Ten years ago, I was given a great privilege by ASTRO, and became the Editor-in-Chief of our specialty’s leading scientific publication, the Red Journal. I set out with a number of goals which, with the help of a fabulous editorial team, I think we achieved. I can honestly say, 20,000 manuscripts later, that it has been the most deeply rewarding experience of my professional life. I am, however, increasingly conscious of time which, like the tide, races in and changes the landscape completely. Although my predecessors Philip Rubin and James Cox held the position for 22 and 17 years respectively, the physical and intellectual energy now required to stay engaged and flexible, mean that such lengthy occupancy is no longer tenable. It is time to pass the torch. But before I talk about the transition, I want to reflect on what this last decade has meant to me and to the journal.

Let’s begin with an apology. I doubt that there is anyone in the academic radiation oncology community who hasn’t received a rejection letter from me. When I became the Editor-in-Chief we set a high bar for acceptance and have held that level ever since. Indeed, the bar has been incrementally raised further and many, many good papers must be turned away. If it is any consolation, I too have had several papers rejected! A double-blind review process, coupled with my recusal from managing either my own papers or those of my Harvard colleagues, meant that I, and my Harvard kin, have had no advantage over any other author. So not only is the bar high, but the field is level. These were early goals, and not particularly unique to any editor or any journal, but our methods, I believe, had originality. Principal among them was an early decision to harness the power of youth and the medicine-wide shift from individualism to teamwork. Previous Red Journal editorial boards had been honorific, and the bulk of the work was performed by a few senior editors who triaged papers to reviewers, aggregated the responses, and made a decision. This was fine for a small journal with a limited number of submissions but, by 2011, more than 2000 manuscripts were coming in annually in an electronic tsunami. We retired the old editorial board and started again from the ground up, establishing, first nine and later ten, working editorial teams based around the disease sites, physics, and biology. Each had a senior editor and, under them, 4 to 8 associate editors. The majority of these new editors were 5-15 years out from training, and at the peak of their powers with the right blend of energy, enthusiasm, and experience. Term-limits kept them fresh. They would seek reviews, grade and balance the reviews by quality, discuss them within their groups, and then add their own thoughts to every decision. By the time a manuscript has been accepted, or rejected, it has usually been seen by up to six separate sets of eyes, sometimes more. This has made decisions more thoughtful, less quixotic, and above all, fair.

The board also announced, through editorials and in the instructions to authors, the kinds of papers they were seeking. The goal was to emphasize prospective studies with high quality analyses, and to deemphasize the journal’s former staple of retrospective case series. It is with pride that I can now say that over 50% of published papers fulfill these criteria and the remainder, if not prospective, are usually...
well-designed clinical studies, meta-analyses or systematic reviews that follow a rigorous methodology. The rising quality of accepted submissions has been reflected in the journal’s increasing Impact Factor, now over 7, from 4.1 ten years ago. This is an extraordinary achievement for a journal in a small specialty. While the largest randomized trials will always go to the highest profile journals such as the New England Journal or Lancet, these trials usually answer only a single, broad oncologic question such as the addition of hormone therapy to radiation in prostate cancer, or the use of sensitizing chemotherapy in head and neck cancer. Important as these are, they are no more important than the questions asked and answered in the Red Journal. Indeed, the Red Journal addresses questions far more relevant to the quotidian practice of radiation oncology such as those around stereotactic therapy, protons, spacers, image guidance, and FLASH, to name but a few. I contend that radiation therapy could be practiced without the New England Journal, but it would be very hard to practice without the Red Journal.

While the bulk of the journal’s articles address the science behind our practice, we have increasingly emphasized other areas of contemporary interest such as education, training, global health, payment policy, and even politics. We have featured regular articles, such as those in the Around the Globe category, and have published lively ad hoc discussion pieces about trainee selection, the future of the field, or the role of race or gender. Sometimes we devote entire editions to topical issues: the elderly; proton beam; imaging; or COVID. These articles are very well read and discussed as we can see from their download numbers and social media metrics. In this age of social media, the Red Journal remains a forum for cooler, well considered discussion of lightning rod subjects. I personally believe that the Red Journal must reflect the social and economic concerns of modern radiation oncologists not only through its articles, but also in the make-up of its own editorial board. That, in part, explains the previously mentioned shift towards youth in the editorial board composition. It also explains the gender balance that we now exhibit. Six of the 12 senior editors and 28 of the 67 associates are women. This required a small push 10 years ago but has been self-sustaining ever since. Such a board can provide inspiration and leadership to trainees and new faculty.

The job description for the Editor-in-Chief role never mentioned two contrasting domains in which I have spent an unanticipated amount of time. The first, was with the Red Journal’s covers, and the second with scientific misbehavior. Let’s start in the lower realm of misbehavior. I had entered the editorship in the naïve belief that these problems fell to other editors in other journals, but I was wrong. Over 10 years I have opened investigations on 55 different cases where editors, reviewers, or readers have raised concerns about errors, or worse. The Red Journal is not the FBI, and we are not set up for deep investigation of fraud and fabrication, but by following guidelines laid down by the Committee on Publishing Ethics, we have reviewed cases, and called for original data sets. We have exonerated many, and initiated errata, retractions, or editorial “statements of concern” for others. While we derive no pleasure from this time-consuming process, we do gain satisfaction from protecting the integrity of the journal and the scientific record.

From these dark depths to the brighter elevations of cover art. A steep rise to the sublime. The journal’s covers had previously been either plain red or had featured a colorful figure from a paper within to provide an eye-catching splash. I had particularly wanted the covers, which are the journal’s “shop window”, to carry a visual that was attractive, expressive, and relevant. Unlike JAMA, we didn’t have the financial means, to feature fine art on the cover so, at first, we gave thought to patient art. That may have been successful, but art describing the patient cancer experience was already a well-trodden path. I wanted us, for the first time, to express the soul and humanity of the members of the radiation oncology team. We guessed that among the global radiation oncology community, its physicians, trainees, physicists, and nurses, there must be many very good artists. We issued a call for artwork, and submissions started coming in immediately, and never stopped. Oils, sketches, photographs, tapestries, and sculpture, all revealing the creativity and deep talent that lies within our teams. Each piece of art is accompanied by a paragraph about the artwork, and a paragraph about the artist who may be a professor, a nurse, a dosimetrist, or a resident. It is a corner of the journal that is not dominated by academia and thus more truly reflects who we are as a community. For those of you who have some spare time I strongly recommend browsing in the Red Journal’s art gallery (https://www.redjournal.org/content/covergallery). Ten years of work, and over 150 fine pieces. We all have our favorites, and I will confess that mine are works by Michael Peckham, Eva Kat-soulakis, Juanita Crook, Harald Paganetti, and Jennifer Bellon.

Publication of a peer-reviewed and independently endorsed article is the penultimate step in a long process of scientific discovery that often began years before, with a simple idea. The final step, of course, is the translation of published work into improvements in daily practice. By tracking the downloads and citations of our published articles, and by watching their discussion on social media and their incorporation into guidelines, we can see that we are selecting influential papers. The editorial journey has given me a deeper understanding of the long process of scientific discovery, a greater respect for the obstacles that investigators face, and the enormous labor it takes to make the smallest change. My greatest gratification has come from seeing, not the machinery in motion, but the vast army of dedicated clinical scientists behind it. Most of you have “day jobs” caring for patients yet you find the time to try and move the ball forward. Sometimes it is for yards, sometimes inches, and sometimes you are “dropped for a loss”, yet you keep on trying. The Red Journal has become one big forum for discussion about our collective way forward.
Successful paths are shared, blind alleys posted, and hidden traps marked. And it is all done in a collegial and respectful manner. I salute and thank all of you who, together, make the journal and our field what they are today.

And finally, I want to give my deepest thanks to those to whom I owe everything. Over these last ten years my support has come, not only from my long-suffering family, not only from the hard-working members of the editorial board and our pool of loyal reviewers, but also from managing editors of the highest quality. First Katherine Bennett, and for the last four years Lisa Braverman and Kevin Jewett. They keep me focused and on time, they keep me fair and even in my judgments, and they provide a perspective from the broader world of scientific publishing which is changing at break-neck speed. Open access, online journals, pirate journals, preprint servers and data repositories will progressively upend the traditional subscription journal model. It is into this brave new world that my great friend, current deputy, and soon to be successor, will be thrust. Sue Yom has risen the Red ranks from associate editor to senior editor, and then on to deputy editor. I can think of no one on this planet who cares more about this journal and its science. She brings her own brand of writing brilliance, a talent for pod and vodcasts, an awareness of the shifting publishing landscape, and a deep understanding of the ramifications of social media. Dr. Yom straddles generations and enjoys great respect from those who preceded and, crucially, from those who follow. At a fragile time when younger and older radiation oncologists may have different views on the direction of our specialty, that is a superb starting point for an editor who must represent us all. When I consider the navigational needs of the journal through uncertain and unpredictable waters, I can think of no better captain for this ship. I wish her good luck and Godspeed in the exhilarating voyage ahead. May she have as much joy in her journey as I have had in mine.