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## Gender distribution among editorial boards and authors of nephrology and urology journals

### Distribución por sexos entre los consejos editoriales y los autores de las revistas de nefrología y urología

Dear Editor,

Diversity and equality receive increasing attention in the healthcare sector. Relevant discrepancies in gender equality were described in various studies: women were underrepresented in boards of national societies in emergency and intensive care medicine.<sup>1,2</sup> In addition, women were outnumbered by men on the editorial boards of academic medical journals, and a significant gender gap was also found among speakers at international medical conferences.<sup>3,4</sup> In nephrology, women were found to be underrepresented among presidents and board members of European nephrology societies.<sup>5</sup> In Spain, too, there are still far fewer women in management positions in nephrology and scientific research.<sup>6</sup> However, their representation was still higher compared to several other medical societies.<sup>5</sup> There have been partially successful efforts to increase the proportion of women in the field of nephrology, e.g. in awards of international nephrological societies and in high-ranking US nephrological journals.<sup>7,8</sup> Currently, there are no data on the gender distribution in editorial boards and hardly any on authorships of nephrology journals.

In a cross-sectional analysis, the gender of the editorial board members and editors-in-chief of the 30 top-ranked journals in the “Urology and Nephrology” category of the Clarivate Analytics Journal Citation Reports for 2021 was analyzed. All journals ranked in the first quarter (30/120) of the Clarivate JCR were included in the analysis. These included 14 journals with a focus on nephrology and 14 journals on urology. One journal deals with both disciplines and one with nutrition, which is listed in a separate category labeled “Other” (Table 1). In the second part of the study, the gender distribution among the first and last authors of the 10 top-ranked journals was analyzed.

In the analysis of editors-in-chief and editorial board members, a total of 2669 persons were included of which 625 (23%)

were women. In nephrology journals, 392 women (28%) were registered while 192 (18%) for urology journals respectively. Of all analyzed editorial board members, 35 were editors-in-chief, of which seven (20%) were women. In nephrology journals, five out of 16 (31%) editors-in-chief were women and in urology journals, only one of 16 (6%) was a woman. In the category “other”, one out of three (33%) editors-in-chief was a woman. The proportion of women in editorial boards was 28% in nephrology and 18% in urology journals (Fig. 1a). When comparing the top 10% of journals with the next 15%, the proportion of women as editors-in-chief was higher in the top journals, but did not reach significance ( $p=0.22$ ). In contrast, the proportion of women on editorial boards was significantly higher in the top 10% of journals ( $p<0.01$ ).

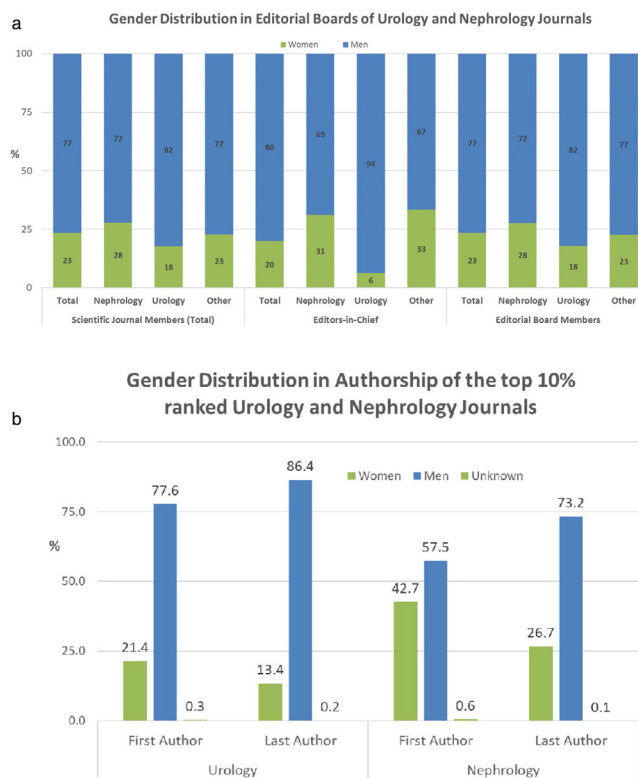
In the analysis of gender distribution in authorships in urology and nephrology journals, totally 2817 first authors were identified, of which 909 (32%) were women. The proportion of women first authors was significantly higher in nephrology compared to urology journals ( $p<0.01$ ). The analysis of last authors included 2347 authors, of which 486 (21%) were women (Fig. 1b). We found no difference in the proportion of first and last authors between U.S. and non-U.S. journals. There was no significant correlation between the proportion of women first (correlation coefficient 0.53,  $p=0.12$ ) and senior authors (correlation coefficient 0.12,  $p=0.74$ ) and impact factor of the respective journal (data not shown).

In summary, women are underrepresented on the editorial boards and among the authors of nephrology journals. Compared to urology, however, the proportion of women on editorial boards and as authors in nephrology journals was twice as high. Previous studies have already shown this distribution for the specialty of urology.<sup>9</sup> Our result could be due to the higher proportion of women in nephrology compared to the more surgically oriented specialty of urology. Nevertheless, the relatively higher proportion of women authors suggests a more balanced future generation of researchers.

**Table 1 – Clarivate Journal Citation Report-ranked top 30 journals in the category urology and nephrology.**

Category	Journal	Ranking
Urology	European Urology	2
	Nature Review Urology	3
	European Urology Oncology	9
	Journal of Urology	10
	European Urology Supplements	11
	European Urology Focus	12
	Aging Male	14
	BJU International	15
	Prostata Cancer and Prostata Disease	16
	World Journal of Men's Health	17
	Sexual Medicine Reviews	19
	World Journal of Urology	21
	Prostate	23
	Journal of Sexual Medicine	25
	Nephrology	Nature Reviews Nephrology
Kidney International		4
Kidney International Supplements		5
Journal of the American Society of Nephrology		6
American Journal of Kidney Disease		7
CJASN		8
Nephrology Dialysis Transplantation		13
Seminars in Nephrology		18
Clinical Kidney Journal		20
Kidney International Reports		22
Journal of Nephrology		24
American Journal of Nephrology		26
Pediatric Nephrology		28
Kidney Research and Clinical Practice		29
Other		Minerva Urologica E Nefrologica
	Journal of Renal Nutrition	30

These findings are consistent with a number of recent publications from various medical fields that have seen an increase in female authors.<sup>6,10</sup> Internationally, and also in Spain, more women than men graduate from medical school resulting in a predominance of female in the public healthcare workforce. The proportion of female nephrologists in Spain remains roughly the same since 2007 at just over 43%. However, the proportion of women at career levels and in the academic environment is falling continuously.<sup>6</sup> The reasons for the unequal distribution between the sexes are manifold and include the compatibility of career and family, the lack of targeted career programs for women and political/social will. In addition to private and professional obligations, these points in particular make it difficult to expand the professional focus to academic nephrology.<sup>9</sup> Measures are needed to ensure equal opportunities for researchers of all genders in academic medicine. Enabling part-time work, childcare, more diverse role models and promoting a culture of openness and diversity are welcome in order to achieve these goals.



**Fig. 1 – (a) Gender distribution in editorial boards of top-ranked journals in urology and nephrology. (b) Gender distribution in first and last authors of urology and nephrology journals ranked in the top 10%.**

## Authors' contributions

MH and GL planned the study and conducted the study design. MH, SR and GL were involved in data collection, statistical analysis and performed the manuscript draft (original draft). All authors critically revised the manuscript draft writing (review and editing).

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## Conflicts of interest

None declared.

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## 40 años de experiencia en síndrome de Bartter

### 40 Years experience in Bartter's syndrome



Sr. Director,

El síndrome de Bartter (SB) es una enfermedad rara con una incidencia aproximada de 1/1.000.000 habitantes. En la actualidad el SB se clasifica en 5 tipos según la variante genética encontrada (tabla 1)<sup>1-4</sup>. Existen pocos trabajos que describan la evolución a largo plazo de estos pacientes.

Realizamos un estudio retrospectivo de 19 casos con diagnóstico clínico de SB (desde 1969 a 2021), 10 con confirmación genética (5 mutación en *KCNJ1* y 5 en *CLCNKB*). La mediana de edad en la última visita fue de 17 años (RIQ: 6,93).

Doce se diagnosticaron en el primer año de vida y 7 entre 1 y 4 años (5 nacidos antes de 1975). El polihidramnios estaba registrado en 12 casos, y 9 fueron prematuros.

El motivo de consulta fue estancamiento ponderoestatural y/o síntomas gastrointestinales en 12, alteraciones hidroelectrolíticas en 5 y el hallazgo de nefrocalcinosis en 2.

Todos recibieron tratamiento de manera continua con antiinflamatorios no esteroideos (AINE), indometacina (dosis máxima  $2,04 \pm -0,68$  mg/kg/día) o Tolmetina (dosis máxima  $31,2 \pm 14$  mg/kg/día), sin efectos adversos importantes que hayan requerido la interrupción del mismo. Las guías del 2021 recomiendan su empleo con precaución y con posibles interrupciones en la edad escolar para evitar su uso prolongado<sup>3</sup>. Plantean monitorizar los niveles de renina para disminuir la dosis de AINE hasta conseguir unos niveles de renina dentro de lo normal<sup>5</sup>. Nosotros no hemos hecho esta monitorización y hemos mantenido la mínima dosis necesaria para conseguir un buen control clínico y metabólico. Además, recibieron de manera profiláctica inhibidores de la bomba de protones.

Los suplementos de potasio oral fueron variables, con una dosis máxima entre 0,5 y 15 mEq/kg/día (mediana: 4,4). El 36% precisaron aportes de magnesio