PSYCHOSOCIAL IMPLICATIONS

Sir, we commend Dr Havewala for drawing attention to the possibility of oral cancer in young patients with no history of tobacco smoking, excessive alcohol consumption or betel quid chewing (HPV concern; *Br Dent J* 2013; 215: 379). However, we are concerned that assuming human papillomavirus (HPV) to be the cause in such cases lacks evidence and would have important implications for patients.

HPV is linked to an 'epidemic' of squamous cell carcinomas (SCCs) of the oropharynx (faucial tonsils, base of tongue and, to a lesser extent, the soft palate). It is often said that patients with HPV-induced carcinoma are young and less likely to be tobacco smokers. However, the average age at presentation is still in the sixth decade of life and patients under 45 years of age with HPV-associated cancers are the exception.¹ Two recent studies have shown that biologically active virus is either very infrequent (3%) or absent altogether in oral cavity cancers of patients younger than 45 years.^{2,3}

Our reason for bringing this to the attention of readers is that blaming HPV for either oral or oropharyngeal cancers has psychosocial implications for patients because of the proposed link between sexual behaviour and HPV-associated

cancers. Ultimately, whether or not a cancer is associated with HPV can be readily determined in the cancer biopsy by laboratory tests that are routine in many UK pathology laboratories.¹ Only after accurate diagnosis can patients be counselled about the causes of their cancer and the implication that it may have been infectious in origin or be infectious. These are complex issues that patients consider very important.⁴ No assumptions about HPV infection should be made.

Dental team members need to be aware that, although HPV is topical and widely discussed in the popular media, HPV infection is primarily associated with carcinomas of the tonsil and oropharynx and not the oral cavity.

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ORAL CANCER

Overall immunity

Sir, the case to extend HPV vaccination to boys is well made in the recent correspondence from HPV Action (*BDJ* 2013; 215: 543). The number of people being diagnosed with oral cancer is on the rise, and the incidence is increasing in younger people, with a significant increase in patients under 45 years old over the last 20 years. There is increasing evidence to show that HPV plays a key role in the development of many of these cancers.

Dentists are well placed to identify oral cancers and early detection is key to ensuring the best patient outcomes. The British Dental Association (BDA) is one of a number of organisations to support a recent joint statement from the British Society for Oral Medicine (BSOM) and Cancer Research UK (CRUK) on ensuring mouth cancer is detected early to improve outcomes for patients. This statement encourages patients to have yearly examinations by a dentist and recommends people avoid tobacco and betel nut use, cut down on alcohol, eat at

least five servings of fruit and vegetables a day and protect their lips with sunscreen. It also calls on the General Dental Council to consider making oral cancer a 'highly recommended' continuing professional development subject.

The BDA has publically called for an extension of the programme both for reasons of equality and on the basis that it will significantly improve overall immunity in the general population. Given the huge personal and economic costs of treating these cancers the case to extend HPV vaccination appears overwhelming.

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