

A Mini Review on Human papillomavirus (HPV)

Mukthi T^{*}, Priyanka K, Hepsiba N, Durga P and Kamal Sneha P

Department of Pharmacy, Vignan Institute of Pharmaceutical Technology, Duvvada, Visakhapatanam, Andhra Pradesh, India *Corresponding author: Mukthi Thammana, Department of Pharmacy, Vignan Institute of Pharmaceutical Technology, Visakhapatnam, Andhra Pradesh, India. Tel: 8142264639; E-mail: <u>gurujimukthi@gmail.com</u>

Received: March 22, 2017; Accepted: March 30, 2017; Published: March 30, 2017

Abstract

The *Human Papillomavirus* (HPV) is the common cause for the various cancers like Cervical cancer, vaginal cancer, anal canacer, oropharyngeal cancers. In this review we will get to know what are the different types of HPV, How it will affect the Host, Virology and Nature of HPV, How HPV can be diagnosed and How it can be prevented and treated.

Keywords: Human Papillomavirus; Cervical cancer; Vaginal cancer; Oropharyngeal cancers; Warts

Introduction

Human Papillomavirus is a virus which is available in different strains. These HPV is a group of more than 200 viruses. It is most commonly transmitted through sexual intercourse or other skin-to-skin contact or skin mucous contact. The HPV can be spread by vaginal, anal and oral routes. There are other HPV types which will not cause genital warts and not transmitted through sex. The *Human Papillomavirus* is the cause for cervical cancer. The cervical cancer is the one and only cancer which is caused by the virus. There are more than 40 HPV types which will be transmitted through Sexual Intercourse. These HPV's can be divided into 2 types [1-10]:

- Low Risk HPV's: These will not cause cancers but can cause skin warts which is technically known as condylomata acuminate formed on or around the genitals and anus. HPV types 6 and 11 will generally cause 90% of genital warts, these also causes recurrent respiratory papillomatosis, which is a rare disease and in this case benign tumours will grow in the air passages leading from the nose and mouth into the lungs.
- 2. High Risk HPVs': These will cause cancer. Many types of high risk HPV have been identified. Some of them are HPV types 16 and 18, these are responsible for most HPV-caused cancers.

According to Centers for Disease Control and Prevention (CDC), >90% of sexually active men and women will be infected by any type of HPV in their lifetime. Among these half are from high risk HPV type.

Cancers caused by HPV:

The High risk HPV causes the following types of cancers [11-15]:

• Cervical cancer: HPV causes the cervical cancer. 80% of cases are due to HPV 16 & 18 which is mainly responsible for this cervical cancer.

Citation: Mukthi T, Priyanka K, Hepsiba N, et al. A Mini Review on *Human papillomavirus* (HPV). Microbiol Int J. 2017;2(1): 109. ©2017 Trade Science Inc.

- Anal cancer: 95% of anal cancers are caused by HPV. Most of the cases are due to HPV 16.
- Oropharyngeal cancers: These cancers effects middle part of the throat, soft palate, base of the tongue, and tonsils.
- Other types of cancers: HPV causes 65% of vaginal cancers, 50% of vulvar cancers, and 35% of penile cancers.

For all these types of cancers, HPV type 16 is mainly responsible. Worldwide, approximately 5% of all cancers are caused by these High risk HPV. In United States, this high-risk HPV types cause 3% of cancer cases in women and 2% of cancer cases in men. Sometimes during birth also HPV can be which will cause genital or respiratory system infection to the infant.

170 types of HPV have been identified, and they are recognized by numbers. Some types of HPV, such as HPV-5, may cause infections that will persist for the lifetime without showing any symptoms. HPV types 1 and 2 can cause warts in some infected individuals. Animal warts and respiratory papillomatosis will be caused by HPV types 6 & 11. HPV types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 73, and 82 are mostly carcinogenic. The people with less immunity will develop HPV infection faster.

Warts

Skin infection ("cutaneous" disease) with HPV is extremely widespread. Skin infections with HPV can bring about noncancerous skin developments called warts (verrucae). Warts are brought on by a quick development of cells on the external layer of the skin. While instances of warts have been depicted since the season of antiquated Greece, their viral etiology was not known until 1907 [16-25].

Skin warts are most regular in adolescence and ordinarily show up and relapse suddenly through the span of weeks to months. Around 10% of adults additionally experience the ill effects of repeating skin warts. All HPVs are accepted to be fit for building up long "dormant" diseases in little quantities of undifferentiated organisms exhibit in the skin. In spite of the fact that these inert diseases may never be completely killed, immunological control is thought to obstruct the presence of side effects, for example, warts. Immunological control is HPV sort particular, which means an individual may get to be distinctly impervious to one HPV sort while staying powerless to different sorts. In one review, disease by HPV types 2, 27, and 57 was found in individuals with warts, while contamination by HPV types 1, 2, 63, and 27 was found in individuals with clinically ordinary skin.

The different types of warts include: Basic warts which are normally found on the hands and feet, yet can likewise happen in different territories, for example, the elbows or knees. Normal warts have a trademark cauliflower-like surface and are commonly somewhat raised over the encompassing skin. Cutaneous HPV sorts can bring about genital warts yet are not related with the improvement of malignancy. Plantar warts are found on the soles of the feet; they become internal, by and large bringing about agony when strolling. Subungual or periungual warts shape under the fingernail (subungual), around the fingernail, or on the fingernail skin (periungual). They are more hard to treat than warts in other locations. Flat warts are most usually found on the arms, face, or forehead. Like normal warts, flat warts happen most as often as possible in kids and teenagers. In individuals with ordinary insusceptible capacity, level warts are not related with the improvement of cancer.

Genital warts are very infectious, while normal, level, and flat warts are substantially less liable to spread from individual to individual.

Virology

The HPV can cause HPV mainly effects the epithelial cells. These cells, which are arranged in layers, cover within and outside surfaces of the body, including the skin, the throat, the genital tract, and the anus.

Once HPV enters an epithelial cell, the infection starts to make the proteins it encodes. Two of the proteins made by highchance HPVs (E6 and E7) meddle with cell works that ordinarily avert unreasonable development, helping the cell to develop in an uncontrolled way and to stay away from cell passing.

Commonly these contaminated cells are perceived by the insusceptible framework and killed. Here and there, be that as it may, these tainted cells are not pulverized, and an industrious disease comes about. As the tirelessly tainted cells keep on growing, they may create transformations in cell qualities that advance considerably more anomalous cell development, prompting to the arrangement of a territory of precancerous cells and, at last, a destructive tumor [26-50].

Different elements may aggravate the hazard that a contamination with a high-risk HPV type will hold on and potentially form into tumor. These include: Smoking or biting tobacco (for expanded danger of oropharyngeal tumor), Having a debilitated insusceptible framework, Having numerous youngsters (for expanded danger of cervical malignancy), Long term oral preventative use (for expanded danger of cervical disease), Poor oral cleanliness (for expanded danger of oropharyngeal disease), Chronic inflammation.

According to many Scientists, it can take in the vicinity of 10 and 30 years from the season of an underlying HPV contamination until a tumor frames. A condition in which several abnormal cells will be grown on cervix which is called as cervical intraepithelial neoplasia, or CIN. These don't generally prompt or leads to cancer. The estimated percentage of chances leading to tumour from CIN is 50%.

Diagnosis

If the warts are visible, a health care provider can make a diagnosis of HPV during a visual inspection. Extra tests should be finished to completely evaluate type of HPV. The test which will be done regularly for the diagnosis of HPV are Pap Smear test, DNA test, acetic acid test. In Pap smear test, a group of cells are collected from surface of cervix and by this they will detect any abnormality in cervix.

The use of a DNA test will evaluate for the high-risk types of HPV and is recommended for women aged 30 and older in addition with a Pap smear test. Right now, there is likewise a DNA test for HPV, which can be utilized alone without the requirement for simultaneous Pap testing beginning at age of 25.

The utilization of an acetic acid test will distinguish injuries that are not effortlessly observed as any unusual lessions influenced by HPV will turn white. At certain times, a biopsy of any abnormal zones might be necessary.

Currently, there is no test accessible for men to specifically test for HPV and diagnosis is made basically on visual assessment. In certain conditions like if any individual is having any background anal sex then should consult a health care provider and should undergo papsmear.

Prevention

To prevent the HPV infection, Food and Drug Administration (FDA) recommended 3 vaccines namely Gardasil[®], Gardasil[®] 9, and Cervarix[®]. These HPV vaccines can prevent the HPV infections and can provide strong protection against the HPV infection. It is suggested that before having the sexual intercourse, every individual should definitely take the HPV vaccine such that HPV infection can be prevented. Consistent condom use can also prevent the HPV [51-85].

Treatment

Currently, there is no therapeutic treatment for HPV diseases because they are not related with unusual cell changes. In any case, the genital warts, benign respiratory tract tumors, precancerous changes at the cervix, and diseases coming about because of HPV contaminations can be treated.

Techniques generally used to treat precancerous cervical changes incorporate cryosurgery (solidifying that decimates tissue), LEEP (circle electrosurgical extraction strategy, or the expulsion of cervical tissue utilizing a hot wire circle), surgical conization (surgery with a surgical tool, a laser, or both to evacuate a cone-formed bit of tissue from the cervix and cervical trench), and laser vaporization conization (utilization of a laser to wreck cervical tissue).

Treatments for other types of benign respiratory tract tumors and precancerous changes brought about by HPV (vaginal, vulvar, penile, and butt-centric injuries) and genital warts incorporate topical chemicals or medications, excisional surgery, cryosurgery, electrosurgery, and laser surgery. Treatment methodologies are being tried in clinical trials, including a randomized controlled trial that will figure out if treating butt-centric precancerous injuries will diminish the danger of anal cancer malignancy in individuals who are contaminated with HIV [86-95].

The individuals who are having HPV infection will receive the same treatment as the individuals who are not having HPV infection based on the size, type of the tumours. The individuals with positive oropharyngeal cancer will be treated differently than HPV negative oropharyngeal cancer. Recent studies revealed that HPV positive oropharyngeal cases will have better treatment rate. Other than HPV, there are other viruses like HIV (Human Immunodeficiency viruses) are also present which will be transferred through contact with body fluids [96-101].

Conclusion

Human Papillomavirus is causing HPV infection and it is causing serious health issues. In primary stages only, should diagnose and prevent the further complications. Prevention is better than cure so if any signs like warts were observed then should immediately consult a health care professional and prevent the HPV infection.

REFERENCE

- Ogochukwu TN, Akabueze J, Ezeome IV, et al. Vaccination against Human Papilloma Virus in Adolescent Girls: Mother's Knowledge, Attitude, Desire and Practice in Nigeria. J Infect Dis Preve Med. 2017; 5:151.
- Rathi A, Garg S, Meena GS. Human Papilloma Virus Vaccine in Indian Settings: Need of the Hour. J Vaccines Vaccin. 2016;7:346.
- Geneti HB, Hailu DA, Muleta G. Assessment of the Knowledge, Attitude and Acceptability towards Human Papilloma Virus and its Vaccine among Undergraduate Female Medical Students, South-West Ethiopia. Gynecol Obstet (Sunnyvale). 2016;6:410.
- Sur D, Chakravorty R. Present Status of Cervical Neoplasia Control and Human Papilloma Virus Epidemiology in India: The Wind is Blowing; Unfolding the Truth. J Cancer Sci Ther. 2016;8:240-43.
- Sandeep S, Roshan KS, Abhilasha S. Human Papilloma Virus (HPV) Vaccines: Scope and Implications. Transl Med (Sunnyvale). 2016;6:180.
- Sur D, Chakravorty R. Present Status of Cervical Neoplasia Control and Human Papilloma Virus Epidemiology in India: The Wind is Blowing; Unfolding the Truth. J Cancer Sci Ther. 2015;7:363-366.
- Odetola TD, Ekpo K. Nigerian Women's Perceptions about Human Papilloma Virus Immunisations. J Community Med Health Educ. 2012;2:191.

- Vinodbhai PN. Evolutionary Perspective of Human Papilloma Virus Infection in Humans. J Antivir Antiretrovir. 2013;5:092-100.
- 9. Gaspar J, Gir E, Reis RK, et al. Sociodemographic and Clinical Factors and Their Association with the Types of Lesion Caused by the Human Papilloma Virus. J Antivir Antiretrovir. 2013;5:113-18.
- Susan Amirian E, Chiao EY, Hill KT, et al. Preliminary Findings on the Effects of Interferon-α Treatment on Human Papilloma virus Infection in a Small Pilot Study of HIV and Hepatitis C Virus Co-Infected Men. Epidemiol 2013;3:139.
- 11. Cristina Merkhofer, Joel Maslow. Human Papilloma Virus (HPV) Infection and Non-Cervical Oncogenic Disease States. Virolmycol. 2015;4:144.
- 12. Vargas H, Rodríguez DM, Gómez SL, et al. Identification of Human Papilloma Virus (HPV) in the Oral Cavity of Asymptomatic Colombian Men. Mol Biol. 2015;4:144.
- Jones DV, Houman Fekrazad M, Bauman JE. Human Papilloma Virus-Induced Head and Neck Cancer. Otolaryngology. 2012;S2:002.
- LaRocque DJ, Berry-Cabán CS. Human Papilloma Virus Vaccination Coverage among Soldiers in a Military Treatment Facility, 2007-2010. J Vaccines Vaccin 2011;2:116.
- 15. Maeda K. Prevention of Ureter Fistula and other Side Effects of Radical Hysterectomy of Uterine Cervical Cancer. Cervical Cancer. 2016;1(3):110.
- Saleh HS, El Hameid AAA, Mowafy HE, et al. Visual Inspection of the Cervix with (Acetic Acid or Lugol's Iodine) for Cervical Cancer Screening. Cervical Cancer. 2016;1:111.
- 17. Chabra S. Cervical Cancer Preventable, Treatable, but Continues to Kill Women. Cervical Cancer. 2016;1(3):112.
- 18. Singh GK, Kaur J, Sharma D, Singh G, Singh P. Isolated Clavicular Metastasis in a Patient with Endometrial Adenocarcinoma. Cervical Cancer. 2016;1(2).
- AbdAlla A, Elsadig M. Perception of Nursing Students towards Palliative Care of Cervical Cancer in Sudan. Cervical Cancer 2016;1(2):108.
- 20. Agius LM. Dimensions of Cooperative Cervical Oncogenesis in Abortive Infection by Human Papillomavirus. Cervical Cancer 2016;1(2):109.
- Tadesse SK. Preventive Mechanisms and Treatment of Cervical Cancer in Ethiopia. Cervical Cancer. 2016;1(1):101.
- 22. Davidson BA, Nagel CI, Richardson DL. Skin Metastases to Cesarean Scar at Diagnosis of Carcinoma of Cervix in a Postpartum Female. Cervical Cancer. 2015;1(1):102.
- 23. Abate SM. Trends of Cervical Cancer in Ethiopia. Cervical Cancer 2016;1(1):103.
- 24. Dexeus S, Dexeus D, Salcedo FL. Colposcopy Today. Cervical Cancer. 2016;1(1):104.
- 25. Sarwar A, Suri J, Sharma V, et al. Novel Benchmark Database of Digitized and Calibrated Cervical Cells for Artificial Intelligence Based Screening of Cervical Cancer. Cervical Cancer. 2016;1(1):105.
- AbdAllah AAA, Hummeida ME, Elmula IMF. Awareness and Attitudes of Nursing Students towards Prevention of Cervical Cancer. Cervical Cancer 2016;1(1):106.
- Abdikarim IK, Atieno WMC, Habtu M. Prevalence and Associated Factors of Cervical Cancer Screening among Somali Women in an Urban Settlement in Kenya. J Comm Pub Health Nursing. 2017;3:159.

- 28. Jordaan S, Michelow P, Richter K, et al. A Review of Cervical Cancer in South Africa: Previous, Current and Future. Health Care Current Reviews. 2016;4:180.
- Maghous A, Marnouche E, Loughlimi H, et al. Evaluation of Cisplatin Induced Toxicity in Head and Neck Cancer and Cervical Cancer During Concurrent Chemoradiotherapy. Experience of National Institute of Oncology in Morocco. J Cancer Sci Ther. 2017;9:314-318.
- 30. Chhabra S, Devi S, Chopra S, et al. Staging Issues in Cervical Cancer. Can Surg. 2016;1:104.
- 31. El-Moselhy EA, Borg HM, Atlam SA. Cervical Cancer: Sociodemographic and Clinical Risk Factors among Adult Egyptian Females. Adv Oncol Res Treat. 2016;1:106.
- Ali CI, Makata NE, Ezenduka PO. Cervical Cancer: A Health Limiting Condition. Gynecol Obstet (Sunnyvale). 2016;6:378.
- Sahli N, Bakkali H, Boutayeb S, et al. Impact of Brachytherapy in the Treatment of Locally Advanced Cervical Cancer: Results from a Single Institution. Gynecol Obstet (Sunnyvale). 2016;6:386.
- 34. Dadlani K, Lopez C, Gabler F, et al. Assessment of the Expression of Long Noncoding Mitochondrial RNAs (IncmtRNAs) During Cervical Cancer Progression and Cervical Carcinoma. J Cancer Sci Ther. 2016;8:038-045.
- 35. Gebru Z, Gerbaba M, Dirar A. Barriers to Cervical Cancer Screening in Arba Minch Town, Southern Ethiopia: A Qualitative Study. J Community Med Health. 2016;6:401.
- 36. Morris MR. Factors Associated with the Uptake of Cervical Cancer Screening Among Women of Reproductive Age in Homabay County, Kenya: A Case of Kanyadhiang Sub Location. Clinics Mother Child Health. 2016;13:232.
- 37. Bolis G, Liverani AC. Cervical Cancer Screening Strategies: Not the Test You Take, but the Decision You Make. Trends Gynecol Oncol. 2016;1:e102.
- Artaza-Irigaray C, Aguilar-Lemarroy A, Jave-Suárez LF. A Commentary on WNT7A Implication in Cervical Cancer Development. J Genet Syndr Gene Ther. 2015;6:267.
- 39. Cesario KS, Liu F, Mc Farlane J, et al. Abused Women at Risk for HPV and Cervical Cancer: Decisions to Vaccinate their Children. Clinics Mother Child Health. 2015;12:194.
- 40. Chandel SS, Jain RK. Evaluation of Role of Concurrent Chemotherapy and Brachytherapy in Locally Advanced Cervical Cancer Patients. J Cancer Sci Ther. 2016;8:010-14.
- 41. Mobit P, Baird MC, Kanakamedala MR, et al. 3D Image based Customized versus Standard Treatment Planning for Cervical Cancer High Dose Rate Brachytherapy with Tandem and Ovoids. J Nucl Med Radiat Ther. 2015;6:239.
- 42. Ahmed M, Patel CM, Fehl DJ.The Use of Oncolytic Vesicular Stomatitis Virus in Conjunction with Natural Products for the Treatment of Cervical Cancers. Adv Tech Biol Med. 2015;3:133.
- Porchia ML, Meda E, Zepeda RC, et al. Different Effects of the RNASEL R462Q Mutation on the Risk of Developing Prostate and Cervical Cancer in Latin American Subjects: A Meta-Analysis. J Carcinog Mutagen. 2015;6:234.
- Pomerai KW, Muchekez M, Nyachowe C. Knowledge of Cervical Cancer among Zimbabwean Women on Anti Retro Viral Therapy 2012. J AIDS Clin Res; 2015;6:495.
- 45. Gavrilescu MM, Todosi AM, Ioanid N, et al. Minimally Invasive Surgery: A New Approach for Uterine Cervical Cancer. Journal of Surgery [Jurnalul de chirurgie]. 2015;11(3): 93-97.
- Zhang T, Xue X, He D, et al. Down-Regulated Mir-22 as Predictive Biomarkers for Prognosis of Cervical Cancer. J Integr Oncol. 2015;4:145.

- Gebrie MH, Belete MA, Lemlem SB, et al. Knowledge, Preventive Practice and Associated Factors of Female Nurses' Towards Cervical Cancer in the Selected Government Hospitals in Addis Ababa, Ethiopia. J Diabetes Metab. 2015;6:569.
- Bacalbaşa N, Balescu I. Surgical Approach of Cervical Cancer Liver Metastases: Case Report. Journal of Surgery [Jurnalul de chirurgie] 2015;11(2):385-87.
- 49. Deepak RU, Kumar RR, Byju NB, et al. Computer Assisted Pap Smear Analyser for Cervical Cancer Screening using Quantitative Microscopy. J Cytol Histol. 2015;S3:010.
- Menczer J, Ben-Shem E, Golan A, et al. A Comparison of Israeli Jewish Women with Genital Warts (Condilimata Acuminata) to Cervical Cancer Patients Regarding the Presence of Selected Risk Factors. Gynecol Obstet. 2013;3:174.
- Begum S, Naik DD, Saritha Nair, et al. Mobilising Women from a Low Income Community to Attend Cervical Cancer Screening Camps: Insights from a Study in an Urban Slum of Mumbai. Gynecol Obstet (Sunnyvale). 2014;4:197.
- 52. Cheng J, Du Q, Zhang X, et al. Study on the Relationship between the Structure and Functions of Anti-human Cervical Cancer Single-chain Antibody and the Lengths of Linkers. J Proteomics Bioinform. 2014;S8:004.
- Gavrilescu MM, Todosi AM, Ioanid N, et al. Role of Sentinel Lymph Node in Early Stage of Uterine Cervical Cancer. Journal of Surgery [Jurnalul de Chirurgie] 2014;10(3):197-202.
- 54. Nasir Uddin M. Alternative Vaccine Strategies for Cervical Cancer. J Develop Drugs. 2015;4:e139.
- 55. Chang AJ, Dehdashti AJ, Siegel BA, et al. Intratumoral Heterogeneity of 64Cu-ATSM Uptake is a Prognostic Indicator in Patients with Cervical Cancer. OMICS J Radiology 2013;2:130.
- Matthews AK, Li CC, Ross N, et al. Breast and Cervical Cancer Screening Behaviors of African American Sexual Minority Women. J Gen Pract. 2013;1:107.
- 57. Marconi DG. Cervical Cancer: State of the Art and Future Directions. J Nucl Med Radiat Ther. 2013;4:156.
- Antunes D, Cunha TM. Recurrent Cervical Cancer: How Can Radiology be Helpfull. OMICS J Radiology. 2013;2:138.
- 59. Thomakos N, Trachana SP, Rodolakis A, et al. Less Radical Surgery for Fertility Preservation in Patients with Early-Stage Invasive Cervical Cancer Contemporary Problematics. Gynecol Obstet. 2013;3:165.
- 60. da Fonseca AJ, Roldan Martin CN, Gusmão Gigante RL, et al. Cost-Effectiveness of Primary and Secondary Prevention Strategies for Cervical Cancer in Brazil: A Systematic Review. Gynecol Obstet. 2013;3:169.
- 61. Dueñas-Gonzalez A. The Achilles Heel of Cervical Cancer: An Overlooked Target? J Pharmacogenomics Pharmacoproteomics. 2012;3:e128.
- González Bosquet E, Mazarico E. Importance of Different Hpv Genotypes in the Development of Cervical Cancer. J Vaccines Vaccin. 2012;3:161.
- Natunen K, Lehtinen TA, Torvinen S, et al. Cost-Effectiveness of HPV-Vaccination in Medium or Low Income Countries with High Cervical Cancer Incidence – A Systematic Rview. J Vaccines Vaccin. 2013;4:172.
- Elumelu TN, Adenipekun A, Soyannwo O, et al. Palliative Care Experience in Breast and Uterine Cervical Cancer Patients in Ibadan, Nigeria. J Palliative Care Med. 2013;3:139.
- 65. Valeria S, Cristina A, Jordi C. Low Prevalence of Cervical Cancer Screening Among HIV-Positive Women in Catalonia (Spain). J AIDS Clinic Res. 2013;S3:004.

- 66. Bellefqih S, Mezouri I, Khalil J, et al. Skin Metastasis of Cervical Cancer: About an Unusual Case. J Clin Case Rep. 2013;3:284.
- 67. Malik SN, Shams M. Role of Uterine Artery Embolization in the Management of Cervical Cancer: Review Article. J Cancer Sci Ther. 2012;4:167-69.
- 68. Singh S, Badaya S. Factors Influencing uptake of Cervical Cancer Screening among Women in India: A Hospital based Pilot Study. J Community Med Health Educ. 2012;2:157.
- 69. Huang Z, Mayr NA, Lo SS, et al. Characterizing at-Risk Voxels by Using Perfusion Magnetic Resonance Imaging for Cervical Cancer during Radiotherapy. J Cancer Sci Ther. 2012;4:254-59.
- Obeidat RA, Saidi SA. Prevalence of High-Grade Cervical Intraepithelial Neoplasia (CIN) and Cervical Cancer in Women with Post-Coital Bleeding (PCB) and Negative Smear: A Retrospective Study. Gynecol Obstet. 2012;2:127.
- Langley G, Mary N. Health Seeking Behaviours of Women with Cervical Cancer. J Community Med Health Educ. 2012;2:170.
- 72. Chen JR, Azodi M. Smaller but Better? The Effort to Shrink Surgical Scale for Selected Early Stage Cervical Cancer. Gynecol Obstet. 2012;2:e108.
- 73. Liu FW, Vwalika B, Hacker MR, et al. Cervical Cancer and HPV Vaccination: Knowledge and Attitudes of Adult Women in Lusaka, Zambia. J Vaccines Vaccin. 2012;3:138.
- 74. Malapati R, Brandis O, Sharma S, et al. Late Midtrimester Pregnancy, Advanced Bulky Cervical Cancer, Radiation Therapy, and Physician's Moral Distress: A Management Dilemma. Gynecol Obstetric. 2012;2:114.
- 75. Al-Naggar RA, Chen R. Practice and Barriers towards Cervical Cancer Screening among University Staff at a Malaysian University. J Community Med Health Edu. 2012;2:120.
- 76. Martins CA, Val IC, Velarde LG. Prevalence of Human Papillomavirus Infection in Female Transplant Recipients with Normal Cytology. Appli Micro Open Access. 2016;2:121.
- Metzger C, Pittl A, Kaufmann AM, et al. A New Sandwich ELISA Test Simultaneously Detecting E7 Proteins of HPV-16, 18 and 45 in Cervical Smears. Clin Microbiol. 2016;5:260.
- 78. Chandrika Johnson. Human Papillomavirus and Cancer in Men. Health Science Journal. 2016.
- Leiser Y, Ghantous Y, Akrish S, et al. Human Papilloma Virus Related Oral Squamous Cell Carcinoma in Israel Population: Trends and Incidence. Arch Med. 2016;8:4
- Bojgua S, Kldiashvili E. Liquid Based Cytology Cervical Cancer Screening Program Georgian Experience. Arch Can Res. 2016;4:3.
- 81. Nuruliza Roslan. Knowledge, Attitude and Practice of Human Papillomavirus (HPV) Vaccination among Secondary School Students in Rural Areas of Negeri Sembilan, Malaysia. International Journal of Collaborative Research on Internal Medicine & Public Health.
- 82. Kldiashvili E, Bojgua S. Application of Chromogenic In Situ Hybridization (CISH) for Human Papillomavirus (HPV) Genotyping. Arch Cancer Res. 2016,4:2.
- 83. Valerie Giordanengo. Type-Specific Human Papillomavirus Testing for the Follow-up of Women with a Typical Squamous Cells of Undetermined Significance (ASCUS) Pap Smears. Archives in Cancer Research.

- 84. Eftihia Gesouli-Voltyraki. Comparative assessment of knowledge regarding the Pap test and their receptivity to HPV vaccination between women- health professionals and women of general population, in Greek Province areas. Health Science Journal.
- 85. Sharma Veena, Singh Premraj, Sharma Narotam, et al. Study of epidemiology of HPV infection in the Uterine Cervix of Women's in Delhi /NCR regions, India", Int. J. Drug Dev. & Res. 2012;4(1):311-15.
- Kathy L MacLaughlin. Predictors of patient comfort and adherence with less frequent cervical cancer screening. 2011.
- Kari P Braaten. Human Papillomavirus (HPV), HPV-Related Disease, and the HPV Vaccine. Rev Obstet Gynecol. 2008.
- Lauri E. Markowitz. Prevalence of HPV After Introduction of the Vaccination Program in the United States. Pediatrics. 2016.
- Suzanne M. Garland. Impact and Effectiveness of the Quadrivalent Human Papillomavirus Vaccine: A Systematic Review of 10 Years of Real-world Experience. Clin Infect Dis. 2016;63 (4):519-27.
- 90. Faridi R, Amreen Zahra, Khalida Khan, et al. Oncogenic potential of Human Papillomavirus (HPV) and its relation with cervical cancer. Virology Journal. 2011;8:269
- 91. Ding SW, Voinnet O. Antiviral immunity directed by small RNAs. Cell. 2007;130.
- 92. Coppel E. A randomized clinical trial of pegylated interferon for acute hepatitis c virus infection in active injection drug users. J Virol Antivir Res. 2014;3:3.
- You DM. Twice daily dosing of telaprevir for treatment-naive and treatment-experienced patients with hepatitis c infection. J Virol Antivir Res 2014;3:4.
- 94. Grijalva-Chon JM, Longoria CR. Viral threats in aquaculture: the battle continues. J Virol Antivir Res. 2015;4:1
- 95. Ahmed AM. Role of interleukin-10, interleukin-12 in the response prediction during combined peg-interferon-alpha 2a and ribavirin therapy in patients with chronic hepatitis C. J Virol Antivir Res. 2015;4:1.
- 96. Santiago F. Longitudinal analysis of cerebrospinal fluid and plasma hiv-1 envelope sequences isolated from a single donor with HIV asymptomatic neurocognitive impairment. J Virol Antivir Res 2015;4:1.
- Ahmad N. Influence of HIV-1 genetic variability on vertical transmission and pathogenesis. J Virol Antivir Res. 2015;4:1.
- 98. FArir G. Griffiths in, alone and combined with all classes of antiretroviral drugs, potently inhibits HIV cell-cell transmission and destruction of CD4+ T-cells. J Antivir Antiretrovir 2012; 4:103-112.
- 99. Upton RL. HIV prevention, infertility and concordance in partner selection among couples living with HIV and aids in rural and peri-urban contexts in Botswana. J AIDS Clin Res. 2015; 6:526.
- 100.Seloilwe ES. Parent and youth communication patterns on HIV and AIDS, STIS and sexual matters: Opportunities and challenges. J Child Adolesc Behav. 2015;3:203.
- 101.Goparaju L. Women want pre-exposure prophylaxis but are advised against it by their HIV-positive counterparts. J AIDS Clin Res. 2015;6:52.