

Building the IJSO: An International Editorial Perspective

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The IJSO is a new peer reviewed journal for a specialist professional audience. All new journals face challenges in developing a vision and strategy, and establishing a style and a “Unique Selling Proposition” (USP). The USP establishes the place of the journal in the world literature and in the minds of potential authors and readers, and it is sensible for the Editorial Board to have a clear business plan and appropriate targets by which to measure progress. A Society journal such as the IJSO exists to serve the interests of the society members and subscribers, and to provide a platform for the exchange of information in that professional community through the peer reviewed publication process. As the journal grows, so its influence and academic weight may increase, and it can take on wider challenges with greater ambition.

As Medical Subject Chair of the Elsevier SCOPUS Content Selection and Advisory Board (CSAB), I am privileged to assess several hundred specialist journal titles which are seeking accession to this major citation index each year, from a wide variety of regional and national institutions, and with a wide range in quality. In the process, I have learned much about the variation in standards of publication, and about what it takes to build a successful journal.

So far as the future of the IJSO is concerned, there are a number of key points to make that will help the journal succeed.

Firstly, the international professional surgical oncology community does not need another “me too” surgical oncology journal. Surgical Oncology already has an abundance of such journals, including the World Journal (WJSO), the European

Journal (EJSO), the Journal of Surgical Oncology (JSO) and the Annals of Surgical Oncology (ASO). These journals already struggle to find new and original material, and many published papers are never cited and probably rarely read. Any new journal must find an original strategy.

Secondly, many journals and their content suffer from poor quality, unimaginative editing, bloated with words and data, and are difficult to read. The general reader will always prefer the article with a clear, meaningful title and informative abstract, and concise content with a clean, simple, direct style and well argued, thoughtful and self-critical conclusions. Authors and editors should always write with the reader’s time and attention in mind.

Thirdly, modern publishing must strike a balance between publishing the printed journal, the process of which dictates the quality standards, and the demands of the Internet, which secures the widest distribution of content and which determines the citations of the papers and authors. It is important that a journal has an excellent internet distribution platform, preferably provided by a major publisher such as Springer, and that particular editorial attention is given to clear, informative titles and structured abstracts. After all, these are the most that browsers and potential readers will ever see of the journal.

Citations are taken to be an indirect hallmark of quality. Quality is a measure of trustworthiness and respect for a piece of published work; for the authors and for the journal in which the work is published. Each reference or citation thus represents, in effect, a positive vote for that work. Citation measures are the summation of references to published articles in other articles, and the science of bibliometrics exists for the statistical analysis of citations. The Impact Factor of a journal and the H Index of an author are two of many such bibliometric indices. Data systems such as Elsevier’s SCOPUS and Thomson-Reuters’ Web of Science reflect huge financial and

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intellectual investments to understand and exploit the knowledge derived from bibliometrics.

Local and regional subspecialty journals such as the IJSO are thus most likely to make an Impact and to be read and cited by other authors if they publish material of a high quality which is readable, which is accessible, which is trustworthy and of high quality, and which is of unique interest. They should focus on local and regional professional issues and challenges, and develop their own identity. An effort to compete in terms of nature and style of content with the best established journals in the field will be unlikely to succeed, as the journal will not be widely read, authors will be disappointed, and the Impact Factor will languish.

Conversely, a subspecialty journal in a developing country which takes courageous steps in identifying challenges and problems of health and service provision in its own region, and which commissions discussion and argument as to possible solutions, will be read with considerable interest in the wider world, and will secure credibility and influence.

Herein, in my view, lies a marvellous opportunity for the IJSO and for the surgical oncology community of India. The IJSO represents a community of educated and ambitious professionals for whom English is the common language, just as it is the world's common language of scientific communication. The problems of providing and delivering an acceptable standard of care to a growing and aging population of some 1200 million Indians, 900 million of whom are currently only able to access and afford the most basic health care are enormous, and provide fertile ground for imaginative writing in the surgical oncology specialities, as in all other health disciplines.

How can the Indian surgical profession expand to meet those needs, and provide training and career opportunities for surgeons that will make working among rural communities as attractive as among metro elites? How can well established Western practices such as multidisciplinary cancer team working, governance and professional oversight be adapted to local conditions, and how can information flow

around the mixed private-public sector surgical health economy, which is very different to that in many Western countries? How can the skills of the Indian IT sector be adapted to remedying the huge information gaps that still exist in our understanding of the consequences of our inputs and outcomes in our cancer treatments, and how can we use the new technologies of the television, internet and mobile telephony to educate and engage with the cancer needs of the increasingly interconnected rural communities? How can we address huge problems such as provision for palliative and terminal care, which are often held to be the hallmark of a caring society?

Moreover, if “I” stands for “Indian Subcontinent” rather than “Indian”, then that sphere of influence and academic opportunity is substantially increased to include Pakistan, Bangladesh, Sri Lanka and the Himalayan states. Further afield, China, many countries in Africa, Asia and South America face health care delivery problems similar to those faced in India. Indeed, of the six billion or so people who inhabit the planet, only one billion or so enjoy the living standards of the most advanced economies and metro elites. The moral and practical obligations to meet the needs and raising expectations of the remainder create fertile ground for intelligent authorship and debate in a new professional journal, which now has the opportunity to develop a substantial sphere of influence.

Thus in summary, I believe that the IJSO has a prosperous future ahead if it develops a unique identity, and if it focuses on the search for regional solutions to regional challenges, rather than in slavish replication of the work of surgical oncologists in the advanced economies. Over the next few years, it will need to build solid foundations, with which to secure the credible track record necessary to register on the major citation indices. If it succeeds in these challenges, then the lives of countless people around the world will be enhanced. I wish the Editorial Board of the IJSO well as the seeds of its ambition take root.