

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	An analysis of the content and clinical implications of online advertisements for female genital cosmetic surgery (FGCS)
<b>AUTHORS</b>	Creighton, Sarah; Liao, Lih-Mei; Taghinejadi, Neda

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Prof Ros Bramwell PhD CPsychol Head of Psychology University of Chester England
<b>REVIEW RETURNED</b>	23-Aug-2012

<b>THE STUDY</b>	Some minor proof-reading required
<b>REPORTING &amp; ETHICS</b>	Manuscript should make clear what (if any) ethical approval was sought and what (if any) ethical framework (such as professional body) were adhered to.

<b>REVIEWER</b>	Leonore Tiefer, PhD Psychiatry New York University School of Medicine New York City US  Competing Interests I have collaborated with these authors over the years on a few projects that are described on my website <a href="http://newviewcampaign.org">http://newviewcampaign.org</a> .
<b>REVIEW RETURNED</b>	27-Aug-2012

<b>THE STUDY</b>	the word "myriad" does not need to be followed by "of"
<b>RESULTS &amp; CONCLUSIONS</b>	<p>I think there needs to be some reference to cosmetic surgery websites that are not about genital surgeries. It may be that not mentioning lower age or making claims without evidence is a common tactic of these sites. It seems that there is a kind of "control group" information that is missing and would enrich the discussion.</p> <p>When you say "girls should be directed to other resources such as their GP" - I think it would be good to give some online and print resource suggestions such as are listed in item III on <a href="http://newviewcampaign.org/media/pdfs/VulvanomicsResources2011.pdf">http://newviewcampaign.org/media/pdfs/VulvanomicsResources2011.pdf</a></p> <p>"Aversion to the vulva is likely to influence women and girls' experience of their vulva" - you need some citation of literature about pudendal disgust</p>

	"Men for example appear to approach any genital discomfort arising from clothing....." Needs revision - "any"? - there's no research here. Phallic enlargement is a big industry (no pun intended) - and the cosmetogynecologists now have it in their conferences.
<b>GENERAL COMMENTS</b>	The web has much positive materials about women's genitalia as well as negative. And the web has much critical material about cosmetic surgery as well as promotional.

<b>REVIEWER</b>	Stan J. Monstrey Ghent University Hospital B9000 Gent Belgium
<b>REVIEW RETURNED</b>	30-Aug-2012

<b>GENERAL COMMENTS</b>	This is a good article but not acceptable in its current form: it is not correct to state that 'this is a study that systematically evaluated the quality of information offered by FCGS providers' when only the 10 first websites on Google have been investigated.
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<b>REVIEWER</b>	Dr Virginia Braun Senior Lecturer The University of Auckland, New Zealand I conduct research in the area of female genital cosmetic surgery; I do not consider this a conflict of interest.
<b>REVIEW RETURNED</b>	31-Aug-2012

<b>THE STUDY</b>	A key missing reference is: Braun, V. (2009). Selling the 'perfect' vulva. In C. Heyes & M. Jones (Eds.), <i>Cosmetic Surgery: A Feminist Primer</i> (pp. 133-149): Ashgate. This chapter analyses surgeon websites, the same focus of the present study. I have attached it; as a chapter it is not as readily available as articles There are other places in which the study needs better tie in to the literature, but I will note this below
<b>RESULTS &amp; CONCLUSIONS</b>	The discussion could be better integrated with literature; at present it feels rather 'light' and there are obvious connections that could be made (see comments below). The conclusions are good, but I am not sure they always entirely stem *from* this research/focus of this study, and so they need to be checked to ensure that they are clearly tied to the focus and the results of this research.
<b>REPORTING &amp; ETHICS</b>	The study focuses on online, publicly available sources (advertising) and ethics approval was thus not necessary.
<b>GENERAL COMMENTS</b>	I am pleased to see a systematic analysis of surgeon advertising and websites for female genital cosmetic surgery, written by authors who have a good track record of publishing on this topic. <b>INTRODUCTION:</b> The basic elements of the study - albeit with a pretty small sample - are well-designed and solid. Where I feel that the MS is currently needing further development is in tying it more into other scholarship (and issues) related to FGCS (specifically) and cosmetic surgery/ethics etc more specifically. My own work analysing the content of surgeon websites has not

been cited; this is an omission, and makes it slightly untrue to say this is the first systematic study of them. The study can be better contextualised by locating it in relation to my own prior one, as some of the results are very similar, and some are different (partly as a result of different focus).

I wonder also whether it is useful to situate the study in relation to ethical debates around advertising of cosmetic surgery and ethical debates around OB/GYN surgeon advertising more broadly. For example, ACOG has a position paper on advertising that I found the websites I analyzed regularly breached. What does it mean, if they appear not to then be regulated (even when they are from 'board certified surgeons'!?)

**METHOD:**

I assume it was the US version of Google that was used? specify? Google versions produce different results depending on which country version is used.

Can you also note the month/year of access? Thanks

p 5 line 15, ref criticized as a non-evidence based practice

Some note around the sample size (which is fairly small) would be good. It's not inadequate, but might be worth explaining the focus, and or amount of data generated from the 10 sites.

**RESULTS:**

p 6 L51 - move reference 14 to after the quote?

p 7 note in the text the average number of testimonials provided (I see this information is included in the table)

Should tables be explicitly referenced in the text? I would expect it, but this may not be journal style.

**DISCUSSION**

I felt that in this section there were many places where the article needed to better situate itself within scholarship, both debates within medicine, for instance around evidence, ethics etc, and from the social sciences, around FGCS, and around women's bodies etc... I won't specify these all here, but by tying it in further to the existing scholarship, a richer account will be produced, that will be useful for other scholars going on from this paper.

Some of my own work is relevant:

Braun, V., & Tiefer, L. (2010). The 'designer vagina' and the pathologisation of female genital diversity: interventions for change. *Radical Psychology*, 18(1), [online]. Retrieved from <http://www.radicalpsychology.org/vol8-1/brauntiefer.html>.

Braun, V., & Wilkinson, S. (2001). Socio-cultural representations of the vagina. *Journal of Reproductive and Infant Psychology*, 19, 17-32.

Braun, V., & Kitzinger, C. (2001). The perfectible vagina: Size matters. *Culture Health & Sexuality*, 3, 263-277.

Also ACOG's position piece on advertising:  
The American College of Obstetricians and Gynecologists. (2006). ACOG Committee Opinion No. 341: Ethical Ways for Physicians to Market a Practice. *Obstetrics & Gynecology*, 108(1), 239-242.

**CONCLUSION:**

As noted above, I didn't think that this stemmed from the results and focus well enough - it addressed new and different issues (from advertising to clinical practice), without an obvious relation. I wondered also, if they wanted to talk about practice standards, of linking in to the Dutch standards that have been developed, that cover many of these points:

Paarlberg, K. M., & Weijenborg, P. T. H. M. (2008). Request for operative reduction of the labia minora; a proposal for a practical guideline for gynecologists. *Journal of Psychosomatic Obstetrics & Gynecology*, 29(4), 230 - 234.

	<p><b>TABLES</b></p> <p>I would like to see an additional column on Table 2 which indicates for each general category, how many of the websites clearly offered it.</p> <p>Also - typo: should "none-specific" be "non-specific"?</p> <p>Table 3: typo? Missing "of" before "testimonials"?</p> <p>I hope these comments are taking in the positive spirit they are intended. I think this paper will make an important contribution, and hopefully stimulate more critical engagement around the ethics and practice of such advertising, and the implications of it. Thanks!</p>
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### VERSION 1 – AUTHOR RESPONSE

1. Reviewer: Prof Ros Bramwell PhD CPsychol Head of Psychology University of Chester England

Some minor proof-reading required

Minor errors have been corrected

Manuscript should make clear what (if any) ethical approval was sought and what (if any) ethical framework (such as professional body) were adhered to.

Ethical approval was not required. All websites were available to the public and no patient information was used in the study. This was discussed with the Research and Development Unit at UCLH. We have added this to the text (P5 L5)

2. Reviewer: Leonore Tiefer, PhD  
 Psychiatry  
 New York University School of Medicine  
 New York City  
 US

Competing Interests

I have collaborated with these authors over the years on a few projects that are described on my website <http://newviewcampaign.org>

the word "myriad" does not need to be followed by "of"

This has been amended.

I think there needs to be some reference to cosmetic surgery websites that are not about genital surgeries. It may be that not mentioning lower age or making claims without evidence is a common tactic of these sites. It seems that there is a kind of "control group" information that is missing and would enrich the discussion.

Our aim was to describe the web information that contemplators of female genital cosmetic surgery were likely to be exposed to. A detailed comparison of websites offering a variety of different cosmetic procedures would be a different study.

When you say "girls should be directed to other resources such as their GP" - I think it would be good

to give some online and print resource suggestions such as are listed in item III on <http://newviewcampaign.org/media/pdfs/VulvanomicsResources2011.pdf>

Many FGCS seekers present their concerns as health care needs. It is reasonable to expect clinicians to direct them to the resources that are most likely to engage them. Women exploring FGCS as an option may not readily engage with feminist activist resources. Even so, we have included this reference to give it the exposure that it deserves (reference23).

"Aversion to the vulva is likely to influence women and girls' experience of their vulva" - you need some citation of literature about pudendal disgust.

Is 'pudendal disgust' generally familiar to clinicians and scientists? We have amended our text so Dr Tiefer has the benefit of the doubt (reference 3).

"Men for example appear to approach any genital discomfort arising from clothing....." Needs revision - "any"? - there's no research here. Phallic enlargement is a big industry (no pun intended) - and the cosmetogynecologists now have it in their conferences.

We enjoy the pun! However, our point is simply that both men and women may experience genital discomfort, but only women are encouraged to reduce the genital mass to address this. We have clarified this in the paper. (P9, L30)

The web has much positive materials about women's genitalia as well as negative. And the web has much critical material about cosmetic surgery as well as promotional.

We have mentioned this in the discussion (Page 8, Line 5) Dr Tiefer's comments may be more appropriate for a study focusing on people seeking information on the web more generally rather than the population of our focus.

Our study arose from a specific question - what information women and girls seeking surgery, such as those sitting in front of us in clinic weekly, may be accessing? None of the materials suggested by Dr Tiefer appeared in the first ten hits of the website search and were not the focus of our analysis.

3. Reviewer: Stan J. Monstrey  
Ghent University Hospital  
B9000 Gent  
Belgium

This is a good article but not acceptable in its current form: it is not correct to state that 'this is a study that systematically evaluated the quality of information offered by FCGS providers' when only the 10 first websites on Google have been investigated.

The word systematic has other meanings beyond that in 'systematic review'. We used the word to refer to our methodical procedures. As such our meaning was in keeping with definitions in the Oxford Dictionary ("done or acting according to a fixed plan or system; methodical.") In the interest of avoiding any misreading, we are pleased to replace "systematic" with "methodical". (Abstract, also P8, L2)

4. Reviewer: Dr Virginia Braun  
Senior Lecturer

The University of Auckland, New Zealand

I conduct research in the area of female genital cosmetic surgery; I do not consider this a conflict of interest.

We thank Dr Braun for her comments, even if we are only able to use a portion of them. The comments about insufficient feminist treatise on the topic are out of context for this report. The comments about inadequate dissemination of her work may not be entirely appropriate. Clinicians should be allowed to interrogate FGCS from their standpoint. We are practitioners and our paper was explicitly aimed to interrogate the quality of one aspect of medical care – the standard of clinical information for potential service users. Our audience is mainly health practitioners and more peripherally commissioners and regulators. Very little of Dr Braun's comments were directed towards our methodology or results, and none towards clinical implications.

A key missing reference is:

Braun, V. (2009). Selling the 'perfect' vulva. In C. Heyes & M. Jones (Eds.), *Cosmetic Surgery: A Feminist Primer* (pp. 133-149): Ashgate.

This chapter analyses surgeon websites, the same focus of the present study. I have attached it; as a chapter it is not as readily available as articles. There are other places in which the study needs better tie in to the literature, but I will note this below.

The chapter is not peer reviewed. We were unaware of it precisely because "it is not as readily available as articles."

The discussion could be better integrated with literature; at present it feels rather 'light' and there are obvious connections that could be made (see comments below).

The conclusions are good, but I am not sure they always entirely stem \*from\* this research/focus of this study, and so they need to be checked to ensure that they are clearly tied to the focus and the results of this research.

The study focuses on online, publicly available sources (advertising) and ethics approval was thus not necessary.

I am pleased to see a systematic analysis of surgeon advertising and websites for female genital cosmetic surgery, written by authors who have a good track record of publishing on this topic.

#### INTRODUCTION:

The basic elements of the study - albeit with a pretty small sample - are well-designed and solid. Where I feel that the MS is currently needing further development is in tying it more into other scholarship (and issues) related to FGCS (specifically) and cosmetic surgery/ethics etc more specifically.

My own work analysing the content of surgeon websites has not been cited; this is an omission, and makes it slightly untrue to say this is the first systematic study of them. The study can be better contextualised by locating it in relation to my own prior one, as some of the results are very similar, and some are different (partly as a result of different focus).

The websites offer medical interventions, in particular surgical operations performed by professionally accountable medical doctors. We have approached the issues as clinicians critiquing the care standards of other clinicians. Our study was not planned as a theoretical exposition, a significant amount of which already exists in the humanities.

We examined the clinical information and its presentation and commented on the appropriateness from a professional standpoint. We classified information into indications for surgery, types of

procedure, risks and benefits (see Abstract). We are not aware of another peer reviewed study like ours.

I wonder also whether it is useful to situate the study in relation to ethical debates around advertising of cosmetic surgery and ethical debates around OB/GYN surgeon advertising more broadly. For example, ACOG has a position paper on advertising that I found the websites I analyzed regularly breached. What does it mean, if they appear not to then be regulated (even when they are from 'board certified surgeons!?)

The ACOG position paper on advertising referenced above is valuable and included as an amendment (Page 10, Line 21, Reference 28) Other than that, we reiterate that our report was based on an initial scrutiny of the clinical information available to potential seekers of FGCS. We have not chosen to write a commentary.

#### METHOD:

I assume it was the US version of Google that was used? specify? Google versions produce different results depending on which country version is used.  
Can you also note the month/year of access? Thanks

We had already addressed the issue of limitation in our discussion. The UK version of Google was used and we have added the date of access. (Reference 11)

p 5 line 15, ref criticized as a non-evidence based practice Some note around the sample size (which is fairly small) would be good. It's not inadequate, but might be worth explaining the focus, and or amount of data generated from the 10 sites.

We have already explained the limitations of the study in the first paragraph of the discussion. However we have now expanded this.

#### RESULTS:

p 6 L51 - move reference 14 to after the quote?

The quote comes from reference 19 which is already correctly placed.

p 7 note in the text the average number of testimonials provided (I see this information is included in the table) Should tables be explicitly referenced in the text? I would expect it, but this may not be journal style.

The table is referenced earlier on in the paper so it would not usually be referenced again.

#### DISCUSSION

I felt that in this section there were many places where the article needed to better situate itself within scholarship, both debates within medicine, for instance around evidence, ethics etc, and from the social sciences, around FGCS, and around women's bodies etc... I won't specify these all here, but by tying it in further to the existing scholarship, a richer account will be produced, that will be useful for other scholars going on from this paper.

Some of my own work is relevant:

As explained above, our study differs from Dr Braun's. We have demonstrated that information available to women is currently erroneous and incomplete. Our study should now provide factual information that humanities academics like Dr Braun can continue their excellent theoretical treatise. We have included some of the peer reviewed references suggested by Dr Braun where they add to our paper. (Refs 27 and 28)

Braun, V., & Tiefer, L. (2010). The 'designer vagina' and the pathologisation of female genital diversity: interventions for change. *Radical Psychology*, 18(1), [online]. Retrieved from <http://www.radicalpsychology.org/vol8-1/brauntiefer.html>.

This paper is inaccessible; we suspect other clinicians would struggle similarly. Psychologists who wish to influence clinical practice may need to rethink where else they might disseminate their important perspectives. We look forward to future important psychological works in spaces that clinicians regularly access.

Braun, V., & Wilkinson, S. (2001). Socio-cultural representations of the vagina. *Journal of Reproductive and Infant Psychology*, 19, 17-32.

This reference does not add further to our existing references of Dr Braun's work.

Braun, V., & Kitzinger, C. (2001). The perfectible vagina: Size matters. *Culture Health & Sexuality*, 3, 263-277.

We have included reference to this paper – reference 27

Also ACOG's position piece on advertising:

The American College of Obstetricians and Gynecologists. (2006). ACOG Committee Opinion No. 341: Ethical Ways for Physicians to Market a Practice. *Obstetrics & Gynecology*, 108(1), 239-242.

We have mentioned this document and included a reference (Page 10 line 19 and ref 28). It is however an opinion paper only and has by virtue of our findings carries no weight. We hope for authoritative professional governance documents in future.

#### CONCLUSION:

As noted above, I didn't think that this stemmed from the results and focus well enough - it addressed new and different issues (from advertising to clinical practice), without an obvious relation. I wondered also, if they wanted to talk about practice standards, of linking in to the Dutch standards that have been developed, that cover many of these points:

Paarlberg, K. M., & Weijnenborg, P. T. H. M. (2008). Request for operative reduction of the labia minora; a proposal for a practical guideline for gynecologists. *Journal of Psychosomatic Obstetrics & Gynecology*, 29(4), 230 - 234.

We have moved some of the text relating to clinical implications to the Discussion.

As for the Paarlberg paper it is a proposal for standards by a research team rather than an agreed national care standard for clinical practice. It does not address the issue of advertising and is not of direct relevance to our study. This was our reason for the omission.

**TABLES**

I would like to see an additional column on Table 2 which indicates for each general category, how many of the websites clearly offered it.

An additional column would make the table more cumbersome. Our purpose was to group the named procedures together so that a reader can readily discern what procedures were being offered. Furthermore, as we have already explained in the text, it is often impossible to be specific about the actual operation as different terms are used for probably the same procedure.

Also - typo: should "none-specific" be "non-specific"?

We have modified this.

Table 3: typo? Missing "of" before "testimonials"?

We have modified this.

I hope these comments are taking in the positive spirit they are intended. I think this paper will make an important contribution, and hopefully stimulate more critical engagement around the ethics and practice of such advertising, and the implications of it. Thanks!

We also wish our responses to be taken in a positive spirit. As clinicians we have a different accountability to academic theorists. Our paper documents certain deficiencies in the clinical information for women (and sadly, girls) and ties in with our duty of care as research active clinicians.

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Virginia Braun The University of Auckland
<b>REVIEW RETURNED</b>	16-Sep-2012

<b>RESULTS &amp; CONCLUSIONS</b>	<p>The authors have attended to, or responded to, reviewers' concerns, mostly in a satisfactory way, and I think this MS should be published. I really have only one point - but this is perhaps something only the editor themselves can advise on, and given this is a different field to my own, it may be deemed acceptable within medical/clinical scholarship... (please do not interpret the following as my suggesting everyone doing FGCS scholarship should do the same sort of thing I do, that is far from the case!)</p> <p>But... I still find it very problematic - from the point of view of scholarship, and contextualisation of research, rather than because it is my own work! - that the authors do not even acknowledge that previous *empirical* work has been done which has examined the content of websites offering FGCS, and the messages that they impart to women who may consult them in order to obtain information about FGCS (broadly akin to the research focus of their own study). They describe the chapter as 'not peer reviewed', and not widely available, and seem to therefore suggest it is not relevant for citation. Yet that conflates information available to clinicians/the public with the state of scholarship in the field. My study was a through analysis of (from memory, about 17) websites providing information to consumers, conducted about 6 years ago (and it did actually go through a review process before publication, even though it was a chapter not an article). Albeit using a slightly</p>
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	<p>different method to their own study, it reached some of the same conclusions. Therefore, it seems surprising to me that the authors do not either acknowledge that this is not the first time websites have been systematically analysed for the information they promote to the public, or wish to demonstrate that the findings they have are not unique to these sites of the timeframe they reported them - ie they are contiguous with previous research. Surely this strengthens their own case, and helps to reinforce the points they make about the importance of quality controls, etc.</p> <p>This work will, indeed, provide very useful basis for future scholarship within clinical work/medicine and the social sciences, and I hope to spur engagement that will lead to better outcomes and experiences for girls and women, as this is an important issue. Apart from this point above, this is an excellent small-scale study, and provides important documentation of the contemporary state of FGCS advertising.</p>
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