

Thank you very much for your message and appreciate your feedback on our policy statement. I have shared your concerns with the physicians who worked to update the AUA's policy following the publication of the major studies you note. Their response is below.

We understand that the topic of circumcision is controversial. While no scientific study is perfect, the clinical trials on male circumcision were well-designed, well-executed, well-managed large randomized studies. They provide unassailable evidence that male circumcision in Uganda, Kenya and South Africa confers a 50-60 percent reduction in the risk of HIV transmission to heterosexual men in these countries. The great majority of experts in international health, HIV medicine and sexual medicine believe that voluntary medical male circumcision is an important part of HIV prevention programs. The W.H.O. has endorsed male circumcision and is promoting male circumcision in many nations in sub-Saharan Africa.

The AUA regularly reviews its policy statements for accuracy and currency. When we next review this statement, I will be sure to share your concerns with the review team.

Best regards,  
Wendy Isett

**Wendy Waldsachs Isett**

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**From:**  
**Sent:** Monday, November 19, 2012 2:46 PM  
**To:** z~IM - aua  
**Subject:** Your Website

Within the last paragraph of your website (<http://www.auanet.org/content/guidelines-and-quality-care/policy-statements/c/circumcision.cfm>) you give the following information:

*"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."*

Please, let me make two remarks.

- You certainly know that the mentioned studies are harshly criticized. (see e.g. <http://blog.practicaethics.ox.ac.uk/2012/05/when-bad-science-kills-or-how-to-spread-aids/> and [http://www.publichealthinafrica.org/index.php/jphia/article/view/jphia.2011.e4/html\\_9](http://www.publichealthinafrica.org/index.php/jphia/article/view/jphia.2011.e4/html_9))

On the other hand there are dozens of studies proving that circumcision arises the risk of getting infected by HIV.

Even if it were correct that circumcision lowers the infection risk I think it an ethical duty to mention that the risk of the sex partner of the circumcised man remains the same and will possibly be higher as that this man will be less careful in using condoms.

- The second point regards the last sentence of this paragraph. This sentence could be understood as a general recommendation of AUA for circumcision. I don't think that this is a really meant by this sentence. AUA knows very well that circumcision is very risky for the sexual life of the circumcised man. That means that a responsible organization never could recommend this kind of operation except for actual medical reasons.

I would be pleased to get a notice from you.