

## American Urological Association

### Explanation:

In April, the AUA was approached for commentary by the New York Public Health Commissioner's Office in regard to recent data on circumcision reducing HIV transmission risk. Because the AUA's current policy on circumcision does not address the issue of HIV transmission, an ad hoc task force was convened to develop a short position that the AUA could then use in responding to media calls and other inquiries. The task force was composed of AUA President Lawrence Ross, M.D., Craig Niederberger, M.D., AUA Public Media Committee Chair Ira D. Sharlip, M.D., Public Media Committee Pediatrics Spokesperson Barry Kogan, M.D., AUA Practice Guidelines Chair and Public Media Committee member Roger Dmochowski, M.D. and AUA Communications staff members Wendy Isett, Edmond O'Rourke and Robert Robinson and the following statement was developed and approved by the group.

"Three studies from African nations published in 2005 and 2007 provide convincing evidence that circumcision reduces by 50-60% the risk of transmitting the human immunodeficiency virus (HIV) to HIV negative men through sexual contact with HIV positive females. While the results of studies in African nations may not necessarily be extrapolated to men in the United States at risk for HIV infection, the American Urological Association recommends that circumcision should be presented as an option for health benefits. Circumcision should not be offered as the only strategy for HIV risk reduction. Other methods of HIV risk reduction, including safe sexual practices, should be emphasized."

Recommendation: The task force recommends that this language be inserted into current policy language to address the HIV transmission issue.

See the following page for AUA's current statement on Circumcision (revisions approved at the May 2007 Board) and this language inserted.

## Circumcision

The American Urological Association, Inc.<sup>®</sup> (AUA) believes that neonatal circumcision has potential medical benefits and advantages as well as disadvantages and risks. Neonatal circumcision is generally a safe procedure when performed by an experienced operator. There are immediate risks to circumcision such as bleeding, infection and penile injury, as well as complications recognized later that may include buried penis, meatal stenosis, skin bridges, chordee and poor cosmetic appearance. Some of these complications may require surgical correction. Nevertheless, when performed on healthy newborn infants as an elective procedure, the incidence of serious complications is extremely low. The minor complications are reported to be three percent.

Properly performed neonatal circumcision prevents phimosis, paraphimosis and balanoposthitis, and is associated with a decreased incidence of cancer of the penis among U.S. males. In addition, there is a connection between the foreskin and urinary tract infections in the neonate. For the first three to six months of life, the incidence of urinary tract infections is at least ten times higher in uncircumcised than circumcised boys. Evidence associating neonatal circumcision with reduced incidence of sexually transmitted diseases is conflicting. Circumcision may be required in a small number of uncircumcised boys when phimosis, paraphimosis or recurrent balanoposthitis occur and may be requested for ethnic and cultural reasons after the newborn period. Circumcision in these children usually requires general anesthesia.

When circumcision is being discussed with parents and informed consent obtained, medical benefits and risks, and ethnic, cultural, religious and individual preferences should be considered. The risks and disadvantages of circumcision are encountered early whereas the advantages and benefits are prospective.

Three studies from African nations published in 2005 and 2007 provide convincing evidence that circumcision reduces by 50-60% the risk of transmitting the human immunodeficiency virus (HIV) to HIV negative men through sexual contact with HIV positive females. While the results of studies in African nations may not necessarily be extrapolated to men in the United States at risk for HIV infection, the American Urological Association recommends that circumcision should be presented as an option for health benefits. Circumcision should not be offered as the only strategy for HIV risk reduction. Other methods of HIV risk reduction, including safe sexual practices, should be emphasized.

*Board of Directors, May 1989*

*Board of Directors, October 1996 (Revised)*

*Board of Directors, February 1998 (Revised)*

*Board of Directors, February 2003 (Revised)*

*Board of Directors, May 2007 (Revised)*