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Colombia Médica publishes original research articles, viewpoints and reviews in all areas of medical science and clinical practice. However, Colombia Médica gives the highest priority to papers on general and internal medicine, public health and primary health care.

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## General information on the Colombia Médica:

- The ISI 2014 Impact Factor of Colombia Médica is 0.364 (based on Journal Citation Reports, Thomson, 2014)
- The SJR 2013 of Colombia Médica is 0.164 (based on Scimago Journal and Country RAnk, 2014)
- The H-5 index of Colombia Médica is 10 (based on Google Scholar Metrics)
- Readership: Clinicians, policy makers, practitioners and researchers in the medicine, public health and primary health care field.
- Availability: Colombia Médica is an open access journal, available online on the website <http://colombiamedica.univalle.edu.co/> and PubMed Central of US National Library of Medicine
- Content in Colombia Médica is promoted through Facebook ([www.facebook.com/ColombiaMedica](http://www.facebook.com/ColombiaMedica)) and twitter (@ColombiaMedica)

## Section policies

### Editorial

Written by the journal's editors, our guest Editorialist these occasional pieces can cover announcements, highlights of journal content, position statements, and journal updates.

The Editor-in-Chief may solicit an Editorial to accompany an accepted manuscript. Editorialists are expected to provide a balanced opinion of the paper in question and must not have conflict of interest that could compromise their objectivity. Any concerns that the editorialist might have regarding conflict of interest should be discussed with the Editor-in-Chief, before the editorial is written. Editorials should be no longer than 1500 words, may contain a total of one table or figure (optional), and should not include an abstract. The Editorial should generally not be divided into subheadings, although on occasion a few subheadings to promote clarity might be permitted at the discretion of the Editor. Opinions stated in Editorials should not be overly speculative and should be supported by facts published in the medical literature. Editorials are subjected to editing and final approval by the Editor-in-Chief.

Editors: Mauricio Palacios Gómez

Indexed

### Original articles

*Abstract:* The Abstract comes after the title page in the manuscript file. The abstract text is also entered in a separate field in the submission system. The Abstract of the paper should be succinct; it must not exceed 250 words. Authors should mention the techniques used without going into methodological detail and should summarize the most important results. The Abstract is conceptually divided into four sections Background (opcional), Aim, Methods, Results (Principal Findings), and Conclusions/Significance. Do not include any citations. Avoid specialist abbreviations.

*Author Summary:* We ask that all authors of research articles include a 150–200 word non-technical summary of the work as part of the manuscript to immediately follow the abstract. This text is subject to editorial change, should be written in the first-person voice, and should be distinct from the scientific abstract. Aim to highlight where your work fits within a broader context; present the significance or possible implications of your work simply and objectively; and avoid the use of acronyms and complex terminology wherever possible. The goal is to make your findings accessible to a wide audience that includes both scientists and non-scientists. Authors may benefit from consulting with a science writer or press officer to ensure they effectively communicate their findings to a general audience.

*Introduction:* The Introduction should put the focus of the manuscript into a broader context. As you compose the Introduction, think of readers who are not experts in this field. Include a brief review of the key literature and epidemiology. If there are relevant controversies or disagreements in the field, they should be mentioned so that a non-expert reader can delve into these issues further. The Introduction should conclude with a brief statement of the overall aim of the experiments and a comment about whether that aim was achieved.

*Materials and Methods:* This section should provide enough detail for reproduction of the findings. Protocols for new methods should be included, but well-established protocols may simply be referenced. While we do encourage authors to submit all appendices, detailed protocols, or details of the algorithms for newer or less well-established methods, please do so as Supporting Information files. These are not included in the typeset manuscript, but are downloadable and fully searchable from the HTML version of the article.

*Results:* The Results section should provide details of all of the experiments that are required to support the conclusions of the paper. There is no specific word limit for this section, but details of experiments that are peripheral to the main thrust of the article and that detract from the focus of the article should not be included. The section may be divided into subsections, each with a concise subheading. The section should be written in the past tense. Large datasets, including raw data, should be submitted as supporting files or in a repository.

*Discussion:* The Discussion should spell out the major conclusions of the work along with some explanation or speculation on the significance of these conclusions. How do the conclusions affect the existing assumptions and models in the field? How can future research build on these observations? What are the key experiments that must be done? The Discussion should be concise and tightly argued.

*References:* References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 30 for manuscripts

Any and all available works can be cited in the reference list. Acceptable sources include:

- Published or accepted manuscripts
- Manuscripts on pre-print servers, if the manuscript is submitted to a journal and also publicly available as a pre-print

Do not cite the following sources in the reference list:

- Unavailable and unpublished work, including manuscripts that have been submitted but not yet accepted (e.g., “unpublished work,” “data not shown”). Instead, include those data as supplementary material or deposit the data in a publicly available database.
- Personal communications (these should be supported by a letter from the relevant authors but not included in the reference list)

Open Submissions - Indexed - Peer Reviewed

### Viewpoints

These articles serve primarily as a forum for the discussion of controversial, emerging, or topical issues in the field; occasionally, the discussion surrounds a challenge to findings in a published research article.

Viewpoints are subset of articles that reflect a particular position adopted by a person or a group. It is an articulated organized perspective about a particular topic or issue associated with health research. A Viewpoint must be clearly expressed, and demonstrate a thorough and broad understanding of the literature and practices in the field. The opinion expressed must be cogently presented and lead to insights and possibly new and interesting perspectives. Colombia Médica will expect a Viewpoint paper to stimulate discussion among the scientific community that will result in advancing our knowledge and understanding of contemporary issues as well as practice in medicine and health.

While the subjective nature of Viewpoints manuscripts should be taken into account, high scholarly standards for relevance, documentation, organization, and content pertain. The author must establish a context for why the manuscript is justified and must point toward the implications or consequences that might follow from the opinions expressed in the article.

Authors must be researchers with experience in the subject discussed

*Abstract:* The Abstract of the paper should be succinct; it must not exceed 200 words. Authors should express the main idea and a concise argument position in one or two paragraphs. Avoid specialist abbreviations.

*Introduction:* The context for the article is made in the introduction and a logical case is made for the expression of the Viewpoint. Historical background is thoroughly reviewed, where appropriate. Key concepts and terms are well explained.

*Viewpoint:* The purpose of the Viewpoint is clear and well articulated. The Viewpoint is cogently argued. The parts of the manuscript are well integrated, coherent and the conclusions follow. Contrasting viewpoints or counter-arguments are considered. The perceived benefits, and limitations, of the position advocated are clearly stated.

*References:* References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 30 for manuscripts

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### Reviews

Review articles are welcomed by the Journal and are generally solicited by the Editor-in-Chief; authors wishing to submit an unsolicited Review Article are invited to contact the Editor-in-Chief prior to submission in order to screen the proposed topic for relevance and priority, given other review articles that may already be in preparation. Review articles should focus on recent scientific or clinical advances in an area of broad interest to those in the field of medicine and health. Such articles must be concise and critical and should include appropriate references to the literature. All Review Articles, including those solicited by the Editors, are rigorously peer reviewed before a final publication decision is made.

Authors must be researchers with experience in the subject discussed

See the Ten Simple Rules for Writing a Literature Review to write the manuscript of literature review.

*Abstract:* The Abstract of the paper should be succinct; it must not exceed 200 words. Authors should express the main idea and a concise argument position in one or two paragraphs. Avoid specialist abbreviations.

*Introduction:* The context for the article is made in the introduction and a logical case is made for the expression of the Viewpoint. Historical background is thoroughly reviewed, where appropriate. Key concepts and terms are well explained.

*Main Text (broken into subsections as appropriate):* These succinct, synthetic, well-focused, and engaging Reviews should appeal to a broad genetics readership. Aim for no more than 4,000 words (introduction and main text), two or three display items, and a concise list of the most relevant references. The article should include an overview of the existing literature that places the topic within a broader context, but it should also focus on the future: where is the field going and what exciting developments are expected? It is particularly important to highlight critical new advances, open questions, and standing controversies or paradoxes as these are especially valued by a general readership.

The use of tables and color figures to summarize critical points is encouraged; the Journal offers assistance with preparation or improvement of figures by professional illustrators, once the article is accepted.

*References:* References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 100 for manuscripts

Indexed - Peer Reviewed

### Case report

Colombia Médica publishes original and interesting case reports that contribute significantly to medical knowledge. Manuscripts must meet one of the following criteria:

- Unreported or unusual side effects or adverse interactions involving medications
- Unexpected or unusual presentations of a disease
- New associations or variations in disease processes
- Presentations, diagnoses and/or management of new and emerging diseases
- An unexpected association between diseases or symptoms
- An unexpected event in the course of observing or treating a patient
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Authors should indicate in the abstract and cover letter how the case report adds to the medical literature. Submissions that do not include this information will be returned to authors prior to peer review.

Case reports should include an up-to-date review of all previous cases in the field. Authors should seek written and signed consent to publish the information from the patients or their guardians prior to submission. Authors will be asked to confirm informed consent was received as part of the submission process, and the manuscript must include a statement to this effect by including a 'Consent' section, as follows: "Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal

See the CARE guidelines to write the manuscript of case report.

*Abstract:* For a Case Report, the structured abstract must include the following headings: Case Description, Clinical Findings, Treatment and Outcome, Clinical Relevance

*Introduction:* The Introduction should put the focus of the manuscript into a broader context. As you compose the Introduction, think of readers who are not experts in this field.

Include a brief review of the key literature and epidemiology. The Introduction should conclude with a brief statement of the overall aim of the case report and a comment about whether that aim was achieved.

*Case Description:* A Case Report begins with the signalment (eg, age, sex, ...) of the patient, followed by a chronologic description of pertinent aspects of the diagnostic examination, treatment, and outcome, and ends with a brief discussion. When more than 1 patients is involved, a representative of the group should be described in detail; important differences among patients can be addressed separately. For reports in which there are 3 or fewer patients, pertinent abnormal findings should be summarized in the text. For 4 or more patients, 1 table that provides a summary of pertinent abnormal findings may be accommodated, provided that such findings are not repeated in the text.

*Discussion:* The Discussion should be concise and tightly argued. Should discuss the main findings, differential diagnosis, therapeutic alternatives, as appropriate. Do not include the extensive literature reviews. Conclude with the value of the contribution to clinical practice or knowledge of the case report

*References:* References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 12 for manuscripts

Editors: Mauricio Palacios Gómez

Open Submissions - Indexed - Peer Reviewed

### Windows to history

Colombia Médica publishes articles spanning the social, cultural, and scientific aspects of the history of medicine worldwide. Articles are based on historical research in primary or secondary sources that allow the author to make interpretations and to place the health in historical context. Article should be no longer than 1500 words, may contain a total of one table or figure (optional) and should not include an abstract.

*References:* References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 12 for manuscripts

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### Letters to editor

Letter to the Editor submissions must be no longer than 750 words, no more than 10 references, and no more than a total of 2 figures and tables (combined). If the Letter to the Editor is written in response to a Colombia Médica article, the Editor-in-Chief may choose to invite the article's authors to write a Letter to the Editor reply. The Letter to the Editor section is not considered to be an appropriate venue for publishing new data without peer review, nor for comments made in response to a previously published Correspondence. Studies with scientific merit should be considered for submission as an Original Report to an appropriate journal.



Instructions for Letter to the Editor: Letters in reference to a Journal article must be received within 12 weeks after online publication of the article. Limit text to 750 words or fewer, limit of 10 references, no more than a total of 2 figures and tables (combined). Provide a succinctly worded title, which differs from the previously published Colombia Médica article. Include a title page.

Editors: Mauricio Palacios Gómez  
Open Submissions - Indexed

### Correction

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### Peer review process

**Colombia Médica** strictly follows the ICMJE Ethical Considerations in the Conduct and Reporting of Research, which are reported below with a few modifications of the original text available in the ICMJE website.

#### A. Authorship

All persons designated as authors should qualify for authorship according to the ICMJE criteria. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to

- conception and design, or analysis and interpretation of data; and
- to drafting the article or revising it critically for important intellectual content; and on
- final approval of the version to be published.

These three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. Authors should provide a brief description of their individual contributions in the section Authorship and Disclosures. Authors should consider that **Colombia Médica** publishes scientific papers under the assumption that they have been drafted and written by persons listed as authors, and that the data presented have been collected and analyzed by the authors themselves. The Editors believe that, while editing may benefit a paper, ghost writing is unacceptable in scientific publishing.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Editors should ask corresponding authors to declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the individuals who provided this assistance and the entity that supported it in the published article. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under such headings as “clinical investigators” or “participating investigators,” and their function or contribution should be described—for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.” Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

#### B. Editorial Freedom

The ICMJE adopts the World Association of Medical Editors’ definition of editorial freedom. According to this definition, editorial freedom, or independence, is the concept that editors-in-chief have full authority over the editorial content of their journal and the timing of publication of that content. Journal owners should not interfere in the evaluation, selection, or editing of individual articles either directly or by creating an environment that strongly influences decisions. Editors should base decisions on the validity of the work and its importance to the journal’s readers not on the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of retribution, even if these views conflict with the commercial goals of the publisher. Editors and editors’ organizations have the obligation to support the concept of editorial freedom and to draw major transgressions of such freedom to the attention of the international medical, academic, and lay communities.

#### C. Peer Review

All manuscript submitted to Colombia Médica are critically assessed by external and/or inhouse experts in accordance with the principles of Peer Review, which is fundamental to the scientific publication process and the dissemination of sound science. Each paper is first assigned by the Editors to an appropriate Associate Editor who has knowledge of the field discussed in the manuscript. The first step of manuscript selection takes place entirely inhouse and has two major objectives: a) to establish the article’s appropriateness for Colombia Médica’s readership; b) to define the manuscript’s priority ranking relative to other manuscripts under consideration, since the number of papers that the journal receives is much greater than that it can publish. If a manuscript does not receive a sufficiently high priority score to warrant publication, the editors will proceed to a quick rejection. The remaining articles are reviewed by at least two different external referees (second step or classical peer-review).

#### D. ICMJE Statement regarding Conflicts of Interest

Public trust in the peer-review process and the credibility of published articles depend in part on how well conflict of interest is handled during writing, peer review, and editorial decision making .

Conflict of interest exists when an author (or the author’s institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from negligible to great potential for influencing judgment. Not all relationships represent true conflict of interest. On

the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.

All participants in the peer-review and publication process must disclose all relationships that could be viewed as potential conflicts of interest. Disclosure of such relationships is also important in connection with editorials and review articles, because it can be more difficult to detect bias in these types of publications than in reports of original research. Editors may use information disclosed in conflict-of-interest and financial-interest statements as a basis for editorial decisions.

When authors submit a manuscript, whether an article or a letter, they are responsible for disclosing all financial and personal relationships that might bias their work. To prevent ambiguity, authors must state explicitly whether potential conflicts do or do not exist. Authors should do so in the manuscript on a conflict-of-interest notification page, providing additional detail, if necessary, in a cover letter that accompanies the manuscript. *Colombia Médica* now adopts the ICMJE uniform format for disclosure of competing interests. The ICMJE Uniform Disclosure Form for Potential Conflicts of Interest must be used, and each author should prepare a separate form. The corresponding authors will be invited to submit all forms during the peer-review process.

Increasingly, individual studies receive funding from commercial firms, private foundations, and government. The conditions of this funding have the potential to bias and otherwise discredit the research.

Scientists have an ethical obligation to submit creditable research results for publication. Moreover, as the persons directly responsible for their work, researchers should not enter into agreements that interfere with their access to the data and their ability to analyze them independently, and to prepare and publish manuscripts. Authors should describe the role of the study sponsor, if any, in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source had no such involvement, the authors should so state. Biases potentially introduced when sponsors are directly involved in research are analogous to methodological biases.

Editors may request that authors of a study funded by an agency with a proprietary or financial interest in the outcome sign a statement, such as “I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis.” Editors should be encouraged to review copies of the protocol and/or contracts associated

with project-specific studies before accepting such studies for publication. Editors may choose not to consider an article if a sponsor has asserted control over the authors’ right to publish.

Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and they should recuse themselves from reviewing specific manuscripts if the potential for bias exists. As in the case of authors, silence on the part of reviewers concerning potential conflicts may mean either that conflicts exist and the reviewer has failed to disclose them or conflicts do not exist. Reviewers must therefore also be asked to state explicitly whether conflicts do or do not exist. Reviewers must not use knowledge of the work, before its publication, to further their own interests.

Editors who make final decisions about manuscripts must have no personal, professional, or financial involvement in any of the issues they might judge. Other members of the editorial staff, if they participate in editorial decisions, must provide editors with a current description of their financial interests (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists.

### ***E. Privacy and Confidentiality***

Patients have a right to privacy that should not be violated without informed consent. When informed consent has been obtained, editors may request authors to provide a copy before making the editorial decision.

Manuscripts must be reviewed with due respect for authors’ confidentiality. In submitting their manuscripts for review, authors entrust editors with the results of their scientific work and creative effort, on which their reputation and career may depend. Authors’ rights may be violated by disclosure of the confidential details during review of their manuscript. Reviewers also have rights to confidentiality, which must be respected by the editor. Confidentiality may have to be breached if dishonesty or fraud is alleged but otherwise must be honored.

Editors must not disclose information about manuscripts (including their receipt, content, status in the reviewing process, criticism by reviewers, or ultimate fate) to anyone other than the authors and reviewers. This includes requests to use the materials for legal proceedings.

### ***F. Protection of Human Subjects and Animals in Research***

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2013. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

## **Principles of transparency and best practice**

### **Plagiarism**

Plagiarism is when an author attempts to represent someone else's work as his or her own. Duplicate publication, sometimes called self-plagiarism, occurs when an author reuses substantial parts of his or her own published work without providing the appropriate references. This can range from getting an identical paper published in multiple journals, to 'salami-slicing', where authors add small amounts of new data to a previous paper. Plagiarism can be said to have clearly occurred when large chunks of text have been cut-and-pasted. Such manuscripts would not be considered for publication in Colombia Médica. But minor plagiarism without dishonest intent is relatively frequent, for example, when an author reuses parts of an introduction from an earlier paper. The journal editors judge any case of which they become aware (either by their own knowledge of and reading about the literature, or when alerted by referees) on its own merits. If a case of plagiarism comes to light after a paper is published, the journal will conduct a preliminary investigation. If plagiarism is found, the journal will contact the author's institute and funding agencies. A determination of misconduct will lead the journal to run a statement, bidirectionally linked online to and from the original paper, to note the plagiarism and to provide a reference to the plagiarized material. The paper containing the plagiarism will also be obviously marked on each page of the PDF. Depending on the extent of the plagiarism, the paper may also be formally retracted. All manuscripts submitted to Colombia Medica are reviewed with the Turnitin software

### **Image integrity and standards**

Images submitted with a manuscript for review should be minimally processed (for instance, to add arrows to a micrograph). Authors should retain their unprocessed data and metadata files, as editors may request them to aid in manuscript evaluation. If unprocessed data are unavailable, manuscript evaluation may be stalled until the issue is resolved. A certain degree of image processing is acceptable for publication (and for some experiments, fields and techniques is unavoidable), but the final image must correctly represent the original data and conform to community standards. The guidelines below will aid in accurate data presentation at the image processing level; authors must also take care to exercise prudence during data acquisition, where misrepresentation must equally be avoided. Authors should list all image acquisition tools and image processing software packages used. Authors should document key image gathering settings and processing manipulations in the Methods. Images gathered at different times or from different locations should not be combined into a single image, unless it is stated that the resultant image is a product of time-averaged data or a time-lapse sequence. If juxtaposing images is essential, the borders should be clearly demarcated in the figure and described in the legend. The use of touch-up tools, such as cloning and healing tools in Photoshop, or any feature that deliberately obscures manipulations, is to be avoided. Processing (such as changing brightness and contrast) is appropriate only when it is applied equally across the entire image and is applied equally to controls. Contrast should not be adjusted so that data disappear. Excessive manipulations, such as processing to emphasize one region in the image at the expense of others (for example, through the use of a biased choice of threshold settings), is inappropriate, as

is emphasizing experimental data relative to the control. When submitting revised final figures, authors may be asked to submit original, unprocessed images.

### **Confidentiality**

Colombia Médica editors and editorial staff keep confidential all details about a submitted manuscript and do not comment to any outside organization about manuscripts under consideration by the journal while they are under consideration or if they are rejected. The journal editors may comment publicly on published material, but their comments are restricted to the content itself and their evaluation of it. After a manuscript is submitted, correspondence with the journal, referees' reports and other confidential material, whether or not the submission is eventually published, must not be posted on any website or otherwise publicized without prior permission from the editors. The editors themselves are not allowed to discuss manuscripts with third parties or to reveal information about correspondence and other interactions with authors and referees. Referees agree to maintain confidentiality of all manuscripts under consideration.

### **Communication with the Media**

Authors must not discuss contributions with the media (including other scientific journals) until the publication date. The only exception is in the week before publication, during which contributions may be discussed with the media if authors and their representatives (institutions, funders) clearly indicate to journalists that their contents must not be publicized until the journal's press embargo has elapsed. Authors will be informed of embargo dates and timings after acceptance for publication of their articles. We reserve the right to halt the consideration or publication of a paper if this condition is broken. From time to time Colombia Médica will distribute to a registered list a press release summarizing selected content of the next issue's publication. Journalists are encouraged to read the full version of any papers they wish to cover, and are given the names of corresponding authors, together with phone and fax numbers and email addresses. They receive access to the full text of papers about a week before publication on a password-protected website, together with other relevant material (for example, an accompanying News and Views article, and any extra illustrations provided by the authors). The content of the press release and papers is embargoed until the time and date clearly stated on the press release. Authors may therefore receive calls or emails from the media during this time; we encourage them to cooperate with journalists so that media coverage of their work is accurate and balanced. Authors whose papers are scheduled for publication may also arrange their own publicity (for instance through their institutional press offices), but they must strictly adhere to our press embargo.

### **Correction and retraction Policy**

We recognize our responsibility to correct errors that we have previously published. Our policy is to consider refutations (readers' criticisms) of primary research papers, and to publish them (in concise form) if and only if the author provides compelling evidence that a major claim of the original paper was incorrect. Corrections are published for significant errors at the discretion of the editors. Readers who have identified such an error should send an email to the

editorial office of the journal, clearly stating the publication reference, title, author and section of the article, and briefly explaining the error.

#### **Corrections to the online versions of peer-reviewed content**

Publishable amendments requested by the authors of the publication are represented by a formal online notice in the journal because they affect the publication record and/or the scientific accuracy of published information. Where these amendments concern peer-reviewed material, they fall into one of four categories: erratum, corrigendum, retraction, or addendum, described here.

**Erratum** Notification of an important error made by the journal that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal.

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**Retraction** Notification of invalid results. All coauthors must sign a retraction specifying the error and stating briefly how the conclusions are affected, and submit it for publication. In cases where coauthors disagree, the editors will seek advice from independent peer reviewers and impose the type of amendment that seems most appropriate, noting the dissenting author(s) in the text of the published version.

**Addendum** Notification of a peer-reviewed addition of information to a paper, usually in response to readers' request for clarification. Addenda are published only rarely and only when the editors decide that the addendum is crucial to the reader's understanding of a significant part of the published contribution.

#### **Frequency of publication**

**Colombia Médica** is published 4 times per year in online issues. Without any author fees, all research articles are made free access online on the day of publication on the Colombia Médica website and PubMed Central website. In addition, the online version is freely available or nearly so to institutions in developing countries through the World Health Organization's HINARI program

**Colombia Médica** has published a Spanish version of its articles, which is available on the website and in the Scielo website

#### **Open access policy**

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#### **National library of medicine**

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The journal is included in Web of Science as 'Colombia Médica'