
Request for advice

Letter dated 27 November 2008 (reference PG/ZP 2.895.635) from the Minister for Health, Welfare and Sport to the president of the Health Council.

[...] I shall be grateful if you will advise me regarding the feasibility and desirability of introducing colorectal cancer screening. Of course, the Wilson and Jungner criteria, which you advised me were still valid in your report *Screening: between hope and hype* (1 April 2008), should form the basis of your assessment. I also wish you to take account of international developments, insofar as they are relevant to the situation in the Netherlands.

Various screening methods have been investigated and compared in the trials. Please assess the various methods in the light of current scientific knowledge and advise me on their relative merits.

Particular attention should be given to:

- outcomes (health benefit), cost and cost per life year gained;
- the target age group for screening;
- acceptance and participation;
- the optimum screening interval;
- health care capacity requirements (people and resources).

Although I am aware that the various methods are at different stages of scientific validation, I wish you to address the following issues in your report:

- 1 Which new methods of screening for colorectal cancer and what innovations to existing methods are likely to become available within five to seven years? (I wish to ascertain whether any foreseeable developments have infrastructural or operational implications.)
- 2 The screening of groups deemed to be at elevated risk on the basis of factors other than age. In our country, the Foundation for the Detection of Hereditary Tumours (STOET) works at the national level to promote and coordinate the surveillance of people with an elevated familial risk of hereditary forms of cancer, including colorectal cancer. Should a screening programme pay particular attention to people who do not fall within the STOET target group, but are at elevated risk of colorectal cancer on the basis of factors other than age? When answering this question, please consider the merit of colorectal cancer screening on the basis of individual risk profiles.
- 3 The mechanism for introducing a screening programme. In view of the capacity problems previously highlighted, would stepwise implementation ease the impact on the health care system? What are the benefits and drawbacks of phased introduction? Is it feasible or desirable for various test methods to be used alongside one another in different regions?

The Minister for Health, Welfare and Sport,

[signed]

A.Klink, PhD