



Oropharyngeal Cancer: Risk Factors and Prevention Strategies

Sara Darwish*

Department of Oncology, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, USA

Introduction

Tobacco consumption in various forms, including smoking and chewing, significantly increases the risk of oropharyngeal cancer. Likewise, excessive alcohol intake, especially when combined with tobacco use, escalates this risk substantially [1].

Infection with certain strains of HPV, notably HPV-16, has emerged as a prominent risk factor for oropharyngeal cancer. Engaging in behaviors that increase the risk of contracting HPV, such as unprotected oral sex, elevates the likelihood of developing this cancer [2].

Oropharyngeal cancer is more prevalent in older individuals, particularly those over 55. Moreover, men are at a higher risk compared to women, although the gap is narrowing due to the increased incidence of HPV-related cancers [3].

Chronic poor oral hygiene and certain oral health conditions have been associated with a higher risk of oropharyngeal cancer. Regular dental check-ups and maintaining good oral health practices are essential [4].

Avoiding or quitting tobacco use and limiting alcohol consumption significantly lowers the risk of developing oropharyngeal cancer. Support programs and resources are available to aid in smoking cessation and reducing alcohol intake [5].

Vaccination against HPV, ideally administered before engaging in sexual activity, is an effective preventive strategy. Vaccination can significantly reduce the risk of HPV-related oropharyngeal cancer [6].

Practicing safe sex, including the use of barrier methods like condoms during oral sex, reduces the risk of HPV transmission and subsequently lowers the risk of oropharyngeal cancer [7].

Maintaining a healthy diet rich in fruits and vegetables while minimizing processed foods and high-fat content can contribute to overall health and potentially lower the risk of developing oropharyngeal cancer [8].

Routine medical check-ups, especially oral examinations, play a crucial role in early detection and prevention. Prompt identification of suspicious lesions or changes in the mouth can lead to early intervention and improved outcomes [9].

Among the primary risk factors for oropharyngeal cancer are tobacco and excessive alcohol consumption. Long-term use of tobacco in various forms, including smoking and smokeless tobacco, along with heavy alcohol intake, significantly increases the risk of developing this type of cancer [10].

Conclusion

Awareness of the risk factors associated with oropharyngeal cancer and the adoption of preventive strategies are paramount in reducing its incidence. Addressing lifestyle choices, ensuring HPV vaccination, maintaining good oral hygiene, and regular health check-ups contribute significantly to lowering the risk and potentially preventing the onset of oropharyngeal cancer. By integrating these preventive measures into daily life, individuals can take proactive steps towards reducing their susceptibility to this type of cancer and promoting overall well-being.

References

1. Marur S, D'Souza G, Westra WH, et al. HPV-associated head and neck cancer: a virus-related cancer epidemic. *The lancet oncology*. 2010;11(8):781-9.

*Corresponding author: Darwish S, Department of Oncology, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, USA. E-mail: darwishesara@jhmi.edu

Received: 29-Dec-2023, Manuscript No. jorl-23- 123741; Editor assigned: 01-Jan-2024, Pre QC No. jorl-23- 123741 (PQ); Reviewed: 15-Jan-2024, QC No. jorl-23- 123741; Revised: 20-Jan-2024, Manuscript No. jorl-23- 123741 (R); Published: 27-Jan-2024, DOI: 10.35841/2250-0359.14.1.363

2. Lorenzoni V, Chaturvedi AK, Vignat J, et al. The current burden of oropharyngeal cancer: a global assessment based on GLOBOCAN 2020. *Cancer Epidemiology, Biomarkers & Prevention*. 2022;31(11):2054- 62.
3. Conway DI, Purkayastha M, Chestnutt IG. The changing epidemiology of oral cancer: definitions, trends, and risk factors. *British dental journal*. 2018;225(9):867-73.
4. Sonis ST. Oral mucositis in head and neck cancer: risk, biology, and management. *American Society of Clinical Oncology Educational Book*. 2013;33(1):e236-40.
5. El-Sheikh N, Mousa NO, Tawfeik AM, et al. Assessment of human papillomavirus infection and risk factors in Egyptian women with breast cancer. *Breast Cancer: Basic and Clinical Research*. 2021;15:1178223421996279.
6. Aggarwal P, Goepfert RP, Garden AS, et al. Risk and clinical risk factors associated with late lower cranial neuropathy in long-term oropharyngeal squamous cell carcinoma survivors. *JAMA Otolaryngology–Head & Neck Surgery*. 2021;147(5):469-78.
7. Yete S, D'Souza W, Saranath D. High-risk human papillomavirus in oral cancer: clinical implications. *Oncology*. 2018;94(3):133-41.
8. Cosetti-Olivera ML, Cunha AR, Prass TS, et al. Mortality due to oral and oropharyngeal cancer in Uruguay from 1997 to 2014. *Journal of Applied Oral Science*. 2019;28.
9. Huang SH, O'Sullivan B, Waldron J. The current state of biological and clinical implications of human papillomavirus-related oropharyngeal cancer. In *Seminars in Radiation Oncology 2018 (Vol. 28, No. 1, pp. 17-26)*. WB Saunders.
10. Silva LL, Teles AM, Santos JM, et al. Malignancy Associated with Low-Risk HPV6 and HPV11: A Systematic Review and Implications for Cancer Prevention. *Cancers*. 2023;15(16):4068.