My NCBI, What is it and Why Should I Care?

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Lori Wallin (Pediatrics)
02.12.2013
Today’s Agenda

- NIH Public Access Policy Summary, History and Integration with NCBI
- NIH Public Access Policy Compliance
- Map of Processes and Relationships
- Using ‘My NCBI’ and ‘My Bibliography’ to Complete the NIH RPPR
  - Creating and Using ‘My Bibliography’
  - Using ‘My Bibliography’ and Associating Publications to Your NIH Award via the RPPR
- Recommendations for departmental implementation
- Resources
- Q&A
On July 14, 2004, the U.S. House Appropriations Committee adopted a set of recommendations for the 2005 federal budget. One key recommendation instructed the National Institutes of Health (NIH) to develop a policy requiring free online access to articles based on NIH-funded research no later than six months after their publication in peer-reviewed journals.

On November 20, 2004, the House-Senate conference committee reconciling the two appropriations bills reaffirmed a version of the House recommendation, and the resulting appropriations bill was approved by both houses of Congress. President Bush signed it on December 8.

The policy took effect on May 2, 2005.
NIH Public Access Policy - History

- Voluntary from 2005-2008
- Mandatory, but temporary in 2008
- May 25, 2008, anyone submitting an application, proposal or progress report to the NIH must include the PMC or NIH Manuscript Submission (NIHMS) reference number when citing applicable articles that arise from their NIH funded research.
- Became permanent in 2009
- In 2010 NIH required use of MyNCBI to manage citations in eSNAP progress reports
- In 2012 NIH enforced use of MyNCBI with design of the new Research Performance Progress Report (RPPR)
- In spring of 2013 RPPRs with non-compliant citations will not be reviewed until in compliance.
The Policy implements Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008) which states:

The **Director of the National Institutes of Health** shall require that **all investigators funded by the NIH** submit or have submitted for them to the **National Library of Medicine’s PubMed Central** an electronic version of their **final, peer-reviewed manuscripts** upon acceptance for publication, to be made publicly available **no later than 12 months after the official date of publication**: Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.

NIH Guide Notice NOT-OD-08-033 for more info
The NIH Public Access Policy applies to all peer-reviewed articles that arise, in whole or in part, from direct costs funded by NIH, or from NIH staff, that are accepted for publication on or after April 7, 2008. (The final, peer-reviewed manuscript includes all graphics and supplemental materials that are associated with the article).
NIH Public Access Policy – Who Does it Pertain to?

- Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.
- Compliance with the NIH Public Access Policy is required and is included as a term and condition of the award, in accordance with the NIH Grants Policy Statement.
Integrating Policy with NCBI

- eRA Commons has partnered with the National Center for Biotechnology Information (NCBI) to link NCBI’s personal online tool, ‘My NCBI,’ to the Commons.

- My NCBI offers an online portal—‘My Bibliography’—for users to maintain and manage a list of their authored works, such as journal articles, manuscripts accepted for publication, books, and book chapters.

- Beginning April 2010, linking a Commons account to a new or existing My NCBI account allows references saved in My Bibliography to automatically appear in users’ progress reports that are prepared in the Commons.
Benefits of Integrating with NCBI

- Less manual data entry, improved data quality, increased ease of system use.

- Ability to populate citation data from PubMed, PubMed Central, and the NIH Manuscript Submission system (NIHMS), and to readily maintain accurate, structured and up-to-date bibliographic information.

- Improved data quality enhances the ability of the NIH to manage and monitor the results of its research portfolio.
Benefits of Integrating with NCBI

- Grantees can easily track compliance with the NIH Public Access Policy using a simple color-coded key in ‘My Bibliography.’

- Commons users can associate their ‘My Bibliography’ citations with a progress report in Commons; and designate delegates to maintain their professional bibliographies in ‘My Bibliography.’
Review of Key Definitions

- PubMed
- PubMedCentral
- NIHMS
- Final peer-reviewed author’s manuscript
- Final published article
- MyNCBI
- MyBibliography
NIH Public Access Policy - Compliance

How Do We Become Compliant?

- **Before** an author signs a publication agreement or similar copyright transfer agreement, **assure that the agreement allows for the submission of the final peer-reviewed manuscript** to NIH in accordance with the NIH Public Access Policy. Add UMN addendum to the agreement ([http://www.lib.umn.edu/pdf/CICAuthorsRights.pdf](http://www.lib.umn.edu/pdf/CICAuthorsRights.pdf))

- **Understand** how the publications are submitted to PubMedCentral (4 possibilities: A, B, C, or D)
NIH Public Access Policy - Compliance

- Determine the **method** of submission (A, B, C, or D) and that will determine what **version** of the paper will be made available on PMC (final published version or author’s final version)

- Determine **who will submit** the paper (Grant PI, Corresponding Author, Other Author, Staff, Journal/Publisher)

- Determine **who will approve** the submission (must be an author)
NIH Public Access Policy - Compliance

- Determine *when it will be submitted* (at time of acceptance to be compliant; definitely prior to RPPR due date)

- Determine *when the paper can be made public* in PMC (follow journal policy, maximum of 12 months post publication date)

- Add the appropriate *citation number or text* to the end of your publication citation (NIHMSID, PMCID or PMC Journal – In Process)
# Overview of Submission Methods

<table>
<thead>
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<th>Version of Paper Submitted</th>
<th>Method A</th>
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<th>Method C</th>
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<th>Make arrangements with these publishers</th>
<th>Check publishing agreement</th>
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Details: [http://publicaccess.nih.gov/submit_process.htm](http://publicaccess.nih.gov/submit_process.htm)
NIH Public Access Policy - Compliance

Method C: Author submits via NIHMS

- Easy to submit, more difficult to get ready

Prior to NIHMS submission:

- What has PI or author(s) done yet, if anything?
- Review the copyright agreement or journal website to find the mandated embargo period.
- Determine who has the final author’s manuscript, contact that author and ask for documents (may be another institution).
NIH Public Access Policy - Compliance

- Assure nothing is missing (text, figures, figure legends, tables, supplementary materials); assure that author does not just send the pdf of the final published article.

- Find the acknowledgements section in the article to determine which grants to attach to this publication (often not all grants are acknowledged--that can be fixed later).
Submit in the NIHMS system (www.nihms.nih.gov)
- Login to NIHMS (with Commons ID/Password)
- Choose the journal from dropdown list
- Type in the title of the article
- Select the grants associated with the article
- Upload the materials
- Choose an approver
NIH Public Access Policy - Compliance

**PMID**

- Not required in any NIH document; irrelevant to NIH Public Access Policy.

- Include for convenience but an article with *only a PMID* is not compliant with the NIH Public Access Policy

- If you wish, at end of citation insert: PubMed PMID: 12345678.
NIH Public Access Policy - Compliance

NIHMSID

- Temporary ID. Valid for three months past the date of actual publication.

- Assigned by NIHMS to those submissions using Methods C or D.

- At end of citation insert: NIHMSID: NIHMS123456.

- Remember to go back later and replace with PMCID on your manual documents such as biosketch, cv, etc.
NIH Public Access Policy - Compliance

PMCID

- Assigned after a publication has made it through NIHMS system (Methods C or D); it replaces the temporary NIHMS#.

- OR assigned after submission of a publication directly to PMC by a contracted journal (Methods A or B).

- At end of citation insert: PubMed Central PMCID: PMC1234567.
NIH Public Access Policy - Compliance

PMC Journal – In Process

- Only to be used for those citations corresponding to journals/publishers that are contracted with NIH to provide a final copyrighted article directly to PMC (Methods A or B only).

- Other methods (C or D) cannot use this phrase. These citations must include an NIHMS# or PMCID# or will be considered non-compliant.
Perinatal iron and copper deficiencies alter neonatal rat circulating and brain thyroid hormone concentrations.

Rastian TW, Prohaska JR, Georgieff MK, Anderson GW
Department of Pharmacy Practice and Pharmaceutical Sciences, College of Pharmacy, University of Minnesota Duluth, Duluth, Minnesota 55812, USA.

Abstract
Copper (Cu), iron (Fe), and iodine/thyroid hormone (TH) deficiencies lead to similar defects in late brain development, suggesting that these micronutrient deficiencies share a common mechanism contributing to the observed derangements. Previous studies in rodents (postweaning and adult) and humans (adolescent and adult) indicate that Cu and Fe deficiencies affect the hypothalamic-pituitary-thyroid axis, leading to altered TH status. Importantly, however, relationships between Fe and Cu deficiencies and thyroid status have not been assessed in the most vulnerable population, the developing fetus/neonate. We hypothesized that Cu and Fe deficiencies reduce circulating and brain TH levels during development, contributing to the defects in brain development associated with these deficiencies. To test this hypothesis, pregnant rat dams were rendered Cu deficient (CuD), FeD, or TH deficient from early gestation through weaning. Serum thyroxine (T4) and triiodothyronine (T3), and brain T3 levels, were subsequently measured in postnatal day 12 (P12) pups. Cu deficiency reduced serum total T3 by 48%, serum total T4 by 21%, and whole-brain T3 by 10% at P12. Fe deficiency reduced serum total T3 by 43%, serum total T4 by 67%, and whole-brain T3 by 25% at P12. Brain mRNA analysis revealed that expression of several TH-responsive genes were altered in CuD or FeD neonates, suggesting that reduced TH concentrations were sensed by the FeD and CuD neonatal brain. These results indicate that at least some of the brain defects associated with neonatal Fe and Cu deficiencies are mediated through reductions in circulating and brain TH levels.
NIH Public Access Policy - Compliance

Using PubMed to find PMCID# and date to be released to the public
Perinatal Iron and Copper Deficiencies Alter Neonatal Rat Circulating and Brain Thyroid Hormone Concentrations

Thomas W. Bastian, Joseph R. Prohaska, Michael K. Georgieff, and Grant W. Anderson

Abstract

Copper (Cu), iron (Fe), and iodine/thyroid hormone (TH) deficiencies lead to similar defects in late brain development, suggesting that these micronutrient deficiencies share a common mechanism contributing to the observed derangements. Previous studies in rodents (postweaning and adult) and humans (adolescent and adult) indicate that Cu and Fe deficiencies affect the hypothalamic-pituitary-thyroid axis, leading to altered TH status. Importantly, however, relationships between Fe and Cu deficiencies and thyroidal status have not been assessed in the most vulnerable population, the developing fetus/neonate. We hypothesized that Cu and Fe deficiencies reduce circulating and brain TH levels during development, contributing to the defects in brain development associated with these deficiencies. To test this
‘My NCBI’ and ‘My Bibliography’

See the handout titled:

“Using ‘My NCBI’ and ‘My Bibliography’ Tools to Complete the NIH Research Project Progress Report (RPPR)”

- Parts 1 & 2: Obtaining accounts
- Parts 3 & 4: Delegating/accepting delegation
- Part 5: Creating and using ‘My Bibliography’
My NCBI

- My NCBI

My NCBI


Sign in to NCBI

Username: 
Password: 

Sign In

Forgot username or password?
Register for a NCBI account

Or use a 3rd party sign in option

Sign in with Google  Sign in with NIH Login

My NCBI retains user information and database preferences to provide customized services for many NCBI databases.

My NCBI features include:
- Saved searches & automatic e-mail alerts
- Display format preferences
- Filter options
- My Bibliography & NIH public access policy compliance
- Highlighting search terms
- Recent activity searches & records for 6 months
- LinkOut, document delivery service & outside tool selections
MyNCBI

User Name: dwallin
Password: **********

Log in

Insert your PIV card into your smart card reader before attempting to login.

For assistance, read the instructions for using smart cards and certificates with NIH Login (PDF, 21 pages, 726 KB)

Log in

UNIVERSITY OF MINNESOTA
Driven to Discover
MyNCBI

Search NCBI databases

Search: PubMed

Hint: clicking the "Search" button without any terms listed in the search box will transport you to that database's homepage.

My Bibliography

Your bibliography contains no items.

Use the "Send to > My Bibliography" menu in PubMed to add citations, OR
Click here to manually create citations.

Collections

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Manage Collections
MyBibliography
MyBibliography
MyBibliography

My NCBI — My Bibliography

Save to Bibliography
140 items from PubMed
Please choose a Bibliography to save to:
- My Bibliography
- Other citations
- Other bibliographies that you manage
  michael_georgioff@era commons's Bibliography

Save
Or cancel and return to your selections.
## MyBibliography-Award View

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<th>My Bibliography Code</th>
<th>RPPR Code</th>
<th>What it Means</th>
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| ![N/A](image)        | N/A       | • Not Applicable.  
• Not subject to NIH Public Access policy (e.g., prior to 04/07/2008 or not peer-reviewed); no further action needed. |
| ![Complete](image)   | Complete  | • Has a PMC#.  
• Compliant with policy; no further action needed.                                |
| ![In Process at NIHMS or PMC Journal – in Process](image) | In Process at NIHMS or PMC Journal – in Process | • Has an NIHMS # or has been submitted directly to PMC by journal.  
• OK for RPPR but watch until PMC# assigned.                                     |
| ![Non-Compliant](image) | Non-Compliant | • Non-Compliant.  
• No PMC# and not in NIHMS or has NIHMS# but is too old; not OK for RPPR.       |
| ![?]                 | N/A       | • Compliance cannot be determined.  
• Click ‘Edit Status’ or ‘Add Award’ to provide more information.  
• Note that it will then turn to non-compliant or NA.                           |

Public Access Compliance: Not applicable [Edit Status]
NIH Funding: No funding has been associated with this citation.
Add award

Public Access Compliance: Complete. PMCID: PMC3287363

NIH Funding:
R01 HD029421-16A1 - Newborn Iron Deficiency

Add or delete award

**Public Access Compliance:** In process at NIHMS. [Edit Status] NIHMS ID: NIHMS431644

**NIH Funding:**
- R01 HD057064 - Gestational Stress and Impaired Iron Homeostasis in the Young Infant
- R01 HD029421 - Newborn Iron Deficiency
- P01 HD039386 - Adolescent Mothers and Iron Deficiency in Infant Monkeys

[Add or delete award]


NIH Funding:
R01 HL056067 - T Cell Targeting for GVHD
P01 CA142106 - Mouse Models of Chronic Graft-vs-Host Disease

Add or delete award
MyBibliography-Award View

Did the NIH support this citation, in whole or in part?

- Yes
- No

Save & Close  Cancel
Did the NIH support this citation, in whole or in part?

- Yes
- No

The NIH Public Access Policy requires scientists to submit final, peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication. (See Determine Applicability for full details.) Please submit the final manuscript sent to your publisher or indicate that this publication is exempt from the policy.

We do not have a record of this citation in NIH Manuscript Submission system (NIHMS). Please choose from the following:

- Begin submission in the NIHMS.
- This citation has been submitted. NIHMS ID: [enter]
- Arrangements have been made for a publisher on this list to send the final article directly to PubMed Central. (Method B)
- This citation does not need to be submitted under NIH Public Access because:
  - Publication was not peer reviewed.
  - Publication was accepted for publication before April 7, 2008.
  - Publication was written in a script other than Latin (e.g., Russian, Japanese).
  - Publication was not directly supported by NIH.

Save & Close  Cancel
MyBibliography to the RPPR

- Assure that all citations for the progress report are included in ‘Bibliography’ and are compliant

- Go to the RPPR ‘Products’ tab and select those publications to be associated with this progress report (current NIHPA compliance code will follow)
MyBibliography to the RPPR
MyBibliography to the RPPR
MyBibliography to the RPPR

C. Products

The information has been saved successfully.

C.1 Publications

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award? Yes ☑ No

If you select from the table below to affiliate publications with this progress report. If you need to login to My NCBI account please use this link: [My NCBI]

All publications associated with this project in My NCBI

<table>
<thead>
<tr>
<th>NIH Public Access Compliance</th>
<th>Citation</th>
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All grantees submitting paper PHS 2590 progress reports are required to provide a My NCBI-generated PDF report of publications as part of the 2590 progress report (also mandatory for Spring).

Process is the same as electronic RPPRs; instead of linking the publications electronically, select the publications and choose “PDF Report” from the ‘My Bibliography’ menu. Attach this printout to the 2590 progress report.
What if Non-Compliant on RPPR?

Progress
Report
Additional
Materials

This Commons feature provides a means for the grantee to enter, review, and submit information in response to specific request(s) from NIH for additional materials following the submission of an RPPR.

When an organization submits an RPPR with non-compliant publications, the system sends an automated email to the PD/PI requesting verification that all publications are in compliance with the NIH Public Access Policy.

A PRAM can only be submitted to NIH by the Signing Official here at UMN (similar to JIT).
Accessed through the Status feature on the eRA Commons website
After the route button is clicked, a signing official (SO) must be selected.

System routes to SO selected by PD/PI.

SPA reviews and submits response to NIH.
Timing

- Compliance with the NIH Public Access Policy via ‘My Bibliography’ within ‘My NCBI’ will be mandatory for Spring progress reports, both RPPRs and paper 2590s (no sooner than April 1, 2013 but specific date not set).
Recommendations

- Obtain NCBI accounts NOW and use the instructions handout to set up PIs and delegate access to staff.

- Begin working on creating your researcher’s ‘My Bibliography’ to assure publications to be cited on their next RPPR are included and compliant.

- NCBI provides limited help.  
Resources

- NIH Public Access Policy Details

- Public Access Training powerpoint:
  [publicaccess.nih.gov/PublicAccess_training.ppt](http://publicaccess.nih.gov/PublicAccess_training.ppt)

- MyNCBI from NCBI Bookshelf:

- MyBibliography from NCBI Bookshelf:

- RPPR instructions (see Products section)