



Title	Nontherapeutic Male Circumcision
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Aim

To assess the safety and effectiveness of nontherapeutic male circumcision compared to no circumcision.

Conclusions and results

Therapeutic male circumcision (TMC) treats an underlying pathological process whereas nontherapeutic male circumcision (NTMC) may be performed for prophylactic, religious, cultural, or social reasons. Eligible studies were those reporting on in-hospital circumcision in males of any age with no contraindications to, or medical indications for, circumcision. The main comparator for circumcision was no circumcision. Six systematic reviews and six randomized controlled trials (RCTs) were eligible for appraisal and inclusion in this rapid review. (See the full report for the findings and conclusions from these systematic reviews and RCTs.) No systematic reviews or RCTs were identified on the religious, cultural, and social issues surrounding circumcision, but a concise literature review on these topics was performed.

Strong evidence shows that NTMC can prevent HIV/AIDS acquisition in sub-Saharan African men, but it is unclear whether these findings can be extrapolated to male populations in other countries. While NTMC may prevent childhood urinary tract infections, the role of the procedure in preventing other conditions is unclear.

Recommendations

As high-quality RCTs have not assessed the efficacy of neonatal NTMC in preventing sexually transmitted infections, HIV/AIDS, and penile cancer it would be inappropriate to recommend widespread neonatal circumcision for this purpose.

Methods

The search strategy identified articles published in English between January 1997 and February 2008. The following databases were searched: BMJ Clinical Evidence,

York (UK) Centre for Reviews and Dissemination (CRD), Cochrane Library, PubMed, and EMBASE. An ASERNIP-S researcher extracted the data using standardized extraction tables developed *a priori*, and a second researcher checked the work.