COMMUNICATING SURGICAL EXCELLENCE: AN EDITOR’S PERSPECTIVE

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Communication is central to surgical excellence. It is a key skill for those in training as Editor in Chief, Associate Editor, or 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 BSAO, 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 predecessors as EJSO editor, 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 specialties, including those within the remit of neurosurgeons, gynaecologists and urologists. Through the wonders of technology, the contents of a once large format journal 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 increase 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 expert at a 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 pacemakers in the exciting and pioneering clinical and scientific endeavours, driven by training hungry for academic recognition and preferment, and by such as the SRS and the JUROS. Surgical editors such as John Farrington 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-emminence as a powerhouse for innovation, academic enquiry and clinical excellence, and 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 academic journal to reject all other articles. However, this is not a realistic strategy for a poorly reviewed journal of record. Indeed, subject review works wonders with very small reviews. We have articles, as far too many are simply a churning of the literature, aided by search engines and abstract indices, a ‘cut and paste job’ 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 obvious, or that of a metastasis or other pathology rarely tells us anything useful in the management of the underlying condition. Those case reports that are of clinical or ethical or legal merit in advertising the clinical output of one unit or another. The surgical literature has been under continuous evolution for more than a century through an accretion of observation and case reports, to statistical and ethical rigour and prospective controlled trials. Much work reporting the output of surgical units is now either predictable and repetitive, with authors seeking out minimal variation on a common theme to justify publication, without adding to the sum of 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 multifactorial questions in large data set analysis. My own view is that regional, national and international collaboration should be the direction of travel, and that such projects 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 position to make the EJSO the voice of the regional journals for the deposition of papers on the generalities 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 gambit 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 onus is on us to ensure 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 BSAO-ACS, The Association for Cancer Surgery, as a national cross-representative body for the professional interests of all cancer surgeons, many of whom, like myself, are also members of regional surgical units, and particularly on the on-line journals and repositories. As yet, we are not persuaded that the rigorous production processes of formal journal 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 and clinical excellence evolving greater functionality, and editors also have at their disposal some powerful search tools for cross checking of advancing 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 literature for fraud and to take appropriate action. Publication misconduct ranges from the trivial and unintentional to systematic falsification, such as the republication of the work of others under a new title and authorship, of which we have identified examples in a number of 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 endless repetition, reflecting the advertising the clinical output of one unit or another. The surgical literature has been under continuous evolution for more than a century through an accretion of observation and case reports, to statistical and ethical rigour and prospective controlled trials. Much work reporting the output of surgical units is now either predictable and repetitive, with authors seeking out minimal variation on a common theme to justify publication, without adding to the sum of 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 multifactorial questions in large data set analysis. My own view is that regional, national and international collaboration should be the direction of travel, and that such projects as the UK’s national cardiac surgical data initiative have shown how patient care can be improved through such global studies.

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