

Chapter 3

Where can the surgeon publish?

M. Schein

*Professor of Surgery, Cornell University Medical College
& Bronx Lebanon Hospital, New York, U.S.A.*

A. Fingerhut

*Chief of Service, Digestive Surgery, Centre Hospitalier
Intercommunal, Poissy, France & Associate Professor of Surgery
Louisiana State University Medical School
New Orleans, LA, U.S.A.*

'The unpublished manuscript is like an unconfessed sin that festers in the soul, corrupting and contaminating it' **Antonio Machado.**

In the previous two chapters you were told why ¹ and what ² a surgeon might publish. This chapter will suggest where you can publish whatever publishable material you have. Which target journal is a decision you have to take at the start, before starting to hammer the typewriter keys. When doing the actual writing you have to address the audience you are catering for and keep in mind the specific requirements of the journal you chose. Is your aim to 'sell' a 'new operation' to the general practitioners in your country? In that case you have to emphasize basic concepts. If your purpose is to increase your fame within the surgical community then you can afford to be more technical.

You worked so hard on your study (or so you think) and now you want it to reach the greatest possible and the most prestigious readership, and to have maximal impact. How sweet it could be, strolling around the hospital and repeatedly hearing 'Hey Dr Jones, your *New England Medical Journal* article is superb!' But is your article publishable in such a leading journal? If not, where is it publishable?

Chief goals when looking for a suitable venue for your manuscript

- ◆ The greatest readership. Do you wish to bury your *magnum opus* in a 'prestigious' journal that nobody reads?
- ◆ An 'interested' readership. You do not want to describe your recent technical innovation to medical gastroenterologists.
- ◆ A 'prestigious' journal (high 'impact'). Do not forget - one of the chief reasons for you to publish is the want of prestige ¹.
- ◆ Maximize chances and speed of acceptance. How depressing it is to submit a 'classic' to a journal that takes a year to reject it.

- ◆ Minimize rejections and need for prolonged efforts at 'recycling'. Ideally, you want your manuscript to be accepted on the first submission. In reality, a mean of two rejections per manuscript is what you have to live with, unless you are a renowned surgical Shakespeare.

These goals do not always go together. A journal may be 'prestigious-high impact' but attract only a small, narrow-focused readership (e.g. *Journal of Endovascular Surgery*; impact factor (IF) 3.276) or it may have a wide readership, which is, however, not interested in the topic discussed. When 'shopping' for a journal, the manuscript is your merchandise. You have to understand the 'publishing market' and be able to assess the 'value' of your manuscript; only then will it be possible to tailor your manuscript to the individual journal and thus achieve the goals.

The 'market' for the surgical manuscript

Professional journals, as any other commodity, can be graded into 'classes'. The car market has its Rolls Royce, Mercedes, Fords, Toyotas and even Fiats. Which journal is the Jaguar and which the VW Beetle? At this point you should understand the concept of the IF. This is used by the scientific community to score the 'prestige' of individual journals and thus the 'academic value' of the papers published in them. The IF of a journal is calculated as the ratio of the number of citations of articles published by a journal over 2 years (in the whole literature) to the number of articles published over 2 years (by a journal). In simple terms, the more cited the journal, in other publications, the higher its IF. A journal that publishes a relatively small number of novel-momentous papers will have a high IF while a journal accepting a lot of 'non-significant' material is doomed in terms of IF. It is easy to imagine the existence of two separate vicious circles. One involves a high IF journal (e.g. *New England Journal of Medicine*; IF 29.512) which, because of its conceived prestige, attracts the best manuscripts from most qualified investigators and rejects all that is

TABLE 1 The market for surgical publishing

ISI Journal Citation Report (Science Edition) 2000

	Impact factor
Class I. 'General top four'. Leading, high-impact and widely read international journals serving all specialties	
<i>New England Journal of Medicine</i>	29.512
<i>JAMA</i>	15.402
<i>Lancet</i>	10.232
<i>British Medical Journal</i>	5.331
Class II. General surgical journals	
IIA. Top group: leading, high-impact and widely read (worldwide) general surgical journals	
<i>Annals of Surgery</i>	5.987
<i>British Journal of Surgery</i>	2.935
<i>Journal of the American College of Surgeons</i>	2.805
<i>Annals of Surgical Oncology</i>	2.799
<i>Archives of Surgery</i>	2.629
<i>Surgery</i>	2.456
<i>American Journal of Surgery</i>	2.116
<i>World Journal of Surgery</i>	2.020
<i>Arch Langenbeck Surgery (German)</i>	1.770
<i>Journal of Surgical Research</i>	1.674
<i>Journal of Surgical Oncology</i>	1.541
<i>European Journal of Surgical Oncology</i>	1.434
<i>American Surgeon</i>	1.101
IIB. Intermediate group	
<i>Hepatogastroenterology</i>	0.905
<i>Digestive Surgery</i>	0.810
<i>Der Chirurg (German)</i>	0.721
<i>European Journal of Surgery</i>	0.663
<i>Australian and New Zealand Journal of Surgery</i>	0.627
<i>Annales de Chirurgie (French)</i>	0.545
<i>Journal of the Royal College of Surgeons of Edinburgh</i>	0.510
<i>International Surgery</i>	0.488
<i>Annals of the Royal College of Surgeons of England</i>	0.439
<i>Canadian Journal of Surgery</i>	0.422
<i>Surgery Today</i>	0.356
<i>Zentralblatt Chirurgie (German)</i>	0.302

TABLE 1 *continued*
The market for surgical publishing

	Impact factor
IIC. 'Bottom' group	
<i>Surgical Oncology</i>	0.293
<i>Minimally Invasive Therapy</i>	0.291
<i>Acta Chirurgica Belgica</i> (French)	0.270
<i>Journal de Chirurgie</i> (Paris) (French)	0.213
<i>South African Journal of Surgery</i>	0.159
<i>Contemporary Surgery</i>	--*
<i>Current Surgery</i>	--*
<i>Surgical Rounds</i>	--*
<i>Journal of Surgical Infections</i>	--*
Class III. Subspecialty journals	
IIIA. Top group: leading, high-impact and widely read (worldwide) subspecialty surgical and 'surgical interest' journals	
<i>Gastroenterology</i>	12.246
<i>Transplantation</i>	4.035
<i>Critical Care Medicine</i>	3.824
<i>Cancer</i>	3.611
<i>Journal of Endovascular Surgery</i>	3.276
<i>Journal of Vascular Surgery</i>	3.114
<i>Journal of Thoracic and Cardiovascular Surgery</i>	3.057
<i>Shock</i>	2.785
<i>Surgical Endoscopy and Ultrasonography</i>	2.056
IIIB. Lower group	
<i>Annals of Thoracic Surgery</i>	1.828
<i>Diseases of the Colon and Rectum</i>	1.690
<i>Journal of Trauma</i>	1.498
<i>Obesity Surgery</i>	1.464
<i>Journal of Pediatric Surgery</i>	1.216
<i>Journal of Laparoendoscopic Surgery</i>	0.783
<i>Surgical Laparoscopy and Endoscopy</i>	0.691
<i>Vascular Surgery</i>	0.627**
Class IV. 'Local' journals: general or specialty journals published in your country, usually in your language	
* New journals, not as yet cited by the Journal Citation report. The list of journals is not inclusive. A grading of journals using the impact factor is prone to bias as explained in the text. To access the web page on any of the listed journals go to: Land of Medical Links by Joe Buenker: http://alexia.lis.uiuc.edu/~buenker/jourmla.html	
** ISI Journal Citation Report (Science Edition) 1998	

inferior. Its publications are 'best-sellers' and highly quoted across the world, thus further increasing the IF. On the other hand, a 'modest' journal such as the *European Journal of Surgery* starts with a much lower IF (0.663) and consequently attracts manuscripts of 'lesser value', and may be forced to publish papers rejected by others. The latter are poorly cited thus the journal's IF remains low. While it is very difficult to improve a journal's IF, it is very easy to lose it by poor editorial performance. The IF as a gauging instrument is far from perfect: it favours English-language, 'large specialties', the USA and journals with fewer articles. It hinders predominantly clinical journals. Table 1 shows the IF of different journals classified into a number of groups, based on the IF and a personal perception of the surgical 'publishing market'.

Whether the IF has any impact on readers has hitherto received very little attention. In a Chinese study of library journal use there was a significant correlation between frequency of use and IF ³. An assessment of journals used at a Chicago medical library found that certain journals may be popular to the general reader, for educational and clinical purposes, but not to the local faculty for research purposes ⁴. In a recent survey on what American surgeons read ⁵, it was found that IF correlates only partially with the 'importance' attributed to the various journals by surgeons. Other factors were important; for example, certain journals are 'forced' on surgeons as part of a membership package of large surgical associations.

What is the value of your manuscript?

To most writers, especially the novice, a recently completed study seems a potential masterpiece, which deserves the best venue and audience. (Only last week one of our residents in New York suggested that his humble series of three 'unusual' cases should be written up for the *Lancet*.) To maximize the chances of acceptance of your alleged 'masterwork' you have to assess its quality. This should provide a realistic view of the value of the paper and direct you to the right journal. For example, a retrospective clinical series is not going to get

published in the *New England Journal of Medicine*. In Table 2 a practical classification of 'original studies' is proposed. The latter, however, should not be lumped together with 'review articles' or 'technical notes' but the value of each should be assessed within its own kind.

TABLE 2**What is the 'value' of your manuscript?**

Level	Description	Example	Submit to
I	Groundbreaking discovery, high level of evidence; if reconfirmed may radically change clinical practice	'A new operation for anal incontinence - 5 years' follow-up in 500 patients' or 'Laparoscopic versus conventional Whipple procedure: a prospective randomized trial in 200 patients'	Class I or IIA journals (see Table 1)
II	Novel and/or well performed piece of research that may significantly change current thinking or modify (or enhance) clinical practice	'Gene transfer therapy of hepatic cancer' or 'Conservative versus operative treatment of recurrent acute diverticulitis: a prospective randomized study with a 3-year follow-up' or 'The value of preoperative bowel preparation - a meta-analysis'	Class IIA or IIIA journals (see Table 1)
III	A solid piece of research that sheds new light or confirms/ disputes what is already known	'Faecal diversion is not necessary in low anterior resection of the rectum - experience in 99 patients'	Class IIA, IIB, IIIA or IIIB journals (see Table 1)
IV	A 'nice little study'; local experience with a known entity or a 'reminder' about a rare condition	'Upper gastrointestinal bleeding in Scandinavia' or 'Acute appendicitis after appendectomy - report of five cases'	Class IIC or IV journals (see Table 1)

How to select the right journal for your manuscript

When you know how to assess the prestige of the various journals and can estimate objectively the worth of your work, how easy is it to correctly match the two together? It is difficult and requires experience but the following is a practical advice list.

- ◆ Choose the audience - general, specialized or local? If you have data for a level II paper (Table 2) on surgical gastroenterology, you may aim for the top of class IIA journals (Table 1), reaching the

cream of surgical readership. Alternatively you could select a leading class IIIA subspecialty journal (Table 1) in gastroenterology, targeting mainly those interested in this field, surgeons and non-surgeons.

- ◆ Consult the 'instructions to authors'. These are available in each journal. See what type of manuscript they prefer. Read the aims and objectives or mission statement of the journal. All journals welcome 'original' clinical and laboratory studies but only some consider review articles, pure technical notes or case reports. Only a few accept non-commissioned editorials. Studying the instructions to authors is a *sine qua non*. Submitting an unsuitable manuscript results in an automatic rejection. At this stage you may short list a few journals for an in-depth analysis.
- ◆ Browse through the journals. See what type of papers they published over the past year. Would your manuscript fit the ethos and style of that journal?
- ◆ If the journal has already published one or two articles on 'your topic', you might want to go elsewhere. If your paper can solve the problem raised by a previous article in that journal, go ahead.
- ◆ Some surgeons make a habit of submitting all their papers to one journal or a limited list of journals. This may not be a bad idea as they gradually learn how to satisfy the needs of these journals while the latter become familiar with them.
- ◆ Get advice. Choosing a journal for your manuscript is an art that is acquired during many years of submission-rejection, trial-error cycles. As editorial reviewers for a number of journals, we often see manuscripts that are misdirected into the 'wrong' journal. This represents a waste of efforts by the authors, reviewers and journal editors, which could be avoided if the author first consults an experienced and well published surgeon in their environment. A well published and well read surgeon has a 'publishing judgement' which, like clinical judgement, is difficult to express in any algorithm. His skills allow him to penetrate into the mind of

the various journal editors and reviewers, guessing what they like and what they dislike. He knows which journals are 'rigid-traditional' and which would consider 'innovative' styles. He knows the assessment-rejection cycle of the individual journals and can advise you how high to start and how to continue, maximizing the rate of eventual acceptance and its speed. If no such an expert is available in your vicinity try elsewhere; no surgeon would refuse to give advice to a young colleague. Journal editors themselves may give you an informal view of a proposed article.

Getting your paper published is a complex task, which is becoming increasingly difficult. Only a few decades ago prestigious journals published long manuscripts based on three clinical cases; now you cannot publish the most interesting case reports outside local or 'throw-away' journals. Rejection rates are extremely high, e.g. 80 per cent for the *BJS*. A key element of a successful submission is choosing the right journal. Assess the value of your manuscript, know the publishing market, study the target journals and get learned advice.

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Commentary

by J. L. Meakins

Archibald Professor of Surgery, McGill University

Montreal, Canada

The opening quote suggests that everything that we study and write up is worth publishing. While it is certainly true - IF IT IS NOT PUBLISHED, IT DOES NOT EXIST - our ability to evaluate our own work and to determine its publication value is not only an important part of selecting the appropriate journal but also deciding whether it should see the light of day. I have drawers full of material which at one time seemed to be priceless insights into the understanding of the infectious process, a clinical entity or the integration of a bench observation and a pathophysiologic process. Before asking the question 'Where should I publish?', we must be certain that what is in the drawer is actually publishable. Then ask, 'is it publishable in its present form?'

I do not think that I have ever submitted an article with any thought being given to the Impact Factor of the journal. Writers should be readers. By reading the literature, one gets a sense not only of what is out there but also where work should be published. This nose for the right journal is emphasised in the point - GET ADVICE. In the spirit that we should read more of the literature than we write, this nose will come naturally and rather quickly if the quality of the insights brought to research is applied to journals. One does get more points in the promotion game with few papers in the very high impact

journals. However, a reality check will demonstrate that not very many publish often in these journals and that most of us do not very often produce work that is sufficiently meritorious to do so.

One of the useful methods of deciding where to publish can be related to where the work is presented. Many associations and societies have their own journals or arrangements with journals to review manuscripts submitted for presentation. In this way the research is presented before a knowledgeable audience and has a good chance of being published as part of the transactions of the meeting.

Increasingly, journals are less interested in some of the classic surgical papers such as chart reviews, personal series, case reports, minimal publishable units (20 rats in 4 groups of 5 or 2 groups of 10), retrospective uncontrolled studies or clinical studies with the wrong or no control groups. The best solution is not to do these studies and therefore avoid the angst of rejection. Don't send bench research to a clinical journal or vice-versa. You will receive a rejection and a poor assessment from the review process.

When our assessment of our work includes words such as 'Magnum opus', 'classic', and 'want of prestige', it is possible that one is losing track of why the work was done in the first place. Scholarship is the fundamental drive behind the development of new information, which surely is the reason that we publish in the first place. Our

ability to assess the work is therefore crucial. The observation that 'a mean of two rejections per manuscript' is usual, I find hardly credible. One rejection with careful attention to the comments of the referees should be sufficient to define whether the material is publishable and where the author is most likely to be successful. It is not the amount of effort that goes into the manuscript but its quality that is important. Quality refers not only to the content but also to the quality of the writing. One of the most important lessons I learned was from a very short letter from the Editor of The Lancet: 'If you could bear to shorten your paper by a third, we would be happy to publish'.