COMMUNICATING SURGICAL EXCELLENCE: AN EDITOR'S PERSPECTIVE

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Communication is central to surgical excellence. For the past seven years as Editor in Chief, and for a similar period before that as an Associate Editor, I have been privileged to help develop the ***EJSO***, formerly the ***European Journal of Surgical Oncology*** and now colloquially ***The Journal of Cancer Surgery*** from a regional to a worldwide Journal. The ***EJSO*** is jointly owned by BASO- The Association for Cancer Surgery, many of whose members have strong links with the ASGBI; and by ESSO, The European Society for Surgical Oncology.

In a decade or so, building on reforms initiated by my predecessor and mentor, Professor Irving Taylor, and in partnership with our publishers, Elsevier Science, the editorial team has doubled the publication frequency, the manuscript flow and the Impact Factor. We have also broadened the coverage in depth of all of the surgical cancer subspecialities, including those within the remit of neurosurgeons, gynaecologists and urologists. Through the wonders of technology, the contents of a print journal of reference, which once languished parochially on less than 2,000 bookshelves, are now read worldwide. In the past year we have distributed more than 200,000 full article downloads across the world wide web. More importantly and less tangibly, we have undertaken a series of initiatives to support our authors and to drive up the quality of presentation and content to make all papers as readable and as educationally rewarding as possible.

Over this period, I have been privileged to have first sight of the raw material of surgical science, both in its publishable form and in the 70% or so of submissions that fail to make the grade for publication for whatever reason. An international specialist journal editor's desk is a barometer of educational, writing and research standards in many units and countries, and of trends in quality and content.

For many years, UK academic surgical units were pacesetters in formulating and presenting clinical scientific endeavour, driven by trainees hungry for academic recognition and preferment, and by such as the SRS, now SARS. Surgical editors such as John Farndon at the ***BJS*** were rigorous and vigorous in the pursuit of precision and written excellence. In other countries, surgical units are now much more academically active, and our Dutch surgical colleagues in particular are highly productive of good quality work.

If UK Surgery plc is to regain or maintain its pre-eminence as a powerhouse for innovation, academic enquiry and clinical excellence, then the high quality published manuscript is central to its future, and the search for writing and editorial talent capable of driving that quality ever upwards continues. For these reasons, I would like to share with you the processes by which we have driven the ***EJSO*** from regional to world wide recognition as a UK-led, specialist peer reviewed journal of quality, and what it takes to secure publication against what is now world wide rather than parochial professional competition.

We start with the point that Queen's English (in competition with verbose and bloated Ameringlish) is now *de facto* the worldwide language of professional communication and record, with a rich, precisely defined and broad vocabulary. For those brought up with the skills of précis, it is also capable of clarity with simplicity and conciseness, an observation often lost in turgid documents which appear to mistake wordiness for intelligence and volume for gravity. The human attention span is strictly limited in the face of an avalanche of words, imagery and content facing us in every day life. Manuscripts which are to capture the interest of the reader and his or her attention, for even a few seconds, must stand out for their preciseness and clarity.

In publishing, as in much that is of true value in life, "Less is More", an observation well illustrated by Watson and Crick's seminal paper on the structure of DNA in ***Nature*** in 1953, which extended to an overwhelming two pages. We have thus set a strict limit of 3,000 words for all papers, which is more than adequate for the communication of a clinical research message. We have also sought to eradicate wordiness and duplication of meaning ("*at this moment in time*" becomes "*now*" and so on), journalese, linguistic efflorescence and flamboyant imprecision.

This inflation applies as much to data as to words, where authors often seem to be under the impression that large volumes of tabulated data and computer generated statistical analysis add gravitas rather than fog. Good data invariably speaks for itself, and we oblige authors to rationalise and present only the key data and statistical procedures. We place limits on table size and upon numbers of tables and figures.

With clarity of language and presentation comes clarity of thought. A title posing a vaguely phrased question is no substitute for a clear statement of factual content and observation. An aim or hypothesis must be capable of clear expression. Regrettably, and far too often in cancer "research", studies are submitted (and rejected by us) of archival material using a combination of the plethora of immunochemical and molecular biological markers and trawled correlations, without any credible hypothesis, understanding or critical appraisal of selection, heterogeneity and sources or error. Similarly, large clinical data sets are trawled with stats packages and any deviation for "non-significant" used as the centre piece of the message, regardless of a lack of credible hypothesis. Too often, conclusions are reported which reflect not the evidence to hand but wishful thinking or self justification on the part of the authors. For these reasons, we oblige subtitles and headings in the Discussion section to focus thinking, and absolute rigour in the Conclusions based upon the information presented.

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Review articles are the stock in trade of a journal's Impact Factor, and an editor chasing the impact factor alone would reject all other articles. However, this is not a realistic strategy for a peer reviewed journal of record. Indeed, subject reviews would not be possible were it not for the output of original work and manuscripts to review. We have, nevertheless, been both selective and demanding of the quality and sourcing of review articles, as far too many are a simple churning of the literature, aided by search engines and abstract indices, leading to "cut and paste jobs" and a "meta-literature" which add no new insight and knowledge to the subject area selected.

Case reports have also been largely eliminated from the high level literature. Few are truly original, and the fact that a mass is the largest or most oddly sited variant of a metastasis or other pathology rarely tells us anything useful in the management of the underlying condition. Those cases which do have a valuable underlying message are selected in the class of "Lesson of the Month". Technical "How I do it" articles are also rejection fodder for rigorous editors, unless they provide sufficient data and follow up to demonstrate that the technique is clinically and meaningfully advantageous.

In order to help our authors adjust to the demands of our publication and editorial policy, which is often at variance in detail with that of other journals, and for many of whom English is not their first language, we have been very proactive in providing tools for support. We have published a series of guidelines for writing in the ***EJSO***, and set out clearly the expectations. Weaker manuscripts are often "pre-processed" with guidance for rewriting before review, and reasons for rejection or amendment are given as fully as possible. Some manuscripts go through several cycles of revision and requests of the authors, but the end results in published papers are usually well worth the extra effort by editors and authors alike, with positive feedback to the journal. Conversely, we intend that no paper is rejected without good reason or effort at improvement.

A key element in the success of the ***EJSO*** has been in the application of modern technology to the editorial process, allowing efficient, seamless and paperless submission and review; and of the use of the Internet for a commercially viable and income generating distribution system. To survive, a journal must be profitable. Licenses are purchased by academic and other institutions to make content free and instantly available to the individual end user anywhere in the world. We look very carefully at new models of publication, and particularly at the on-line journals and repositories. As yet, we are not persuaded that the rigorous production processes of a printed, peer reviewed journal can be substituted at a sufficient level of quality by newer models, but this view may, of course, change with time, technology and experience. Moreover, the process of electronic access is continually evolving greater functionality, and editors also have at their disposal some powerful search tools for cross checking and tracking new manuscripts against the published literature.

This brings us on to one of the less appetising aspects of editorial responsibility, which is the professional obligation to police the world literature for fraud and to take appropriate action. Publication misconduct ranges from the trivial and unintentional to systematic and deliberate fraud, such as the republication of the work of others under a new title and authorship, of which we have identified a number of examples in recent years, and for which the continual vigilance of readers and reviewers is particularly important.

Journals cannot merely be vessels for the deposition of published work, or else they will fill with endlessly repetitive "me to" work, advertising the clinical output of one unit or another. The surgical literature has been under continuous evolution for more than a century, through anecdotal observation and case reports, to statistical and ethical rigour and prospective controlled trials. Much work reporting the output of individual surgical units is nevertheless predictably repetitive, with authors seeking out minimal variation on a common theme to justify publication, without adding to the sum on insight or knowledge of the subject. While single-unit case series can still influence the literature, the interconnectivity of the Internet, and advances in database and software design now facilitate much larger collaborative studies and the posing of more sophisticated questions based on large data set analysis. My own view is that regional, national and international collaboration should be the direction of travel for the foreseeable future, as projects such as the UK's national cardiac surgical data initiative have shown how patient care can be improved through such global studies.

Less than a decade ago, we formulated a programme to make the ***EJSO*** the first choice of the regional journals for the deposition of papers on the generality of cancer surgery, and thereafter to position it favourably and accessibly in comparison with its major international (primarily US based) competitors. Now that these objectives have been achieved, the gauntlet is down to find the next generation of editorial talent to carry forward both the ***EJSO*** and other UK-led surgical journals as core elements of an informal national surgical strategy for pre-eminence. The ***EJSO*** demonstrates what can be achieved with focus, a clear plan and leadership under Specialist society ownership.

Discussions continue as to how best to reposition and re-invigorate BASO-ACS, The Association for Cancer Surgery, as a national cross-disciplinary representative body for the professional interests of all cancer surgeons, many of whom, like myself, are also members of the ASGBI and proponents of "UK Surgery plc" in the international community of surgeons, to whom we have much to offer. I very much hope that in advertising the success of the ***EJSO*** on behalf of my editorial colleagues, I will encourage those of you with academic and publication intent across the cancer sub-specialities to consider the ***EJSO*** as a worthy vehicle and partner for your future work.

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