Circumcision and prostate cancer:  
a controversy revisited 

T. Ernesto Figueroa, MD  
Division of Pediatric Urology, Nemours/Alfred I. DuPont Hospital for Children, Wilmington, Delaware, USA  
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The association between prostate cancer and circumcision remains controversial. Several studies have suggested the possible beneficial association offered by circumcision on the development of prostate cancer later in life.¹⁻³ This potential benefit was brought into question by a meta-analysis conducted by Van Howe and published.⁴ In that meta-analysis, Van Howe et al concluded that the risk of prostate cancer was higher in circumcised men.

The article by Morris et al in this month’s journal is a rebuttal of Van Howe’s meta-analysis and their conclusions. In their careful review of the reported data in Van Howe’s original meta-analysis, Morris et al identified an “inverted” interpretation of the data between circumcised and uncircumcised men. The authors analyzed the original data by Van Howe, and then listed their interpretation on Table 2 of the article. The conclusion of the current article by Morris et al is that the risk of prostate cancer is lower in circumcised men, thus contradicting the conclusions of Van Howe’s paper.⁵ It should be noted that a year after Van Howe’s article was published, the journal replaced the erroneous meta-analysis table with a corrected version.

Circumcision status remains a possible factor in the risk stratification for prostate cancer, along with many other recognized as well as of yet to be identified risks for the development of prostate cancer. The medical benefits of circumcision are well established, including a significant reduction of penile cancer, reduction of UTI in the neonate, lower risk of cervical cancer in sexual partners and reduction for sexually transmitted disease including HIV, HPV and Trichomonas, leading the American Academy of Pediatrics to express in 2012 that “based on the Academy’s systematic and critical review of the scientific evidence, male circumcision has been shown to have significant health benefits that outweigh the risks of the procedure”.⁶ Perhaps a reduction of prostate cancer risk over the life of the patient may need to be added to the medical benefits of circumcision.

References