

Letter to the Editor

Position Statement of the American Urological Association

On February 17, 1993, the Journal of the American Medical Association published two studies that investigate a possible link between vasectomy and prostate cancer. In light of these studies, the American Urological Association has issued a position statement, which is reproduced below. The position of the American Urological Association does not necessarily represent the position of the American Association for Cancer Research or of the American Society of Preventive Oncology.

The February 17 issue of the *Journal of the American Medical Association* contains two studies which suggest that men who have had a vasectomy may be at risk of developing prostate cancer. Giovannucci *et al.* presented both retrospective and prospective cohort studies (1, 2). The retrospective study involved 14,607 vasectomized husbands of married female nurses and 14,607 age-matched controls. The aged-adjusted relative risk of developing prostate cancer in the vasectomized men was 1.56, with a 95% confidence interval of 1.03–2.37 ($P = 0.04$). The prospective study evaluated 10,055 male health professionals who had had a vasectomy and 37,800 health professionals who had not had a vasectomy. The relative risk of developing prostate cancer in the vasectomized men was 1.66, with a 95% confidence interval of 1.25–2.21 ($P = 0.0004$). In both studies there was an increased risk of developing prostate cancer in men who had had a vasectomy more than 20–22 years in the past. There are two other published cohort studies which show no statistically significant increased risk of prostate cancer following vasectomy (3, 4). Furthermore, no study has established an increased risk of death from prostate cancer following vasectomy. Nevertheless, the two recent papers raise a serious question which must be addressed. Because the question of a relationship between vasectomy and prostate cancer has been raised, we recommend that men who have had a vasectomy more than 20 years ago or who were more than 40 years of age at the time of their vasectomy have an annual digital rectal examination and a determination of serum prostate-specific antigen level. This is the same recom-

mendation made by the American Urological Association and the American Cancer Society for all men aged 50 to 70. Since the relationship between vasectomy and prostate cancer is unproven—and even if there is a relationship, the mechanism of carcinogenesis is unknown—we do not recommend reversal of vasectomy. There is no form of fertility control except abstinence which is free of potential complications. Patients requesting a vasectomy should be informed of the current status of our knowledge with regard to the risks of the procedure, including those reported in the Giovannucci papers. The fact that an analysis of the same group of men who form the basis for the retrospective cohort study showed no increase in death rate in vasectomized as compared with nonvasectomized men should not be overlooked. The final decision to proceed with a vasectomy should be made by the patient.

The American Urological Association strongly supports more research to clarify any possible relationship between vasectomy and prostate cancer.

References

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