

# **HUMAN PAPILLOMAVIRUS**





### **HUMAN PAPILLOMAVIRUS**

This information may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your <u>cancer care team</u>.

#### AN OVERVIEW TO HUMAN PAPILLOMAVIRUS

- Human papillomavirus (HPV) refers to a group of more than 150 related viruses.
- Many of these viruses are easily spread by sexual transmission through vaginal, oral and anal sex.
- Some types of HPV may cause genital warts, while other types (usually types 16 and 18) are called high-risk because they may cause cancer.

### THE ASSOCIATION BETWEEN HPV AND CANCER

- HPV infections account for roughly 5% of all cancers worldwide. However, most
  infections with HPV go away within 1 to 2 years, have no symptoms and do not cause
  cancer.
- Some HPV infections that persist for many years may increase a person's risk of developing cancer.
- HPV is a common cause of <u>oropharyngeal cancer</u> (cancers of the tongue base and tonsil) and currently accounts for the majority of new cases.
- Smoking and alcohol use may also cause oropharyngeal cancer and account for most non-HPV related cases.
- High-risk HPVs may also cause:
  - o virtually all cancers of the cervix
  - o most cancers of the anus
  - o some cancers of the vagina, vulva and penis.



### Acquiring oral HPV infection

- HPV is transmitted to the mouth by oral sex; it may also be possible to get oral HPV in other ways such as oral-anal contact (rimming). HPV may also be transmitted from the vagina or penis to the mouth by fingers and sex toys.
- Performing oral sex and having many oral sex partners can increase the chances of contracting an oral HPV infection.
- Having oral HPV infection does not mean you or your partner have been promiscuous or unfaithful. HPV can lie dormant for many years.
- It is not known exactly how long it takes from first becoming infected with oral HPV to developing cancer; however it is understood it takes many years and perhaps decades.

#### **HOW COMMON IS ORAL HPV INFECTION?**

- Four out of five people will have some kind of HPV infection somewhere in their body at some point in their lives.
- Many people are exposed specifically to oral HPV during their lifetime.
- It is estimated that at any given time 10% of men and 4% of women have oral HPV infection. Most of these are with low-risk types of HPV that do not cause cancer.
- Most people are able to clear their infections on their own within 1 to 2 years, without ever knowing they had it.

#### GIVING HPV INFECTION TO OTHERS

- Oral HPV infection is not transmitted by casual contact such as sharing drinks or kissing on the cheek. It is unknown if open-mouth kissing (i.e. French kissing) can transmit HPV.
- You and your spouse/partner have likely already shared whatever infections you have. You do not need to change your sexual behaviour in established relationships.



- Most patients with oropharyngeal cancer no longer have HPV detectable in their mouth and cannot transmit the infection. Even in patients that continue to have detectable oral HPV after treatment, this may not be infectious.
- Although there is no increased risk of HPV infection in partners of patients with oropharyngeal cancer, protection with condoms when having casual sex to prevent sexually transmitted diseases (STDs) of any kind is recommended.

## THE MEANING OF BEING HPV-POSITIVE AND ITS RELATION TO CANCER

- Patients with HPV in their oropharyngeal cancer have a better chance of cure than those
  with cancers due to other causes, like smoking. This is believed to be because HPV-positive
  cancers usually respond well to treatment.
- Patients with HPV-positive cancers who also smoke tobacco or have smoked for a long time
  in the past have a lower chance of cure than patients who have never smoked. Patients who
  currently smoke should strongly consider quitting as this may improve their prognosis.

#### PREVENTING HPV INFECTION

- The only reliable way to prevent infection with HPV is to avoid sexual contact with others.
- For those who are sexually active, the risk of HPV infection is very low in people who
  have only had one long-term partner.
- Although use of condoms will not provide complete protection, research has shown that correct and consistent use does reduce the risk of sexual transmission between partners.
- The HPV vaccine currently available in Australia is called Gardasil<sup>®</sup>.
  - o The vaccine prevents infection with high-risk HPV types 16, 18, 6 and 11.
  - o Having the vaccine will protect those who have never been exposed to these types of HPV.
  - o The vaccine is most effective if given to boys and girls before the start of sexual activity.



o The vaccine has been offered for free through school-based immunisation programs for boys and girls aged 12–15 years in Australia since 2007.

#### YOUR PARTNER AND HPV INFECTION

- Your partner has likely been exposed to HPV already from yourself or previous partners.
   Despite this, they probably do not have oral HPV infection.
- Partners of patients with HPV-associated oropharyngeal cancer do not have a higher risk of oral HPV infection or getting oropharyngeal cancer.
- Partners of patients with HPV-associated oropharyngeal cancer may have slightly higher rates of other HPV-related cancers such as cervical, anal and penile cancer than the general population. But this is probably only because of the association between these cancers and having multiple sexual partners.
- Women with oral HPV and female partners of patients with oral HPV should have the same regular cervical Pap smear screening as all other women. National guidelines recommend a Pap smear every 2 years for all women between the ages of 18–70 years who have ever had sex.
- There are currently no screening guidelines for HPV-associated cancers of the head and neck that can be applied to your partner.
- Some patients wonder if their spouse should get the HPV vaccine. It is likely that your spouse has already been exposed to HPV and would therefore probably not benefit from vaccination.



You may want to write questions here for your doctor or cancer care team

#### **About Head and Neck Cancer Australia**

Head and Neck Cancer Australia (formerly Beyond Five) is Australia's only charity dedicated to providing information and support to people living with head and neck cancer, caregivers, family and healthcare professionals.

Head and Neck Cancer Australia's mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support and to raise awareness of head and neck cancer nationally.

Head and Neck Cancer Australia supports people through their cancer journey, from diagnosis to treatment and life after cancer by providing comprehensive, easy to understand and easy to access information. We have the only Directory of Head and Neck Cancer services and support groups available in Australia and New Zealand helping people to find the right services and support when they need it most.

Phone: 1300 424 848

Email: <a href="mailto:contact@headandneckcancer.org.au">contact@headandneckcancer.org.au</a>
Web: <a href="mailto:www.headandneckcancer.org.au">www.headandneckcancer.org.au</a>

**Head and Neck Cancer Australia Disclaimer:** You acknowledge and accept that the information in this factsheet is for general information purposes only. It is not intended, nor should it be relied on, as medical or legal advice, or as a substitute for consultation with a physician or other licensed healthcare provider. You agree that if you have individual healthcare-related questions you should contact your doctor promptly and should not disregard professional medical advice, or delay seeking it, because of information contained here. You also agree that Head and Neck Cancer Australia is not liable for any injury or damage to persons or property (howsoever caused, including by negligence) arising out of or related to any use of Head and Neck Cancer Australia's patient education materials, or for any errors or omissions.

First Published: 2016

Last updated: September 2020