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6th September 2013.

Protect Boys from HPV. Public Petitions Committee PE01477.

Throat Cancer Foundation (TCF) Response to Written Submissions.

This document is the response to the written submissions of The Scottish Government, Health Protection Scotland, Cancer Research UK and Professor Heather Cubie. We are extremely grateful to all these organisations and Professor Cubie for their contribution to the debate and we welcome the chance to discuss their responses. Many of the points overlap, so we will respond generally, making reference to individual submissions where appropriate.

Cost effectiveness of gender neutral vaccination (GNV).

As Jamie Rae noted during his evidence to the committee the Scottish Government (SG) and, by extension, Health Protection Scotland (HPS) have a duty to ensure that any public health measure is cost effective. It is then completely understandable that both responses from SG and HPS note that the Joint Committee for Immunisation and Vaccination (JCVI) current economic modelling for HPV vaccination deems GNV not cost effective. TCF however, would like to point to the evidence of Cancer Research UK (CRUK), which notes that the models are flawed and also to the evidence from HPS and Professor Cubie, which both note that the modeling for the UK needs to be updated, though not in as strong a manner as CRUK. We would argue that by waiting, potentially for years for this to happen, we are putting lives of young Scottish men at risk.

Role of the JCVI in Scotland

At this point in our response we would like to make mention of the role of the JCVI in Scotland. TCF would like to have noted that the JCVI can make recommendations to the Scottish Government concerning their vaccination policy but the The Scottish Government are at liberty to act according to the best interests of the Scottish People. Again we would point to extremely compelling arguments of CRUK and note that Professor Heather Cubie, who is without doubt one of the leading minds of HPV research and knowledge, that gender neutral vaccination is the preferred option to ensure that everyone is protected from a potentially life ending virus and that any costs

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would be offset by the saving on cost of treatment. This includes treatment for HPV related conditions like genital warts which currently cost the UK government close to £50 million per annum.

Equality debate

As noted by all submissions men who have sex with men (MSM) are currently offered no protection at all from HPV. We would argue that GNV is the only effective option to ensure Scotland remains a leading light of equality in the world. The vaccine is at its most effective when given prior to sexual debut, as Professor Cubie notes in her response, and as CRUK mention there is not a practical way to offer the vaccine to 12/13 year old boys. The cost of a targeted campaign of HPV vaccination for older MSM would be high (including marketing and other additional costs too, as noted by CRUK) and the vaccine not as effective. It would be better than no response but frankly it could be seen as a token step which would not offer the same level of protection that is currently offered to girls in Scotland.

• The role of research in Scotland

As noted by all responses there is a need for much more research into HPV and it's role in disease, particularly cancers in the oral cavity. TCF are in complete agreement and are taking an active role in research in Scotland. Jamie Rae sits on the steering group for the HOPSCOTCH study which will look at HPV prevalence in the oral cavity in Scotland and hope that it will help us all understand more about the role of HPV, particularly in the oral cavity. We would argue, however, that the evidence that we currently have from around the globe is compellingly in favour of a gender neutral approach to HPV vaccination. This does not mean research should stop by any means but we should act on the information which we have decisively and in the best interests of the Scottish People.

Conclusion

We were very pleased in general with the response to our petition and would make the following general points. CRUK are at the forefront of research into cancer and it's treatment in Scotland and the United Kingdom in general; their strongly argued case for gender neutral vaccination is compelling.

Professor Heather Cubie is one of the world leaders in HPV knowledge and research and her support of GNV should not be taken lightly.

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All submissions note the inequality of the current vaccination programme especially in regards to MSM. Scotland should strive to be a bastion of equality and by introducing GNV can do just that.