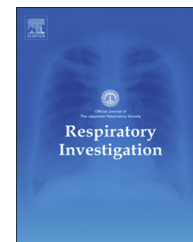




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Editorial

Two years of Respiratory Investigation: Articles published and upcoming bimonthly publication

Nearly 2 years have passed since the Japanese Respiratory Society (JRS) launched its official English journal, Respiratory Investigation. Already, 199 papers have been submitted to the journal, and 79 papers have been accepted. Sixty-seven articles were published in 2012 and 2013. The Editor-in-Chief and Associate Editors would like to express our appreciation for the authors who have submitted their papers to this relatively new journal. We also express our sincere gratitude to the 271 reviewers for spending their time reading and evaluating these manuscripts. In total, we have published 5 reviews, 32 original papers, 9 case reports, 2 guidelines and statements, 1 short communication, and 8 editorials. In the topics series on Respiratory Medicine during the Great East Japan Earthquake and Tsunami, we published 2 reviews and 8 articles, which included case reports. Because the journal is not yet well-known in the greater Asia region and worldwide, the manuscripts received thus far are primarily from Japan. Only a few manuscripts were submitted from researchers overseas, and those were not deemed acceptable. In time, we expect more submissions from researchers all over the world.

We have published several review articles on topics originating from Japan. One example is a review on the biomarker KL-6/MUC1, which is derived from type II pneumocytes in interstitial lung diseases such as IPF, hypersensitivity pneumonitis, and acute interstitial pneumonia [1]. Another review discussed the unique research on *Propionibacterium acnes* as an etiologic link to sarcoidosis [2]. In addition, 2 guidelines were translated from Japanese; one was an excerpt statement written by the JRS committee, and discussed the diagnosis and treatment of drug-induced pulmonary injury, which is now recognized to have a relatively high incidence among the Japanese population [3]. These articles were selected as the Editor's Choice, and readers are generally allowed free access to these articles. Among the original articles is an investigation of severe pneumonia caused by avian influenza A (H5N1), published collaboratively by groups based in Vietnam and Japan [4]. Several clinical trials were also published as original articles in Respiratory Investigation. We continue to encourage authors to submit case reports with more than 2 cases in order to facilitate investigations into the underlying disease pathology. The topics series on respiratory medicine during the Japan Tsunami Disaster in 2011 highlighted a wide range of unique medical problems both during the tsunami itself, as well as during the recovery period.

As the Editor-in-Chief of the official English journal from the Japanese Respiratory Society, I am well aware of the difficulties faced by Japanese and other Asian authors while writing manuscripts in English. These difficulties are not merely a problem of writing in the English language; they also arise from the different cultural backgrounds and the lack of education on western logical thinking. In this editorial, I will briefly discuss some of the problems that authors face when writing an English manuscript, especially in Asia, and suggest possible solutions. I have worked with many doctors from overseas during their graduate course training in Tohoku University, with 10 of them from Asian countries and I greatly enjoyed the experience. Through their talented work, I could see how these countries will achieve both economic and academic development in 21st century. However, I could also see that writing an English manuscript was still a tough task in these non-English speaking countries, although the situation has rapidly improved due to recent economic success, exposure to international television media, and the internet.

I myself learned the logical thinking required to write and submit English manuscripts while working at the National Institutes of Health (NIH), located in Bethesda, MD, USA for 4 years. When I returned to Japan and began working at Juntendo University in Tokyo in the late 1980s, I transferred the knowledge gained at the NIH to instruct young Japanese doctors on writing English manuscripts. Through this experience, I was able to recognize the cultural differences that made it difficult for authors from non-English speaking countries to write manuscripts in the western logic, especially in laying out a logical scenario and composing it into a manuscript. "Globalization by western logic" is a current key phrase for business people in Asia, but logical communication or debates in Asian academia will require further training. We traditionally do not truly learn how to persuade colleagues or friends to understand our presentation. We do not have "Show and Tell" presentations in primary schools in Japan. During my time at the NIH, for instance, my mentor would repeatedly ask me "What is your message?" When Asian young doctors succeed in their pilot experiments, they need to be able to discuss the images and final figures in the logical development of their manuscripts. This training should be guided by instructors who have learned western logic in the United States or in European countries.

In addition to discussing the figures in experimental or in vitro studies, current rules for clinical studies in medical journals require study protocol approval by the Institutional Review Board (IRB). This is required even for retrospective studies because of the use of medical records. Inclusion of informed consent from patients or healthy volunteers in the clinical study protocol will be an indispensable requirement for the submission of manuscripts for clinical trials. Japanese academic institutions and local general hospitals have gradually incorporated these guidelines for clinical trials in the last 10 years. Greater awareness of the requirements for clinical studies will promote further clinical investigation in Asian countries and will provide valuable findings.

Finally, it is our great pleasure to inform you that our journal is moving to a bimonthly publication model. The increased publication frequency will provide earlier exposure of exciting work to our readers and increase the number of published articles by 50%. The editorial office of the Respiratory Investigation welcomes the continued submission of your manuscripts in the areas of pulmonary biology and respiratory medicine.

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