

Questions Asked		Number of Responses, (%)
1)	What is your current medical position?	
	Internal Medicine House-Staff	20, (46)
	General Surgery House-Staff	4, (9)
	Gastroenterology Fellow	5, (11)
	Outpatient Medicine Attending	1, (2)
	General or Colorectal Surgery Attending	2, (5)
	Gastroenterology Attending	11, (25)
	Hematology Oncology Attending	1, (2)
2)	If you are house-staff, what is your current PGY level?	
	PGY-1	5, (17)
	PGY-2	8, (28)
	PGY-3	8, (28)
	PGY-4	6, (20)
	PGY-5	2, (7)
3)	What is the rate of anal cancer per year in the general population?	
	*1-2/100,000	13, (30)
	4-5/100,000	17, (38)
	6-7/100,000	12, (27)
	8-9/100,000	2, (5)
4)	What is the rate of anal cancer in HIV infected MSM?	
	40/100,000	10, (23)
	50/100,000	17, (39)
	*70/100,000	9, (20)
	80/100,000	8, (18)
5)	Of the following social habits, which one poses the greatest risk factor for anal cancer?	
	*Tobacco Use	26, (59)
	Alcohol	4, (9)
	Marijuana	0, (0)
	Cocaine	2, (5)
6)	Intravenous Drug Use	12, (27)
	HPV subtypes 16 and 18 have an association with anal cancer. What is the primary mode of transmission of HPV?	
	Blood	7, (16)
	Respiratory	0, (0)
	Stool	0, (0)
7)	*Skin Surface to Skin Surface	37, (84)
	True or False: HIV infection and MSM are both independent and additive risk factors for anal cancer	
	*True	43, (98)
8)	False	1, (2)
	True or False: Has the introduction of HAART decreased the risk of anal cancer in these populations?	
	True	19, (43)
9)	*False	25, (57)
	Risk factor believed to lead to increased HPV transmission and thus anal cancer in women	
	Having started sex at an early age	0, (0)
10)	Having multiple sexual partners	3, (7)
	Having sexual partners who have had many other partners	0, (0)
	Having uncircumcised sexual partners	0, (0)
11)	*All of the above	41, (93)
	Anal intraepithelial neoplasia (AIN) is a precursor lesion for which primary anal malignancy?	
	*Squamous cell carcinoma	41, (93)
12)	Adenocarcinoma	3, (7)
	Paget's Disease	0, (0)
	Basal Cell Carcinoma	0, (0)
13)	Small Cell Carcinoma	0, (0)
	Which of the following at-risk populations are recommended to be screened with anal pap smears for AIN?	
	HIV positive men and woman	0, (0)
14)	Men who have sex with men	3, (7)
	Immunosuppressed patients (ex: solid organ transplant recipients, long term oral corticosteroid use etc.)	0, (0)
	Women with a history of high-grade cervical, vulvar, vaginal dysplasia or cancer	0, (0)
15)	Individuals with a history of anal warts	0, (0)
	B,C,D	4, (9)
	A,B	3, (7)
16)	C,D,E	0, (0)
	*All of the above	34, (77)
17)	True or False: IBD patients on immunosuppressive therapy are at an increased risk of infection with HPV. As Gardasil is an inactivated vaccine, its use in this patient population is not recommended	
	True	11, (25)
	*False	33, (75)
18)	Common symptoms of anal dysplasia or cancer include but are not limited to: itching, bleeding, diarrhea and pain. In your practice, how often do inquire about these symptoms to high risk patients for anal cancer or dysplasia?	
	Always	10, (23)
	Often	14, (32)
	Seldom	0, (0)
	Never	20, (45)
19)	How satisfied are you in correctly performing a targeted perianal exam to identify lesions suspicious for AIN?	
	Very satisfied	4, (9)
	Somewhat Satisfied	5, (11)
	Neutral	12, (27)
	Somewhat Dissatisfied	9, (21)
	Very Dissatisfied	14, (32)
20)	How often do you perform a digital rectal exam on a new patient to your office or during an annual follow up visit in high risk patients for AIN?	
	Always	2, (5)
	Often	13, (29)
	Seldom	21, (48)
	Never	8, (18)
21)	Concerning high risk patients that are new to your practice, how often do you ask if they have ever received an anal pap smear?	
	Always	5, (11)
	Often	5, (11)
	Seldom	17, (39)
	Never	17, (39)
22)	How satisfied are you in correctly performing an anal pap smear?	
	Very satisfied	5, (11)
	Somewhat Satisfied	4, (9)
	Neutral	8, (19)
	Somewhat Dissatisfied	5, (11)
	Very Dissatisfied	22, (50)
23)	In the ambulatory setting, have you ever performed an anal pap smear?	
	Yes	12, (27)
	No	32, (73)
24)	Do you know the current screening guidelines for monitoring anal dysplasia?	
	Yes	6, (14)
	No	38, (86)
25)	For a high risk patient that would benefit from anal cytology testing, who do you feel is the physician most responsible for performing an anal pap smear?	
	Primary care physician (PCP)	28, (63)
	Colorectal surgeon (assuming they are not the PCP)	7, (16)
	Infectious disease doctor (assuming they are not the PCP)	2, (5)
	OBGYN (for woman, and assuming they are not the PCP)	2, (5)
	Gastroenterologist (assuming they are not the PCP)	5, (11)
26)	How satisfied are you with your knowledge of recommending the use of Gardasil, [the vaccine that prevents infection with HPV types 6, 11, 16, 18]?	
	Very satisfied	12, (27)
	Somewhat Satisfied	15, (34)
	Neutral	8, (18)
	Somewhat Dissatisfied	7, (16)
27)	Very Dissatisfied	2, (5)
	In conjunction with question 19, who do you feel is the physician most responsible for providing Gardasil for IBD patients on immunosuppressive medications?	
	Primary care physician (PCP)	22, (50)
28)	Colorectal surgeon (assuming they are not the PCP)	1, (2)
	Infectious disease doctor (assuming they are not the PCP)	1, (2)