What to Know About “Full House” Actor Dave Coulier’s Oropharyngeal Cancer

Dave Coulier said his latest cancer could stem from HPV. Here, a Colorado University expert explains more about head and neck cancers.

December 9, 2025 By Mark Harden

Dave Coulier, a veteran television actor, voice performer and comedian, has revealed on national television that he has been diagnosed with oropharyngeal cancer, a type of head and neck cancer, and is undergoing radiation treatment.

Coulier, 66, played “Uncle” Joey Gladstone in the long-running ABC comedy series Full House and its Netflix sequel, Fuller House. He also has voiced characters on animated programs, including Muppet Babies and The Real Ghostbusters, and has appeared on various reality series and game shows.

Appearing on NBC’s Today show on December 2, Coulier said he had been diagnosed in October with early-stage oropharyngeal squamous cell carcinoma at the base of his tongue.

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Coulier said the cancer was detected as the result of scheduled PET scans (positron emission tomography) he has received following a 2024 diagnosis of non-Hodgkin lymphoma. Coulier told Today that he is now free of lymphoma following chemotherapy, and that doctors told him his oropharynx cancer was unrelated to the lymphoma.

The actor said his doctors told him his cancer "could stem from having an HPV [human papillomavirus] up to 30 years ago. A lot of people carry the HPV virus, but they said mine activated and turned into a carcinoma." HPV is a common virus spread through intimate skin-to-skin contact, including sex, according to the U.S. Centers for Disease Control and Prevention. It can eventually cause various cancers, including oropharynx cancer.

The actor separately told USA Today that, soon after his latest diagnosis, he underwent surgery to remove a layer of his tongue, and that he is now undergoing radiation treatments.

To understand more about Coulier's diagnosis and about head and neck cancers (HNC) in general, we turned to two University of Colorado Cancer Center members: Antonio Jimeno, MD, PhD, co-leader of the Developmental Therapeutics Program, professor in the CU Anschutz Division of Medical Oncology and director of the cancer center's HNC Program; and Ryan Lanning, MD, PhD, an associate professor in the CU Anschutz Department of Radiation Oncology and deputy director of the HNC Program.

(Neither Jimeno nor Lanning has treated Coulier or has seen his medical records, and they are not commenting on the specifics of his case, its causes or his treatment.)

What is head and neck cancer?

Jimeno: Head and neck cancer is one of the types of solid tumors with the highest increase in incidence over the last 20 years in the United States. In 2005, there were about 39,000 new cases in the U.S., and now we're documenting 65,000 to 70,000 new cases a year.

Many of these cancers — about 40,000 a year — are driven by tobacco and alcohol use, most notably oral cavity and larynx cancer. Fortunately, people have decreased using cigarettes, but they have increased using chewing tobacco, cigars and marijuana products, so they've exchanged one risk factor for another, and so those cancer incidence numbers have not decreased. This subset of the disease is more difficult to cure. We achieve cures in about 60% to 65% of patients.

Lanning: And then, on top of that, there has been a dramatic increase in the frequency of HPV-related HNC. They affect younger and healthier people and typically occur in the throat, specifically in the base of the tongue or the tonsil.

HPV-driven oropharynx cancer has a better cure rate of 95% or higher in part because it is much

more susceptible to radiation and chemotherapy.

→ What to Know About Head and Neck Cancer

How are head and neck cancers treated at the CU Cancer Center?

Jimeno: We have a comprehensive team of specialized ear, nose and throat (ENT) surgeons, radiation oncologists and medical oncologists to treat patients with this disease, and also dedicated radiologists and pathologists, given the importance of specialized expertise. All head and neck cancer patients we take care of are discussed in a multidisciplinary tumor board setting, attended by 10 to 20 specialized physicians who discuss each case until a consensus is reached and a customized plan of care is formulated for each individual.

How we treat these cancers is important because the area affected by head and neck cancers is fundamentally what defines us as a person. The organs and functions affected by head and neck cancer are how we interact with the world. In addition, we breathe and swallow through our head and neck area. This is why there is a tremendous push toward not just focusing on cure but also on quality of life and function preservation.

We always strive to follow National Comprehensive Cancer Network guidelines and emphasize the treatment that will offer optimal outcomes both in terms of cure as well as function and quality of life. Like in many other areas of oncology, the improvements in radiation therapy and chemotherapy in the last two decades mean equivalent outcomes from a cure perspective compared to surgery in some HNC types, and there has been a shift from surgery to organ-preserving approaches, including in intermediate and advanced HPV-driven HNC.

For many other HNC types, including those with worse prognosis that are not HPV-related, surgery is the treatment that offers the best chance of cure. Many of our patients end up needing all of those treatments, in a specific sequence. Getting that choice right is the reason why it is so critical that each individual case is carefully assessed by a specialized multidisciplinary team such as ours.

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How does radiation therapy come into play?

Lanning: We have been at the forefront of de-escalating therapy for patients with oropharynx HPV-driven HNC. For many years, we have been pioneering what is now the accepted practice, which is to reduce the dose of radiation in a stepwise manner, so that the long-term side effects that are historically associated with radiation, such as dry mouth and neck fibrosis, are diminished or avoided altogether.

Are there signs a person should look for that might suggest they have head and neck cancer?

Lanning: It’s important that people go regularly to their dentist, because many cases of head and

neck cancer are initially discovered by the dentist, who then refers the patient to an oral surgeon or an ENT surgeon.

In addition, when someone notices a neck lump or swollen gland that doesn't go away, or something that is initially diagnosed as a throat infection, but after a round or two of antibiotics it persists or even grows, those are the most common presentation symptoms. It's important to pay attention to those. Unfortunately, there are no screening tests yet for head and neck cancer.

What can we do to reduce our risk of head and neck cancer, particularly an HPV-related cancer?

Jimeno: The various head and neck cancers have multiple origins. For HPV-related cancer, the best strategy is to deliver the HPV vaccine to both boys and girls. The CDC recommends two doses of the HPV vaccine at ages 11 to 12 years. The vaccine is very safe and extremely effective in preventing not just oropharynx cancer, but also cervical cancer in women and anal cancer in both men and women.

For the other types of head and neck cancer, such as oral cavity or larynx cancer, the best prevention is to avoid tobacco in any of its forms, and also to avoid smoking and vaping marijuana products, as well as limiting or avoiding the use of alcohol.

Dr. Jimeno, you are co-director of the Colorado Head and Neck Cancer Specialized Programs of Research Excellence (SPORE) at the CU Cancer Center. Would you explain what that is and what it means for patients?

Jimeno: A SPORE grant is a large National Cancer Institute award that recognizes advanced, comprehensive research programs in a given disease. It endows those programs with funds to conduct patient-oriented translational and therapeutic research to advance patient care. For the past five years, we have been the proud recipients of one of only four head and neck cancer SPORE grants in the U.S.

As part of our HNC SPORE effort, we have been conducting clinical trials with novel combinations of immunotherapy with radiation, as well as new molecular therapies for relapsed metastatic head and neck cancer. Also, it gives us support to train the next generation of clinical researchers and basic researchers in head and neck cancer.

Despite being one of the cancer types with the fastest rates of increase, head and neck cancer research is still underfunded. And therefore, it's great that the CU Cancer Center and the CU Anschutz School of Medicine have been recognized with one of these very selective awards, so we can continue providing our patients with new options, so that we can cure them at a higher rate, and so we can make their lives better along their journey.

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