

and inversely related to renal function.<sup>5</sup> The course is usually benign, but occasionally produces variable types of discomfort and intensity. Therapeutic management includes treatment with NSAIDs and dialysis. The use of antihistamines and corticosteroids does not seem to be useful, since inflammation is not derived from mast cell or leukocyte mediators<sup>6</sup> and in our patients did not provide benefits.

Accelerated resolution of one case has been published with the use of dialysis,<sup>7</sup> suggesting that this intervention could be used in more severe cases.<sup>3</sup>

Patients with advanced chronic kidney disease on hemodialysis frequently require fistulography to assess vascular permeability. In this population, the use of iodinated contrasts in imaging techniques is a priority.

In our cases, immediate hemodialysis (approximately one hour) after contrast administration was effective and prevented the appearance of sialadenitis, so this therapeutic approach should be considered in the management of these patients.

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## Conflicts of interest

The authors have no conflicts of interest to declare.

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# Elevated creatinine and normal cystatin levels in patient receiving ribociclib

## Niveles de creatinina elevados y cistatina normales en un paciente que recibe ribociclib

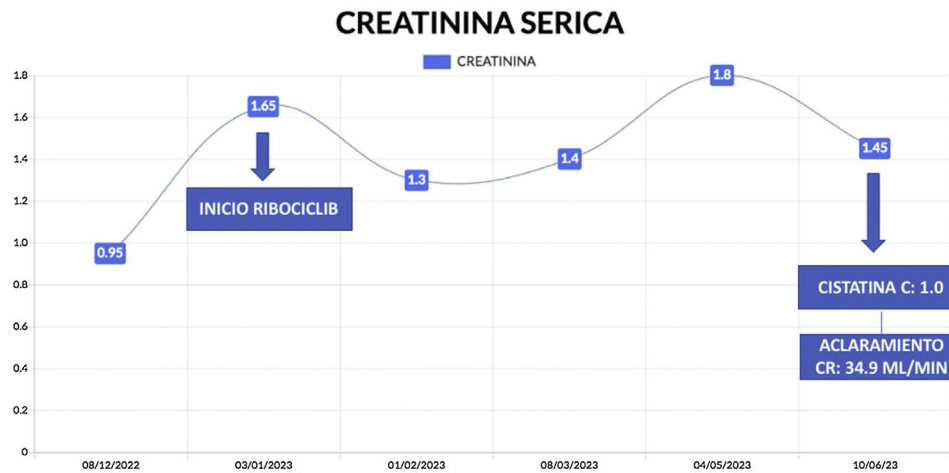


Dear Editor,

Breast cancer is the most common cancer among the female population, of which the hormone-positive HR subtype<sup>+</sup> (HER2<sup>+</sup>) comprises 75% of cases. Treatment with protein

kinase inhibitors, specifically cyclin-dependent kinase 4/6 (CKD4/6) inhibitors have been successful in improving both prognosis and survival in combination with aromatase inhibitors.<sup>1-3</sup> Ribociclib is a CKD4/6 inhibitor used in this disease, which has been associated with a number of adverse effects, including renal failure.<sup>4,5</sup>

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**Figure 1** – Evolution of creatinine/cystatin during follow-up and the administration of ribociclib.

## Case report

A 69-year-old patient with a medical history of locally advanced infiltrating ductal carcinoma of the right breast with infraclavicular mediastinal lymph node involvement and bone<sup>+</sup> HER<sup>+</sup> in 2014. Initially, she underwent mastectomy and received maintenance letrozole. Subsequently in December 2022 she presented bone extension to L11 and lymph nodes with evidence of malignancy, so treatment was started with ribociclib 600 mg/every 24 h from January 2023 to June 2023, maintaining previous treatment with letrozole. Renal function was normal in January 2023 with baseline creatinine around 0.9–1 mg/dl. She was referred in June 2023 to nephrology for presenting a serum creatinine of 1.8 mg/dl (Fig. 1). The presence of prerenal disease was ruled out, and analytically she did not present proteinuria or alterations in the immunological study, in addition urea levels were normal. For this reason, cystatin C and creatinine clearance were requested, presenting a normal cystatin C of 1.0 mg/l, creatinine clearance 34.6 ml/min and glomerular filtration rate measured by cystatin C of 69.9 ml/min.

## Discussion

Cases of creatinine elevation have been reported in patients treated with protein kinase inhibitors, specifically CKD4/6 in conjunction with letrozole<sup>1–3</sup> this is because they inhibit the receptor of the transporters involved in the active secretion of creatinine in the proximal tubules, so they can cause creatinine elevations due to decreased creatinine excretion, and not due to parenchymal damage.<sup>6</sup> In our case, normal cystatin C levels indicate that decreased clearance of creatinine is due to lack of creatinine excretion and not due to parenchymal damage, therefore in this case creatine clearance is affected by the lack of tubular creatine excretion.

This is the first reported case of inhibition of tubular creatinine secretion secondary to the use of ribociclib. For

this reason, in the presence of increased creatinine levels in patients under treatment with this drug, we recommend the use of cystatin C to monitor renal function. If an inhibition of tubular creatinine secretion is confirmed, it would allow these patients to continue with a treatment that can improve their long-term prognosis.

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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 distri-