CENTRO DE INVESTIGACIÓN EN SALUD POBLACIONAL

LIM EN ACCIÓN:

PREVENCIÓN Y CONTROL DE CÁNCER

Mayo del 2010

El Fruto de la Investigación

Para la UNESCO, la finalidad esencial de un artículo científico es "comunicar los resultados de investigaciones, ideas y debates de una manera clara, concisa y fidedigna, para lo cual, los autores y los jefes de redacción deben poner su máximo esfuerzo para lograr dicho objetivo".

El éxito obtenido con la publicación científica una vez que ha pasado la revisión por pares y demás criterios de selección según la revista que se haya elegido como medio de difusión de los hallazgos y resultados, se compartirá con los demás, lo cual generará críticas tanto negativas como positivas, controversias, confirmará previos estudios o sentarán las bases para investigaciones futuras. Sin embargo, el impacto final de toda investigación no termina ahí, sino que debe medirse mediante el uso de técnicas cienciométricas y bibliométricas para el análisis de las citas de estas aportaciones originales.

En el CISP del INSP hemos comenzado a trabajar esta parte mediante el estudio de las citaciones a los artículos publicados con autoría o coautoría de la fuerza de investigación de este centro mediante la recuperación de una muestra importante de citas a estos artículos y tomando como base las diferentes líneas de investigación del INSP en la cuales participan, con el objetivo de recabar indicadores primordiales como lo son el interés temático de los investigadores externos tanto nacionales como internacionales, conocer el nombre de las revistas en las cuales son frecuentemente citados, presentar los títulos de los trabajos más citados y asimismo conocer el nombre de las revistas que los investigadores eligen para difundir sus hallazgos.

Como tercer estudio de la serie "LIM en Acción" corresponde publicar el análisis citografíco de la producción científica de los investigadores del CISP sobre la Línea de Investigación por Misión **Prevención y Control del Cáncer.**

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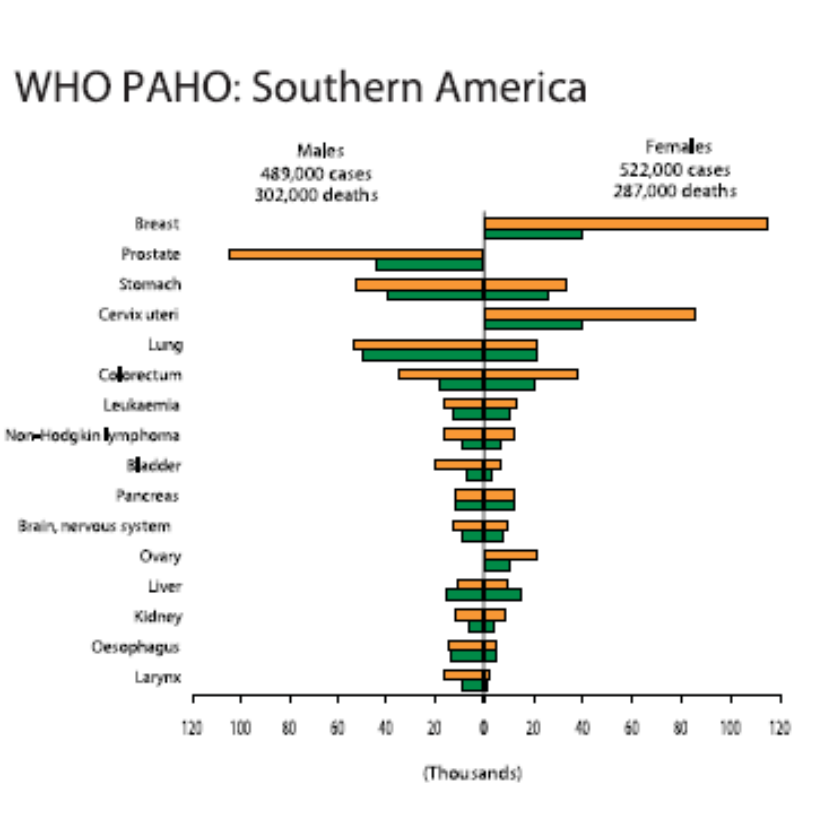
DATOS GLOBALES SOBRE EL CÁNCER.

En México el alto índice de casos relacionados al cáncer es considerado un problema grave de Salud Pública por su alta letalidad y por los diversos factores de riesgo tanto individuales como ambientales, lo que constituye junto con las Enfermedades Cardiovasculares y las complicaciones de la Diabetes Mellitus una de las principales causas de muerte en nuestro país. A continuación se presentan algunas cifras y datos relevantes a este tema.

- Conforme al último reporte mundial de cáncer 2008 publicado por la OMS fueron 12 millones de casos nuevos de cáncer diagnosticados durante ese año, la mortalidad fue de 7 millones por la misma causa y 25 millones de personas viven con esa enfermedad. **[1]**
- Para la región de las Américas, durante el 2008 el estimado de nuevos casos de cáncer fue de 2 617 000; de ellos 1 338 000 correspondieron a hombres y 1 279 000 a mujeres. La mortalidad estimada fue de 1 258 000 muertes, en hombres se calculó en 651 000 defunciones y 607 000 en mujeres. **[1]**
- Para la región específica de Centro, Sudamérica y el Caribe el numero total de casos nuevos fue de 1 011 000; con un total 589 000 muertes por esta causa; 302 000 fueron hombres y 287 000 mujeres. El cáncer mas incidente en esta misma región fue el de próstata para los hombres y el de mama entre las mujeres; siendo el de pulmón el mas letal para ambos sexos. **[1]**



World Cancer Report 2008. pag 19

- El mayor carcinógeno asociado a las muertes por cáncer es el tabaco. **[1]**
- Desde el 2006 en México, entre las neoplasias, el cáncer de mama se ha convertido en la principal causa de muerte para las mujeres adultas de entre 30 y 54 años de edad, en ese año se registraron 4 451 defunciones. **[2]**
- En 2006 las mujeres en México con edades entre 30 y 65 años presentaron un riesgo mayor de morir por cáncer mamario que por cáncer de cuello uterino, mientras que en 1980 el riesgo de morir por este último era 2 veces mayor. **[2]**
- La tendencia de Ca de mama en México ha sido ascendente con una tasa de 5.6 muertes por cada 100 000 mujeres en 1979 a 10.1 en 2006; las tasas mas altas de mortalidad se encuentran en la capital y en el norte del país. **[3]**

- En el 2007 se señala al cáncer como la tercera causa de muerte entre las mujeres mexicanas con 35 303 defunciones mientras que en los hombres fue la cuarta causa de muerte con un total de 33 509 defunciones; este mismo reporte indica que los 3 principales tipo de cáncer que causaron mas muertes en las mujeres fueron el de mama, cuello uterino e hígado. **[4]**
- La primera causa neoplásica de muerte en México en 2007 entre los hombres fue el de próstata, seguido por el de pulmón y estomago. **[4]**
- El cáncer cérvico-uterino es el segundo tipo de cáncer que afecta a las mujeres entre 15 y 44 años de edad a nivel mundial con 493 243 nuevos casos y 273 505 defunciones anuales. En América 86 532 nuevos casos son diagnosticados anualmente por esta enfermedad. **[5]**
- En México el cáncer cérvico-uterino ocupa el segundo lugar de muertes en mujeres después del cáncer de mama, durante los últimos 25 años ha causado mas de 100 000 defunciones. **[6]**
- La asociación del virus del papiloma humano con el cáncer de cuello uterino es establecida sólidamente a través de muchos estudios en los cuales se ha encontrado el ADN de este virus en el 99.7% de muestras tumorales en distintas zonas de todo el mundo. **[7]**
- Hay mas de 100 subtipos del VPH pero los que se encuentran mas frecuentemente asociados (90%) con el cáncer cervical son: 16, 18, 45, 31, 33, 52, 58 y 35, de los anteriores, los tipos más comunes son el 16 y el 18 causantes del 70 % de los carcinomas de células escamosas y 89% de los carcinomas adenoescamosos; los subtipos de bajo riesgo mas frecuentemente encontrados son el 6 y el 11. **[5,7,8]**
- Actualmente existen dos vacunas preventivas disponibles principalmente contra los tipos: VPH 16 y 18 (bivalente); VPH 6, 11, 16 y 18 (cuadrivalente). **[6,7,8]**
- Anualmente se producen en las Américas cerca de 39 000 muertes debido al cáncer de cuello uterino de las cuales 33 000 defunciones se presentan en América Latina y el Caribe, lo cual indica que la tasa de mortalidad es 7 veces superior a la de América del Norte (Estados Unidos y Canadá); un estudio de 15 años de investigación presentado recientemente reporta que la prevalencia encontrada de VPH es de 20 a 30 % en mujeres de 15 a 24 años de edad, 11% en mujeres de entre 45 y 54 años y de 20% en mujeres de mas de 65 años de edad. **[8]**

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- La bacteria Helicobacter pylori y las infecciones de hepatitis vírica se consideran los agentes causales de 2 de los 4 tipos de cáncer más mortales para los hombres que son el de estómago e hígado respectivamente. **[9]**
- El cáncer es la segunda causa de muerte infantil en México, anualmente 7 000 niños adquieren la enfermedad de los cuales se estima que 1500 mueren por esta causa. La leucemia es el tipo de cáncer más común en esta población. **[10]**

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4. INEGI. **Estadísticas a propósito del día mundial contra el cáncer: datos nacionales**. México Febrero del 2009.
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ANÁLISIS CITOGRÁFICO

Se realizó una revisión para obtener el mayor número de citas de los investigadores del CISP correspondientes a los años 2008-2009 dando como resultado la obtención de:

- ✓ 112 trabajos seleccionados de la producción científica del CISP relacionadas a la LIM en estudio
- ✓ **1116** citas a esos trabajos.
- ✓ **866** artículos que citan esta producción (*ver citografía*)

TRABAJOS MÁS CITADOS

En relación a los 112 artículos, 41 son los que tienen el mayor número de citas (6 o más):

Tabla 1: Artículos más citados

ARTÍCULOS CITADOS	CITAS
Villa LL, et al. (The Future II Study Group, **Lazcano-Ponce E.**) Quadrivalent vaccine against human papillomavirus to prevent high-grade cervical lesions. NEJM 2007 10May;356(19):1915-27.	**287**
Franceschi S. Herrero R. Clifford GM. Snijders PJF. Arslan A. Anh PTH. Bosch FX. Ferreccio C. Hieu NT. **Lazcano-Ponce E.** Variations in the age-specific curves of human papillomavirus prevalence in women worldwide: et al. Int J Cancer 2006 1Dec;119(11):2677-2684.	**56**
Reisinger KS. Block SL. **Lazcano-Ponce E.** Samakoses R. Esser MT. Erick J. Puchalski D. Giacoletti KED. Sings HL. Lukac S. Alvarez FB. Barr E. Safety and persistent immunogenicity of a quadrivalent human papillomavirus types 6, 11, 16, 18 L1 virus-like particle vaccine in preadolescents and adolescents - A randomized controlled trial.. Pediatr Infect Dis J 2007 Mar;26(3):201-9.	**51**
Zimet GD. Liddon N. Rosenthal SL. **Lazcano-Ponce E. Allen B.** Psychosocial aspects of vaccine acceptability. Vaccine 2006 31Aug;24(Suppl 3);201-9.	**43**
Lazcano-Ponce EC. Miquel JF. Munóz N. Herrero R. Ferrecio C. Wistuba II. de Ruiz PA. Urista GA. Nervi F. Epidemiology and molecular pathology of gallbladder cancer. CA Cancer Journal for Clinicians 2001 Nov-Dec;51(6):349-64.	**37**
Lazcano-Ponce E. Herrero R. Munoz N. **Cruz A.** Shah KV. Alonso P. **Hernández P.** Salmeron J. Hernandez M. Epidemiology of HPV infection among Mexican women with normal cervical cytology. Int J Cancer 2001 1Feb;91(3):412-20.	**28**
Berumen J. Ordonez RM. **Lazcano E.** Salmeron J. Galvan SC. Estrada RA. **Yunes E.** Garcia-Carranca A. Madrigal-de la Campa A. Asian-American variants of human papillomavirus 16 and risk for cervical cancer: a case-control study. J Natl Cancer Inst 2001 1Sep;93(17):1325-30.	**25**
Vaccarella S. Franceschi S. Herrero R. Munioz N. Snijders PJF. Clifford GM. Smith JS. **Lazcano-Ponce E.** Sukvirach S. Shin HR. de Sanjose S. Molano M. Matos E. Ferreccio C. Anh PTH. Thomas JO. Meijer CJLM. Sexual behavior, condom use, and human papillomavirus: Pooled analysis of the IARC human papillomavirus prevalence surveys. Cancer Epidemiol Biomarkers Prev 2006 Feb;15(2):326-33.	**25**
Vaccarella S. Herrero R. Dai M. Snijders PJF. Meijer CJLM. Thomas JO. Anh PTH. Ferreccio C. Matos E. Posso H. de Sanjose S. Shin HR. Sukvirach S. **Lazcano-Ponce E.** Ronco G.Rajkumar R. Qiao YL. Munoz N. Franceschi S.Reproductive factors, oral contraceptive use, and human papillomavirus infection: Pooled analysis of the IARC HPV prevalence surveys. Cancer Epidemiol Biomarkers Prev 2006 Nov;15(11):2148-2153.	**20**
Lajous M. Mueller N. **Cruz-Valdez A.** Aguilar LV. Franceschi S. Hernandez-Avila M. **Lazcano-Ponce E.** Determinants of prevalence, acquisition, and persistence of human papillomavirus in healthy Mexican military men. Cancer Epidemiol Biomarkers Prev 2005 Jul;14(7):1710-6.	**19**

Boccia S. Hung R. Ricciardi G. Gianfagna F. Ebert MPA. Fang JY. Gao CM. Gotze T. Graziano F. Lacasaña-Navarro M. Ling D. **López-Carrillo L.** et al. Meta- and pooled analyses of the methylenetetrahydrofolate reductase C677T and A1298C polymorphisms and gastric cancer risk: a huge-GSEC review. *Am J Epidemiol*. 2008;(5):505-516.	**19**
Soto-Pena GA. Luna AL. Acosta-Saavedra L. Conde-Moo P. **López-Carrillo L.** Cebrian ME. et al. 2006. Assessment of lymphocyte subpopulations and cytokine secretion in children exposed to arsenic. FASEB J 20(6):779–781.	**18**
Vaccarella S. **Lazcano-Ponce E.** Castro-Garduno JA. **Cruz-Valdez A.** Diaz V. Schiavon R. **Hernández P.** Kornegay JR. Hernandez-Avila M. Franceschi S. Prevalence and determinants of human papillomavirus infection in men attending vasectomy clinics in Mexico.. Int J Cancer 2006 15Oct;119(8):1934-9.	**17**
Lazcano-Ponce E. Rivera L. Arillo-Santillan E. Salmeron J. Hernandez-Avila M. Munoz N. Acceptability of a human papillomavirus (HPV) trial vaccine among mothers of adolescents in Cuernavaca, Mexico. Arch Med Res 2001 May-Jun;32(3):243-7.	**16**
López-Cervantes M. **Torres-Sánchez L.** Tobias A. **López-Carrillo L.** 2004. Dichlorodiphenyldichloroethane burden and breast cancer risk: A meta-analysis of the epidemiologic evidence. *Environ. Health Perspect.* 112:207–214.	**15**
Insinga RP. Dasbach EJ. Elbasha EH. Puig A. **Reynales-Shigematsu LM.** Cost-effectiveness of quadrivalent human papillomavirus (HPV) vaccination in Mexico: a transmission dynamic model based evaluation. *Vaccine* 2007, 26:128-139.	**15**
Salazar-Martinez E. Lazcano-Ponce E. Sanchez-Zamorano LM. González-Lira G. Escudero-De Los Rios P. Hernández-Avila M. Dietary factors and endometrial cancer risk. Results of a case-control study in Mexico. Int J Gynecol Cancer 2005 Sep-Oct;15(5):938-45.	**15**
Lajous M. Lazcano-Ponce E. Hernández-Avila M. Willett W. **Romieu I.** Folate, vitamin B-6, and vitamin B-12 intake and the risk of breast cancer among Mexican women. Cancer Epidemiol Biomarkers Prev 2006 Mar;15(3):443-8.	**15**
Vaccarella S. Herrero R. Snijders PJF. Dai M. Thomas JO. Hieu NT. Ferreccio C. Matos E. Posso H. de Sanjose S. Shin HR. Sukvirach S. **Lazcano-Ponce E.** Munóz N. Meijer CJLM. Franceschi S. Smoking and human papillomavirus infection: pooled analysis of the International Agency for Research on Cancer HPV Prevalence Surveys. Int J Epidemiol 2008 Jun;37(3):536-46.	**14**
Sicinschi LA. **López-Carrillo L.** Constanza-Camargo M. et al. 2006. Gastric cancer risk in a Mexican population: role of Helicobacter pylori CagA positive infection and polymorphisms in interleukin-1 and -10 genes. *Int. J. Cancer.* 118:649–657.	**13**
Romieu I. Hernandez-Avila M. **Lazcano-Ponce E.** Weber JP. Dewailly E. Breast cancer, lactation history, and serum organochlorines. Am J Epidemiol 2000 15Aug;152(4):363-70.	**13**
Dzuba IG. Yunes-Díaz E. Allen B. Leonard YF. **Lazcano-Ponce EC.** et al. The Acceptability of Self-collected Samples for HPV Testing vs. the Pap Test as Alternatives in Cervical Cancer Screening. Journal of Women's Health & Gender-Based Medicine, 2002;11(3):265-275.	**11**
López-Carrillo L. Hernández Avila M. Dubrow R. Chili pepper consumption and gastric cancer in Mexico: a case-control study. Am J Epidemiol 1994;139:263-71.	**11**
Lajous M. Romieu I. Sabia S. Boutron-Ruault MC. Clavel-Chapelon F. Folate, vitamin B12 and postmenopausal breast cancer in a prospective study of French women. *Cancer Causes Control* 17, 1209–1213, 2006.	**11**
Romieu I. Lazcano-Ponce E. Sánchez-Zamorano LM. Willett W. Hernández-Avila M. Carbohydrates and the risk of breast cancer among Mexican women. Cancer Epidemiol Biomarkers Prev 2004 Aug;13(8):1283-9	**11**

Pérez G. **Lazcano-Ponce E.** Hernández-Avila M. Garcia PJ. Munóz N. Villa LL. Bryan J. Taddeo FJ. Lu S. Esser MT. Vuoco S. Sattler C. Barr E. Safety, immunogenicity, and efficacy of quadrivalent human papillomavirus (types 6, 11, 16, 18) L1 virus-like-particle vaccine in Latin American women. Int J Cancer 2008 15Mar;122(6):1311-8.	**10**
Murillo R. Almonte M Pereira A. Ferrer E. Gamboa OA. Jeronimo J. **Lazcano-Ponce E.** Cervical Cancer Screening Programs in Latin America and the Caribbean. Vaccine 2008 19Aug;26(Suppl 11):L37-L48.	**10**
Ward MH. **López-Carrillo L.** Dietary Factors and the Risk of Gastric Cancer in Mexico City. Am J Epidemiol 1999;149(10):925- 32.	**9**
Salazar-Martinez E. Lazcano-Ponce EC. Lira-Lira GG. Escudero-De los Rios P. Salmeron-Castro J. Larrea F. Hernandez-Avila M.Case-control study of diabetes, obesity, physical activity and risk of endometrial cancer among Mexican women. Cancer Causes Control 2000 Sep;11(8):707-11.	**9**
Salmeron J. **Lazcano-Ponce E**. Lorincz A. Hernandez M. **Hernandez P. Leyva A**. Uribe M. Manzanares H. Antunez A. Carmona E. Ronnett BM. Sherman ME. Bishai D. Ferris D. Flores Y. Yunes E. Shah KV. Comparison of HPV-based assays with Papanicolaou smears for cervical cancer screening in Morelos State, Mexico. Cancer Causes Control 2003 Aug;14(6):505-12.	**9**
Hernández-Girón C. Smith JS. Lorincz A**. Lazcano E.** Hernández-Avila M. Salmeron J. High-risk human papillomavirus detection and related risk factors among pregnant and nonpregnant women in Mexico. Sex Transm Dis 2005 Oct;32(10):613-8.	**9**
Palacio-Mejia LS. Rangel-Gómez G. Hernández-Avila M. **Lazcano-Ponce E**. Cervical cancer, a disease of poverty: Mortality differences between urban and rural areas in Mexico. Salud Publica Mex 2003;45(Suppl 3):S315-S325.	**9**
Lajous M. Willett W. **Lazcano-Ponce E. Sánchez-Zamorano LM,** Hernandez-Avila M**, Romieu I.** Glycemic load, glycemic index, and the risk of breast cancer among Mexican women. Cancer Causes Control 2005 Dec;16(10):1165-9.	**8**
Lazcano Ponce EC. Najera Aguilar P. Buiatti E. Alonso De Ruiz P. Kuri P. Cantoral L. Hernández Avila M. The cervical cancer screening program in Mexico: problems with access and coverage. Cancer Causes Control 1997 Sep;8(5):698-704.	**8**
Lajous M. Boutron-Ruault MC. Fabre A. Clavel-Chapelon F. Romieu I. Carbohydrate intake, glycemic index, glycemic load, and risk of postmenopausal breast cancer in a prospective study of French women. Am J Clin Nutr. 2008;87(5):1384–1391.	**7**
Ortega-Altamirano D. **López-Carrillo L.** López-Cervantes M. Estrategias para la enseñanza del autoexamen del seno a mujeres en edad reproductiva. Salud Pública de México 2000;42:17–25.	**7**
López-Carrillo L. Blair A. López-Cervantes M. Cebrian M. Rueda C. Reyes R et al (1997) dichlorodiphenyltrichloroethane serum levels and breast cancer risk: a case-control study from Mexico. Cancer Res 57:3728–3732	**6**
Giuliano AR. **Lazcano-Ponce E**. Villa L. Nolan T. Marchant C. Radley D. Golm G. McCarroll K. Yu J. Esser MT. Vuocolo SC. Barr EImpact of baseline covariates on the immunogenicity of a quadrivalent (types 6, 11, 16, and 18) human papillomavirus virus-like-particle vaccine.. J Infect Dis 2007 15Oct;196(8):1153-62.	**6**
Salazar-Martínez E. Lazcano-Ponce EC. Lira-Lira GG. Escudero-De los Rios P. Hernàndez-Avila M. Nutritional determinants of epithelial ovarian cancer risk: A case-control study in Mexico. Oncology 2002;63(2):151-7.	**6**
Salazar-Martinez E. Lazcano-Ponce EC. Lira-Lira GG. Escudero-De los Rios P. Salmeron-Castro J. Hernández-Avila M. Reproductive factors of ovarian and endometrial cancer risk in a high fertility population in Mexico. Cancer Res 1999 1Aug;59(15):3658-62. No de Citas 6	**6**
Franco EL. Tsu V. Herrero R. **Lazcano-Ponce E.** Hildesheim A. Munóz N. Murillo R. Sánchez GI. Andrus JK. Integration of Human Papillomavirus Vaccination and Cervical Cancer Screening in Latin America and the Caribbean. Vaccine 2008 19 Aug;26(Suppl 11):L88-L95	**6**

SOBRE LAS REVISTAS CIENTÍFICAS

I. REVISTAS EN LAS CUALES LOS INVESTIGADORES DE LA LIM EN ESTUDIO FUERON CITADOS.

En cuanto a las revistas que fueron mas citadas (**Tabla 2**) derivadas de las **1116** citas a la producción del CISP tenemos como líder al ***"New England Journal of Medicine"*** (Estados Unidos) de la "Massachusetts Medical Sociey" con énfasis en Medicina Interna. Su alto **Factor de Impacto 50.017** la ubica dentro del **nivel V** y como una de las más importantes publicaciones científicas dentro del vasto campo de la Medicina. Otras publicaciones relevantes son: ***"The International Journal of Cancer"*** (Estados Unidos) revista oficial de la International Union Against Cancer (UICC) con un **FI** de **4.734** con **nivel IV**; ***"Cáncer Epidemiology, Biomarkers & Research"*** (Estados Unidos) su **FI es de 4.770 - nivel IV;** ***"Vaccine"*** (Holanda) **FI de 3.298 - nivel IV** ***y "Salud Publica de México"*** publicación oficial del Instituto Nacional de Salud Pública (México) con un **FI de 0.937** y clasificada dentro del **nivel III.** Con **nivel V** mencionaremos a: ***"CA: A Cancer Journal for Clinicians"*** (Estados Unidos), ***"Journal of the National Cancer Institute"*** (Estados Unidos), ***"Environmental Health Perspectives"*** (Estados Unidos) y ***"Faseb Journal"*** (Estados Unidos) y por parte de Sudamérica a la ***"Revista de Saude Publica"*** (Brasil) con **nivel III**

Tabla 2 Revistas que aparecen con más citas a los trabajos publicados del CISP (5 citas o más).

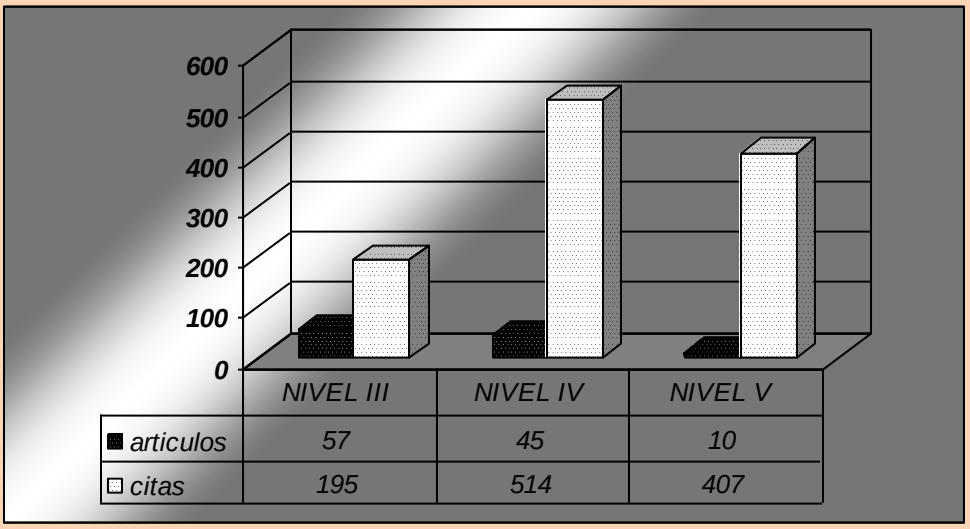
REVISTAS CITADAS	*Citas*	**Nivel*
NEW ENGLAND JOURNAL OF MEDICINE	287	V
INTERNATIONAL JOURNAL OF CANCER	134	IV
CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION	109	IV
VACCINE	82	IV
SALUD PUBLICA DE MÉXICO	59	III
AMERICAN JOURNAL OF EPIDEMIOLOGY	56	IV
PEDIATRIC INFECTIOUS DISEASE JOURNAL	51	IV
CANCER, CAUSES AND CONTROL	47	IV
CA: A CANCER JOURNAL FOR CLINICIANS	37	V
ARCHIVES OF MEDICAL RESEARCH	32	III
JOURNAL OF THE NATIONAL CANCER INSTITUTE	25	V
ENVIRONMENTAL HEALTH PERSPECTIVES	20	V
FASEB JOURNAL	18	V
INTERNATIONAL JOURNAL OF EPIDEMIOLOGY	18	IV
JOURNAL OF WOMEN´S HEALTH	16	III
INTERNATIONAL JOURNAL OF GYNECOLOGICAL CANCER	15	III
SEXUALLY TRANSMITTED DISEASES	13	III
CANCER RESEARCH	12	V
NUTRITION AND CANCER	9	III
REVISTA SAUDE PUBLICA	9	III
AMERICAN JOURNAL OF CLINICAL NUTRITION	7	V
INTERNATIONAL JOURNAL OF GYNECOLOGY AND OBSTETRICS	7	III
JOURNAL OF INFECTIOUS DISEASES	6	IV
ONCOLOGY	6	III
EUROPEAN JOURNAL OF CANCER	5	IV

** Nivel de la revista según el Factor de impacto por año del JCR 2008 y conforme al criterio de "Clasificación Cualitativa de Revistas Científicas Periódicas".

Tabla 3. Distibución de los 112 artículos seleccionados de la producción científica de la LIM de acuerdo al nivel de la revista en la que fueron publicados.

Revistas de Nivel III	Revistas de Nivel IV	Revistas de Nivel V
57 artículos	**45 artículos**	**10 artículos**

Gráfico 1. Misma distribución mas el número correspondiente de citas para cada nivel, lo que nos da un total de 1116 citaciones.



II. REVISTAS DONDE SE PUBLICARON LOS ARTÍCULOS QUE CITARON LA PRODUCCIÓN CIENTÍFICA DEL CISP.

Esta sección corresponde al análisis de revistas donde se publicaron los **866** artículos que citan los trabajos del CISP, aparece en primer lugar "***Vaccine***" (Holanda), especializada en la prevención de enfermedades y basada primordialmente en el estudio de las vacunas, cuenta con un factor de impacto por año de **3.298** y de acuerdo a la clasificación cualitativa de revistas científicas periódicas se ubica en el **nivel IV**. Otras con aporte generoso son ***"The International Journal of Cancer"*** (Estados Unidos); ***"Salud Publica de México"***; ***"Cáncer Epidemiology, Biomarkers & Research"*** ya comentadas en el análisis de las revistas citadas. Clasificadas con **nivel V** podemos mencionar al ***"American Journal of Clinical Nutrition"*** (Estados Unidos), ***"Environmental Health Perspectives"*** (Estados Unidos), ***"Cancer"*** (Estados Unidos), y ***"BMJ"*** (Inglaterra) y por último, entre las sudamericanas la ***"Revista Médica de Chile"*** de **nivel III.** **(Tabla 4)**

Tabla 4. Revistas donde se publicaron los artículos que citaron la producción del CISP (5 o más artículos)

REVISTA	*Artículos	**Nivel
VACCINE	55	IV
INTERNATIONAL JOURNAL OF CANCER	32	IV
SALUD PÚBLICA DE MÉXICO	22	III
CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION	17	IV
JOURNAL OF INFECTIOUS DISEASES	16	IV
GYNECOLOGIC ONCOLOGY	14	III
BRITISH JOURNAL OF CANCER	13	IV
INTERNATIONAL JOURNAL OF GYNECOLOGICAL CANCER	12	III
EUROPEAN JOURNAL OF CANCER	11	IV
JOURNAL OF ADOLESCENT HEALTH	10	III
SEXUALLY TRANSMITTED DISEASES	10	III
CANCER, CAUSES & CONTROL	10	IV
AMERICAN JOURNAL OF CLINICAL NUTRITION	9	V
JOURNAL OF WOMEN´S HEALTH	8	III
ACTA OBSTETRICA ET GYNECOLOGICA SCANDINAVICA	7	III
OBSTETRICS & GYNECOLOGY	7	IV
ENVIRONMENTAL HEALTH PERSPECTIVES	7	V
ANNALS OF EPIDEMIOLOGY	6	III
INDIAN JOURNAL OF MEDICAL RESEARCH	6	III
JOURNAL OF MEDICAL VIROLOGY	6	III
PREVENTIVE MEDICINE	6	III
REVISTA MÉDICA DE CHILE	6	III
SEXUALLY TRANSMITTED INFECTIONS	6	III
AMERICAN JOURNAL OF EPIDEMIOLOGY	6	IV
ANNALS OF ONCOLOGY	6	IV
BRITISH MEDICAL JOURNAL	6	V
CANCER	6	V
AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY	5	III
EUROPEAN JOURNAL OF CANCER PREVENTION	5	III
EUROPEAN JOURNAL OF GYNAECOLOGICAL ONCOLOGY	5	III
EUROPEAN JOURNAL OF OBSTET GYNECOL REPRO BIOL	5	III
EXPERT REVIEW OF VACCINES	5	III
PUBLIC HEALTH GENOMICS	5	III
JOURNAL OF THE NATIONAL CANCER INSTITUTE	5	V
NEW ENGLAND JOURNAL OF MEDICINE	5	V

** Nivel de la revista según el Factor de impacto por año del JCR 2008 y conforme al criterio de "Clasificación Cualitativa de Revistas Científicas Periódicas".

Gráfico 2. Distribución por nivel de la revista de los artículos que citan la producción científica del CISP (LIM Cáncer)

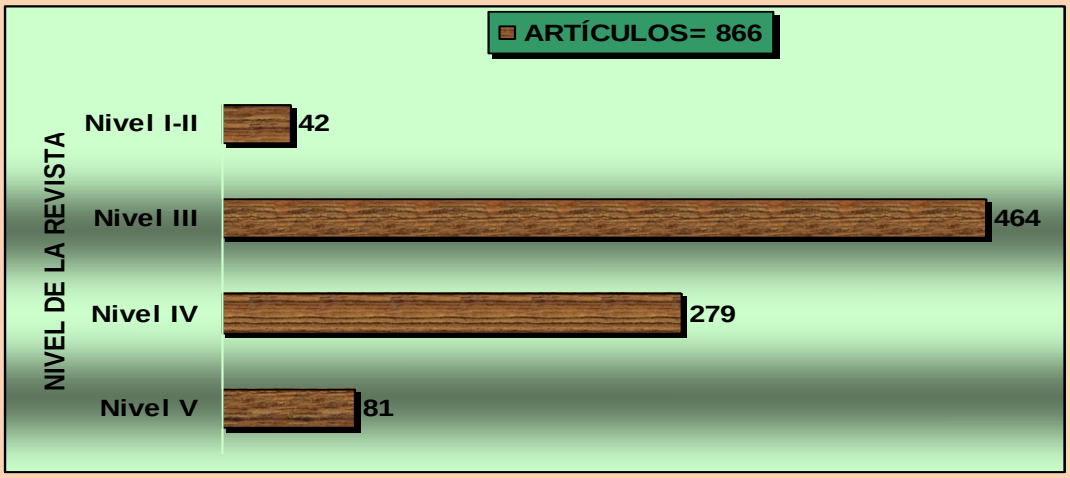
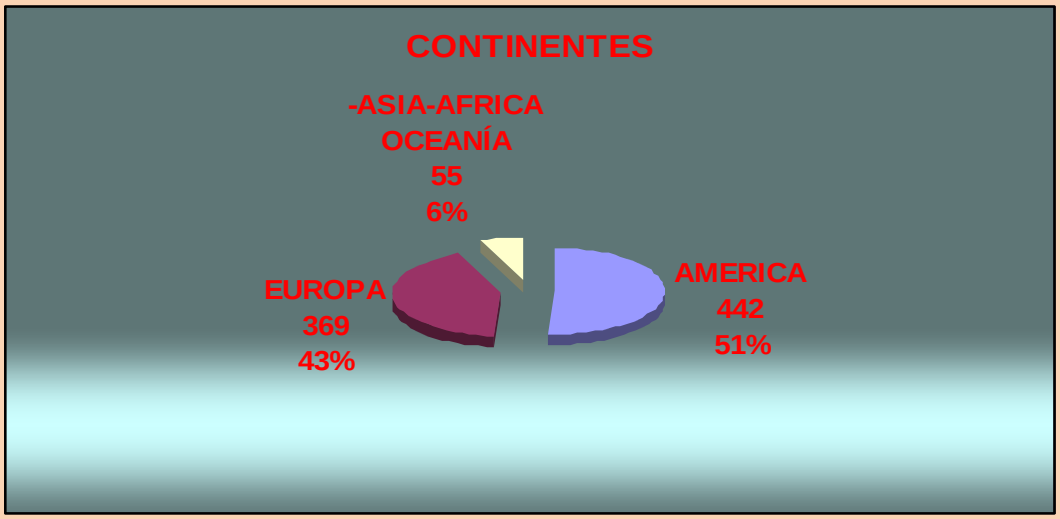


Gráfico 3. Distribución por regíón de procedencia de la revista.



Con respecto a los países con mayor contribución de artículos fueron: **Estados Unidos** por parte de América e **Inglaterra y Holanda** (en ese orden) por parte de Europa. Las revistas latinoamericanas contribuyeron con 70 artículos (incluido México).

Revistas que aparecen en ambas tablas (2 y 4)

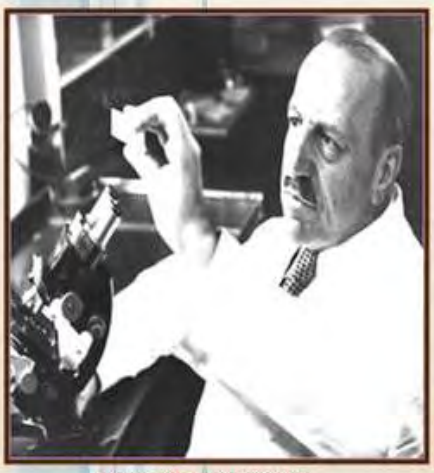
REVISTA	NIVEL
AMERICAN JOURNAL OF CLINICAL NUTRITION	V
AMERICAN JOURNAL OF EPIDEMIOLOGY	IV
CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION	IV
CANCER, CAUSES AND CONTROL	IV
ENVIRONMENTAL HEALTH PERSPECTIVES	V
EUROPEAN JOURNAL OF CANCER	IV
INTERNATIONAL JOURNAL OF CANCER	IV
INTERNATIONAL JOURNAL OF GYNECOLOGICAL CANCER	III
JOURNAL OF INFECTIOUS DISEASES	IV
JOURNAL OF THE NATIONAL CANCER INSTITUTE	V
JOURNAL OF WOMEN´S HEALTH	III
NEW ENGLAND JOURNAL OF MEDICINE	V
SALUD PUBLICA DE MÉXICO	III
SEXUALLY TRANSMITTED DISEASES	III
VACCINE	IV

TEMÁTICA CONSULTADA POR LOS AUTORES QUE CITARON LOS TRABAJOS DEL CISP.

www.eleconomista.com.mx

Al ser el virus del papiloma humano la etiología principal de cáncer cervicouterino, es razonable que las investigaciones en cáncer se enfoquen en la prevención de la transmisión de este agente causal, después de analizar los trabajos más citados podemos concluir que el mayor interes entre los investigadores externos quienes citan esta producción son:

1.- El estudio de las vacunas contra el VPH: a) seguridad; b) eficacia e inmunogenicidad - sobre todo de la vacuna cuadrivalente – c) aceptabilidad y d) los estudios de costo-efectividad.
2.- Cáncer cervico-uterino: a) estudios epidemiológicos; b) mortalidad b) prevalencia del HPV en mujeres; d) prevalencia HPV en hombres.
3.- Factores de riesgo: a) Las variantes asiatico-americanas del HPV-16 y el riesgo de contraer cáncer cervical; b) detección de HPV tanto en mujeres embarazadas como en la no-embarazadas; c) relación del tabaquismo con la adquisición de la infección por HPV; d) comparación de la mortalidad por cáncer cervical asociada a la pobreza en áreas rurales y urbanas; e) infecciones del HPV relacionadas a conductas sexuales, uso del condón, anticonceptivos orales y factores reproductivos.
4.- Programas de detección oportuna de cáncer: a) accesibilidad; b) cobertura; c) aceptabilidad; d) conocimiento; e) las barreras para su implementación; f) la integración de las vacunas a los programas nacionales y g) la situación actual en Latinoamérica.
5.- Cáncer de mama: a) prevalencia; b) la relación con la exposición al DDT; d) la relación de este tipo de cáncer con la ingesta de carbohidratos, vitamina B6, B12, carga glicémica y agùnos otros factores dietéticos y reproductivos.
6.- Cáncer gástrico: a) Helicobacter pylori; b) hábitos alimenticios o nutricionales y b) el rol del folato en la carcinogénesis gástrica y la actividad de la enzima MTHFR en este proceso.
7.- La epidemiología y patología molecular del cáncer de riñón también se encuentra presente entre los temas más citados.
8.- Los factores de riesgo nutricionales así como la relación de la la obesidad y la diabetes con el desarrollo de cáncer de ovario y endometrio también estuvieron presentes.



George N. Papanicolaou
Imagen: www.pbs.org

GEORGE NICHOLAS PAPANICOLAOU
1883-1962

George Papanicolaou nació el 13 de mayo de 1883 en Kymi pequeño puerto de la Isla Euboea, Grecia; sus padres fueron el Dr. Nikolas Papanicolaou y Maria Kritsouta, fue el tercero de 4 hermanos. En 1898 es aceptado en la Universidad de Atenas donde cursa la carrera de medicina graduandose con honores a los 21 años de edad. De 1907 A 1910 continuó sus estudios en Alemania y se dedicó a la investigación biológica, completó su doctorado en el Instituto de Zoología en Munich con sus trabajos sobre la diferenciación sexual. Durante ese tiempo conoció a la que sería su esposa Andromache Mavroyeni (Mary) con quien se casó en 1910 en Atenas.

En 1911 trabajó en Mónaco como oceanógrafo en un museo y posteriormente como fisiólogo en una expedición dirigida por el príncipe Alberto de Mónaco. En 1912 regresa a Grecia donde se sumó como médico a las fuerzas armadas de su país en la guerra de los Balkanes.

The Cornell Medical School and the New York Hospital:
profiles.nlm.nih.gov

Imagen Papanicolaou in the Army:
eps-salud.com.arg

En 1913 decide emigrar a los Estados Unidos para continuar con su investigación, específicamente a la ciudad de Nueva York. Poco tiempo después ingresa al laboratorio de Patología del Hospital de Nueva York como asistente recomendado por el Dr. Thomas Hunt Morgan, famoso genetista en su tiempo, en 1914 es transferido al Departamento de Anatomía en la Escuela Médica de la Universidad de Cornell pasando a formar parte del equipo del Profesor Charles Stockard siendo su esposa Mary su asistente.

George and Mary
Papanicolaou

En 1920, después de recolectar valiosos conocimientos tras las observaciones de su investigación y habiendo determinado el ciclo estral en los conejillos de indias, el siguiente paso fue el estudio en humanos en forma sistemática, después de varios estudios de los patrones hormonales vaginales en recién nacidas, niñas y mujeres menopáusicas publicó el artículo Papanicolaou GN. "The sexual cycle in human females as revealed by vaginal smear" Am J Anat 1933;52:519-637.

APORTACIÓN ONCOLÓGICA

En 1925 realiza la primera observación fortuita de células anormales en frotis del cuello uterino obtenido de una mujer afectada con cáncer quien no había sido previamente diagnosticada, tras lo cual inició sus observaciones en este tipo de pacientes para poder confirmar estos estudios llevándolo a desarrollar un nuevo método citológico para la detección del cáncer cervico-uterino, presentando los resultados de este nuevo diagnóstico en una conferencia en Michigan en el año de 1928: Papanicolaou GN. "New Cancer Diagnosis

El reconocimiento final, evento que marcaría un legado en la historia de la Medicina como una de las invenciones mas útiles en el campo de la investigación oncológica, llegó en 1941 después del descubrimiento a través de su prueba de un número importante de casos asintomáticos iniciales de lesiones precancerosas con la publicación del artículo: Papanicolaou GN. Traut HF. "The diagnostic value of vaginal smears in carcinoma of the uterus" Am J Obstet Gynecol 1941;42:193-206.

Imagen: andronianoi.ucoz.com

A partir de la segunda mitad del siglo XX comienza un ligero descenso en la mortalidad del cáncer cervico-uterino y aunque la mortalidad del mismo hoy en día es todavía un flagelo para las mujeres, sin duda el test que creó este ilustre médico influyo en el descenso mencionado y muchos programas nacionales de prevención del cáncer lo incluyen como prueba prioritaria de diagnóstico temprano.

George N. Papanicolaou. falleció el 12 de febrero de 1962 dejando tras de si un legado de mas de 150 publicaciones. Este breve homenaje no estaría completo sin la mención de su gran compañera por 52 años "su esposa y su víctima" como el mismo la llamara debido a su voluntaria participación como principal modelo de estudio de los comportamientos hormonales en la mujer, Andromache Mavroyeni (Mary) apoyo más que fundamental en su vida. Mary falleció en 1982 a la edad de 90 años

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MARÍA EVA DUARTE DE PERÓN

1919 - 1952

Eva perón contaba con 33 años cuando el 26 de julio de 1952 el cáncer cervical puso fin a su vida, "Evita" como le decían de cariño sus seguidores en Argentina contrajo esta terrible enfermedad en 1950 a la edad de 31 años, en ese tiempo el método de detección temprana de cáncer cervical creado por el Dr. Papanicolaou no era una práctica común, aún y cuando esta prueba se comenzara a promover en este país en 1946. El presidente de Argentina, el Coronel Juan Domingo Perón esposo de Eva le encomendó al cirujano neoyorquino George Pack que dirigiera la histerectomía en noviembre de 1951, después se confirmaría a través de unos apuntes del propio Pack que Eva Perón nunca supo que padecía cáncer cervical tampoco de lo grave del caso y ni siquiera conoció al medico que la operó, quizá por razones políticas o por alguna otra difícil de explicar, lo cierto es que el cáncer cervicouterino cobraba una vida más en esta ocasión la de una de las mujeres más emblemáticas de todos los tiempos en Argentina y quizá de todo el mundo.

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CISP-INSP.

Instituto Nacional de Salud Pública

CISP-LIM-CANCER-MAYO-2010