



Department
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From Jo Churchill MP
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The Rt Hon Sir George Howarth MP
By email to: george.howarth.mp@parliament.uk

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Dear Sir George,

Thank you for your correspondence of 29 April on behalf of a number of your constituents about smear testing. I apologise for the delay in replying.

I would like to reassure your constituents that the elimination of cervical cancer remains a goal for this Government. The cervical screening programme, alongside the human papillomavirus (HPV) vaccination programme, is crucial to achieving this.

The cervical screening programme is guided by expert advice from the UK National Screening Committee (UK NSC), which advises the NHS and the Government on all aspects of screening. The UK NSC constantly reviews scientific research and clinical evidence to ensure that screening programmes are as effective as possible. Further information can be found at legacyscreening.phe.org.uk/cervicalcancer.

The purpose of screening is to detect conditions at an earlier, more treatable stage in people who appear healthy and have no symptoms, to reduce mortality and morbidity from cancer and other conditions. However, a screening programme is recommended only where the offer to screen provides more good than harm.

Cervical cancer is extremely rare in people under 25. Evidence reviewed by the UK NSC suggests that screening people under 25 would mean thousands of women undergoing tests and repeat tests without any prospect of benefit. Women often undergo natural and harmless changes in the cervix between these ages, which screening would identify as cervical abnormalities. This is then likely to trigger unnecessary tests and treatments for abnormalities that might not develop into cervical cancer and might resolve without intervention. These follow-up investigations carry a range of risks, including an increased risk of women subsequently suffering premature labour. It is for this reason that the UK NSC does not recommend cervical screening for women under 25. Further information is available at www.nhs.uk/conditions/cervical-screening.

However, women should not wait for an invitation for a routine screening test if they notice any concerning or unusual symptoms. These include bleeding between periods or after sex, pain or discomfort during sex, or vaginal discharge. The guidance recommends that patients discuss concerns with their GP.

Most cervical cancer is caused by HPV, therefore another important facet of preventing cervical cancer is vaccinating against this virus. The HPV vaccination programme reduces the incidence of HPV infection circulating in the population by vaccinating girls and young women, thereby preventing cervical cancer related to HPV infection. The first dose is offered in school year eight in England and Wales, to girls 12-13 years old.

The vaccine has led to a dramatic reduction in HPV infection in young women in England and will reduce the risk of cervical cancer in this population. The incidence of HPV infections in sexually active women aged 16-18 fell from 17.6 per cent prior to the immunisation programme in 2008, to four per cent by 2012.

HPV circulation is further decreased by offering the HPV vaccine to boys. From September 2019 in England, and January 2020 in Wales, boys in school year eight have also been offered the HPV vaccine.

A sustained programme of HPV vaccination is eventually expected to save over 300 lives a year and prevent precancerous lesions in girls that require invasive treatment and can cause significant distress. Modelling produced by the University of Warwick estimates that the HPV vaccine currently being used may have prevented more than 64,000 HPV-related cervical cancers and nearly 50,000 other HPV-related cancers in the UK by 2058. Further information is available at www.gov.uk/government/news/hpv-vaccine-could-prevent-over-100-000-cancers.

The first cohort to receive the HPV vaccination is eligible to receive its first screening invitation this year (those born in 1995), so there is another reason not to lower the age of cervical screening. Further information is available at www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine.

Women who are vaccinated against HPV are advised to continue accepting their invitations for cervical screening, as the vaccination prevents the most common but not all types of cervical cancer.

I note your constituents' concerns about differences between the treatment of prostate and cervical cancers. However, direct comparisons are not valid because there is no screening programme for prostate cancer as there is for cervical cancer. While there is a prostate risk-management screening programme, which provides GPs and primary care professionals with information to help men decide what is right for them should they have any concerns, the UK NSC decided in 2020 that a population screening programme for prostate cancer in men over the age of 50 should not be recommended.

With the offer of the HPV vaccination and the potential harms of screening women younger than 25, there is little evidence in favour of lowering the age of cervical screening. Though the screening programme applies only to women aged 25-64, it is important for all women to look out for the symptoms of cervical cancer.

I hope this reply is helpful.



JO CHURCHILL