Vaccines against cervical cancer provoke US controversy

Janice Hopkins Tanne *New York*

Two vaccines to prevent cervical cancer are nearing approval in the United States and Europe, but they are causing controversy because they are recommended for use in children aged 11 or 12, before they begin sexual activity. Dr Robert Steinbrook, a national correspondent of the *New England Journal of Medicine* said in a recent edition of the journal (2006;354:1109-12).

Conservative groups in the US say that use of the vaccine would encourage young people to be promiscuous. The Family Research Council, which earlier said that adolescents should be getting a message about abstinence, later said that it would support use of the vaccines but would oppose efforts to make vaccination mandatory for those attending school.

But conservative organisations may be planning state by state rather than federal campaigns against the vaccines, says a policy review by the Guttmacher Institute, an independent health research organisation (*Guttmacher Policy Review* 2006; 9:6-9).

A leading expert, Dr Joseph Bocchini, told the *BMJ* that there was no evidence that vaccinations, sex education, or instruction in condom use increased sexual activity among teenagers. In fact, he said, such education delays the onset of activity. Dr Bocchini is chief of paediatric infectious diseases at Louisiana State University in Shreveport, is a member of the American Academy of Pediatrics' committee on infectious diseases, and he liaises with the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

Infection with papillomaviruses is common: more than six million new infections occur each year, and nearly three quarters of the US population aged between 15 and 49 have been infected with one of the papillomaviruses at some time.

Most papillomavirus infections do not cause cancer or, if they cause precancerous changes, are caught by cervical cancer screening. Nevertheless, the US has about 10 000 new cases of cervical cancer a year, and about 3700 women die. Most deaths are in poor women who have seldom or never been screened. In the developing world, where screening is less available, cervical cancer kills about 250 000 women a year and is the second most common cause of death from cancer.

The vaccines elicit the

strongest immune response in people who are vaccinated young. In the US, besides approval from the Food and Drug Administration, such vaccines need recommendations from the influential Advisory Committee on Immunization Practices at the Centers for Disease Control and Prevention, which recommends when adolescents should be vaccinated and against what diseases. The committee's recommendations are usually adopted by government agencies and determine which vaccines will be paid for by government and private programmes and which vaccinations will be required by states as a prerequisite for students to be enrolled in schools.

The Merck vaccine, called Gardasil, is being fast tracked by the FDA and may get approval as early as June. Another vaccine, Cervigard from Glaxo-SmithKline, has been submitted for approval to the European Agency for the Evaluation of Medicinal Products and will be submitted to other regulatory agencies in Asia, Latin America, and the US.

Gardasil protects against infection with the human papillomavirus types 16 and 18, which cause about 70% of cervical, anal, and genital cancers, and it protects against types 6 and 11, which cause about 90% of genital warts. Gardasil is for women and men. Cervigard is only for women.

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Aspirin will loom large in World Cup shindig

A giant aspirin weighing 25 tonnes has been erected in Berlin as part of an exhibition designed to show visitors to this year's World Cup football tournament how Germany has helped to make the world a better place.

The metal aspirin, nearly 10 m in diameter, fronts the "medical milestones" section of Berlin's new, government funded outdoor display called Walk of Ideas.

Aspirin was first produced by the German company Bayer in 1897.

Michael Leidig *Vienna*

Government favours "creative destruction" of the NHS

Adrian O'Dowd *London*

Hospitals may have to merge or start cutting back to deal with surplus capacity, doctors have been warned by an expert in health service policy.

An excess number of hospital beds was bringing about changes to the way the NHS operated and because of increasing competition might lead to some hospitals taking over others to survive, doctors heard at a London conference organised by the BMA, entitled *Can We Make Sense of System Reform?*

Professor Chris Ham of the Health Services Management Centre at the University of Birm-

ingham, and a former adviser to the Labour government, said to about 100 doctors on Tuesday that recent reforms had done a lot to improve patient care but that competition had been reintroduced into the NHS, which would have repercussions.

The reforms that were relevant to both the achievements and the problems included patients' choice, plurality of provision, independent regulation, practice based commissioning, and payment by results—the system whereby hospitals are paid per patient treated rather than in lump sums based on past activity.

The government was keen on a policy of what he called "creative destruction" of the NHS so that change was always on the horizon to force the NHS to keep improving.

"The implications are that the NHS could soon have surplus hospital capacity (in some parts of the country, it already has) and some hospitals may seek to compete aggressively to fill their beds," he said. "Competition for patients will become more intense. Payment by results creates opportunity to move money out of hospitals."

This meant that new relationships would form, such as mergers and acquisitions becoming more common and hospitals taking over neighbouring providers. North West London Strategic Health Authority was already

claiming it had a surplus of 600 acute hospital beds.

Practice based commissioning remained a problem, he added, saying, "Commissioning remains the Achilles' heel. Our current model of primary care is not particularly well designed to... drive radical change."

The potential impact of system reform, he claimed, was:

- About 15% of elective activity will be in the independent sector
- About 5% of diagnostic activity will be in the independent sector
- A third of outpatient activity could move out of hospital.

The BMA said at a later press briefing that the NHS was not in crisis, but there was a "chaos of policy" that was making the budget deficits currently being faced by several trusts all the harder to sort out.