

From the Editor

Promoting Awareness of Disparities in Perfusion Research and Reporting

With this issue, I begin my third year as the editor in chief of JECT. It continues to be such a privilege and honor to be in this role! I love being the first to see all the great academic work that is ultimately published. Manuscript by manuscript, our team of peer reviewers continues to play a huge part in evaluating and improving submissions, and, as I did when I assumed this role, I want to continue to express our extreme gratitude to these people. Most of our authors experience firsthand the time and attention to detail that our peer reviewers volunteer to this vital task. The associate editor team and I are actively working on ways to assist our peer reviewers in accomplishing their jobs (more on this in future after our proposals are approved by the full editorial board!). Speaking of which, I would be remiss to acknowledge the leadership of our associate editors and former editor in chiefs who are setting up teams made up of editorial board members to pursue a variety of objectives that will strengthen our journal. Again, more on these initiatives as they are rolled out.

As for our hardworking peer reviewers, I want to let you know that I have been working to expand the team! There are many well-qualified, published members of our perfusion community who somehow were never invited before, but whom I am now recruiting to participate in this noble academic activity, and I am grateful that they are accepting my invites. If you are one of those who have not caught my attention yet, please do not hesitate to contact me, and I can help you get started as a peer reviewer. I have also set up a peer review mentoring program whereby students or aspiring peer reviewers are paired up with experienced ones in our team, and they have completed peer reviews together. Contact your program director or me directly if you would like to participate, either as a mentor or mentee. Finally, submitting authors sometimes suggest peer reviewers who are subject-matter experts in the area they are investigating. I have and will continue to invite some of these recommended peer reviewers, and I predict that it will increase the geographic and professional diversity of our peer review team, which is always a good thing!

This allows me to segue into a topic-related diversity. Recently, there has been a confluence of awareness and interest in my circles advocating for ameliorating healthcare



Raymond K Wong at The University of Arizona which resides on the indigenous homelands of the Tohono O'odham and the Pascua Yaqui people.

disparities to improve quality and outcomes. The most apparent example of this is of course the attention in the media regarding COVID-19 infection and vaccination rates among different population groups. But well before the pandemic, a cardiologist and my colleague within the Sarver Heart Center here at the University of Arizona, Dr. Khadijah Breathett had focused her career on addressing racial and ethnic disparities in the health sciences. It did not occur to me until Dr. Likosky, one of our associate editors, recently raised the question and cited Dr. Breathett's recent editorial in a *Circulation* journal, that our journal could play an important role in addressing such disparities.¹ We will likely devote more attention in future editorials to this topic, but as an introduction, interested readers should read Dr. Breathett et al.'s editorial. Meanwhile, submitting

perfusionists and other authors should consider how their studies could be designed, run, and reported to better address disparities. Dr. Breathett et al. have concrete suggestions to improve study designs and manuscript presentation that we may in future incorporate in our guidelines and instructions to authors.

The JECT leadership team already has proposed numerous areas where our journal can promote equity in a series of email exchanges between ourselves. Indigenous health disparities are well documented whether in Australasia or in the Americas, but not likely much in our journal yet. Reporting on developing countries, which have different needs and considerations for cardiopulmonary bypass, and more generally in cardiac surgery, could be improved both to promote outcomes and inform those who wish to perform mission trips. As a journal, we already welcome submissions from developing countries, and hereby commit to help improve such manuscripts such that they are suitable for publication in our journal. In recent issues, including this one, we have had good geographic diversity with articles from India, Thailand, Singapore, Iran, and South Africa along with more typical submissions from Europe and Australia/New Zealand. Going forward, JECT will endeavor to promote academic scholarship from underrepresented geographic areas and on underreported groups. I thank Dr Likosky and the rest of the associate editor team for their forward-thinking on this matter.

In this issue, Hodge et al.² present the results of the 2016 International Pediatric Perfusion Practice survey. This is a

culmination of a lot of work and collaboration among pediatric perfusionists worldwide. Being conducted every 5 years, it is valuable in capturing snapshots of practice variations, and, as the authors suggest, in future iterations should track the adoption of best practice standards and guidelines. Also in this issue, we present a somewhat controversial article by Stammers et al. showing data associating Z-buffing during cardiopulmonary bypass with lowered urine output.³ After a couple of iterations with our peer reviewers, we are publishing this manuscript with an invited commentary by Keith Samolyk and a rebuttal by the authors. As usual, “you,” the reader gets to deliberate having been presented all relevant data and commentary!

Raymond K. Wong
Editor-in-Chief

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3. Stammers A, Tesdahl EA, Mongero LB, et al. Zero-balance ultrafiltration during cardiopulmonary bypass is associated with decreased urine output. *J Extra Corpor Technol.* 2021;53:27–39.