

# Global Research Integrity

*"First, understand that no matter how you proceed, everyone loses...your career will be ruined because no one is going to protect you"*

[www.nytimes.com/2006/10/22/magazine/22sciencefraud.html](http://www.nytimes.com/2006/10/22/magazine/22sciencefraud.html)

Our experience  
and  
Call to a global attention



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# Research in Mexico

- Population: 110 millions
- 460 researchers per million of inhabitants <sup>(1)</sup>.
- Science budget: 0.45 of GDP <sup>(1)</sup>.
- 3,900 Scientific Articles per year <sup>(1)</sup>.
- 685 registered patents <sup>(1)</sup>.

**No Laws**

**No Surveillance over the Scientific work**

**Elite of Old Researchers** <sup>(2)</sup>.

**Proper conditions for Scientific Fraud and Corruption.**

1.- [www.worldbank.org](http://www.worldbank.org)

2.- [www.conacyt.com.mx](http://www.conacyt.com.mx)

# Scientific Fraud and Corruption in Mexico

Julio Sotelo M.D.



Top ranking in the Mexican Health and Science System<sup>(1)</sup>

Board member of CONACYT<sup>(2)</sup>

Produces almost 70 papers/year<sup>(3)</sup>

- 1.- [www.salud.gob.mx](http://www.salud.gob.mx)
- 2.- [www.conacyt.gob.mx](http://www.conacyt.gob.mx)
- 3.- [www.innn.gob.mx](http://www.innn.gob.mx)

## A turbulent history



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Archives  
of Medical  
Research

### NEWS AND COMMENTS

#### Neurocysticercosis: Changes after 25 Years of Medical Therapy

Julio Sotelo and Claudia Diaz-Olavarrieta

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Received for publication November 23, 2009; accepted November 30, 2009 (ARCMED-D-09-00567).

Results of the first medical treatment for neurocysticercosis were published 25 years ago (1). At that time, this was the most frequent parasitic disease of the human brain (2). Until then the only therapeutic approach was neurosurgical extirpation of topographically accessible parasites. Since then, seminal reports have amply described the initial controversies over the benefits of cysticidal therapy (3–5), long-term effects on clinical signs (6), appearance of another medical treatment with albendazole that is more effective than praziquantel (7), pharmacological advances to reduce the initial doses and length of therapy (and consequently its costs) (8,9) and controlled studies to delineate the best therapeutic scheme (5). Over the last 25 years, major scientific advances in cysticidal therapy have changed the entity, a millenary disease named by the Greeks from an ominous and expensive disease in former times to a far more favorable scenario nowadays.

endemic in many developing countries.<sup>1</sup> Massive

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NOTA DEL DR. CLEMENTE ROBLES: La idea  
original de tratar la cisticercosis cerebral humana  
con Praziquantel, me fue sugerida por el Dr. Ma-  
nuel Chavarría Chavarría, que por su condición  
de médico veterinario no podía continuar sus es-  
tudios en el hombre; la realización en la práctica  
se hemos hecho juntos.

Keywords:

headache, mental disturbances, etc. would improve (9,10). Again, these controversies have been resolved by showing that epilepsy, the most frequent sign of neurocysticercosis, indeed improved after cysticidal therapy (6). A combined scheme of cysticidals and steroids prevented additional tissue damage due to the acute destruction of parasites (4) and that, overall, cysticidal therapy was convenient for the integral treatment of neurocysticercosis (5). Even large lesions such as giant cysts in the subarachnoid space or the ventricular system are effectively eliminated by cysticidal drugs (3,11).

Based on pharmacokinetic studies, novel schemes of treatment have emerged. One using praziquantel reduces the original length of therapy from 2 weeks to 1 day (8). This increases treatment compliance because it reduces costs and total dose by 90%. The ingenuity of this scheme relies on the plasma contents of praziquantel, which reach a maximal peak 2 h after its oral administration, falling sharply after by other reports.<sup>1,2,3</sup>

La mayoría de estos estudios incluyeron a vario-  
el tratamiento a un niño de 6 años. Primero se  
cumplieron los requisitos para experimentar en  
humanos que indicó la Carta de Helsinki y se  
levantó acta con los padres del paciente, saben-  
dores de que se usaría nuevo medicamento vete-  
rinario de acción y reacciones desconocidas en  
humanos. Se aprovechó este caso ya estudiado y  
verificado en varias instituciones; este caso es de cisticercosis intra-

# Scientific Fraud and Corruption

*The complainant (whistleblower) is an essential element..because researchers do not call attention to their own misconduct.* <http://ori.dhhs.gov/misconduct/whistleblowers.shtml>

## About this complaint...

To date, we have not received any response from the Mexican Science Council.

SOTELO MORALES Investigador Nacional perteneciente al SNI con nivel III, integrante de la Junta de Gobierno del CONACYT y Comisionado para la Coordinación de los Institutos Nacionales de Salud y Hospitales de Alta Especialidad, entre otros, por conducirse como Investigador Nacional: con falta a la ética profesional al violar las reglas y guías de conducta genéricamente aceptadas en el área de su campo profesional y pasar así por alto los valores y principios fundamentales de la sociedad mexicana e internacional, tales como la honestidad, dignidad, integridad, objetividad, honradez y nacionalismo. Causando además, daño al patrimonio de la nación al utilizar infraestructura, recursos humanos y económicos de los sistemas federales de salud y ciencia mexicanos.

**HECHOS:** El 19 de abril de 1984 se publica en la revista científica The New England Journal of Medicine en el volumen 310, numero 16, en las páginas 1001 a 1007, el artículo: Therapy of Parenchymal Brain Cysticercosis with Praziquantel, en donde aparece como autor principal Julio Sotelo Morales.

En este documento se presentan a 26 pacientes portadores de cisticercosis en el parénquima cerebral que fueron tratados con Praziquantel a dosis de 50 mg por kg de peso diariamente por 15 días, y se concluye que el uso del Praziquantel en la cisticercosis del parénquima cerebral es eficaz.

A partir de esta y otras publicaciones fundamentalmente monotemáticas, y de acuerdo al propio dicho del autor, lo convirtió en lo siguiente:

*Thorax* 2010;65:505-509 doi:10.1136/thx.2009.126953

## T Respiratory infection

### Clinical characteristics of fatalities due to influenza A (H1N1) virus in Mexico

Germán Fajardo-Dolci<sup>1</sup>, Rafael Gutiérrez-Vega<sup>1</sup>, Heberto Arboleya-Casanova<sup>1</sup>, Aremis Villalobos<sup>2</sup>, Kate S Wilson<sup>2</sup>, Sandra G García<sup>2</sup>, Julio Sotelo<sup>3</sup>, José A Córdova Villalobos<sup>4</sup>, Claudia Díaz-Olavarrieta<sup>2</sup>

 Author Affiliations

 Correspondence to

Is he being exonerated on advance?

Statistical analysis included disease frequencies and descriptive comparisons with national health data.

**Results** Most patients (80%) were aged 30–79 years, 53% were female and 40% were residents of Mexico City. On admission, 50% had one or more chronic medical conditions including metabolic syndrome (40%), cardiovascular disease (21%), diabetes (20%), hypertension (20%) and respiratory disease (8%). 38% of women and 26% of men were obese based on body mass index. The main clinical symptoms were fever (84%), cough (85%), dyspnoea (75%) and myalgia (30%). The frequency of all chronic diseases was higher in this sample than in the national statistics. Most (82%) developed symptoms before the Mexican government issued the influenza alert (24 April). Median hospital stay prior to death was 4 days (range 0–58).

**Conclusions** Patients, mostly young adults, who died from A(H1N1) influenza had a high frequency of one or more chronic diseases upon admission. Most died shortly after the health authorities initiated national influenza control measures.

# Shared Experience

# What have we do?

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Integri

o.

Research

# Call to a Global Attention

*It is...unacceptable for journal editors to hide behind the veil of peer review.* <http://jcb.rupress.org/content/176/2/131.full.pdf+html>

## The Scientific Process (today): **Peer Review and Editorial Arbitration.**

*Peer review...It is compared with democracy: a system full of problems but the least worst we have.*

Smith R. Peer Review: A flawed process at the heart of science and journals JR Soc Med.2006;99:178-182.

## **Beyond the conceptual barrier.**

Peer Review + Editorial Arbitration + **Misconduct Scrutiny** = Integral Editorial System.

# Call to a Global Attention

## The proposal.

*“...a uniform system should be adopted in each country ...given the growth in international collaborative research...”*

[www.oecd.org/globalscienceforum](http://www.oecd.org/globalscienceforum)

First step

**International Commission for Research Integrity**

To joint the local efforts.

And coordinate multinational task.

Second step

**Integral Editorial System**

The epistemologic view.

# **Integral Editorial System**

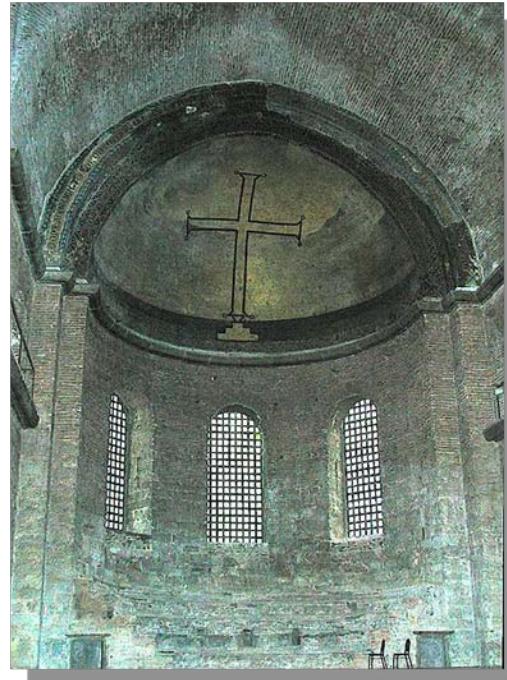
*It appears that the current process, predicated on the assumption that there is no misrepresentation, is not adequate to deal with problems of this kind.*

Committee report. <http://www.sciencemag.org/data/314/5804/1353/DC1/1>

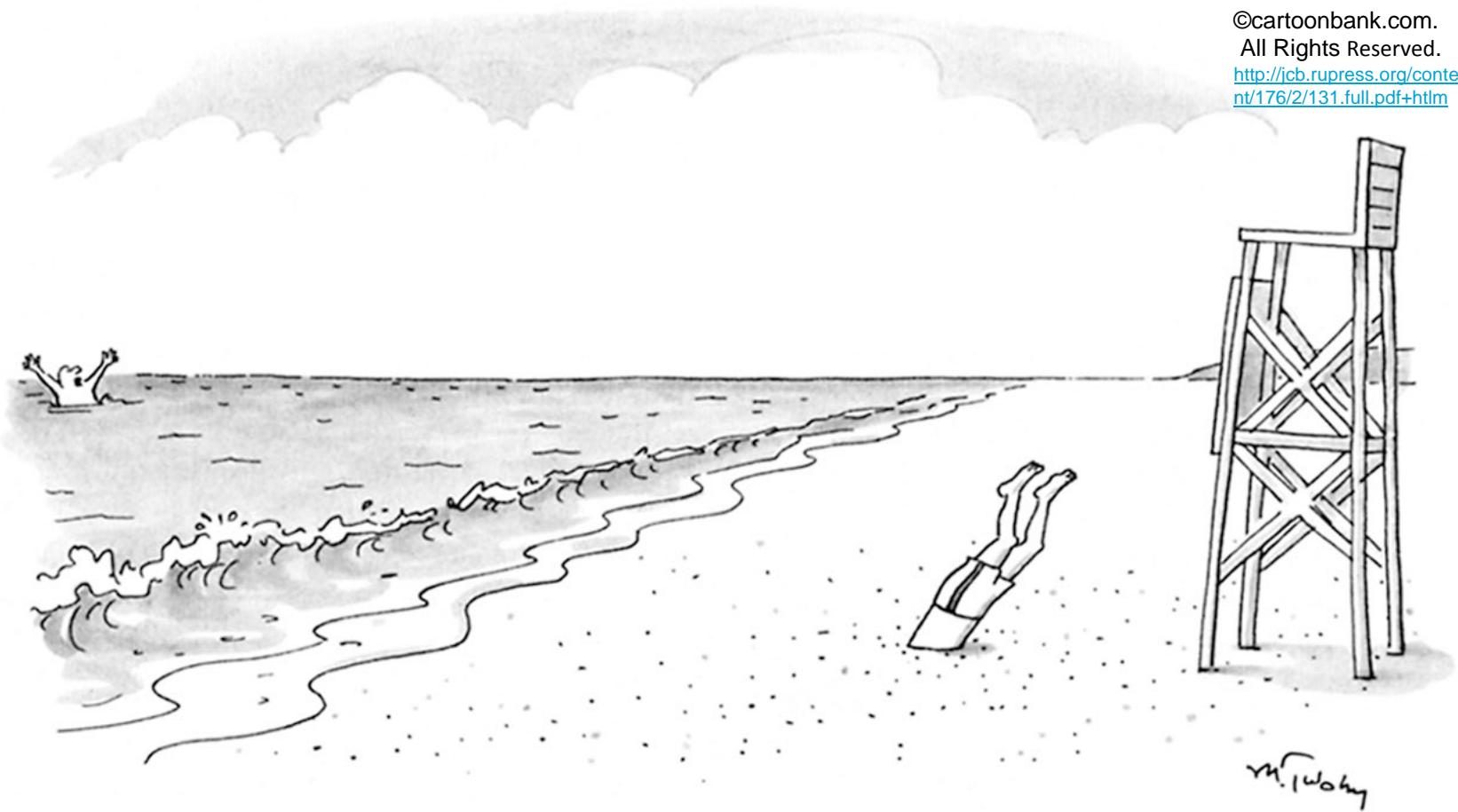
## To clean up the temple

- COPE
- Honest scientist
- RIC (Research Integrity Community).

## Iconoclastic Art



# In this context



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<http://jcb.rupress.org/content/176/2/131.full.pdf+html>

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