



Annals of Surgical Oncology: Statement on Diversity, Equity, Inclusion, and Anti-racism

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Annals of Surgical Oncology (ASO) has seen growth and improvement in many areas over the past few years. In 2019, *ASO*'s impact factor improved to 4.061, up from 3.681 the prior year. For the first time, over 1 million *ASO* articles were downloaded in 2019, reaching a large worldwide audience. *ASO*'s Twitter following has nearly quadrupled since 2017. *Speaking of SurgOnc*, *ASO*'s podcast series moderated by Associate Editor Dr. Rick Greene, has been extremely popular. We have begun publishing and disseminating visual abstracts. Our video submissions have nearly doubled. In 2020, *ASO* has seen a 27% increase in original article submissions and, for the first time, over 1000 articles will be published in a calendar year. *ASO* has instituted a number of quality enhancements, including plagiarism screens for all submissions, conflict-of-interest statements required by all authors prior to submission, and more rigorous instructions to authors, including quality checklists.

These advancements are some of the many reasons that *ASO* can legitimately claim to be the leading resource for cancer surgeons worldwide. Yet it is important for *ASO* to lead in other respects as well, and that begins with acknowledging our shortcomings and challenges. One of these challenges has been diversity.

It should go without saying that *ASO* believes in diversity, equity, and inclusion. It should go without saying that *ASO* deplors racism and discrimination. But these days, I think it is important to say this explicitly. We believe that diversity—of individuals, of background, of geography, of thought—leads to better science, which ultimately benefits the patients we serve.

All of us are imperfect; we all have implicit biases we are trying to learn how to recognize and overcome. We all must learn how to become more conscious of the struggles of those who have been on the receiving end of our implicit biases. Discrimination based on race, ethnicity, gender, sexual orientation/gender identity, religion, national origin, age, or disability is easy to decry. Subtle, unintentional bias and inequity built over generations is much more insidious, pernicious, and difficult to unravel.

More important than lofty statements about our values are our deeds and results. It has become readily apparent that it is not enough to hold strong convictions; such core beliefs must be put into action. This requires us to be intentional and purposeful, so let me tell you about some of the steps that *ASO* has taken to enhance its diversity.

1. We now will include voluntary questions regarding race, ethnicity, gender, and nationality for all reviewers and Editorial Board nominees so we can track our data and strive to improve. Those completing these questions should understand that they are being asked to promote diversity, equity, and inclusion—not the opposite. Without data, we cannot track our progress.
2. We have completely revised the process for selection of Editorial Board members. Nominations are solicited from a variety of sources, including SSO leadership, the existing Editorial Board members, the SSO's Disease Site Work Groups, and from other stakeholder



FIG. 1. Lisa A. Newman, MD, MPH



FIG. 2. V. Suzanne Klimberg, MD, PhD, MSHCT



FIG. 3. Charlotte E. Ariyan, MD, PhD



FIG. 4. Carol Swallow, MD



FIG. 5. Andrea A. Hayes-Jordan, MD

organizations (i.e., the Society of Women Surgeons, Society of Black Academic Surgeons, Society of Asian Academic Surgeons, and this year, the Latino Surgical Society). Nominees are invited to complete a survey and are evaluated based on a variety of factors, including publication record, eminence in the field, and record of prior service as reviewers at *ASO*. Diversity, equity, and inclusion are considered as primary selection factors as well.

3. Dr. Lisa Newman has been appointed as Deputy Editor of *ASO*. Her primary focus will be to help us with diversity, equity, and inclusion in all respects. This includes selection of Editorial Board members, editorial focus of the journal, and diversity in the peer-review process. A culture of inclusion in journal editorial leadership will support a peer-review structure

that promotes diversity. Dr. Newman will also lead a new series of review articles focused on healthcare disparities in oncology. Please join me in welcoming Dr. Newman to this important leadership role (Fig 1).

4. Dr. Suzanne Klimberg has been promoted from Deputy Editor to Associate Editor—the first woman to hold this position at *ASO*. Congratulations to Dr. Klimberg and many thanks for her innumerable contributions to *ASO* over the years (Fig. 2).
5. Approximately 31% of the Society of Surgical Oncology membership is women. The Editorial Board of *ASO* is now 30% women, and 42% of Section Editors are now women. Please join me in welcoming Drs.

Charlotte Ariyan (Melanoma), Carol Swallow (Sarcoma), and Andrea Hayes-Jordan (Pediatric Oncology) as new Section Editors (Figs. 3, 4 and 5).

6. *ASO* will now require that race, ethnicity, and gender be reported for all human studies if the data are available.

These are some of the steps *ASO* has taken in the right direction. Yet these are only the first steps on a long journey. I welcome all of you to travel together with us and help *ASO* reach its proper destination.

DISCLOSURES Dr. McMasters has nothing to disclose.