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Circumcision survey misleading

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The survey reported in the article, Circumcision in Australia: further evidence on its effects on sexual health and wellbeing,[1] is a follow-up of an earlier one by Richters[2] and covers similar ground, but with fewer subjects, and has failed to address deficiencies pointed out back then.[3] Since it selects only STIs known already to differ little between circumcised and uncircumcised men, a conclusion that "circumcision appears to have minimal protective effects on sexual health in Australia" is untenable and deceptive.

In this regard, perhaps the oversight of greatest clinical concern is their failure to acknowledge that the survey could not determine the prevalence of high-risk HPV – the most common viral STI, responsible for virtually all cervical cancers and half of penile cancers.[4,5] High-risk HPVs do not appear as visible warts, being instead subclinical infections, and unlike warts, which are benign, are more prevalent nearer the tip of the penis where the foreskin covers the glans. Meta-analyses and randomised controlled trials (RCTs) show high-risk HPVs are more common in uncircumcised men.[3] Penile cancer (lifetime risk = 1 in 1000) is a potentially fatal disease confined almost exclusively to uncircumcised men. Furthermore, the female sexual partners of uncircumcised men have much higher cervical cancer rates.[4,5] Neither of these disease associations were referred to in discussing the limitations of their paper. Nor was prostate cancer, another very common life-threatening disease more prevalent in uncircumcised men.[4]

Their finding that *Chlamydia trachomatis*, genital herpes (HSV-2), and gonorrhoea did not differ by circumcision status is not new, although recent RCTs have noted that circumcision protects against genital ulcer disease and HSV-2. Although the authors again find penile candidiasis to be twice as prevalent in the uncircumcised, unlike before, they have now found non-specific urethritis to be more common in circumcised men. Was this

because the circumcised men were having more sexual encounters and/or partners? Although the survey found that circumcised men masturbated more, it inexplicably failed to ask respondents about their frequency of sexual intercourse or number of previous partners. Instead, eight items about sexual difficulties for one month or more formed part of the questionnaire, revealing that uncircumcised men were more likely to worry, during sex, about whether their body looked attractive. This may reflect women's attitudes (see below).

The authors did ask about HIV, although all that is stated is that HIV and syphilis were "too rare (<0.5%)". No data are shown. While the HIV epidemic in Australia is likely to remain dominated for some time among men who have sex with men, the proportion of new diagnoses attributable to heterosexual contact has risen lately from the very low levels reported in the 1980s, and this concerning trend should not be ignored when the protective effect of circumcision against HIV is now so well established.[4,5]

We wondered previously why the survey did not ask about condom use by circumcised and uncircumcised men.[3] If lower among uncircumcised men, it might suggest that the presence of a foreskin increases the difficulty of condom application.

As noted previously,[3] it is hard to understand why the authors did not ask about other common conditions known to be more prevalent in uncircumcised males: urinary tract infections (that affect a large proportion of uncircumcised males *over their lifetime*), inflammatory dermatoses, other skin conditions of the penis, phimosis (only seen in the uncircumcised), penile hygiene, genital ulcer disease, chancroid, *Trichomonas vaginalis* and 'other problems'. Conservatively, medical conditions requiring treatment affect 1 in 3 uncircumcised males.[5]

The paper fails to mention conditions in the female partners, where not only cervical cancer, but genital herpes, bacterial vaginosis, and possibly Chlamydia are more prevalent in women with uncircumcised partners.[4,5] A wide-ranging study in Australia of medical conditions in female partners of uncircumcised versus circumcised males is warranted.

The present survey again failed to ask about the age of circumcision. For males circumcised after infancy, what proportion were indicated for a medical condition, and what was it? If not performed for a medical condition, what were the motivating factors?

Sexual problems were reported more frequently by uncircumcised males in their earlier survey, but this difference has now disappeared. Many studies, including RCTs, show no adverse effect of circumcision on sexual function, sensitivity, sensation or satisfaction.[4,5] Although the authors report receipt of fellatio to be similar, the study does not discuss findings that show women's preference for a circumcised penis for fellatio and other types of sexual activity, appearance and hygiene being the main reasons.[5]

As in other studies, these new data show individuals of higher socio-economic status are more likely to be circumcised. Thus poorer and less well educated men are more likely to experience the adverse effects associated with being uncircumcised.

Lastly, given the health benefits of circumcision,[4,5] their finding of a drop in the circumcision rate from 62–70% among men aged 30–64 to a rate of only 35% in those aged 20–29, and 27% in those aged 16–19 years, should concern health authorities and the general community. The increasing calls for circumcision should be heeded and steps instituted in Australia to reverse the decline in circumcision rate evident in the youngest age bracket of the present survey.

The study by Ferris *et al*. is biased and its misleading conclusion represents a disservice to public health and individual well-being in Australia.

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