

(A) Clinical Research

Title: Sexually Transmitted Infections in Patients with Squamous Cell Carcinoma: A Population-Based Analysis

Amritpal Kooner, MA¹; Natalia Chalupczak, BS²; Rawle A. Sekhon, MD³, Michelle Anthony, BS⁴

Background:

Squamous cell carcinoma (SCC) is one of the most common non-melanoma skin cancers, with a multitude of known risk factors, including ultraviolet radiation exposure, immunosuppression, and chronic inflammation.¹ Recent studies suggest an association between high-risk sexual behavior and SCC.^{2, 3, 4} However, the relationship between SCC and STIs is still underexplored..

Objective

To evaluate the prevalence and odds of STIs in patients with SCC compared to matched controls, investigating potential associations between SCC and sexually transmitted infections such as human papillomavirus (HPV), human immunodeficiency virus (HIV), herpes simplex virus (HSV), syphilis, gonorrhea, and chlamydia.

Methods

A retrospective case-control study was conducted using the NIH All of US database identifying patients diagnosed with SCC.⁵ Cases were matched to controls without SCC based on age, sex, and other relevant demographics. The prevalence of STIs was compared between groups, and univariate and multivariate logistic regression models were used to calculate odds ratios (ORs) with 95% confidence intervals (CIs), adjusting for potential confounders.

Results

Among 2,755 SCC cases and 15,020 matched controls, the prevalence of STIs varied across different infections. In our multivariate analysis, SCC patients had a significant association with C. trachomatis, N. gonorrhoea, herpes simplex virus, human immunodeficiency virus, human papillomavirus, and syphilis ($p < .01$)

Conclusions

Patients with SCC had a significant association with STD comorbidities, suggesting potential interactions between oncogenic and immunomodulatory mechanisms. These findings indicate a need for further research on the role of STIs in SCC pathogenesis and emphasize the importance of STI screening in high-risk patient populations.

References

1. Zavdy O, Coreanu T, Bar-On DY, et al. Cutaneous squamous cell carcinoma in immunocompromised patients-A comparison between different immunomodulating conditions. *Cancers (Basel)*. 2023;15(6). doi:10.3390/cancers15061764
2. Dahlstrom KR, Li G, Tortolero-Luna G, Wei Q, Sturgis EM. Differences in history of sexual behavior between patients with oropharyngeal squamous cell carcinoma and patients with squamous cell carcinoma at other head and neck sites. *Head Neck*. 2011;33(6):847-855.
3. Madsen BS, van den Brule AJC, Jensen HL, Wohlfahrt J, Frisch M. Risk factors for squamous cell carcinoma of the penis--population-based case-control study in Denmark. *Cancer Epidemiol Biomarkers Prev*. 2008;17(10):2683-2691.
4. Shimizu A, Kuriyama Y, Hasegawa M, Tamura A, Ishikawa O. Nail squamous cell carcinoma: A hidden high-risk human papillomavirus reservoir for sexually transmitted infections. *J Am Acad Dermatol*. 2019;81(6):1358-1370.
5. All of Us Research Program Investigators, Denny JC, Rutter JL, et al. The “All of Us” Research Program. *N Engl J Med*. 2019;381(7):668-676.