

November 15, 2004

Elias Zerhouni
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr Zerhouni:

Not surprisingly, the National Institutes of Health (NIH) and professional medical societies including the Radiological Society of North America (RSNA) have a remarkable coincidence of purpose--in general and even in the case of the proposed policy. In its commitment to promoting the highest standards of radiology and related sciences through education and research, the RSNA shares the goals of the NIH to expand "the knowledge base in medical and associated sciences" and to share "ideas, data, and research findings." Moreover, the RSNA goal to increase public awareness and understanding of radiologic research and procedures mirrors the NIH goal to "facilitate enhanced public access to NIH health-related research information."

In the spirit of furthering our common goals, the RSNA submits this comment to NIH on "Notice: Enhanced Public Access to NIH Research Information" (NOT-OD-04—64), issued September 3, 2004.

In the short run the proposed policy may earn praise from advocates of open access publishing and affiliated patient advocacy groups. However, RSNA is concerned that in the long run some consequences of the proposed policy will undermine the goals the policy has been designed to achieve as well as the larger purpose of NIH. At the same time, the policy as proposed will undercut RSNA's mission by jeopardizing its journal *Radiology*.

Free access and paying for peer review: The medical research community recognizes the value of peer review to the entire research enterprise, from the submission of grant proposals through the selection and revision of articles for publication. RSNA demonstrates the importance it accords peer review for the publication of *Radiology* by devoting to it considerable human, administrative, technologic, and financial resources—for a total annual expenditure of nearly \$900,000. Following peer review, additional resources have been dedicated to further ensure the accuracy and quality of the printed and online versions of each article.

Three interdependent revenue streams fund the peer review and publication processes for *Radiology*: a portion of dues from RSNA members, subscription fees from nonmembers, and advertising space fees. No money from taxpayers, authors, or the NIH supports peer review and publication in *Radiology*. If articles based on NIH-supported research are

made available for free after only six months, individuals and institutions now paying subscription fees for access to *Radiology* will decide they can afford to wait 6 months for access and will discontinue their subscriptions. As the subscriptions that help support peer review and publication of *Radiology* diminish, so will another funding source: advertising fees. Together these sources account for nearly 56% of the funding base for the Society's Journal.

Diminished revenue from subscribers and advertisers leaves the RSNA with a set of options that have undesirable consequences:

- Allocate more from members' dues: jeopardizes other RSNA programs that support research.
- Increase dues: risks reductions in membership and members' support of research.
- Decrease human and technologic resources devoted to the Journal: causes a drop in quality and slowing of innovation.
- Reduce the number of pages: means fewer papers will be accepted (will they be accepted elsewhere? With all journals in the same financial straits, it's doubtful).
- Institute author fees: would need to be far more than \$1500, and would erode the available funding pool for research. In addition, the NIH has already put authors and publishers on notice that it won't countenance increases in author fees ("NIH trusts that ...the policy will not result in unreasonable or disproportionate charges to grantees... We will carefully monitor requested budgets and other costing information and would consider options to ensure that grantees' budgets are not unduly affected by this policy.")

If the manuscript version that *does* receive NIH support—the version prior to the hundreds of dollars and scores of hours of peer review funded by RSNA—is made available to the public, then inevitably, some flawed and inaccurate research reports would reach both the public and other researchers, with potentially disastrous consequences.

Thus the proposed policy creates a dilemma not only for RSNA but also for NIH. The economically feasible solution (free publication of the author's original manuscript) is neither scientifically sound nor socially acceptable. And reducing journal expenses to absorb the loss of two revenue streams produces an intolerable loss of quality and decreased support for and publication of research. The latter threatens NIH's ability to "uncover and disseminate new knowledge" while preserving "the critical role of journals and publishers in peer review, editing, and scientific quality control." Extended dialogue between NIH and medical society publishers such as RSNA after the November 16 deadline for comments offers the possibility that together we can forge a policy that does not undermine but supports our common goals. One suggestion is to alter the time to free publication from six months to one year.

An additional archive or linking: Another topic for our dialogue is the PubMed Central archive for the manuscripts. As it stands, the proposal to have manuscripts archived in

PubMed Central poses problems for the scientific record, value to readers, and taxpayer resources:

- Not having gone through the redaction process, manuscripts archived in PubMed Central will differ from the online and print *Radiology* version in substantive content. Whereas the article of record is currently unambiguous, with a second version at PubMed Central there will be confusion about versions and citations.
- Manuscripts archived in PubMed Central will lack the content, features, and functionality now so valuable to *Radiology* readers and researchers-- accompanying letters, comments, and errata; complex supplements of text and image data as well as Java scripts; quick and as well as sophisticated search capabilities; and interarticle reference linking.
- Manuscripts archived in PubMed Central will be in a relatively unstable environment compared with the *Radiology* site on HighWire Press, which in concert with publishers and libraries has developed a robust distributed system for library collection, preservation, and access.

For PubMed Central to achieve what publishers have achieved on their own sites, at their own expense, would require that NIH divert resources far in excess of \$2 million for development—an expenditure in service of redundancy. Would it not be better to take maximum advantage of a feature unique to the new online technology, namely, the ability to *link*—in this case, to the final version of the author’s published article on the journal site? Finally, it is worth noting that most readers of *Radiology*—radiologists in clinical practice and research, other physicians, members of the public—currently access *Radiology* not from PubMed, though that was the case in the past, but from *Google*.

The NIH portfolio: When it comes to providing the NIH with the information it needs internally to manage its research portfolio, RSNA would be happy to discuss what the Society can give NIH for this purpose. In addition, while all funding sources for research published in *Radiology* are currently acknowledged, consideration can be given to a more prominent designation of NIH-funded research if that would assist NIH in demonstrating the results of its grants process.

Public information: Both RSNA and NIH are mindful of the ultimate purpose of their work: the benefit of patients and the public. To that end, RSNA devotes considerable resources to a robust public information program. The Society would be delighted to work with NIH to expand this program, identifying public organizations interested in radiology research and finding ways to supply them with meaningful information on a timely basis.

Summary and conclusion: A one-year rather than six-month period before free publication, a link to the article of record rather than a separate archive, collaboration with NIH on its portfolio management and provision of information to the public—these and other ideas would be excellent topics for a conversation following the November 16 conclusion of this comment period. RSNA encourages the NIH to take advantage of the goodwill of the many society publishers who stand ready to help NIH achieve its goals

without undermining their common missions in the long term. We look forward to hearing from you about a meeting.

Sincerely,

Handwritten signature of Robert R. Hattery, MD in black ink.

Robert R. Hattery, MD
Chairman of the Board of Directors

Handwritten signature of Hedvig Hricak in black ink.

Hedvig Hricak, MD, PhD
Board Liaison for Publications and Communications

cc: Board of Directors
Dave Fellers, CAE