

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-640
Ein cyf/Our ref MD/01548/15

William Powell AM

Chair - Petitions Committee
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14 June 2015

Dear William,

Thank you for your letter on behalf of the Petitions Committee dated 19 May 2015. I am very sympathetic to Mrs Bradford's cause. Cervical cancer is very distressing for the women affected and their families, particularly when the woman affected is of such a young age.

Cervical cancer is extremely rare in women under 25 with 2.6 cases per 100,000 women and 0-5 deaths in the UK. In England, Northern Ireland and Wales, cervical screening is offered from the age of 25 and finishes at 64 as recommended by the UK National Screening Committee (UK NSC). Scotland currently starts screening at 20 but in 2016, this will be changing to 25 to be congruent with the rest of the UK. Wales raised the eligibility age for screening from 20 to 25 in 2013, following a review of the cervical screening age range, including a public consultation, by the UK NSC.

All population-based, pre-symptomatic screening programmes are developed and delivered using the best available evidence and are subject to regular review. The UK NSC provides independent, expert advice to all UK Ministers on screening. Population screening programmes should only be offered where there is robust, high-quality evidence that screening will do more good than harm at a population level. The eligibility age for cervical screening policy across the UK is based on the latest available evidence and this shows that cervical screening is most effective for women between 25 and 64 years old. The evidence shows that, on balance, the additional risks associated with cervical screening to the health of women under the age of 25 outweigh the potential benefits.

Screening is a way of detecting conditions at an early and treatable stage in healthy people. Cervical screening does not identify cancer but does identify cervical cell abnormalities. Diagnosis and treatment for cervical abnormalities has been shown to cause significant

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psychological trauma and, considering the majority of young women will clear cervical abnormalities without treatment, it means screening and subsequent treatment for abnormalities could cause more harm than the benefits of screening can provide. Cervical cancer is caused by the Human Papilloma Virus (HPV), which is a sexually transmitted infection. Persistent infection by high-risk HPV types is detectable in more than 99% of cervical cancers. The majority of high-risk HPV infections are transient and cause no clinical problems. Within one year, around 70% of new infections will clear and approximately 90% of new infections will clear within two years.

The number of young women diagnosed with cancer is expected to decrease over the next 10 years due to the HPV vaccination programme which offers the vaccine to girls under 18 years of age. This programme was introduced in 2008 and will help to prevent the majority of cervical cancers. The latest annual uptake across Wales for a complete course is high at 86%.

Best wishes,

Mark

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