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## Executive summary

Health Council of the Netherlands. Population Screening Act: Continuing a population screening trial. The Hague: Health Council of the Netherlands, 2013; publication no. 2013/20.

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Within the context of the Population Screening Act (WBO), the Committee on Population Screening of the Health Council advises the Minister of Health on a license for a joined population screening trial for bowel cancer by the Erasmus MC in Rotterdam and the AMC in Amsterdam. In this study, 22,000 men and women between 50 and 75 years of age are biennially screened for colon cancer. In the subsequent (fourth) round of screening, the researchers aim to answer three new research questions. This research requires a license, because it involves cancer screening.

Prior to a decision on a national screening program for bowel cancer screening several trials have taken place. Now the national screening programme will be introduced gradually as of September 2013, the Committee believes that new research should preferably be carried out within this national programme. However, an exception maybe in order if that is not possible.

The committee is favourable about the research questions, but decides on two of the three questions that the research population of the trial population is inadequate to answer those questions. These questions should be studied within the national programme. This includes research into alternative stool tests and research on various forms of intakes prior to colonoscopy. The Committee advises the Minister not to grant a licence for these research questions.

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The committee finds monitoring of participation and screening results over time (the third question) important, but it is not necessary to maintain a separate screening trial for that purpose. However, if it is more efficient to maintain the trial than to rebuild it within the national programme, there are no scientific reasons against that. If the Minister decides to grant the license for this part of the trial, the committee propose some conditions. These mainly concern improvements of the information to the participants.