Abstract

In the UK, the age-standardised incidence rates of cancers of the ‘oropharynx’ and ‘lip and oral cavity’ are ‘2.6%’ and ‘4.9%’ respectively. These indicate a significant oral cancer burden. These are attributable to numerous risk factors; the major risk factors include tobacco use, alcohol consumption, and exposure to oral HPV infection. Though, significant success in reducing the prevalence of most of the major risk factors has been recorded, exposure to HPV infection still remains a major driver of oral cancer prevalence in the UK. HPV-associated oropharyngeal cancer prevalence in men and women is 6.29% and 2.04%, respectively, while prevalence for HPV-associated oral cavity cancer in men and women is 11.7% and 6.95%, respectively; and it is projected to overtake cervical cancer by the year 2025. This is mainly due to exposure to oral HPV infection through oral sex practice as over 63% of UK young adults are found to have a history of oral sex practice. Only a minority of the UK population is aware of HPV-associated oral cancer which calls for more public health efforts to increase knowledge on the role of HPV in oral cancer. While the use of technology-based, clinic-based, and community-based interventions has been employed to improve public knowledge on the role of HPV in oral cancer development, technology-based interventions have not been adequately explored. Mhealth application-based interventions have been previously employed to improve knowledge and behavioural change in diverse chronic diseases. Hence, our recommendation on the adoption of Mhealth application-based intervention strategy in the education of the UK’s population on HPV-associated oral cancer is highly desirable as it closely aligns with the country’s National Health Service (NHS) commitment towards the digital transformation of the healthcare system.

Keywords: human papillomavirus; HPV; oral cancer; Mhealth; education; UK