HPV-Related Cancers Like Mine Are Avoidable, So Why Aren’t More Kids Being Vaccinated?

Cancer has turned me into an advocate for others.

By Michael D. Becker as told to Jo Cavallo
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The latest news from the Centers for Disease Control and Prevention about vaccination rates in the United States for human papillomavirus (HPV) is disappointing. It shows that in 2016, just 43.4% of adolescents (49.5% of females and 37.5% of males) were up-to-date with the recommended 3-dose HPV vaccination series, which is far below the U.S. Department of Health and Human Services Healthy People 2020 goal of 80% coverage.

Each year, HPV causes about 41,000 cases of cancer in the United States, and I’m sorry to say I am among its victims.

Three years ago, I was diagnosed with stage IV HPV-related oropharyngeal cancer, and even though my background in the biotechnology industry gave me perhaps a deeper knowledge about cancer and its symptoms than the average person, my diagnosis still caught me completely off guard. I had imagined that if I ever were diagnosed with cancer, it wouldn’t come as a surprise. I would have a warning; some attendant pain, difficulty breathing, or fatigue. But in my case, one day I was well—I thought—and the next day a puzzling 4-cm mass had popped out on the right side of my neck.

Despite assurances from my primary care physician that the mass was probably the result of a blocked salivary gland, I instinctively knew I had cancer and my story wasn’t going to have a happy ending. Two months later, a biopsy confirmed I had oropharyngeal cancer, and a treatment plan was put into place.

Managing Cancer

Initially, I was told my prognosis was excellent. As long as my head and neck cancer was confined to above my collarbone, which imaging tests showed it was, my oncologist assured me, the aggressive radiation and chemotherapy protocol he was recommending had a good shot at curing me. And 6 months later, after a positron-emission tomography (PET) scan found no evidence of disease, it looked like his prediction came true.

However, just 6 months after that, in December 2016, another PET scan showed the cancer had spread to my lungs and spleen, and there was concern it could be in my kidneys as well. The news was like a punch to the gut, and it left me reeling.

Now, I knew a cure was impossible, and the best I could hope for was to keep the cancer manageable for as long as possible. That realization influenced my next treatment decision. Rather than try second-line chemotherapy, with the possibility of facing additional difficult treatment side effects, I opted for a phase I clinical trial testing a bispecific antibody that combines the checkpoint inhibitor avelumab (Bavencio) with a transforming growth factor-β (TGF-β) “trap,” but I knew my decision was risky.

Although I experienced no negative side effects from the therapy, and it was successful in slowing the growth of my tumors for a few months, soon the cancer progressed again, and I’m now on a combination chemotherapy regimen of carboplatin and paclitaxel. Since I’ve been on this therapy,
imaging scans have shown a 40% to 50% decrease in the size of my tumors, and there is speculation that the immunotherapy I received in the clinical study is helping to improve the effectiveness of this treatment. If my cancer remains stable, I may be able to take a treatment holiday this summer, which would be a wonderful respite from cancer—however short-lived it might be.

There is Nothing Normal About Having Cancer

Cancer survivors I’ve talked to—and even physicians—refer to life after a cancer diagnosis as the new normal, and I can appreciate that concept, but there is nothing normal about having cancer. It has the potential to take everything from you: your ability to work, your quality of life, and even your life, and I’m still adjusting to what it means to be a cancer survivor.

What cancer has given me is the desire to protect others from developing preventable cancers like mine. Since my diagnosis, I’ve been investing my time raising awareness of the benefits of HPV vaccination, and I find solace in the fact that my young daughters, along with millions of other young people, will not have to contend with HPV-related cancers in their adulthood. And the success of that advocacy has led me to add my voice in opposing right-to-try laws, which have already been approved in several states, and a federal version is likely to be approved soon.

Although on the surface, these laws, which call for giving terminally ill patients with no other options the right to try experimental therapies that have not been approved by the U.S. Food and Drug Administration (FDA), seem kind and benign, they actually can do more harm than good to vulnerable patients willing to try anything to survive. These laws are also unnecessary since terminally ill patients like me already have access to experimental therapies under the FDA’s expanded access, or compassionate use, program.

These two efforts, while challenging, are giving me a renewed purpose and a way to help others impacted by cancer.

No Regrets

Although there may not be a miracle cure for me in the time I have left, I’m very hopeful that in time, HPV-related cancers will be eradicated and future generations will be spared from developing these and other cancers. I also hope next-generation therapies will be more targeted and gentler than today’s treatments—and likely to cure more cancers. They are among the long-term goals I hope my patient advocacy and the advocacy of others are able to put into motion.

Right now, I’m fortunate. I don’t look ill and except for some fatigue, I don’t feel ill, so my immediate plans are to enjoy my life with my family and friends and continue my work as a patient advocate. But I know at some point, probably sooner than later, my cancer will start progressing again, so each day for me is a gift. I’m realistic enough to know I probably won’t have a fairy-tale ending, but I have no regrets. I’ve had a great life, even with cancer, and I can’t ask for more than that.

— Michael D. Becker

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