

HPV in Oropharyngeal Cancer and its Vaccination Needs

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Madam.,

Human papilloma virus (HPV) infects around 80% of people once in their lifetime and is considered as the most common among sexually transmitted infections. In United States of America (USA), HPV results in 42000 cases of cancers per year, that include 91% of cervical cancers and 70% of oropharyngeal cancers [1]. FDA approved HPV vaccine in 2006 for prevention of HPV infection and associated malignant condition; the vaccine resulted in a considerable decrease in genital warts and dysplasia of cervix [2]. There has been increasing implications in favour of an HPV vaccine, owing to increased number of oropharyngeal cancers associated to HPV in both the genders [3]. Although it has not been established yet, but several studies suggest that the vaccine may help in reducing HPV associated oral lesions, and consequently the oropharyngeal cancers. There is suboptimal HPV vaccination in USA, with only less than 50% of adolescents having undergone the HPV vaccine series [4]. There are several reasons for less HPV vaccination rate in USA; HPV being the one of the only non-mandated vaccines in most of the states at school entry. The development of HPV cancers could be curbed through education and increasing rates of its vaccination. It has been a never-ending debate whether to include HPV vaccination, like other vaccines mandated for children and adolescents; 27% to 63.5% people advocating for its mandated use [5]. The opponents of vaccination and hesitancy to undergo vaccination, although growing worldwide, are not the only alarming issues. It is the responsibility of Medical professionals and professional students to keep themselves abreast of latest developments in the vaccination areas and thus play an important role in updating

patient information regarding vaccination protocols. There is a lack of understanding among medical professionals regarding HPV, its vaccine and the extent to which it protects from acquiring an infection [6]. The medical professionals who underwent HPV vaccination may probably advocate the vaccine for population as well, but there still exists a knowledge gap. A large proportion of medical and dental students are not aware about the association of HPV and oropharyngeal cancer.

Evans., *et al.* 2019, conducted a study to assess the knowledge and attitude among professional students regarding oropharyngeal cancer and advocating vaccine for the same [7]. The outcome of this study showed a lack of knowledge about HPV and its association with oropharyngeal cancer among medical students of various levels with only a handful of them being aware of oropharyngeal cancer as a result of HPV infection. The first- and second-year medical students were subjected to an interactive program which led to an increase in knowledge and skilled counselling on HPV vaccination. This improved post-test knowledge acquired by first- and second-year medical students surpassed to that of third- and fourth-year medical students who did not undergo this program. It is highly appropriate to update medical professionals through official information about HPV vaccine to mandate its use. The safety profile of the vaccine was recently revised for USA [8], to reassure the population; however, the poor acceptance rate of the HPV vaccine continues to exist.

Conflict of Interest

Nil.

Bibliography

1. Centers for Disease Control National Program of Cancer Registries SEER*Stat Database: U.S. Cancer Statistics Incidence Analytic file 1998-2015. United States Department of Health and Human Services, Centers for Disease Control and Prevention. Released June 2018, based on the November 2017 submission.
2. Lee LY, Garland SM. Human papillomavirus vaccination: the population impact. *F1000 Res.* 2017;6:866.
3. Gooi Z, Chan JY, Fakhry C. The epidemiology of the human papillomavirus related to oropharyngeal head and neck cancer. *Laryngoscope.* 2016;126(4):894-900.
4. Walker TY, Elam-Evans LD, Yankey D, Markowitz LE, Williams CL, Mbaeyi SA, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years-United States, 2017. *MMWR Morb Mortal Wkly Rep.* 2018;67(33):909-917.
5. Perkins RB, Pierre-Joseph N, Marquez C, Iloka S, Clark JA. Parents' opinions of mandatory human papillomavirus vaccination: does ethnicity matter? *Womens Health Issues.* 2010;20(6):420-426.
6. Anderson S, Isaac A, Jeffery CC, Robinson JL, Isaac DM, Korownyk C, et al. Practices regarding human papillomavirus counseling and vaccination in head and neck cancer: a Canadian physician questionnaire. *J Otolaryngol Head Neck Surg.* 2017;46(1):61.
7. Evans L, Matley E, Oberbillig M, Margetts E, Darrow L. HPV Knowledge and Attitudes Among Medical and Professional Students at a Nevada University: A Focus on Oropharyngeal Cancer and Mandating the Vaccine. *J Cancer Educ.* 2019.
8. Bonaldo G, Vaccheri A, D'Annibali O, Motola D. Safety profile of HPV vaccines: an analysis of the USA Vaccine Adverse Event Reporting System (VAERS) from 2007 to 2017. *Br J Clin Pharmacol.* 2019;85(3):634-643.

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