L'ARTICLE SCIENTIFIQUE

Présentée par: Mme DAHMANI

Objectifs

Être capable de :

• Structurer un projet de rédaction/publication scientifique

• Transmettre aux auteurs des consignes claires pour la rédaction de leurs articles

Livre de références

How to write and publish a scientific paper, Robert A. Day, 5e édition, Cambridge University Press, 1998, 275 pages

DÉFINITION DE L'ARTICLE SCIENTIFIQUE

Définition de la publication scientifique primaire

C'est un écrit publié, relativement concis, faisant état d'une recherche, dans un domaine particulier, sur un sujet précis ;

Il met donc en avant des questions qui se posent généralement sous la forme d'une problématique- et des pistes de réponse .

En général, les articles scientifiques comptent de 5 à 15 pages. Tous les articles se caractérisent par la densité de l'information qu'ils contiennent.

- Dans une forme qui permette aux pairs de l'auteur de répéter les expériences et de tester les conclusions
- **▶** Une publication dans une revue scientifique

AUTRES PUBLICATIONS SCIENTI QUES

Secondaires:

- Article de revue
- Compte-rendu de conférence
- Résumé de congrès
- **▶** Note ou brève communication

► Lettre à l'éditeur

Article original

Brève communication

Article de revue

Résumé de congrès

Qu'est-ce qu'une revue scientifique?

- Les revues scientifiques permettent aux chercheurs de la même discipline que l'auteur de prendre connaissance de résultats de recherche.
- Elles sont spécialisées dans une discipline, dans un domaine, elles peuvent être très pointues ou très généralistes.
- Elles sont classées en «rang» selon leurs exigences, leur qualité et leur diffusion.

Revue >> Volumes >> Numéros

- ☐ Les revues scientifiques sont organisées en volumes.
- ☐ Un volume peut contenir plusieurs numéros selon la fréquence de publication de la revue
- ☐ Le numéros sont souvent thématiques et peuvent être spéciaux
- ☐ Un numéro un nombre limités d'articles ou de pages (taille spécifiée)

JSA SE

Contents lists available at ScienceDirect

Allergology International

journal homepage: http://www.elsevier.com/locate/alit



Invited review article

Japanese guidelines for childhood asthma 2017[★]

Hirokazu Arakawa ^{a, *}, Yuhei Hamasaki ^b, Yoichi Kohno ^c, Motohiro Ebisawa ^d, Naomi Kondo ^{e, f}, Sankei Nishima ^g, Toshiyuki Nishimuta ^h, Akihiro Morikawa ^{a, i}, The Japanese Society of Pediatric Allergy and Clinical Immunology, The Japanese Society of Allergology



^a Department of Pediatrics, Gunma University Graduate School of Medicine, Gunma, Japan

b Karatsu Medical and Welfare Center for People with Disabilities, Saga, Japan

^c Chiba Rosai Hospital, Chiba, Japan

d Department of Allergy, Clinical Research Center for Allergology and Rheumatology, National Hospital Organization, Sagamihara National Hospital, Kanagawa, Japan

^e Heisei College of Health Sciences, Gifu, Japan

f Department of Pediatrics, Graduate School of Medicine, Gifu University, Gifu, Japan

8 National Hospital Organization, Fukuoka National Hospital, Fukuoka, Japan

h National Hospital Organization, Shimoshizu National Hospital, Chiba, Japan

i Kita Kanto Allergy Institute, Gunma, Japan

ARTICLE INFO

Article history: Received 6 September 2016 Available online 18 January 2017

Keywords: Acute exacerbation Anti-inflammatory drugs Childhood asthma Guideline Long-term management

ABSTRACT

The Japanese Guideline for the Diagnosis and Treatment of Allergic Diseases 2017 (JAGL 2017) includes a minor revision of the Japanese Pediatric Guideline for the Treatment and Management of Asthma 2012 (JPGL 2012) by the Japanese Society of Pediatric Allergy and Clinical Immunology. The section on child asthma in JAGL 2017 provides information on how to diagnose asthma between infancy and adolescence (0-15 years of age). It makes recommendations for best practices in the management of childhood asthma, including management of acute exacerbations and non-pharmacological and pharmacological management. This guideline will be of interest to non-specialist physicians involved in the care of children with asthma. JAGL differs from the Global Initiative for Asthma Guideline in that JAGL emphasizes diagnosis and early intervention of children with asthma at <2 years or 2-5 years of age. The first choice of treatment depends on the severity and frequency of symptoms. Pharmacological management, including step-up or step-down of drugs used for long-term management based on the status of asthma control levels, is easy to understand; thus, this guideline is suitable for the routine medical care of children with asthma. JAGL also recommends using a control test in children, so that the physician aims for complete control by avoiding exacerbating factors and appropriately using anti-inflammatory drugs (for example, inhaled corticosteroids and leukotriene receptor antagonists). Copyright © 2016, Japanese Society of Allergology. Production and hosting by Elsevier B.V. This is an open access

Definition and pathophysiology of childhood asthma (Fig. 1)

Childhood asthma causes recurrent dyspnea accompanied by paroxysmal whistling/wheezing. The dyspnea is spontaneously or therapeutically remitted or cured and rarely lethal. Like adult asthma, childhood asthma is pathologically characterized by chronic airway inflammation^{1,2} and airway wall remodeling.³⁻⁷

article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Chronic airway inflammation is caused by the activation of eosinophils, mast cells, and lymphocytes and by airway mucosal damage. The viewpoint that asthma is a condition of chronic inflammation has an important implication for asthma treatment and management. It is fundamental to understand the necessity of anti-inflammatory drugs for basic treatment of persistent asthma. Many aspects of airway wall remodeling, which may influence the prognosis of asthma, are still unknown, including its causes, onset time, and effects of anti-inflammatory treatment. Airway hyperesponsiveness, which is a clinical characteristic of asthma, is intensified by airway epithelial damage due to airway

^{*} This article is an updated version of "Japanese guideline for childhood asthma 2014" published in Allergol Int 2014:63:335–56.

Corresponding author. Department of Pediatrics, Gunma University Graduate School of Medicine, 39-22 Showa-machi 3-chome, Maebashi, Gunma 371-8511, Japan.

E-mail address: harakawa@gunma-u.ac.jp (H. Arakawa).

Peer review under responsibility of Japanese Society of Allergology.

Les revues de rang A

- Revues internationales avec thèmes novateurs
- Revue de littérature actualisée
- Plan de recherche et méthodologie rigoureux
- o Processus d'évaluation, de révision difficile et long
- o Deux **rapporteurs** minimum par manuscrit, rejet (80%).
- o Diffusion internationale (langue).
- o Reconnues par la communauté scientifique
- Présence dans les bibliothèques académiques
- Publication d'articles de recherche fondamentaux
- o Forte contribution au développement de la discipline

Les revues de rang B

- Revues internationales exigeantes
- o Le processus d'évaluation plus rapide que pour A
- o Taux de **rejet moins élevé**.
- Diffusion internationale.
- o Elles sont davantage ouvertes aux analyses et réflexions critiques, à la réplication empirique de thèmes classiques et aux recherches exploratoires
- o La reconnaissance de ces revues peut être variable selon la politique scientifique du moment.

Les revues de rang C

- o Revues d'accès plus facile pour les non scientifiques
- o Critères et processus de sélection moins rigoureux
- o Revues destinées à des secteurs d'activité ou à des zones géographiques limitées.
- o Revues moins présentes internationalement et jouissant d'une moindre reconnaissance académique.
- o Diffusion d'études descriptives, d'études techniques.
- Apport important à la recherche appliquée et à la vulgarisation des résultats de recherche.
- Participation fréquente d'auteurs non universitaires.

Référencement ISSN

- L'ISSN (International Standard Serial Number) est un numéro à huit chiffres qui identifie les périodiques en tant que tels, y compris les ressources électroniques en continu.
- L'ISSN est un code numérique qui sert d'identifiant : il n'a aucune signification intrinsèque et ne comporte en lui-même aucune information relative à l'origine ou au contenu de la publication.

Publier, pourquoi?

N'est science que science transmissible

Chaque auteur a ses motivations:

- Thèse?
- Grade, carrière?
- Valorisation scientifique ?
- Impératif ? (Publish or perish)
- Notoriété de l'auteur et de l'institution?
- Communiquer...

Communiquer quoi?

Quel est mon objectif? Quel est le message à transmettre?

l'information (méthodes et résultats) diffusée doit être vérifiable et reproductible.

- La communication est régie par des normes afin de garantir la continuité de la **transmission des connaissances**.
- Seules les informations validées peuvent être utilisées.

Publier pour qui?

• Communauté scientifique : Articles de recherche, articles de synthèse, communication à congrès, monographie

- Milieux professionnels: Brevet d'invention (protection de l'invention),
 article technique, fiche technique, manuel
- Milieu académique: Thèse, mémoire, ouvrage didactique
- Tutelles administratives, les décideurs politiques : Rapport d'activité
- Les bailleurs de fonds : Projets de recherche
- Le grand public : L'affiche, le poster, Le bulletin d'information

Quand peut-on dire qu'une information est publiée ?

- Support intégré dans un circuit commercial
 - o Revues, ouvrages, articles techniques et de presse
 - Cédéroms et revues électroniques
- Volume d'information divulguée par écrit
 - o Au delà de 500 mots
- · Ampleur de la diffusion
 - Ne sont pas considérées comme des publications : littérature grise, résumés de communication à congrès, poster mais signifient qu'une publication est en cours !

Publier, comment?

■ Règles scientifiques : présenté par 1 à n auteur(s) ; présenter un résultat de recherche ; présenter un fait nouveau / une information nouvelle ; original

- Règles éditoriales : structure standard (Plan IMRED + instructions aux auteurs)
- □ Règles de publication : validé par les pairs ; publié selon les règles de l'éditeur de la revue





Structure d'un article scientifique



Les règles éditoriales (IMRED)

- □ Titre
- □ Auteur(s)
- □ Résumé
- Mots clés
- □ IMRED: Introduction Matériel et méthodes Résultats et Discussion
- □ (Remerciements)
- □ Références bibliographiques



Titre -1-

Rôle:

- Inciter à la lecture
- Définir le contenu

Qualité:

- Concis: donner le maximum d'informations avec le minimum de mots possible.
- Fidèle: doit refléter avec exactitude le contenu.

Titre -2-

Recommandations:

- S'assurer qu'il y a adéquation entre le titre et le contenu de l'article
- Ne pas utiliser des mots creux (sans valeur informative utile):
 - o À propos de ...
 - o Place de ...
 - o Contribution à l'étude de ...
 - o Notre expérience de ...
- Pas trop long, ni trop court



Contents lists available at ScienceDirect

Allergology International

journal homepage: http://www.elsevier.com/locate/alit



CrossMark

Invited review article

Japanese guidelines for childhood asthma 2017*

Hirokazu Arakawa ^{a,*}, Yuhei Hamasaki ^b, Yoichi Kohno ^c, Motohiro Ebisawa ^d, Naomi Kondo ^{e, f}, Sankei Nishima ^g, Toshiyuki Nishimuta ^h, Akihiro Morikawa ^{a, i}, The Japanese Society of Pediatric Allergy and Clinical Immunology, The Japanese Society of Allergology



b Karatsu Medical and Welfare Center for People with Disabilities, Saga, Japan

ARTICLE INFO

Article history: Received 6 September 2016 Available online 18 January 2017

Keywords: Acute exacerbation Anti-inflammatory drugs Childhood asthma Guideline Long-term management

ABSTRACT

The Japanese Guideline for the Diagnosis and Treatment of Allergic Diseases 2017 (JAGL 2017) includes a minor revision of the Japanese Pediatric Guideline for the Treatment and Management of Asthma 2012 (JPGL 2012) by the Japanese Society of Pediatric Allergy and Clinical Immunology. The section on child asthma in JAGL 2017 provides information on how to diagnose asthma between infancy and adolescence (0—15 years of age). It makes recommendations for best practices in the management of childhood asthma, including management of acute exacerbations and non-pharmacological and pharmacological management. This guideline will be of interest to non-specialist physicians involved in the care of children with asthma. JAGL differs from the Global Initiative for Asthma Guideline in that JAGL emphasizes diagnosis and early intervention of children with asthma at <2 years or 2—5 years of age. The first choice of treatment depends on the severity and frequency of symptoms. Pharmacological management, including step-up or step-down of drugs used for long-term management based on the status of asthma control levels, is easy to understand; thus, this guideline is suitable for the routine medical care of children with asthma. JAGL also recommends using a control test in children, so that the physician aims for complete control by avoiding exacerbating factors and appropriately using anti-inflammatory drugs (for example, inhaled corticosteroids and leukotriene receptor antagonists).

Copyright © 2016, Japanese Society of Allergology. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Definition and pathophysiology of childhood asthma (Fig. 1)

Childhood asthma causes recurrent dyspnea accompanied by paroxysmal whistling/wheezing. The dyspnea is spontaneously or therapeutically remitted or cured and rarely lethal. Like adult asthma, childhood asthma is pathologically characterized by chronic airway inflammation^{1,2} and airway wall remodeling.³⁻⁷

Chronic airway inflammation is caused by the activation of eosinophils, mast cells, and lymphocytes and by airway mucosal damage. The viewpoint that asthma is a condition of chronic inflammation has an important implication for asthma treatment and management. It is fundamental to understand the necessity of anti-inflammatory drugs for basic treatment of persistent asthma. Many aspects of airway wall remodeling, which may influence the prognosis of asthma, are still unknown, including its causes, onset time, and effects of anti-inflammatory treatment. Airway hyperresponsiveness, which is a clinical characteristic of asthma, is intensified by airway epithelial damage due to airway

c Chiba Rosai Hospital, Chiba, Japan

d Department of Allergy, Clinical Research Center for Allergology and Rheumatology, National Hospital Organization, Sagamihara National Hospital, Kanagawa, Japan

^e Heisei College of Health Sciences, Gifu, Japan

f Department of Pediatrics, Graduate School of Medicine, Gifu University, Gifu, Japan

⁸ National Hospital Organization, Fukuoka National Hospital, Fukuoka, Japan

h National Hospital Organization, Shimoshizu National Hospital, Chiba, Japan

i Kita Kanto Allergy Institute, Gunma, Japan

^{*} This article is an updated version of "Japanese guideline for childhood asthma 2014" published in Allergol Int 2014:63:335–56.

Corresponding author. Department of Pediatrics, Gunma University Graduate School of Medicine, 39-22 Showa-machi 3-chome, Maebashi, Gunma 371-8511, Japan.

E-mail address: harakawa@gunma-u.ac.jp (H. Arakawa).

Peer review under responsibility of Japanese Society of Allergology.

Auteur(s)

- ▶ **Premier auteur :** principal artisan du travail et de l'article
- Coauteurs: qui ont activement contribué à la mise sur pied et la réalisation des expériences
- Le deuxième auteur: est celui qui a aussi beaucoup contribué, les autres étant place par ordre décroissantde contribution au travail
- Le dernier auteur: Souvent le patron du laboratoire, le chef de service: celui qui est le responsable scientifique (promoteur du travail, qui a écrit le projet de recherche et obtenu les fonds de recherche)
 - Parfois: « the two authors have equally contributed to the work »: les deux premiers auteurs occupent ensemble la première place
 - L'affiliation de chaque coauteur:
 - L'auteur correspondant: (adresse, Email et numéro de téléphone)



Contents lists available at ScienceDirect

Allergology International

journal homepage: http://www.elsevier.com/locate/alit



CrossMark

Invited review article

Japanese guidelines for childhood asthma 2017*

Hirokazu Arakawa ^{a, *}, Yuhei Hamasaki ^b, Yoichi Kohno ^c, Motohiro Ebisawa ^d, Naomi Kondo ^{e. f}. Sankei Nishima ^g. Toshiyuki Nishimuta ^h. Akihiro Morikawa ^{a. i}. The apanese Society of Pediatric Allergy and Clinical Immunology, The Japanese Society of Allergology

Department of Pediatrics, Gunma University Graduate School of Medicine, Gunma, Japan Karatsu Medical and Welfare Center for People with Disabilities, Saga, Japan

Chiba Rosai Hospital, Chiba, Japan

Department of Allergy, Clinical Research Center for Allergology and Rheumatology, National Hospital Organization, Sagamihara National Hospital, Kanagawa, Japan

Heisei College of Health Sciences, Gifu, Japan

Kita Kanto Allergy Institute, Gunma, Japan

Department of Pediatrics, Graduate School of Medicine, Gifu University, Gifu, Japan

National Hospital Organization, Fukuoka National Hospital, Fukuoka, Japan

National Hospital Organization, Shimoshizu National Hospital, Chiba, Japan

ARTICLE INFO

Article history: Received 6 September 2016 Available online 18 January 2017

Keywords: Acute exacerbation Anti-inflammatory drugs Childhood asthma Guideline Long-term management

ABSTRACT

The Japanese Guideline for the Diagnosis and Treatment of Allergic Diseases 2017 (JAGL 2017) includes a minor revision of the Japanese Pediatric Guideline for the Treatment and Management of Asthma 2012 (JPGL 2012) by the Japanese Society of Pediatric Allergy and Clinical Immunology. The section on child asthma in JAGL 2017 provides information on how to diagnose asthma between infancy and adolescence (0-15 years of age). It makes recommendations for best practices in the management of childhood asthma, including management of acute exacerbations and non-pharmacological and pharmacological management. This guideline will be of interest to non-specialist physicians involved in the care of children with asthma. JAGL differs from the Global Initiative for Asthma Guideline in that JAGL emphasizes diagnosis and early intervention of children with asthma at <2 years or 2-5 years of age. The first choice of treatment depends on the severity and frequency of symptoms. Pharmacological management, including step-up or step-down of drugs used for long-term management based on the status of asthma control levels, is easy to understand; thus, this guideline is suitable for the routine medical care of children with asthma. JAGL also recommends using a control test in children, so that the physician aims for complete control by avoiding exacerbating factors and appropriately using anti-inflammatory drugs (for example, inhaled corticosteroids and leukotriene receptor antagonists). Copyright © 2016, Japanese Society of Allergology. Production and hosting by Elsevier B.V. This is an open access

1. Definition and pathophysiology of childhood asthma (Fig. 1)

Childhood asthma causes recurrent dyspnea accompanied by paroxysmal whistling/wheezing. The dyspnea is spontaneously or therapeutically remitted or cured and rarely lethal. Like adult asthma, childhood asthma is pathologically characterized by chronic airway inflammation 1,2 and airway wall remodeling,3-

article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Chronic airway inflammation is caused by the activation of eosinophils, mast cells, and lymphocytes and by airway mucosal damage. The viewpoint that asthma is a condition of chronic inflammation has an important implication for asthma treatment and management. It is fundamental to understand the necessity of anti-inflammatory drugs for basic treatment of persistent asthma. Many aspects of airway wall remodeling, which may influence the prognosis of asthma, are still unknown, including its causes, onset time, and effects of anti-inflammatory treatment. Airway hyperresponsiveness, which is a clinical characteristic of asthma, is intensified by airway epithelial damage due to airway

^{*} This article is an updated version of "Japanese guideline for childhood asthma 2014" published in Allergol Int 2014:63:335-56. Corresponding author. Department of Pediatrics, Gunma University Graduate

School of Medicine, 39-22 Showa-machi 3-chome, Maebashi, Gunma 371-8511, Japan.

E-mail address: harakawa@gunma-u.ac.jp (H. Arakawa).

Peer review under responsibility of Japanese Society of Allergology.

Résumé

- C'est une mini-version de l'article
- Doit pouvoir se lire de manière indépendante, dans les banques de données, par exemple
- ► Charpente : intro, méthodes, résultat, discussion conclusion
- Pas de référence
- L'article ne tient pas compte du résumé
- Le résumé est écrit après la rédaction de l'article
- Longueur limitée : inférieure à 300 mots
- Répond aux questions (Quel est l'objectif des recherches ? Comment ont-elles été menées ? A quoi ont-elles abouti ? Quelle(s) exploitation(s) peut-on en faire ?)



Contents lists available at ScienceDirect

Allergology International

journal homepage: http://www.elsevier.com/locate/alit



Invited review article

Japanese guidelines for childhood asthma 2017*

Hirokazu Arakawa ^{a, *}, Yuhei Hamasaki ^b, Yoichi Kohno ^c, Motohiro Ebisawa ^d, Naomi Kondo ^{e, f}, Sankei Nishima ^g, Toshiyuki Nishimuta ^h, Akihiro Morikawa ^{a, i}, The Japanese Society of Pediatric Allergy and Clinical Immunology, The Japanese Society of Allergology



^a Department of Pediatrics, Gunma University Graduate School of Medicine, Gunma, Japan

b Karatsu Medical and Welfare Center for People with Disabilities, Saga, Japan

c Chiba Rosai Hospital, Chiba, Japan

d Department of Allergy, Clinical Research Center for Allergology and Rheumatology, National Hospital Organization, Sagamihara National Hospital, Kanagawa, Japan

^e Heisei College of Health Sciences, Gifu, Japan

f Department of Pediatrics, Graduate School of Medicine, Gifu University, Gifu, Japan

8 National Hospital Organization, Fukuoka National Hospital, Fukuoka Japan

h National Hospital Organization, Shimoshizu National Hospital, Chiba, Japan

i Kita Kanto Allergy Institute, Gunma, Japan

ARTICLE INFO

Article history: Received 6 September 2016 Available online 18 January 2017

Keywords: Acute exacerbation Anti-inflammatory drugs Childhood asthma Guideline Long-term management

ABSTRACT

The Japanese Guideline for the Diagnosis and Treatment of Allergic Diseases 2017 (JAGL 2017) includes a minor revision of the Japanese Pediatric Guideline for the Treatment and Management of Asthma 2012 (JPGL 2012) by the Japanese Society of Pediatric Allergy and Clinical Immunology. The section on child asthma in JAGL 2017 provides information on how to diagnose asthma between infancy and adolescence (0—15 years of age). It makes recommendations for best practices in the management of childhood asthma, including management of acute exacerbations and non-pharmacological and pharmacological management. This guideline will be of interest to non-specialist physicians involved in the care of children with asthma. JAGL differs from the Global Initiative for Asthma Guideline in that JAGL emphasizes diagnosis and early intervention of children with asthma at <2 years or 2—5 years of age. The first choice of treatment depends on the severity and frequency of symptoms. Pharmacological management, including step-up or step-down of drugs used for long-term management based on the status of asthma control levels, is easy to understand; thus, this guideline is suitable for the routine medical care of children with asthma. JAGL also recommends using a control test in children, so that the physician aims for complete control by avoiding exacerbating factors and appropriately using anti-inflammatory drugs (for example, inhaled corticosteroids and leukotriene receptor antagonists).

Copyright © 2016, Japanese Society of Allergology. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Definition and pathophysiology of childhood asthma (Fig. 1)

Childhood asthma causes recurrent dyspnea accompanied by paroxysmal whistling/wheezing. The dyspnea is spontaneously or therapeutically remitted or cured and rarely lethal. Like adult asthma, childhood asthma is pathologically characterized by chronic airway inflammation^{1,2} and airway wall remodeling.^{3–7}

Chronic airway inflammation is caused by the activation of eosinophils, mast cells, and lymphocytes and by airway mucosal damage. The viewpoint that asthma is a condition of chronic inflammation has an important implication for asthma treatment and management. It is fundamental to understand the necessity of anti-inflammatory drugs for basic treatment of persistent asthma. Many aspects of airway wall remodeling, which may influence the prognosis of asthma, are still unknown, including its causes, onset time, and effects of anti-inflammatory treatment. Airway hyperresponsiveness, which is a clinical characteristic of asthma, is intensified by airway epithelial damage due to airway

^{*} This article is an updated version of "Japanese guideline for childhood asthma 2014" published in Allergol Int 2014:63:335–56.

* Corresponding author. Department of Pediatrics, Gunna University Graduate

Corresponding author. Department of Pediatrics, Gunma University Graduate
 School of Medicine, 39-22 Showa-machi 3-chome, Maebashi, Gunma 371-8511,
 Japan.

E-mail address: harakawa@gunma-u.ac.jp (H. Arakawa).

Peer review under responsibility of Japanese Society of Allergology.

Mots clés

Rôle:

• Faciliter la recherche de l'article

Qualité:

Représentatifs des outils et méthodes (pays, région, espèce, discipline, domaine)



Contents lists available at ScienceDirect

Allergology International

journal homepage: http://www.elsevier.com/locate/alit



Invited review article

Japanese guidelines for childhood asthma 2017*

Hirokazu Arakawa ^{a, *}, Yuhei Hamasaki ^b, Yoichi Kohno ^c, Motohiro Ebisawa ^d, Naomi Kondo ^{e, f}, Sankei Nishima ^g, Toshiyuki Nishimuta ^h, Akihiro Morikawa ^{a, i}, The Japanese Society of Pediatric Allergy and Clinical Immunology, The Japanese Society of Allergology



^a Department of Pediatrics, Gunma University Graduate School of Medicine, Gunma, Japan

b Karatsu Medical and Welfare Center for People with Disabilities, Saga, Japan

^c Chiba Rosai Hospital, Chiba, Japan

d Department of Allergy, Clinical Research Center for Allergology and Rheumatology, National Hospital Organization, Sagamihara National Hospital, Kanagawa, Japan

^e Heisei College of Health Sciences, Gifu, Japan

f Department of Pediatrics, Graduate School of Medicine, Gifu University, Gifu, Japan

8 National Hospital Organization, Fukuoka National Hospital, Fukuoka, Japan

h National Hospital Organization, Shimoshizu National Hospital, Chiba, Japan

i Kita Kanto Allergy Institute, Gunma, Japan

ARTICLE INFO

Article history: Received 6 September 2016 Available online 18 January 2017

Reywords:
Acute exacerbation
Anti-inflammatory drugs
Childhood asthma
Guideline
Long-term management

ABSTRACT

The Japanese Guideline for the Diagnosis and Treatment of Allergic Diseases 2017 (JAGL 2017) includes a minor revision of the Japanese Pediatric Guideline for the Treatment and Management of Asthma 2012 (JPGL 2012) by the Japanese Society of Pediatric Allergy and Clinical Immunology. The section on child asthma in JAGL 2017 provides information on how to diagnose asthma between infancy and adolescence (0—15 years of age). It makes recommendations for best practices in the management of childhood asthma, including management of acute exacerbations and non-pharmacological and pharmacological management. This guideline will be of interest to non-specialist physicians involved in the care of children with asthma. JAGL differs from the Global Initiative for Asthma Guideline in that JAGL emphasizes diagnosis and early intervention of children with asthma at <2 years or 2—5 years of age. The first choice of treatment depends on the severity and frequency of symptoms. Pharmacological management, including step-up or step-down of drugs used for long-term management based on the status of asthma control levels, is easy to understand; thus, this guideline is suitable for the routine medical care of children with asthma. JAGL also recommends using a control test in children, so that the physician aims for complete control by avoiding exacerbating factors and appropriately using anti-inflammatory drugs (for example, inhaled corticosteroids and leukotriene receptor antagonists).

Copyright © 2016, Japanese Society of Allergology. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Definition and pathophysiology of childhood asthma (Fig. 1)

Childhood asthma causes recurrent dyspnea accompanied by paroxysmal whistling/wheezing. The dyspnea is spontaneously or therapeutically remitted or cured and rarely lethal. Like adult asthma, childhood asthma is pathologically characterized by chronic airway inflammation^{1,2} and airway wall remodeling.³⁻⁷

Chronic airway inflammation is caused by the activation of eosinophils, mast cells, and lymphocytes and by airway mucosal damage. The viewpoint that asthma is a condition of chronic inflammation has an important implication for asthma treatment and management. It is fundamental to understand the necessity of anti-inflammatory drugs for basic treatment of persistent asthma. Many aspects of airway wall remodeling, which may influence the prognosis of asthma, are still unknown, including its causes, onset time, and effects of anti-inflammatory treatment. Airway hyperresponsiveness, which is a clinical characteristic of asthma, is intensified by airway epithelial damage due to airway

^{*} This article is an updated version of "Japanese guideline for childhood asthma 2014" published in Allergol Int 2014:63:335–56.

* Corresponding author. Department of Pediatrics, Gunna University Graduate

Corresponding author. Department of Pediatrics, Gunma University Graduate
 School of Medicine, 39-22 Showa-machi 3-chome, Maebashi, Gunma 371-8511,
 Japan.

E-mail address: harakawa@gunma-u.ac.jp (H. Arakawa).

Peer review under responsibility of Japanese Society of Allergology.

Introduction

- ► Revue de la littérature
 - N'est pas exhaustive
 - Contient des références bibliographiques

- Dernier paragraphe :
 - Pose l'hypothèse du travail et les objectifs de l'article

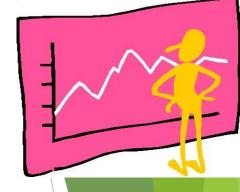
- À la fin :
 - Phrase résumant le résultat principal de l'article (pas toujours accepté par les revues scientifiques)

Matériel

- Décrire le matériel, le site d'études, les protocoles expérimentaux, les techniques de mesure et les méthodes d'analyse des données
- Précisez l'objet étudié, son origine, son obtention, son entretien.
- Donner les spécifications techniques exactes
- Décrire les méthodes d'obtention et d'analyse des résultats
- **Étre précis sur les mesures et analyses**
- Employer l'imparfait et le passé composé
- Matériel
 - Souches
 - Animaux
 - Produits (noms génériques ou chimiques, donner la source)
 - Utiliser les références
- Préciser les méthodes statistiques : ne pas détailler si ces méthodes sont connus de tous mais si la méthode est nouvelle, bien la décrire

RESULTATS

- Temps: imparfait et passé composé
- Concision et clarté
- ► Tableaux et figures
 - toujours mis en référence dans le texte
 - numérotés selon l'ordre d'apparition
- Recommandations :
 - Donner un résumé des résultats obtenus
 - Mettre en valeur un résultat en particulier
 - Diriger l'attention du lecteur sur une partie d'un tableau
 - Choisir la représentation la plus efficace (texte, figures, tableaux)
 - Ne pas écrire dans le texte ce qui est évident dans les tableaux ou dans les figures
 - Ne pas présenter tous ses résultats, mais uniquement ceux qui justifient la conclusion
 - Les tableaux et les graphiques doivent être clairs et simples
 - Chercher la simplicité dans le style



Discussion

- Faire un plan des différents paragraphes(pas de sous-titres)
- **▶** Commencer par l'exposition précise des résultats de façon neutre
- ▶ Présenter les principes, relations, généralisations montrés par les résultats
 - Discuter les résultats, les comparer et les valider avec des références
 - Montrer les exceptions, les manques de corrélation, discuter les points non résolus
- **▶** Annoncer les conséquences pouvant en découler
- Engager l'auteur dans une prise de position
- **Comparer vos résultats à ceux de la littérature**
 - Cohérence
 - Discordance
 - Importance des références
- Donner les implications du travail
 - Implications théoriques
 - Applications pratiques



Conclusion



- Rappeler la question de recherche et l'idée directrice de l'article
- Résumer la démarche et les résultats
- Ouvrir des pistes futures de recherche
- Peut être incluse dans la discussion
- Se limite aux principaux résultats
- Ne doit pas inclure de nouvelles informations

REMERCIEMENTS



- Remercier ceux qui ont apporté une aide (financière, technique et intellectuelle) au travail
 - Collaboration
 - Matériel
 - Relecture
 - Secrétariat
- Organismes pourvoyeurs de fonds
 - FNRS, FRIA, Région wallonne, etc.
- Vérifier les prescriptions de ces organismes

Références bibliographiques





- Soit ordre alphabétique, soit ordre d'apparition dans le texte
- Toujours rédiger le manuscrit avec les références en texte
- Ne passer à la numérotation qu'au dernier moment
- ► Garder toujours l'exemplaire du manuscrit avec les références en texte (pour faciliter l'incorporation des modifications ultérieurement) Montrer que le travail s'est appuyé sur des travaux antérieurs
- Montrer que l'auteur a lu les travaux de ses pairs et domine le Citer les références Principale
 - Préférer les références anciennes
 - Préférer les références originales plutôt que récentes
 - Préférer les références d'autrui plutôt que les vôtres



Le plan OPERA: qui signifie Observation, Problème, Expérimentation, Résultats et Action. Ce type de plan est plutôt utilisé pour les articles analytiques et en particulier dans les sciences appliquées (technologie, gestion ...).

Le plan ILPIA: qui se présente de la manière suivante : Introduction, Littérature, Problème, Implication, Avenir. Il convient mieux aux articles de synthèse et aux enquêtes (surveys).

Instructions aux auteurs

- Longueur du résumé et de l'article
- Citations dans le texte

- Style de références
- Abréviations autorisées

• • • •

Le jugement par les pairs

- ► Il est évalué et validé, avant sa parution, par un comité de lecture ou un groupe d'experts;
- Publié dans un périodique spécialisé, dans un compte rendu de congrès ou de conférence, ou encore dans un ouvrage collectif.
- ▶ Émane d'un spécialiste, d'un expert, reconnu par ses pairs
- S'adresse à des spécialistes (par ex : chercheurs, professeurs d'université) ou futurs spécialistes (par ex : étudiants)
- ▶ Revêt (le plus souvent) une dimension argumentative ou démonstrative
- S'appuie toujours sur d'autres travaux et cite obligatoirement ses sources (bibliographie, notes de bas de page)

CHEMIN DE L'ARTICLE -1-

- Rédaction de l'article
- Relecture par le superviseur
- **▶** Relecture par les coauteurs
- Version prête pour l'envoi au journal choisi
 - Correction orthographique et grammaticale
 - Vérification des recommandations aux auteurs
 - Passage du système de références « Tartempion et al., 2015 » au système numéroté (si nécessaire)

CHEMIN DE L'ARTICLE -2-

Envoi du « manuscrit » en x exemplaires, avec une lettre d'accompagnement à l'éditeur scientifique de la revue

- Envoi « papier »
- Soumission électronique

CHEMIN DE L'ARTICLE -3-

- ► Soumission à l'éditeur scientifique
- Processus de revue par les pairs (referee, reviewer, scrutineer, lecteur)
- Envoi des commentaires des pairs et de la décision de l'éditeur
 - Accepté
 - Accepté sous réserve de modifications
 - Refusé

CHEMIN DE L'ARTICLE -4-

- ► Modification de l'article (resoumission aux coauteurs)
- **▶** Envoi de la version modifiée
- Décision de l'éditeur
 - Acceptation définitive
 - Nouvelle revue par les pairs
- Envoi de la demande de transfert du copyright et des demandes de tirés-à-part
- ► Corrections des premières épreuves (preprint, proof)
- Publication
- Envoi des tirés-à-part

Etapes de rédaction et de publication d'un article

Écrire et publier un article en 20 étapes

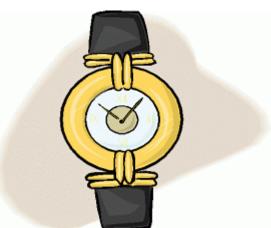
- Choisir les auteurs
- S'engager à publier
- Etablir le titre
- Ecrire le synopsis
- Les auteurs ?
- Déterminer la forme
- Identifier le journal
- Classer les sections
- Tableaux, figures
- Définir une vue d'ensemble

- Ecrire la première ébauche
- Mettre à jour le manuscrit
- Vérifier les références
- Finaliser le titre et le résumé
- Préparation des figures
- Relire les instructions
- Considérer les feed-back
- Soumettre le manuscrit
- Considérer les évaluations
- Vérifier les preuves de lecture

• Déterminer la liste et les rôles des auteurs dans une équipe de recherche



- Décider qu'il est temps de publier
- ☐ Démarrer la rédaction à temps
 - Avant de collecter toutes les données
 - Avant de démanteler les équipements et installation
 - Avant de quitter les lieux d'installation



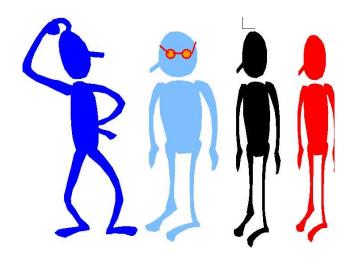
- Choisir les auteurs
- S'engager à publier
- Etablir le titre
- Ecrire le synopsis
- Les auteurs ?
- Déterminer la forme
- Identifier le journal
- Classer les sections
- Tableaux, figures
- Définir une vue d'ensemble

- Ecrire la première ébauche
- Mettre à jour le manuscrit
- Vérifier les références
- Finaliser le titre et le résumé
- Préparation des figures
- Relire les instructions
- Considérer les feed-back
- Soumettre le manuscrit
- Considérer les évaluations
- Vérifier les preuves de lecture

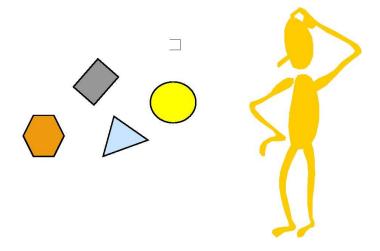
- Choisir les auteurs
- S'engager à publier
- Etablir le titre
- Ecrire le synopsis
- Les auteurs ?
- Déterminer la forme
- Identifier le journal
- Classer les sections
- Tableaux, figures
- Définir une vue d'ensemble

- Ecrire la première ébauche
- Mettre à jour le manuscrit
- Vérifier les références
- Finaliser le titre et le résumé
- Préparation des figures
- Relire les instructions
- Considérer les feed-back
- Soumettre le manuscrit
- Considérer les évaluations
- Vérifier les preuves de lecture

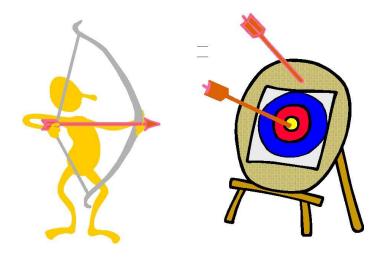
• Évaluer la liste et les positions des auteurs



- Déterminer la forme de base de l'article
 - Articles
 - Communication
 - Poster



- Sélectionner un journal scientifique adapté
 - o Consulter les instructions aux auteurs



• Classer les sections



Étape 9 et 10

- Choisir les auteurs
- S'engager à publier
- Etablir le titre
- Ecrire le synopsis
- Les auteurs ?
- Déterminer la forme
- Identifier le journal
- Classer les sections
- Tableaux, figures
- Définir une vue d'ensemble

- Ecrire la première ébauche
- Mettre à jour le manuscrit
- Vérifier les références
- Finaliser le titre et le résumé
- Préparation des figures
- Relire les instructions
- Considérer les feed-back
- Soumettre le manuscrit
- Considérer les évaluations
- Vérifier les preuves de lecture

Rédiger une première ébauche (draft)

- Focaliser sur la transcription des idées sur papier ou à l'ordinateur
 - Ne vous tracasser pas pour la grammaire et l'esthétique
 - Collecter et noter toutes les idées
 - Citer les références dans le texte

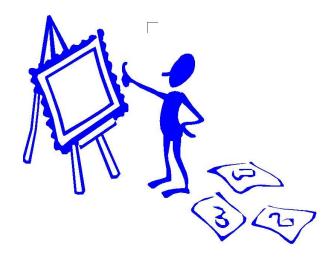
Étapes 12 à 15

- Choisir les auteurs
- S'engager à publier
- Etablir le titre
- Ecrire le synopsis
- Les auteurs ?
- Déterminer la forme
- Identifier le journal
- Classer les sections
- Tableaux, figures
- Définir une vue d'ensemble

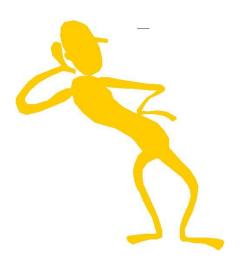
- Ecrire la première ébauche
- Mettre à jour le manuscrit
- Vérifier les références
- Finaliser le titre et le résumé
- Préparation des figures
- Relire les instructions
- Considérer les feed-back
- Soumettre le manuscrit
- Considérer les évaluations
- Vérifier les preuves de lecture

• Préparer les versions finales des illustrations et mettre en forme le texte

Corriger les erreurs



• Collecter et considérer les feedback sur le manuscrit (les avis des collègues internes ou externes)



• Soumettre l'article avec une lettre d'accompagnement :

- Justification adressée au journal
- Adhésion au code d'éthiques scientifiques
- Manuscrit pas soumis ailleurs
- Proposition d'evaluateurs.

Processus de revue

- L'éditeur en chef ou éditeur reçoit le manuscrit
 - Envoi postal de copie papier ou de CD etc.
 - Soumission en ligne (uploading)
- Le comité éditorial évalue le manuscrit
 - Rejet
 - A suivre : le manuscrit sera envoyé aux reviewers (2) pour évaluation
- Les reviewers retournent leurs commentaires/critiques à l'éditeur
- L'Editeur prend une décision sur le devenir du papier et informe les auteurs (via l'auteur correspondant)
 - Rejet
 - Acceptation
 - ✓ modifications mineures
 - ✓ avec modification majeurs
 - ✓ in extenso

Critères d'évaluation

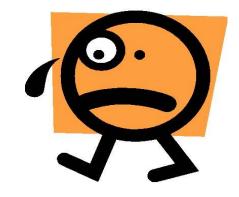
- Pertinence
- Contenu
- Rédaction



- Respecter les instructions aux auteurs
- Si l'on publie dans une langue qui n'est pas la langue maternelle, il faut faire relire le manuscrit par des anglo-saxons natifs

Rejet du manuscrit

- Que faire ?
- Réviser le manuscrit
 - Incorporer les suggestions des reviewers et éditeurs
- Soumettre le manuscrit à un autre journal
 - Refaire le parcours
- Faire appel à la décision





Quand votre manuscrit est accepté

 Réviser le manuscrit selon les suggestions reviewers

 Répondre aux questions soulevées par les reviewers et éditeurs

Soumettre rapidement la version révisée

Etape 20

Un manuscrit définitivement accepté

 Répondre aux éventuelles questions de l'éditeur

Vérifier la version finale

• Demander des tirés à part

The Veterinary Record

7 Mansfield Street, London W1M 0AT Tel 020 7636 6541 / Fax 020 7637 0620

Ref: C2297

12 April 2000

Professor E. Thiry, Virology, Faculty of Veterinary Medicine, University of Liège, Boulevard de Colonster 20, B43 bis B-4000 Liège, Belgium

Dear Professor Thiry

TITLE:

Prevalence of antibodies to human adenovirus type 5 in Belgian cattle

AUTHORS: Gogev, Lemaire, Thiry

Thank you very much for your letter enclosing your article for *The Veterinary Record*. The manuscript is being read without delay by our scrutineers and we shall write to you again as soon as we receive their reports.

Yours sincerely

Susan

Carol Elliott
Manuscript Secretary

BVA Publications

*Veterinary Record In Practice





British Veterinary Association Registered number: 206456 England. Company limited by

The Veterinary Record

7 Mansfield Street London W1M 0AT telephone 020 7636 6541, fax 020 7637 0620

Professor E. Thiry, Virology, Faculty of Veterinary Medicine, University of Liège, Boulevard de Colonster 20, B43 bis B-4000 Liège, Belgium

13 June 2000

Re: Prevalence of antibodies to human adenovirus type 5 in Belgian cattle (C2297)

Dear Professor Thiry,

Thank you for submitting the above short communication to be considered for publication in *The Veterinary Record*. Your manuscript has been carefully considered by the scrutineers and some rewriting and additional information is required before the article can be considered further.

The scrutineers comment that clarification is required in two main areas:

- How representative were the test cattle (insufficient information is provided at present) for example, it is clear that the young animals were from two farms, but there is no
 indication how many farms in total were sampled?
- Further information is required to justify non-concern about the ultimate intention to introduce a modified human virus into a food animal.

I have also enclosed a separate sheet detailing some more specific comments from the scrutineers which I hope you will find useful, as well as an annotated version of your original manuscript.

If you are able to amend your manuscript as you feel is appropriate in the light of these comments, please will you return it to me and I will send the revised version out for review.

May I take this opportunity to thank you for the interest you have shown in *The Veterinary Record*.

Yours sincerely,

Seson Cenni

Susan Cumming

Assistant Editor e-mail: susan@bva-edit.co.uk

c-man. susan@bva-edit.co.uk

BVA Publications

*Veterinary Record In Practice





British Veterinary
Association
Registered number:
206456 England.
Company limited by

Scrutineers' Comments

C2297: Prevalence of antibodies to human adenovirus type 5 in Belgian cattle

- (1) Please provide more information on the source cattle, such as how many farms?, beef or dairy cattle? dairy cattle will have more exposure to human beings and are therefore mor likely to be exposed to HAd5.
- (2) The virus used in the test was deleted at both E1 and E3. Is this the mutant that would be used as the recombinant vector?
- (3) Ten serotypes of BAV are recognised.
- (4) Is it possible to provide some examples of what agents a HAd5 vector might be used for in cattle?
- (5) The fact that the virus is replication-defective should be stressed, given that the target is a food animal.
 - (6) Is HAd5 pathogenic in human beings?
 - (7) Is there any possibility that the E1 products necessary for replication could be present in the bovine, particularly during a simultaneous BAV infection?
 - (8) Some discussion of human adeno inoculation into a food-producing animal is required.
 - (9) The text describes 19 seropositive cattle whereas Table 1 shows 18 seropositive cattle.
 - (10) Are there any details of Western blotting against HAd5 and BAV, along with SN tests against BAV? further investigation is required if possible.



Mrs. S. Cumming Assistant Editor The Veterinary Record 7 Mansfield street London W1M OAT Great Britain

12 July 2000

your ref. : paper Vet Rec C2297

Dear Mrs. Cumming,

You will find enclosed the revised version of the manuscript entitled: "Prevalence of antibodies to human adenovirus type 5 in Belgian cattle". We have followed all the recommendations of the reviewer and we pay special attention to the two areas which required clarification. You will find below our comments and the modifications introduced according to scrutineer's comments:

- 1) The following text is inserted on page 3: 379 blood samples were randomly collected from cattle over one year of age in 42 farms in the Walloon region of Belgium (Provinces of Liège, Luxembourg, Namur and Hainaut) in winter 1994-1995. There were 9 farms with dairy cattle, 10 farms with beef and dairy cattle and 23 farms with beef cattle. Nineteen positive sera were distributed in 12 farms as follows: 4 sera in 1 beef and dairy farm, 1 serum in each 2 beef and dairy farms, 2 sera in each 3 beef farms, 1 serum in each 4 dairy farms.
- 2) That is so.
- 3) Moreover, BAV-10 is considered as the first member of a third subgroup of BAVs (Matiz and others, 1998). This modification is introduced in the first paragraph.
- 4) The replication defective HAd5 has been used as a vector in cattle in our laboratory. The results are not published yet. Therefore, we do not want to mention them.
- 5) Discussion about this comment will be found in point 8.
- 6) In military recruits, adenovirus types 4, 7 and occasionally 3, 11, 14 and 21 produce acute respiratory disease (ARD). Adenoviruses (types 1, 2, 3, 5, 6 and 7) are responsible for only a small portion of acute respiratory morbidity in the general population and about 5 to 10 % of respiratory illness in children. They produce very mild upper respiratory infections of a sporadic nature in young children. Besides respiratory diseases, adenoviruses (types 8 and 19) cause epidemic conjunctivitis and gastro-enteritis (essentially types 40 and 41) (Horwitz 1990a, 1990b). The human adenovirus type 5 is therefore considered as a mild pathogen in humans. This text is inserted on page 2.

Professor E. Thiry University of Liège Faculty of Veterinary Medicine Department of infectious and parasitic diseases Virology Boulevard de Colonster, 20, bât B43bis B-4000 Liège, Belgium tel.: +32.4.366.42.50, fax: +32.4.366.42.61 email: etienne.thiry@.ulg.ac.be

- 7) The following text is inserted in the discussion on page 4 and 5: Zeng and others (1994) showed in vitro transactivation activity of BAV-3 E1A proteins on the E2 and E3 promoters of HAd5 in Madin Darby Bovine Kidney cells coinfected with E1A deleted HAd5 and BAV-3. Oualikene and others (1995) showed that no evidence of phenotypic complementation in vivo of E1 deleted HAd5 could be seen upon superinfection by wild-type HAd5 in cotton rat. This species is permissive for HAd5 replication and therefore it is a good model for the in vivo study of biosafety of adenovirus-mediated gene therapy in humans (Pacini and others, 1984). This suggests that the results obtained in the cotton rat model could be extended to animals infected with an E1 deleted HAd5 in case of superinfection with an adenovirus from the same animal species. Although such an event is not impossible to occur its frequency and consequently the risk of recombination generating a replication competent virus must be very low. Moreover, no interference between HAd and BAV-3, such as DNA recombination or cross-activation of virus replication, was observed in up to five passages in double-infected human cells (Rasmussen and others, 1999).
- 8) The following text is inserted at the end of the discussion on page 5: Human adenovirus type 5 is one of the best characterised adenovirus with regard to molecular biology. Its structure is particularly suited for investigation as a model adenoviral vaccine vector system. Recombinant human adenovirus type 5 is an excellent mucosal and systemic delivery system for vaccine antigens. Although unable to replicate in vivo such E1 and E3 deleted vectors have been able to stimulate an immune response to foreign antigens encoded by HAd5 vectors following infection (Papp and others 1997). The distribution of BAV in the cattle population is worldwide. A serosurvey of healthy cattle for the presence of neutralising antibodies to BAV established the widespread prevalence of BAV in cattle (Bürki 1990, Lehmkuhl and others, 1979). The vaccination of cattle with heterologous vector such a recombinant replication defective HAd5 could overcome the eventual problem associated with the pre-existing neutralising antibodies against BAV in their natural bovine host. Indeed, the heterologous vector belongs to a virus species for which bovines are not the natural host and therefore for which natural immunisation does not occur in the cattle in field conditions.
- 9) The correction is introduced in Table 1.
- 10) We used neither Western blotting to detect the presence of antibodies against HAd5 and BAV nor SN test to detect the neutralising antibodies against BAV in cattle sera.

I thank the scrutineers for their helpful comments and I do hope that the modified version will be suitable for publication.

Yours sincerely,

Prof. E. Thiry
Head of the Department of Parasitic and Infectious Diseases

Professor E. Thiry University of Liège Faculty of Veterinary Medicine Department of infectious and parasitic diseases Virology Boulevard de Colonster, 20, bât B43bis B-4000 Liège, Belgium tel.: +32.4.366.42.50, fax: +32.4.366.42.61 email: etienne.thiry@.ulg.ac.be

The Veterinary Record

7 Mansfield Street London W1G 9NQ

telephone +44 (0)20 7636 6541, fax +44 (0)20 7637 0620

Professor E. Thiry, Virology, Department of Infectious and Parasitic Diseases, Faculty of Veterinary Medicine, University of Liège, Boulevard de Colonster 20, bât B43bis, B-4000 Liège, Belgium

30 August 2000

Re: Prevalence of antibodies to human adenovirus type 5 in Belgian cattle (C2297)

Dear Professor Thiry,

Thank you for the revised version of the above short communication. Your article has been reviewed carefully once more, and I am pleased to inform you that it has been recommended for publication subject to a few amendments.

I have enclosed an annotated version of your manuscript with some suggestions for amendment marked on it.

Please will you amend your manuscript as you feel is appropriate in the light of the scrutineer's comments and return the revised version to me.

I look forward to hearing from you.

Som aming

Yours sincerely,

Sucan Cummina

Susan Cumming Assistant Editor

e-mail: susan@bva-edit.co.uk

BVA Publications

*Veterinary Record In Practice YOU YOUR VET

JSAP NURSING

British Veterinary Association Registered number: 206456 Fingland. Company limited by guarantee



Mrs. S. Cumming Assistant Editor The Veterinary Record 7 Mansfield street London W1M OAT Great Britain

6 September 2000

your ref. : paper Vet Rec C2297

Dear Mrs. Cumming,

You will find enclosed the revised version of the manuscript entitled: "Prevalence of antibodies to human adenovirus type 5 in Belgian cattle". We have followed most of the recommendations of the reviewer. You will find below our comments and the modifications introduced according to scrutineer's comments:

- The following requested clarification was introduced on page 4: Nineteen positive sera were distributed in 13 farms as follows: a) 6 sera from 3 farms having both beef and dairy cattle; b) 9 sera from 6 beef farms; c) 4 sera from 4 dairy farms.
- 2) The requested reference was added on page 5: Imler, 1995.
- 3) The following modification was introduced on page 5: a) Zeng and others (1994) showed that BAV-3 E1A proteins could transactivate in vitro the E2 and E3 promoters of HAd5 in Madin Darby Bovine Kidney cells coinfected with E1A deleted HAd5 and BAV-3; b) Although such an event is not an impossible occurrence, its frequency and consequently the risk of recombination generating a replication competent virus must be very low.
- 4) The words: « phenotypic complementation, interference and transactivation » are correct and were not modified.

I hope that this modified version is now suitable for publication.

Yours sincerely,

Prof. E. Thiry
Head of the Department of Parasitic and Infectious Diseases

Professor E. Thiry
University of Liège
Faculty of Veterinary Medicine
Department of infectious and parasitic diseases
Virology
Boulevard de Colonster, 20, bât B43bis
B-4000 Liège, Belgium
tel.: +32.4.366.42.50, fax: +32.4.366.42.61
email: etienne.thiry@.ulg.ac.be

The Veterinary Record

7 Mansfield Street, London W1G 9NO Tel +44 (0)20 7636 6541 / Fax +44 (0)20 7637 0620

Ref: CE/SC/C2297

28 September 2000

Dear Professor Thiry,

TITLE: Prevalence of antibodies to human adenovirus type 5 in Belgian cattle

I am glad to be able to tell you that your short communication has been accepted for publication and I shall be letting you have proofs for approval in due course. A form of copyright is printed below. It would be appreciated if you would complete and return it, after reading the copyright notes for contributors below the form of copyright. A duplicate is enclosed for you to keep.

Yours sincerely

Sesser Cent

Susan Cumming, Assistant Editor

Assignment of copyright

To be filled in if copyright belongs to you:

In consideration of the publication in all editions of The Veterinary Record of my above contribution, I hereby assign to the British Veterinary Association full copyright in the said publication.

GAR ETHIRY Date 2 Cotion 2000

To be filled in if eopyright does not belong to you: a Name and address of copyright holder:

b The copyright holder hereby grants the British Veterinary Association non-exclusive right to deal with requests from third parties in the manner specified in paragraphs 3 and 5 below.

Signature of copyright holder

Date

Copyright: Notes for Contributors

- Formal written transfer of copyright from the author(s) to the publishers for all contributions to appear in the journal is required for the
- ownership of copyright by publishers on behalf of their journals should improve international protection against infringement More standard of copyright by punishers on ocnart of tnear journals should improve international protection against intringement Requests by third parties to reproduce copyright material will be handled efficiently and consistently, for example through copyright licensing schemes, in accordance with a general policy which is sensitive both to changes in copyright legislation and the general desirability of encouraging the dissemination of knowledge.

 In assigning your copyright, you are not forfeiting your right to use your contribution elsewhere. This you may do after seeking permission from the journal and subject to an appropriate acknowledgement.

 All requests to reprint your contribution, or a substantial part of it, in another publication will be subject to your approval (which we will assume the first three hours and heart for the subject to your approval (which we will assume to give it free hours and heart for the contribution).
- assume is given if we have not heard from you within four weeks of writing to you at your last known address)

 The journal is registered with the Copyright Clearance Center, a non profit making organisation which offers centralised licensing
- arrangements for photocopying within the USA
 It is understood that in some cases copyright will be held by the contributor's employer. If so, the journal requires non exclusive permission to deal with requests from third parties, on the understanding that any requests from third parties will be handled in accordance with paragraph 3 above (ie. you and not your employer will be asked to approve the proposed use)

BVA Publications

Veterinary Record In Practice

British Veterinary Association Registered number: 206456 England. Company limited by guarantee

