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EJSO
the Journal of Cancer Surgery
EJSO 34 (2008) 485–486
www.ejso.com

Editorial

Editor's quinquennial report 2008

The past five years have been a period of dramatic change and development for the EJSO. From 1996 to 2002 my predecessor, Professor Irving Taylor, did much to advance the scientific reputation of the Journal as Editor in Chief and to lay the foundations for its present success, and we are delighted to report that Irving has returned to the EJSO as Chairman of the Board in 2008 in succession to Professor Niall O'Higgins. Niall's light hand at the helm and genial oversight has allowed us to follow a bold course of modernisation, while balancing the various needs and perspectives of the two owners, BASO and ESSO, and Elsevier, who are also jointly our owners and publishers.

On accession to the post of Editor in Chief in 2003, I set out a strategy for the Journal to achieve worldwide reach and impact, and to stand honourable comparison with the major established journals in the field, primarily those published in North America. This was quite a challenge with a manuscript flow of some 300 articles per annum, and a publication rate of six issues per annum. The need was for a relentless drive for quality in writing, reviewing and editing, which in turn would enhance the scientific presentation, readability and understanding of our authors' work. As intended, this strategy has driven up our reputation, the manuscript submission rate and our Impact Factor in a virtuous circle of advancement and development, which has drawn in authors, reviewers and new editorial members from across the international professional community. This process has culminated this year in a wholly new cover and format for our print issue. In the presentation of papers, we have set strict limits on manuscript length, word numbers and tabulations. This obliges our authors to focus on the key message of each paper and the supporting evidence in a way which communicates this most clearly and effectively to the reader. We work closely and constructively with authors throughout the revision process to optimise manuscripts.

After a decade of change and amalgamation in the publishing world, our key step in 2003 was to establish a durable partnership with our then new publishers, Elsevier. This allowed us to take advantage of the many resources and economies of scale which they offered us, including a modern headquarters office near Oxford, and direct access "24/7" to the management skills, commercial drive and professionalism of the Elsevier team. In Peter Harrison and Sarah Jenkins, we have been very fortunate to have enjoyed the successive enthusiasm and energy of two very capable managing editors, and in Ruth Beer and Abigail Robinson, two hard working editorial assistants.

Most importantly, it brought us participation in the Elsevier Internet strategy, which allows us to publish and distribute the EJSO content through ScienceDirect, and to generate new income streams from institutional and online subscriptions. So effective has the Internet been in projecting the Journal beyond the library shelves that our authors enjoyed a collective download rate of almost 200,000 full articles in 2007.

The Internet has also made the entire publication process much more efficient. Over the past two years, we have adopted the Internet enabled Elsevier Editorial System (www.ees.elsevier.com/ejso) as our publication tool. EES allows seamless and paperless electronic submission, review, processing and editorial decision making, and early pre-print publication of accepted articles. It also provides immediate access to the various data repositories such as PubMed and Scopus, which allow us to identify new reviewers and to cross-check the submission against the world literature and identify malpractice, as part of our general professional duty to police and protect the scientific record.

Another important step was to change the citable name of the journal from the European Journal of Surgical Oncology to the less overtly regional title of EJSO, and to adopt the byline of "The Journal of Cancer Surgery". The change of title predictably caused some upheaval in our Impact Factor calculation, but the new title is now well established and is developing a strong brand image. We have also improved the presentation of each paper on the printed page through new fonts and layouts to connect with the reader and to make the most efficient use of paper.

We have substantially broadened our review panel and are continually grateful to our manuscript-specific experts for their advice and direction in our pursuit of excellence. We have also broadened our subject coverage and have commissioned a range of special issues, as for example in gynaecological oncology, such that we now attract manuscripts from the entire spectrum of surgical cancer

0748-7983/$ - see front matter
doi:10.1016/j.ejso.2008.03.012

disciplines. We have also been able to bring on a new generation of Associate Editors and to refresh the Editorial Advisory Board in terms of subject and geographic coverage.

The net result of this modernisation process has been a continual rise in the quality of our published manuscripts, and a large rise in our manuscript flow. This has in turn allowed us to increase our publication rate to 12 monthly issues for the first time this year, and for each issue to contain a broad range of subject coverage to provide interest for our diverse readership. Our Impact Factor has risen encouragingly over five years, and we expect that the strategy will translate into continued growth in years to come, as more and more readers and authors share in our success.

It is the privilege of the Editors of the EJSO to see and reflect upon a wide variety of manuscripts of varying quality and subject matter from across the entire spectrum of cancer surgery. This provides a unique early insight into patterns and trends. It also confers the opportunity and responsibility to set directions and to adjudicate the benchmarks and standards of clinical scientific writing. In reading and adjudicating several thousand manuscripts de novo and in revision over the past five years, it is clear that there are a number of areas for improvement in the way in which cancer surgeons conceive, organise and present their work, and which in turn affect their ability to influence and direct professional debate in the wider world. Given the large disparity in the allocation of commercial and research resources to medical and clinical oncology as compared with cancer surgery, clear and effective communication is critically important for all of us, and the EJSO seeks to provide effective leadership in this respect without fear or favour.

There is still a danger that the Age of Digital Obfuscation will succeed the past Age of Enlightenment. One obstacle to effective communication in the surgical sciences is that of a widespread culture of inflation of words and data under the false assumption that this increases credibility. In practice, the opposite is in fact the case. Word inflation and loquaciousness is often associated with imprecision and vagueness in the use of language and thought, the use of clichéd words and phrases, and the drawing of loose- or open-ended conclusions which are not supported by the evidence to hand. A clear hypothesis is the sine qua non of a good scientific paper, and yet many studies are written up on the basis of data trawling, tangential findings and statistical epiphenomena and without critical evaluation of the results and of sources of error.

This problem is particularly acute in the case of clinicopathological studies of archival or fresh series of tumour samples, whereby the tissue expression of one or other of the innumerable molecular markers which are now commercially available is plotted against direct or indirect clinical indices of outcome. Huge numbers of such ''easy science'' papers are published worldwide, producing a significant inflation in the world literature but little enlightenment. Regrettably, the sources of error in such studies are legion and yet they are rarely considered or critically evaluated. We have worked hard to address this problem at the EJSO and have published a variety of guidelines to help our authors improve such papers.

There is considerable pressure on individuals and institutions to publish, and there are considerable difficulties in finding new and original things to say and ways to say it about issues in cancer surgery which have not been said so many times before. Just as clinical writing and publishing has gone through phases in the past century, from anecdotal case report and descriptive observation, to the systematically structured IMRAD paper which is the foundation of our own output, so the publication of the case series output of single surgeons, units and institutions has largely run its course. There will always be a place for evidence-based new ideas, technical strategies and local innovation, but large scale multi-institutional, trans-regional, national and international collaborative studies, will become increasingly important. Such studies are becoming easier to organise and coordinate because of developments in large scale data storage, transmission and analysis.

Multi-institutional studies should allow us much better insights into tumour behaviour, responses to complex multidisciplinary treatments and determinants of outcome across large populations than are possible in small personal and institutional series. Most importantly, they should help influence discussions on the allocations on cancer treatment resources and help us to underline the under-recognised truth that well-considered, well-performed and evidence-based surgery remains at the core of most successful cancer outcomes.

The EJSO will continue to develop its position as a premier journal of reference in the field of cancer surgery, and it remains a privilege to work with your editorial team and with our publishers in building upon this success. The Journal is now the focus and repository of knowledge of a worldwide community of readers, authors, reviewers, editors, publishing and healthcare professionals. Without your support it would not prosper. We look forward with optimism to the next five years of evolution, challenge and development of the EJSO as the journal of choice of the cancer surgeon.

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Accepted 26 March 2008