



TOM JUNG/ALAMY

reporting their own beneficial or adverse effects of the procedure; advocates of circumcision and adversaries who see it as an act of trauma, betrayal, or aggression, tantamount to amputation or mutilation.

Reasons for infant circumcision include medical indications and protective effects in the transmission of sexually transmitted infections (especially HIV/AIDS).

Reasons against include the lack of a medical indication, without which it is “cosmetic” surgery at best and abuse and mutilation at worst. The side effects can be serious, and deaths have been reported.

The foreskin has a role in male sexual health, and circumcision is more than merely another disagreeable experience like vaccination that infants are being subjected to. Were circumcision a new procedure, ethics approval, scientific support, cooperation from colleagues, trial participants, and government or charity funding would not be forthcoming. The costs to the NHS of an “unnecessary” procedure also need to be taken into consideration. In the United States reconstructive surgery is a lucrative industry.

Many respondents suggest postponing circumcision to adolescence or even adulthood to avoid conflict between the rights of the child and those of the parents. Others think that it is the parents’ right to decide to have their baby boy circumcised, in the same way that they decide what’s best for him in other respects.

Some call for studies of a cohort of circumcised men to establish how much they may have been harmed physically and psychologically from being circumcised as babies. Some think that stopping male circumcision world wide would end female genital mutilation too.

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- 1 Rapid responses. Is infant male circumcision an abuse of the rights of the child? Yes. [bmj.com 2007 www.bmj.com/cgi/eletters/335/7631/1180](http://bmj.com/cgi/eletters/335/7631/1180)
- 2 Rapid responses. Is infant male circumcision an abuse of the rights of the child? No. [bmj.com 2007 www.bmj.com/cgi/content/full/335/7631/1181](http://bmj.com/cgi/content/full/335/7631/1181)
- 3 Rapid responses. Medical aspects of male circumcision. [bmj.com 2007 www.bmj.com/cgi/eletters/335/7631/1206](http://bmj.com/2007/www.bmj.com/cgi/eletters/335/7631/1206)
- 4 Rapid responses. Covering ourselves. [bmj.com 2007 www.bmj.com/cgi/eletters/335/7631/0](http://bmj.com/2007/www.bmj.com/cgi/eletters/335/7631/0)

that an analysis of the data with all participants under 38 at time of loss to follow-up excluded gave a null result (0.95, 0.88 to 1.02). Hence they disproved their own overall result, clearly showing that their significant overall protective effect of oral contraception was an artefact resulting from the biased exclusion criterion.

Furthermore, they report an increase in breast cancer risk, peaking (relative risk 2.45) between 15 and 20 years after cessation of use instead of disappearing 10 years after cessation of use, as others have reported.² They also report a significant risk increase (1.22) for any cancer and for breast cancer with more than eight years of using oral contraceptives. Although they note that fewer than a quarter of users in their study had used oral contraceptives for that long, current patterns of use are usually for much longer periods and also more often start before first full term pregnancy, a use pattern producing threefold increases in the risk of breast cancer.³ A further finding is the strong association for cancers of the central nervous system or pituitary, with the relative risk for these cancers steadily rising to 5.51 with more than eight years’ use.

Their conclusion that the cancer benefits associated with oral contraception outweigh the risks is therefore irresponsible, as their results imply the opposite.

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- 1 Hannaford PC, Selvaraj S, Elliott AM, Angus V, Iversen L, Lee AJ. Cancer risk among users of oral contraceptives; cohort data from the Royal College of General Practitioners’ oral contraception study. *BMJ* 2007;335:651. (29 September.)
- 2 Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and hormonal contraceptives: collaborative reanalysis of individual data on 53,297 women with breast cancer and 100,239 women without breast cancer from 54 epidemiological studies. *Lancet* 1996;347:1713-27.
- 3 Kahlenborn C, Modugno F, Potter DM, Severs WB. Oral contraceptive use as a risk factor for premenopausal breast cancer: a meta-analysis. *Mayo Clin Proc* 2006;81:1290-302.

Authors’ reply

We presented all relevant results so that readers could decide for themselves whether their interpretation of our findings fits with ours. Brind thinks that the analysis in which both ever and never users lost to follow-up before the age of 38 were excluded (adjusted relative risk 0.95, 95% confidence interval 0.88 to 1.02) shows serious bias and invalidates the main dataset results in which only never users younger than 38 were excluded (0.88, 0.83 to 0.94). Since the total population in each analysis is different, their results should not be compared directly (in the same way that the results from the main and the

general practitioner observation dataset should not be compared directly, as indicated in the footnote to table 2).

Furthermore, the different standard populations inevitably result in some variation in the point estimates from each analysis. The point estimate of 0.95 from the “fully excluded” analysis is not materially different from that of 0.88 from the “partially excluded” analysis, although the latter is based on more data. In addition, the upper 95% confidence interval of the fully excluded point estimate was just above unity, suggesting no increased risk of overall cancer.

The subgroup analyses of duration and time since last use of oral contraception included a large number of comparisons, some of which may have reached significance by chance. Although the relative risk of breast cancer was raised among ever users who had stopped 15-20 years previously, it was decreased in those who had stopped more than 20 years previously (0.54, 0.35 to 0.82) and the trend over time was not significant. We cannot explain the increased risk of central nervous system/pituitary cancer among ever users, although the number of women affected was small (49 of the 3877 cancers in the main dataset). We highlighted and discussed the increased risk of any cancer among women using oral contraception for more than eight years in the paper, press releases, and media interviews. Our interpretation remains that oral contraception was not associated with an overall increased risk of cancer—indeed it may even produce a net public health gain.

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Competing interests: PCH’s academic department has recently received payment from Wyeth Pharmaceuticals for a lecture on the role of hormone replacement therapy in clinical practice, Wyeth also manufactures oral contraceptives.

CIRCUMCISION: RIGHT OR WRONG?

Summary of responses

The head to head debate on whether infant male circumcision is an abuse of the rights of the child provoked almost 100 responses,¹⁻⁴ all forceful and emotive opinions on a custom whose foundations seem to be primarily sociocultural and religious. Respondents—most of them men—included a doctor who had never received any complaints from his circumcised patients in many years of practice and respondents