



Department of Health & Social Care

*From the Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care*

*39 Victoria Street
London
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5 November 2025

Dear Jessica,

Thank you for your letter of 22 July 2025 on behalf of your constituents and those of co-signing MPs who believe they were exposed to Diethylstilbesterol (DES). Please accept my sincere apologies for the delay in responding.

First, let me start by saying how sorry I was to read the case of Jan Hall. The impact this treatment had on her and her family was devastating, and I would be grateful if you could pass on my deepest sympathies.

I recognise the harm inflicted upon individuals who were exposed to DES, including the links to a rare and distinct type of cancer and reproductive tract abnormalities and reduced fertility for daughters of women who took DES during pregnancy. On behalf of the Department of Health and Social Care, I am sorry for this.

Historic action on Diethylstilbesterol

As you will know, DES was formerly used worldwide in the treatment of threatened miscarriage between the 1940s and 1970s. In 1971, an assessment of women in the U.S. with clear-cell adenocarcinoma of the vagina and cervix led to the first association between the development of this condition and prenatal exposure to DES.

In the U.K., the issue was reviewed by the Committee on Safety of Medicines (CSM) and in 1973, the Committee took the decision to write to all doctors to inform them of the results of the U.S. study and the absence of identified cases in the UK.

The work of the CSM in the early 1970s predates the existence of the Medicines and Healthcare products Regulatory Agency (MHRA) when medicines vigilance was in its infancy. There has of course been a step change in reporting and record keeping since

this time and today's regulatory frameworks are significantly different, with much stricter post-authorisation monitoring allowing for earlier identification and action on emerging safety issues. The MHRA regulates medicines supplied in the United Kingdom and its activity spans the whole of a medicine's lifecycle. It also keeps the safety of all medicines under continual review.

Making healthcare professionals aware of the risks

I am clear that my department, and the wider health system, must now lead the way in supporting those impacted by these historic events.

That starts with making healthcare professionals aware of the risks associated with prior exposure to DES. I accept that not enough has been done on this in the past and, therefore, I have asked NHS England to work with local Cancer Alliances to ensure that providers are aware of the existing screening guidance which addresses individuals exposed to DES. Further, where appropriate, I have asked my officials to build awareness of this issue with colleagues across government responsible for related areas of chemical and environmental health policy, with a view to minimising future public health risks.

Screening for Diethylstilbesterol

The Government encourages all women, including those exposed to DES *in utero*, to attend regular cervical screening which tests for Human papilloma virus, the cause of most cervical cancers. Women who believe or know that they were exposed to DES *in utero* may also need regular colposcopy which falls outside the routine screening programme. We recommend that they should speak to their GP about this as the aforementioned guidance from NHS England is clear that local arrangements should be made for the follow up of women who have the stigmata of DES exposure. Further information is available in the guidance which is available via the following link:

<https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/5-screening-and-management-of-immunosuppressed-individuals>

Participation in the National Breast Screening Programme is also recommended for those who are aware that they were exposed to DES. Pregnant women who know that they were exposed to DES *in utero* should also inform their obstetrician or midwife given that there is an increased risk of ectopic pregnancy and preterm labour.

Research into Diethylstilbesterol

On the issue of research, the Department of Health and Social Care invests over £1.6 billion each year on research through its research delivery arm, the National Institute for Health and Care Research (NIHR). The NIHR welcomes rigorous, high impact funding applications for research into any aspect of human health and care including into the intergenerational effects of DES. I have asked my officials to use our networks to promote relevant opportunities to potential research projects into DES and would encourage you to do the same.

Since 1992, the National Cancer Institute (NCI) at the US National Institutes of Health has been conducting the DES Follow-up Study of more than 21,000 mothers, as well as daughters and sons exposed *in utero*, to better understand the long-term health effects of exposure to DES. This is reported to be the largest ongoing research study on the long-term health effects of *in utero* exposure to DES. The NCI has said that leaders in DES research and education are responsible for the study and are dedicated to increasing scientific and medical knowledge about DES exposure. The research team includes physicians, epidemiologists, researchers, DES advocates, and educators. The findings of this follow up have been [published](#) in the scientific literature.

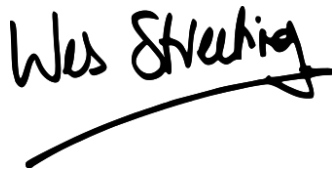
Monitoring exposure to Diethylstilbesterol

I believe that more needs to be done on the issue of DES including for those who are impacted by use of the drug. For example, you have asked the Government to consider undertaking an assessment of the feasibility of tracking and notifying individuals who may have been exposed to DES *in utero*. Robust tracing of individuals exposed to DES would be challenging because there were no electronic records or systematic monitoring of prescriptions in the 1970s. That said, I have asked my officials to look at what is possible here.

In closing, I know that there have been several harrowing accounts in relation to exposure to this drug, and I am genuinely sorry that women and their families have suffered for too long.

It is only understandable that they feel their healthcare system failed to address this pattern of multigenerational harm by inadequately informing people and protecting them from known harmful effects of DES. As such, it is only right that the Government keeps listening to those who are affected and learns from these historic events for the sake of those who have been impacted.

Yours sincerely

A handwritten signature in black ink that reads "Wes Streeting". The signature is written in a cursive style with a long, sweeping underline that extends to the left.

RT HON WES STREETING MP