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RESPONSE TO REVIEWER COMMENTS

COMMENTS TO AUTHORS

The manuscript by Morris et al entitled "Critical evaluation of unscientific arguments disparaging affirmative infant male circumcision policy" assesses recent arguments in opposition to male circumcision. The manuscript is important, well written and deserves to be published. However, there are a few minor areas where it could be improved.

1. Abstract. The authors state "in contrast, newborn circumcision….involves local anesthesia…" This implies that adult circumcision requires general anesthesia. Both procedures require local anesthesia. Thus, it would likely be best to remove this issue.

RESPONSE: We agree and have now removed "involves local anesthesia"

2. One of the biggest differences between the evidence in support of circumcision compared to the data against circumcision is that almost all of the beneficial findings of circumcision are from randomized trial data. The authors mention the randomized control trial of male circumcision, but they could strengthen the manuscript substantially by describing how three RCTs provide the cleanest picture of the risks and benefits of circumcision (i.e., much less confounding, bias, etc compared to retrospective or observational studies). The consistency in efficacy estimates between trials also provides increased confidence in the benefits. Below are the primary references of the trial data, which would likely be helpful to include. a. HIV I. Bailey, R.C. et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. Lancet 369, 643-56 (2007). ii. Auvert, B. et al. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. PLoS Med 2, e298 (2005). iii. Gray, R.H. et al. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. Lancet 369, 657-66 (2007). b. HPV I. Auvert, B. et al. Effect of male circumcision on the prevalence of high-risk human papillomavirus in young men: results of a randomized controlled trial conducted in orange farm, South Africa. J Infect Dis 199, 14-9 (2009). ii. Gray, R.H. et al. Male

Circumcision Decreases Acquisition and Increases Clearance of High-Risk Human Papillomavirus in HIV-Negative Men: A Randomized Trial in Rakai, Uganda. J Infect Dis 201, 1455-62 (2010). iii. Senkomago, V. et al. Acquisition and Persistence of Human Papillomavirus 16 (HPV-16) and HPV-18 Among Men With High-HPV Viral Load Infections in a Circumcision Trial in Kisumu, Kenya. J Infect Dis 211, 811-20 (2015). c. HSV-2 I. Tobian, A.A. et al. Male circumcision for the prevention of HSV-2 and HPV infections and syphilis. N Engl J Med 360, 1298-309 (2009). ii. Sobngwi-Tambekou, J. et al. Effect of HSV-2 serostatus on acquisition of HIV by young men: results of a longitudinal study in Orange Farm, South Africa. J Infect Dis 199, 958-64 (2009). d. Female Benefits from STIs I. Gray, R.H. et al. The effects of male circumcision on female partners' genital tract symptoms and vaginal infections in a randomized trial in Rakai, Uganda. Am J Obstet Gynecol 200, 42 e1-7 (2009). ii. Wawer, M.J. et al. Effect of circumcision of HIV-negative men on transmission of human papillomavirus to HIV-negative women: a randomised trial in Rakai, Uganda. Lancet 277, 209-18 (2011).

RESPONSE: We agree and have now added all of these references to randomized controlled trial data, and a few more. The new text in the section "HUMAN PAPILLOMAVIRUS" is: " That includes ignoring RCTs that found circumcision strongly protects men against ongogenic HPV acquisition and improves clearance[84-89]. There is also RCT evidence of reduced low-risk HPV types that cause genital warts[90]." The new text in the section "OTHER STIs, INCLUDING HIV" is: " Well-designed large RCTs provide the cleanest picture of the risks and benefits of circumcision compared to retrospective or observational studies. This is because confounding and bias are minimized. Three RCTs convincingly demonstrated that MC protects against heterosexual HIV infection in men[95-97]. The trials went on to demonstrate protection against other STIs such as oncogenic types of HPV[84-89], genital herpes (HSV-2)[87,98-100], *Trichomonas vaginalis*[101] and *Mycoplasma genitalium*[102]. In addition, RCT data confirms the protective effect of MC in the female partners against oncogenic HPV types[103-105], HSV-2[106], *T. vaginalis*[107], *M. genitalium*[108], bacterial vaginosis[78,107] and genital ulceration[107]. The consistency in efficacy estimates between trials provides increased confidence in the benefits.

3. When discussing how condoms "provide only partial protection against STIs." It would be good to contrast how male circumcision is only a one time intervention that provides a lifetime of protection.

RESPONSE: Very good point. We have now added the following at the end of this paragraph: "It should be noted that, unlike condoms, circumcision is a one-time intervention that provides a lifetime of protection. Condom use should nevertheless be encouraged. Together each confer greater protection than either alone."

4. The discussion about “some men having been duped by circumcision opponents….[and finds]…a man with sexual problems may search the internet quickly find anti-circumcision sites telling him his sexual dysfunction resulted from his IMC” could be toned down.

RESPONSE: We have done as requested and toned this down by changing to: " ... these men may have formed a misguided belief, as discussed earlier. Following online instructions about "restoration" of a pseudo-foreskin seems ill-advised. Not only is the process cumbersome and protracted, but has led to genital mutilation[111]."

5. Most medical centers are now using ICD-10, rather than ICD-9.

RESPONSE: We have now changed "ICD-9 code 302.9" to "ICD-10 code CM F65.9".