UW Biomedical Research Integrity Program (BRI)

Kelly Edwards, PhD Director
Associate Dean, Student & Postdoc Affairs, UW Graduate School
Professor, Bioethics, UW School of Medicine

Sli.do for today: P207

© 2017
HATE HAS NO HOME HERE
لا مكان للكرهية هنا
여기에 미움을 위한 집은 없다
យុគព្យាយាមតែស្លើស៍ពីនា
LA HAINEN’APAS DE PLACE ICI
仇恨在这里没有立足之地
شنها لا يؤول لها في هنا
EL ODIO NO TIENE HOGAR AQUÍ
To report a bias incident, please visit: https://report.bias.washington.edu
BRI Series: Integrity from the Inside Out

• Who do you want to be as a researcher? What decisions will you be comfortable with? What kind of impact do you want to make?

• Do your evaluations! Win $50

• Show up for discussion groups, talk cases

• Make up missed lectures online

• Credit updated by the end of the series
Today’s topic: Authorship

“No, it’s my wife’s turn to be the first author on your paper.”
Today’s Speaker: Robin Chin Roemer

• UW Libraries Instructional Design and Outreach
• Former Communications Librarian at American University
• MLIS University of Washington
• Regular contributor to ACRL
• Co-author of landmark text:
Meaningful Metrics

Bibliometrics, Altmetrics, Research Impact

Robin Chin Roemer, robindcr@uw.edu, @robinlibrarian

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Journal Citation Reports

EVALUATE THE WORLD’S LEADING JOURNALS TO MEASURE INFLUENCE AND IMPACT ON THE JOURNAL AND CATEGORY LEVEL
Why the impact factor of journals should not be used for evaluating research

Counting on citations: a flawed way to measure quality

Garry Walter, Karen Fisher, Sidney Bloch and Glenn Hunt

Impact factor: a valid measure of journal quality?

Understanding the Limitations of the Journal Impact Factor

Andrew P. Kirmis, PhD

The use and misuse of journal metrics and other citation indicators

David A. Pendlebury

Trends in the Usage of ISI Bibliometric Data: Uses, Abuses, and Implications

Brian D. Cameron

The Weakening Relationship Between the Impact Factor and Papers' Citations in the Digital Age

DO RANKINGS REFLECT RESEARCH QUALITY?

Rheumatology International

Diversity, value and limitations of the journal impact factor and alternative metrics


Published 15 February 1997


Do Article Influence scores overestimate the citation impact of social science journals in subfields that are related to higher-impact natural science disciplines?

William H. Walters

Journal of Informetrics

Volume 8, Issue 2, April 2014, Pages 421–430
Your (real) Impact Factor

Impact Factor (corrected) = \[
\frac{\text{# times your work is cited} - \text{# citations that actually trash your work} - \text{# times you cited yourself (nice try)} - \text{# times you were cited just to pad the introduction section}}{\text{# original articles you've written} + \text{# articles you were included in out of pity or politics} + \text{# not-so-original articles you've written copied and pasted} - \text{# citations the editor pressured the author to include to increase the journal's impact factor}}
\]
# SJR Journal & Country Rank

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Images: [http://www.scimagojr.com/](http://www.scimagojr.com/)
Altmetrics is a broad term that encapsulates the collection of multiple digital indicators related to scholarly work. These indicators are derived from activity and engagement among diverse stakeholders and scholarly outputs in the research ecosystem, including the public sphere.
Blogged by 5
Tweeted by 85
On 7 Facebook pages
Mentioned in 2 Google+ posts
55 readers on Mendeley
2 readers on CiteULike

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PDF Views: 1204
HTML Views: 9446
Abstract Views: 36

Captures
Readers: 44

Mentions
Comments: 11

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Tweets: 63
+1s: 5
Likes: 22
Shares: 15

Citations
Scopus: 8
CrossRef: 7
see details
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University of Florida Associate Professor
open access 88%

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TIMELINE

4309 Online mentions over 1 year

PUBLICATIONS

- Best Practices for Scientific Computing
  2014 PLoS Biology
  2371

- The Case for Open Preprints in Biology
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Showcase the influence of your work

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RT @e_geleich OMG- This paper got published with this highlighted phrase and no-one noticed? onlineLibrary.wiley.com/doi/10.1111/et...

Although association preferences documented in our study theoretically could be a consequence of either mating or shoaling preferences in the different female groups investigated (should we cite the crappy Gabor paper here?), shoaling preferences are unlikely drivers of the documented patterns both because of evidence from previous research and inconsistencies with a priori predictions. Our methods closely followed those of published mate choice experiments in this system (Tobler et al. 2009a,b; Plath et al. 2013),

This article was published at NEJM.org on April 1, 2009.
## JCR: New England Journal of Medicine

### Key Indicators

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**IF: 47.050 for 2009**
Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival


Letters & Comments (Peer discussion)
Effect of early versus deferred antiretroviral therapy for HIV on survival


View additional authors

a University of Washington, Harborview Medical Center, 325 Ninth Ave., Box 359931, Seattle, WA 98104, United States
b University of Washington, Seattle, WA, United States
c Johns Hopkins University, Baltimore, United States

747 citations
Effect of early versus deferred antiretroviral therapy for HIV on survival

Prevention of HIV-1 infection with early antiretroviral therapy
MS Cohen, YQ Chen, M McCauley... - New England journal ..., 2011 - Mass Medical Soc
Background Antiretroviral therapy that reduces viral replication could limit the transmission of human immunodeficiency virus type 1 (HIV-1) in serodiscordant couples. Methods In nine countries, we enrolled 1763 couples in which one partner was HIV-1–positive and the other
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Antiretroviral treatment of adult HIV infection: 2010 recommendations of the International AIDS Society–USA panel
MA Thompson, JA Aberg, P Cahn, JSG Montaner... - Jama, 2010 - jamanetwork.com
Abstract Context Recent data regarding the consequences of untreated human immunodeficiency virus (HIV) infection and the expansion of treatment choices for antiretroviral-naive and antiretroviral-experienced patients warrant an update of the
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Initiation of antiretroviral therapy in early asymptomatic HIV infection
Editor's Note: The narration and closed captions in this video are in English. For subtitles in 13 other languages, see this video on the website of the World Health Organization. ... Editor's Note: For reasons of public health, readers should be aware that this letter has been "heavily
Cited by 717 Related articles All 12 versions Cite Save

Timing of initiation of antiretroviral drugs during tuberculosis therapy
SS Abdool Karim, K Naidoo, A Grobler... - ... England Journal of ..., 2010 - Mass Medical Soc
Background The rates of death are high among patients with coinfection with tuberculosis
Example #2: Alternative Metrics


This article was published at NEJM.org on April 1, 2009.
Mari Kitahata

Professor of Medicine, University of Washington

CFAR Role:
Director, Clinical Epidemiology and Health Services Research

Research Interests:
WASHINGTON — People who have the AIDS virus should start drug treatments sooner than current guidelines recommend, suggests a large new study that could change the care of hundreds of thousands of Americans.

The study found that delaying treatment until a patient’s immune system is badly damaged nearly doubles the risk of dying in the next few years compared to patients whose treatments were started earlier.
ICAAC-IDSA: HIV Treatment Started Sooner than Later Lessens Early Death Risk

— WASHINGTON -- HIV patients have an improved mortality risk if they start therapy earlier than current guidelines suggest, a researcher said here.

by Michael Smith, North American Correspondent, MedPage Today
October 27, 2008

WASHINGTON, Oct. 27 -- HIV patients have an improved mortality risk if they start therapy earlier than current guidelines suggest, a researcher said here.

Asymptomatic patients who started therapy when their CD4-positive T cell count was between 350 and 500 cells per
Start Anti-HIV Treatment Early, in Adults and Infants

January 01, 2009
By AIDS Reader

Debate over the optimal time to initiate antiretroviral therapy for HIV infection is as old as the availability of effective anti-HIV treatment. As I’ve noted in several past editorials, there were cogent arguments on both sides, given the difficulty in maintaining even the more modest adherence required by newer NNRTI or protease inhibitor (PI)-boosted regimens and the concerns over the drug-related cardiovascular, bone, and metabolic adverse effects versus the risk of irreversible immune compromise and premature death if antiretroviral therapy is withheld.

HIV treatment guidelines issued by the US Department of Health and Human Services, in line with those of the International AIDS Society, recommend that most asymptomatic HIV-positive persons delay antiretroviral therapy until their CD4+ cell counts fall below 350/µL. Last year, I reported on a computer simulation of data from the Veterans Aging Cohort Study, which arrived at a very different conclusion. It involved 5742 HIV-infected patients and 11,484 matched, uninfected controls seen from 1997 through 2004. The HIV-positive cohort was selected for an initial low risk of HIV-related death on the basis of a threshold T-cell count of 500/µL. Their simulation showed that earlier therapy, starting at CD4+ cell counts around 500/µL, improved life expectancy in many of the scenarios evaluated, despite the fact that it hastened accumulation of resistance mutations and reduced future drug options.

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In Treating H.I.V. Infection, Sooner Is Better, Study Finds

By RONI CARYN RABIN  APRIL 29, 2009

Powerful drugs are available to treat H.I.V., but doctors have long argued about when to start therapy. Is it better to treat patients early, exposing them to risky side effects, or to wait until the disease is more advanced?

A new analysis suggests that sooner is better than later.

The study, which is not the final word on the matter, tracked the survival rates of 17,517 asymptomatic North American patients with H.I.V. who started drug therapy at different points, as determined by blood levels of the immune system’s CD4 cells, which decline as the infection progresses.
Research & Scientific Impact

The true measure of UW/Fred Hutch CFAR accomplishment in supporting HIV/AIDS research is the quality and potential clinical impact of the final published research. In this section, we highlight recent examples of CFAR-supported projects that address important questions and point to potential new approaches in improved prevention or management of HIV infection and AIDS.

Earlier Antiretroviral Therapy Improves Survival

Results of this seminal study had an immediate impact on the treatment of HIV-infected individuals—both nationally and internationally. The study, which analyzed data from over 17,000 asymptomatic individuals with HIV/AIDS who received ART between 1996 and 2005, relied on the services of the CFAR Clinical Epidemiology and Health Services Research Core. Results showed that early initiation of antiretroviral therapy—at CD4 cell counts between 500 and 350 cells/mm³—was associated with a 70% reduction in mortality when compared to the prevailing guideline-directed practice of waiting until counts fell to ≤ 350. A separate analysis showed that patients with CD4 counts above 500 who started therapy within 6 months had a 94% lower mortality rate, compared to those who deferred therapy. Dr. Carl Diefenbach, Director of the Division of AIDS at NIAID, has referred to these observations as the most important research findings in the HIV/AIDS field during the past year. A recent meeting on ‘ART for HIV Prevention’ convened by the World Health Organization (WHO) in Geneva November 4, 2009 also considered the results of this CFAR-supported study in changing WHO guidelines for initiating ART by raising the threshold from <200 cells/mm³ to <350 cells/mm³.

Reference articles

Antiretroviral therapy for HIV prevention consultation

Here are some of the selected references for the ‘ART for HIV prevention consultation.’ We understand that these are by no means comprehensive and are hopeful that concerned meeting participants and others will contribute to this repository. If you would like to add a document, please email it in PDF form to Reuben Granich at granichr@who.int. Thank you very much for your interest and we hope that these articles are helpful for you in your future work on this important issue.

Effect of early versus deferred antiretroviral therapy for HIV on survival.

Citation data: The New England journal of medicine, ISSN: 1533-4406, Vol: 360, Issue: 18, Page: 1815-26
Publication Year: 2009

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**Repository URL:**
http://kpresearchpublications.kp.org/handle/kp/7064

**PMID:**
19339714

**Most Recent News Mention:**
Assessment of an outreach street-based HIV rapid testing programme as a strategy to promote early diagnosis: a comparison with two surveillance systems in Spain, 2008-2011
April 9, 2015 | Eurosurveillance

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Initiating antiretroviral therapy in patients with HIV infection
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This article has 8 Clinical Citations from PubMed Guidelines:

Published Date: Jan, 2017
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Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2016 Recommendations of the International Antiviral Society-USA Panel.
Published Date: Jul, 2016
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British HIV Association guidelines for the management of HIV infection in pregnant women 2012 (2014 interim review).
Published Date: Sep, 2014
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The role of mathematical modelling in the development of recommendations in the 2013 WHO consolidated antiretroviral therapy guidelines.
Published Date: Jan, 2014
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Documento de consenso de GeSIDA/Plan Nacional sobre el Sida respecto al tratamiento antirretroviral en adultos infectados por el virus de la inmunodeficiencia humana (actualización enero 2013).
Published Date: Nov, 2013
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British HIV Association guidelines for the management of HIV infection in pregnant women 2012.
Published Date: Sep, 2012
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Overview of attention for article published in New England Journal of Medicine, April 2009

Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach

Cited by World Health Organization on 01 Jan 2015

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system.

Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV

Cited by World Health Organization on 01 Jan 2015

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system.

Maximizing the treatment and prevention potential of antiretroviral drugs: early country experiences towards implementing a treat-all policy: programmatic update

Cited by World Health Organization on 01 Jul 2015

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system.

Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV, web supplement: annex 2: evidence to decision-making tables and supporting evidence

Cited by World Health Organization on 01 Jan 2015

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system.
Management of HIV/AIDS

Earlier antiretroviral therapy recommended for HIV patients

Effect of early versus deferred antiretroviral therapy for HIV on survival.

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Panel members judge applicants by Google Scholar results and use citation counts to score proposals for new research. This practice prevails even at agencies such as the European Research Council (ERC), which instructs reviewers not to look up bibliometric measures.

As economists who study science and innovation, we see engrained processes working against cherished goals. Scientists we interview routinely say that they dare not propose bold projects for funding in part because of expectations that they will produce a steady stream of papers in journals with high impact scores. The situation may be worse than assumed. Our analysis of 15 years’ worth of citation data suggests that common bibliometric measures relying on short-term windows undervalue risky research.

How can we move beyond declarations and wean reviewers off bibliometric indicators that bias decisions against bold work?

BACK-DOOR BIBLIOMETRICS

A few funding agencies in the Czech Republic, Flanders (northern Belgium) and Italy ask applicants to list JIFs alongside their publications, but such requirements are not the norm. The ERC, the National Natural Science Foundation in China, the US National Science Foundation and the US National Institutes of Health do not require applicants to report bibliometric measures.

They do anyway. Grant applicants to the Natural Science and Engineering Research Council of Canada (NSERC) may choose to list measures such as the number of citations of their publications along with JIFs and other metrics, such as the $h$-index, derived
PUBLIC ACCESS SURGE FOR NIH

The US National Institutes of Health has seen a sharp rise in the number of manuscripts submitted to its PubMed Central (free access) database.

- NIH public access mandate receives congressional backing
- NIH says it will enforce mandate from ‘spring 2013’
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Q&A.

robin@uw.edu
Credit for video lecture: Go to quiz link

2017 UW Biomedical Research Integrity series, Lecture #4
Robin E Chin Roemer

Monday, August 21, 2017, Hogness Auditorium, HSB
PHS topic: authorship

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