with the risks above, some chemo drugs can cause other, less common side effects. For instance, cisplatin cause nerve damage (called peripheral neuropathy). This can lead to numbness, tingling, or pain in the hands and feet.

Most side effects get better over time once treatment stops, but some can last a long time or even be permanent. If you're going to get chemo, be sure to discuss the drugs that will be used and their possible side effects.
If you do have problems, **tell your doctor or nurse about any side effects as soon as you notice them.** Your cancer care team can help you deal with them. For example, drugs can be used to help control nausea and vomiting. Sometimes changing the treatment dosage or how you take your medicines can reduce side effects, too.

**More information about chemotherapy**

To learn more about how chemotherapy is used to treat cancer, see [Chemotherapy](#). To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#).

- **References**
  - See all references for Anal Cancer

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**Treatment of Anal Cancer, by Stage**

The type of treatment your cancer care team will recommend depends on the type of anal cancer, where it is, and how far it has spread (the stage).

Most experts agree that treatment in a [clinical trial](#) should be considered for anal cancer that has spread beyond the anus or if standard treatment isn't working. This way you can get the best treatment available now and may also get the treatments that are thought to be even better.

Anal tumors affecting the anal margin or the perianal skin (and not the anal canal) are sometimes treated differently from anal canal cancers.

**Stage 0**

At this stage, the cancer is still only in the inner lining of the anus and has not grown
into deeper layers. Anal cancers are seldom found at this early stage.

Stage 0 tumors can often be removed completely by surgery (local resection). The goal is to take out all of the cancer as well as edge (margin) of healthy cells around it. Radiation therapy and chemotherapy (chemo) are rarely needed.

**Stages I and II**

These cancers have grown into the anal wall but have not grown into nearby organs or spread to the lymph nodes.

**Surgery** (local resection) can be used to remove some small tumors (usually less than 1 centimeter or ½ inch) that do not involve the sphincter. In some cases, this may be followed with chemo and radiation therapy.

The standard treatment for anal cancers that can’t be removed without harming the anal sphincter is radiation therapy combined with chemo (called chemoradiation). In chemoradiation, the 2 treatments are given over the same time period. The chemo is usually 5-FU with mitomycin C. The mitomycin is given as a short intravenous (IV) injection, usually at the start of radiation treatment and then again near the end, at around 4 to 6 weeks. The 5-FU is often given by a long IV infusion over 4 to 5 days and repeated in 4 to 6 weeks. In some cases, your doctor may suggest internal radiation along with the external beam radiation.

If the cancer hasn’t gone away completely after chemoradiation is done, more treatment might be needed. But it’s important to know that it may take months to see the full effects of chemoradiation. Because of this, doctors may watch any remaining cancer for up to 6 months. It may continue to shrink and even go away without more treatment.

If more treatment is needed, sometimes chemo (with or without extra radiation) may be given to try to shrink any remaining cancer. The drugs most often used are 5-FU plus cisplatin. Another option is surgery to remove the remaining cancer. This is most often a major operation called an abdominoperineal resection (APR), but sometimes only a local resection is needed.

**Stages IIIA and IIIB**

These cancers have grown into nearby organs or spread to nearby lymph nodes, but they have not spread to distant parts of the body.
In most cases, the first treatment will be radiation therapy combined with chemo (chemoradiation). In chemoradiation, both treatments are given over the same time period. The chemo is usually 5-FU with mitomycin C. The mitomycin is given as a short intravenous (IV) injection, usually at the start of radiation treatment and then again near the end, at around 4 to 6 weeks. The 5-FU is often given by a long IV infusion over 4 to 5 days and repeated in 4 to 6 weeks. In some cases, your doctor may suggest internal radiation along with the external beam radiation.

If some cancer remains after the chemoradiation, it may be watched closely for up to 6 months because it can take months to see the full effects of treatment. If the cancer grows, more treatment is needed. More chemo may be given. The drugs most often used are 5-FU plus cisplatin. Sometimes more radiation is given as well. (This is called a radiation boost.) Another option is surgery to remove the cancer. This is most often a major operation called an abdominoperineal resection (APR), but sometimes only a local resection is needed. If the cancer has spread to nearby lymph nodes, they may be removed with surgery or treated with radiation therapy.

Stage IIIB anal cancer can be hard to treat, so people with this stage might be helped by taking part in a clinical trial.

Stage IV

In this stage, the cancer has spread to distant organs or tissues. Most often, anal cancer first spreads to the lungs, liver, brain, or bones, but it can spread anywhere.

Treatment is very unlikely to cure these cancers. Treatment is aimed at controlling the disease for as long as possible and relieving symptoms as much as possible. Chemotherapy, sometimes along with radiation, is usually the standard treatment. The drugs most often used are 5-FU and cisplatin. Surgery might also be an option in some cases, but before having any surgery it’s important that you understand its goal (to prolong life, relieve symptoms, etc.) and the possible risks and side effects.

Because these cancers can be hard to treat, you might also want to think about taking part in a clinical trial of newer treatments.

Recurrent anal cancer

Cancer is called recurrent when it comes back after treatment. Recurrence can be local (in or near the same place it started) or distant (spread to organs like the lungs or bone).
If cancer returns in the anus or nearby lymph nodes after treatment, **treatment depends on what treatment you had the first time**. For example, if you had surgery alone, you may get radiation therapy and chemo (chemoradiation). If you first had chemoradiation, then you might be treated with surgery and/or chemo. Treating recurrent anal cancer often requires a major surgery called an *abdominoperineal resection* (APR).

For some people, the cancer will come back in distant sites or organs in the body. The most common sites are the liver and lungs. The main treatment for this is usually chemo. Most often 5-FU and cisplatin are used. Chemo might not cure the cancer, but it can often help control it and reduce any symptoms it's causing. In rare cases, surgery or radiation therapy might be options to help treat these cancers. But as with chemo, they are unlikely to cure these cancers, so be sure you understand the goal of any treatments offered.

**Clinical trials** of newer treatments might also be useful for people with recurrent anal cancer.

**Treating HIV-infected patients**

Most people with **HIV infection** can be given the same treatment as others with **anal cancer**, and they can have a good outcome. People with advanced HIV disease and weakened immune systems might need to have less intensive chemotherapy.

**Anal melanoma**

Melanoma doesn't respond well to chemotherapy or radiation, so surgery to remove the cancer is the main treatment when possible. Early stage anal melanomas are treated with surgery to remove the tumor and a rim of surrounding normal tissue (local excision). If the tumor is large or has grown into deeper tissues (such as the sphincter muscle) a bigger operation, such as an abdominoperineal resection (APR) may be needed.

If the melanoma has spread to other organs, it's treated like skin melanoma that has spread, often with immunotherapy or targeted therapy drugs. For more information about the treatment of advanced melanoma, see [Melanoma Skin Cancer](#).

- References
  
  See all references for Anal Cancer
After Anal Cancer Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- Living as an Anal Cancer Survivor

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it is very common to have questions about cancer coming back or treatment no longer working.

- Second Cancers After Anal Cancer

Living as an Anal Cancer Survivor

For many people with anal cancer, treatment can remove or destroy the cancer. The end of treatment can be both stressful and exciting. You may be relieved to finish treatment, but it’s hard not to worry about cancer coming back. This is very common if you’ve had cancer.

For other people, the cancer might never go away completely. Some people may need to get treatments to try and help keep the cancer in check. Learning to live with cancer that doesn’t go away can be difficult and very stressful.

Life after cancer means returning to some familiar things and also making some new choices.

Follow-up care
When treatment ends, your doctors will still want to watch you closely. It’s very important to go to all of your follow-up appointments. During these visits, your doctors will ask questions about any problems you may have and will do a physical exam, which will include a rectal exam, an exam of the anus, and an exam to see if any nearby lymph nodes are enlarged. Blood tests and imaging tests such as CT scans may also be ordered.

Almost any cancer treatment can have side effects. Some may last for a few weeks to months, but others can last the rest of your life. This is the time for you to talk to your cancer care team about any changes or problems you notice and any questions or concerns you have.

Follow-up doctor visits after treatment may be as often as every 3 months for at least 2 years, and then maybe less often as time goes on.

Close follow-up is very important in the first several months after treatment with chemoradiation, especially if not all of the cancer is gone. Some tumors continue to shrink after treatment, so the doctor will want to watch the cancer closely during this time to see if more treatment might still be needed.

For patients with colostomies

Most people treated for anal cancer don’t need extensive surgery (known as an abdominoperineal resection, or APR). But if you do have an APR, you will need to have a permanent colostomy.

If you have a colostomy, follow-up is important. You might feel worried or isolated from normal activities. A wound, ostomy, continence nurse (WOCN) or enterostomal therapist (a health care professional trained to help people with their colostomies) can teach you how to care for your colostomy. You can also ask the American Cancer Society about programs offering information and support in your area. See our colostomy information to learn more.

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a survivorship care plan for you. This plan might include:

- A suggested schedule for follow-up exams and tests
- A schedule for other tests you might need in the future, such as early detection (screening) tests for other types of cancer, or tests to look for long-term health
effects from your cancer or its treatment

- A list of possible late- or long-term side effects from your treatment, including what to watch for and when you should contact your doctor
- Diet and physical activity suggestions
- Reminders to keep your appointments with your primary care provider (PCP), who will monitor your general health care

Keeping health insurance and copies of your medical records

Even after treatment, it’s very important to keep health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn’t know about your medical history. It’s important to keep copies of your medical records to give your new doctor the details of your diagnosis and treatment. Learn more in Keeping Copies of Important Medical Records.

Can I lower my risk of the anal cancer progressing or coming back?

If you have (or have had) anal cancer, you probably want to know if there are things you can do that might lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements. Unfortunately, it’s not yet clear if there are things you can do that will help.

Adopting healthy behaviors such as not smoking, eating well, getting regular physical activity, and staying at a healthy weight might help, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of anal cancer or other cancers.

About dietary supplements

So far, no dietary supplements (including vitamins, minerals, and herbal products) have been shown to clearly help lower the risk of anal cancer progressing or coming back. This doesn’t mean that no supplements will help, but it’s important to know that none have been proven to do so.

Dietary supplements are not regulated like medicines in the United States – they do not...
have to be proven effective (or even safe) before being sold, although there are limits on what they're allowed to claim they can do. If you’re thinking about taking any type of nutritional supplement, talk to your health care team. They can help you decide which ones you can use safely while avoiding those that might be harmful.

**If the cancer comes back**

If the cancer does recur at some point, your treatment options will depend on where the cancer is located, what treatments you’ve had before, and your health. For more information on how recurrent cancer is treated, see [Treatment of Anal Cancer, by Stage](#).

For more general information on recurrence, you may also want to see [Understanding Recurrence](#).

**Could I get a second cancer after treatment?**

People who’ve had anal cancer can still get other cancers. In fact, anal cancer survivors are at higher risk for getting some other types of cancer. Learn more in [Second Cancers After Anal Cancer](#).

**Getting emotional support**

Some amount of feeling depressed, anxious, or worried is normal when cancer is a part of your life. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others. Learn more in [Life After Cancer](#).

- [References](#)

[See all references for Anal Cancer](#)

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Lifestyle Changes After Treatment for Anal Cancer

You can’t change the fact that you’ve had cancer. What you can change is how you live the rest of your life – making choices to help you stay healthy and feel as well as you can. This can be a time to look at your life in new ways. Maybe you’re thinking about how to improve your health over the long term. Some people even start during cancer treatment.

Making healthier choices

For many people, a diagnosis of cancer helps them focus on their health in ways they may not have thought much about in the past. Are there things you could do that might make you healthier? Maybe you could try to eat better or get more exercise. Maybe you could cut down on alcohol, or give up tobacco. Even things like keeping your stress level under control may help. Now is a good time to think about making changes that can have positive effects for the rest of your life. You will feel better and you will also be healthier.

You can start by working on those things that worry you most. Get help with those that are harder for you. For instance, if you are thinking about quitting smoking and need help, call the American Cancer Society for information and support at 1-800-227-2345.

Eating better

Eating right can be hard for anyone, but it can get even tougher during and after cancer treatment. Treatment may change your sense of taste. Nausea can be a problem. You may not feel like eating and lose weight when you don’t want to. Or you may have gained weight that you can’t seem to lose. All of these things can be very frustrating.

If treatment causes weight changes or eating problems, do the best you can and keep in mind that these problems usually get better over time. You may find it helps to eat small portions every 2 to 3 hours until you feel better. You may also want to ask your cancer team about seeing a dietitian, an expert in nutrition who can give you ideas on how to deal with these treatment side effects.

One of the best things you can do after cancer treatment is put healthy eating habits into place. You may be surprised at the long-term benefits of some simple changes, like increasing the variety of healthy foods you eat. Getting to and staying at a healthy
weight, eating a healthy diet, and limiting your alcohol intake may lower your risk for a number of types of cancer, as well as having many other health benefits.

For more information, see our document *Nutrition and Physical Activity During and After Cancer Treatment: Answers to Common Questions*.

**Rest, fatigue, and exercise**

Extreme tiredness, called *fatigue*, is very common in people treated for cancer. This is not a normal tiredness, but a bone-weary exhaustion that often doesn’t get better with rest. For some people, fatigue lasts a long time after treatment, and can make it hard for them to be active and do the things they want to do. But exercise can help reduce fatigue. Studies have shown that patients who follow an exercise program tailored to their personal needs feel better physically and emotionally and can cope better, too.

If you were sick and not very active during treatment, it’s normal for your fitness, endurance, and muscle strength to decline. Any plan for physical activity should fit your own situation. A person who has never exercised will not be able to take on the same amount of exercise as someone who plays tennis twice a week. If you haven’t been active in a few years, you will have to start slowly – maybe just by taking short walks.

Talk with your health care team before starting anything. Get their opinion about your exercise plans. Then, try to find an exercise buddy so you’re not doing it alone. Having family or friends involved when starting a new activity program can give you that extra boost of support to keep you going when the push just isn’t there.

If you are very tired, you will need to learn to balance activity with rest. It’s OK to rest when you need to. Sometimes it’s really hard for people to allow themselves to rest when they are used to working all day or taking care of a household, but this is not the time to push yourself too hard. Listen to your body and rest when you need to. (For more information on dealing with fatigue, please see *Fatigue in People With Cancer* and *Anemia in People With Cancer*.)

Keep in mind exercise can improve your physical and emotional health.

- It improves your cardiovascular (heart and circulation) fitness.
- Along with a good diet, it will help you get to and stay at a healthy weight.
- It makes your muscles stronger.
- It reduces fatigue and helps you have more energy.
- It can help lower anxiety and depression.
- It can make you feel happier.
• It helps you feel better about yourself.
And long term, we know that getting regular physical activity plays a role in helping to
lower the risk of some cancers, as well as having other health benefits.

• References
See all references for Anal Cancer

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Second Cancers After Anal Cancer

Cancer survivors can be affected by a number of health problems, but often their
greatest concern is facing cancer again. If a cancer comes back after treatment it is
called a “recurrence.” But some cancer survivors may develop a new, unrelated cancer
later. This is called a “second cancer.” No matter what type of cancer you have had, it is
still possible to get another (new) cancer, even after surviving the first.

Unfortunately, being treated for cancer doesn’t mean you can’t get another cancer.
People who have had cancer can still get the same types of cancers that other people
get. In fact, certain types of cancer and cancer treatments can be linked to a higher risk
of certain second cancers.

Survivors of anal cancer can still get any type of second cancer, but they have an
increased risk of

• Cancer of the tongue
• Cancer of the tonsil
• Vaginal cancer
• Vulvar cancer
• Lung cancer
• Kaposi sarcoma

Patients diagnosed with anal cancer before age 50 also have an increased risk of non-
Hodgkin lymphoma.
Anal cancer is linked to infection with human papilloma virus (HPV), and many of these cancers (cancers of the tongue, tonsil, vulva, and vagina) are also linked to HPV infection.

**Follow-up after treatment**

After completing treatment for anal cancer, you should see your doctor regularly to look for signs that the cancer has come back or spread. Experts do not recommend any additional testing to look for second cancers in patients without symptoms. Let your doctor know about any new symptoms or problems, because they could be caused by the cancer coming back or by a new disease or second cancer.

Survivors of anal cancer should follow the American Cancer Society guidelines for the early detection of cancer and stay away from tobacco products. Smoking increases the risk of many cancers and might further increase the risk of many of the second cancers seen after anal cancer.

To help maintain good health, survivors should also:

- Achieve and maintain a healthy weight
- Adopt a physically active lifestyle
- Consume a healthy diet, with an emphasis on plant foods
- Limit consumption of alcohol to no more than 1 drink per day for women or 2 per day for men

These steps may also lower the risk of some cancers.

See Second Cancers in Adults for more information about causes of second cancers.

Can I Lower the Risk of My Anal Cancer
Progressing or Coming Back?

Most people want to know if there are specific lifestyle changes they can make to reduce their risk of the cancer progressing or coming back. Unfortunately, for most cancers there isn’t much solid evidence to guide people. This doesn’t mean that nothing will help – it’s just that for the most part this is an area that hasn’t been well studied. Most studies have looked at lifestyle changes as ways of preventing cancer in the first place, not slowing it down or preventing it from coming back.

At this time, not enough is known about anal cancer to say for sure if there are things you can do that will help. Tobacco use has clearly been linked to anal cancer, so not smoking may help reduce your risk. We don’t know for sure if this will help, but we do know that it can help improve your appetite and overall health. It can also reduce the chance of developing other types of cancer. If you want to quit smoking and need help, call your American Cancer Society at 1-800-227-2345, or read our Guide to Quitting Smoking.

For people infected with HIV, it’s very important to do what you can to keep your immune system healthy and to limit your risk of infections. This includes being sure to take your antiviral medicines regularly. Talk with your doctor about getting vaccines and other steps you can take to help prevent infections.

Adopting other healthy behaviors such as eating well, getting regular physical activity, and staying at a healthy weight might help as well, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of cancer.

So far, no dietary supplements of any kind have been shown to clearly help lower the risk of anal cancer progressing or coming back. Again, this doesn’t necessarily mean that none will help, but it’s important to understand that none have been proven to do so.

- References

See all references for Anal Cancer

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How Might Having Anal Cancer Affect Your Emotional Health?

During and after treatment, you may find yourself overcome with many different emotions. This happens to a lot of people.

You may find yourself thinking about death and dying. Or maybe you’re more aware of the effect the cancer has on your family, friends, and career. You may take a new look at your relationships with those around you. Unexpected issues may also cause concern. For instance, you might be stressed by financial concerns resulting from your treatment. You might also see your health care team less often and have more time on your hands. These changes can make some people anxious.

Almost everyone who has been through cancer can benefit from getting some type of support. You need people you can turn to for strength and comfort. Support can come in many forms: family, friends, cancer support groups, church or spiritual groups, online support communities, or one-on-one counselors. What’s best for you depends on your situation and personality. Some people feel safe in peer-support groups or education groups. Others would rather talk in an informal setting, such as church. Others may feel more at ease talking one-on-one with a trusted friend or counselor. Whatever your source of strength or comfort, make sure you have a place to go with your concerns.

The cancer journey can feel very lonely. It’s not necessary or good for you to try to deal with everything on your own. And your friends and family may feel shut out if you do not include them. Let them in, and let in anyone else who you feel may help. If you aren’t sure who can help, call your American Cancer Society at 1-800-227-2345 and we can put you in touch with a group or resource that may work for you.

- References

See all references for Anal Cancer

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If cancer keeps growing or comes back after one kind of treatment, it’s possible that another treatment plan might still cure the cancer, or at least keep it under control enough to help you live longer and feel better. Clinical trials also might offer chances to try newer treatments that could be helpful. But when a person has tried many different treatments and the cancer has not gotten any better, even newer treatments might no longer be helpful. If this happens, it’s important to weigh the possible limited benefits of trying a new treatment against the possible downsides, including side effects. Everyone has their own way of looking at this.

This is likely to be the hardest part of your battle with cancer – when you have been through many treatments and nothing’s working anymore. Your doctor might offer you new options, but at some point you may need to consider that treatment is not likely to improve your health or change your outcome or survival.

If you want to continue to get treatment for as long as you can, you need to think about the odds of treatment having any benefit and how this compares to the possible risks and side effects. Your doctor can estimate how likely it is the cancer will respond to treatment you’re considering. For instance, the doctor may say that more treatment might have about a 1 in 100 chance of working. Some people are still tempted to try this. But it’s important to have realistic expectations if you do choose this plan.

**Palliative care**

No matter what you decide to do, it’s important to feel as good as you can. Make sure you are asking for and getting treatment for any symptoms you might have, such as nausea or pain. This type of treatment is called palliative care.  

Palliative care helps relieve symptoms, but is not expected to cure the disease. It can be given along with cancer treatment, or can even be cancer treatment. The difference is its purpose – the main goal of palliative care is to improve the quality of your life, or help you feel as good as you can for as long as you can. Sometimes this means using drugs to help with symptoms like pain or nausea. Sometimes, though, the treatments used to control your symptoms are the same as those used to treat cancer. For instance, radiation might be used to help relieve pain caused by cancer that has spread to the bones. Or chemo might be used to help shrink a tumor and keep it from blocking the bowels. But this is not the same as treatment to try to cure the cancer.
Hospice care

At some point, you may benefit from hospice care. This is special care that treats the person rather than the disease; it focuses on quality rather than length of life. Most of the time, it’s given at home. Your cancer may be causing problems that need to be managed, and hospice focuses on your comfort. You should know that while getting hospice care often means the end of treatments such as chemo and radiation, it doesn’t mean you can’t have treatment for the problems caused by your cancer or other health conditions. In hospice the focus of your care is on living life as fully as possible and feeling as well as you can at this difficult time.

Staying hopeful is important, too. Your hope for a cure may not be as bright, but there’s still hope for good times with family and friends – times that are filled with happiness and meaning. Pausing at this time in your cancer treatment gives you a chance to refocus on the most important things in your life. Now is the time to do some things you’ve always wanted to do and to stop doing the things you no longer want to do. Though the cancer may be beyond your control, there are still choices you can make.

You can learn more about the changes that occur when treatment stops working, and about planning ahead for yourself and your family, in Advance Directive and Nearing the End of Life. You can read them online or call us at 1-800-227-2345 to have free copies mailed to you.

- References

See all references for Anal Cancer

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