HUMAN PAPILLOMAVIRUS (HPV) & OROPHARYNGEAL CANCER

What every dentist should know

FDI World Dental Federation

KEY FACTS

HPV-associated oropharyngeal cancer is rising globally and has overtaken cervical cancer as the leading HPV-associated cancer in several countries

Cancer can develop many years after exposure to oncogenic (high-risk) HPVs

Oral health professionals can **play a key role in prevention** and early detection

Routine oral exams, including lymph node palpation, help **identify early disease**

KEY STATISTICS

+22% HPV-associated non-cervical cancers have **increased by 22% since 2018**

Men are at greater risk than women to develop HPV-associated throat cancer

Most patients never receive HPV information from their dental provider

Up to 90% of HPV-associated cancers are preventable through vaccination

EARLY CLINICAL SIGNS

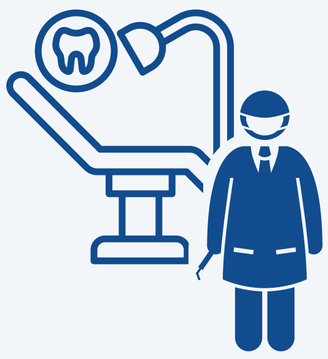
Persistent sore throat or hoarseness

Unexplained cervical lymph node enlargement

Painful swallowing

Persistent mucosal changes, asymmetry, lumps, unexplained ulceration or induration in the oropharyngeal region

WHAT DENTISTS CAN DO



Perform systematic oral, oropharyngeal, and neck examinations, including cervical lymph node palpation to **identify suspicious lesions or symptoms**

Educate patients about HPV transmission, vaccination, and the link between HPV and oropharyngeal cancer

Refer patients promptly through appropriate care pathways when suspicious findings are identified

HPV VACCINATION

Recommend **vaccination at age 9–12 years**

Recommend vaccination **before exposure** to high-risk HPVs

Recommend catch-up vaccination up to age 26 years

Use neutral, evidence-based communication to reduce stigma

EARLY DETECTION IN DENTAL PRACTICE CAN SAVE LIVES

EXAMINE · EDUCATE · REFER · PROTECT

Read the White Paper
For references and further details