Editorial

Current Status of and Prospects for the English Medical Journal *Surgery Today*

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History of *Surgery Today*

The original official English journal of the Japan Surgical Society, the *Japanese Journal of Surgery*, was first published in 1971. Initially a quarterly and since 1981 a bimonthly (six issues annually), the journal is now indexed in the Current Contents database and receives an impact factor. After undergoing changes to its cover design and submission guidelines, from 1991 the journal has been published by Springer under the name *Surgery Today*. The journal is now a monthly, having seen increases in the number of annual submissions under the guidance of each editor-in-chief to date (Fig. 1). In 2003, free-of-charge access to the online version was granted to members of the Japan Surgical Society. In 2006, the journal's submission and peer-review system was computerized. In 2008, the number of annual submissions exceeded 1,000 (reaching 1,101), increasing to more than 1,200 in 2009. The journal has come to be one of the leading English medical journals in Japan. In 2009, the acceptance rates were 29% for clinical original papers, 25% for experimental original papers, and 15% for case reports. System computerization resulted in a shorter average time required for peer review between receipt of submission and final decision on acceptance or rejection, i.e., 53 days in 2009 compared with 90 days in 2008, in cases of acceptance.

Reprint requests to: Y. Maehara, Chair, Clinical Study Promotion Committee, Japan Surgical Society; Editor-in-Chief, *Surgery Today*

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Current Status of Submissions

In 2009, *Surgery Today* received 1,234 submissions from 46 countries worldwide. Of the total, 76% were from Asia, with Japan accounting for 36%; 19% were from Europe; and the remainder were from the United States, Africa, and Australia, extending over five continents.

Surgery Today covers a wide range of content, from general surgery to specialized surgical fields by organ. By surgical site, the volume leader is the large intestine (21%), followed by stomach (15%), lung (11%), liver (10%) and pancreas (9%). Submission rates have also been high for these sites in recent years. By type of contribution, in 2009, review articles stood at 4%, clinical original papers at 24%, experimental original papers at 6%, and case reports at 61%. Quality review articles have been contributed by members of the Japan Surgical Society and leading figures in each field of surgery. At the same time, in terms of providing opportunities for contributing to an English journal, case report submissions have an educational aspect for younger surgeons who have encountered valuable cases. We encourage younger surgeons to write and submit English reports to us.

In an attempt to further improve the quality of *Surgery Today* as an English medical journal, we have reviewed our ethical rules for contribution, prohibited double contribution and duplicate publication, and revised the authors' statement of compliance to the above rules — which statement must accompany each submission — to document the authors' ethical and moral commitments.

As an indicator of the quality of a medical journal, the impact factor is calculated using the number of citations of articles published in a journal during the preceding two years. For *Surgery Today*, the impact factor was 0.679 in 2007, which increased to 0.804 in 2008, and rose above 1 (at 1.050) in 2009 (Fig. 2). With the aim of improving our journal's impact factor, we have increased

Fig. 1. Number of submissions and acceptance rate for *Surgery Today*. Adapted with permission from Maehara³²

Fig. 2. *Surgery Today* Impact Factors. Adapted with permission from Maehara³²

the proportion of original papers, both clinical and experimental, and review articles, which are frequently cited. We will continue our efforts to disseminate information and evidence through quality papers, articles, and reports.

Contributions Published in Recent Years

Gastrointestinal

Recent contributions include reports concerning surgical techniques such as triangulating stapling technique for esophagogastric anastomosis¹ and total mesorectal excision for rectal cancer.² Also noted are a report on perioperative pain management by patient-controlled epidural analgesia³ and a prospective randomized trial report demonstrating the utility of preoperative oral

antibiotic treatment for the prevention of postoperative infections.⁴ Multiple reports were received regarding surgical site infections.^{5,6} Other reports include those on chemotherapy for gastric and colorectal cancer⁷ and for small bowel cancer,⁸ and on a nude mouse model experiment for tumor vascular normalization by antiangiogenic receptor tyrosine kinase inhibitor,⁹ providing a range of topics.

Heart and Vessels

Reports from the clinical frontline include clinical results of commissure plication annuloplasty for mitral regurgitation in children¹⁰ and predictors of allogeneic blood transfusion in adult elective cardiac surgery after preoperative autologous blood donation.¹¹ Another timely report¹² is on the clinical outcome of perioperative nonpermanent vena cava filter placement in the

treatment of deep venous thrombosis, a condition the seriousness of which has become increasingly apparent. Other reports include risk factor evaluation for the severely ischemic limb and findings from some basic animal experiments, such as anti-inducible costimulator antibody immunotherapy for cardiac allograft rejection¹³ and inhibition of intimal hyperplasia.

Respiratory, Mammary Gland, and Endocrine

Articles on thoracoscopic lung surgery, which are steadily increasing in number, include a report on the clinical pathway of the procedure.¹⁴ Many other reports of pathological mechanisms have been submitted — mechanisms such as the macrophage migration inhibitory factor expressed in lung cancer tissue¹⁵ and bronchial healing after lobar lung transplantation.¹⁶ In a case-control study that assessed the usefulness of adjuvant therapy with a bacillus Calmette-Guérin cell wall skeleton, following surgery for non-small cell lung cancer, the survival rate was higher in patients with adjuvant therapy than in those without it, but the difference was not significant.¹⁷ A report on sentinel lymph node biopsy after preoperative chemotherapy for breast cancer is also noteworthy.¹⁸

Liver and Transplantation

Reports on liver transplantation^{19,20} are increasing. Final results have been submitted on a randomized multicenter trial that investigated surgery versus radiochemotherapy in the treatment of resectable locally invasive pancreatic cancer.²¹ Surgical techniques are the topics of many articles, including a multicenter study showing that extrahepatic bile duct resection did not contribute to better prognosis in advanced gallbladder carcinoma,²² along with reports on the significance of aberrant right hepatic artery²³ and of pylorus preservation²⁴ in pancreaticoduodenectomy. In addition to the above-mentioned clinical reports that were submitted, basic research findings have been reported, such as the effect of FTY720 in small bowel transplantation²⁵ and of endothelial molecular markers in the evaluation of acute pancreatitis severity.²⁶

General

Findings have been reported from rat model experiments targeting clinical developments, such as changes in A-type natriuretic peptide and receptors in a septic rat model²⁷ and reduced perioperative immune response in endoscopic surgery compared with open surgery.²⁸ Results of a knockout mouse experiment evaluating cyclophosphamide-induced tolerance have been presented as well.²⁹ Also of clinical significance are reports on crush syndrome due to drug-induced compartment syndrome³⁰ and on an indicator of potential morbidity

and mortality risks in patients admitted to the intensive care unit.³¹

Need for Clinical Research Findings and Evidence

In Japan, the need for large-scale multicenter clinical trials in clinical surgical research is expected to further increase. The Clinical Study Promotion Committee of the Japan Surgical Society has been playing a pivotal role in addressing this issue, informing relevant personnel of the importance of multicenter clinical trials at clinical research seminars held in conjunction with the Japan Surgical Society's regular academic meetings. With the support of a Health and Labour Sciences Research Grant, the Committee has proceeded with clinical studies including a "Multicenter prospective randomized trial about the clinical effect of absorbable suture materials on surgical site infection in digestive surgery, hepatic resection, and pancreaticoduodenectomy" and "Efficacy of surgery versus radiofrequency ablation (RFA) on primary hepatocellular carcinoma: a multicenter randomized controlled trial."

We, the editors of *Surgery Today*, are determined to continue our efforts in maintaining the reputation of a quality English medical journal that receives submissions from around the world and provides valuable evidence in the field of surgery, and thus contributes valuable information of benefit to surgeons across all national borders. We look forward to receiving submissions of quality papers from members of surgical societies worldwide.

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