

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

W

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មិនមានការស្អប់ខ្ពើមនៅទីនេះទេ

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仇恨在这里没有立足之地

שנאה לא יכולה לחיות פה

EL ODIO NO TIENE HOGAR AQUÍ

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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.”

ICMJE INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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:



**A 21st-Century Librarian's Guide
to Bibliometrics, Altmetrics,
and Research Impact**

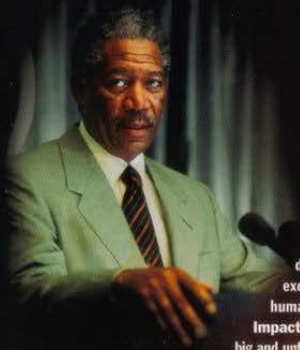
Robin Chin Roemer & Rachel Borchardt

Meaningful Metrics

Bibliometrics, Altmetrics, Research Impact

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

DVD 490 968 2 • 10



What would you do to know that in a handful of days an enormous comet would collide with Earth and all humanity could be annihilated?

The countdown to doomsday is underway in this "gut-wrenching, eye-opening blast of a movie experience" (Jeff Craig, *Sixty Second Preview*).

Mimi Leder (*The Peacemaker*) directs, guiding an all-star cast featuring Robert Duvall, Téa Leoni, Elijah Wood, Vanessa Redgrave, Maximilian Schell and Morgan Freeman. With the film's dynamic fusion of large-scale excitement and touching, human-scale storylines, **Deep Impact** makes its impact felt in a big and unforgettable way.



DREAMWORKS PICTURES and PARAMOUNT PICTURES Present a ZANUCK BROWN Production a MIMI LEDER Film "DEEP IMPACT" ROBERT DUVALL TEA LEONI ELIJAH WOOD VANESSA REDGRAVE MAXIMILIAN SCHELL and MORGAN FREEMAN Music by JAMES HORNOR Costumes Designed by RUTH MYERS Special Visual Effects by INDUSTRIAL LIGHT & MAGIC Film Editor DAVID ROSENBLUM, A.C.E. Production Designed by LESLIE DILLEY Director of Photography DIETRICH LORHMANN Executive Producers STEVEN SPIELBERG, JOAN BRANDSHAW and WALTER PARKES Written by BRUCE RUDIN and MICHAEL TOLKIN Produced by RICHARD D. ZANUCK and DAVID BROWN Directed by MIMI LEDER

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DREAMWORKS PICTURES



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2 THEATRICAL TRAILERS



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English 5.1
German* 5.1



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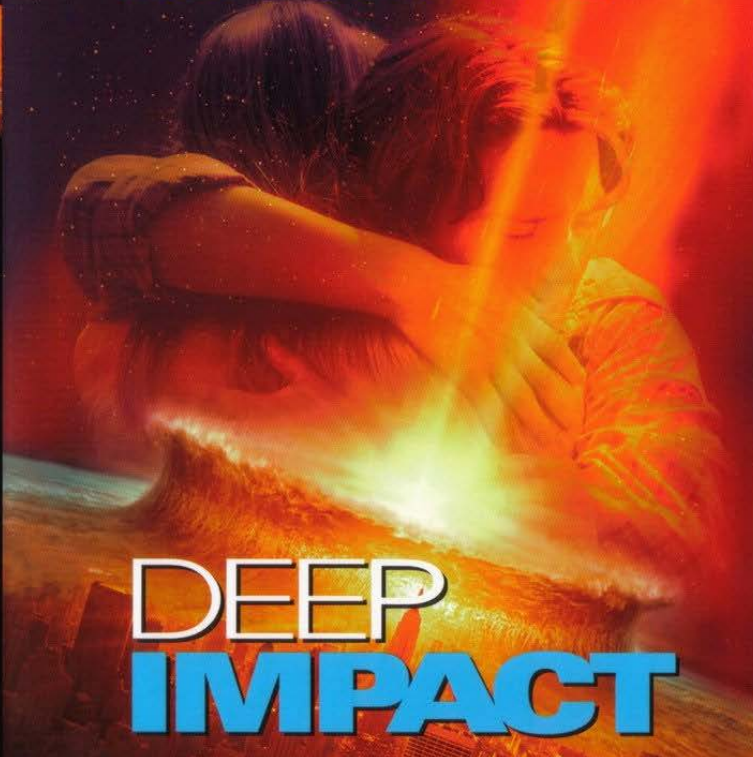


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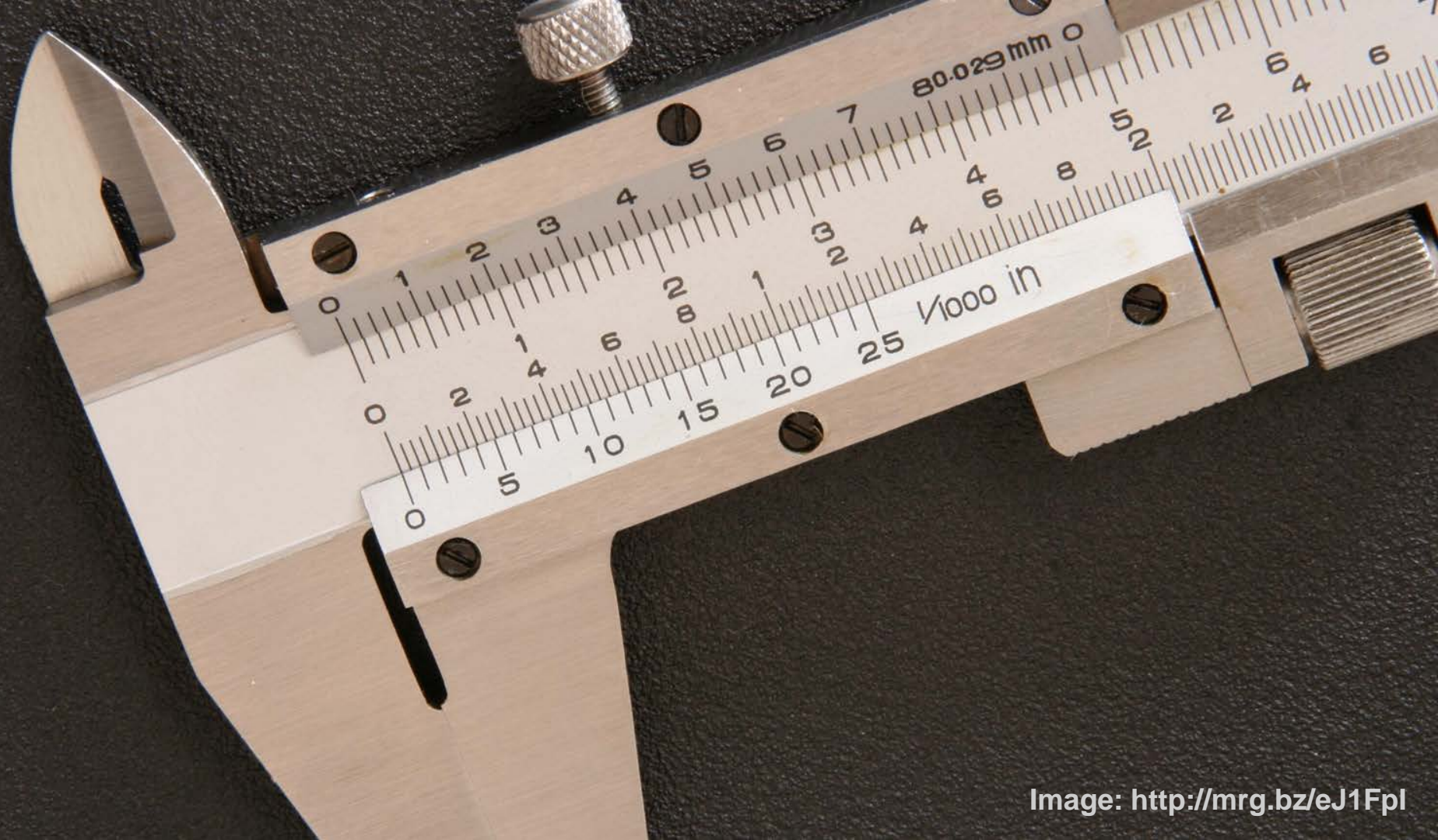
DEEP
IMPACT



RECOMMENDED FOR MATURE
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(Includes Review Journals)

Rank	Journal Abbreviation	1996 Total Cites	Impact Factor	Immed. Index	1996 Articles	Cited Half-Life
1	*ANNU REV IMMUNOL	9822	47.717	4.880	25	4.7
2	*CELL	149477	40.997	6.616	451	4.7
3	*ANNU REV BIOCHEM	17863	38.966	5.280	25	7.0
4	*PHARMACOL REV	6576	35.943	0.944	18	5.8
5	*ANNU REV NEUROSCI	5950	33.625	5.091	22	5.6
6	*NAT GENET	19950	31.473	10.836	122	2.5
7	*NATURE	270077	28.417	6.290	885	6.3
8	*NEW ENGL J MED	118106	24.834	5.909	406	6.5
9	*SCIENCE	221696	23.605	4.837	1095	5.6
10	*ENDOCR REV	6997	22.848	1.000	27	5.0
11	*NAT MRD	4065	22.127	5.585	164	1.3
12	*IMMUNOL TODAY	13614	21.941	2.560	116	3.9
13	*ANNU REV CELL DEV BI	5405	20.353	0.091	22	5.6
14	*TRENDS BIOCHEM SCI	12971	20.306	2.594	101	4.0
15	*REV MOD PHYS	10781	20.208	1.815	27	> 10.0
16	*IMMUNITY	4893	19.937	3.583	120	1.8
17	*MICROBIOL REV	6975	19.526	1.467	30	5.8
18	*PHYSIOL REV	9694	19.388	2.000	30	8.1
19	*ADV IMMUNOL	3597	19.205	0.909	22	6.0
20	*GENE DEV	27255	18.810	3.363	259	3.7
21	*CURR OPIN CELL BIOL	7283	18.043	2.174	92	3.0
22	*TRENDS PHARMACOL SCI	9289	17.950	1.088	80	4.8
23	*LANCET	100526	17.948	4.742	532	6.5
24	*TRENDS NEUROSCI	12171	17.755	2.259	85	5.0
25	*CA-CANCER J CLIN	1620	17.452	0.250	20	3.3
26	*CHEM REV	17865	17.112	3.398	118	6.4
27	*NEURON	26192	16.953	3.039	254	3.9
28	*J EXP MED	60034	15.572	2.092	541	5.1
29	*ANNU REV PHYSIOL	5645	14.551	1.697	33	6.3
30	*FASEB J	21288	13.771	2.181	182	5.1
31	*EMBO J	62920	13.255	2.129	725	4.7
32	*ADV PROTEIN CHEM	2316	13.227	0.118	17	> 10.0
33	*PROG INORG CHEM	1838	12.700			> 10.0
34	*ANNU REV PLANT PHYS	5838	12.680	1.840	25	7.8
34	*J CELL BIOL	67402	12.680	1.807	483	5.9
36	*ANNU REV BIOPH BIOM	3208	12.389	0.813	16	6.3
37	*ANNU REV ASTRON ASTR	3087	12.161	0.353	17	7.5
38	*ANNU REV PHARMACOL	3707	12.119	1.720	25	6.7
39	*TRENDS CELL BIOL	3276	11.944	2.304	79	2.7
40	*ADV ORGANOMET CHEM	1339	11.727			> 10.0



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

J Med Libr Assoc. Jan 2003; 91(1): 42–46.

Impact factor: a valid measure of journal quality?

BMJ 1997 ; 314 doi: <http://dx.doi.org/10.1136/bmj.314.7079.497> (Published 15 February 1997)

Counting on citations: a flawed way to measure quality

Garry Walter, Karen Fisher, Sidney Bloch and Glenn Hunt

Med J Aust 2003; 178 (6): 280-281.

Understanding the Limitations of the Journal Impact Factor

Andrew P. Kurmis, PhD

J Bone Joint Surg Am, 2003 Dec;85(12):2449-2454. <http://dx.doi.org/>

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

Brian D. Cameron

From: portal: Libraries and the Academy

Volume 5, Number 1, January 2005

pp. 105-125 | 10.1353/pla.2005.0003

Archivum Immunologiae et Therapiae Experimentalis
February 2009, Volume 57, Issue 1, pp 1-11

Date: 14 Feb 2009

The use and misuse of journal metrics and other citation indicators

David A. Pendlebury

Journal of Applied Economics. Vol XIII, No. 1 (May 2010), 1-38

DO RANKINGS REFLECT RESEARCH QUALITY?

Rheumatology International

July 2012, Volume 32, Issue 7, pp 1861-1867

Date: 23 Dec 2011

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

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

JOURNAL OF THE AMERICAN SOCIETY FOR INFORMATION SCIENCE AND TECHNOLOGY, 63(11):2140–2145, 2012

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

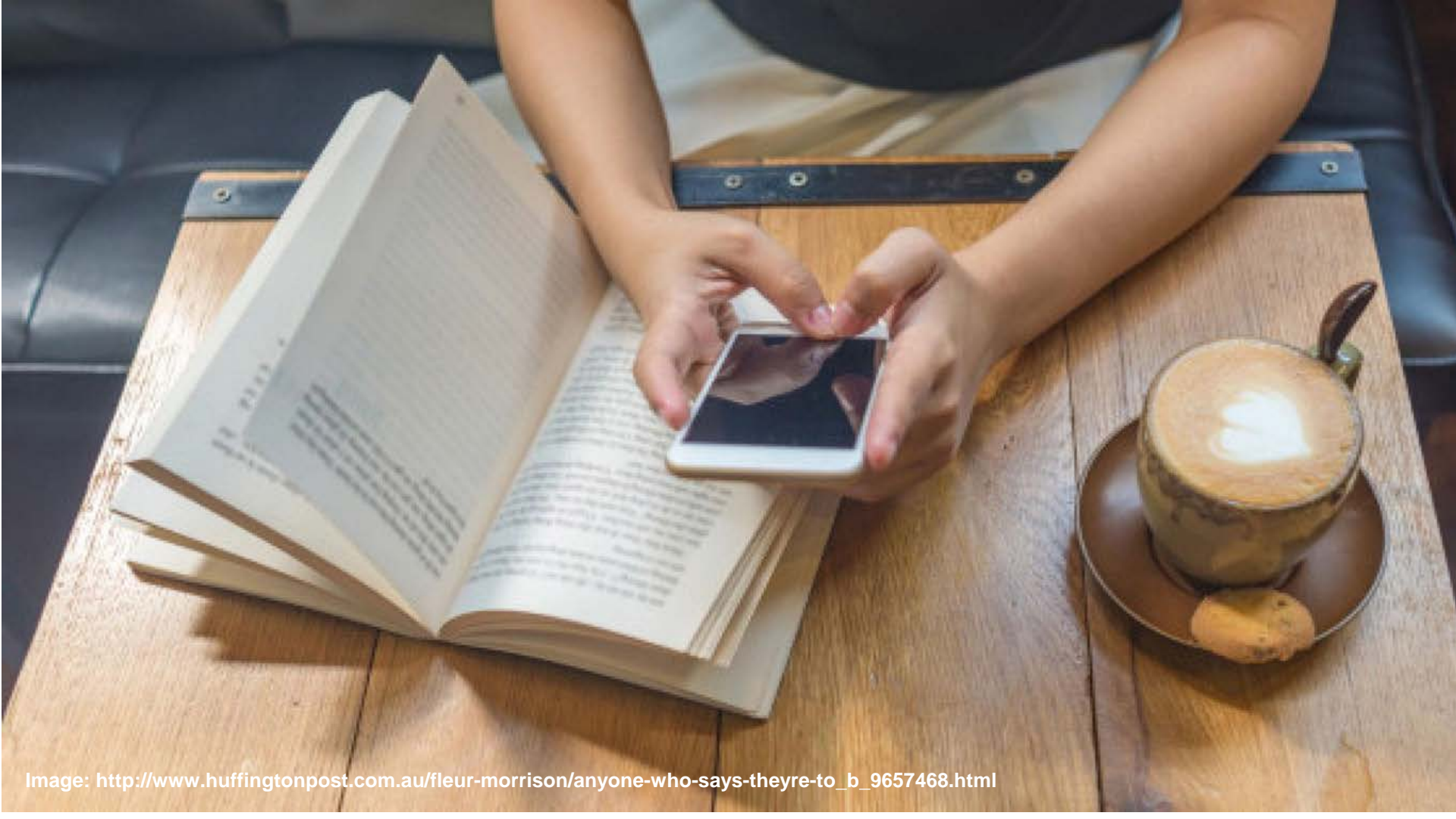
Volume 8, Issue 2, April 2014, Pages 421–430

Your (real) Impact Factor

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

	Title	Type	↓ SJR	H index	Total Docs. (2016)	Total Docs. (3years)	Total Refs.	Total Cites (3years)	Citable Docs. (3years)	Cites / Doc. (2years)	Ref. / Doc.	
1	CA - A Cancer Journal for Clinicians	journal	39.285 Q1	131	43	141	3503	11929	118	128.75	81.47	
2	Nature Reviews Cancer	journal	21.530 Q1	355	115	513	9863	7806	207	32.32	85.77	
3	The Lancet Oncology	journal	13.390 Q1	231	537	1673	8548	16744	592	28.03	15.92	
4	Cancer Cell	journal	13.169 Q1	271	217	569	7418	9095	525	17.81	34.18	
5	Journal of Clinical Oncology	journal	8.883 Q1	463	917	2804	22869	28184	1699	16.89	24.94	
6	Journal of the National Cancer Institute	journal	5.747 Q1	316	259	1193	7073	6248	636	8.78	27.31	





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.





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-  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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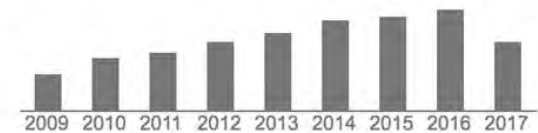
Title	1–20	Cited by	Year
Species abundance distributions: moving beyond single prediction theories to integration within an ecological framework		726	2007
BJ McGill, RS Etienne, JS Gray, D Alonso, MJ Anderson, HK Benecha, ... Ecology Letters 10 (10), 995-1015			
Relationships between body size and abundance in ecology		394	2007
EP White, SKM Ernest, AJ Kerkhoff, BJ Enquist Trends in ecology & evolution 22 (6), 323-330			
On estimating the exponent of power-law frequency distributions		246	2008
EP White, BJ Enquist, JL Green Ecology 89 (4), 905-912			
Best practices for scientific computing		226	2014
G Wilson, DA Aruliah, CT Brown, NPC Hong, M Davis, RT Guy, ... PLoS biology 12 (1), e1001745			
Thermodynamic and metabolic effects on the scaling of production and population energy use		193	2003
SK Ernest, BJ Enquist, JH Brown, EL Charnov, JF Gillooly, VM Savage, ... Ecology Letters 6 (11), 990-995			

[Disparity between range map-and survey-based analyses of](#)

Google Scholar



Citation indices	All	Since 2012
Citations	3648	2502
h-index	29	22
i10-index	45	40



Co-authors [View all...](#)

- Morgan Ernest
- Allen Hurlbert
- Brian J. Enquist
- Kate Thibault
- James H. Brown
- Xiao Xiao
- Jessica L. Green
- David Alonso
- Brian McGill
- Annette Ostling

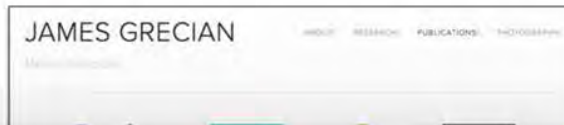
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Although association preferences documented in our study theoretically could be a consequence of either mating or shoaling preferences in the different female groups investigated (should we cite the crappy Gabor paper here?), shoaling preferences are 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),

RETWEETS

40

FAVORITES

13



3:09 PM - 11 Nov 2014

<https://twitter.com/WvSchaik/status/53213559188724940>

Priem, J., Piowar, H. A., & Hemminger, B. M. (2012). Altmetrics in the wild: Using social media to explore scholarly impact. *arXiv preprint arXiv:1203.4745*. e-vector-pictures/Color-spectrum.html

Example #1: Traditional Citations

Kitahata, M. M., Gange, S. J., Abraham, A. G., Merriman, B., Saag, M. S., Justice, A. C., ... & Rourke, S. B. (2009). Effect of early versus deferred antiretroviral therapy for HIV on survival. *New England Journal of Medicine*, 360(18), 1815-1826.

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

JCR: New England Journal of Medicine

JCR® Category	Rank in Category	Quartile in Category
MEDICINE, GENERAL & INTERNAL	1 of 154	Q1

Data from the 2016 edition of Journal Citation Reports

Key Indicators

Year ▾	Total Cites Graph	Journal Impact Factor Graph	Impact Factor Without Journal Self Cites Graph	5 Year Impact Factor Graph	Immediacy Index Graph	Citable Items Graph	Cited Half-Life Graph	Citing Half-Life Graph	Eigenfactor Score Graph	Article Influence Score Graph	% Articles in Citable Items Graph	Normalized Eigenfactor Graph	Average JIF Percentile Graph
2016	315,143	72.406	71.699	64.201	16.6			4.7	0.70077	27.769	85.98	80.30...	99.675
2015	283,525	59.558	58.912	56.170	20.0			5.0	0.68235	25.710	87.43	77.77...	99.677
2014	268,652	55.873	55.192	54.390	13.844	353	8.4	5.1	0.67634	24.284	86.69	75.74...	99.675
2013	257,469	54.420	53.682	52.426	14.747	348	8.2	4.7	0.65797	22.412	89.37	72.52...	99.679
2012	245,605	51.658	50.955	50.807	12.667	360	8.0	5.0	0.65957	21.642	88.89	Not A...	99.677
2011	232,068	53.298	52.414	50.075	11.484	349	7.8	4.8	0.66383	21.304	88.83	Not A...	99.677
2010	227,679	53.486	52.774	52.363	10.675	345	7.5	4.7	0.68835	21.349	89.86	Not A...	99.673
2009	216,752	47.050	46.403	51.410	14.557	352	7.5	4.5	0.67236	19.868	90.91	Not A...	99.624

**IF: 47.050
for 2009**



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ORIGINAL ARTICLE

Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival

Mari M. Kitahata, M.D., M.P.H., Stephen J. Gange, Ph.D., Alison G. Abraham, Ph.D., Barry Merriman, M.A., Michael S. Saag, M.D., Amy C. Justice, M.D., Ph.D., Robert S. Hogg, Ph.D., Steven G. Deeks, M.D., Joseph J. Eron, M.D., John T. Brooks, M.D., Sean B. Rourke, Ph.D., M. John Gill, M.B., Ch.B., Ronald J. Bosch, Ph.D., Jeffrey N. Martin, M.D., M.P.H., Marina B. Klein, M.D., Lisa P. Jacobson, Sc.D., Benigno Rodriguez, M.D., Timothy R. Sterling, M.D., Gregory D. Kirk, M.D., Ph.D., Sonia Napravnik, Ph.D., Anita R. Rachlis, M.D., Liviana M. Calzavara, Ph.D., Michael A. Horberg, M.D., Michael J. Silverberg, Ph.D., Kelly A. Gebo, M.D., M.P.H., James J. Goedert, M.D., Constance A. Benson, M.D., Ann C. Collier, M.D., Stephen E. Van Rompaey, Ph.D., Heidi M. Crane, M.D., M.P.H., Rosemary G. McKaig, Ph.D., Bryan Lau, Ph.D., Aimee M. Freeman, M.A., and Richard D. Moore, M.D., for the NA-ACCORD Investigators*
N Engl J Med 2009; 360:1815-1826 | April 30, 2009 | DOI: 10.1056/NEJMoa0807252

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Citing Articles: 640

(from Web of Science Core Collection)

For: Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival at ...[More](#)

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**Letters & Comments
(Peer discussion)**

The use of antiretroviral therapy has dramatically reduced disease progression and death among patients with human immunodeficiency virus (HIV) infection,^{1,2} but the optimal timing of initiation is uncertain.^{3,4} Current guidelines recommend treatment for asymptomatic patients with a CD4+ count of less than 350 cells per cubic millimeter on the basis of accumulated data.^{5,6} However, these guidelines note the lack of data from randomized clinical trials on the timing of the initiation of antiretroviral therapy.^{3,4} Data from randomized trials are limited to an analysis of a subgroup of 477 patients⁷ from the Strategies for Management of Antiretroviral

April 30, 2009 | P.E. Sax and L.R. Baden

Antiretroviral Therapy in Africa — Too Late and Others

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[New England Journal of Medicine](#)

Volume 360, Issue 18, 30 April 2009, Pages 1815-1826

Effect of early versus deferred antiretroviral therapy for HIV on survival (Article)

Kitahata, M.M.^{ab} [✉](#), Gange, S.J.^c, Abraham, A.G.^c, Merriman, B.^c, Saag, M.S.^d, Justice, A.C.^e, Hogg, R.S.[†], Deeks, S.G.^g, Eron, J.J.^h, Brooks, J.T.ⁱ, Rourke, S.B.^j, Gill, M.J.^k, Bosch, R.J.^l, Martin, J.N.^g, Klein, M.B.^m, Jacobson, L.P.^c, Rodriguez, B.ⁿ, Sterling, T.R.^o, Kirk, G.D.^c, Napravnik, S.^h, Rachlis, A.R.^j, Calzavara, L.M.^j

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^bUniversity of Washington, Seattle, WA, United States

^cJohns Hopkins University, Baltimore, United States

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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 Cited by 4819 [Related articles](#) [All 27 versions](#) [Cite](#) [Save](#)

[\[HTML\] nejm.org](#)[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-naïve and antiretroviral-experienced patients warrant an update of the Cited by 960 [Related articles](#) [All 30 versions](#) [Cite](#) [Save](#)

[\[PDF\] sezampro.rs](#)[\[HTML\] Initiation of antiretroviral therapy in early asymptomatic HIV infection](#)[Insight Start Study Group - N Engl J Med, 2015 - Mass Medical Soc](#)

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](#)

[\[HTML\] nejm.org](#)[\[HTML\] 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

[\[HTML\] nejm.org](#)

Example #2: Alternative Metrics

Kitahata, M. M., Gange, S. J., Abraham, A. G., Merriman, B., Saag, M. S., Justice, A. C., ... & Rourke, S. B. (2009). Effect of early versus deferred antiretroviral therapy for HIV on survival. *New England Journal of Medicine*, 360(18), 1815-1826.

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

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Mari Kitahata



Professor of Medicine, University of Washington

CFAR Role:

Director, [Clinical Epidemiology and Health Services Research](#)

Research Interests:

Study finds AIDS treatment should start sooner

Delaying treatment to spare side effects of drugs nearly doubles death risk

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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 four years compared to patients whose



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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.

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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.¹ 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,² in line with those of the International AIDS Society,³ recommend that most asymptomatic HIV-positive persons delay antiretroviral therapy until their CD4⁺ cell counts fall below 350/ μ L. Last year, I reported on a computer simulation of data from the Veterans Aging Cohort Study, which arrived at a very different conclusion.⁴ It involved 5742 HIV-infected patients and 11,484 matched, uninfected controls seen from 1997 through 2004.⁵ 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/ μ L. Their simulation showed that earlier therapy, starting at CD4⁺ cell counts around 500/ μ L, improved life expectancy in many of the scenarios evaluated, despite the fact that it hastened accumulation of resistance mutations and reduced future drug options.⁵

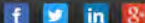
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In Treating H.I.V. Infection, Sooner Is Better, Study Finds

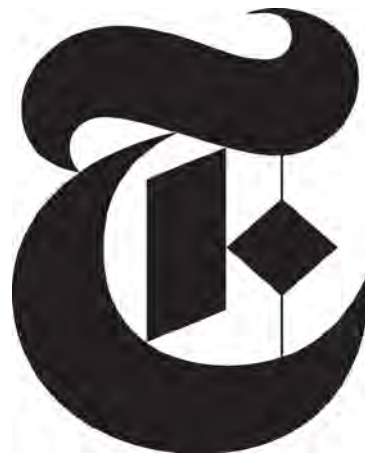
By RONI CARYN RABIN APRIL 29, 2009



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 patients 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 Dieffenbach, 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.

Kitahata MM et al. Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival. N Engl J Med. 2009;360:1815-1826. (PMID 19339714) [\[View PDF\]](#)

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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.



1. Allen S, Tice J, Van de Perre P, et al. [Effect of serotesting with counselling on condom use and seroconversion among HIV discordant couples in Africa](#). *BMJ* 1992;304(6842):1605-9.

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New England Journal of Medicine

Volume 360, Issue 18, 30 April 2009, Pages 1815-1826

Effect of early versus deferred antiretroviral therapy for HIV on survival (Article)

Kitahata, M.M.^{ab} [✉](#), Gange, S.J.^c, Abraham, A.G.^c, Merriman, B.^c, Saag, M.S.^d, Justice, A.C.^e, Hogg, R.S.[†], Deeks, S.G.^g, Eron, J.J.^h, Brooks, J.T.ⁱ, Rourke, S.B.^j, Gill, M.J.^k, Bosch, R.J.^l, Martin, J.N.^g, Klein, M.B.^m, Jacobson, L.P.^c, Rodriguez, B.ⁿ, Sterling, T.R.^o, Kirk, G.D.^c, Napravnik, S.^h, Rachlis, A.R.^j, Calzavara, L.M.^j

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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

This article has 1 Clinical Citation from DynaMed Plus Topics.

Initiating antiretroviral therapy in patients with HIV infection

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Antiretroviral treatment for HIV infection: Swedish recommendations 2016.

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Overview of attention for article published in New England Journal of Medicine, April 2009



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

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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

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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

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Management of HIV/AIDS

From Wikipedia, the free encyclopedia

The **management of HIV/AIDS** involves several classes of antiretroviral drugs. The viral targets is known as high viral load. The function of the immune system is to fight the virus. Treatment has been so successful that it is increasingly rare. Anthony Fauci's collective and resolute action on the same paper he noted that chronic disease



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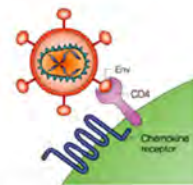
NATURE MEDICINE | SPOONFUL OF MEDICINE

Earlier antiretroviral therapy recommended for HIV patients

by [rpalmer](#) | Category: [AIDS](#)

Among AIDS experts that treating HIV earlier in the course of infection may even reduce the risk of death. How early that treatment should start depends on the patient's health.

In Vienna today, the World Health Organization is saying that antiretroviral therapy should be started as soon as possible, even if the white blood cell count drops below 350 cells per microliter.



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

Kitahata M, Gange S, Abraham A, Merriman B, Saag M, Justice A, Hogg R, Deeks S, Eron J, Brooks J, Rourke S, Gill ...see all
The New England journal of medicine, vol. 360, issue 18 (2009) pp. 1815-26

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by MM Kitahata - 2009 - Cited by 1203 - Related articles

Apr 30, 2009 - Original Article from The New England Journal of Medicine – **Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival.**

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Johns Hopkins HIV Guide 2012 - Page 413



<https://books.google.com/books?isbn=1449619797>

Joel E. Gallant - 2012 - Preview - More editions

Effect of early versus deferred antiretroviral therapy for HIV on survival. NEJM, 2009; 360: 1815–26. Comments: NA-ACCORD: a large North American cohort study demonstrating improved survival among patients who started ART at CD4 ...

Updates in HIV and AIDS: Part II, An Issue of Infectious Disease ...



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Michael S. Saag - 2014 - Preview

Effect of early versus deferred antiretroviral therapy for HIV on survival. N Engl J Med 2009;360:1815–26. Sterne JA, May M, Costagliola D, et al. Timing of initiation of antiretroviral therapy in AIDS-free HIV-1-infected patients: a collaborative ...

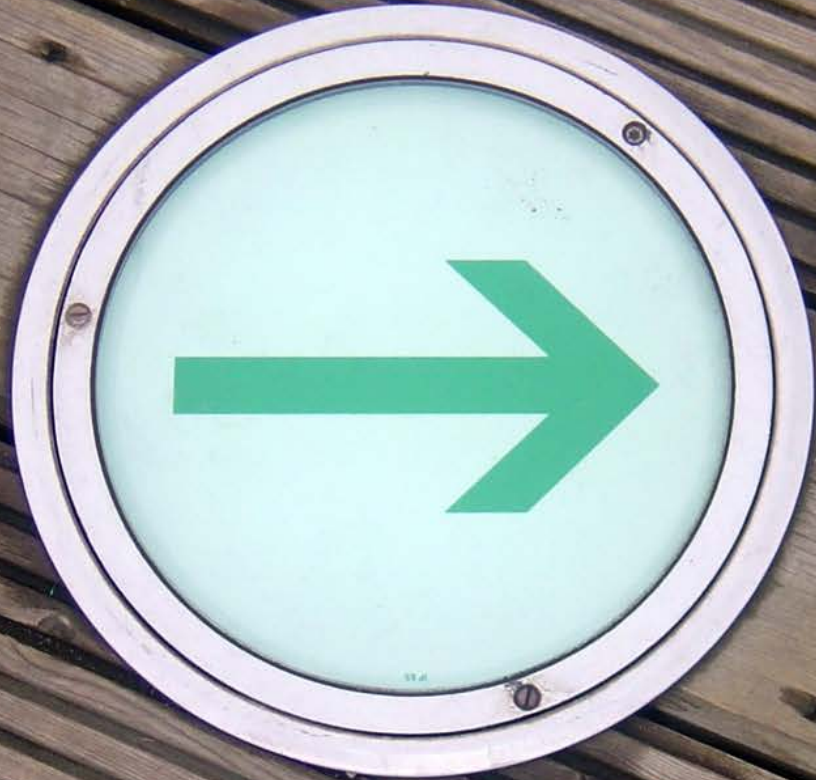
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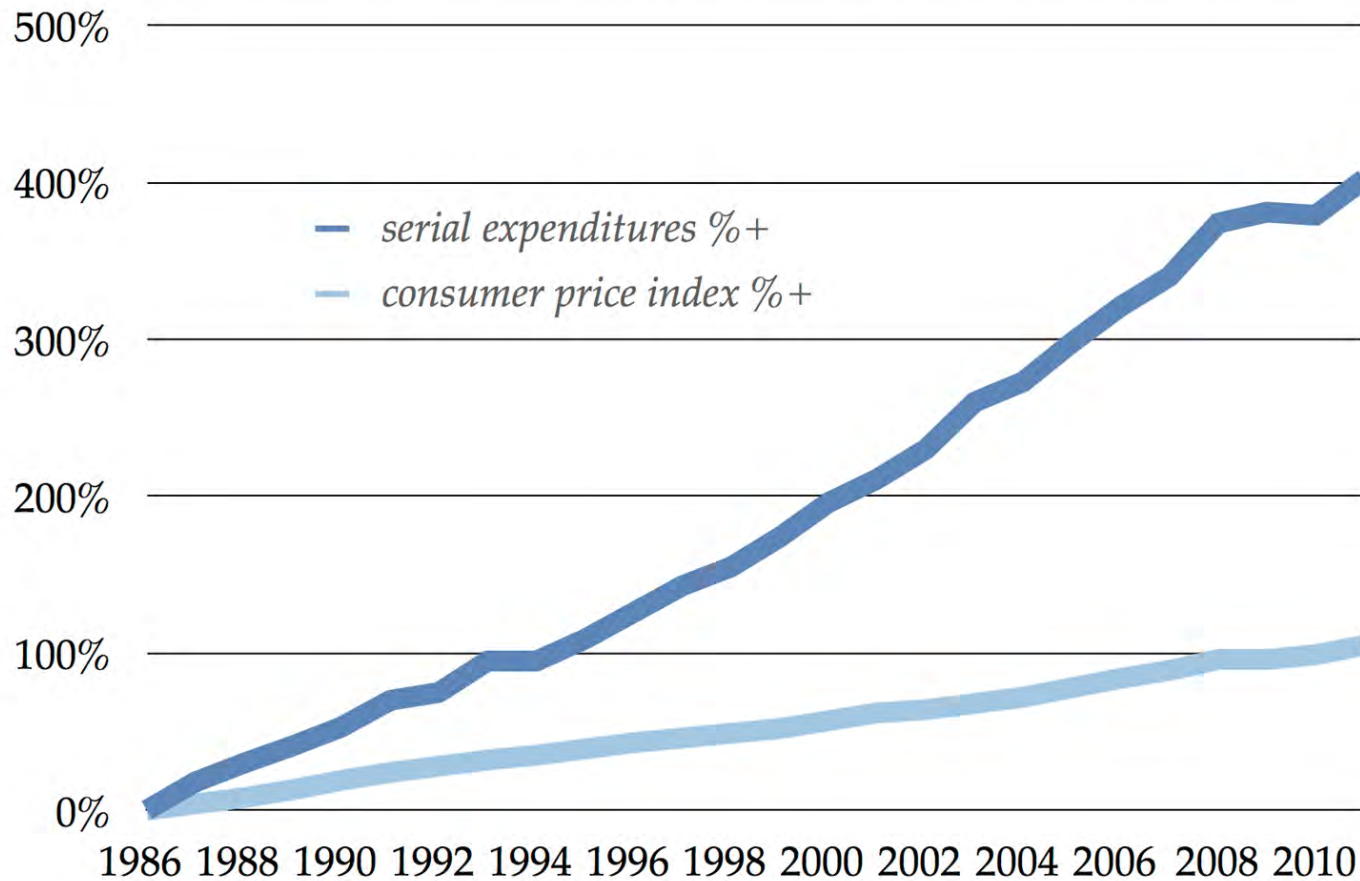
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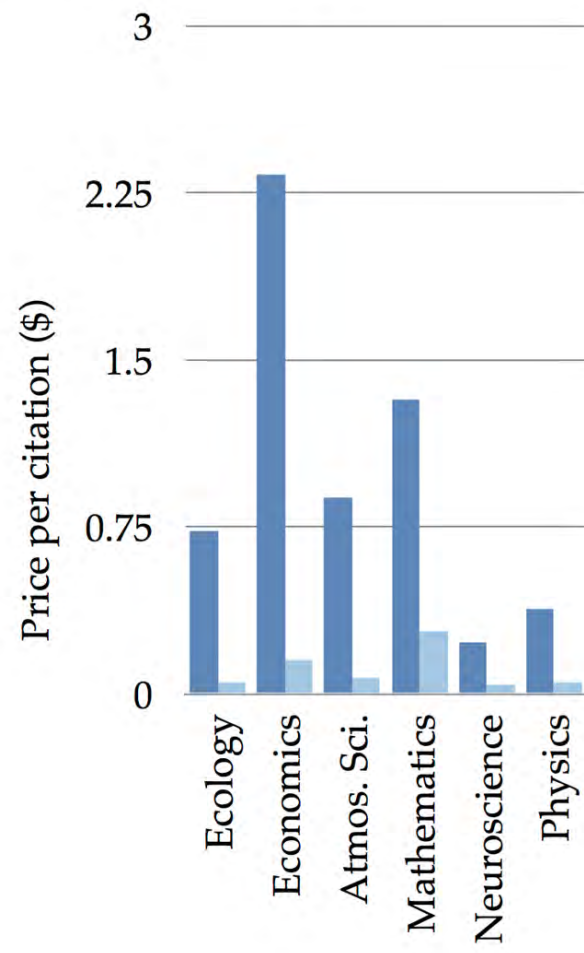
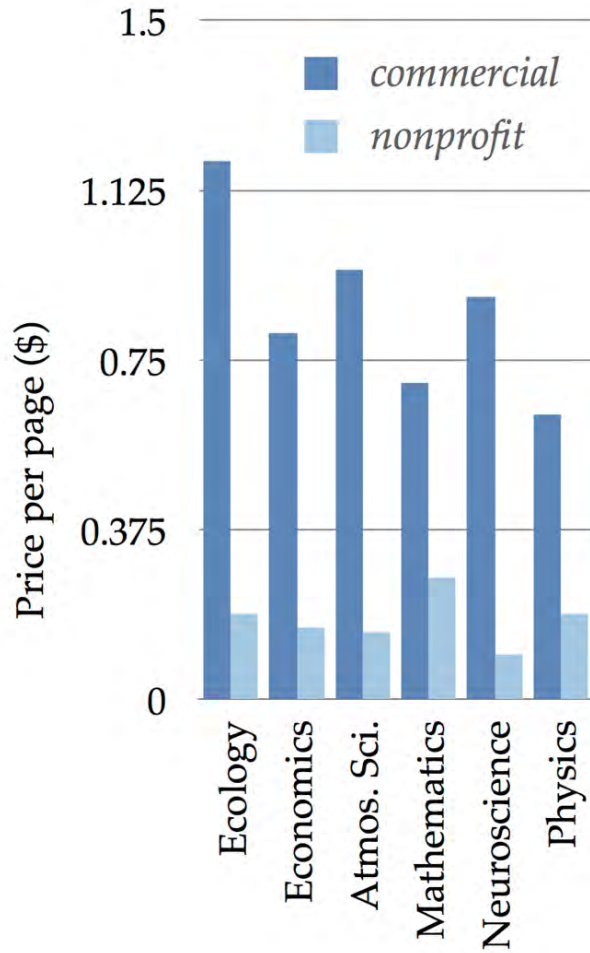


ILLUSTRATION BY DAVID PARKINS



Blinkered by bibliometrics

Science panels still rely on poor proxies to judge quality and impact. That results in risk-averse research, say **Paula Stephan, Reinhilde Veugelers and Jian Wang.**

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 research⁷.

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

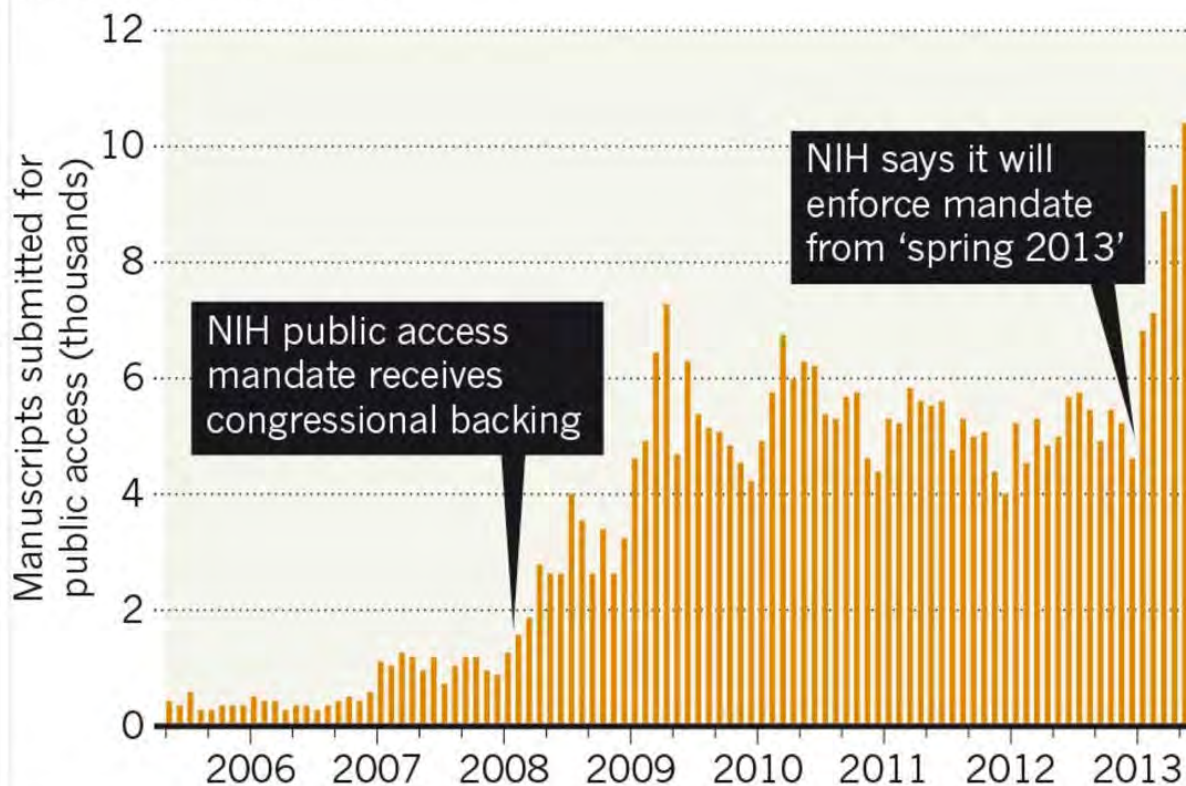
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A few funding agencies in the Czech Republic, Flanders (northern Belgium) and Italy ask applicants to list JIFs alongside their publications, but such requirements are not the norm. The ERC, the National Natural Science Foundation in China, the US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

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