**Reviewer's report**

**Title:** National guideline recommendations for digital ano-rectal examination as a means for anal cancer screening in HIV positive men who have sex with men: a systematic review

**Version:** 1  
**Date:** 6 May 2014

**Reviewer:** Henry John Christiaan de Vries

**Reviewer's report:**

This paper addresses an important tool, DARE, that could help in the early detection of anal cancer in HIV+ MSM.

I have one major comment on the hypothesis upon which this study was performed. DARE could be of use for anal carcinoma screening but there seems to be no evidence to advocate it at this moment. The authors have performed a guideline review on the implementation of DARE, which implies the opposite. From a study that looks into the implementation of a screening tool in guidelines one would expect that there is information beforehand that can justify it incorporation in a guideline in the first place. The first question should be, is DARE helpful in the early detection of anal carcinoma. To answer this question one has to screen on original studies and not on guidelines. Although it is stated in the method section that Pubmed and Web of Science were screened for digital examination and anal carcinoma, none of these results have been further elaborated on.

Some minor essential revisions

p4 last 3 lines: "detecting precursor lesions using an anal cytology-based program with diagnostic high resolution anoscopy to identify anal squamous intra-epithelial lesions (ASIL)." What is meant here? High resolution anoscopy (HRA) enables histologic based evaluation of mucosal biopsies. This is different from cytology where loose cells obtained via a brush are evaluated, and as a result the tissue architecture cannot be ascertained. Therefore, ASIL cannot be based solely on cytology results.

Moreover, anal cytology is used as a pre-screening tool for HRA, but has a low sensitivity in HIV+ MSM (approximately 85% of those screened have abnormal cytograms). As a consequence, most HIV+ MSM require HRA irrespective of the cytology outcome. For this reason anal cytology has been abandoned by most clinicians. I would argue that there are more approaches suggested: anal cytology+HRA, HRA alone and DARE with subsequent cytology/HRA?

p5 4th-5th line and 8-9th lines: "anal-cytology based screening". See my comment above.

The European AIDS Clinical Society Guidelines are technically speaking not national but supra-national guidelines and should therefore have been excluded.
based on the followed methodology.

p14 The conclusions (Anal cancer is an urgent health priority for HIV-positive MSM, and the role of DARE in early diagnosis of anal carcinoma) do not follow from the data aggregated from this study. In my view, the sole conclusions from this study are that there is no evidence for the implementation of regular DARE to prevent progressed anal carcinoma and that therefore it is not mentioned in most guidelines.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: 

I declare that I have no competing interests