



**AHNS Prevention & Early Detection Committee
Position Statement on oral HPV screening in the US population.**

Approved by the AHNS Executive Council April 25, 2017

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States (US). The oral cavity, oropharynx (tonsil, back of tongue and throat), as well as genitals (cervix, anus, vulva, penis) can be infected by this virus. In a subset of individuals, HPV infection can lead to cancer.

Infections of the oral cavity and oropharynx (oral HPV) are relatively common among men in the United States. Oral HPV16 infection is the most common oral HPV infection that leads to oropharyngeal cancer (OPC). Oral HPV16 infection is present among 1% of all men in the US, however up to 15% of men in their 50s have the infection. Oral HPV infection has been shown to precede the diagnosis of HPV-OPC, however knowledge regarding time interval between infection and malignancy and co-factors which modulate the progression from infection to premalignancy or cancer is unknown. Thus, the risk of an individual with oral HPV infection at a given time point to develop cancer is unknown. From available data, the vast majority of individuals in the US with oral HPV infection do not have OPC or go on to develop OPC.

There is interest in oral HPV detection and suggestion that this may classify an individual's risk for development of OPC. However, no scientific evidence exists to support this approach at present. To warrant use, screening tests must accurately classify risk of cancer. While this is an area of active investigation, the risk of developing cancer based on possible markers (oral HPV, serum antibodies to HPV and number of oral sex partners) is unknown. Current tests are not FDA approved for this purpose. When a screening tool is used, it should improve the survival of the condition of interest and catch the disease in an earlier phase. Unfortunately, there is no evidence that oropharyngeal premalignancy or early stage cancer can be detected through currently available techniques, even when HPV is identified. Additionally, identification of an oral HPV infection may result in undue anxiety and unnecessary physician visits as there are no recommended tests to find an earlier cancer or change the ultimate outcome. Lastly, any screening test should be cost-effective. Given the lack of prescribed clinical evaluation and follow-up after identification of oral HPV infection, the fees for the testing and ensuing clinical visits are not countered by a reduction in the potential cost of treatment of an earlier lesion at the present time. In summary, oral HPV detection fails the principles of screening as the benefits do not outweigh the harms and costs.

US Preventive Task Force recommends not performing screening for oral or oropharyngeal cancers. This is an evolving field and may change in the near future. At this time, the American Head and Neck society recommends against the use of oral HPV detection as a screening tool. Any oral HPV detection or screening should only be performed within the context of a clinical trial.