Biomedical Publishing in the Internet age

Iain Hrynaszkiewicz Managing Editor BioMed Central



We will be covering

- Online publishing and open access
- Metrics of success in era of online publishing
- Information overload
- Beyond the journal article
- The future of scholarly communication



Technology changes business models





The publisher as a service provider

- Help maximise research impact and pace
- Preservation and (rapid) dissemination
- Development of innovative content and tools
- Collaboration with the scientific community



Traditional research publishing

- The research community transfers its rights to the research to the publisher
- The publisher covers its costs by selling access to the content back to the research community



Open access research publishing

- There are no barriers to access
- The publisher generally does not acquire any exclusive rights
- Typically the publisher is paid for the service of publication



About BioMed Central

- Largest publisher of peer-reviewed open access journals
- Launched first open access journal in 2000
- Now publishes >200 OA titles
- >52,000 peer reviewed OA articles published
- All research articles published under Creative Commons license
- Costs covered by 'article processing charge' (APC)
 BioMed Cent The Open Access Publis

Open access publishing then and now...

2000

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2010



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DOVE Medical Press



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And more ...



Where is OA in 2010?

- 9.6% of all STM journals are now published under an OA model
- There are over 800 open access medical journals in the DOAJ publishing over 3200 articles per year
- Around 32% of these articles are indexed by Thomson Reuters ISI
- Submissions to open access journals grew by over 44% between 2008 and 2009
- Open access to research is now mandatory at over 80 institutions and 40 funders. Many more have signed open access initiatives.



Why choose open access?



Visibility

1. Research article Open Access (Highly accessed) Accesses The first metazoa living in permanently anoxic conditions 13110 Roberto Danovaro, Antonio Dell'Anno, Antonio Pusceddu, Cristina Gambi, Iben Heiner, evaluated on Reinhardt Møbjerg Kristensen F1000 BIOLOGY BMC Biology 2010, 8:30 (6 April 2010) [Abstract] [Full text] [PDF] [PubMed] [Related articles] [F1000 Biology] [Cited on BioMed Central] 2. Review Open Access Highly accessed Accesses Childhood obesity, prevalence and prevention 9919 Mahshid Dehghan, Noori Akhtar-Danesh, Anwar T Merchant Nutrition Journal 2005, 4:24 (2 September 2005) [Abstract] [Full Text] [PDF] [PubMed] [Related articles] [Cited on BioMed Central] [2 comments] 3. Research Open Access (Highly accessed) Accesses Stochastic nonlinear dynamics pattern formation and growth models 8918 Leonid P Yaroslavsky Nonlinear Biomedical Physics 2007, 1:4 (5 July 2007) [Abstract] [Full Text] [PDF] [PubMed] [Related articles] 4. Research Open Access (Highly accessed) Accesses The effect of carbon dioxide on near-death experiences in out-of-hospital 7865 cardiac arrest survivors: a prospective observational study Zalika Klemenc-Ketis, Janko Kersnik, Stefek Grmec Critical Care 2010, 14:R56 (8 April 2010) [Abstract] [Full text] [PDF] [PubMed] [Related articles] [1 comment] 5. Research Open Access Highly accessed Accesses Association between infant feeding patterns and diarrhoeal and respiratory 7435 illness: A cohort study in Chittagong, Bangladesh Seema Mihrshahi, Wendy H Oddy, Jennifer K Peat, Iqbal Kabir

International Breastfeeding Journal 2008, 3:28 (24 November 2008) [Abstract] [Full Text] [PDF] [PubMed] [Related articles]

Visibility on BioMed Central

- Over 1 million registrants
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- 500,000 BioMed Central email update recipients
- 27 million page views per month



No limitations

- Tables
- Colour figures
- Video
- Data sets
- References
- Transparently reported, reproducible research



Publishing trial results

- "Honest reporting begins with revealing the existence of all clinical studies, even those that reflect unfavorably on a research sponsor's product.....
- [unpublished] *studies cannot influence the thinking of patients, clinicians, other researchers and experts who write practice guidelines or decide on insurance coverage policies*"

Clinical Trial Registration: A statement from the International Committee of Medical Editors (2004)



Improving quality and quantity

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Improving quality and quantity

"[BioMed Central journal] supports initiatives aimed at improving the reporting of biomedical research. Checklists have been developed for a number of study designs, including randomized controlled trials (<u>CONSORT</u>), systematic reviews (<u>PRISMA</u>), meta-analyses of observational studies (<u>MOOSE</u>), diagnostic accuracy studies (<u>STARD</u>) and qualitative studies (<u>RATS</u>). We recommend authors refer to the <u>EQUATOR</u> network website for further information on the available reporting guidelines for health research, and the <u>MIBBI</u> Portal for prescriptive checklists for reporting biological and biomedical research where applicable. Authors are requested to make use of these when drafting their manuscript and peer reviewers will also be asked to refer to these checklists when evaluating these studies."



How does OA facilitate this?

- Removes the limitations of paper-based subscription journals
 - Publication can be linked through trial registration to original protocol
 - Protocols can be linked to updates if the trial is modified
 - Removal of space limitations enables ALL results to be published whatever the outcome
 - Open access journals committed to dissemination of ALL scientifically sound research including secondary analyses, longer-term follow-ups and extended reports



Information overload?



Gillam *et al*: The Healthcare Singularity and the Age of Semantic Medicine. In *The Fourth Paradigm* (2009)



Peer review cascade



Advantages of this approach

- Avoids delays for authors
- Avoids saddling academics with repeated peer review of less interesting papers
- Separates question of soundness from level of interest
 - Soundness determines whether to publish
 - Interest determines where to publish
- For the publisher, high-prestige, high rejection rate titles are magnets for research articles



This approach is becoming increasingly prevalent

- PLoS
- Nature
- Cell
- Neuroscience Peer Review Consortium



```
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The Neuroscience Peer Review Consortium is an alliance of neuroscience journals that have agreed to accept manuscript reviews from other members of the Consortium. Its goals are to support efficient and thorough peer review of original research in neuroscience, speed the publication of research reports, and reduce the burden on peer reviewers.

The Consortium has been operating on a trial basis since **January 1, 2008**. All journals that agree to join the Consortium will be required to abide by the rules of the Consortium until December 31, 2008 when the program will be evaluated. If the Task Force determines that the program is useful and is achieving its goals, the program may be extended indefinitely, and The Consortium extends an invitation to all MEDLINEindexed journals that publish peer-reviewed original research in the broad field of neuroscience to join.

journals will be given an opportunity to continue as a Consortium member, but may withdraw at any time with 30 days notice to the Task Force.

The Consortium extends an invitation to all MEDLINE-indexed journals that publish peer-reviewed original research in the broad field of neuroscience to join.

Information for

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Metrics of success in the internet age

Citations and downloads

- "Senior authors believe downloads to be more credible measure of the usefulness of research then traditional citations."
 - <u>http://www.ucl.ac.uk/ciber/ciber 2005 survey final.pdf</u>
- "Open access articles receive 50% more full-text accesses and PDF downloads than subscriptionaccess articles."
 - Kenneth R. Fulton, PNAS Publisher



Metrics of success in the internet age

- If a journal has no circulation numbers and authors are interested in downloads more than citations, should we be using impact factors and circulation numbers to judge a journal's success?
- And why should metrics of success focus on the *journal*, anyway?



New ways of judging quality

- New journal and article-level metrics
 - Citations
 - Downloads
 - Comments
 - Social media postings
- Author-level metrics
 - H index/Scopus



Alternative journal metrics

- Scopus, from Elsevier, makes available citation data for a much more comprehensive set of journals
- SCImago Journal Rank (SJR),based on Scopus data
- Uses algorithm similar to Google's PageRank
- Can measure the quality of a broader range of journals than those with Impact Factors

	Title	ŝ	5JR	H index
1	Arthritis and Rheumatism	Q1	1,045	167
2	Arthritis research & therapy	Q1	0,629	55
3	Annals of the rheumatic diseases	Q1	0,546	92
4	Rheumatology	Q1	0,445	83
5	Seminars in Arthritis and Rheumatism	Q1	0,417	56
6	Arthritis Care and Research	Q1	0,323	56
7	Rheumatic Disease Clinics of North America	Q1	0,302	52
8	Current rheumatology reports	Q1	0,204	28
9	Clinical and Experimental Rheumatology	Q1	0,203	46
10	Rheumatology International	Q2	0,148	32

Traditional journal metrics

	d Journal Title rnal information) ISSN		
Abbreviated Journal Title (linked to journal information)		Total Cites	Impact Factor
ANN RHEUM DIS	0003-4967	17807	7.188
ARTH RHEUM/AR C RES	0004-3591	44251	6.787
NAT CLIN PRACT RHEUM	1745-8382	813	5.677
CURR OPIN RHEUMATOL	1040-8711	3007	4.689
ARTHRITIS RES THER	1478-6362	4709	4.485
SEMIN ARTHRITIS RHEU	0049-0172	2718	4.379
RHEUMATOLOGY	1462-0324	8682	4.136
OSTEOARTHR CARTILAGE	1063-4584	5238	4.082
<u>J RHEUMATOL</u>	0315-162X	19320	3.282
BEST PRACT RES CL RH	1521-6942	1329	3.066
	Abbreviated Journal Title (linked to journal information) ANN RHEUM DIS ARTH RHEUM/AR C RES NAT CLIN PRACT RHEUM CURR OPIN RHEUMATOL CURR OPIN RHEUMATOL ARTHRITIS RES THER SEMIN ARTHRITIS RHEU RHEUMATOLOGY OSTEOARTHR CARTILAGE J RHEUMATOL BEST PRACT RES CL RH	Abbreviated Journal Title (linked to journal information)ISSNANN RHEUM DIS0003-4967ARTH RHEUM/AR C RES0004-3591NAT CLIN PRACT RHEUM1745-8382CURR OPIN RHEUMATOL1040-8711ARTHRITIS RES THER1478-6362SEMIN ARTHRITIS RHEU0049-0172RHEUMATOLOGY1462-0324OSTEOARTHR CARTILAGE1063-4584J RHEUMATOL0315-162XBEST PRACT RES CL RH1521-6942	Abbreviated Dournal information)ISSNIntermANN RHEUM DIS0003-496717807ARTH RHEUM/AR C RES0004-359144251NAT CLIN PRACT RHEUM1745-83828133CURR OPIN RHEUMATOL1040-87113007ARTHRITIS RES THER1478-63624709SEMIN ARTHRITIS RHEU0049-01722718RHEUMATOLOGY1462-03248682OSTEOARTHR CARTILAGE1063-45845238J RHEUMATOL0315-162X19320BEST PRACT RES CL RH1521-69421329



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Beyond the journal article

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Embedded video

Additional files

Additional file 1:

A Quick Time video file showing ath5:gfp-positive RGCs differentiating in vitro. a and b are two GFP-expressing cells that undergo the initial stages of differentiation in culture. Fluorescence is shown only at the beginning and the end of the movie. Time is shown in hours:minutes:seconds.

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http://www.neuraldevelopment.com/content/1/1/2/additional/ Neural Development 2006, **1:**2

Mini-websites

Discussion

One of the features new to JSpecView is the ability to load and display multiple spectra simultaneously, when viewing JCAMP-DX Block files with similar X-axis ranges. This can be used to display kinetic runs or a series of related spectra. The display options include showing the spectra superimposed, tiled or as separate tabbed pages (see additional file <u>1</u> and Figures <u>1</u>, <u>2</u>). A routine for generating Block files from individual NMR spectra has been developed from the project code [<u>12</u>].

 Additional file 1. Introduction to the JSpecView Applet. Interactive examples of JSpecView in use.

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 Figure 1. Screen dump showing the simultaneous display of multiple spectra in the Java application.

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Mini-websites

Discussion

One of the features new to JSpecView is the ability to load and display multiple spectra simultaneously, when viewing JCAMP-DX Block files with similar X-axis ranges. This can be used to display kinetic runs or a series of related spectra. The display options include showing the spectra superimposed, tiled or as separate tabbed pages (see additional file <u>1</u> and Figures <u>1</u>, <u>2</u>). A routine for generating Block files from individual NMR spectra has been developed from the project code [<u>12</u>].

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.:. Introduction to the JSpecView Applet

.:. Description

JSpecView is a viewer for spectral data in the JCAMP-DX format. The program was developed at the Department of Chemistry of the University of the "

Indies, Mona, Jamaica, WI and is being released via 1.5, although development is currently with 1.6 The code is available under version control (subversion - svn) at http://jspecview.svn.sourceforge.net/viewvc/jspecview/dev/

Compound file, contains several data records sample for ... : H NMR for ...: UV in base...: sample for...: Not Yet Av...: **TRANSMITTANCE** (1430, 1:096) 1.100 1.000 0.900 0.800 0.700 0.600 0.500 0.400 0.300 0.200 0.100 0.000 1600 1200 3600 3200 2800 2400 2000 800 400 4000 \$1CM Sample for Organic unknowns experiment 🗖 Reverse plot 🗖 Toggle Grid Load new file

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3-D structures

Additional File 1:

1st model of the HEN1 CTD (aa 694–911) in the Protein Data Bank format. A representative of the largest cluster of decoys obtained after re-folding the insertion (aa 829–859) using ROSETTA. Format: PDB Size: 126KB <u>Download file</u>

BMC Evolutionary Biology 2006, **6:**6 http://www.biomedcentral.com/1471-2148/6/6/additional/

Graphical abstracts

Review Open Access (Highly accessed) Molecular structure input on the web Peter Ertl

Journal of Cheminformatics 2010, 2:1 (2 February 2010) [Abstract] [Full Text] [PDF] [PubMed] [Related articles] [1 comment]

Cell's `article of the future'

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Cell, Volume 140, Issue 1, 49-61, 8 January 2010 | Copyright © 2010 Elsevier Inc. All rights reserved. | 10.1016/j.cell.2009.11.027

Monoacylglycerol Lipase Regulates a Fatty Acid Network that Promotes Cancer Pathogenesis

Daniel K. Nomura, Jonathan Z. Long, Sherry Niessen, Heather S. Hoover, Shu-Wing Ng, Benjamin F. Cravatt See Affiliations

Highlights

- Monoacylglycerol lipase (MAGL) is elevated in aggressive human cancer cells
- · Loss of MAGL lowers fatty acid levels in cancer cells and impairs pathogenicity
- MAGL controls a signaling network enriched in protumorigenic lipids
- · A high-fat diet can restore the growth of tumors lacking MAGL in vivo

Summary

Tumor cells display progressive changes in metabolism that correlate with malignancy, including development of a lipogenic phenotype. How stored fats are liberated and remodeled to support cancer pathogenesis, however, remains unknown. Here, we show that the enzyme monoacylglycerol lipase (MAGL) is highly expressed in aggressive human cancer cells and primary tumors, where it regulates a fatty acid network enriched in oncogenic signaling lipids that promotes migration, invasion, survival, and in vivo tumor growth. Overexpression of MAGL in nonaggressive cancer cells recapitulates this fatty acid network and increases their pathogenicity—phenotypes that are reversed by an MAGL inhibitor. Impairments in MAGL-dependent tumor growth are rescued by a high-fat diet, indicating that exogenous sources of fatty acids can contribute to malignancy in cancers lacking MAGL activity. Together, these findings reveal how cancer cells can coopt a lipolytic enzyme to translate their lipogenic state into an array of protumorigenic signals.

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Introduction

At present, one billion of the world's population resides in slum settlements [1]. This number is expected to double in the next 25 years [1]. The growth of large urban populations which are marginalized from basic services has created a new set of global health challenges [2],[3]. As part of the Millennium Development Goals [4], a major priority has been to address the underlying poor sanitation and environmental degradation in slum communities which, in turn, are the cause of a spectrum of neglected diseases which affect these populations [2],[3],[5].

Leptospirosis is a paradigm for an urban health problem that has emerged due to recent growth of slums [6],[7]. The disease, caused by the *Leptospira* spirochete, produces life-threatening manifestations, such as Weil's disease and severe pulmonary hemorrhage syndrome for which fatality is more than 10% and 50%, respectively [7]–[9]. Leptospirosis is transmitted during direct contact with animal reservoirs or water and soil contaminated with their urine [8],[9]. Changes in the urban environment due to expanding slum communities has produced conditions for rodent-borne transmission [6],[10]. Urban epidemics of leptospirosis now occur in cities throughout the developing world during seasonal heavy rainfall and flooding [6],[11]–[18]. There is scarce data on the burden of specific diseases that affect slum populations [2], however leptospirosis appears to have become a major infectious disease problem in this population. In Brazil alone, more than 10,000 cases of severe leptospirosis are reported each year due to outbreaks in urban centers [19], whereas roughly 3,000, 8,000 and 1,500 cases are reported annually for meningococcal disease, visceral leishmaniasis and dengue hemorrhagic fever, respectively, which are other infectious diseases associated with urban poverty [20]–[22]. Case fatality (10%) from leptospirosis [19] is comparable to that observed for meningococcal disease, visceral leishmaniasis and dengue hemorrhagic fever (20%, 8% and 10%, respectively) in this setting [20],[23],[24]. Furthermore, leptospirosis is associated with extreme weather events, as exemplified by the El Niño-associated outbreak in Guayaquil in 1998 [25]. Leptospirosis is therefore expected to become an increasingly important slum health problem as predicted global climate change [26],[27] and growth of the world's slum population [1] evolves.

Urban leptospirosis is a disease of poor environments since it disproportionately affects communities that lack adequate sewage systems and refuse collection services [6],[10],[11]. In this setting, outbreaks are often due to transmission of a single serovar, *L. interrogans* serovar Copenhageni, which is associated with the *Rattus norvegicus* reservoir [6], [28]–[30]. Elucidation of the specific determinants of poverty which have led to the emergence of urban leptospirosis is essential in guiding community-based interventions which, to date, have been uniformly unsuccessful. Herein, we report the findings of a large seroprevalence survey performed in a Brazilian slum community (*favela*). Geographical Information System (GIS) methods were used to identify sources for *Leptospira* transmission in the slum environment. Furthermore, we evaluated whether relative differences in socioeconomic status among slum residents contributed to the risk of *Leptospira* infection, in addition to the attributes of the environment in which they reside.

Shotton *et al*: PLoS Comput Biol 2009; 5(4): e1000361

What are we interested in?

DATA!

Wider dissemination of raw data

• Why share data?

- Replication of findings
- Comparison with independent datasets
- Testing of additional hypotheses
- Patient safety
- Teaching
- Text mining, etc.
- Online publishing allows virtually unlimited supplementary files, and easy linking to data repositories
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Guillaume Susbielle	The extraordinary mitochondrial genome of a parasitic nematode BMC Research Notes 2009, 2:192	
	Analysis of the mitochondrial DNA of Radonholus similis, a parasitic perceptode which	

ravages citrus, hapana and ginger plantations, reveals several idiosyncrasies, including a

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 - "BioMed Central journals such as <u>BMC Research</u> <u>Notes</u> encourage submission of brief descriptions of publicly accessible biomedical data sets or databases"

Developing and agreeing best practice

- Make allowances for data sharing in study protocols and obtain informed consent
- Include statement about consent for sharing in manuscript
- Preserve anonymity (especially in an OA world)
 - Risk assessment recommended in some cases
 - Presentation of data to preserve anonymity
 - Retrospective data publication with no consent <u>must</u> ensure anonymity
- Data should be clean and well annotated data
- Publishers should not require copyright to underlying data
- Recognise some access to data may be restricted or embargoed

Hrynaszkiewicz *et al*: **Preparing raw clinical data for publication: Guidance for journal editors, authors and peer reviewers.** *BMJ* 2010;340:c181/*Trials* 2010 11:9. http://www.trialsjournal.com/content/11/1/9

Developing and agreeing standards

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Data repositories

Melanoma Molecular Map Project	
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Gillam *et al*: The Healthcare Singularity and the Age of Semantic Medicine. In *The Fourth Paradigm (*2009)

The new scientific record?

- Data-intensive research and rapid knowledge translation
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Lynch C: Jim Gray's Fourth Paradigm and the Construction of the Scientific Record. In *The Fourth Paradigm (*2009)

Google https://www.google.com/health/html/tour/index.html

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So what does this all mean for publishers and medical writers?

- Re-usable data has tremendous value
- And end in sight for the traditional article?

So what does this all mean for publishers and medical writers?

- Re-usable data has tremendous value
- And end in sight for the traditional article?
- Development of tools for interpretation of data needs publishers and collaborators
- Value-added content and context adapted for the audience will always need writers

Summary

- The internet has fundamentally changed the business of publishing
- Internet publishing now allows readers to interact with the scientific literature
- The metrics of success for journals, articles, and authors are evolving
- Data and software are more integral to the scientific record but writers and publishers will help put data into context BioMed

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