

## **Vasectomy Center – Seattle \* Eastside \* Shoreline**

*Specializing in No-Needle No-Scalpel Vasectomy*

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### **STATEMENT REGARDING VASECTOMY AND LONG TERM RISKS**

In the 1980s concerns were raised about the correlation with vasectomy and atherosclerosis and vasectomy and arthritis. Those fears were proved unfounded after reviewing the data.

In the early 90s there were several articles reporting research studies regarding vasectomy and prostate cancer. The most controversial was in the February 17, 1993, issue of the Journal of American Medical Association, which included two reports and a related editorial. The last cohort study conducted by Edward Giovannucci found that in the study population vasectomy was associated with a small increased risk of prostate cancer.

Those studies must be viewed in light of other similar studies on this same topic. At least six previously published U.S. epidemiologic studies have specifically addressed vasectomy as a risk factor for prostate cancer. Four of these studies showed no association between vasectomy and the development of prostate cancer. In October 1991 the World Health Organization held a meeting that brought together 23 experts from 10 developing and developed countries to review all of the available biologic and epidemiologic evidence. This group concluded that any causal relationship between vasectomy and cancer of the prostate was unlikely. These experts were not able to identify any plausible biologic mechanism for an association, despite many years of research. Most experts who are knowledgeable about the prostate gland and the way it functions believe there is no biologic explanation for how vasectomy may cause prostate cancer. Approximately 1 out of 11 men in the United States develop clinically significant prostate cancer. Most of these men have never undergone a vasectomy.

Since 1993 numerous studies have been published that have shown NO relationship between vasectomy and prostate cancer. A 1999 study from Boston studied 1200 men with newly diagnosed prostate cancer and compared them to 1400 control patients with no history of prostate cancer. 16% of the prostate cancer patients had had a vasectomy and 15% of the controls had had a vasectomy. They concluded that no statistical difference existed between the two study groups.

Recently, another concern was raised about the association with vasectomy rare forms of dementia. Researchers at Northwestern University linked this male sterilization surgery to a rare neurological condition called primary progressive aphasia (called PPA) and another rare form of dementia involving behavioral changes called fronto-temporal dementia.. They surveyed 47 men, ages 55- 80, and found a higher rate of vasectomy in this group than they would have expected. The researchers acknowledged that the research involved a small number of people and said they plan to conduct a larger national study to see whether the findings hold up. In the meantime, the authors of this study said their findings should not stop men from getting vasectomies.

It is important to remember that all contraceptive methods carry some risk. In the general population those risks are lower than the risks associated with pregnancy. Certainly, if vasectomy is a risk factor for any disease, people need to know and informed choices need to be made. On

the other hand, if the associations are spurious but believed to be real, the popularity of a highly effective contraceptive will be reduced, opportunities to reduce unintended pregnancy will be lost, and maternal and infant mortality and morbidity will increase.

Our office will continue to recommend vasectomy as an effective and safe procedure for elective sterilization, as well as provide and counsel men about what is currently known about vasectomy and short and long term risks. We will continue to monitor any new research or recommendations provided by the American Urological Association.