



## From the Editor – in – Chief: Featured papers in the August Issue

In the August Issue of the *American Journal of Surgery* (AJS,) we feature the manuscripts listed below:

**Gender and compensation among surgical specialties in the Veterans Health Administration.** Maxwell and colleagues report gender-based differences in compensation amongst surgeons practicing at Veterans Affairs Medical Centers. In this paper, they describe underrepresentation of female surgeons in the higher paying surgical specialties<sup>1</sup> with an editorial from Naveen Fatima Sangji and Dana Telem.<sup>2</sup>

**Ultrarestrictive intraoperative intravenous fluids during pancreatoduodenectomy is not associated with an increase in post-operative acute kidney injury.** Mahmooth and colleagues suggest that restrictive intra-operative fluids are not associated with postoperative acute kidney injury but did correlate with reduced minor (Clavien-Dindo Grade 1 and 2) complications.<sup>3</sup> There is an editorial from Harish Lavu and Henry Pitt<sup>4</sup>

**What is global surgery? Identifying misconceptions among health professionals.** Abraham and colleagues highlight that Global Surgery is a misunderstood term in their university, and perhaps elsewhere.<sup>5</sup> Despite the wide recognition of the multidisciplinary nature of global surgery, the nascent field of Global Surgery can be tricky to understand per an editorial from Monali Mohan, Anita Gadgil, and Nobhojit Roy.<sup>6</sup>

**Physician mistreatment in the clinical learning environment.** Grover and colleagues describe the incidents of mistreatment at their institution experienced by residents and faculty. Among members of the Department of Surgery, they detail that nearly half of all residents and more than one-quarter of faculty surgeons experienced some form of mistreatment, and that reporting of mistreatment was low for a variety of reasons.<sup>7</sup> There is an editorial from Katherine B. Santosa and Gurjit Sandhu<sup>8</sup>

**Radical intended surgery for highly selected stage IV neuroendocrine neoplasms G3.** While indications for resection of metastatic neuroendocrine cancers continues to evolve, those with high grade (G3) lesions have not traditionally thought to benefit from curative intent surgery. Merola and colleagues question this paradigm and suggest an intent-to-cure resection is beneficial to highly

selected patients.<sup>9</sup> Bart Rose provides an invited commentary.<sup>10</sup>

**Four “My Thoughts/My Surgical Practice” Articles.** We are highlighting these four thought-provoking editorials: The GRADE approach to appraising the evidence or how to increase the credibility of your research,<sup>11</sup> A Right to Surgery: Navigating Global Surgery Through a Human Rights Lens,<sup>12</sup> Outpatient Robot-Assisted Adrenalectomy: Is it Safe?,<sup>13</sup> and Surgeons, Plague, and Leadership: A Historical Mantle to Carry Forward.<sup>14</sup>

### References

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4. Lavu H, Pitt HA. Optimal fluid management for patients undergoing pancreatoduodenectomy. *Am J Surg.* 2020;220(2):262–263.
5. Abraham MN, Abraham PJ, Chen H, Hendershot KM. What is global surgery? Identifying misconceptions among health professionals. *Am J Surg.* 2020;220(2):271–273.
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7. Grover AAN, Santen S, Lee N, Hemphill R, Goldberg S. Physician mistreatment in the clinical learning environment. *Am J Surg.* 2020;220(2):276–281.
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14. Barr J, et al. Surgeons, Plague, and leadership: a historical Mantle to Carry forward. *Am J Surg.* 2020;220(2):296–297.

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