SUPPLEMENTAL TABLE 1. Histologies of rectal cancers, according to HIV status

	HIV-infected cases		HIV-uninfected cases	
ICD-O3 Histology	**N**	**%**	**N**	**%**
Squamous cell carcinoma	89	39.7%	1693	1.57%
Non-squamous cell carcinoma				
Adenocarcinoma	90	40.2%	98051	91.1%
Adenosquamous carcinoma	0	--	81	0.08%
Unspecified/other specified carcinoma	25	11.16%	2943	2.73%
Carcinoid tumor	18	8.04%	4518	4.20%
Sarcoma	2	0.89%	208	0.19%
Melanoma	0	--	140	0.13%
Other specified tumors	0	--	15	0.01%

HIV-infected cases were those cases from the cancer registries that matched to a record in the HIV registry.
HIV-uninfected cases were those cases that did not match to the HIV registry.

SUPPLEMENTAL TABLE 2. Inclusive listing of case notes reviewed for probable ('high confidence') rectal SCC cases

Provided case abstracts (all dates are suppressed)	**SEER Summary Stage**
CASE 1B. COLONOSCOPY W/EXC BX: SQ CELL CA IN SITU/FOCUS WD SUPERFICIAL INVASION SQ CELL CA RECTUM INVOLV MARGINS	Local
CASE 2B. Clinical History: Rectal cancer-staging workup CT/ABD/PEL:Findings consistent with a rectal carcinoma with findings worrisome for regional perirectal invasion; No evidence for distant metastatic disease colonoscopy w/bx at txs. invasive well diff squam cell ca. need more information RECTUM squam cell ca	Local
CASE 3B. Text: trans-anal rectal mass excision squamous cell carcinoma in situ with focal microinvasion. Superficially invasive squamous cell carcinoma with basaloid features arising from condyloma.	Local
CASE 4B. Patient presents for bx of rectal mass. Pt left AMA Colonoscopy	Local
CASE 5B. ADDENDUM: EXTENSIVELY INFILT PD SQ CELL CA OF RECTAL MUCOSA. RECTOSIGMOID BX(-): METS SQ CELL CA TO SM INTESTINE & MESENTRY; ADDENDUM: EXTENSIVE PD SQ CELL CA RECTUM W/METS TO SMALL INTESTINE & MESENTRY W/METS TO LNS	Regional
CASE 6B. PATIENT W/RECTAL PAIN/HEMATEMESIS & PALP RECTAL MASS. CT ABD: LRECTAL MASS W/HETEROG ENHANCEMENT & AREAS LOW DENSITY 5.0X4.0 CM ALONG LAT ASPECT AT ANAL REC, UNREMARKABLE. HYPODENSE LESION 4.2X3.4X3.5 CM R LOBE LIVER, MAY REP HEMANGIOMA RECTUM, BX: DETACHED FRGMTS OF MOD DIFF SQ CA & COLONIC MUCOSA. COMMENT: TMR INVADES LAMINA PROPRIA FOCALLY IN 1 PT. UNKNOWN, RECTUM SQUAMOUS CELL CA	Regional
CASE 7B. ANTIBIOTIC ULCERTATED APPEARING LEASION POST MIDLINE & AN ADDTL RIDGE FIRM TISSUE ALONG POST ASPECT DISTAL RECTUM CLINCALLY SUSP FOR CA. EXC BX TAKEN: FOCALLY INVASIVE MD SQ CELL CA OF RECTUM.	Unknown

CASE 8B. RECOMMEND SURG PT REFUSED PERFER XRT/CHEMO CT ABD/PELVIS SOFT TISSUE DENSITY AROUND THE RECTUM W SM AMOUNT OF AIR AND SOME NODES BILATERALLY NEG FOR DISTANT METS RECTUM BX SUPERFICIALLY INVASIVE SQUAMOUS CELL CARCINOMA T2 N1 MO STAGE 3A CLININCAL, RECTUM NOS SQUAMUS CELL CARCINOMA, RECTUM D33-MITOMYCIN,D25-5FU	Local
CASE 9B. CT- SOFT TISSUE THICKENING IN LT PERIRECTAL FAT WORRISOME FOR PERIRECTAL SPREAD OF TUMOR. CXR NEG COLONOSCOPY- REVEALED 2 POLYPS IN THE RECTUM. NONE RECTUM BX-INV M.D. SQUAMOUS CELL CARCINOMA. PROCTOSIGMOIDECTOMY- FOCAL FISTULA IN RECTUM EXTN INTO EXTRAMURAL MASS NO EVIDENCE OF CA. MARG NEG. 3LNS NEG. T2-INV MUCOSA. N0, RECTUM SQUAMOUS CELL CARCINOMA, BX. RECTOSIGMOIDECTOMY W/LNS. 5040CGY TO THE PELVIS. CONCURRENT XRT WITH CHEMO -5FU/CISPLATIN BASED.	Local
CASE 10B. PT W/BX OF RECTUM SHOWING HI GR DYSPLASIA SEEN FOR EXC BX TO R/O CARCINOMA. CXR:NEG COLONOSCOPY: RECTAL MASS (BX:HI GR DYSPLASIA) CEA=4.4(REFERENCE RANGE 0-5) RECTAL BX (OP NOTE:LG ULCERATED MASS DEEP IN BOWEL WALL.CLEARLY ULCERATED,FIRM,HARD & MEASURES 3X2CM. RECTUM(BX):INV PD SQUAMOUS CA W/INVASION RECTAL SUBMUCOSA & INV MUSCULARIS W/INVLV DEEP MARGINS OF EXCISION. STAGING FORM:cT4N1M0 STAGE 3B, RECTUM PD SQUAMOUS CARCINOMA, EXTERNAL BEAM - NO SPECIFICS AVAILABLE, 5FU/MITOMYCIN C	Local

CASE 11B. PATIENT ADM WITH RECTAL PAIN, BLLEDING. PAST HX LYMPHOMA, NOW NED. ULCERATED CONDYLOMA IS RECTUM, EXCISED AND + FOR SCC. EXCISION LESION RECTUM: WELL DIFF SQUAMOUSCELL CARCINOMA, INVASIVE, TUMOR INVOLVES FULL THICKNESS OF TISSUE IN SOME SLIDES. C&PTX NX MX STAGE 99,RECTUM SQUAMOUS CELL CARCINOMA, EXCISION LESION RECTUM	Local
CASE 12B. CXR REV NO EVIDENCE OF METS. XRT INITIAL NOTE: HX RECTAL BLEEDING X 2 MOS. NOTES HX OF CONSTANT PAIN IN RECTUM NOT RELATED TO BMS. EXAM REV NO CERVICAL OR SCLAV ADENOPATHY. NO PALP INGUINAL ADENOPATHY.RECTAL EXAM REV DIFFICULT DUE TO PAIN.*LFTS ELEVATED W/ALT & AST OF 75 & ALK PHOS 375. RECTUM, BX:SQ CELL CA. RECTUM, CYTOL WASHING(+)FOR MALIG. SQ CELL CA. 1800CGY AP/PA PELVIS. PT EXPIRED PRIOR TO COMPLETION OF RX. 5FUMITOMYCIN	Local
CASE 13B. PT HAS SYMPTOMS OF RECTAL BLEEDING AND PAIN FOR ABOUT THREE OR FOUR WEEKS RECTUM BX: SQUAMOUS CELL CARCINOMA MOD DIFF, INV THROUGH THE MUSCULARIS PROPRIA INTO THE SUBSEROSA; WITH QUESTIONAL LNS IN THE PERIAORTIC-PERICAVAL REGION, RECTUM SQUAMOUS CELL CARCINOMA, 34 GRAY IN 20 TREATMENTS CHEMO NOS; AGENT NOT STATED, 34 GRAY IN 20 TREATMENTS CHEMO NOS; AGENT NOT STATED	Local
CASE14B. RECTAL BIOPSY: INVASIVE SQUAMOUS CELL CARCINOMA, MOD DIFF localized, RECTUM MOD DIFF SQUAMOUS CELL CARCINOMA, CHEMO W/5-FU MITOMYCIN	Local

CASE 15B. PATH REPORT- INFIL SQUAMOUS CARCINOMA OF RECTAL MASS, DEEPLY INVADING INTO STROMA, PERIRECTA FAT; ANAL CONDYLOMA BX-NEG FOR METS CT AB/PELVIS-NEG US AB-NORMAL, PATH REPORT, INFIL SQUAMOUS CARCINOMA OF RECTAL MASS, EXCISIONAL BX OF RECTAL MASS, CT ABD/PELVIS NEG FOR METS; HEAD CT NEG. CXR NEG FOR METS. TUMOR REMOVED FROM PERIANAL AREA (per H&P). MEDIPORT INSERTION FOR CHEMO; BEGUN DURING HOSPITALIZATION. CT PELVIS FOR XRT PLANNING; BEGUN DURING HOSPITALIZATION.	Regional
CASE 16B. poorly diff Rectum invasive ulcerated squamous cell carcinoma. PATIENT W/HX/O RECTAL BLEEDING, WHICH EVOLVED INTO PAIN AND BLEEDING. CT CHEST- LT RECTAL MASS ASSOCIATED W/MULTIPLE PERIRECTAL AND PRESACRAL ENALRGED LNS IS HIGHLY SUSPICIOUS FOR RECTAL CA W/LOCAL METS LYMPHADNEOPATHY. ANOSCOPY ATTEMPTED, HOWEVER PT COULD NOT TOELRATE THE EXAM 2ND TO PAIN. RECTUM BX POORLY DIFF SQUAMOUS CELL CARCINOMA INVASIVE T4 N1 M0 STAGE IIIB, AP/PA TO THE PELVIS 3060 CGY 17 FRACTIONS AP/PA REDUCED PELVIS 1440 CGY 8 FRACTIONS PA RT/LT LATERAL AND GVT BOOST 1440 CGY 8 FRACTIONS LT INGUINA, CHEMO W/5FU AND MITOMYCIN	Regional
CASE 17B. DX PROC: COLONOSCOPY: IMPRESSION OF ADVANCED RECTAL CA W/MET DEPOSITS IN ANAL CANAL; COLONOSCOPY BX RECTAL MASS: M-PD KERATINIZING SQ CELL CA W/METS TO ANAL CANAL	Unknown
CASE 18B. Path: Invasive mod diff sq cell CA, vascular space invasion identified, rectal mass. Invasive mod diff sq cell CA, Rectum; Rectal bx. No other tx known.	Unknown

CASE 19B. Rectal biopsies- w-m/differentiated squamous cell carcinoma; Esophagogastroduodenoscopy with biopsies. Colonoscopy with rectal biopsies. Chemo and XRT both recommended, to be given on OP basis, CT/pelvis- suspicious for rectal mass. No ascites, no lymphadenopathy. CT ABD: NEG. CEA RECTAL BXS: WELL TO MD, SQ CELL CA. PELVIS/ANUS 4000 RADS-23 TX- 18 MV PHOTONS; 5FU/MITOMYCIN C.	Unknown
CASE 20B. C/O SEVERE RECTAL PAIN/RECTAL ABSCESS. RECTUM BX:MD SQUAMOUS CELL CA TNM C:T4N0M0 STAGE GRP IV MANAGING MD AUTO CODED STAGE GRP II P:T4N0M0 AUTO CODED STAGE GRP II MANANGING MD, RECTUM SQUAMOUS CELL CA, PELVIS 4500RADS IN 25FX, BOOST 1440RADS IN 8FX TOTAL 5940RADS	Unknown
CASE 21B. PATIENT W/1 MO HX RECTL BLD/PAIN. FH(-) CT ABD: RECTAL SOFT TISS MASS. NO EVID INVASN PROSTATE. NO SIGNIF ABD/PEL LAD. PROCTO: LRG TMR APP 6 CM FRM ANAL VERGE & EXT TO L OCCUPYING MOST L RECTAL CIRM CEA: 4.0 EUA: ANAL CANAL CONDYLOMA & POST RECTL TMR START AT 6 CM UP TO 12 CM PENETRAT SACRAL AREA & FIXED TO BONE. RECTUM, BX: INV KERAT MOD DIFF SCC. DISTANT, RECTUM MODDIFF SCC	Distant