

# MY TIME AS THE EDITOR-IN-CHIEF OF THE REVISTA DE INVESTIGACIÓN CLÍNICA

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## ABSTRACT

I was the Editor-in-Chief of the Revista de Investigación Clínica (RIC) from December 1999-May 2014. In this article, I present a review about how I initiated my experience in the RIC as an author, how I became the Editor-in-Chief, the philosophy of the RIC during my time, the type of publications we had and the citations these papers have received today, the special issues and consensus we published and how the RIC became the official publication of the Mexican Institutes of Health. (REV INVEST CLIN. 2021;73(5):280-5)

**Key words:** RIC. Revista de Investigación Clínica. Editor-in-Chief.

I was the Editor-in-Chief at Revista de Investigación Clínica (RIC) from December 1999-May 2014. I took the office after Dr. Rubén Lisker, who had been in this role for the past 28 years. I am glad that I do not only follow Dr. Lisker's step as Editor-in-Chief of the RIC, but in other ways too. We both received the Premio Nacional de Ciencias y Artes; I was awarded in 2010 and he was in 2003. We have both been the Director of Research of the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán (from herein referred to as the Institute); I assumed this position in May 2014, after 22 years in which Master Lisker held this title (2002-2014).

RIC was the first medical journal in which I published. During my internal medicine residency, and then my nephrology fellowship in the Institute (1985-1990). I became very interested in clinical research of a

variety of topics, such as amikacin toxicity (an antibiotic that was very popular at the time), acute kidney injury by contrast media, acid base metabolism in intensive care unit patients, acquired immunodeficiency syndrome, atrial natriuretic factor, and both lupus and membranous glomerulonephritis, along with a clinical trial on the benefit of using bicarbonate salt in the treatment of diabetic ketoacidosis. All these works were published in RIC, for a total of 13 papers<sup>1-13</sup>. Up to now, the clinical trial paper on ketoacidosis<sup>10</sup> is the only randomized trial that explores the use of bicarbonate under this condition. Although it was published in 1991, it continuously receives citations (three citations in 2021). As for many of my colleagues at the institute, RIC was the starting point of my experience publishing scientific articles. RIC taught me how to deal with Editors and Reviewers, which turned out to be an invaluable experience

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to have before facing the submission of papers to big journals.

A few years after I came back from my Fellow in Medicine at the Brigham and Women's Hospital in Boston (1993), Dr. Lisker invited me to write a series of papers about molecular biology in medicine (1996-1997). That incredible experience fully introduced me to the world of the Editors. To think about and analyze a paper, not only from the author's perspective but also from the Editorial side. After this experience, I thought that one day I would like to be the Editor-in-Chief of RIC. To my surprise, a couple of years later, during the middle of 1999, Dr. Lisker announced that he wanted to retire as the Editor. Donato Alarcón-Segovia, who was then the Director of the Institute, launched a call for interested members of the faculty to present a proposal and to expose their ideas in a special meeting before the Directory Board of the Institute and in the presence of Dr. Ruben Lisker, whose opinion was highly valuable. The first day of December 1999, at 38 years old, I became the Editor-in-Chief of *Revista de Investigación Clínica*.

I have always thought about RIC as the most important medical journal in Mexico. A place to publish clinical observations done in Mexican institutions. They may often have a small impact for other countries but are of most importance for us, given that these studies cover and show our experiences. We certainly like to receive submissions of papers with interesting data for other countries. However, this is becoming a less likely situation due the growing pressure to publish in higher impact journals. Unfortunately, evaluating agencies have never understood that the impact factor was raised as an index to help librarians compare between journals to decide which subscriptions to buy, and not as an index to measure the quality of individual researcher's works, as it is used now.

I also always thought of RIC as the extended educational arms of the Institute. On the one hand, to provide medical doctors and clinical researchers of the Institute, and around the country, a journal for them to keep up to date with the advances in medicine in general and particularly in Mexico. On the other hand, because RIC has been the starting point of scientific careers for many residents and fellows. It is the journal in which all residents wanted to publish a paper.

Consistent with previous ideas, we started several sections to make RIC more readable and interesting for most people. We also wanted to attract more students to begin their experiences in writing. The following sections were added. (1) Advances in medicine: editorials to comment on particular advances in medicine (by invitation). (2) Living the medicine: editorials to communicate clinical and educational experiences at a personal level; transmitting the love for medicine and the profession. (3) Review articles. (4) The Resident's corner: articles in which residents, fellows, or graduate students could submit a review of an interesting topic, without the need of faculty members as authors. We wanted to stimulate students to write their first papers and learn the process related with it. (5) The Clinical Forum: articles that present a discussion of a particular topic in medicine based on a clinical case. These discussions occurred at the institute once a month. Professors from the institute or other hospitals in Mexico, and even from abroad, were invited by RIC to present a clinical case and start a discussion on that topic. (6) History of Medicine. (7) Art and Medicine. These last two were for authors to submit papers of particular interest in Mexican history or art. Finally, Letters to the Editor was also added. Thus, a typical issue of RIC contained one or two editorials, a Living the Medicine paper, six to eight original papers, one Resident's Corner, one Clinical Forum, one paper in the history or art category, and one or two letters.

In medicine, the readers and the writers are usually different persons. Most people are readers. Health professionals use the information in the journals to be up to date in medicine and to use this knowledge for their professional work. However, these professionals are consumers, but not producers of papers. Therefore, they can read the journal, but never cite a paper of the journal. We wanted RIC to be widely read. Therefore, the press version of RIC was extensively distributed within the institute, to all members of the institute's medical society, and to several libraries in Mexico and abroad. In addition, we changed RIC to open access as of the year 2002, with a free collection going back to all issues since 1993. Thus, any person online could read the content and download the papers at no cost. This resulted in a journal that was highly read. In the year 2011, RIC received 426,863 visits to read the papers on the screen and 72,034 paper downloads, from Mexico (61%), Latin

America (22%), and Europe (17%). That means that during 2011, per day 1,179 persons read RIC and 198 downloaded a paper.

I never worried too much about the impact factor of RIC. It was certainly very low, about 0.5, but knowing that there are more than 6000 journals with impact factors below 3 that are barely important at the international level, it was not in my plans to change the good things we had to increase the impact factor.

During the 15 years that I was the Editor-in-Chief, we published a total of 1,293 papers of which 1,047 were in Spanish and 246 in English. Of the original papers, 709 were in Spanish and 202 in English. Interestingly, according to the information obtained from the Web of Science, there is no difference in the citations obtained by either language. Sixty-eight papers in English have received 10 or more citations each, for a total of 1,175 citations. In contrast, 96 of the papers in Spanish have received 10 or more citations, for a total of 1,645. Even if we cut the articles in Spanish down to the most cited 68, to compare with those in English, the 68 most cited papers in Spanish had 1352 citations, which is more than the papers in English. Finally, 599 papers have been cited between 1 and 9 times and 347 papers have never been cited.

Table 1 shows the 20 most-cited papers published in RIC between the years 2000 and 2014. Eleven out of 20 are in Spanish. In eight papers, the corresponding authors were from our institute (INCMNSZ) and 12 were from elsewhere, including the National University of Mexico (UNAM), the Mexican Institute for Social Security (IMSS), and other National Institutes of Health. In three papers, the authors were not from Mexico City. One was from the State of Puebla, one from the State of Baja California, and one from Spain. Twelve papers were original, four were reviews, three correspond the Resident's Corner type, and one was a consensus.

Because of the widespread reputation of RIC in Mexico and Latin America during my time as Editor-in-Chief, several societies approached RIC to publish a National or Latin American consensus on a certain topic. Some examples include small lung cancer, ovarian cancer, hepatitis C, immunophenotyping of leukemia, endometrial cancer, prevention and treatment of cerebrovascular disease, osteoporosis, chronic

complications of diabetes, Mexican stroke registry, diagnosis and treatment of non-Hodgkin lymphoma, and cow's milk protein allergy. Some of these were the size of a review article, but some others had so much information that they were published as special numbers, and included several articles.

We published some special editions to commemorate important discoveries in medicine. In the year 2003, on the 50<sup>th</sup> anniversary of the discovery of the DNA structure, and also, because this was the decade in which molecular biology entered clinical medicine, we did a special issue on molecular biology and medicine. This number contained 23 papers and showed the impact of molecular biology on most of the medical disciplines cultivated in the institute. My editorial presented a history of molecular biology discoveries and Nobel Prizes regarding this topic<sup>14</sup>. I tried to convince James Watson to write an editorial for that number, but unfortunately, he was too busy at the time and declined the invitation. I, however, was given a letter addressed to my name and signed by him.

We also published a special issue to commemorate 20-year anniversary of the discovery of the human immunodeficiency virus by Francoise Barré-Sinoussi and Luc Montagnier in 1994. This issue included 13 papers and focused on several different aspects regarding the evolution of HIV/AIDS; from the mortal disease that we witnessed in the middle 80s, to the treatable disease that is now.

A third special issue we made was to commemorate the 50<sup>th</sup> anniversary of the first renal transplant. It contained 32 papers covering all aspects of transplants on a diversity of organs. This time, I was successful in convincing Dr. Murray, who received the Noble Prize in Physiology and Medicine in 1990 for his first renal transplantation performed at the Peter Bent Brigham Hospital, to write for us an editorial about it<sup>15</sup>.

One of the goals when I became the Editor-in-Chief of RIC was for RIC to migrate from being the official publication of Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, to become the official publication for the 13 National Institutes of Health. It was a difficult task, because almost all these institutes have their own journals, some of them with a long track of publications over the years. However,

Table 1. The 20 more-cited articles published in the RIC from 2000 to 2014

Title	Type	Year	Citations	Language	Author
Molecular mechanisms of action and health benefits of polyunsaturated fatty acids	R	2005	69	S	INNSZ
MDR1 (ABCB1) polymorphisms: functional effects and clinical implications	RC	2013	66	E	UNAM
Morbidity and mortality following abdominoperineal resection for low rectal adenocarcinoma	O	2001	66	E	IMSS
National consensus of diagnosis and treatment of non-small cell lung cancer	C	2013	54	S	INCAN
A critical review of the prognostic value of the nutritional status at diagnosis in the outcome of therapy of children with ALL	O	2003	51	E	Puebla, Mexico
Obesity and oxidative stress: role of antioxidant supplementation	R	2009	42	S	Spain
Influenza vaccination of patients with systemic lupus erythematosus	O	2004	41	E	Mexicali, Mexico
Risk factors for anastomotic leakage after pre-operative chemoradiation therapy and low anterior resection with total mesorectal excision for locally advanced rectal cancer	O	2006	40	E	IMSS
Nicotine dependence and psychiatric disorders	R	2003	40	S	INNSZ
Bioimpedance vector analysis for body composition in Mexican population	O	2007	38	S	INNSZ
Risky eating behaviors in student population in Mexico City: trends 1997-2003	O	2006	36	S	INPRFM
Socioeconomic inequalities in oral health: dental caries in 6-12 year-old children	O	2006	34	S	INSP
Percutaneous renal biopsy, a 26-year analysis: complications rate and risk factors.	O	2000	33	S	INNSZ
The tumor suppressor p53: mechanism of action in proliferation and cell death	RC	2001	32	S	UNAM
Aldosterone receptor antagonists induce favorable cardiac remodeling in diastolic heart failure patients	O	2007	32	E	INNSZ
Gut microbiota as a key player in triggering obesity, systemic inflammation, and insulin resistance	RC	2014	29	E	HGM
Diabetes and cardiovascular disease. Is there a true Hispanic paradox?	R	2004	29	E	INNSZ
Changes in compulsion and anxiety symptoms with nicotine transdermal patches in non-smoking obsessive-compulsive disorder patients	O	2003	29	S	INNSZ
Food insecurity and obesity are positively associated in Mexico City schoolchildren	O	2007	27	S	UAM
The metabolic syndrome, diabetes, and Alzheimer's disease	O	2010	27	E	INNSZ

R: review; RC: resident's corner; O: original; S: Spanish; E: English; INNSZ: Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán; IMSS: Instituto Mexicano del Seguro Social; INCAN: Instituto Nacional de Cancerología; INSP: Instituto Nacional de Salud Pública; UNAM: Universidad Nacional Autónoma de México; HGM: Hospital General de México; UAM: Universidad Autónoma Metropolitana; INPREFM: Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, all from Mexico.

Figure 1. The presentation of the RIC as the official publication of all Mexican National Institutes of Health in October 1, 2009. From left to right: Gerardo Gamba, Editor-in-Chief, Manuel Ruiz-de-Chavez, President of the National Academy of Medicine, Fernando Gabilondo Director of the Institute, Julio Sotelo, Commissioner, Jorge Elias Dib, emeritus member of the Institute and Rosaura Ruiz, President of the Mexican Academy of Sciences.



very few were indexed in the Journal of Citation Reports. The proposal was not that the other institutes cancel their publications, but rather, that they participate with us at RIC in such a way that we could finally become the official publication of the National Institutes of Health.

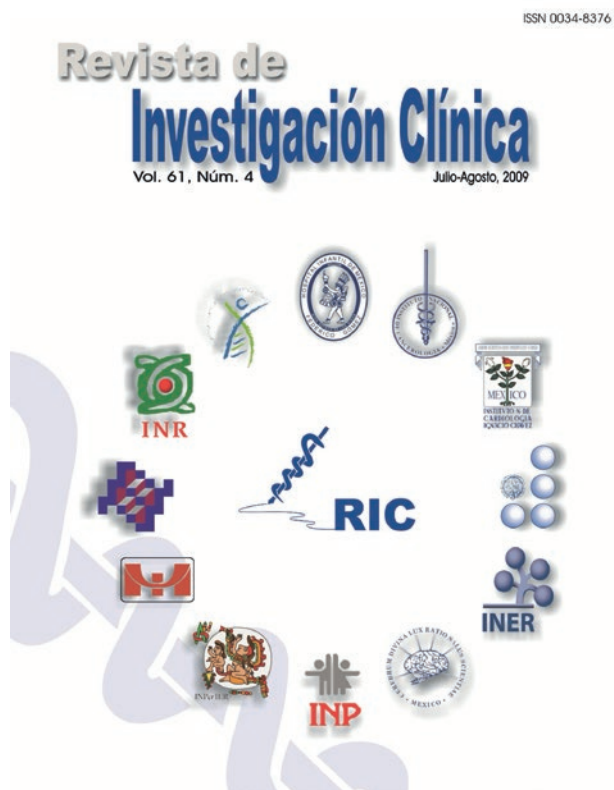
It took several years to convince everybody to accept the project, but finally in the middle of 2008, all institutes agreed with our proposal. To reach this goal, the Editorial Board of RIC was totally reformatted. An Associate Editor from each institute was selected and the Editorial Board was changed to contain an equal number of persons representing each of the national institutes. Each institute decided who would participate as Associate Editor and Board member. By the middle of 2008, each manuscript submitted to RIC was sent to the most appropriate Associate Editor who handled the manuscript from beginning to end. The Associate Editor proposed the reviewers, read the

manuscript and the reviewer's opinion, and finally determined whether to grant acceptance, ask for minor or major changes or to reject. If modifications were needed, these were also followed up by the Associate Editor until the paper was accepted or rejected. An important commitment for this to work well, was that the Editor-in-Chief never questioned or changed the decision taken by any of the Associate Editors, and so it was. The new RIC was presented to all members of the community in a ceremony that was attended by the Commissioner of the National Institute of Health, the Directors of the Institutes, and the Presidents of the National Academy of Medicine and the Mexican Academy of Sciences (Fig. 1).

The first number of RIC as an official publication for the Institutes of Health was volume 61, number 4, in 2009 (Fig. 2). To commemorate the occasion, the following thirteen issues (Vol 61 number 5 to volume 63 number 5) highlighted one institute per issue, with



Figure 2. First cover of the RIC as the official publication of the Mexican National Institutes of Health, volume 61, number 4.



a central picture in the cover and an editorial, most of the times written by the Associated Editor and the Director of that Institute, where they presented aspects that they considered relevant at their institute for RIC readers. From that moment on, and up to now, RIC is the official publication of the National Institutes of Health in Mexico.

I greatly enjoyed the 15 years that I was the Editor of RIC. I learned a lot about reading papers, helping

people to correctly write what they want to express and leaving others to do their work freely. I built an issue every 2 months with the hope that it would help others to understand medicine and science. I will always be grateful that I had the honor and privilege to be the Editor-in-Chief of Revista de Investigación Clínica.

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