



Dear SELF Participant,

Happy Spring and thank you for your continued participation in SELF: the Study of Environment, Lifestyle & Fibroids.

In this newsletter, our health article focuses on circumcision for newborns because the American Academy of Pediatrics recently changed its position on this procedure. We also include exciting study updates and important reminders to consider as you complete your follow-up activities.

With appreciation,

Dr. Donna Baird
SELF Principal Investigator

Study Update

As of May 15, 2013,

- 484 participants have completed all Follow-Up 1 activities.
- 93% of all distributed Early Life Questionnaires have been returned. If you did not return one and need another sent to you, please let us know.

Reminders

- Remember to complete and return your Menstrual Form after your clinic visit.
- Let us know if any contact information changes for you or your secondary contacts.

Any Questions?

Call us at
1-877-692-SELF (7353)

or send an email to
questions@DetroitSELF.org



There was a Medical Procedures Worksheet in my Follow-Up Study Kit; I do not recall getting one before my last clinic visit.

SELF is interested in knowing if participants have had certain pelvic surgery or medical procedures since their last SELF visit. The Medical Procedures Worksheet is for reporting these procedures. Your information is vital to the success of the study and we really appreciate all that you do for SELF.





SELF Question Corner

Can I participate if I don't want to have the ultrasound done?

No. It is very important that participants complete *all* study activities in order to remain actively enrolled. Researchers will need every piece of the puzzle to solve the mysteries of fibroids! The transvaginal ultrasound examination, conducted by experienced sonographers, is the best method to determine if uterine fibroids are present. This procedure is a critical part of study participation. There is minimal risk involved.

Can I have an abdominal ultrasound examination instead of the transvaginal ultrasound examination?

No. The transvaginal ultrasound examination, conducted by experienced sonographers, is a critical part of study participation and the best method to determine if uterine fibroids are present. There is minimal risk involved.

I did not receive a Menstrual Form at my last clinic visit. Why did I receive one at my Follow-up Clinic Visit?

For follow-up visits, all participants are being asked to complete a Menstrual Form regardless of how often they experience bleeding. Once the diary section has been completed we ask that you answer the questions that follow and return the Menstrual Form in the pre-paid envelope provided. As a thank you for completing the Menstrual Form, an additional \$20 is included with the incentive payment for follow-up clinic visits.

Circumcision for Newborns?

What Is Circumcision?

Male circumcision is the removal of the foreskin from the penis. The foreskin is the flap of skin that extends from near the end of the penis to cover most of the penis head. It is a common procedure soon after birth, but can also be done later.

Why Have a Baby Boy Circumcised?

The American Academy of Pediatrics now recommends that all parents consider circumcision because "Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks." This is a recent policy change (September, 2012), although the World Health Organization recognized the strength of the health benefits years earlier.

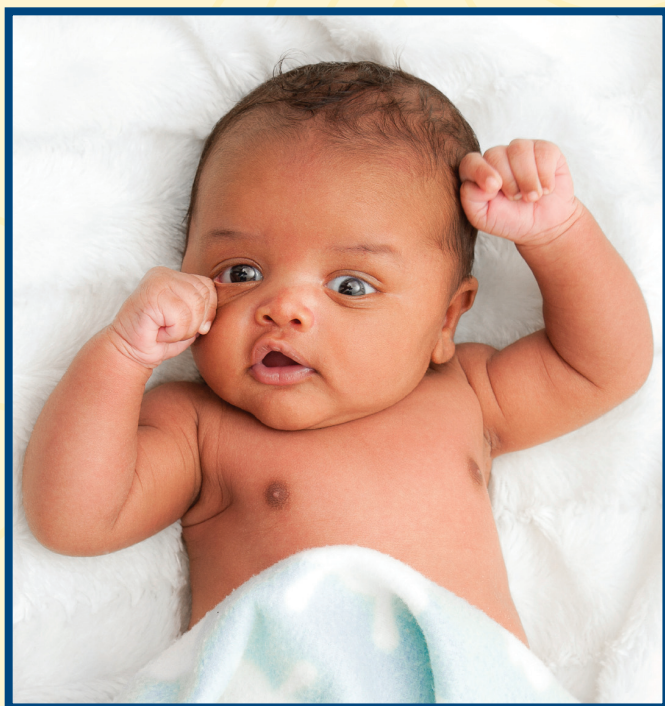
Since circumcision is usually done soon after birth, the best time to be deciding about it is before delivery.

Benefits of Circumcision

- **Reduction in Infant Urinary Tract Infections (UTIs).** Almost all studies have observed this reduction. UTIs in male infants usually require a doctor's visit. While rare, they may involve hospitalization, invasive procedures, and kidney problems later in life.
- **Reduction in HIV infection for men.** Three randomized clinical trials were conducted in Africa to determine whether circumcision of adult males would reduce their risk for HIV infection. All three studies were stopped early because of the significant benefit of circumcision. The reduction in HIV infection was about 60%. Of course, circumcision is only partially protective, so men still need to use condoms and other safe-sex practices.
- **Reduction in Risk of Genital Herpes and Human Papillomavirus (HPV) Infections.** Risk of these non-HIV viral infections are also reduced with circumcision. Though both genital herpes and HPV are often asymptomatic, they can have serious health consequences. If a pregnant woman acquires genital herpes, her baby is at risk of serious complications.
- **Reduction in risk of Mycoplasma genitalium and bacterial vaginosis in female partners.** Mycoplasma is a sexually-transmitted bacterial infection that was first discovered only about 30

years ago, but is becoming more commonly detected. Though it often causes no symptoms, some men experience burning pain while urinating. Infected women can also have the burning pain, as well as a vaginal discharge. Even infections without symptoms in women could increase risk of pelvic inflammatory disease and infertility because the bacteria can move out of the vagina and infect the uterus and tubes. Because circumcision reduces the risk of male infection, sex with circumcised males tends to be less risky than sex with uncircumcised males (all else being equal).

- **Reduction in Phimosis.** Phimosis refers to a condition in which the foreskin cannot be retracted to expose the head of the penis. Infants and adult men who have not been circumcised can develop this condition, and in some cases circumcision may need to be done at that time.
- **Reduction in Penile Cancer.** Cancer of the penis tends to occur after age 60 and is rare in the United States. It occurs mostly in uncircumcised males (about 1 in 600 men), while almost no cases occur in circumcised males.
- **Health Care Costs.** A recent study estimated more than \$500 million per year of extra health care costs if rates of infant circumcision in the United States decline to 10% of male babies (they estimate that rates have declined from about 79% to 55% in the last 20 years, partly due to lack of coverage for the procedure).



Complications of Circumcision

The estimated rate of complications is very rare, between 0.2% and 0.6%, and the vast majority of these complications are minor. The most common include bleeding and local infection which can be easily treated. Rarer complications include:

- **Urinary Retention.** Some babies are unable to urinate after circumcision. This condition often resolves on its own, but some babies require catheterization for a period of time.
- **Removal of too much or too little skin.** This is very rare, but can cause penis abnormalities including scarring and formation of a tight ring of tissue around the head of the penis. Further surgery would need to be performed by a specialized surgeon at the appropriate time to repair damage.

Contraindications for Circumcision

Circumcision might not be an option if certain blood-clotting disorders are present or for premature babies who require specialized medical care in hospital.

What Other Concerns Have Been Raised About Circumcision?

- **Lasting Adverse Effects of Pain Caused by Circumcision?** There has been growing recognition over the last two decades of the need for pain management during circumcision. Now, circumcision in hospitals is usually accompanied by treatment that reduces or eliminates pain.
- **Decreased Sensation, Reduced Fertility, or Less Partner Satisfaction?** Studies do not support any of these problems.
- **Won't appropriate care of the uncircumcised penis prevent any increased infections, so why take on any risks?** This has not been studied.

Is Circumcision Covered By Health Insurance Companies and Medicaid?

Insurance and Medicaid coverage vary throughout the United States. Medicaid covers circumcision in Michigan.



Thanks for the Kudos! This is what SELF Participants are saying...

- Thank you for a very professional and organized study for African American women! I ♥ SELF!
- This program continues to provide friendly and courteous service.
- The SELF study is an extraordinary program. I am truly honored to assist in understanding and hopefully preventing fibroids. Thank you!
- Very pleased with the treatment received and the politeness of all the staff involved in the SELF study.
- The SELF staff is always great every time. Second year enrolled and I will continue the research. Thank you!
- I love the people. Very professional and nice.
- Everyone is very kind, friendly, professional and caring.
- I am proud and excited to be part of this experience.

I have moved out the Detroit area, can I still participate in SELF?



YES! We really appreciate all that you have already contributed to this one-of-a-kind research study and we don't want you to miss out on your chance to complete your follow-up activities.

SELF still needs your help to solve the mysteries of fibroids. If at any time you plan to be in the Detroit area, **even if only for a short visit**, feel free to give us a call at **1-877-692-SELF (7353)** or **email us at questions@DetroitSELF.org**. We can send your study kit to your current address and if you take advantage of completing surveys ahead of time, the clinic visit will only last a couple of hours. Staff will work hard to secure a clinic appointment just for you.

LET'S STAY IN TOUCH!

Please call us at 1-877-692-SELF (7353) if your phone numbers, mailing address or email address changes.



SELF 1009 Slater Road
Suite 120
Durham NC 27703

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
DURHAM, NC
PERMIT NO. 509

RETURN SERVICE REQUESTED