RESPONSE

World Journal of Clinical Pediatrics Manuscript NO: 86676 – Manuscript requires a revision

Reviewer #1:
Scientific Quality: Grade A (Excellent)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors:
1. 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.
*****RESPONSE BY AUTHORS:** We thank the reviewer for this good suggestion. Accordingly, in the Introduction, page 7, para 1, starting at line 5 we have added "Opponents argue that NTMC of a nonconsenting child violates their human rights to genital integrity and that circumcision should be delayed until they are old enough to make the decision for themselves. There are, however, sound scientific reasons why early NTMC is beneficial to the child's health. These include protection against infections in infancy and infections, including sexually transmitted ones, disease and other adverse medical conditions over the lifespan.".

We have also added (Box 1) on page 7, after para 2, the contrary position of the American Academy of Pediatrics:
"**Box 1.** Conclusions and recommendations by the AAP in its NTMC policy statement.
• The AAP Systematic evaluation of English-language peer-reviewed literature from 1995 through 2010 indicates that preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure.
• Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.
• The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent; most are minor, and severe complications are rare. Male circumcision performed during the newborn period has considerably lower complication rates than when performed later in life.
• Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns. It is important that clinicians routinely inform parents of the health benefits and risks of male newborn circumcision in an unbiased and accurate manner.
• Parents ultimately should decide whether circumcision is in the best interests of their male child. They will need to weigh medical information in the context of their own

religious, ethical, and cultural beliefs and practices. The medical benefits alone may not outweigh these other considerations for individual families.

2. 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.

*****RESPONSE BY AUTHORS:** We thank the reviewer for noting the points we make in Table 2 contrasting the reasons why NTMC early in life is preferable to adult circumcision. To address this point, we add the following two paragraphs after Table 2, and starting at the top of page 18:

"CDC researchers conducted a study of adverse procedural events involving 1.4 million medical NTMCs in the US across all ages[62]. Amongst the 1.3 million infant NTMCs, adverse event frequency was 0.4%. The CDC referred to these findings in its 2018 policy statement[114]. Of the 1,400,920 reimbursement claims, 95.3% were for males aged ≤ 1 year, 2.0% were for ages 1–9 years, and 2.7% were for ages ≥10 years and above. Compared with infancy, adverse events were 20-times higher in boys aged 1–9 years, and 10-times higher in those aged ≥10 years[62]. The most common risks were minor bleeding post-operative clearing of adhesions and removal of excess foreskin[62]. Such adverse events are easily and quickly resolved with no lasting effect. An exception is very rare fatal hemorrhage as a result of undiagnosed hemophilia and botched circumcision by poorly trained or negligent operators. In a large California study, frequency of complications was 0.5% in neonates, but in non-neonates was 18.5 times greater[115]. A UK study found complications were 1% amongst boys aged 3–16 years receiving therapeutic MC[116]. All were minor and there were no major complications.

A risk-benefit analysis for the UK[104] found benefits exceeded risks by >100:1 and estimated that if not circumcised early a large proportion of males would be at risk of an adverse medical condition during their lifetime from a condition attributable to foreskin retention."

3. 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.

*****RESPONSE BY AUTHORS:** We thank the reviewer for this excellent suggestion. Accordingly, on page 10, we have now added the following new para 4: "The benefits of neonatal NTMC (and % affected based on population prevalence of uncircumcised males and of the medical condition) are (a) a 90% decreased risk of UTI at age 0–1 years (with 1.3% affected), 85% lower risk at 1–16 years (2.7% affected), 70% reduced risk at >16 years (28% affected), as found in a meta-analysis of males of all ages)[61]; (b) a >90% decreased risk of phimosis, with an observational study finding 12%% of uncircumcised British males still have phimosis by the age of 18 years[63]; (c) a 68% decreased risk of balanitis (10% being affected), as found in a meta-analysis of 8 studies[64]; (d) 60% decreased risk of candidiasis (thrush; with 10% affected)[64]; (e) a 70% decreased risk of HIV infection during heterosexual sex or insertive anal intercourse (with 0.1% affected), as found in a meta-analysis[65]; (f) a

53–65% decreased risk of high-risk HPV infection (4–10% affected) according to meta-analyses[66-68]; (g) a 30% decreased risk of herpes simplex virus type 2 infection (HSV-2; with 4% being affected) based on RCT findings[69-72]; (h) a 50% decreased risk of genital ulcer disease (with approximately 1% affected), based on observational studies[73-75] and a meta-analysis[76]; (i) a 40–55% decreased risk of syphilis infection (with 1% affected) based on the findings of a meta-analysis[76] and observational studies[77, 78]; (j) a 50% decreased risk of *Trichomonas vaginalis* infection (with 1% affected), according to a RCT[79]; (k) a 40% decreased risk of *Mycoplasma genitalium* infection (with 0.5% affected) as revealed by RCT findings[80]; (l) a 50% decreased risk of chancroid (with <1% affected), according to a meta-analysis[76]; (m) a 67–99% decreased lifetime risk of penile cancer (with 0.11–15% affected), as found in the most recent meta-analysis[4] and observational studies[81-83]; (n) 10% decreased risk of prostate cancer (with 1% being affected), as determined by meta-analyses[84-86].”

And then on page 11, a new para 4:

“A drawback of NTMC includes risk of a minor adverse event, which affects 0.4% in infancy, 8% at age 1–10 years, and 4% at ages ≥10 years[62]. Risk of a major complication is extremely low. Another is cost, which can be substantial if the procedure is not covered by third party insurance. In the UK the National Health Service (NHS) covers medical MC, but not NTMC. If either is performed later, the time taken for the procedure and for the immediate recovery period will mean disruption of daily activities, including employment and school attendance. If the mature male is sexually active, then abstinence from sexual activities will be required during the healing period, which is generally 6 weeks.”

4. 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.

*****RESPONSE BY AUTHORS:** We agree and have now added a new section that follows the section on labioplasty. This can be found starting at bottom of page 13 and continuing over to page 14, para 2:

“**ETHICS**

Because NMC involves surgery on the healthy tissue of a child who is too young to give his consent (consent instead being given by his parents or guardians), and the health benefits during infancy and early childhood are modest (although high over the lifetime), individuals such as Lempert *et al*. argue that childhood NTMC is unethical. Public health ethics attempts to be practical by seeking decisions that will likely produce the greatest net benefit. Well-informed public health authorities might logically be persuaded by the strong evidence favoring NTMC. The extensive reviews by the AAP and CDC led these major authorities to conclude that since the benefits of infant NTMC exceed the risks, parents have a right to choose NTMC for a child. It has been argued that NTMC is justifiable as a public health necessity[106].

The Brussels Collaboration on Genital Integrity (BCGI))[107] decided that an intervention to alter a bodily state should be regarded as a medical necessity when the bodily state poses a threat to the person’s well-being. While absence of NTMC may not pose a “threat” at the time at which NTMC is usually performed, the scientific evidence shows that if not circumcised early in life, approximately half of uncircumcised males will suffer an adverse medical condition over their lifetime because of their uncircumcised state[43, 102-104]. Given the degree and breadth of

benefits conferred by NTMC, performing infant and childhood NTMC appears consistent with the BCGI's statement.

Given the wide-ranging protection afforded by NTMC against diverse medical conditions and infections in infancy and childhood, including sexually transmitted infections (STIs) in sexually active adolescent males, it has been argued that it would be unethical to not to circumcise boys early in childhood[108, 109]. Article 24 of the United Nations (UN) Convention on the Rights of the Child (CRC)[110] contains the statement:

> "*States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health ... States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*"

Article 24 states that the definition of health includes preventative health. Thus, not advising parents of benefits and risk of NTMC may violate the rights of the child. Logically, Article 24 might be seen as mandating NTMC, since not circumcising boys poses a threat to their health.[109]

Article 5 is also noteworthy. The text[110] reads:

> "*States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.*"."

5. "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.

*****RESPONSE BY AUTHORS:** Over and above the evaluation we provide on (now) page 14, in the section "The delay until the males can decide for himself argument", the new section on ethics preceding that section addresses counterarguments to a certain degree. On page 15 of the section, "The delay until the males can decide for himself argument" we have now included information about the higher risk of complications the later circumcision is performed. At the end of the "The delay …" section we have now added (page 18, new para 4) the following: "A systematic review of arguments opposing NTMC found that these were supported mostly by low-quality evidence and opinion and were contradicted by strong scientific evidence[52]. Most of those arguments have been stated above. Others included in that systematic review were that opponents appear to favor waiting until an adverse medical condition arises and then treating it by methods other than circumcision. However, such methods tend to be only partially effective, require prolonged intervention, and may have side effects. Steroids to treat phimosis is an example. In the meantime, the male will continue to suffer. Circumcision can not only be the definitive choice up front – but will provide at least partial protection against the elevated risk of the array of other adverse medical conditions over the lifetime of the uncircumcised male. Although penile cancer affects only about 0.1% of males over their lifetime[4, 123], the consequences are devastating. Since childhood NTMC may provide almost complete protection against this cancer, that patient may regret his parents' failure to have him circumcised. Sexual function and pleasure are often

referred to by opponents, likely because problems with these may not be discussed by men affected. A later section is devoted to this issue."

6. 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.

*****RESPONSE BY AUTHORS:** The reviewer's suggestion is reasonable. Accordingly, we have added the following on page 19, para 2,starting at line 2:
"They point out the existence of Jewish groups that reject NTMC. Those groups instead practice "*Brit Shalom*" (Covenant of Peace), a "*a gender-inclusive welcoming ceremony for children of Jewish parents*" who prefer not to have their male children circumcised[124]. *Brit Shalom* arose in recent decades. It provides ritual options for families not affiliated with a synagogue and who may question NTMC. Instead of NTMC, the ceremony may involve cutting a pomegranate instead of a foreskin, and mainly focuses on naming the baby and welcoming him (or her) into the Jewish faith[124]. The reasons for replacing *Brit Milah* with *Brit Shalom* by some families appear to be respect for gender equality, response to local culture, acceptance of the arguments of NTMC opponents, perception of stigma being associated with circumcision, and Jewish feminism[124]. But Lempert *et al*. fail to acknowledge that the practice of Brit Shalom is by a very small minority within Judaism[124].."

7. 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.

*****RESPONSE BY AUTHORS:** The reviewer may appreciate that the additional text above and below has addressed, at least in part, the issues raised in their comment. We have now meticulously scrutinized the manuscript and made minor changes to ensure compliance with the reviewer's request.

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?

***RESPONSE BY AUTHORS: In response we have added additional text and an example from the UK on (now) page 24, para 2, starting at line 2:
"Most forms of FGM are anatomically dissimilar to MC. FGM confers no medical benefits, only risks. In contrast, NTMC confers a wide range of benefits that greatly exceed risks, especially when performed early in infancy. The two are therefore not comparable, and thus represent separate issues. A FGM case in the UK, in which the

presiding magistrate was Sir James Munby, was misconstrued by NTMC opponents[167]. The latter failed to reveal that items 72 and 73 of the judgement recognized substantial health benefits of childhood NTMC that differentiated it from FGM[168]. A critical evaluation of the judgement can be found in McAlister[169]"
We provide several examples to challenge Lempert et al.'s analogy of NTMC to other medical procedures. We state on page 24, para 4, that:
"The Lempert critique referred to tattooing as being "*analogous*" to NTMC of minors. But they failed to state whether tattooing confers medical, sexual, or hygienic benefits. For an analogy to be valid, the two must be comparable. Tattooing is not a prophylactic procedure, and we are unaware of it having any proven health benefits. NTMC would appear unique as far as benefits are concerned. Childhood vaccination has some parallels but does not involve removing body parts. Tooth extraction – for example when teeth cause overcrowding of the mouth – comes to mind, but then an overcrowded mouth is a pre-existing problem that can be serious in that it may lead to impacted molars. Various procedures commonly performed on minors and that attract little criticism include cosmetic surgery, such as the removal of birthmarks, or straightening of crooked teeth. But it is curious to us that removal of the foreskin, a well-known haven for bacteria and other microorganisms that play varying degrees of responsibility in the etiology of UTI, HIV, oncogenic HPVs and some other STIs, inflammatory dermatological conditions, physical problems, penile cancer, and prostate cancer in uncircumcised men, and an increased risk of cervical cancer and several STIs in female partners, is a topic of derision by particular minority groups who oppose NTMC of children."

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?
*****RESPONSE BY AUTHORS:** We now provide more evidence on (now) page 25, para 2, starting at line 5, by including 4 extra references:
"Research both in developing and developed world settings has shown that, if properly trained and provided with adequate resources, nurses, midwives and physician assistants can perform the procedure to just as high a standard as doctors and surgeons[171-176]."

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?
*****RESPONSE BY AUTHORS:** We appreciate the Reviewer's request to add more details. We refer to parts a, b, and c as follows.
a. In addressing the question of NTMC amounting to "significant harm", Lempert et al. refer to a FGM case in the UK. On page 26, para 1, starting at line 10, we add a more detailed rebuttal of Lempert et al.'s claim that NTMC amounts to "significant harm" under the Children Act 1989 as follows, and now state:
"We disagree. Munby set out to decide whether a case of FGM amounted to "*significant harm*" and agreed that it did. In item 69 Munby states "*In my judgment, if FGM Type IV amounts to significant harm, as in my judgment it does, then the same must be so of male circumcision*." Then in item 73, Munby states "*there is a very*

clear distinction between FGM and male circumcision. FGM in any form will suffice to establish 'threshold' in accordance with section 31 of the Children Act 1989; male circumcision without more will not." Lempert *et al*. therefore appear to have misrepresented Munby's judgement.

Sir William Patrick Dean, a High Court Judge (and former Governor General of Australia), stated in a 1992 case that NTMC, *"for perceived hygienic – or even religious – reasons…plainly lies within the authority of parents of an incapable child to authorize surgery on the basis of medical advice*"[177]. It should be noted that at that time the medical evidence favoring NTMC was not as strong as it is today."

b. In response to Lempert et al.'s assertion that NTMC on non-consenting adults could amount to criminal offenses under English law, we examined the reference they used as support, i.e., Offences against the Person, incorporating the Charging Standard. 2022 *Legal Guidance, Violent crime* https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard. We have now added this reference to our revised manuscript and state on page 27, para 2, starting in the middle of line: "part (*e*), states that "*Under English criminal law, the imposition of [NTMC] on a non-consenting adult certainly amounts to the criminal offence of Actual Bodily Harm (ABH), and very likely amounts to the offence of Grievous Bodily Harm (GBH)*"[178]. But does it? This comment refers the reader to their footnote "*s*" which states: "*See Crown Prosecution Service, Code for Crown Prosecutors, 'Offences against the Person, incorporating the Charging Standard' [available at cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard]*." Since the word "circumcision" does not appear in that document, the reference fails to support Lempert *et al*.'s argument."
This means that their reference should be viewed as irrelevant.

c. As to our overall assessment of Lempert et al.'s legal concerns about NTMC, on page 26, we have added new para 1, which reads:
"Thus, our evaluation of much of the legal evidence referred to by Lempert *et al*. shows that they have ignored key statements by judges and authoritative organizations that contradict their stance that is opposed to NTMC of boys."

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
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….
*****RESPONSE BY AUTHORS:** We sincerely thanks the reviewer for this positive comment.

2. With only one view – POSITION.
*****RESPONSE BY AUTHORS:** This comment is appreciated. We see that the reviewer has provided details in the next comment.

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
***RESPONSE BY AUTHORS: We appreciate this suggestion. We have now softened the title of our article so that it now reads:
"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".
In a similar vein, we have gone through the text and modified any text that might be perceived as "aggressive".

4. On the other hand, neither position is correct. Authors support a generalized position towards every patient should be circumcised. While, BMA supports a rather "religious" position in this regard. This reviewer does not support either position.
*****RESPONSE BY AUTHORS:** We respect the reviewer's neutral position.

5. This reviewer's humble recommendations are:
1) edit the whole document with a less aggressive approach;
*****RESPONSE BY AUTHORS:** The reviewer made this suggestion in item 3 above. As stated above, we have now done as the reviewer requested.

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);
*****RESPONSE BY AUTHORS:** We thank the reviewer for this suggestion and on page 12, para 2, starting at line 7, have now added:
"The benefits of circumcision when indicated for treatment include treatment of the devastating foreskin inflammatory condition lichen sclerosus, for paraphimosis when emergency intervention must be performed to prevent ischemia and gangrene, as a cure for intractable phimosis that has failed to respond to other interventions such as steroid treatment, and for treatment of cancerous tissue which frequently involves the foreskin of penile cancer patients."

3) highlight the "wrong" ideas (approach/indications) of BMA: it is not up to the patient to decide whether or not to be circumcised;
*****RESPONSE BY AUTHORS:** The reviewer makes a good point. Accordingly, we have quoted from the BMA's guidance as follows on page 15, new para 3:
"Should NTMC be delayed until later, the BMA guidance advises in "card 2, Ten good practice points" that "*3. Children who are able to express views about non therapeutic male circumcision (NTMC) should be involved in the decision-making process. 4. Where a child (with or without competence) refuses NTMC, the BMA cannot envisage a situation in which it will be in a child's best interests to perform circumcision, irrespective of the parents' wishes*." Curiously, item 5 states: "*It is the parents' responsibility to explain and justify requests for circumcision, in terms of the individual factors in relation to a particular child's best interests*." In contrast, the AAP guidance states: "*It is important that clinicians routinely inform parents of the*

health benefits and risks of male newborn circumcision in an unbiased and accurate manner.."

4) highlight ways (indications/techniques/procedures) to optimize foreskin retraction so that correct hygiene is performed while avoiding possible complications (paraphimosis) ;

*****RESPONSE BY AUTHORS:** We thank the reviewer for this excellent suggestion. This is now addressed on page 13, new para 2, which states:

"Health authorities have provided advice on care of an uncircumcised penis[101]:

- Gently, not forcefully, pull the foreskin away from the tip of the penis.
- Rinse the tip of the penis and the inside part of the foreskin with soap and water.
- Return the foreskin back over the tip of the penis."

5) highlight that sensitivity is not on foreskin, but on glans head, which is protected by foreskin.

*****RESPONSE BY AUTHORS:** This is indeed important to mention. We have stated on page 23, para 2, lines 3-7:

"Histologically, the neuroreceptors responsible for sexual sensation and thus pleasure have been described as genital corpuscles which are concentrated in the highly innervated coronal ridge of the glans and the underside of the distal shaft of the penis, thus ruling out the foreskin as a histological source of sexual pleasure[151].

As well, on page 24, end of para 1, we state:

"When asked which were the most erogenous parts of the penis, men put the glans first, and the foreskin last[165, 166].."

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.

***RESPONSE BY AUTHORS: The reviewer makes a good point. In response, we have added the following on page 12, new para 3:

"The potential benefits of foreskin retention are its potential use as a skin graft during surgical repair of hypospadias, or to treat burns or other injuries in some specific areas of the body. There may be cultural reasons for retaining the foreskin, in which having the same general genital appearance as other males in non-circumcising cultures may help the boy or man fit in. This was recognized by the AAP in its recommendation that parents "will need to weigh the medical information in the context of their own religious, ethical, and cultural reasons and practices"[18, 19]. Another is the requirement of a foreskin in the uncommon sexual practice of "docking"[100]."

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

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. - The research design is described in detail. - The research design is appropriate and does not contain particular weaknesses. - The measurement instrument, including its psychometric qualities, is described clearly. - The population of interest and the sampling procedure are defined clearly. - The data collection procedure is clearly described. - The setting in which the study took place is described. - The data analysis procedures are stated in precise terms. - 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 Comments).
*****RESPONSE BY AUTHORS:** We thank the reviewer for finding that our manuscript is "Good".
With respect, the reviewer's comment about "grammatical errors" comes as a surprise, given the writing proficiency and knowledge of English grammar by the authors. We would certainly like to be able to "Check The Paper Comments". However, we were not sent "The Paper Comments". We therefore emailed the editorial office by replying to the decision email received, but to date no reply has been received. Nevertheless, we can assure the reviewer that we will read the manuscript again to ensure there are no grammatical errors.
We wish to point out that the other two reviewers found:.
Reviewer 1 "**Language Quality:** Grade A (Priority publishing)"
Reviewer 2 "**Language Quality:** Grade B (Minor language polishing)" and "I will

have to agree that this is a well written (English Grammar) document and a very nice and key review on Circumcision."

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

***RESPONSE BY AUTHORS:** We wish to point out the comment by the first two reviewers, whose provided very thorough reviews.

Reviewer 1 stated "**Language Quality:** Grade A (Priority publishing)".

Reviewer 2 stated "**Language Quality:** Grade B (Minor language polishing)" and "I will have to agree that this is a well written (English Grammar) document and a very nice and key review on Circumcision."

In contrast, Reviewer 3, while commenting favorably on what we had written in every section of our manuscript, with no changes being requested, the reviewer ended with an extraordinary comment that there were grammatical errors in our manuscript. This is unlikely, given the high standard of writing proficiency and understanding of English grammar by the first and last authors in particular …and we have now thoroughly re-read the manuscript to ensure that there are no grammatical errors. We emailed the editorial office to request the version with reviewer 3's comments. Did reviewer 3 send a version with their comments to the editorial office?

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

***RESPONSE BY AUTHORS:** Now changed to: "BMA's circumcision guidance: Rebuttal of criticisms"

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori*(*H. pylori*).

*****RESPONSE BY AUTHORS:** We have complied with this, stating "British Medical Association (BMA)". And we changed "NHS" to "National Health Service" since it is used only once in the Abstract.

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

*****RESPONSE BY AUTHORS:** All keywords are written in full: "Non-Therapeutic Male Circumcision; British Medical Association; Evidence-based Policy; Infants; Adults; Genital Infections; Sexually Transmitted Infections; Complications; Risk-Benefit"

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori*(*H. pylori*)

*****RESPONSE BY AUTHORS:** Now: British Medical Association (BMA). non-therapeutic male circumcision (NTMC). United States

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

*****RESPONSE BY AUTHORS:** This has been done.

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

*****RESPONSE BY AUTHORS:** There are no Figures, so not applicable.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

*****RESPONSE BY AUTHORS:** In Table 1, "NTMC" has been changed to "Nontherapeutic male circumcision"

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it' s ready for the first decision.
Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade C (Good)

*****RESPONSE BY AUTHORS:** We thank the Science editor for this overall appraisal.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Pediatrics, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden.

The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

*****RESPONSE BY AUTHORS:** We have now changed the formatting to cell structure and in so doing have removed the vertical lines that mark the borders ot boxes.

The author(s) must include the keyword "Children" in the manuscript title.

*****RESPONSE BY AUTHORS:** We have now modified the title and it now contains the word "children", as follows: "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"

Please provide Brian J Morris's recent photo for the Biography.

*****RESPONSE BY AUTHORS:** A recent photo of Brian J Morris now appears after the Bibliography on page 6.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

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Please click and download the Format for authorship, institution, and corresponding author guidelines, and further check if the authors names and institutions meet the requirements of the journal.

*****RESPONSE BY AUTHORS:** Now done.

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*****RESPONSE BY AUTHORS:** now done.

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*****RESPONSE BY AUTHORS:** Now done.

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*****RESPONSE BY AUTHORS:** Compliance is confirmed.

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*****RESPONSE BY AUTHORS:** Not applicable.

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*****RESPONSE BY AUTHORS:** Our manuscript complies.

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*****RESPONSE BY AUTHORS:** No Figures, so not applicable.

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