Male Circumcision

Male circumcision will be funded only for the following indications:

- Penile malignancy
- Traumatic foreskin injury where the foreskin cannot be salvaged
- Recurrent tearing of the frenulum of the penis in sexually active adults which has not responded to frenuloplasty or preputioplasty
- Pathological phimosis (scarring of the opening of the foreskin making it non-retractable)
- Recurrent balanoposthitis (infection beneath the foreskin)
- Recurrent urinary tract infection (particularly where high grade vesico-ureteric reflux is present)

Children under the age of five with balanitis should not be referred until and unless at least two courses of antibiotics have been prescribed in primary care.

Circumcision for all other indications, including religious, cultural or lifestyle reasons, or for the prevention of sexually-transmitted infections is a low priority due to lack of evidence of clinical and cost-effectiveness and will **NOT** be funded on the NHS.

<table>
<thead>
<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male circumcision for penile cancer, traumatic injury, pathological phimosis, recurrent infection</td>
<td>Clinical Consensus</td>
<td>Inadequate</td>
</tr>
<tr>
<td></td>
<td>RCT evidence is lacking for some indications and unlikely ever to be available. These indications are supported by strong clinical consensus and long established clinical practice Circumcision for reduction of recurrent infections is supported by systematic review evidence</td>
<td>No published studies of cost effectiveness identified - unlikely that these will be carried out</td>
</tr>
<tr>
<td>Male circumcision for cultural, religious, lifestyle reasons or for the prevention of infection</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td></td>
<td>No evidence identified to support circumcision to reduce spread of infection in low prevalence areas</td>
<td>Lack of evidence to indicate cost effectiveness in low or high prevalence areas</td>
</tr>
</tbody>
</table>
Summary of evidence considered by CRC—Published Papers


Van Howe RS, Cold CF, Lajous M, ‘Human papilloma virus link to circumcision is misleading’. Cancer Epidemiology and Biomarkers Preview, 15(2006), pp.405-6; and discussion in Malone, ‘Medical aspects of male circumcision’.
Summary of evidence considered by CRC — Other Sources

UK Female Genital Mutilation Act, 2003.


Reason for Requesting a Policy Recommendation:

Reviewed as part of the Effective Use of Resources Project.
Replaces the CRC Recommendation 06/07: Male Circumcision

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

Further information contact:

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