

□ HPV16-positive cervical squamous cell carcinoma

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- [Down-regulation of miR-125b by HPV16 E6 might promote cervical cancer progression through TAZ/TEAD](#)
- [HPV Biomarkers in Oral and Blood-Derived Body Fluids in Head and Neck Cancer Patients](#)
- [Redox Status and Protein Glutathionylation in Binase-Treated HPV16-Positive SiHa Carcinoma Cells](#)
- [Influence of head and neck cancer exosomes on macrophage polarization](#)
- [The Expression of HPV-16 E5 Oncoprotein Impacts the Transcript Profiles of FGFR2 and EMT-Related Genes in Preneoplastic Anal Epithelium Lesions](#)
- [Targeted inhibition of BET proteins in HPV16-positive head and neck squamous cell carcinoma reveals heterogeneous transcriptional responses](#)
- [Context-Dependent Regulation of Peripheral Nerve Abundance by the PI3K Pathway in the Tumor Microenvironment of Head and Neck Squamous Cell Carcinoma](#)

A malignant epithelial tumor of the cervix originating from the squamous epithelium, associated with infection by human papillomavirus type 16 (HPV16) — the most oncogenic strain among high-risk HPV types.

Pathophysiology:

HPV16 encodes E6 and E7 oncoproteins, which inactivate tumor suppressor genes p53 and RB1, respectively, leading to genomic instability and malignant transformation of cervical epithelial cells.

Clinical significance:

HPV16 is detected in approximately 50–60% of cervical squamous cell carcinomas worldwide.

Tumors positive for HPV16 may present distinct molecular profiles, radiation sensitivity, and potentially prognostic implications compared to HPV-negative cases.

Though usually locally invasive, rare hematogenous dissemination (e.g., to brain or cerebellum) has been documented in isolated reports.

Diagnosis:

Confirmed by histopathology of cervical biopsy.

HPV genotyping (PCR or in situ hybridization) identifies high-risk subtypes like HPV16.

Treatment:

Based on FIGO stage, standard treatment includes radiotherapy ± cisplatin-based chemotherapy, with brachytherapy for local control.

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