Author's response to reviews

Title: A 'snip' in time: What is the best age to circumcise?

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Author's response to reviews:

RESPONSE TO COMMENTS BY ASSOCIATE EDITOR AND REVIEWER

Title: A 'snip' in time: What is the best age to circumcise?

By: Brian J Morris, Jake H Waskett, Joya Banerjee, Richard G Wamai, Aaron AR Tobian, Ronald H Gray, Stefan A Bailis, Robert C Bailey, Jeffrey D Klausner, Robin J Willcourt, Daniel T Halperin, Thomas E Wiswell and Adrian Mindel

Below we quote the comments by Reviewer and Associate Editor and then state the changes made in response to the comments. All changes appear in the revised manuscript using the ‘track changes’ tool.

RESPONSE TO REVIEWER’S REPORT

Reviewer: gloria pelizzo

Minor Essential Revisions

MC represent up to now in the majority of cases a social, religious problem. Being an indications required by parents in most of the cases, MC has to be supported by defence of children rights.Each national health system has to garantee this procedure at hospital, in the best conditions of care in order to avoid complications.

OUR RESPONSE: We agree. In the section on p. 11 “Ethical considerations” we

addressed the rights of parents to make this decision for their male child. In doing so we reference analyses by bioethicists on this issue. In addition we make compare that analogous issue of vaccination.

Analgesia in infancy has also to be garantee in preoperative period (to riduce pain) and postoperatively

OUR RESPONSE: We agree and have now added the following statement on p. 8 at end of section on “Pain”: “Irrespective of such considerations we strongly support a recommendation of adequate pain control as being essential during and after a circumcision at any age.”

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1 This paper presents a good review on a topic largely debated. I consider the presented argument comes from a consistent assessment and recruitment of opinions from many Center all around the world. Statistic analysis seems to offer an objective view on this topic.
2 This debate address an important overview about a problem having biomedical, social, epidemiologic interest. Cost effectiveness and benefits on public health are also well underlined.
3The paper results to be correctly argued and referenced in all his parts
4 Authors have used logical arguments having social rebounds with perspectives of reconsider this topic in terms of cost -benefits on public health in all Countries

OUR RESPONSE: No changes required in response to these positive comments.

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5 The paper is written well for publication under minor essential revisions
a- Infancy represents of sure a window of opportunity for circumcision for parents demanding this procedure . I suggest the authors could underline the low risk of complications when the procedure is conducted at Hospital : so many complications require high costs, long term surgery and follow up when circumcision is rolled out at home for religious reasons especially in infancy

OUR RESPONSE: We agree, and on p. 11, in Conclusions, line 2, we have now added the words “lower risk of complications when performed in a clinical setting

by an experienced operator” to add further support.

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b- Due to the abovve reported reason I could also ask to the authors underline to proscribe this procedure at home. In this way the publication of this paper could represent an educational resource to encourage MC procedure in infancy

OUR RESPONSE: We agree, and have now added on p. 12, in the 3rd paragraph of Conclusions the following sentence: “The procedure must be performed by a trained professional using appropriate local anesthesia in a clean clinical environment. Circumcision outside of such a setting is ill-advised, so explaining why clinical MC is increasingly being made available in European countries to Muslim families.”

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c- It is also important to underline that pain in infancy has to be taken in high consideration. Local anesthesia has to be associated to pre and postoperative analgesia in order to guarantee the pain control even though neonates seems to exhibit lower pain scores than reported in adults. The concept that no credible studies have been conducted about long term memory of pain experienced in infancy has to be noticed in this report in order to assure a treatment for pain control in infants during MC procedure.

OUR RESPONSE: We agree. We have now added the following sentence on p. 8, para 4 of section on “Pain”, last line: “Irrespective of such considerations we strongly support a recommendation of adequate pain control as being essential during and after a circumcision at any age.”

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

OUR RESPONSE: We thank the Reviewer for her positive assessment of our manuscript. No response needed.

MS: 7365604205920048

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Dear Prof. Morris,

Good day!

Your manuscript has now been peer reviewed and the comments are accessible in PDF format from the link below. Do let us know if you have any problems opening the file.

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RESPONSE TO ASSOCIATE EDITOR'S NOTES:

Title

It seems to me very reductive to define a ?snip in time? what is indeed a very controversial issue like male circumcision (MC).

OUR RESPONSE: We thank the Associate Editor for alerting us to the fact that readers who may not be familiar with English culture and sayings will miss the meaning of our clever title. We have therefore now included an explanation that we trust will circumvent this possible misunderstanding. See new first paragraph in Background that reads: “The English proverb “A stitch in time saves nine” teaches that to avoid a bigger problem later immediate effort is preferable to procrastination. Thus fixing a small hole in a sock with one stitch will avoid the need for nine stitches later when the hole becomes bigger. In the present article we consider whether this applies to circumcision – referred to colloquially as a “snip”.

Many arguments have been raised in opposition to MC including that this operation produces an impairment of penile function and sexual pleasure; that it is extremely painful; that in reality, it represents a violation of human rights of the child.

Those, like the Authors who write in favor of circumcision, tell that MC provides important health advantages which outweigh the risks; that it doesn?t have substantial effects on sexual function; that it has a low complication rate when carried out by an experienced physician; that it is best performed during the neonatal period.

OUR RESPONSE: As well as enunciating the medical benefits, our manuscript makes extensive reference to the literature on issues of penile function (p. 9), sexual pleasure (pp. 9-10), pain control and ethical implications (p. 11).

Background

Talking about prevalence, Authors recall that MC is prevalent in the Muslim world, parts of Southeast Asia and of Africa, the United States, the Philippines, Israel, and South Korea, but they don?t say that it is relatively rare in Europe, while in parts of Southern Africa, and most of Asia and Oceania and in Latin America, prevalence is universally low. The WHO estimates what for individual countries like Spain, Colombia and Denmark, MC is < 2%, while is around 7% in Finland and Brazil, slightly superior in Taiwan and Thailand.

(Incidentally, in Italy MC is performed by public Health System for religious reasons, prevalently in immigrates, just to avoid complications due to inappropriate MC in their native countries.)

OUR RESPONSE: We now refer to the low prevalence circumcision in various parts of the word. At the end of para 3 we have now added “Such factors could explain why circumcision is relatively low in European, South and Central America, southern Africa, and non-Muslim Asian countries.”

Discussion

Authors designed discussion in paragraphs:

Avoiding to enter in every single paragraph, my main concern about this paper is when Authors talk about MC and discuss indications, ethical and social issues and complications rate putting all data together, while in my opinion all these issues have different impact depending on the social and cultural environment where they were performed.

OUR RESPONSE: This is a good point. We therefore preface the Discussion section by adding at the end of Background a new last sentence stating (p 3): “Nevertheless, it should be recognized that a decision about circumcision is subject to varying considerations depending on the particular social and cultural context involved.”

As a couple of examples:

- the 1st paragraph- from my point of view, the first question to be asked should be:? is MC necessary for medical reason??

OUR RESPONSE: While the medical evidence now clearly favors infancy as the best time to circumcise, for some societies adopting infant MC will mean a cultural change, either from no circumcision or a shift from ritual circumcision as part of “coming-of-age” ceremonies (with associated risks) to clinical circumcision soon after a baby boy is born (safer). In response, we have added a new sentence on page 5 at the end of the section “Is infancy the best time medically?” that reads: “While the medical evidence supports infancy as being the optimum

time to circumcise it is recognized that instituting infant circumcision might presents a challenge to individuals in cultures in which circumcision is an important part of coming-of-age ceremonies or that are traditionally opposed to circumcision, particularly in countries in which circumcision is a mark of religious affiliation (e.g., Hindu versus Muslim). “

- page 7 ? Author?s statement ? Of interest that neonates exhibit lower pain scores than older children? is completely in contrast with the Commentary: Procedural Pain in Neonates: The New Millennium by Brenda C. McClain and Zeev N. Kain, (Pediatrics, 115, 2005) which conclude: ? the current research in neonatal pain makes it clear that aggressive pain control in the neonate is desirable not only for the management of current pain but also for protection from pain experiences to come. We strongly suggest that health care providers consider these issues when taking care of neonates.?

OUR RESPONSE: On p. 7, in section on “Pain”, para 4, we have added a new last sentence: “Irrespective of such considerations we strongly support a recommendation of adequate pain control as being essential during and after a circumcision at any age.”

RESPONSE TO EDITORIAL COMMENTS:

1. Copyediting

Please note that BioMed Central journals are not copyedited prior to publication. We advise you to pay close attention to language during revision of this manuscript. If necessary, please seek the assistance of a fluent English speaking colleague, or have a professional editing service correct your language. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc1). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication. For more information, see our FAQ on language editing services at http://www.biomedcentral.com/info/authors/authorfaqs#12.

OUR RESPONSE: We have re-checked the text of our manuscript and corrected a couple of typos. The text is now correct.

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2. Box

Unfortunately we cannot incorporate boxes. Please either change the box to a table and update any references to within the text, or include the information within the manuscript text. You can use indentation to highlight the text

** Abstract section is boxed.

OUR RESPONSE: We have now changed “Box 1” to “Table 4”.

We have also removed the box surrounding the Abstract.

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3. Authors' information

Please place the Authors' Contributions section after Competing interests. Please check the instructions for authors on the journal website for the correct format to use for Authors' Contributions.

OUR RESPONSE: We have now changed the order of these sections to comply with request.

** Authors' Contributions section is incomplete.

OUR RESPONSE: We have now changed this to ensure that it complies with the requirements illustrated by the example in Instructions to Authors. As a result the text now reads:

“BJM and JHW drafted the manuscript. JHW performed the statistical analyses shown in Figure 1. BJM, JHW, JB, RGM, AART, RHG, SAB, RCB, JDK, RJW, DTH, TEW and AM made substantial contributions to successive drafts and thereby to the intellectual content of this article. All authors read and approved the final manuscript.”

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4. Acknowledgment

** Acknowledgment section is missing. Kindly see the link for more information: http://www.biomedcentral.com/bmcpediatr/authors/instructions/debate#formatting-acknowledge

OUR RESPONSE: We have now inserted an Acknowledgements section. This reads:

Acknowledgements

None

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5. Abstract

Please ensure that you include an Abstract in the manuscript file, and that the Abstract is IDENTICAL in the manuscript file and on the submission system. Abstracts should not cite references, nor refer to figures or tables. Please check the instructions for authors to ensure that your abstract follows the correct

structure for this journal and article type.

OUR RESPONSE: We have included an Abstract. This is the same in the manuscript as in the online submission system. It is set out in accordance with the style used by the journal.

We would be grateful if you could address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.

Please also ensure that your revised manuscript conforms to the journal style (http://www.biomedcentral.com/ifora/medicine_journals). It is important that your files are correctly formatted.

We look forward to receiving your revised manuscript by 1 January 2012. If you imagine that it will take longer to prepare please give us some estimate of when we can expect it.

You should upload your cover letter and revised manuscript through http://www.biomedcentral.com/manuscript/login/man.asp?txt_nav=man&txt_man_id=73656042
You will find more detailed instructions at the base of this email.

OUR RESPONSE: All of the above have been attended to.