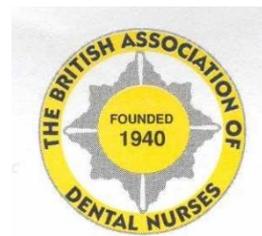




Royal College
of Surgeons
FACULTY OF DENTAL SURGERY



FGDP (UK)
ADVANCING DENTAL CARE



BSDHT

Steve Brine MP
Parliamentary Under-Secretary of State
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

30th May 2018

Dear Mr Brine,

We are writing to you on behalf of organisations representing the dental workforce in the UK to express our strong support for extending the programme of HPV vaccinations to boys across our country.

As the only health professionals who regularly see healthy patients, dental teams are at the forefront of the fight against cancer of the mouth and throat (oropharynx). They are often the first to spot the symptoms and therefore play a vital role in ensuring these cancers are detected early and patients are aware of the risk factors. Cancers affecting the mouth and throat have a huge impact on the quality of people's lives, so it is hugely frustrating for dentists to know they could have been prevented with a simple injection.

As you may know, the dental profession is overwhelmingly supportive of gender-neutral HPV vaccinations. A recent survey of the members of the British Dental Association and the Faculty of General Dental Practice revealed that 97% of dentists supported expansion of the programme, with the same proportion saying they would want their son to receive the vaccine.

More than 2,000 men are diagnosed with an HPV-related cancer in the UK every year. Tragically, almost half of them die from the condition within five years. The rates of oropharyngeal cancers – the biggest killer of all HPV cancers affecting men – are rising steeply, and the condition is twice as likely to affect men as women. The good news is that oral cancers are also some of the most preventable – it is estimated that more than 9 in 10 cases of mouth and throat cancers could be avoided.

The effectiveness of the HPV vaccine in preventing deadly oropharyngeal, anal and penile cancers in men is unassailable. In its interim recommendation on extending the vaccination programme to boys in August last year, the Joint Committee on Vaccination and Immunisation (JCVI) acknowledged that the vaccine is just as effective for men as women and that it would save lives. What the Committee questioned is whether or not it would be cost-effective.

We strongly believe that this interim recommendation was based on an opaque and flawed analysis, which underestimated the costs of HPV-related cancers and other conditions caused by the virus, such as genital warts. Remarkably, despite having commissioned the modelling work with public funds, and with the express intention of using it to influence a significant public policy decision with major implications for the public's health, the Committee chose to withhold its details in order to enable the authors to pursue journal publication. Furthermore, one of the two models considered has not even been subject to a peer review.

From the limited information the JCVI supplied about the data it used we believe that its models gave an overly conservative estimate of the benefits of blanket vaccination, and led the Committee to a misguided conclusion on cost-effectiveness. The JCVI seemed to under-estimate the proportion of cancers caused by HPV, their rapidly increasing incidence, the possibility of infection from unvaccinated foreign women as well as the reduced vaccine uptake amongst British girls. Indeed, following consultation feedback, the JCVI was forced to make refinements to the assumptions, though these have still not been made explicit for scrutiny.

The JCVI and the Ministers are keen to quote herd protection as the solution to the rising number of HPV-related cancers affecting men. But with vaccine uptake in some areas as low as 50%, we really cannot rely on the immunity of girls to protect boys. We also believe that placing the full burden of protecting males on the female population sends a dangerous, inappropriate and outdated message to young men that sexual health is a woman's responsibility. Herd protection policy also completely ignores men who have sex with men, most of whom will not benefit from the recently announced scheme of vaccinations for MSM through sexual health clinics.

As you will know, the JCVI is due to meet on 6 June and we believe it might make its recommendation on vaccinating boys to you following this meeting. While we respect that the Government is keen to follow the Committee's judgement on this issue, it is crucial that its decision – and the modelling behind it – are fully transparent and can be properly scrutinised, and that the final decision takes into account all relevant factors, including moral considerations which are not within the Committee's remit.

In particular, we believe there is a clear moral case that the NHS should offer men the same life-saving protection it offers women. Even if we assumed that blanket vaccinations would indeed cost more money than they would save, we would still assert that it is morally indefensible to allow thousands of men to develop cancers which could so easily and cheaply be prevented.

We are also very concerned that the Committee might be making this crucial recommendation without due reference to an equality analysis, and though we understand such a report is due to be published subsequently, we believe a decision to withhold the vaccine from boys might be in breach of equality law. We are aware that the situation is being closely monitored by the Equality and Human Rights Commission, which has said that it is ready to intervene if necessary, and that the Throat Cancer Foundation is preparing to take legal action on the grounds of gender discrimination if the vaccination programme is not extended to boys.

Dentists are often the first to see the tell-tale signs of cancer – and too often watch the suffering and devastation that HPV-related cancers wreak on patients and their families. Many lives could and should be saved by extending the programme and we consider it unethical, discriminatory and unfair to exclude boys from the HPV vaccination programme. Regardless of the JCVI's upcoming recommendation, we urge you to consider the human as well as financial cost of these devastating but preventable diseases before making your final decision on this issue.

Yours sincerely,



Mick Armstrong
Chair, British Dental Association



Dr Mick Horton
Dean, Faculty of General Dental Practice (UK)



Professor Michael Escudier
Dean, Faculty of Dental Surgery
at the Royal College of Surgeons



Helen Minnery
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Amanda Gallie
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Hazel Coey
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