



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 24351

**Title:** Critical evaluation of unscientific arguments disparaging affirmative infant male circumcision policy

**Reviewer’s code:** 00106214

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**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. 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).

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.

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.

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