detected between groups when LXA4 levels, ANXA1 levels, total IgE levels, and the percentage and absolute number of eosinophils were calculated ($P > .05$).

**CONCLUSIONS.** Serum levels of LXA4 and ANXA1, which are known to be anti-inflammatory mediators, were low in wheezy infants. Decreased synthesis may be one of the reasons for airway inflammation in these infants.

**REVIEWER COMMENTS.** LXA4, which is expressed on leukocytes and airway epithelial cells, blocks both airway hyperresponsiveness and pulmonary inflammation. In adult studies, it has been shown that the level of LXA4 is low in patients with severe asthma. In experimental studies, ANXA1 is associated with the development of asthma. Smokers and those with inflammatory lung conditions such as cystic fibrosis and asthma have been found to have defective ANXA1 molecules. The authors in this study found that wheezing infants had lower LXA4 and ANXA1 levels, suggesting an increased susceptibility to recurring inflammatory changes in the airways. Following LXA4 and ANXA1 levels over time may be a way to help predict which children will develop childhood asthma and allow for earlier treatment interventions.

**Applicability of the Global Lung Function Spirometry Equations in Contemporary Multiethnic Children**


**PURPOSE OF THE STUDY.** In 2012, as a result of the Global Lung Function Initiative, the first global, all-age (3–95 years of age), multiethnic reference equations for spirometry (GLI-2012) were published. The authors of the present paper, as part of the Size and Lung Function in Children study, sought to investigate existing ethnic differences in lung function in a multiethnic population of children and to validate the GLI-2012 reference equations in this population.

**STUDY POPULATION.** Technically acceptable spirometric data were obtained from 1088 healthy children. The children were classified into 4 main ethnic groups: white, black, South Asian, and other/mixed.

**METHODS.** Spirometric data were expressed as percent predicted on the basis of the GLI-2012 equations for white subjects, adjusted for age, gender, and height and then on the basis of the ethnic-specific GLI-2012 equations.

**RESULTS.** When compared with white children, forced expiratory volume in 1 second (FEV₁) and forced vital capacity (FVC) were significantly lower by a mean of $\sim$12% in black and Asian children and by 5% in other/mixed race children. FEV₁ and FVC were reduced proportionally such that the FEV₁/FVC ratio was unaffected. When data were expressed according to the GLI-2012 ethnic-specific reference equations, the mean FEV₁ and FVC z scores approximated 0, indicating that the GLI-2012 equations appropriately compensate for these ethnic differences.

**CONCLUSIONS.** The authors concluded that although there are significant ethnic differences in FEV₁ and FVC in primary school-children, the magnitude of which is similar to that reported in older subjects, these differences can be minimized by using the GLI-2012 ethnic-specific reference equations.

**REVIEWER COMMENTS.** Just as in adults, there are marked ethnic differences in lung function in children, even after correcting for age, height, and gender, particularly for children of African or Asian descent. To generate accurate spirometric results, ethnic-specific reference equations should be used where available or corrections should be made to reference equations derived from white subjects by using appropriate percent reductions.

**Validation of Parental Reports of Asthma Trajectory, Burden, and Risk by Using the Pediatric Asthma Control and Communication Instrument**


**PURPOSE OF THE STUDY.** The goal of this study was to evaluate the utility of assessing direction, bother, and risk domains within the Pediatric Asthma Control and Communication Instrument (PACCI), a validated parent-completed questionnaire assessing 5 dimensions of asthma health, as part of guideline-recommended asthma care.

**STUDY POPULATION.** A convenience sample of 317 children diagnosed with asthma (mean age: 8.2 years; 58% boys; 44% African American) was recruited from 2 university-based asthma specialty care clinics.

**METHODS.** Cross-sectional data were collected on demographic characteristics, spirometric values (1 center), and results of several parent-completed questionnaires. The Pediatric Asthma Caregiver Quality of Life Questionnaire (PACQLQ) assessed asthma-specific quality of life, and asthma control was measured by using the validated PACCI control domain. Mean asthma PACCI control, PACQLQ, and lung function values were assessed across the domains of direction (asthma improving or worsening), bother, and risk by using analysis of variance. The PACCI was further analyzed for discriminative validity by using linear regression and $\chi^2$ analyses.
Applicability of the Global Lung Function Spirometry Equations in Contemporary Multiethnic Children
John M. Kelso

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