



Not just for women!

What men need to know!



Men Can Get (and Share) HPV

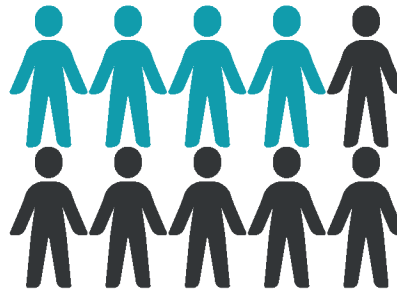
HPV (a.k.a. human papilloma virus) is an equal opportunity virus, infecting both men and women. Men can get infected with HPV, and most do—it's so common that nearly all sexually active people will have HPV at some point in their lives. It can be passed to a male or female partner through vaginal, anal, and oral sex, or even just through genital skin-to-skin contact.

So lots of men have HPV, but most will never know it. They won't have any noticeable symptoms and the infection will typically go away on its own. But while most infections are harmless, HPV can cause problems. Some types of HPV cause genital warts, while others can cause penile, anal, and throat cancers in men.

Types of HPV

Some types of HPV can cause genital warts. The HPV types that cause warts are known as “low risk” because they are almost never found with cancers.

Other types of HPV, called “high risk” types, can lead to cancer. In men, this can be cancer of the anus, penis, or the back of the throat.



Nearly **4 out of every 10** cases of cancer caused by HPV occur in men.



Each year, HPV causes **16,000 cases** of cancer in men.

- Penis
- Anus
- Oropharynx

Prevention is Key

While a healthcare provider can do a visual inspection to check for genital warts, no HPV test is approved for use with men. So when it comes to HPV, **prevention is key**. There are two main elements to preventing HPV-related disease:

Use Condoms

Using condoms (correctly) every time you have sex is an effective way to reduce your risk for many types of sexually transmitted infections, including HPV. But be aware—since HPV can be passed on by skin-to-skin contact, it can infect areas not covered by a condom.

Get Vaccinated

The HPV vaccine can protect against both low-risk and high-risk types of HPV. In fact, HPV vaccination can prevent over 90% of HPV-related cancers. Both males and females should be vaccinated, and vaccination is recommended for boys and girls at age 11-12, with catch-up vaccination up to age 26.



So Many Questions!

My partner was diagnosed with HPV—should I be checked out?

Not necessarily. It isn't commonly recommended that someone be examined when their partner is diagnosed with HPV, unless of course they notice any symptoms. This goes against the instincts shared by many that something, anything, has to be done! Since the vast majority of HPV infections are asymptomatic, and testing has limitations, there's typically no need for a partner to be evaluated.

Did I give my partner HPV?

It can take weeks, months, or even years after a person is exposed to HPV before symptoms develop or the virus is detected. So it's usually difficult, if not impossible, to know the source of the infection. Remember, virtually all sexually active people have one or more HPV infections over their lifetimes. It's tough to be a normal, sexually active person and not encounter HPV.

Can genital warts come back after treatment?

Maybe. That's a frustrating answer, but there is a lot we don't know about HPV transmission when there are no symptoms, so experts can't fully answer this question. Warts do come back in some cases, but not all. They may come back only once in some people, or several times in others. The good news for most people is that with time, the immune system seems to take charge of the virus, making recurrences less frequent and often eliminating them entirely within about two years.

Will I always have HPV?

HPV is usually harmless and in most cases will clear naturally over a few months. Unfortunately, there's no way to know how long an individual may be able to transmit the virus to new partners, though, which is frustrating.

Can HPV be treated?

There isn't a treatment for the virus itself, but HPV-related disease can be treated. Warts can be removed with out-patient procedures in a clinic, and there are prescription creams and solutions that patients use at home as well (but never use over-the-counter wart remedies in the anal/genital area). In most cases, though, HPV infections are harmless and are cleared by your body in a short period of time—with no treatment needed.

Should I get the HPV vaccine?

The vaccine is highly effective at preventing genital warts and several types of cancer, so getting vaccinated can protect you from serious disease. Experts recommend that boys and girls be vaccinated at age 11-12, but vaccination can start as early as age 9. Early vaccination is best because the vaccine produces a stronger immune response during the preteen years. But older teens and young adults can still benefit—HPV vaccination is still recommended for young men through age 26, if they did not get vaccinated when they were younger.

How does the HPV vaccine work?

First dose at ages 9-14



If you receive your first dose before reaching your 15th birthday, **only two doses** of the vaccine are needed to complete the series.

First dose at age 15 and older



If you get your first dose at age 15 or older, **three doses of the vaccine** are needed. Starting early saves you a shot!

Real Stories of Survival

Don's Story

Before your diagnosis, had you ever heard of HPV or HPV-related cancer?

As a health care provider, I knew about HPV and HPV-related cancer. I had some level of understanding of HPV related throat cancer, largely through news stories about Michael Douglas and others.

What was most helpful to you when you were first diagnosed?

I had an advantage of having a university-based health care team, with a wide degree of support and knowledge. The “team” approach was great, with well-experienced doctors training new doctors, nurse coordinators making sure appointments were coordinated, and mental health counselors supporting beyond the physical challenge of this diagnosis.

How did you learn more about HPV-related cancer in men after your diagnosis?

I read more about HPV-related cancer by speaking in great detail with my health care team. I supplemented that by doing some online research through reputable websites. My wife and I had an agreement that we would not go “down the rabbit hole” by looking at information online that wasn’t scientific-based. In other words, “hearsay” evidence (people describing their own knowledge of something based on something they think or heard) isn’t as reliable as scientific, research-based evidence.

What advice would you give health care providers about how to best support patients?

From my perspective, as a doctor myself, the best support you can give a patient is to LISTEN to them. Yes, my doctor may have seen this many times and it may seem like “old hat” to them, but it’s my first cancer diagnosis, so I have plenty of questions and need plenty of information and compassion. Treat the patient, not just their cancer.

What advice would you offer family members and caregivers to support cervical cancer patients during treatment?

Don’t offer advice that’s contrary to what professionals are offering. It’s OK to question professional advice, but well-meaning, but ill-informed, advice often isn’t helpful. Family members and caregivers can be the biggest source of emotional support, because they know you the best. Remember that cancer patients sometimes have some pretty bad days. Be patient, be kind, be compassionate.

What was or has been the hardest part of your journey?

I’ve actually lost some close friends after my cancer diagnosis. While painful, I recognized that not all people are up for this journey. That my own cancer may remind them of very sad times in their lives when perhaps a parent suffered from a different cancer.

Cancer is a test for the patient, and a test for your relationships, too. For me, my family supported me much more than I thought they would, and we are all closer as a result. But I did lose some friends along the way who just couldn’t deal with the challenge. That’s OK with me. People can be like parachutes sometimes – if they’re not there for you when you need them, you’re not likely to need them again.

Don’t get too far ahead of yourself. It’s easy to think about what “could” happen, especially with cancer. For me, it helped to just take each step as they came. I’d also strongly suggest that you speak up and advocate for yourself if you don’t feel like you are getting the right kind of care. You deserve to be treated with respect and competence!

Where are you at in your cancer journey now?

I was diagnosed with Stage IV HPV+OPSCC in May 2023. After going through radiation treatment and chemotherapy, I had a follow-up PET scan, along with other testing, in early December 2023, when I was declared cancer-free (or at least as “cancer-free” as the doctors can state with relative certainty). I’ve been left with several side effects—dry mouth (which likely will be long-term and generally permanent), loss of taste (which is slowly returning and I’ve been told can take many, many months), and neurological damage to my lower cervical spine and brachial plexus. It remains to be seen how much that neurological damage improves, as nerve damage generally takes the longest to recover. Overall, I consider myself pretty lucky. I never lost my voice. My hair returned. I was able to avoid other, more significant, permanent side effects that other OPSCC patients suffer from. And I’m cancer-free!

Brian's Story

Before your diagnosis, had you ever heard of HPV or HPV-related cancer?

Yes, I’m a virologist by training but was unaware that HPV caused head and neck cancers until I was diagnosed with stage 3 metastatic tonsil cancer with 2 lymph nodes involved.

What was most helpful to you when you were first diagnosed?

The openness and honesty of my referring and treating ENTs.

How did you learn more about HPV-related cancer in men after your diagnosis?

Doing research on the internet and reading scientific articles on the subject.

What advice would you give health care providers about how to best support patients?

Be open and honest with your patients and refer them to organizations like the [Head and Neck Cancer Alliance](#), who provide support groups and webinars on caregiving, treatments, and post-treatment support.

What advice would you offer family members and caregivers to support cervical cancer patients during treatment?

Be present in the moment and don’t feel guilty that you cannot do anything for your family member or friend.

It’s okay to cry. It’s okay to ask for help. Your friends will support you.

What was or has been the hardest part of your journey?

The hardest part of my journey has been dealing with my recurrent metastatic diagnosis—stage 4 incurable metastatic oropharyngeal squamous cell carcinoma with spread to my skeletal system and lungs.

This was supposed to be a highly curable, highly survivable cancer but it turns out mine is super aggressive, and my immune system didn’t respond appropriately to the initial tumors. This has allowed the cancer to hide and recur in a metastatic fashion.

Where are you at in your cancer journey now?

I’m currently undergoing second-line chemotherapy treatments to slow the progression of my cancer while I try and enroll in a clinical trial.

To learn more about HPV and HPV-related cancer in men and read interviews with experts on anal, penile, and oropharyngeal cancer, visit the American Sexual Health Association website at

www.ashasexualhealth.org

