Strang Cancer Prevention Institute
Dedicated to Promoting Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

Head and Neck Cancer Awareness Month April 2026

HEAD AND NECK CANCER AWARENESS MONTH

INNOVATION IN HEAD AND NECK CANCER PREVENTION

Note to readers: Innovation is essential for cancer prevention. New analytic, diagnostic, and treatment methods, including precision medicine and artificial intelligence, continue to transform early detection and risk reduction. The Strang Cancer Prevention Institute, whose mission since 1933 has been to promote the cure of cancer through early detection and research, will continue to highlight important advances that improve patient outcomes and expand access to life-saving care.

Summary Human papillomavirus (HPV)-associated head and neck cancer is rising rapidly, particularly among men, and lacks established screening approaches. Blood-based tests detecting circulating HPV DNA show strong potential for early detection, treatment monitoring, and earlier identification of recurrence than current methods. However, traditional risk factors such as smoking, alcohol use, and poor oral health remain important drivers of risk, highlighting the need for combined vaccination, prevention, and detection strategies.

Rising Incidence of HPV-Related Head and Neck Cancers Head and neck cancers linked to human papillomavirus (HPV), especially oropharyngeal (affecting the middle throat: base of tongue, tonsils, soft palate) cancers, are rising in many countries and are now among the fastest-growing cancer types in developed populations.[1] In the United States, HPV-associated oropharyngeal cancer has become the most common HPV-related cancer, surpassing cervical cancer cases and disproportionately affecting men. HPV-positive oropharyngeal cancer represents a clinically and biologically distinct entity from HPV-negative oropharyngeal cancer. HPV-positive cancer tends to develop in younger people and often occurs in patients without common risk factors like heavy smoking and alcohol use. Prevention efforts are increasingly focusing on HPV vaccination and developing early detection methods specific to this unique disease subtype.

Blood-Based Testing Using Circulating HPV DNA Shows Promise for Early Detection Research by Mass General Brigham[2] highlights the potential of liquid biopsy approaches that detect circulating tumor HPV DNA (ctHPV-DNA) in blood as a novel method for early detection of HPV-associated head and neck cancers.[2] The new blood test, named HPV-DeepSeek, demonstrated a diagnostic accuracy of 99% in detecting HPV-related cancers and was able to identify early signs of cancer in blood samples, suggesting it may be effective as a screening tool as well.[2] This work aligns with recent evidence in Diagnostics[3] that demonstrates that circulating tumor HPV DNA (ctHPV-DNA) is a highly specific, minimally invasive biomarker for HPV-associated head and neck cancers. Advances in liquid biopsy technologies, including droplet digital PCR and next-generation sequencing, are improving the ability to detect tiny amounts of cancer-related DNA in the bloodstream. These advances make it possible to monitor disease more closely, allow for early detection, and monitor treatment responses. Although these new approaches are not yet validated for population screening, they represent a meaningful step toward a minimally invasive early detection strategy for HPV-related head and neck cancers, which currently lack established screening programs.

Traditional Risk Factors Continue to Drive Head and Neck Cancer Risk A recent study published in *The Lancet E clinical Medicine Journal*[4] examined oral HPV prevalence and associated risk factors in populations across Europe and the United States. The findings show that traditional risk factors, including tobacco use, alcohol consumption, poor oral health, and certain sexual behaviors, remain strongly associated with oral HPV infection, a key precursor to HPV-related head and neck cancers[4]. Individuals with these exposures were more likely to carry high-risk HPV types, suggesting that lifestyle and viral risk are closely linked. These results highlight that prevention strategies cannot focus on HPV vaccines alone. While vaccination plays an important role, reducing smoking and alcohol use, improving oral health, and addressing high-risk behaviors remain essential for lowering overall head and neck cancer risk. The study also underscores that many cases remain preventable through behavior change, reinforcing the need for integrated prevention strategies that address both infection and lifestyle risk factors

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IMPORTANT LINKS FROM THE STRANG WEB SITE

https://www.strang.org/

HEAD AND NECK CANCER SCREENING AND PREVENTION
https://www.strang.org/head-neck-cancer

MISSION
https://www.strang.org/mission

HISTORY
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https://www.strang.org/board-of-trustees

NCI (National Cancer Institute) CANCER CENTERS BY STATE
https://www.strang.org/us-cancer-centers

STRANG CANCER PREVENTION COOKBOOK
https://www.strang.org/strang-cookbook

RESEARCH GRANTS AND PROGRAMS SUPPORTED
https://www.strang.org/dianne-zola-ovarian-cancer-research
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The Strang Cancer Prevention Cookbook

Root Vegetable Lasagna

Reduce your Risk for Cancer by Eating a Healthy Diet!

Serve as a colorful nutritious entrée or a vegetable side dish

Use a mandolin to produce uniform thin slices of the root vegetables

6 Servings

2 ancho chiles
1 ½ cups vegetable stock or low-sodium canned broth
1 teaspoon olive oil
2 large baking potatoes (about 1 pound), peeled and sliced lengthwise 1/8 inch thick
2 medium sweet potatoes (about 14 ounces), peeled and sliced lengthwise 1/8 inch thick
2 medium parsnips (about ½ pound), peeled and sliced lengthwise 1/8 inch thick
3 medium turnips (about ¾ pound), peeled and sliced 1/8 inch thick
salt
¾ cup diced roasted peppers, drained if jarred
2 cups shredded low-fat cheddar or Monterey Jack-cheese (abut ½ pound)

Preheat the oven to 375 F

In a small saucepan, simmer the ancho chilies in the stock for 10 minutes. Turn off heat and let steep while you prepare the lasagna. Rub a casserole or baking pan (about 3-quart) with the olive oil. Arrange the root vegetable slices in the pan stating with a layer of slightly overlapping potatoes, followed by sweet potatos, parsnip, and turnips; repeat the sequence.

Season each layer with salt to taste and sprinkle with diced roasted pepper and shredded cheese, reserving about 1/3 cup of shredded cheese. Strain the stock, discarding the chiles, and pour evenly over the casserole. Cover with foil and bake for 50 minutes. Remove the foil, sprinkle with the reserved cheese, and bake for 15 more minutes. Let cool for 15 minutes before serving.

High in Fiber-20 percent daily requirement, Calories 285, Protein 13 g, Carbohydrates 41g, Fat 8 g, Cholesterol 0 mg, Dietary Fiber 5 g Saturated Fat 1 g

Recipe Laura Pensiero, R.D., **Strang** Nutrition Consultant
Chef, Dietitian, Restaurateur, Author
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THIS NEWSLETTER IS DEDICATED TO FRANCIS A. OSBORNE BDS

Prevention newsletter has been made possible by the Lottie French Lewis endowed fund at the Community Foundation of Palm Beach and Martin Counties

April is Head and Neck Cancer Awareness Month

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