

BOOK REVIEW

Laura Mamo, *Sexualizing Cancer: HPV and the Politics of Cancer Prevention*

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In *Sexualizing Cancer*, Laura Mamo explores the connections among sexuality, gender, vaccines and cancer using lenses from sociology of science. Over nine chapters, she discusses the marketing of the HPV vaccine as a cervical cancer vaccine to young women after its FDA approval in 2006 and the subsequent broadening to other patient groups for anal and oropharyngeal cancers, among others. Her foundational assumption is that the virus and the vaccine are not just material objects, but also social objects. With a nod to Michel Foucault, she claims vaccines are ‘biopolitical projects that administer life and death and discipline individuals through the exertion of power’ (p. 31). Starting with a focus on the selectively sanitized view of HPV that was first presented to the public, Mamo describes the desexualizing promotional campaign by Merck, creator of the Gardasil HPV vaccine, aimed specifically at girls and their parents. Its advertisements empowered girls to choose to protect themselves but in turn diminished their sexual agency by downplaying the sexually transmitted nature of the virus. The second chapter recounts how Gardasil was subsequently approved for boys, creating some conflict between individual and community health (‘me medicine’ versus ‘we medicine’), as cervical cancer cannot develop in people without cervixes. Chapter 3 covers how HPV-caused anal cancer and its sexualized victims were often overlooked due to homophobic social stigmas, reminiscent of failures in responding to the HIV epidemic. In Chapter 4, Mamo addresses the debate over the appropriate tool to standardize anal cancer screening. Chapter 5 covers oropharyngeal cancer and its role in the public space as a ‘coming epidemic.’

The next three chapters address fewer topics and are continuations of a single theme: the sociological effects – in doctors’ offices and in the public imaginary – of various cervical cancer screening methods and tools used in the United States. Finally, in Chapter 9, the strongest of the book, Mamo reflects on the global structural inequalities and health disparities that prevent cervical cancer rates from being lowered in low-resource countries. She then summarizes her central arguments about HPV and its prevention being gendered and sexualized by the public, desexualized by advertisers, and overall heavily stigmatized every step of the way. She concludes with a broadly critical view of biomedicine, technology and pharmaceuticals when they enforce consumerism and stigmatize and sexualize certain groups of people – intentionally or not. However, she concludes, ‘Sexualizing cancer is a good thing ... It is the moralizing, stigmatizing, and exercising jurisdictional control over whose bodies and what forms of sex are deemed good and in need of protection that require averting and preventing’ (p. 260).

Mamo's methodology, based on years of ethnography, thirty-one formal interviews, and publicly available documents, has strengths and weaknesses. By interviewing and observing medical practitioners, researchers and attendees at important human papillomavirus conferences, she gains direct access to those fighting against HPV-caused cancers. But by inferring the actions of Merck from its marketing output, and effectively treating the company as a black box, she does not investigate internal company decision making leading to the creation of the internal company core data sheet (CCDS) for Gardasil, which would distinguish between actions driven by clinical, regulatory or purely marketing considerations, insofar as the three can be distinguished. Interviews with key decision makers inside Merck, be they clinical, regulatory, labelling or marketing personnel, would have improved the book, but are understandably difficult to conduct.

Mamo provides many insights into how professional organizations, pharmaceutical companies and media interact to create products, services and guidelines that influence public knowledge and perception of the HPV vaccine. She sheds light on how pharmaceutical companies indirectly wield influence over our bodies and how we view ourselves. For example, Mamo calls attention to the goals of private industry in funding medical research, pointing out that some innovation is not necessarily done to benefit patients but merely to create products just different enough to generate revenue. Mamo reminds us that all pharmaceutical companies aim to make a profit, and in the case of HPV specifically, creating what she calls new 'risk markets' causes people to view themselves as patients-in-waiting. Furthermore, Mamo makes her points relatable by discussing how each chapter's topic appeared in popular media like television shows, newspapers or celebrity interviews.

A particularly thought-provoking argument relates to the shift in medical strategies and goals that comes with biomedicalization of health care. She points out that 'many randomized controlled trials ... are increasingly driven by technical questions found in precision medicine' (p. 232). She slowly builds up her point about precision medicine throughout the book, writing in each chapter about how technology-intensive care and procedures, such as the molecular HPV test and high-resolution anoscopy or automated cytology tests, have been slowly replacing other forms of treatment, creating a form of health care that may be precise, but is also technologized and impersonal. This change, she highlights, contributes to the over-medicalization and over-surveillance of some bodies and a lack of screening or care for others. Added to this is her argument that health care is increasingly commoditized, and she ultimately concludes that the United States fails to provide health care justly.

Somewhat surprisingly, Mamo devotes little ink to the rising strength of the anti-vaccine movement more generally and how it influenced and was influenced by the roll-out and marketing of the HPV vaccine. HPV vaccination rates are low relative to other vaccines partially due to the successes of influencers who demonize vaccines and the profit-seeking pharmaceutical industry. In the case of Gardasil, Mamo rightly argues that some HPV vaccine hesitancy was driven by parental views of daughters' sexual lives that differed from their views of sons.

We recommend this book to anyone interested in the way vaccines interact with culture or in the (mal)functioning of a health care system embedded in capitalist society. University students in social sciences, STS, medicine and medical humanities would benefit from Mamo's thoughtful, detailed, sociological analysis and her critical eye, as would their professors.