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Requisitos e desafios de adoção da Marcação PMC

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Reunião sobre o Sistema de Marcação do PubMed Central
FSP/USP São Paulo, 28 de junho de 2012

FAPESP CNPq BIREME • OPAS • OMS

PubMed Central (PMC) - Processo de submissão

- A participação no PMC é aberta a qualquer revista da área de **Ciências da Vida** publicada em **inglês** e que esteja de acordo com os padrões da NLM para submissão.

- Avaliação em duas etapas: "**Qualidade Científica** " e "**Qualidade Técnica dos Arquivos** ".

- Qualidade Científica da Publicação: **Revistas indexadas na Medline estão automaticamente aprovadas**.

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- Após aprovação a revista passa para a **fase de pré-produção**, na qual a revista periódico precisa corrigir os problemas da fase anterior, caso contrário a revista poderá ser rejeitada.

PubMed Central (PMC) - Processo de submissão

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- **PDF do artigo** (incluindo em cada arquivo a declaração da Licença *Creative Commons* adotada);
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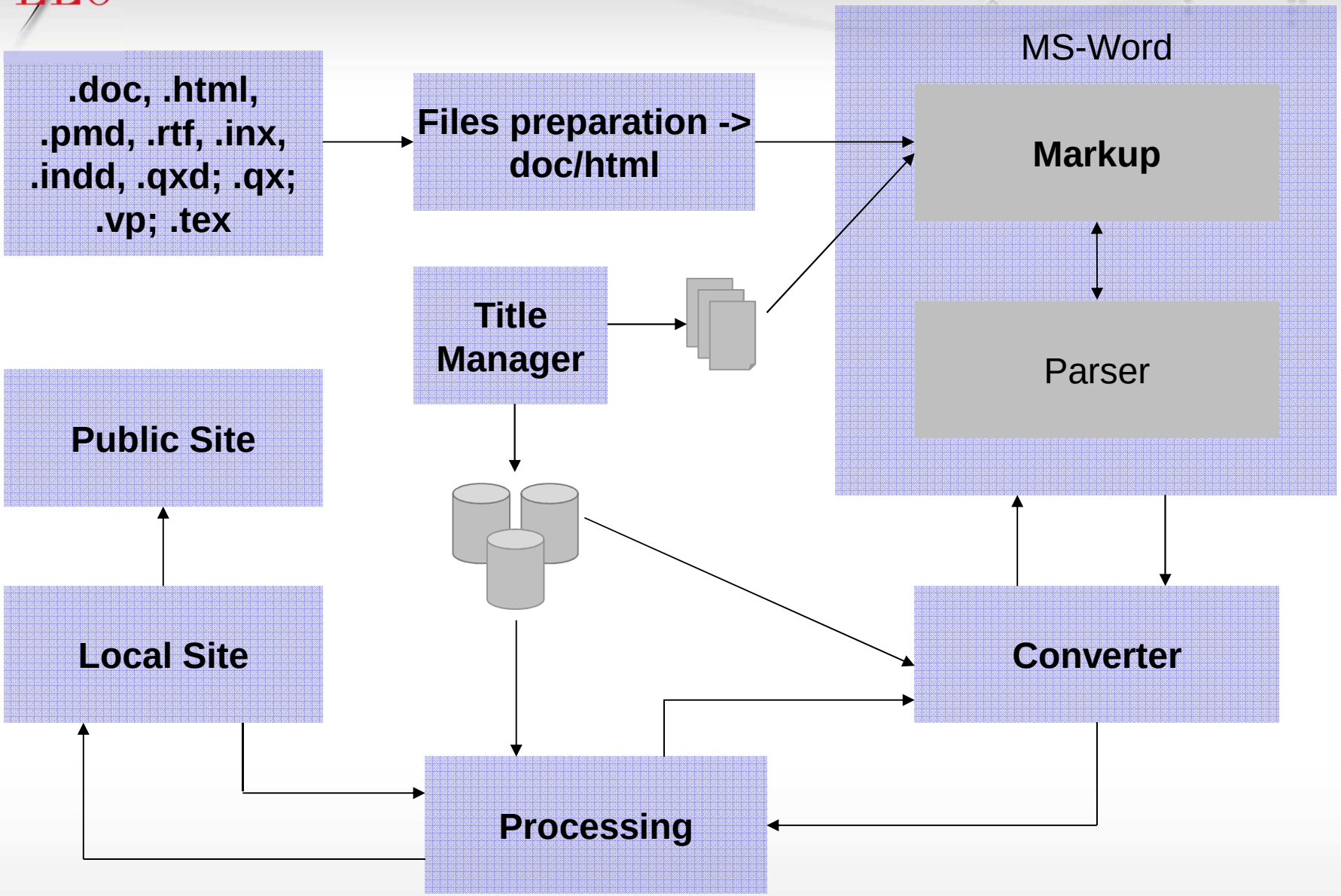
*Os artigos enviados correspondem aos **3 fascículos mais recentes** e os arquivos devem ser nomeados de acordo com as especificações do PMC.

Macro fluxo de Produção SciELO



Fluxo atual e transitorio

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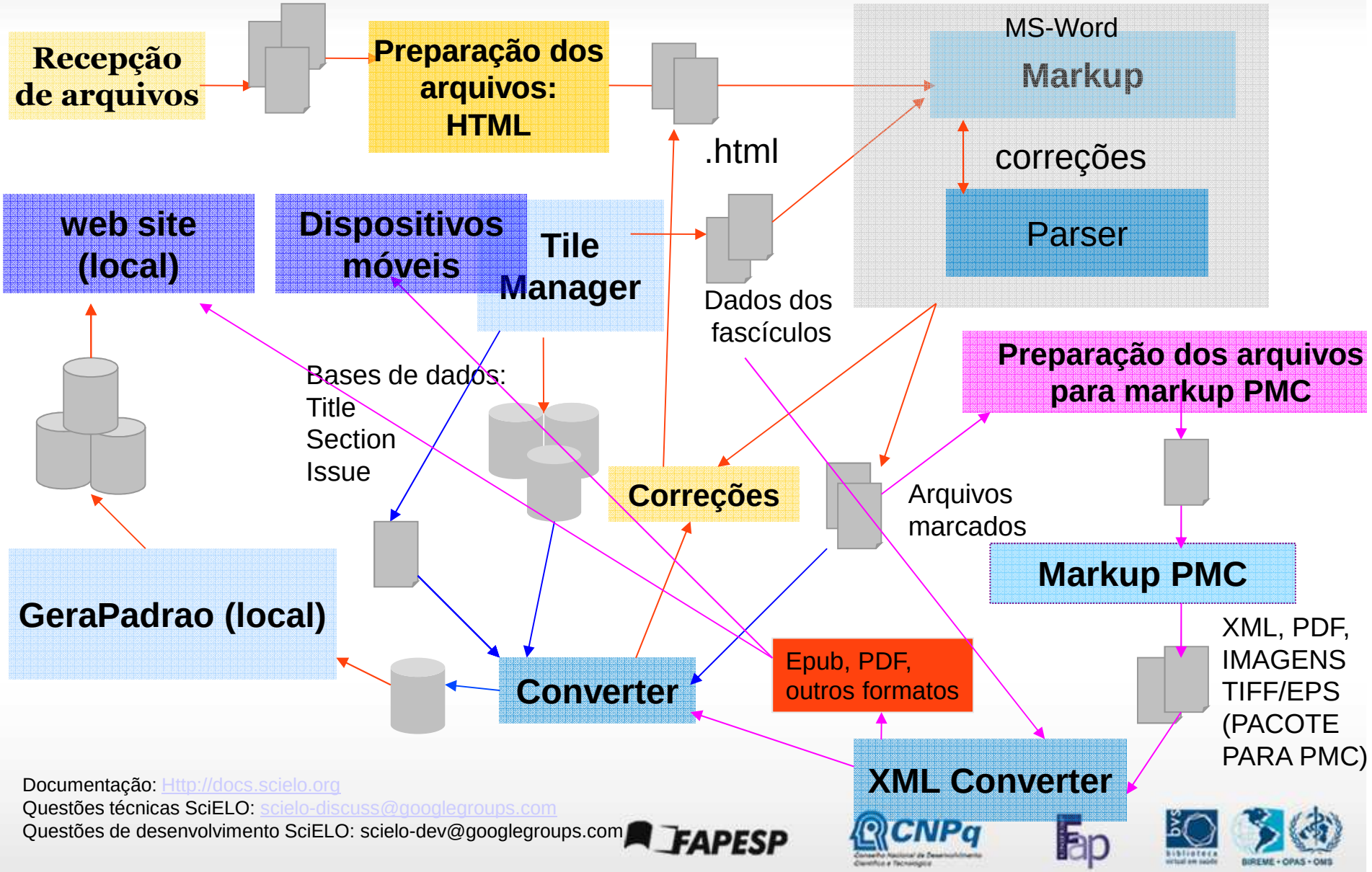
LARANJA: AMBOS



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On This Page:

Estudo detalhado de todos os requisitos

PMC – Nomeação dos arquivos

Exemplos:

Arquivo	Sintaxe	Exemplo PMC: "Biological Testing" Vol. 10, Issue 01
XML	jour-vol-pg.ext	biotes-01-100.xml
PDF	jour-vol-pg.ext	biotes-01-100.pdf
Imagens	jour-vol-pg-typ.ext	biotes-01-100-g001.tif biotes-01-100-g002.tif biotes-01-100-i002.eps biotes-01-100-e001.png
Material suplementar	jour-vol-pg-typ.ext	biotes-01-100-s001.mpg biotes-01-100-s002.doc biotes-01-100-s003.csv

Legenda:
jour – acrônimo ou ISSN da revista;
vol – volume.
pg – número da primeira página do artigo. Diferenciar artigos que começam na mesma página adicionando uma letra (-a, -b, -c) no final do número da página. Para artigos eletrônicos usar no lugar da primeira página um número único sequencial na forma e-ID.

typ – para identificar imagens e materiais suplementares.
-g = figura + identificador alfanumérico
-i = inline graphic + identificador alfanumérico
-e = equação + + identificador alfanumérico
-s = arquivo suplementar + identificador alfanumérico
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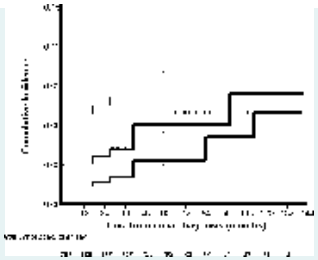
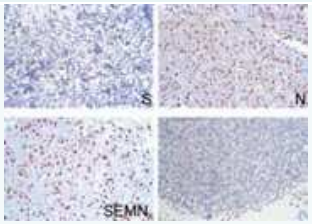
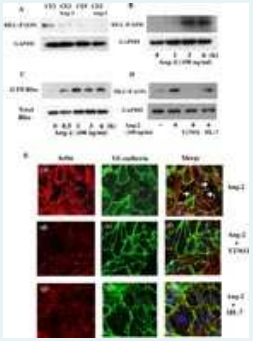
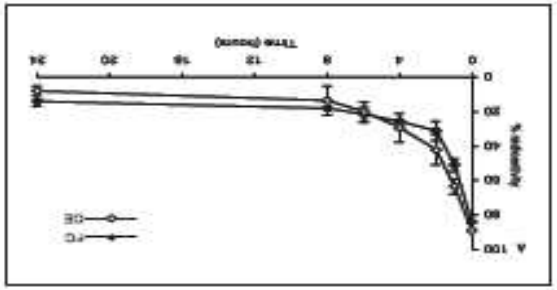
Envio de imagens sempre acima ou no tamanho de exibição

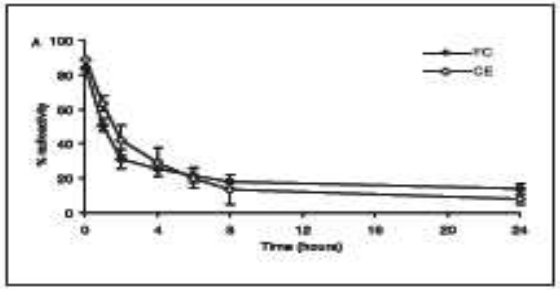
Tipo de Imagem	Descrição	Exemplo	Formato Recomendado	Padrão de Cor	Resolução (em dpi)
Line Art	Imagem composta de linhas e texto que não contém áreas tonalizadas ou sombreadas.		tif ou eps	Monocromático (1-bit) ou RGB	900 - 1200
Halftone	Fotografia de tom contínuo que não contém texto.		tif	RGB ou Escala de Cinza	300
Combo	Halftone + texto ou elementos do tipo line art.		tif ou eps	RGB ou Escala de Cinza	500 - 900

Brazilian Journal of medical and biological research

GUIDELINES FOR FIGURES

- Figures should be uploaded in the correct orientation.





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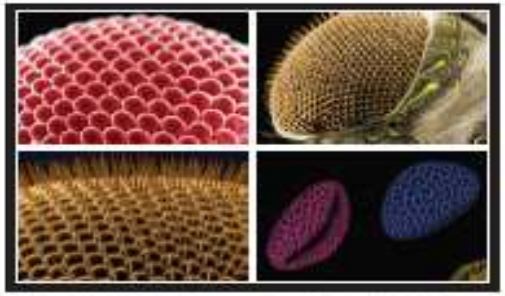
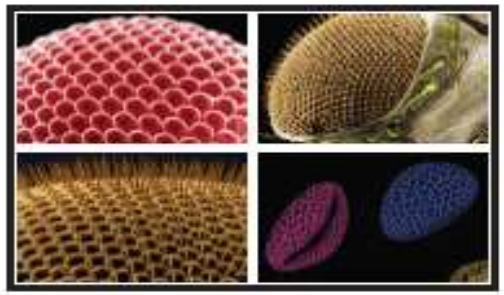
- Figure titles and legends should be provided in the main manuscript, not in the graphic file.

Figure 1





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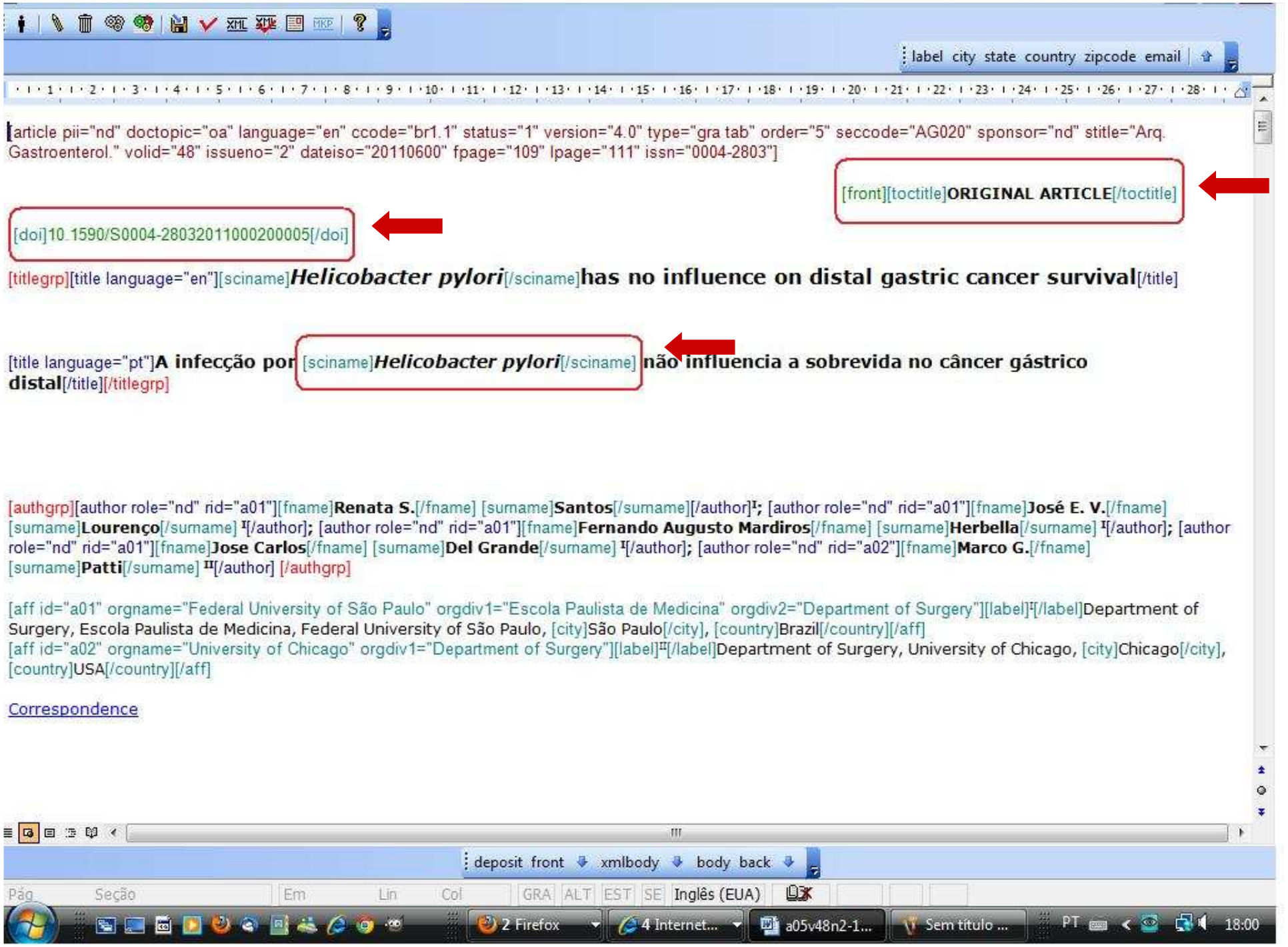
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[title language="pt"]A infecção por [sciname]Helicobacter pylori[/sciname] não influencia a sobrevida no câncer gástrico distal[/title][/titlegrp]
[authgrp][author role="nd" rid="a01"][fname]Renata S.[/fname] [surname]Santos[/surname][/author]I; [author role="nd" rid="a01"][fname]José E. V.[/fname] [surname]Lourenço[/surname] I[/author]; [author role="nd" rid="a01"][fname]Fernando Augusto Mardiros[/fname] [surname]Herbella[/surname] I[/author]; [author role="nd" rid="a01"][fname]Jose Carlos[/fname] [surname]Del Grande[/surname] I[/author]; [author role="nd" rid="a02"][fname]Marco G.[/fname] [surname]Patti[/surname] II[/author] [/authgrp]
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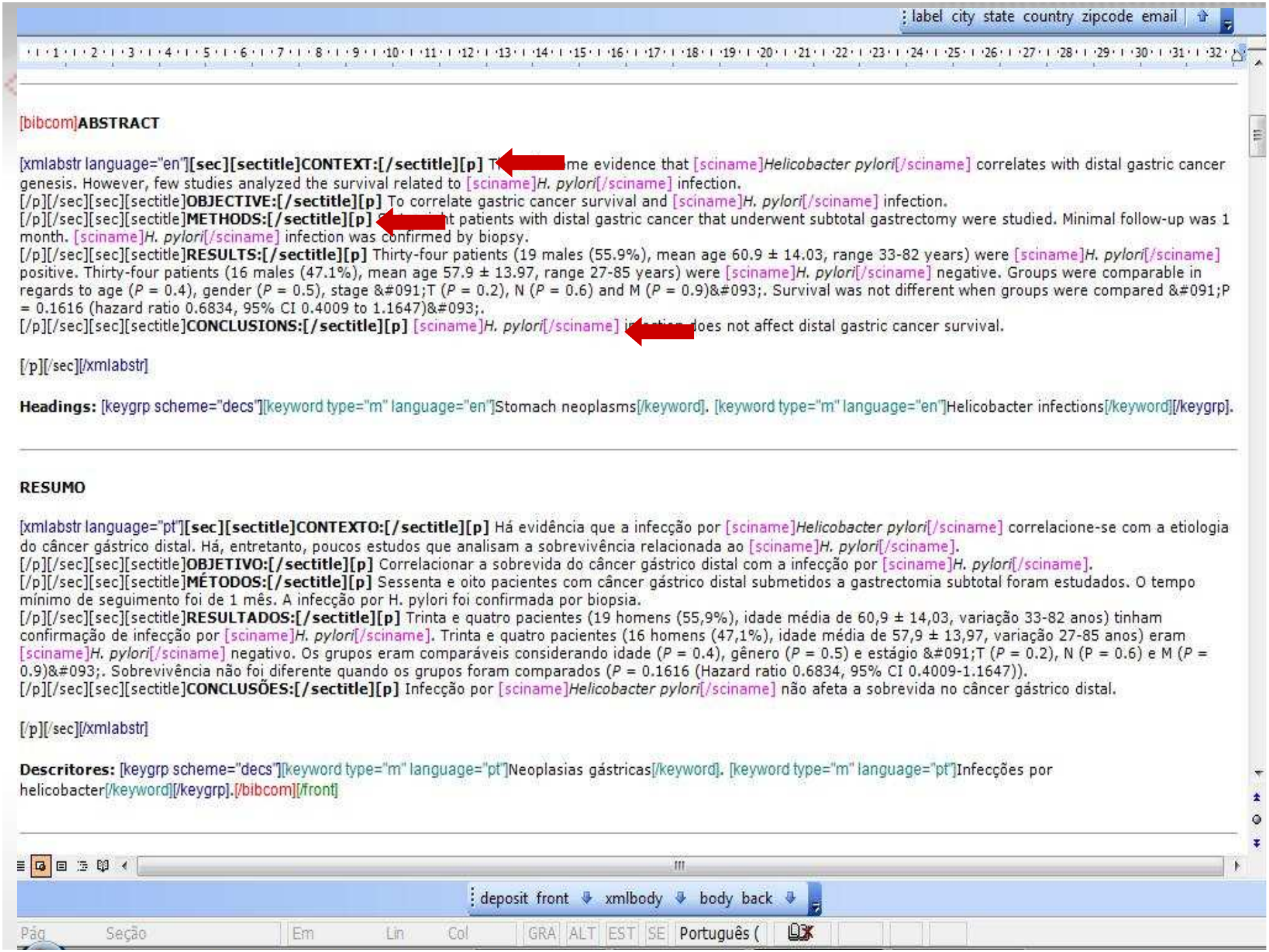


[bibcom]**ABSTRACT**

[xmlabstr language="en"]**[sec][sectitle]CONTEXT:[/sectitle][p]** T[illegible]me evidence that [sciname]*Helicobacter pylori*[/sciname] correlates with distal gastric cancer genesis. However, few studies analyzed the survival related to [sciname]*H. pylori*[/sciname] infection.
[/p][/sec][sec][sectitle]**OBJECTIVE:[/sectitle][p]** To correlate gastric cancer survival and [sciname]*H. pylori*[/sciname] infection.
[/p][/sec][sec][sectitle]**METHODS:[/sectitle][p]** [illegible]t patients with distal gastric cancer that underwent subtotal gastrectomy were studied. Minimal follow-up was 1 month. [sciname]*H. pylori*[/sciname] infection was confirmed by biopsy.
[/p][/sec][sec][sectitle]**RESULTS:[/sectitle][p]** Thirty-four patients (19 males (55.9%), mean age 60.9 ± 14.03, range 33-82 years) were [sciname]*H. pylori*[/sciname] positive. Thirty-four patients (16 males (47.1%), mean age 57.9 ± 13.97, range 27-85 years) were [sciname]*H. pylori*[/sciname] negative. Groups were comparable in regards to age (*P* = 0.4), gender (*P* = 0.5), stage [T (*P* = 0.2), N (*P* = 0.6) and M (*P* = 0.9)]. Survival was not different when groups were compared [*P* = 0.1616 (hazard ratio 0.6834, 95% CI 0.4009 to 1.1647)].
[/p][/sec][sec][sectitle]**CONCLUSIONS:[/sectitle][p]** [sciname]*H. pylori*[/sciname] i[illegible]does not affect distal gastric cancer survival.

[/p][/sec][/xmlabstr]

Headings: [keygrp scheme="decs"][keyword type="m" language="en"]Stomach neoplasms[/keyword]. [keyword type="m" language="en"]Helicobacter infections[/keyword][/keygrp].

RESUMO

[xmlabstr language="pt"]**[sec][sectitle]CONTEXTO:[/sectitle][p]** Há evidência que a infecção por [sciname]*Helicobacter pylori*[/sciname] correlacione-se com a etiologia do câncer gástrico distal. Há, entretanto, poucos estudos que analisam a sobrevivência relacionada ao [sciname]*H. pylori*[/sciname].
[/p][/sec][sec][sectitle]**OBJETIVO:[/sectitle][p]** Correlacionar a sobrevida do câncer gástrico distal com a infecção por [sciname]*H. pylori*[/sciname].
[/p][/sec][sec][sectitle]**MÉTODOS:[/sectitle][p]** Sessenta e oito pacientes com câncer gástrico distal submetidos a gastrectomia subtotal foram estudados. O tempo mínimo de seguimento foi de 1 mês. A infecção por H. pylori foi confirmada por biopsia.
[/p][/sec][sec][sectitle]**RESULTADOS:[/sectitle][p]** Trinta e quatro pacientes (19 homens (55,9%), idade média de 60,9 ± 14,03, variação 33-82 anos) tinham confirmação de infecção por [sciname]*H. pylori*[/sciname]. Trinta e quatro pacientes (16 homens (47,1%), idade média de 57,9 ± 13,97, variação 27-85 anos) eram [sciname]*H. pylori*[/sciname] negativo. Os grupos eram comparáveis considerando idade (*P* = 0.4), gênero (*P* = 0.5) e estágio [T (*P* = 0.2), N (P = 0.6) e M (*P* = 0.9)]. Sobrevivência não foi diferente quando os grupos foram comparados (*P* = 0.1616 (Hazard ratio 0.6834, 95% CI 0.4009-1.1647)).
[/p][/sec][sec][sectitle]**CONCLUSÕES:[/sectitle][p]** Infecção por [sciname]*Helicobacter pylori*[/sciname] não afeta a sobrevida no câncer gástrico distal.

[/p][/sec][/xmlabstr]

Descritores: [keygrp scheme="decs"][keyword type="m" language="pt"]Neoplasias gástricas[/keyword]. [keyword type="m" language="pt"]Infecções por helicobacter[/keyword][/keygrp].[/bibcom][/front]

[xmlbody][sec sec-type="intro"][sectitle]**INTRODUCTION**[/sectitle]

[p]Portal vein thrombosis (PVT) refers to a total or partial obstruction of the blood flow in this location, secondary to a thrombus formation. These thrombus may extend until the liver, affecting intra-hepatic vases, or reach splenic and/or mesenteric veins[6, 34]. The first PVT case was described in 1868 by Balfour and Stewart[5], in a patient with splenomegaly, ascites and esophageal varices. Recently, the number of diagnoses is increasing, possibly due to the greater availability of diagnostic methods, specially the Doppler ultrasound[6, 25, 47, 50]. PVT incidence in the general population is estimated in 1% after the study carried out by Ogren et al.[31] in autopsies.[/p]

[p]In adults, factors that lead to hypercoagulability are the main cause of PVT not associated with liver cirrhosis or cancer[34]. Among the local risk factors, situations that increase the intra-abdominal inflammatory response as acute or chronic pancreatitis, diverticulitis, appendicitis, inflammatory bowel diseases, liver abscesses, cholangitis and surgeries have been described[12, 15, 31, 33, 34]. In children and adolescents, the main identified causes are: direct injury of the vein (omphalitis and umbilical vein catheterization) and sepsis with abdominal focus[29, 41, 50].[/p]

[p]Others possible causes are abdominal trauma, surgical trauma, cysts and tumors in the [sciname]*porta hepatis*[/sciname], neonatal sepsis, dehydration, cardiovascular malformations and exchange transfusion[6, 41, 50, 52]. Most of the cases remain idiopathic[32, 35, 40].[/p]

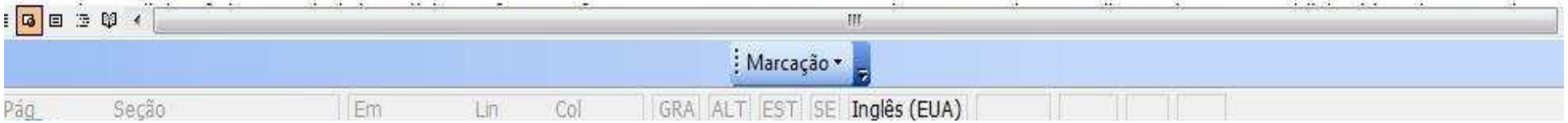
[p]PVT is important in the pediatric age group because it is one of the most frequent causes of portal hypertension, with high morbidity rates due to its main complication - the upper gastrointestinal bleeding. Approximately 79% of the children diagnosed with PVT will show at least one episode of upper gastrointestinal bleeding during their lives[2, 41]. In the literature there are few reports on PVT in children and adolescents, being some of them also studies about casuistic descriptions and others about specific characteristics of the disease as thrombophilia[1, 17, 20, 32, 43, 45, 48, 53, 54, 55].[/p]

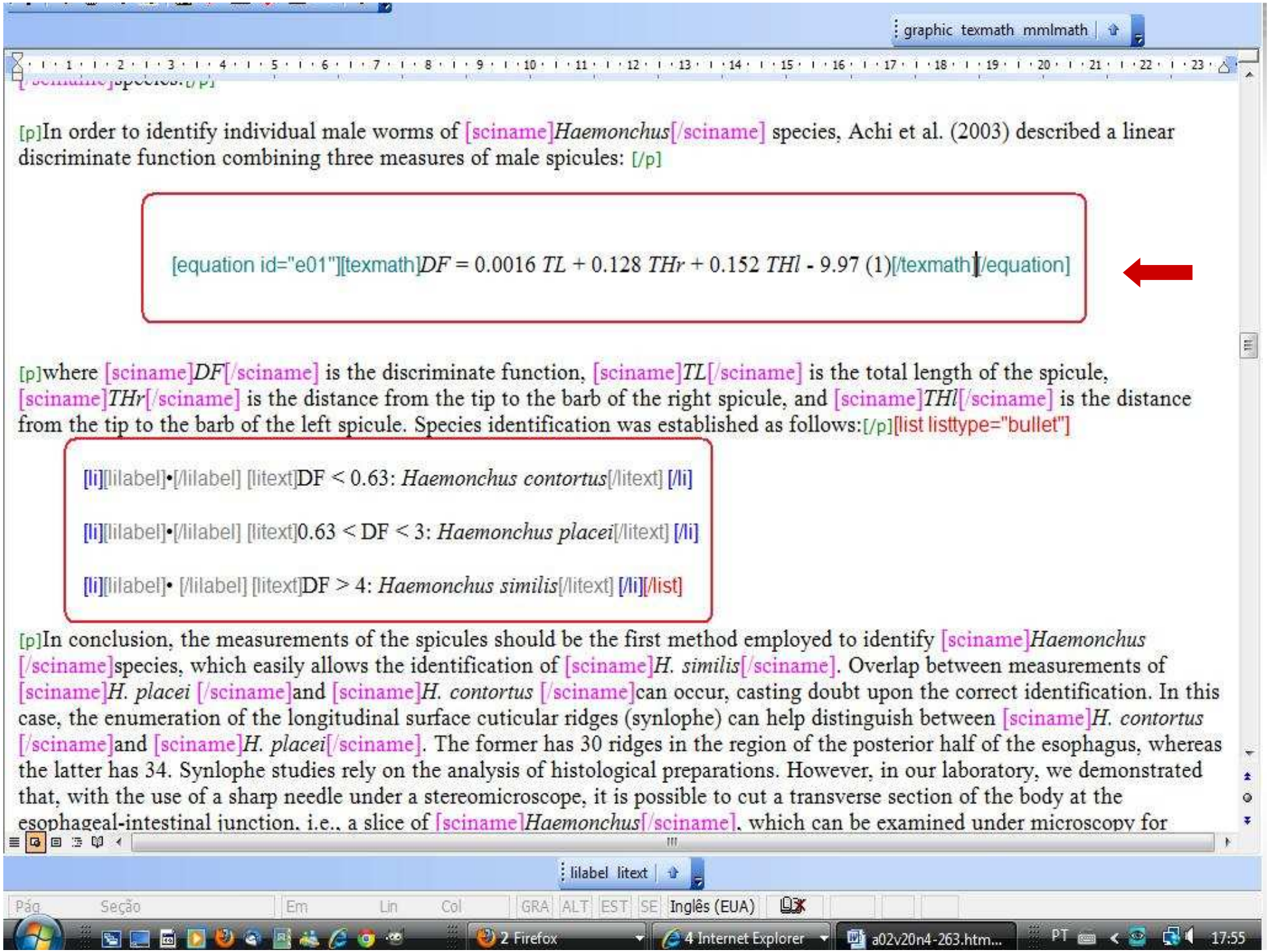
[p]Due to the scarcity of studies in the pediatric age group and the importance of the theme, this study's objective is to describe the clinical characteristics, diagnosis, evolution and treatment of the portal hypertension in children and adolescents with diagnosis of portal vein thrombosis assisted at the Pediatric Hepatology Clinic of the Hospital das Clínicas of Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, MG, Brazil.[/p]

[/sec][sec sec-type="methods"][sectitle]**METHODS**[/sectitle]

[subsec][sectitle]**Patients**[/sectitle]

[p]This is a descriptive study of a series of children and adolescents cases that were diagnosed with PVT and were assisted at the Pediatric




graphic texmath mmlmath
[p]In order to identify individual male worms of [sciname]Haemonchus[/sciname] species, Achi et al. (2003) described a linear discriminate function combining three measures of male spicules: [/p]
[equation id="e01"][texmath]DF = 0.0016 TL + 0.128 THr + 0.152 THl - 9.97 (1)[/texmath][/equation]
[p]where [sciname]DF[/sciname] is the discriminate function, [sciname]TL[/sciname] is the total length of the spicule, [sciname]THr[/sciname] is the distance from the tip to the barb of the right spicule, and [sciname]THl[/sciname] is the distance from the tip to the barb of the left spicule. Species identification was established as follows:[/p][list listtype="bullet"]
[li][lilabel]•[/lilabel] [litext]DF < 0.63: Haemonchus contortus[/litext] [/li]
[li][lilabel]•[/lilabel] [litext]0.63 < DF < 3: Haemonchus placei[/litext] [/li]
[li][lilabel]• [/lilabel] [litext]DF > 4: Haemonchus similis[/litext] [/li][/list]
[p]In conclusion, the measurements of the spicules should be the first method employed to identify [sciname]Haemonchus [/sciname]species, which easily allows the identification of [sciname]H. similis[/sciname]. Overlap between measurements of [sciname]H. placei [/sciname]and [sciname]H. contortus [/sciname]can occur, casting doubt upon the correct identification. In this case, the enumeration of the longitudinal surface cuticular ridges (synlophe) can help distinguish between [sciname]H. contortus [/sciname]and [sciname]H. placei[/sciname]. The former has 30 ridges in the region of the posterior half of the esophagus, whereas the latter has 34. Synlophe studies rely on the analysis of histological preparations. However, in our laboratory, we demonstrated that, with the use of a sharp needle under a stereomicroscope, it is possible to cut a transverse section of the body at the esophageal-intestinal junction, i.e., a slice of [sciname]Haemonchus[/sciname], which can be examined under microscopy for
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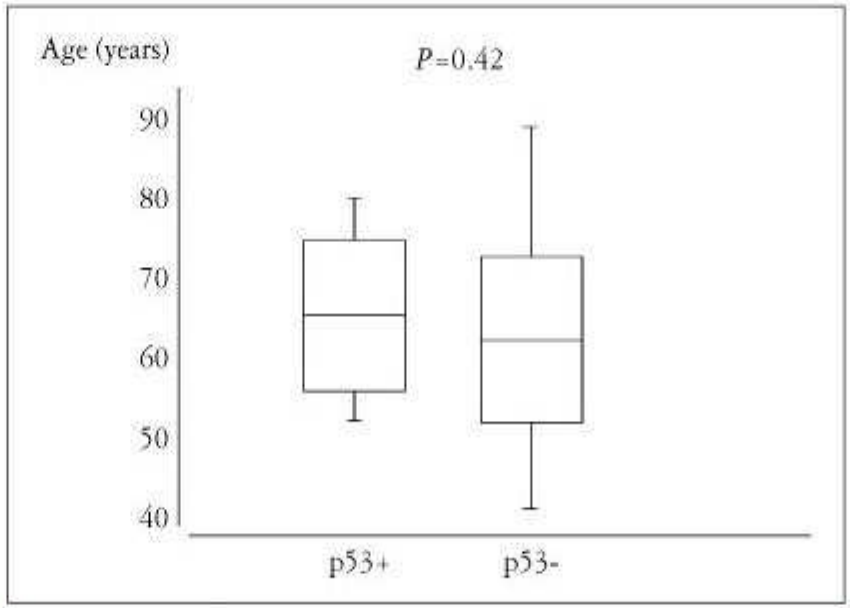
/subsec][subsec][sectitle]**Immunohistochemistry**[/sectitle]

[p]N[redacted]cimens (18%) were considered positive for p53 ([xref ref-type="table" rid="t01"]Table 1[/xref]).[redacted]erage (±SD) expression of Ki-6 was 0.49 ± 0.17 ([xref ref-type="table" rid="t02"]Table 2[/xref]).[/p]

[p]Specimens positive for p53 came from patients aged 65.2 ± 9.1 years (range: 52-80 years). The corresponding figures for p53-negative specimens were 62.2 ± 10.9 years (41-89 years) (*P* = 0.42) ([xref ref-type="fig" rid="f01"]Figure 1[/xref]).[/p]



[figgrp id="f01" ftype="other"] [graphic href="07f01.jpg"]FIGURE 1. Box-plot of patients' age according to p53 protein expression [/graphic]

[label]FIGURE 1[/label]. [caption]Box-plot of patients' age according to p53 protein expression[/caption][/figgrp]

[p]Data were analyzed through the software Excel 2007® (Microsoft) and SPSS 15® (SPSS Inc.) and were evaluated through the calculation of simple frequency. The continuous variables without normal distribution are showed through medians and interquartiles range 25%-75% (IR 25%-75%).[/p]

[/subsec][/sec][sec sec-type="results"][sectitle]**RESULTS**[/sectitle]

[p]Fifty-five children with diagnosis of PVT, without associated liver disease were evaluated, 30 patients were male (54.5%) and 25 female (45.5%). The age at diagnosis ranged from 1 month to 13.8 years old, with a mean age of 3.7 years, median of 2.6 years (IR 1-5.5) and standard deviation of 3.5 years. The time of the patients' follow-up had a mean of 5.5 years, a standard deviation of 4.5 years, median of 5.2 (IR 1.8-7.9) and ranged from 1 month to 19.9 years.[/p]

[subsec][sectitle]**Initial clinical manifestation**[/sectitle]

[p]The main initial clinical manifestations are showed in [xref ref-type="table" rid="t01"]Table 1[/xref].[/p]

[tabwrap id="t01"][label]**TABLE 1[/label]. [caption]Initial clinical manifestation observed in 55 patients[/caption]**

TABLE 1. Initial clinical manifestation observed in 55 patients

Clinical manifestation	Number of patients and percentage
Upper gastrointestinal bleeding	29 (52.7%)
Splenomegaly	20 (36.4%)
Occasional finding	6 (10.9%)

[graphic href="12t01.jpg"][/graphic] [/tabwrap]

[p]In the cases of occasional finding, one patient was under investigation due to recurrent epistaxis, three under investigation of chronic abdominal

[vcitat][no]38[/no]. [vcontrib][author role=nd][surname]Zhang[/surname] [fname]W[/fname][/author], [author role=nd][surname]Wu[/surname] [fname]J[/fname][/author], [author role=nd][surname]Atkinson[/surname] [fname]SN[/fname][/author]. [vtitle][title language=en]Effects of dexlansoprazole MR, a novel dual delayed release formulation of a proton pump inhibitor, on plasma gastrin levels in healthy subjects[/title][/vtitle][/vcontrib]. [viserial][vstitle][stitle]J Clin Pharmacol[/stitle][/vstitle]. [date dateiso="20090000"]2009[/date];[volid]49[/volid]:[pages]444-54[/pages][/viserial].[/vcitat]

[/vancouv]

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[bbibcom][hist]Received [received dateiso="20110408"]8/4/2011[/received].
Accepted [accepted dateiso="20110901"]1/9/2011[/accepted][/hist].[/bbibcom]

[fngrp fntype="conflict"]The authors have no conflict of interest to declare.[/fngrp]

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Principais desafios na adoção da DTD PMC

- Longo processo de preparação dos arquivos para 1ª submissão (3 meses);
- Caso não seja aprovada a revista somente poderá ser submetida a uma nova avaliação após 1 ano;
- Requer conhecimento muito específico (XML; codificação de tabelas, edição de imagens; rígido controle de qualidade, etc.);
- Demanda tratamento detalhando do corpo do artigo tornando o processo de marcação ainda mais complexo;
- Diversidade das revistas da coleção faz com que o processo de produção de XML-PMC tenha que ser ajustado às especificidades de cada nova revista;
- Reestruturação de todo o fluxo de produção da SciELO;
- Transição de um fluxo piloto para fluxo de produção em escala de XML-PMC;
- Diminuição dos custos de produção mesmo com aumento da complexidade dos processos;

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- **NIH Public Access & PMC** - http://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/
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