

The Etiological Role of Human Papillomavirus in Oral Cancer

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ABSTRACT

The etiological role of Human Papilloma Virus is firmly established in the cases of anogenital cancers. However, it is also proved to be a vital cocarcinogen along with tobacco in oral carcinogenesis. Henceforth , the review of literature aims to evaluate awareness among people about Human Papillomavirus , it's virulence and its potential role in oral carcinogenesis. Further, the review shall focus to differentiate the role of Human Papilloma Virus in both mucosal and cutaneous carcinogenesis. Search engines like Pubmed database were used for compilation of significant concepts related to HPV and its role in oral cancer. The review fulfills the need to

establish connection between molecular transformation of HPV which triggers malignancies. The study also aims to display suggestive treatment protocol, screening techniques for earlier diagnosis and cure.

KEYWORDS: Oral Cancer, HPV, Etiology, Carcinogenesis , Virulence, Pathogenesis of HPV

INTRODUCTION

The Human Papilloma Virus (HPV) is considered to be one among the virulent strains which are responsible for kinds of malignancies like those of anogenital origin.(Chaudhary *et al.*, 2009) The primary types of Human Papilloma Virus include mucosal tropic and cutaneous variety. The cutaneous strain is responsible for skin lesions whereas the mucosal strain is mostly found to be associated with oral cancer(Kansy, Thiele and Freier, 2014) . One among the previous study done by Herrero et al revealed HPV prevalence among Indian population with a notable average of 75%.(Herrero *et al.*, 2003; Rajeshkumar, 2018) Among numerous etiological factors of cervical malignancies, infection caused due to certain strains of HPV is considered to be the critical cervical cancer risk factor.

Over 150 subtypes of HPV have been identified and proven ; more than 40 types of HPVs are generally transmitted either through sexual contact or skin to skin and thereby infect the oral cavity and the anogenital region.(Herrero *et al.*, 2003)(Lassen, 2010). The virus is known to cause multiple diseases which include genital warts and throat warts typically known as respiratory recurrent papillomatous(Silverberg and Silverberg, 2014; Anitha and Ashwini, 2017). Further , infections caused due to HPV are predominantly asymptomatic in both males and females. Hence, women are recommended to undergo PAP smear diagnostic screening at the age of twenty one upwards, for earlier detection of HPV infections. On the other hand there are no FDV - approved screening tests available for men.(World Health Organization, 2009) Risk factors for the onset of HIV related infections include damaged skin.The recent vaccine against the HPV infection is effective against certain subtypes of HPV that are associated with genital warts, cervical cancers and some less common cancers, including the oropharyngeal cancer.(Liang *et al.*, 2008)(Pannone *et al.*, 2011) Two HPV vaccines, bivalent and quadrivalent types that use virus-like particles (VLPs), are used at present in the medical commercial market.(Pringle, 2014)(Ashwini, Ezhilarasan and Anitha, 2017; Raj *et al.*, 2019)

Oral mucosa in every individual is constantly subjected to exposure among various stimuli which may range from mild microbial infection to severe trauma.(Combes and Franceschi, 2014; Rajeshkumar, Agarwal, *et al.*, 2018)Similar previous studies(Gillison and Shah, 2001; Lakshmi *et al.*, 2015)believe that oral cavity is highly susceptible to chronic diseases which may progress towards fatality if not treated during early onset of the same.

While the value of HPV vaccination for oral cancer prevention is yet under controversy, evidence supports the possibility that HPV vaccination may be effective in reduction of oral cancer incidence.(Syrjänen, 2010)Hence, the study considers this fact to be vital for determination of incidence of Oral cancer in near future.

Our team has rich experience in research and we have collaborated with numerous authors over various topics in the past decade (Ariga *et al.*, 2018; Basha, Ganapathy and Venugopalan, 2018; Hannah *et al.*, 2018; Hussainy *et al.*, 2018; Jeevanandan and Govindaraju, 2018; Kannan and Venugopalan, 2018; Kumar and Antony, 2018; Manohar and Sharma, 2018; Menon *et al.*, 2018; Nandakumar and Nasim, 2018; Nandhini, Babu and Mohanraj, 2018; Ravinthar and Jayalakshmi, 2018; Seppanen *et al.*, 2018; Teja, Ramesh and Priya, 2018; Duraisamy *et al.*, 2019; Gheena and Ezhilarasan, 2019a; Hema Shree *et al.*, 2019; Rajakeerthi and Ms, 2019; Rajendran *et al.*, 2019; Sekar *et al.*, 2019; Sharma *et al.*, 2019; Siddique

et al., 2019; Janani, Palanivelu and Sandhya, 2020; Johnson *et al.*, 2020; Jose, Ajitha and Subbaiyan, 2020).

GENOMIC STRUCTURE OF HUMAN PAPILLOMA VIRUS

The Human Papilloma Virus is structurally small and non enveloped. It consists of non enveloped double stranded circular DNA.(Tran, Rose and O'Brien, 2007) While its precisional diameter is known to be about 52- 55 nm (Zandberget *et al.*, 2013) It consists of a genome with eight thousand base pairs. The life cycle of the virus strictly follows the differentiation pattern of the host keratinocyte.(Liu *et al.*, 2005; Rajeshkumar, Venkat Kumar, *et al.*, 2018). The phylogeny of the various strains of the Human Papillomavirus(HPV) generally reflects the migration patterns of humans and is evidential that HPV might have diversified along with the human population.(Mazul, 2018) Studies report that HPV evolved along five various branches that reflect the ethnicity of human hosts, and have diversified along with the developing human race. Researchers have identified two major variants of HPV16, European (HPV16-E), and Non-European (HPV16-NE).(Lefevre *et al.*, 2020). The two primary oncoproteins of high risk HPV types are E6 and E7. The "E" denotes that these two proteins are expressed early in the HPV life cycle, while the "L" denotes that late expression.(Bodelonet *et al.*, 2015; Sharma *et al.*, 2019) The E6/E7 proteins participate and thereby inactivate the two tumor suppressor proteins, p53 (inactivated by E6) and (inactivated by E7). The viral oncogenes namely, E6 and E7 are detected to modify the cell cycle so as to retain the differentiating host keratinocyte in a state which is favourable for the amplification of viral genome replication and the subsequent late gene expression.(Monsonégo, 2006)

HPV AND ITS ROLE IN ORAL SQUAMOUS CELL CARCINOMA - ORAL POTENTIALLY MALIGNANT DISORDERS

Our institution is passionate about high quality evidence based research and has excelled in various fields ((Pc, Marimuthu and Devadoss, 2018; Ramesh *et al.*, 2018; VijayashreePriyadharsini, SmilineGirija and Paramasivam, 2018; Ezhilarasan, Apoorva and Ashok Vardhan, 2019; Ramadurai *et al.*, 2019; Sridharan *et al.*, 2019; VijayashreePriyadharsini, 2019; Chandrasekar *et al.*, 2020; Mathew *et al.*, 2020; R *et al.*, 2020; Samuel, 2021)

The subsequent low risk HPV mainly HPV - 6 and HPV - 11 appears to be closely associated with a range of oral benign papillomatous lesions including oral squamous papilloma, oral verruca vulgaris, oral condyloma accuminatum and epithelial hyperplasia(Agrawal, Joshi and Agrawal, 2013) Moreover, on the other hand, the High risk HPV strains which are HPV-16, HPV-18 are in turn associated with Oral Potential Malignant Disorders (OPMDS) and Oral Squamous Cell Carcinoma (OSCC)(Andrews, Seaman and Webster-Cyriaque, 2009), (Angiero *et al.*, 2010). The strains of HPV - 16 and HPV- 18 have been found to be associated with OPMDS and OSCC ranging from 0% to 100% (Attner *et al.*, 2010; Lakshmi *et al.*, 2017). This extreme variation is the contributing factor to the difference in ethnicity, geographic locations to variations in methods used for detection of HPV. (Chaturvedi and Chocolatewala, 2009; Perumalsamy *et al.*, 2018) Hence, a thorough search was done for detection of prevalence of the Human Papilloma Virus in oral lesions including Oral Lichen Planus, Lichen Planus , OSCC, Oral Papilloma , Verrucous Carcinoma (VC) and PVL. A wide range of human papillomavirus (HPV) genotypes have been detected in oral mucosa(D'Souza and Dempsey, 2011) Clinical infections with high risk genotypes have been associated along with numerous malignant lesions(Lassen, 2010; Karthiga, Rajeshkumar and Annadurai, 2018) According to recent studies,

the most common genotype isolated from subclinical infection is HPV - 16(Liang *et al.*, 2008; Mehta *et al.*, 2019)

DETECTION AND PATHOLOGICAL VIRULENCE OF HUMAN PAPILLOMA VIRUS

Studies reveal that D - HPV DNA has been detected approximately in 2.5% in numerous cases of Human Squamous Cell Carcinomas.(Feller *et al.*, 2010; Menon *et al.*, 2018) In specific , about 45 -100 % of the Oral Squamous Cell Carcinoma Cases were reported to be HPV positive(Attneret *al.*, 2010; Ezhilarasan *et al.*, 2017). It is predicted or assumed that the latter variation may depend on the location of the specific Oral Squamous Cell Carcinoma , the different types of specimens available , the various techniques used for testing , time period and the country from which the sample material was obtained(Chaturvedi and Chocolatewala, 2009). The primary analysis of HPV DNA is mentioned to be done using formalin fixed , paraffin embedded tissue which includes partial degradation of DNA(D'Souza and Dempsey, 2011). Studies also emphasise that this method is the most widely accepted for easier detection of longer HPV DNA fragments in fresh or fresh - frozen material , although newer techniques are much more sensitive(Feller *et al.*, 2010). However, many studies during the early 1980's also reflected on the use of Southern blot techniques or in situ hybridisation for detection of HPV(Anitha and Ashwini, 2017; Ezhilarasan, 2018). Since the 1990's , Virology laboratories have used PCR techniques for detection of HPV DNA(Angiero *et al.*, 2010)(Anitha and Ashwini, 2017). Screening for the Human Papilloma Virus was initially performed by using general PCR primers for HPV , which enabled detection of several HPV types. Polymerization Cell Reaction (PCR) of a control cellular gene was used to assess the DNA quality of samples.(Zandberget *et al.*, 2013)(Andrews, Seaman and Webster-Cyriaque, 2009)These techniques are robust, yet are still used. They do require additional methods for HPV typing. Recent advances offer various other methods available to directly determine the presence of several types of Human Papilloma Virus.(Kansy, Thiele and Freier, 2014; Ezhilarasan, Sokal and Najimi, 2018)

The food and drug administration has approved hybrid capture II (Digene Corporation , Guttersburg,MD,USA) reports to detect 5 low risk and 13 high risk HPV types and uses the fact that HPV DNA hybridises with synthetic RNA probes complementary DNA sequences from specific HPV types.(Kaul and Wadhwa, 2017)(Ashwini, Ezhilarasan and Anitha, 2017)It is also found that an assay used in several studies, the Roche (Basel, Switzerland) - Linear assay HPV genotyping tests detects 37 HPV types and is based on a method developed by Gravitt *et al.* Schmitt *et al*, produced a sensitive bead based multiplex method for 22 different HPV types which later included HPV PCR products which are coupled to type specific probes on beads and analysed by using Luminex.(Lakshmi *et al.*, 2015)(Sharma *et al.*, 2019)

CONCLUSION

Consolidated concepts based on the role of Human Papilloma Virus in Oral Carcinogenesis reveal that, risk factors mainly responsible for oral squamous cell carcinoma includes Tobacco, Alcohol, Ultraviolet rays but it is also noted that many cases are asymptomatic to the latter mentioned factors.(Gheena and Ezhilarasan, 2019b)(Sujatha, Asokan and Rajeshkumar, 2018) On the basis of high frequency of HPV in some types of OSCC and OPMDs, an oral malignant potential of HPV infection in oropharyngeal carcinoma is very likely to occur.(Menon *et al.*, 2018)Further, the association of high frequency of HPV in oral cancers is of particular significance , owing to the involvement of base of tongue in younger patients without the prior history of exposure to the usual risk factors.(Rajeshkumar, Venkat Kumar, *et al.*, 2018; Gheena

and Ezhilarasan, 2019b), (Karthiga, Rajeshkumar and Annadurai, 2018) But further search is required in order to standardise a particular protocol for screening of patients with OSCC and OMPDs for HPV as well as to determine a specific and universal method for analysis.

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