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PREVENTION OF HUMAN PAPILLOMAVIRUS-ASSOCIATED CANCERSJoakim Dillner^{1,2}

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ABSTRACT

The oncogenic, anogenital types of Human Papillomavirus (HPV) are established as causing about 4,8% of all human cancers worldwide, particularly cervical, anal, vulvar, vaginal, penile and oropharyngeal cancers. Quantitative knowledge of the HPV type-specific risks for these cancers as well as for the different cervical cancer precursors (cervical intraepithelial neoplasias, CIN) useful for estimating the effect of elimination of specific HPV types and clinical benefits of screening for specific HPV types.

The present review has summarized both a worldwide systematic review on presence of specific HPV types in cervical cancer precursors and in invasive cervical cancers and also summarizes long-term follow-up data from a large randomized clinical trial of HPV-based cervical cancer screening.

All 12 HPV types established to be Class I (established) carcinogens (HPV types 16/18/31/33/35/39/45/51/52/56/58/59) were more common in cervical cancers than among women without cervical lesions. A few rare HPV types were also more common in cervical cancers (namely HPV26, 67, 68, 69, 73 and 82). The follow-up studies found increased long-term risks particularly for HPV types 16/18/31/33 that had 14-year cumulative incidences for CIN3+ above 28%, HPV35/45/52/58 had 14 year risks between 14-18% and HPV39/51/56/59/66/68 had risks <10%. HPV16 contributed to the

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