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## Request for advice

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On 20 March 2007, the President of the Health Council was asked by the Minister of Health, Welfare and Sport to prepare an advisory report on the prevention of cervical cancer. The text of the Minister's letter (reference PG/ZP-2.746.254) is reproduced below.

I hereby request your Council's advice on the prevention of cervical cancer, in the light of new techniques and developments. These include not only new screening techniques, such as thin-layer cytology and testing for high-risk types of the human papilloma virus (hrHPV), but also the availability of preventive vaccines against this virus. The latter development is the immediate trigger for this request for advice. HPV is a sexually transmissible virus, which people can carry without being aware of it. Infection with certain types of this virus can sometimes lead to the development of cervical cancer.

In the Netherlands, roughly six hundred women a year are diagnosed with cervical cancer. A national cervical cancer screening ('smear testing') programme was started in the 1990s, for women aged between thirty and sixty. The programme has substantially reduced cervical cancer-related mortality in the Netherlands. Nevertheless, 200 to 250 women die from this disease every year. Research suggests that the effectiveness of screening depends primarily on reaching the target group; overall, the programme currently reaches 77 per cent of the target group once every five years. My ministry's policy is aimed at further increasing the screening take-up rate.

The new screening techniques that are relevant in this context were discussed in general terms in your Annual Report on Screening for Disease 2006. A trial is currently in progress, in which the

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effectiveness of a programme that incorporates hrHPV testing is being compared with conventional screening. The results of this trial are expected in the course of 2007.

In November 2006, an HPV vaccine came onto the market. The manufacturer claims that the vaccine protects against the precursors of cervical cancer and against genital warts. The vaccine is licensed for the Dutch market and is indicated for males and females aged nine and above.

In view of the results of HPV vaccination and the developments outlined above, I shall be grateful if you will advise me, on the basis of the latest scientific knowledge, as to the desirability of introducing HPV vaccination to the National Immunisation Programme, or providing it through another national vaccination programme, as part of an integrated and optimised strategy on the prevention of cervical cancer in the Netherlands.

More specifically, I shall be grateful if you will advise me regarding the following points:

- The relationship between a possible vaccination programme and a modified cervical cancer screening programme, with regard to efficiency, effectiveness and cost-effectiveness, in both the short term and the long term
- The effectiveness and safety of HPV vaccines
- The preferred target group for vaccination, and the desirability of vaccination for males and females in various age groups
- The importance of a catch-up programme for the vaccination of people who are not in the target group if and when general vaccination is introduced
- The cost-effectiveness of HPV vaccination, with reference to the results of the cost-effect study of HPV vaccination undertaken by the RIVM
- The cost-effectiveness of vaccination for the distinct purposes of preventing cervical cancer and preventing genital warts
- Relevant public information issues, given that the proposal is to introduce vaccination against a sexually transmitted infection

Naturally, I wish you to also take account of international developments in the field of cervical cancer prevention. Please submit your report by the end of 2007.

Yours sincerely,

[signed]

Dr. A. Klink

Minister of Health, Welfare and Sport

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