



HPV HAS NO GENDER



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People of all genders		Women and people with a cervix/vagina/vulva	
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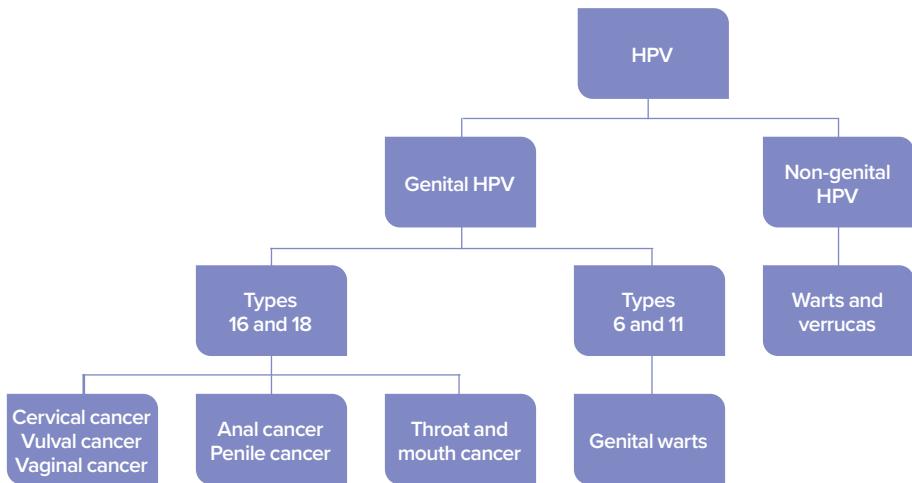
Overview: What is HPV?

The human papillomavirus (HPV) infects the epithelial (skin) tissues of the body. There are more than 100 types, which can be divided into “high risk” and “low risk”¹. Only some of them infect the genital skin and are classed as sexually transmitted infections (STIs). High risk types of HPV can sometimes lead to certain cancers, although this is rare².

How common is HPV?

HPV is very common and around 80% of people will get it in their lifetime. In most cases it has no symptoms and will usually be cleared by the immune system without causing any problems³.

Types of HPV



Genital HPV

Genital HPV is spread by skin-to-skin sexual contact – penetrative sex, oral sex, anal sex, mutual masturbation, and by sharing sex toys.

Any area of the genitals can become infected, including the anus, and it

can be spread from the genital area to the anus without having anal sex.

HPV that causes genital infections can be divided into low-risk and high-risk types. Low-risk HPV can cause genital warts, and high-risk HPV can cause changes to the

genital skin, which may lead to cancer. Being infected with one type of HPV does not increase your likelihood of being infected with another type.

Non-genital HPV

The non-genital forms of HPV can cause warts inside the mouth, on the fingers, hands, knees, and the soles of the feet (verrucas). High-risk HPV can lead to cancers of the throat and mouth.

Stigma

There is a lot of stigma and confusion associated with HPV, which can lead to unnecessary anxiety, especially when talking to sexual partners. It's important to remember that HPV infections are very common, are usually harmless and clear up without needing treatment, and are nothing to feel 'dirty' or ashamed about. Even if you do have HPV, the chances of you or your partner developing cancer are very low – but it's important to be aware of the signs and symptoms, just in case. You'll find lots of useful myth busters throughout this guide, which you can share with friends or partners who might have concerns about HPV.

Prevention

Trying to prevent HPV means reducing as many risk factors as possible.

Barrier methods of contraception are recommended to reduce the likelihood of passing on or getting any sexually

transmitted infection, however these don't offer full protection from HPV:

- It's a good idea to use condoms when having vaginal or anal sex
- External condoms can be placed over a penis (or sex toy), and internal condoms can be used within the vagina, or anus if the ring is removed
- External condoms are also recommended when performing oral sex on a penis
- Dams (latex or plastic square sheet) are recommended for oral sex performed on a vulva or anus
- Avoid sharing sex toys, or wash them and use a condom
- If you're also using lubricants, avoid oil-based products as these can cause condoms to break

Myth: If I've always used condoms, I'm not at risk of HPV.

Fact: Condoms can help reduce the likelihood of transmitting HPV and other STIs. However, barrier contraception – including external and internal condoms and dams – do not cover all the genital and anal areas. It is possible for the skin not covered by barrier contraception to be infected with HPV. You can't get HPV from hugging, sharing baths or towels, from swimming pools, toilet seats or from sharing cups, plates or cutlery.

Myth: Only people who have casual sex/multiple partners get STIs.

Fact: STIs including HPV do not care about your sexual history. While having sex with multiple partners may increase the likelihood of encountering someone with an STI, transmission of STIs only requires one sexual experience with an infected partner. Due to HPV and other STIs often not having symptoms, your sexual partners may be unaware they have one, whether they are a long-term or casual partner.

There is a vaccine that protects against some types of HPV. The one currently used in the national HPV programme in the UK is Gardasil, which protects against HPV 6, 11, 16 and 18, and will help prevent genital warts as well as some types of cancer.

In the current UK vaccination programme, Gardasil is offered to all young people aged 12-13, usually through school. Men and people assigned male at birth who have sex with men and are aged 16-45 are also eligible for free HPV vaccines from sexual health and HIV clinics.⁴

If you are eligible but missed the HPV vaccine at school, you can still have it free on the NHS up until your 25th birthday. The vaccine will be most

Myth: You can't get HPV if you're a 'virgin' (haven't had penetrative sex).

Fact: This depends on how you and your partner define being a virgin. Often we think of 'losing our virginity' when penetrative sex occurs (i.e. a penis in a vagina or anus). If you or your partner have not had penetrative sex before, you might still consider yourselves to be virgins. However, there is still a risk of infection if either of you has previously had oral sex or mutual masturbation, as HPV is passed through skin-to-skin contact. Therefore, it is important to discuss all sexual activity you and your partner may have engaged in and whether precautions were taken with barrier contraception.

effective for those who haven't been exposed to the virus, so it's best to have it before starting sexual activity. However, there may still be benefits to being vaccinated against HPV, even after potentially being exposed to infection.

Myth: Lesbian women cannot get HPV.

Fact: Lesbian and bisexual women can get HPV from skin-to-skin contact, either through oral sex, genital-to-genital sex or by sharing sex toys.

Genital Warts

What are genital warts?

Genital warts are fleshly lumps that form on or around the genital and anal skin. They can affect anyone who has been exposed to low-risk HPV.

How are genital warts passed on?

HPV is more likely to be passed on when warts are present but it is still possible to pass the virus on before any warts appear and after they have disappeared. If you're pregnant and have genital warts at the time, it's possible to pass the virus to the baby at birth, but this is rare.

Signs and symptoms

Most people with an HPV infection won't develop visible warts and the virus will go away on its own. You may not know whether you or a partner have the virus, and it is unlikely you will know who you caught the infection from.

It can take anything between three weeks and several years for any visible bumps to develop. If warts do appear, they can either appear on their own or in clusters, a bit like a cauliflower. You or your partner might notice small, fleshy growths, bumps or skin changes, which may appear anywhere in or on the genital or anal area.

Genital warts are normally painless but in some people they can be itchy or

become inflamed, which may lead to a little bleeding. Warts inside the urethra may also distort the flow of urine (wee). There's no evidence that your fertility will be affected by having genital warts or HPV.

How to get tested

There is no routine blood test for genital warts in the UK. A doctor or nurse will examine you and confirm if you have the infection. In some cases, they may wish to perform a more detailed examination inside the vagina or anus. Very rarely, they may take a biopsy (small sample) of the wart and a local anaesthetic may be used.

Anyone who is diagnosed with genital warts should have an STI test, including HIV and syphilis. This is because it is quite common to have more than one STI at the same time. You can be tested at a Sexual Health Clinic (GUM clinic), Brook clinics if you're under 25, or your GP. See the end of the booklet for more info.

Treatment

You will only be offered treatment if you have visible warts. The treatment will depend on what the warts look like, how many you have and where they are. Over time though, most warts will eventually go away on their own.

Treating the warts is mainly done for cosmetic reasons, and doesn't get rid of the infection in the surrounding skin. Tell the doctor or nurse if you're pregnant or trying to conceive, as this may affect the type of treatment you're given.

Treatments may include:

- Cream you can apply yourself at home for softer warts
- Cryotherapy, or freezing therapy for harder or rough-feeling warts. This involves going to a clinic for regular treatments (normally weekly) until the warts have gone

In some people the warts go away quickly but for others the treatment may have to be repeated a number of times. In some cases, the cream and/or cryotherapy may not work, and you might need to be referred to a specialist clinic for laser treatment or surgery.

Myth: A genital warts diagnosis means someone has cheated.

Fact: Genital warts can take months or years to develop after infection so it does not necessarily mean your partner has been having sex with other people. There is no way of telling how long you have been infected with HPV by the appearance of the warts.

Some people only ever get one episode of genital warts. For many others, the warts can come back. It's not possible to say if these are due to the original infection or a new infection.

Protecting your partner

As with any other STI, it is important to tell your partner that you have contracted genital warts if you are currently having a flare up. It may be that they have been infected with HPV already, but do not have any genital warts.

You can protect them by using condoms and dams while the warts are present and for the first three months after they've gone. While this will stop the virus being passed on from the covered areas, there will still be HPV present in some of the surrounding skin, so there is still some risk of transmission.

Myth: Genital warts are the same as warts on your hand.

Fact: Genital warts are not caused by the same HPV type as warts on hands or verrucas on the feet. However, in rare cases, warts on the hands could spread to the genitals. You should not use over-the-counter wart or verruca treatments on your genitals.

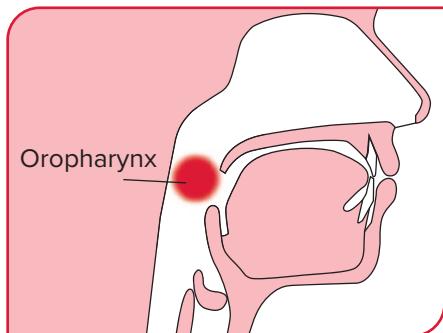
Throat and Mouth Cancer

What are throat and mouth cancers?

Throat and mouth cancer (sometimes referred to as oral cancer) is a subgroup of head and neck cancers, as well as cancer of the sinus and salivary gland, which is much rarer⁵. The cancers associated with HPV affect the oropharynx (the part of the throat directly behind the mouth), tonsils, and the base of the tongue.

There are around 12,000 cases of head and neck cancer in the UK each year.

- Around half of cases affect the oropharynx⁶
- About 1 in 4 mouth cancers and 1 in 3 throat cancers are HPV-related
- Most throat cancers in younger people are HPV-related
- In the UK it has been estimated that 52% of oropharyngeal cancers are associated with HPV⁷, mainly type 16



What causes throat and mouth cancer?

- HPV
- smoking / using chewing tobacco
- drinking alcohol
- having a weakened immune system - eg. if you have HIV

HPV is spread through skin-to-skin sexual contact, including oral sex. Oral sex doesn't directly cause mouth and throat cancers, but it does increase exposure to HPV.

Signs and symptoms

Symptoms can be subtle, but include:

- **A lump in the throat, or feeling like something is stuck in the throat**
- **Darker or lighter patches on your tongue or throat**
- **Trouble swallowing/pain when swallowing**
- **Unexplained weight loss**
- **Change in voice or hoarseness**
- **A swelling in your mouth**
- **One or more mouth ulcers**
- **One or more painless neck lumps**
- **Persistent ear pain from one side**



Steve

“Being diagnosed with throat cancer took me by complete surprise as I was fit and healthy. After my recovery I became a significant voice in campaigning for boys to receive the HPV vaccine – a campaign that paid off in 2019, when the Government changed their policy to allow boys to be vaccinated as well as girls.”

How to get tested

If any of these symptoms persist for more than three weeks, you should visit your GP or a dentist. There are many causes of sore throats and lumps in the throat which are not cancerous, and the doctor or dentist should be able to reassure you if they cannot see any concerning signs. They can also refer you to a specialist if they think you need further tests and/or treatment⁸.

Treatment

Treatment options vary depending on the cancer, but could include

Myth: You’re less likely to get an oral cancer if you’re giving oral sex to someone with a penis and they don’t ejaculate (cum) in your mouth.

Fact: HPV isn’t associated with transfer of fluids. Skin-to-skin contact is what passes it from one person to another. Using a condom for oral sex may help to reduce the risk of spreading HPV, although it will not prevent it completely.

surgery to remove the tumour, radiotherapy and/or chemotherapy⁹.

HPV-related (sometimes called HPV-positive) mouth and throat cancers generally respond much more positively to treatment and have an overall better outcome than those that are HPV-negative¹⁰.

Prevention

Besides the general tips on prevention at the beginning of this guide, you can reduce your risk by:

- using condoms for oral sex
- stopping smoking
- having regular check-ups with your dentist
- giving up alcohol

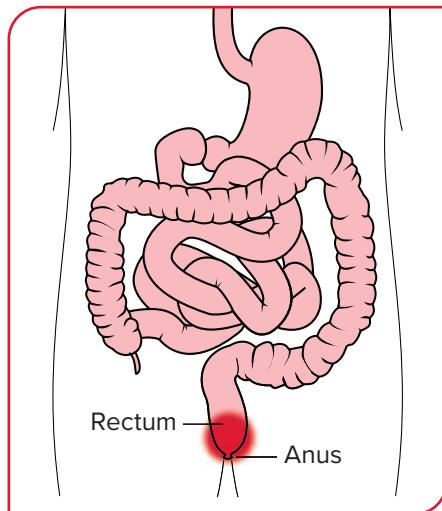
Myth: Gay men are more likely to get oral cancer.

Fact: Whilst HPV oropharyngeal cancers ARE more common in men than women, they are actually most common in heterosexual (straight) men in their 40s and 50s¹¹.

Anal Cancer

What is anal cancer?

Anal cancer is a rarer type of cancer that develops in the skin cells and tissue of the anus – where you defecate (poo) from¹². Around 1,300 people are diagnosed with anal cancer each year in the UK¹³.



What causes anal cancer?

Nearly all (91%) cases of anal cancer are caused by HPV. Other risk factors include:

- smoking
- older age
- anal sex - this doesn't directly cause anal cancer, but it does increase exposure to HPV

- having a weakened immune system
- for example, if you have HIV¹⁴

Signs and symptoms

In the early stages, anal cancer is often asymptomatic, meaning there are no symptoms. Symptoms that do occur include:

- **Anal or rectal discharge, such as pus, mucus or bleeding**
- **Itching, pain or pressure around the anus, which may be constant or brought on by bowel movements or sex**
- **Lumps around the anus, or swollen lymph nodes in the groin, pelvis or anal area**
- **Loss of bowel control (faecal incontinence) or changes in bowel frequency, size or difficulty**

How to get tested

If you are concerned about any of these symptoms, you should visit your GP for them to examine you. There are many non-cancerous causes of anal bleeding and discomfort, so your doctor should be able to reassure you if they cannot see or feel anything to worry about. They can also refer you to a specialist if they think you need further tests and/or treatment.



Men aged 16-45 who have sex with men are eligible for a free HPV vaccine from their local sexual health or HIV clinic.

Treatment

Depending on the type and stage of anal cancer, treatment options may include chemotherapy, radiation therapy and/or, in rarer cases, surgery¹⁵.

Prevention

Using condoms and dams for anal sex offers partial (but not complete) protection from HPV, which can help to reduce your risk of infection.

Myth: Only gay men get anal cancer.

Fact: More women than men are diagnosed with anal cancer each year¹⁶. However, men who have sex with men do have an increased risk¹⁷. Anal sex between partners of any gender increases the risk of HPV infection which, in a small number of cases, may develop into cancer.

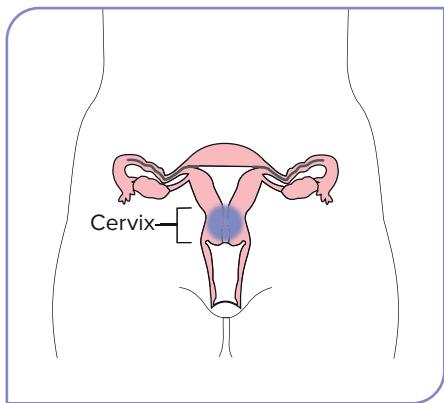
Myth: You have to have anal sex to get anal cancer.

Fact: HPV can spread from the genital area to the anus without having anal sex, either from skin-to-skin contact or by performing oral sex on the anus (rimming).

Cervical Cancer

What is cervical cancer?

Cervical cancer is a cancer that affects the cervix (the entrance to the womb). It is fully treatable if caught early enough, and most cases of cervical cancer can be prevented altogether thanks to the UK's cervical screening and HPV vaccination programmes.



What causes cervical cancer?

99.7% of cervical cancers are caused by high-risk forms of HPV, with types 16 and 18 responsible for around 70% of cases¹⁸. Many risk factors have been identified for cervical cancer, but smoking is the most obvious one¹⁹.

Signs and symptoms

- Any abnormal vaginal bleeding, including bleeding between periods or after sex**

- Changes to vaginal discharge (bloody or foul-smelling).**
- Pain in the lower back or pelvis**
- Pain or discomfort during sex²⁰**

How to get tested

If you are concerned about abnormal vaginal bleeding or discharge, you should not request a cervical screening appointment, but visit your GP or a sexual health clinic for them to examine you. There are many non-cancerous causes of abnormal bleeding and changes to discharge, and the doctor should be able to reassure you if there are no signs of cervical cancer.

If there isn't another obvious cause for your symptoms, you will be referred for a colposcopy, and a biopsy may be taken.

Treatment

Depending on the stage and size of the cancer, there are a variety of available treatments – including surgery, radiotherapy and chemotherapy²¹.

Prevention

Besides the general tips on prevention at the beginning of this guide, there is also a cervical screening programme in the UK. This is offered to women and people with a cervix without symptoms, between the ages of 25 and 64.²² However,



Emma

“I found out I had HPV after my very first cervical screening appointment, when I was also diagnosed with cervical cancer. I had no symptoms and was only 25 – it’s rare but it happens. To be honest, I’d never really heard of HPV before then. When I first found out I almost felt embarrassed, like it was something I shouldn’t talk about. It was only when I learnt more about it that I realised just how common it was and that there was nothing to be embarrassed about.”

if you are registered as male with your GP, you may not automatically be called and may need to request screening every 3-5 years.

During a cervical screening appointment, a clinician uses a speculum (a smooth plastic instrument that comes in a size to fit you), which is gently inserted into the vagina, and a brush to take a sample from the cervix. This is sent off to a lab, where it is first tested for high-risk types of HPV. If

high-risk HPV is found, the sample will then be checked for early changes to cells that, if left untreated, might lead to cervical cancer. Any cell changes can then be treated or monitored as appropriate. As a result, most cases of cervical cancer can be prevented with regular screening²³.

For those who are eligible, the HPV vaccination programme provides an extra layer of protection.

Myth: If you've had the HPV vaccine, you don't need to go for cervical screening

Fact: The HPV vaccine protects against around 70% of cervical cancer cases. You still need to go for cervical screening, even if you've had the vaccine, to detect cell changes that may be caused by other types of HPV²⁸.

Myth: Cervical screening is only for women who have sex with men

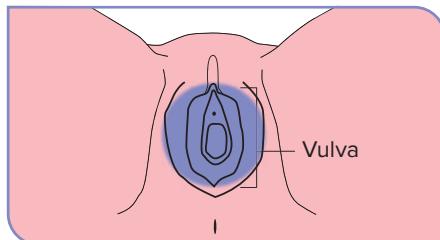
Fact: Cervical screening is for anyone with a cervix, regardless of their gender or sexual orientation. This means cis women, including lesbians and bisexual women, as well as any trans men, non-binary or intersex people with a cervix.

Vulval Cancer

What is vulval cancer?

Vulval cancer is a form of cancer that affects the vulva (external genitalia). If left untreated, it can spread to nearby tissues, or to local glands.

Vulval cancer is rare, with only 1,300 cases²⁴ diagnosed in the UK every year.



What causes vulval cancer?

Most common risk factors are:

- HPV
- smoking

Other risk factors include:

- vulval conditions like lichen sclerosus (a fairly common inflammatory skin condition)
- pre-cancerous cell changes known as vulval intrapithelial neoplasia (VIN)
- having a weakened immune system so you are less likely to clear HPV - eg having HIV

Signs and symptoms

- **A lasting itch**
- **Pain or soreness**
- **Thickened, raised, red, lighter or darker patches on the skin**
- **An open sore or growth**
- **Change in colour/shape of a mole**
- **A lump or swelling in the vulva**

How to get tested

If you experience any of these symptoms, you should visit your GP or sexual health clinic. There are many non-cancerous causes of lumps and sores, and the doctor should be able to reassure you if it's nothing to worry about. If needed you may be referred to a gynaecologist, who will examine you and may take biopsies.

Treatment

Depending on the stage and size of the cancer, treatments may include surgery, radiotherapy and/or chemotherapy.

Prevention

Early detection and treatment of lichen sclerosus²⁵ and abnormal cell changes can help reduce risk.

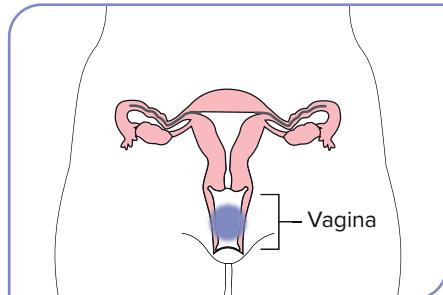
Vaginal Cancer

What is vaginal cancer?

Vaginal cancer affects the vagina (internal genitalia). If untreated, it can spread to nearby tissues, or through the lymphatic system to local glands.

Vaginal cancer is rare, with only 250 cases²⁶ diagnosed in the UK a year.

HPV on the vulva/vagina of trans women has not been well-studied. If you spot any symptoms, visit your GP.



What causes vaginal cancer?

- HPV
- smoking
- age (70% of vaginal cancers are diagnosed over 60)
- abnormal/pre-cancerous cell changes in the cervix (CIN) or vagina (VAIN)
- having a weakened immune system and being less likely to clear HPV, eg if you are HIV+

Signs and symptoms

- **Unexpected bleeding, eg. between periods, after menopause or after sex**
- **Unexplained vaginal discharge that is foul-smelling or blood stained**
- **Vaginal pain during sex**
- **A vaginal lump or growth**
- **A vaginal itch that won't go away and pain when urinating**
- **Persistent pelvic and vaginal pain**

At the earliest stages, vaginal cancer may have no symptoms.

How to get tested

If you have symptoms, visit your GP or sexual health clinic. There are many non-cancerous causes of lumps and sores, and the doctor can reassure you if it's nothing to worry about. If needed you may be referred to a gynaecologist, who will examine you and may take biopsies.

Treatment

Depending on the stage and size of the cancer, treatments may include surgery, radiotherapy and/or chemotherapy.

Prevention

The risk of vaginal cancer can be reduced with early detection and treatment of abnormal cell changes.

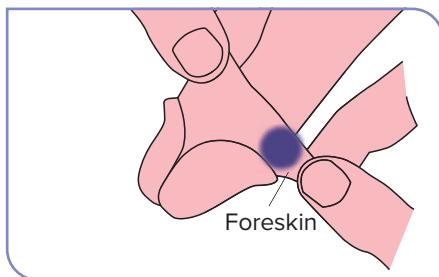
Penile Cancer

What is penile cancer?

Penile cancer affects the penis, often in the foreskin or the glans. If untreated, it can spread to the nearby lymph nodes or metastasise (move to other parts of the body).

It is rare, with only 640 cases a year in the UK²⁷. However, the incidence has been rising over the past 20 years. It is more common over the age of 50.

HPV on the penis of trans men has not been well-studied. If you experience any of the symptoms listed, visit your GP.



What causes penile cancer?

There are several conditions that can lead to penile cancer – including lichen sclerosus (an inflammatory skin condition) and HPV. Around 50-60% of patients diagnosed with penile cancer will have evidence of the high-risk HPV types 16 or 18.

Other risk factors include:

- other sexually transmitted infections (STIs), including HIV

- smoking
- poor genital hygiene
- phimosis (tight foreskin)

Signs and symptoms

- **Warty looking growth or lump**
- **Ulcer or sore which may bleed**
- **Persistent rash on the penis**

How to get tested

If you experience any of these symptoms you should visit your GP or a sexual health clinic. There are many causes of lumps and sores which are not cancerous, and the doctor should be able to reassure you.

Treatment

For the early stages of penile cancer, treatment can be with a chemotherapy or immune-modulating cream.

For larger lesions, laser treatment or surgery may be needed. When surgery is needed, the operation will preserve as much of the penis and sexual function as possible.

Prevention

You can reduce your risk by using condoms, stopping smoking, and practising good genital hygiene.

Resources

Sexual Health

Anyone can use these services, regardless of age, disability, ethnicity, religion, gender and sexual orientation. Examinations and check-ups are free through NHS services. Treatment is free too, unless accessed through your GP practice, where you may have to pay for a prescription charge.

Genito-Urinary Medicine (GUM) Services - nhs.uk/service-search/sexual-health/find-a-sexual-health-clinic

Sexual Health Services - nhs.uk/Service-Search/Sexual-health-services

Brook clinics for under 25s - brook.org.uk/find-a-service

LGBTQ+ GUM clinic 56 Dean Street - dean.st

You can find your local GP surgeries in England at nhs.uk, in Wales at nhsdirect.wales.nhs.uk, and in Scotland at nhsinform.scot.

You can be examined and treated at any GUM clinic, whereas some

contraception services are restricted to local residents only.

In England you can call the Sexual Health Line on 0300 123 7123 or NHS 111. In Wales you can call NHS Direct on 0845 46 47 and in Scotland call NHS 24 on 111.

Head and Neck Cancers

Oracle Cancer Trust - oraclecancertrust.org

The Mouth Cancer Foundation – mouthcancerfoundation.org

Anal Cancer

The HPV and Anal Cancer Foundation - analcancerfoundation.org

Cervical Cancer

Jo's Cervical Cancer Trust - jostrust.org.uk

The Eve Appeal - eveappeal.org.uk

Vulval and Vaginal Cancer

The Eve Appeal - eveappeal.org.uk

Penile Cancer

Orchid - orchid-cancer.org.uk

Endnotes

- 1 <https://www.nhs.uk/conditions/human-papilloma-virus-hpv/>
- 2 <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer>
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- 22 <https://www.nhs.uk/conditions/cervical-screening/when-youll-be-invited/>
- 23 <https://www.jostrust.org.uk/information/cervical-screening/what-is-cervical-screening>
- 24 <https://eveappeal.org.uk/gynaecological-cancers/vulvar-cancer/>
- 25 <https://www.nhs.uk/conditions/lichen-sclerosus/>
- 26 <https://www.jostrust.org.uk/information/hpv-vaccine/faqs>
- 27 <https://www.nhs.uk/conditions/penile-cancer/>

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