

Editorial

The challenges of success

Through 2008 and into 2009, the EJSO has continued to make significant progress as a worldwide professional resource across the breadth of the cancer surgical subspecialty disciplines. Our strategy of focussing relentlessly on the quality of content, of writing and of presentation has lifted our impact factor above 2.0, and has secured us an Internet enabled download volume approaching 200,000 full articles in the past 12 months. It continues to be a great privilege to work with an experienced, energetic team of associate editors and editorial board colleagues, and with a publisher whose people, resources, technology and commitment have contributed so much to the transformation and advance of the journal.

Success also brings its own challenges. Despite increasing our publication frequency to 12 monthly issues, which has been a long held ambition of the editorial team; increasing our number of pages; and setting a 3000 word limit on article length, our issues are now full for months ahead. This allows us to raise our standards and the hurdles to publication much higher, as we focus on subjects and issues of interest and significance to a worldwide readership. We seek to present all work in a format which is attractive and comprehensible to a readership for many of whom English is not the first language, and to give every help and advice to authors who are not writing in their native tongue.

Success also obliges us to consider what defines an excellent, a publishable or a weak and rejectable paper. As our manuscript flow increases, so do the quality thresholds to secure publication against a finite page budget. It remains our ambition to secure the best and the most citable papers, which are founded in rigorous, prospective planning, sufficient numbers for robust statistical significance, and careful introspection as to possible sources of error. Large and multicentre clinical trials often meet these criteria, and we are keen to encourage well-conducted prospective studies. However, local audit case series, reviewing the clinical output of one specialist or unit, are much more common, and often duplicative and advertorial. Occasionally, as for example in the work of Professor Heald in the UK in respect of total mesorectal excision for rectal cancer, one individual or small team can make a major difference to clinical practice. From time to time, a new subject field such as sentinel node biopsy emerges and we have been pleased to be at the forefront of promoting

such work. Case reports only reach the quality threshold if they report an important insight or lesson of general significance.

Misuse of statistics

The advent of computerised statistical software packages has been particularly harmful to critical thinking and the generation of hypotheses. All too often, a weak paper is spiced up by running it through a seemingly sophisticated analysis which throws up one or other significant variables, which are then made central to the paper, regardless of the lack of a credible hypothesis. Such use of statistics is not persuasive. Good data speaks for itself. Moreover, large volumes of marginal data obfuscate a message rather than enhance a paper, and we go to considerable lengths with our authors to strip out distracting and irrelevant data.

In the late 1980s, the US historian Francis Fukuyama coined the phrase “the end of history”, just before history became interesting again. It would be a brave or foolhardy individual who forecast that everything to be known is now known in surgical oncology. Nevertheless, there is a danger that the world literature in cancer surgery will become saturated and endlessly repetitive if specialist journals of reference act merely as passive depositories of endlessly similar and competently presented data. It is thus essential that editors and their teams take a proactive approach to identifying and encouraging areas of clinical enquiry which are ripe for exploitation, and attempt to drive the literature and clinical science itself forward.

In reading back through the specialist surgical literature of the 19th and 20th century, we can see waves of change in style and approach to writing up clinical experience, through case reports; anecdotal and descriptive case series; the introduction of the standard IMRAD format for original articles; increasing statistical rigour, spilling over into the abuse of the analytical power and churn over capacity of computers to produce obfuscating pseudoscience. If the era of the single surgeon/single unit case series has now largely run its course, then the era of the technology-enabled multi-centric high volume collaborative study is in its infancy. The technologies of the Internet, of data warehousing and data mining, linked to modern algorithms and systems of data capture, analysis and presentation, allow large studies or “all comers” analyses with huge statistical

power to be performed with relative ease. There are great gaps in our knowledge as to what happens in the real world of treatment. Much of our insight is derived from highly selected patient populations in clinical trials or of components of therapy which do not describe or interpret the global contribution of treatments (for example surgery, chemotherapy and radiotherapy) to long term outcomes in the entire population. With the professional and political will to link data sets from many centres, a new approach to analysis will emerge, where the local case series gives way to much larger and more informative collaborative studies.

Publication fraud

Publication fraud is the ugly side of professional behaviour. The *EJSO* has uncovered its fair share of such cases in recent years, and fraud detection and response are regrettably a major challenge for journals and editorial teams. Publication malpractice takes many forms, from the relatively innocent to the wilfully deceitful and dishonest. When editors and reviewers had local and regional knowledge, it was relatively easy to police the literature. With a worldwide authorship, and with professional intermediary writing companies seemingly processing much of the manuscript output from some parts of the world, it is now much more difficult for us to know what is happening on a personal level. Deliberate fraud, such as the republication of old papers from closed journals under new authorship, or direct copying and resubmission to a third party journal, undermines the credibility of the literature and trust in the profession in general, for which reason we take it very seriously.

Technology both facilitates cheating by copying, and provides the means for its detection. Text comparison software now allows digitised texts to be readily compared and the differences and similarities to be quantified. In one such exercise by an academic research team this year, three papers which we have published in the *EJSO* were brought to our attention as having such high correlation scores and textual similarities to papers published previously in other journals that it was beyond credibility that the similarities had arisen by coincidence. We can be sure that other examples will come to light as the cross-checking algorithms become more refined and widely used.

Sanctions and publication fraud

Plagiarism is not a victimless crime, not least in terms of the editorial time, energy and resources required to

investigate and address the individual cases. There is considerable cooperation between different publishers when malpractice is discovered, and authors must assume that misdemeanours will come to light. While plagiarism in the scientific literature has yet to be criminalised in most jurisdictions, the personal professional embarrassment arising from detection and disclosure can be severe, as evidenced by the communications from those who have been caught out.

While our sanctions are limited, we are able to oblige retraction of fraudulent papers from the citable literature, and we will automatically inform the heads of institutions where the authors work. While subsequent actions are the responsibility of local authorities and will vary from country to country and institution to institution, local penalties can be severe. In the UK, they can and do extend to cheats being struck off the General Medical Council register. At the *EJSO*, we take our generic responsibilities to the purity and reliability of the world literature very seriously indeed, but we remain reliant upon the alertness of our editors, reviewers and readers to watch out for dishonest practice and to bring it to our attention.

The future of the *EJSO*

Despite its worldwide projection, the *EJSO* seeks to remain close to its roots in *BASO* and *ESSO*, whose members and subscribers have made this progress possible, and whose board representatives meet regularly with the publishers in a constructive and dynamic dialogue. We have come a long way in a short time and in a crowded intellectual marketplace to stand tall among our international competitor journals. We very much hope that the continued support of our society members and subscribers will be the foundation to the continued development of a high quality journal and an enjoyable read, through which we can articulate our achievements and argue the evidence based case for the resources properly and effectively to conduct our professional lives. On behalf of the Editorial and production team, I am pleased to thank once again all those authors, reviewers, readers and subscribers whose contributions collectively have made the *EJSO* a standard bearer for the best of academic endeavour and enquiry in the cancer surgical sciences.

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