
■ NOCIRC OF MICHIGAN ■

INFORMANT

PREVENTING INFANT CIRCUMCISION — FOR THE WELL-BEING OF ALL

VOLUME 6 — NUMBER 2 — JULY 2002

Sex, Science, and Statistics

Study of Circumcision and Cancer Has Many Flaws

by Brandy Sinco

As a statistician and an advocate of every human being's right to be free from non-consensual medical procedures, the recent *New England Journal of Medicine* article, "Male Circumcision, Penile Human Papillomavirus Infection, and Cervical Cancer in Female Partners," caught my attention.¹ The article claims that circumcision is an important factor in reducing the risk of cervical cancer.

After reviewing the article, I am not convinced that circumcision is a wise or humane public health strategy.

This study has three serious flaws. First, the sample in the study is biased in favor of circumcised men. Second, confounding risk factors for cervical cancer were omitted from the statistical analysis. Finally, the authors do not address the ethical problems of cutting the genitals of children.

Biased Samples

In order for a study to provide useful information to the general public, the sample in a study must be representative of the groups being studied. The circumcised and uncircumcised men chosen for the study have many characteristics that do not accurately represent these two different groups of men. Due to the biased, unrepresentative sample, the risk attributed to circumcision is distorted.

The authors of the study pooled data from seven locations, where female patients with cervical cancer were matched with females of the same age who did not have cervical cancer. The cancer-free women were recruited from the general population in two of the studies and from the same hospital in the other studies. The researchers then restricted their analysis to women who reported only one sexual partner, in order to isolate the effect of the man being circumcised or uncircumcised.

However, the samples of circumcised and uncircumcised men were highly biased. The group of uncircumcised men had significantly higher risk factors for human papillomavirus (HPV) infection. These factors include a lower age at first sexual intercourse, a higher number of lifetime sexual partners, a higher percentage of contact with prostitutes, a lower quality of genital hygiene (as assessed by a physician), and less education.

Lower age at first intercourse and large numbers of sexual partners are well-documented risk factors for HPV. If two groups of men differed by these risk factors alone, one would naturally expect the men with these factors to be at higher risk of transmitting HPV to their female partners.

Differences in high-risk behavior between circumcised and intact (uncircumcised) men in the study do not represent American men. In order for a study to contain

continued on page 2 →

DIRECTOR'S MESSAGE

The circumcision con-game continues with a new study that claims to link cervical cancer in women with their intact (uncircumcised) partners. The study failed to show any potential benefit from circumcision in men that did not engage in high-risk sexual behavior but concluded anyway that circumcision was protective. The study was biased by design because it sampled people that would produce the desired result.

What reasonable person thinks that routinely cutting off part of a boy's penis is better than teaching him to avoid high-risk sexual behaviors later in life? The removal of the female foreskin and inner labia would likely have similar "benefits." Fortunately, no researcher would dare to publish that result.

On behalf of all the children, thanks!

Norm Cohen, Director

CONTENTS

Circumcision and Cancer	1
Director's Message	1
My Passion for the Truth	3
Web Watch: NOCIRCofML.org	3
NOCIRC Exhibit Dates	4
Bad Ideas from History	4
How to Become an Informant	4

Cervical Cancer, continued from page 1

useful information about a population, such as Americans, the subjects in the study must be representative of Americans. While the intact men in the study were more sexually adventurous, US research suggests that the opposite trend exists in the United States. According to a 1997 article in the *Journal of the American Medical Association*, circumcised American men are *more* sexually adventurous.²

Finally, the study matched hospital patients with the general population. Comparing hospital patients with the general population can introduce bias into the sample because the patients do not represent a random sample of the general population, especially when comparing data on sexually transmitted diseases.

Because of the huge differences between the groups of circumcised and intact men, I doubt the study determined the risk factor due to circumcision. Biased samples, by definition, do not accurately represent the groups that are being compared and lead to an analysis with erroneous results.

Other significant medical studies that assessed the risk factor of circumcision status with HPV have focused on circumcised and uncircumcised samples that were more closely balanced. One of these studies was conducted in New York City and published in the *American Journal of Obstetrics and Gynecology*. Women with cervical cancer were matched with other patients of the same age and ethnic group who did not have the disease. The researchers did not find any significant differences in the circumcision status of the partners of the diseased and healthy women.³

If intact male genitals are a serious risk for cancer, then Scandinavian countries, where circumcision is rare, should obviously have higher rates of cervical and penile cancer than countries with high circumcision rates, such as the US and Israel. In June 1995, the *Canadian Medical Association Journal* published an article by Eleanor Lebourdais, who stated:

Custom and cultural factors, and not the prevalence of problems that circumcision was thought to prevent, appear to have the greatest influence on the incidence of circumcision. In the US, where some 80% of males are circumcised, the incidence of penile cancer is similar to Scandinavia, where circumcision is uncommon. In Israel, where circumcision is prevalent, the incidence of cervical cancer is similar to Scandinavia.⁴

Furthermore, in 1996, physicians from the American Cancer Society made the following warning about circumcision and cancer in a letter to Dr. Peter Rappo of the American Academy of Pediatrics:

Portraying routine circumcision as an effective means of prevention distracts the public from the task of avoiding the behaviors proven to contribute to penile and cervical cancer: especially cigarette smoking and unprotected sexual relations with multiple partners. Perpetuating the mistaken belief that circumcision prevents cancer is inappropriate.⁵

Confounding Risk Factors

The samples of the circumcised and intact men omit many important confounding factors. These are variables that influence the results being studied, but are not included in the statistical analysis.

Omission of confounding factors distorts the results of an analysis and masks the true, underlying causes. The classic textbook example is comparing two laundry detergents, without adjusting the comparison for the brand of washing machine used. It's impossible to know whether one is really comparing the effectiveness of the detergents or the effectiveness of the washing machines.

Although the authors of the study recognize the confounding of high-risk sexual behavior and education on their comparison of

continued on page 4 →

MISSION STATEMENT

NOCIRC of MICHIGAN

NOCIRC of Michigan is a nonprofit, consumer rights advocacy group that educates people about circumcision and about the benefits of intact genitals.

We inform parents and health care providers in Michigan about the impact of circumcision and about the proper care of intact genitals. We protect consumers from fraudulent medical claims. We actively promote the benefits of intact genitals and foreskin restoration.

We know the removal of normal, healthy tissue from a child's genitals—in the name of medicine, religion or social custom—results in a loss of sexual function and is a violation of human rights.

We are a group of dedicated consumer activists and health care professionals. We are committed to effective education, advocacy and activism on behalf of children to protect them from harm. We are part of a worldwide movement to end all forms of male and female genital mutilation.

INFORMANT (ISSN 1092-020X) is published three times a year by **NOCIRC of Michigan**. It represents our commitment to provide educational information in this state and to activists everywhere. Articles, comments, and questions are always welcome.

NOCIRC of Michigan
Educating a New Generation
www.NOCIRCOFMI.org

PO Box 333
Birmingham, MI 48012
Phone: (248) 642-5703
Fax: (248) 642-9528

Norm Cohen, Director
NormCohen@NOCIRCOFMI.org
Lori Hanna, Education Coordinator
Lori@NOCIRCOFMI.org

My Passion for the Truth

by Lori Hanna

The medical profession takes an oath to “*First, Do No Harm.*” Laws require that they provide informed consent information for any surgical procedure.

My passion is for everyone to wake up and pay attention! Let’s start demanding that all health care providers call circumcision what it really is – SURGERY. Then, let’s start demanding they provide full disclosure about circumcision before presenting the consent form to parents or guardians for signature. The consent form should contain all of the risks involved with the surgery. Before the procedure, proper care instructions and what complications to watch out for should be providing in writing. This is done with any other surgery and circumcision should not be the exception.

Parents wake up! When a doctor or nurse suggests “surgery,” start asking questions. After all, isn’t this *your* responsibility? Ask the “*who, what, when, where, and why*” questions that you would for any other “simple surgery” being performed on your child. Why wouldn’t you ask these questions about circumcision?

Expect to get all of your questions answered. Don’t just rely on the health care provider. Ask your parents, grandparents, neighbors, and friends, etc. for what information they know.

I’ve been working for **NOCIRC of Michigan** for over two years now, exhibiting at professional conferences and community expos and shows. I’ve heard *many* people say, “I’m so mad/angry/upset, etc.” because “I didn’t receive any information,” or “if only this information about circumcision would have been made available to me before I had made the decision to circumcise.”

These are the dirty little secrets about circumcision. What makes this situation unacceptable is *not talking* about circumcision and everything that goes along with it. All too frequently, following the birth or at admission to a hospital for delivery, parents are presented the consent form to sign for this surgery. No consideration is made about any drugs that may have been administered to the mother at delivery or even the parents’ emotional state. Mothers have shorter hospital stays now, which doesn’t allow enough time for a new parent to learn about breastfeeding, bathing, and general care, much less the complications from a surgery and the proper care of genitals (intact or circumcised).

Many elderly people and foreigners can tell you they have survived just fine leaving the foreskin intact. There is beginning to be a greater percentage of intact men born in the US that will tell you it’s great to have all the sensitivity and function of a foreskin. Women that have had sexual relations with

circumcised and intact men can tell you some of the benefits too. Just start asking for full disclosure of all the risks associated with circumcision and the benefits of the intact penis.

Do you realize that NO medical association in the world recommends routine circumcision? Did you know that just recently the Joint Commission on Accreditation of Healthcare Organizations (www.JCAHO.org) instituted new guidelines that require accredited hospitals to use an anesthetic when performing a circumcision? Five years ago, only 25% of physicians used any form of anesthetic at all.

Do you know that there is no guideline on how much or how little foreskin to remove? Typically, physicians remove more than Jewish ritual circumcisers. Do you know that there is no accurate statistics kept anywhere on complications from circumcisions, as there are for other surgeries?

Let’s all do our part in getting all the facts put on the table in front of the parents before they sign the consent form. *First, do NO harm!*

Lori Hanna is the Education Coordinator for NOCIRC of Michigan and lives in Auburn Hills with her two intact sons. You may contact her at kklh@juno.com or (248) 853-6720.

WEB WATCH

www.NOCIRCOFMI.org

NOCIRC of Michigan now has its own web site at www.NOCIRCOFMI.org.

The current issue of the *Informant* newsletter and all previous issues are available. You can get an updated list of **NOCIRC** exhibit dates and volunteer to help at an event. A feedback form is provided to request more information, get on our mailing list, or provide us with suggestions.

The site has links to other great web sites that provide more detailed information on circumcision, care of the intact penis, and foreskin restoration. Come visit us soon!

Protestors march from the US Capitol protesting infant circumcision before the NOCIRC Symposium last April. *Photo by Chip Feise Location Photography*

Cervical Cancer, continued from page 2

cervical cancer between the female partners of circumcised and intact men, they ignore many other factors known to be important. They should have examined the long-term use of hormones in birth control, smoking, ethnicity, and religion. Omission of important predictor factors distorts their conclusions. When a key factor is added to an analysis, it's not unusual for other factors to suddenly become insignificant.

Circumcision is highly correlated with membership in an ethnic and religious group. Any analysis that does not include ethnicity and religious affiliation is not credible. Otherwise, the differences attributed to circumcision status may really be differences in ethnicity and religion. For example, a previously published study in the *Journal of Infectious Diseases* claimed that lack of circumcision was a risk factor for *trichomoniasis vaginalis*.⁶ When the data was re-analyzed with controls for age, race, and age at first sexual encounter, circumcision status became insignificant.⁷

Medical Ethics

The most disturbing aspect of the article is the lack of any discussion of the ethics of non-consensual genital cutting. The study relied on research subjects who never gave their consent to be circumcised in the first place. They suffered severe pain during the procedure and lost the protective, lubricating, and erogenous benefits of a foreskin forever.

The authors of the *New England Journal* article don't even have a sentence about the ethics of non-consensual genital cutting and

the use of research subjects who did not give their consent to be circumcised. While the authors' goal of reducing cervical cancer is admirable, their insensitivity to the pain and loss from non-consensual genital cutting is pathetic!

Circumcision is an exception to the fundamental principle of medical ethics: *informed consent*. Anyone concerned about their own right to bodily integrity must challenge claims that non-consensual bodily cutting produces positive outcomes. The most important human right is the right to be free from bodily assault, whether the assault takes the form of a physical attack or a non-consensual medical procedure. If we allow one exception to informed consent, we are inviting other exceptions.

Brandy Sinco holds a MS in Mathematics, Emphasis in Statistics, from Eastern Michigan University. She works at the University of Michigan School of Public Health, where she has been a contributing author on several papers and overseen data management on several health studies. She can be reached at AltoTenor@aol.com or (734) 930-0646.

References

1. Castellsague X, Bosch FX, Munoz N, et al, "Male Circumcision, Penile Human Papillomavirus Infection, and Cervical Cancer in Female Partners," *New England Journal of Medicine*, 2002; 346: 1105-1112.
2. Laumann EO, Masi CM, Zuckerman EW, "Circumcision in the United States: Prevalence, Prophylactic Effects, and Sexual Practice," *Journal of the American Medical Association*, 1997; 277: 1052-1057.
3. Terris M, Wilson F, Nelson Jr, JH, "Relation of Circumcision to Cancer of the Cervix," *American Journal of Obstetrics And Gynecology*, 1973; 117(8): 1056-1066.
4. LeBourdais E, "Circumcision No Longer a 'Routine' Surgical Procedure," *Canadian Medical Association Journal*, 1995; 152(11):1873-1876.

5. Shingleton H, Heath Jr CW, Letter to Peter Rappo, M.D., February 16, 1996, <http://www.cirp.org/library/statements/letters/1996.02:ACS/>
6. Krieger JN, Verdon M, Siegel Critchlow C, Holmes KK, "Risk Assessment and Laboratory Diagnosis of Trichomoniasis in Men," *Journal of Infectious Diseases*, 1992; 166: 1362-1363.
7. Van Howe RS, "Does Circumcision Influence Sexually Transmitted Diseases?: A Literature Review," *British Journal of Urology International*, 1999; 83: 52-62.

CALENDAR

NOCIRC Exhibit Dates

Volunteers are needed to help staff the **NOCIRC** information booths at the exhibitions listed below. Please call (248) 642-5703 to volunteer.

◆ **Ann Arbor Art Fair**

Wed, July 17th to Fri, July 19th, 2002
10:00 am - 9:00 pm
Sat, July 20th, 10:00 am - 6:00 pm
West Liberty Street
Ann Arbor, MI

◆ **Michigan Assoc. of Lactation Consultants**

Fri, September 27th, 2002
Grand Blanc, MI

◆ **National Association of Pediatric Nurse Practitioners (NAPNAP), Michigan Chapter, Fall Conference**

Fri, October 11th, 2002
Sheraton Lansing Hotel
Lansing, MI

BAD IDEAS FROM THE HISTORY OF MEDICINE
Real Quotes From Real Doctors

"I cannot recall a single Jewish patient with prostate cancer . . . Since structurally, the Jew and non-Jew are alike, it seems logical to deduce that circumcision of the male Jewish infants renders them relatively immune from cancer of the prostate in their old age."

Dr. Abraham Ravich, M.D.
"The Relationship of Circumcision to Cancer of the Prostate"
Journal of Urology, September 1942, vol. 48, p. 298-299

FACT: Approximately two million *circumcised* American men are diagnosed with prostate cancer every year.

TELL THE TRUTH ABOUT CIRCUMCISION
How to Become An Informant

- ◆ Help us to educate parents and health care providers! A *tax-deductible* membership fee of \$25 or more makes you a **NOCIRC of Michigan Informant**.
- ◆ Free pamphlets and newsletters are available in bulk to anyone wishing to distribute them to parents & care providers.
- ◆ We exhibit at ten or more conferences and fairs each year. Please call to volunteer to help staff our information tables.
- ◆ Please let us know about relevant conferences or fairs that **NOCIRC of Michigan** may exhibit at anywhere in the state.

(248) 642-5703 PO Box 333 Birmingham, MI 48012