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## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Pediatrics*

**Manuscript NO:** 86676

**Title:** Comments by opponents on the British Medical Association's guidance on non-therapeutic male circumcision of children seem one-sided and may undermine public health

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03372482

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Academic Research, Assistant Professor, Associate Professor

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2023-06-30

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-08-07 05:21

**Reviewer performed review:** 2023-08-07 05:31

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty



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<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The British Medical Association (BMA) guidance on non-therapeutic circumcision (NTMC) of male children is limited to ethical, legal, and religious issues rather than a systematic evaluation of medical evidence of benefits and risks. Here we critically evaluate an extensive article by NTMC opponents Lempert et al. who present arguments undermining the BMA's guidance. We find their arguments promoting autonomy, consent, high procedural risks, and negligible benefits are one-sided and not consistent with high-quality evidence, and lack an understanding of etiology, infectious diseases, sexual function, and the rights of the child to protection against increased disease risk over their lifetime. In contrast, all evidence-based policies, such as those by the American Academy of Pediatrics and the US Centers for Disease Control and Prevention, as well as risk-benefit analyses have found that the benefits of infant NTMC greatly exceed the risks. The BMA's failure to consider the medical benefits of early childhood NTMC has

caused this prophylactic intervention to be discouraged in the UK. The consequence is a higher prevalence of preventable infections, adverse medical conditions, suffering, and net costs to the NHS for treatment of these. Many of the issues and contradictions in the BMA guidance identified by Lempert et al. stem from the BMA's guidance not being sufficiently evidence-based. Ultimately, NTMC can only be justified rationally on scientific, evidence-based grounds. Parents are entitled to an accurate presentation of the medical evidence so that they can make an informed decision. Their decision either for or against NTMC should then be respected. In General: it's a good paper and the subject of the manuscript is applicable and useful. Title: the title properly explains the purpose and objective of the article Abstract: abstract contains an appropriate summary for the article, the language used in the abstract is easy to read and understand, and there are no suggestions for improvement. Introduction: authors do provide adequate background on the topic and reason for this article and describe what the authors hoped to achieve. MATERIALS AND METHODS: - The variables selected for the study are described clearly and are appropriate, given the nature of the question asked. [SEP] The research design is described in detail. [SEP] The research design is appropriate and does not contain particular weaknesses. [SEP] The measurement instrument, including its psychometric qualities, is described clearly. [SEP] The population of interest and the sampling procedure are defined clearly. [SEP] The data collection procedure is clearly described. [SEP] The setting in which the study took place is described. [SEP] The data analysis procedures are stated in precise terms. [SEP] The data analysis procedures are appropriate. Results: the results are presented clearly, the authors provide accurate research results, and there is sufficient evidence for each result, Specific data accompany the result statement, and Tables and figures are used efficiently. Conclusion: in general: Good and the research provides sample data for the authors to make their conclusion. Grammar: There are a lot of grammatical errors. This must be taken care of and addressed. . (Check The Paper



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Comments).



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**Peer-review model:** Single blind

**Reviewer's code:** 02580438

**Position:** Editorial Board

**Academic degree:** FACS, MD, MSc, PhD

**Professional title:** Academic Research, Professor, Research Scientist, Surgeon

**Reviewer's Country/Territory:** Mexico

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2023-06-30

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-08-14 16:49

**Reviewer performed review:** 2023-08-21 19:54

**Review time:** 7 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Criticisms of the British Medical Association's guidance on non-therapeutic male circumcision are unhelpful, unfounded, and undermine public health. This Reviewer has the following considerations. 1. First of all, I will have to agree that this is a well written (English Grammar) document and a very nice and key review on Circumcision. But.... 2. With only one view - POSITION. 3. With all due respect but here we are talking about a Scientific Arena and not a Political one. We are not in the senate, nor are we under a political competition. Therefore, I humbly recommend re-editing the whole manuscript only on scientific basis and not on political ones. That is, the approach is very aggressive from the beginning. Actually, the first word in the title (Criticism) is very aggressive. It is ok to disagree, but the approach should be scientific and not political. Criticisms is not the same as "analysis", "considerations to"... just to give some examples 4. On the other hand, neither position is correct. Authors support a generalized



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position towards every patient should be circumcised. While, BMA supports a rather “religious” position in this regard. This reviewer does not support either position. 5. This reviewer’s humble recommendations are: 1) edit the whole document with a less aggressive approach; 2) highlight the benefits of performing circumcision when indicated and based only on scientific grounds and not just a generalized indication for the whole population (whether or not indicated); 3) highlight the “wrong” ideas (approach/indications) of BMA: it is not up to the patient to decide whether or not to be circumcised; 4) highlight ways (indications/techniques/procedures) to optimize foreskin retraction so that correct hygiene is performed while avoiding possible complications (paraphimosis) ; 5) highlight that sensitivity is not on foreskin, but on glans head, which is protected by foreskin. 6. One final concern. If there is an indication, a patient must be circumcised. There are ways to protect the foreskin (if possible). Please do remember that the foreskin can be used as “a graft” in specific areas of the body and for emergent situations/conditions.





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**Peer-review model:** Single blind

**Reviewer's code:** 05223442

**Position:** Editorial Board

**Academic degree:** FACS, FICS, MD, MSc

**Professional title:** Assistant Professor, Senior Researcher, Surgeon

**Reviewer's Country/Territory:** Liberia

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2023-06-30

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-08-17 05:10

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Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty



<b>Creativity or innovation of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
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<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Introduction: • Question: Is the introduction effective in setting up the context and importance of the NTMC debate? • Appraisal: The introduction appropriately establishes the context by referencing the BMA's guidance, the challenges posed by activists in the "post-truth era," and the controversial nature of NTMC. Evaluation of Opposing Medical Bodies: • Question: Does the manuscript provide a balanced assessment of opposing viewpoints from medical bodies? • Appraisal: The manuscript addresses opposing viewpoints, such as those from the CDC and the AAP, but the focus is primarily on refuting these viewpoints. More analysis of the rationale behind opposing positions could enhance the discussion. Procedural Risks and Benefits: • Question: Are the arguments presented regarding procedural risks and benefits adequately supported by evidence? • Appraisal: The manuscript presents several detailed points regarding procedural risks and benefits, primarily focusing on the

advantages of infant NTMC over adult circumcision. While the arguments are detailed, additional references and comparative analysis could strengthen the claims.

**Medical Need vs. Prevention:**

- **Question:** Are the comparisons between medical need and prevention well-founded?
- **Appraisal:** The manuscript effectively highlights the distinction between medical need and preventive measures, using the example of urinary tract infections. However, the discussion could be broadened by considering other potential benefits and drawbacks associated with NTMC.

**Comparison with Labioplasty:**

- **Question:** Is the comparison between NTMC and labioplasty valid and informative?
- **Appraisal:** The manuscript addresses the ethical implications of using data to guide medical decisions. While the analogy to labioplasty provides a thought-provoking comparison, a deeper exploration of the ethical considerations specific to NTMC might enhance the argument.

**"Delay Until the Male Can Decide" Argument:**

- **Question:** Does the manuscript effectively address the "delay until the male can decide" argument?
- **Appraisal:** The manuscript provides a detailed analysis of the potential drawbacks of delaying NTMC, emphasizing factors like barriers to adult circumcision. However, addressing potential counterarguments or alternative viewpoints could enhance the overall balance of the discussion.

**Alternative to NTMC for Jewish Families:**

- **Question:** Is the analysis of alternatives for Jewish families comprehensive and balanced?
- **Appraisal:** The manuscript acknowledges alternative practices within Judaism but appears to focus on refuting these alternatives. Providing more context and balanced analysis of various Jewish viewpoints could enrich the discussion.

**Evidence-Based vs. Non-Evidence-Based Arguments:**

- **Question:** Is the critique of evidence-based arguments consistent and well-supported?
- **Appraisal:** The manuscript criticizes opposing viewpoints for being ideological rather than evidence-based. While the argument is presented convincingly, addressing any limitations or potential biases in the evidence supporting NTMC could strengthen the

analysis. In general, the manuscript presents a robust defense of NTMC, focusing on scientific evidence, medical benefits, and potential drawbacks of alternative viewpoints. However, incorporating more balanced analysis, addressing counterarguments, and providing a broader ethical perspective could enhance the overall depth and quality of the critique. Additionally, clarifying some of the technical language and providing more context in certain sections could improve the manuscript's accessibility to a wider audience.

1. False Analogies: a. How does the author respond to Lempert et al.'s assertion that comparing NTMC to FGM is a false analogy? b. What examples does the author provide to challenge Lempert et al.'s analogy of NTMC to other medical procedures, such as tooth extraction and cosmetic surgery?

2. Untrained Practitioners: a. How does the author address Lempert et al.'s concerns about NTMC being performed by untrained practitioners? b. What evidence does the author provide to support the assertion that nurses and midwives can perform NTMC safely and effectively?

3. Legal Concerns by the Critics: a. How does the author critique Lempert et al.'s claim that NTMC amounts to "significant harm" under the Children Act 1989? b. How does the author challenge Lempert et al.'s assertion that NTMC on non-consenting adults could amount to criminal offenses under English law? c. What is the author's overall assessment of Lempert et al.'s legal concerns about NTMC?