

Clinical Research Seminar

April 18, 2012

Understanding and Complying

The NIH Public Access Policy



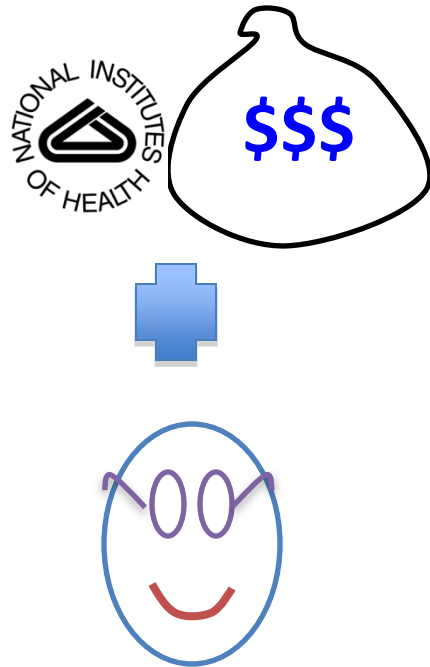
Alumni Medical Library

The Law says...

The **NIH Public Access Policy** requires that all investigators funded by the NIH, submit or have submitted for them to the National Library of Medicine's PubMed Central (**PMC**), 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.

Division G, Title II, Section 218, PL 110-161
(Consolidated Appropriations Act, 2008)

In a nutshell...



If your hard work



Peer
Reviewed
Journal

appears here



that same article
must also somehow
get here too

PubMed Central(PMC)?



U.S. National Library of Medicine
National Institutes of Health

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**PubMed
Central**

Repository of full-text
biomedical works from books
and journals

Works assigned a PMCID

Over two million full-text
works



Alumni Medical Library

PMID is NOT PMCID

Cancer Res. 2009 Jul 15;69(14):5673-80. Epub 2009 Jun 23.

Overexpression of DPAGT1 leads to aberrant N-glycosylation of E-cadherin and cellular discohesion in oral cancer.

Nita-Lazar M, Noonan V, Rebustini I, Walker J, Menko AS, Kukuruzinska MA.

Department of Molecular and Cell Biology, Boston University Medical Center, Boston, Massachusetts 02118, USA.

Abstract

Cancer cells are frequently characterized by aberrant increases in protein N-glycosylation and by disruption of E-cadherin-mediated adherens junctions. The relationship between altered N-glycosylation and loss of E-cadherin adhesion in cancer, however, remains unclear. Previously, we reported that complex N-glycans on the extracellular domains of E-cadherin inhibited the formation of mature adherens junctions. Here, we examined whether dysregulated N-glycosylation was one of the underlying causes for cellular discohesion in oral cancer. We show that dense cultures of human salivary epidermoid carcinoma A253 cells exhibited elevated expression of DPAGT1, the gene that initiates protein N-glycosylation. Overexpression of DPAGT1 correlated with the production of E-cadherin-bearing complex N-glycans in nascent adherens junctions. Partial inhibition of DPAGT1 with small interfering RNA reduced the complex N-glycans of E-cadherin and increased the abundance of alpha-catenin and stabilizing proteins in adherens junctions. This was associated with the assembly of functional tight junctions. The inverse relationship between DPAGT1 expression and intercellular adhesion was a feature of oral squamous cell carcinoma. Oral squamous cell carcinomas displayed overexpression of DPAGT1 that correlated with diminished localization of E-cadherin and alpha-catenin at the sites of adherens junctions. Our studies show for the first time that DPAGT1 is an upstream regulator of E-cadherin N-glycosylation status and adherens junction composition and suggest that dysregulation of DPAGT1 causes disturbances in intercellular adhesion in oral cancer.

MID: 19549906

PubMed - indexed for MEDLINE

PMCID: PMC277119

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Publication Types, MeSH Terms, Substances, Grant Support

Publication Types

Research Support, N.I.H., Extramural

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Related citations

Hypoglycosylated E-cadherin promotes the as [Exp Cell Res. 2010]

N-glycosylation gene DPAGT1 is a target of the Wnt/ [J Biol Chem. 2010]

N-glycosylation affects the adhesive function of E-C [J Cell Biochem. 2008]

Slit-2 facilitates interaction of P-cadherin with F [Carcinogenesis. 2011]

Inhibition of Akt activity induces the mesen [J Exp Clin Cancer Res. 2009]

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Cited by 4 PubMed Central articles

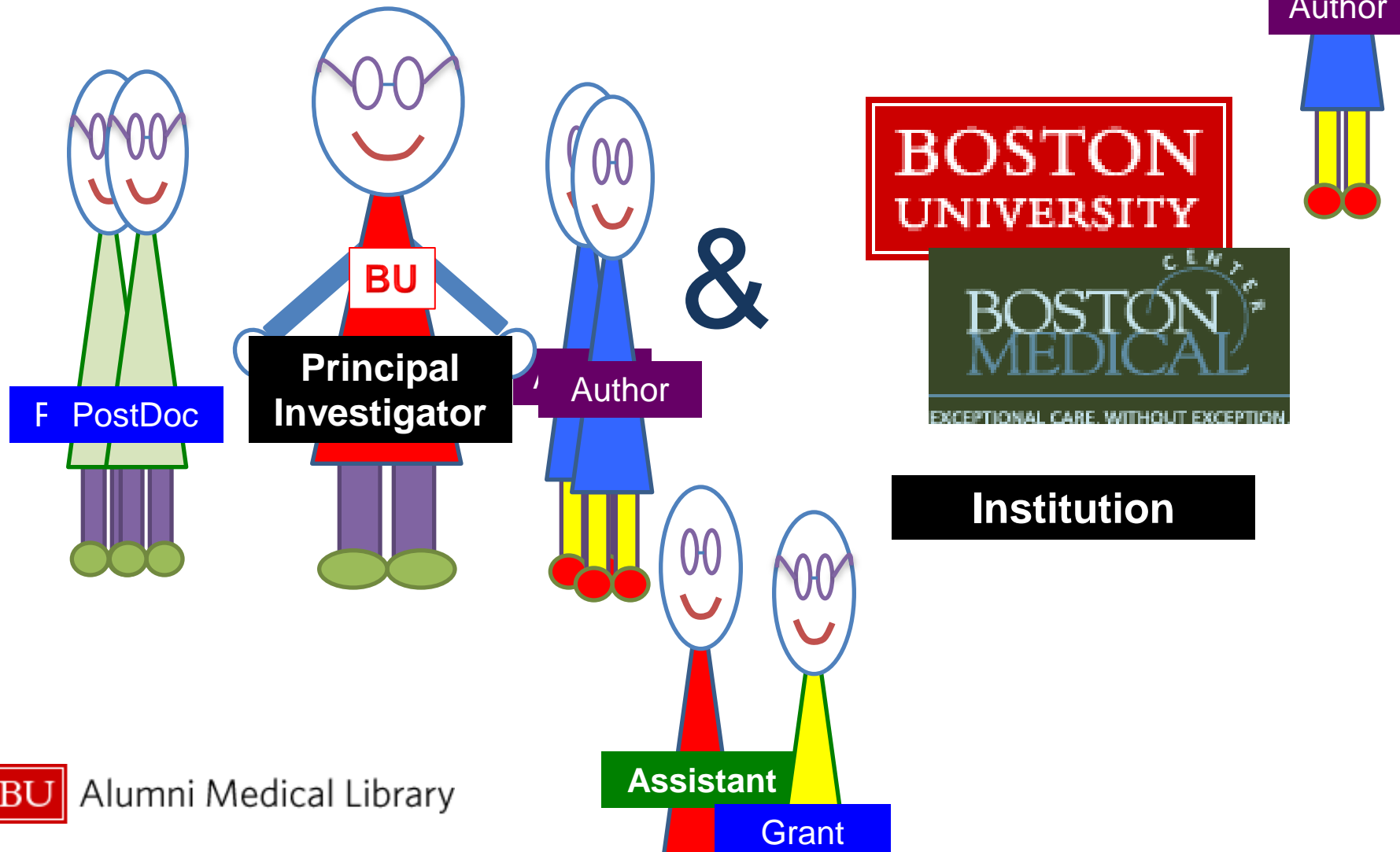
N-glycosylation gene DPAGT1 is a target of the Wnt/ [J Biol Chem. 2010]

N-glycosylation status of E-cadherin controls [Cell Health Cytoskelet. 2009]

Hypoglycosylated E-cadherin promotes the as [Exp Cell Res. 2010]

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Who's responsible?



NIH Policy has two parts:

1. Manuscript *Submission*
2. Manuscript *Citation*

How to comply?

Part I Manuscript *Submission*

How to Submit? → 4 methods



National Institutes of Health Public Access

The Public Access Policy ensures that the public has access to the published results of NIH funded research to help advance science and improve human health.

Home

1. Determine Applicability

2. Address Copyright

3. How do I submit my paper to PMC?

4. Include PMCID in Citations

Identify Submission Method

Policy Details

Training/Communications

Glossary/FAQs

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- For NIH Employee Authors
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Submission Methods

There are four methods to ensure that an [applicable paper](#) is submitted to PubMed Central (PMC) in compliance with the NIH Public Access Policy. Authors may use whichever method is most appropriate for them and consistent with their publishing agreement. Click on the method in the table for details. Use the box on the left to help determine which submission method to use for your journal.

Overview of Submission Methods

	Method A Journal deposits final published articles in PubMed Central without author involvement	Method B Author asks publisher to deposit specific final published article in PMC	Method C Author deposits final peer-reviewed manuscript in PMC via the NIHMS	Method D Author completes submission of final peer-reviewed manuscript deposited by publisher in the NIHMS
Version of Paper Submitted	Final Published Article	Final Published Article	Final Peer-Reviewed Manuscript	Final Peer-Reviewed Manuscript
Task 1: Who starts the deposit process?	Publisher	Publisher	Author or designee, via NIHMS	Publisher
Task 2: Who approves paper for processing?	Publisher	Publisher	Author, via NIHMS	Author, via NIHMS
Task 3: Who approves paper for Pub Med Central display?	Publisher	Publisher	Author, via NIHMS	Author, via NIHMS
Participating journal/publisher	Method A Journals	Make arrangements with these publishers	Check publishing agreement	Make arrangements with these publishers



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http://publicaccess.nih.gov/submit_process.htm

Differences are...

Who does it?

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What to PMC?

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Manuscript

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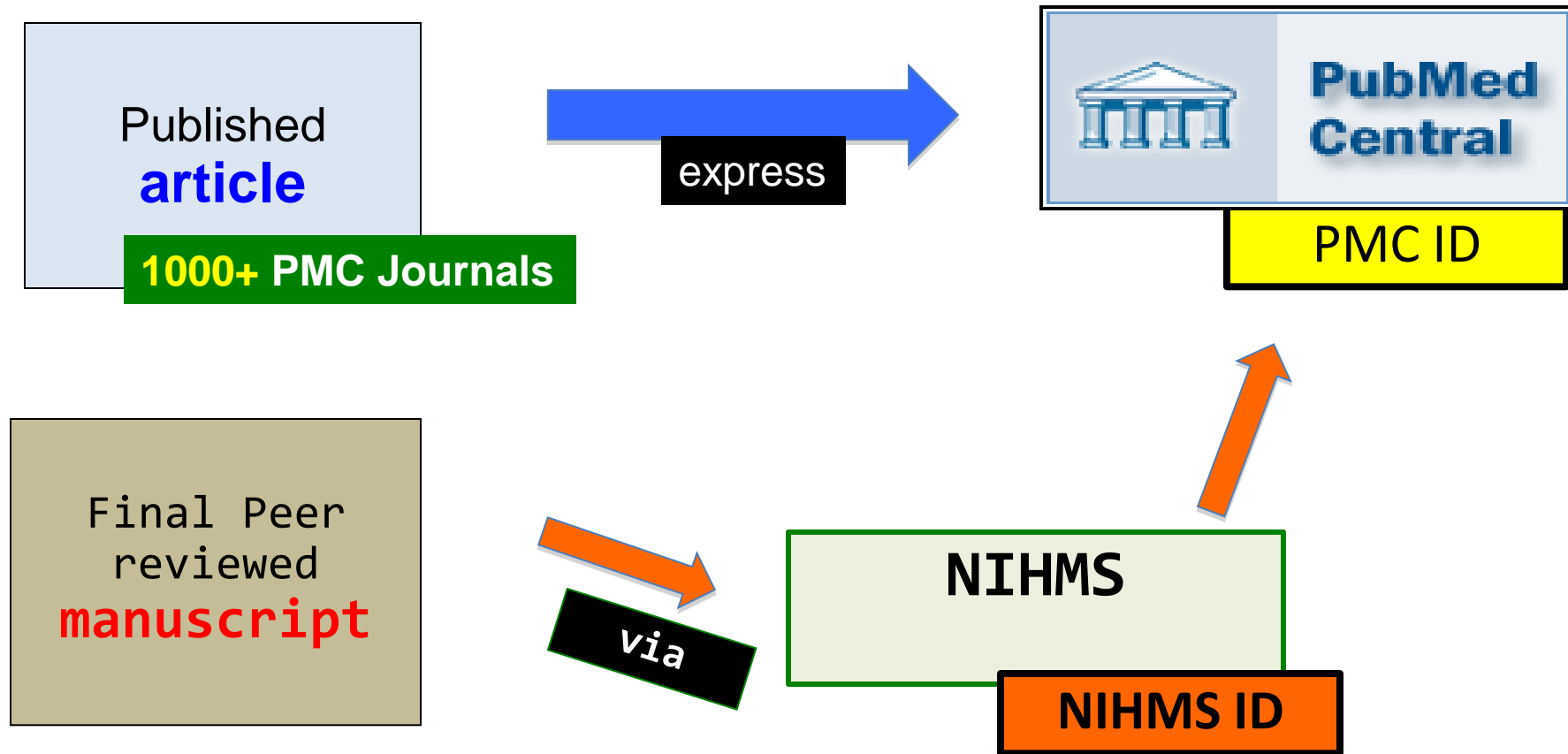
via

These tend to be decided
by publishers.

Be aware of
addendum



What to PMC & How to PMC



What?! NIHMS?!

NIH Public Access

NIH Manuscript Submission System

News & Updates Statistics Grant Lookup Tool

The NIH Manuscript Submission system allows you to submit an electronic version of your peer-reviewed final manuscript for inclusion in [PubMed Central](#).

News & Updates

Sign up with the [NIHMS News list](#) to get email notification of significant updates with the system.

NIHMS (NIH Manuscript Submission) system is currently accepting submissions from:

- **eRA Commons** (for NIH Extramural principal investigators, grantees or applicants)
- **NIH Login** (for Intramural NIH scientists and staff)
- **HHMI Login** (for HHMI-funded investigators)
- **My NCBI** (for third party submitters)
- **Publishers** that have registered for an NIHMS Publisher Login account

Log In

Proceed to the NIHMS system if you are ready to submit a manuscript.

Grant Lookup Tool

<http://www.nihms.nih.gov/>

NIH Manuscript Submission System

The screenshot shows the NIH Manuscript Submission System interface. At the top, the browser address bar displays www.nihms.nih.gov/db/sub.cgi?login=myNCBI. The page header includes the NIH Public Access logo and the text "NIH Manuscript Submission System". On the right, the user's name "Young-Joo Lee" is displayed next to a "Log off" button. Below the header, there are two tabs: "My Manuscripts" (active) and "Preferences". The main heading is "Manuscript List for Young-Joo Lee". Below this, there are two buttons: "Start Here" (with a right-pointing arrow) and "Submit New Manuscript" (highlighted with a green border). A horizontal bar shows the status of manuscripts: "Attention (0)", "Optional (0)", "In process (0)", "Stalled (0)", "Completed (0)", and "Published (0)". Below this bar, a green message states "No manuscripts that require your attention". A link with a question mark icon says "I don't see one of my manuscripts.". A yellow box with a blue border on the right contains the text "Must Tell about Embargo!!!".

NIH Public Access

Young-Joo Lee Log off

NIH Manuscript Submission System

My Manuscripts Preferences

Manuscript List for Young-Joo Lee

Start Here Submit New Manuscript

Attention (0) Optional (0) In process (0) Stalled (0) Completed (0) Published (0)

No manuscripts that require your attention

[? I don't see one of my manuscripts.](#)

Must Tell about Embargo!!!

Back to Method A,B,C,D:

Method A	Method B	Method C	Method D
PMC Journal	\$\$\$		
Published Article	Published Article	Peer-reviewed Manuscript	Peer-reviewed Manuscript
<i>Publisher</i> starts process	<i>Publisher</i> starts process	<i>Someone</i> starts process to NIHMS	<i>Publisher</i> starts process to NIHMS
<i>Publisher</i> approves files	<i>Publisher</i> approves files	<i>Author</i> approves uploaded files	<i>Author</i> approves uploaded files
<i>Publisher</i> approves web format	<i>Publisher</i> approves web format	<i>Author</i> approves web format to PMC	<i>Author</i> approves web format to PMC

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Don't forget to check the box.

FUNDING

☐ No funding was received for the research reported in the article

☐ **The research reported in the article was funded by the US National Institutes of Health**
Note that for NIH employee-authors, the Publisher and NIH have agreed the form of a “Cover Sheet” which is also available on www.elsevier.com and which is incorporated here by reference.

Not always checkbox

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Article Title [REDACTED] NIHMS204868, Publ.ID: BCP10556)
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Dear Shaoguang Li,

Author support, Elsevier has submitted the following manuscript for publication in PubMed Central in compliance with the NIH Public Access Policy <<http://publicaccess.nih.gov/policy.htm>>: Journal name: [REDACTED] Manuscript title: [REDACTED]
[REDACTED] The manuscript ID for this article is NIHMS204868. **Please approve the submitted materials and confirm that it was supported by NIH and/or HHMI funding so the full text of this manuscript can be processed and made available to the public in PubMed Central.** Please note that this must be done in the NIHMS System even though NIH or HHMI support may be acknowledged in the manuscript text.

There are three steps:

1. **Access the System - Please click on the following URL to access the NIHMS System:**

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NOTE: If the above link is broken, please copy and paste the entire URL into your browser. ****You must follow this link to find your manuscript.****

This link is a "ticket" that allows our system to match the manuscript with your login session.

Ticket Number: c69a4acda4b23bab7064e2705bbaf33b9432f41b

2. **Log in to the NIHMS System** - If you need assistance with this step, the following step-by-step guides will show you how to log into the system:

Extramural Researchers - <http://www.nihms.nih.gov/help/ERA-LOG/ERA-LOG-1.html>

Intramural Researchers - <http://www.nihms.nih.gov/help/NIH-LOG/NIH-LOG-1.html>

3. **Review "PDF Receipt" and click "Approve" button. If you can provide more appropriate person to curate this manuscript submission, please click corresponding button and follow the instruction.**

Please let us know if you have questions.
Sincerely, NIHMS System Help Desk, NCBI

Do not ignore email from NIHMS.



NIHMS Account

The screenshot shows the NIH Manuscript Submission System interface for a user named Young-Joo Lee. The top navigation bar includes the NIH Public Access logo, the system name, and user options like 'Log off', 'My Manuscripts', and 'Preferences'. The main heading is 'Manuscript List for Young-Joo Lee'. Below this, there are two primary action buttons: 'Start Here' (highlighted with a yellow arrow) and 'Submit New Manuscript' (highlighted with a green border and a red arrow pointing to it). A status bar below these buttons shows counts for various manuscript stages: Attention (0), Optional (0), In process (0), Stalled (0), Completed (0), and Published (0). A green message states 'No manuscripts that require your attention'. At the bottom, there is a help link: '? I don't see one of my manuscripts.'

NIH Public Access

Young-Joo Lee [Log off](#)

NIH Manuscript Submission System

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Manuscript List for Young-Joo Lee

[Start Here](#) [Submit New Manuscript](#)

Attention (0) Optional (0) In process (0) Stalled (0) Completed (0) Published (0)

No manuscripts that require your attention

? [I don't see one of my manuscripts.](#)

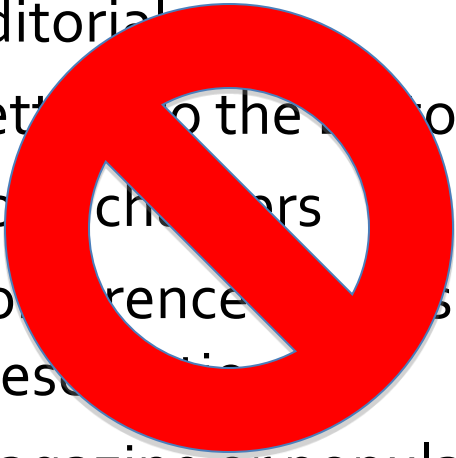
The policy ONLY applies to...

YES

Peer Reviewed
Journal Article

NO

Editorial
Letter to the Editor
Book chapters
Conference presentations and/or
presentations
Magazine or popular press
articles



How to comply?

Part II

Manuscript *Citation*

Compliance starts ***BEFORE***
publication.

The full text should be publicly available no later than
12 months after the publication.

But, submittal to PMC should be made upon ***ACCEPTANCE*** of
publications.

If your manuscript is accepted today (April. 2012) to be
published in April 2013 ...

PI needs PMCID

Citations noted in NIH applications, proposals and progress reports must include PMCID (PubMed Central Reference Number)

Reminder Concerning Grantee Compliance with Public Access Policy and

Related NIH Monitoring Activities (NOT-OD-08-119):

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-119.html>



Citation examples:

Varmus H, Klausner R, Zerhouni E, Acharya T, Daar A, Singer P. 2003. PUBLIC HEALTH: Grand Challenges in Global Health. Science 302(5644): 398–399. PMCID: PMC243493

OR

NIHMS ID

“PMC Journal – In Process”

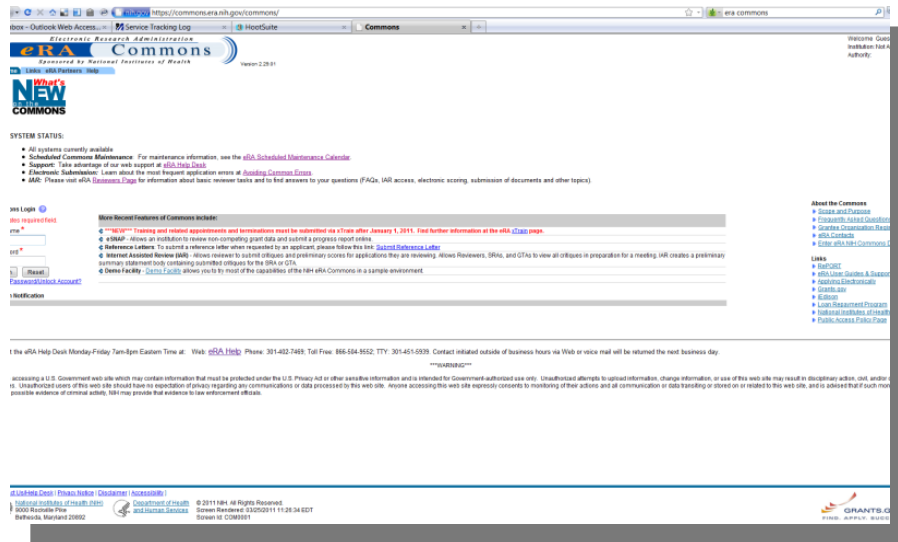
If Method A journals

An email you want to avoid

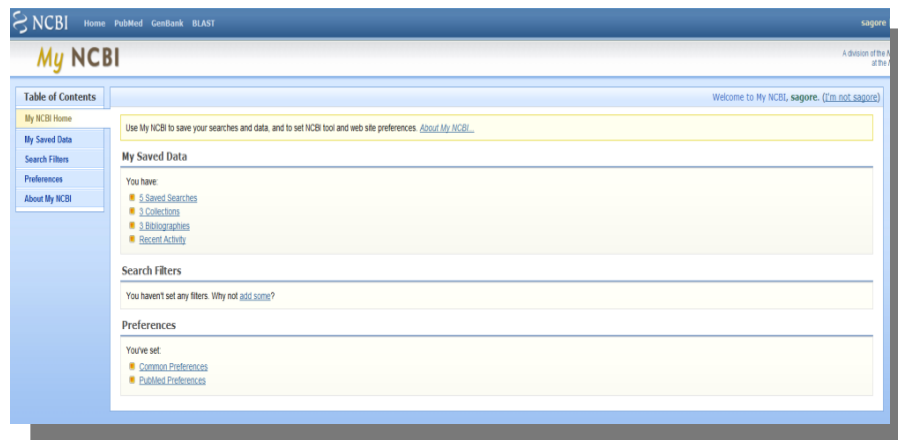
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Your recent progress report submission identified papers that have resulted from your NIH award. It appears that the following papers have not yet been submitted for upload to PubMed Central and may be out of compliance with the NIH Public Access Policy.

Methods of Citation Mgmt:



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Navigation tabs: List of Publications, My Bibliography

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List of Publications ?

Notes & Tips:



- All of your peer-reviewed journal papers that are accepted for publication as of 04/07/08, and supported by NIH awards active in FY2008 and beyond must include [evidence compliance](#) with the [NIH Public Access Policy](#).
- Use the [NIH Manuscript Submission \(NIHMS\) System](#) to upload manuscripts or associate papers with your award. You will be automatically logged into the NIHMS with your NIH eRA Commons user ID, and your manuscripts will appear below.
- If an NIHMSID is listed as invalid, more than three months have passed since the paper was published. The manuscript and its associated award will not be in compliance with the NIH Public Access Policy until the submission is complete, and a PMCID is available.
- By July 2010 users will not have the ability to add citations in Commons via this screen. Beginning in October 2010, users will no longer be able to see citations that have not yet been moved to the [MyNCBI system](#).

A publication has been added successfully.

Publications 1- 2 out of 2 records Prev 1 Next

Valid NIHMSID	Citation Source	Citation ID	Citation Text	Grant-Paper Association		
				Grant #	Status	Action
	PD/PI Entered		Thomas Hunt, David Issadore, K.A. Brown, Hakho Lee, and R.M. Westervelt, "Integrated Circuit / Microfluidic Chips for Dielectric Manipulation" Chapter 11 in the book Lab on a Chip Technology: Biomolecular Separation and Analysis, Keith E. Herold and Avraham Rasooly, Eds. (Caister Academic Press, 2009).			Edit Delete
	PD/PI Entered		Thomas Hunt, David Issadore and Robert M. Westervelt, "Integrated circuit / microfluidic chip for programmable cell and droplet manipulation with dielectrophoresis," Lab Chip 7, 81-87 (2008).			Edit Delete


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Display Settings: ☒ Award view, Sort by public access compliance, group by citation type

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PI's name will be here if in a delegate's account


Journal Articles

- ☐ Naeser MA, Martin PI, Treglia E, Ho M, Kaplan E, Bashir S, Hamilton R, Coslett HB, Pascual-Leone A. [Research with rTMS in the treatment of aphasia.](#) Restor Neurol Neurosci. 2010;28(4):511-29. Review. PubMed [PMID: 20714075](#).
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- ☐ Mattison ML, Afonso KA, Ngo LH, Mukamal KJ. [Preventing potentially inappropriate medication use in hospitalized older patients with a computerized provider order entry warning system.](#) Arch Intern Med. 2010 Aug 9;170(15):1331-6. PubMed [PMID: 20696957](#).
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[NIH Funding](#): No funding has been associated with this citation.
- ☐ Fontana RJ, Dienstag JL, Bonkovsky HL, Sterling RK, Naishadham D, Goodman ZD, Lok AS, Wright EC, Su GL; HALT-C Trial Group. [Serum fibrosis markers are associated with liver disease progression in non-responder patients with chronic hepatitis C.](#) Gut. 2010 Oct;59(10):1401-9. Epub 2010 Jul 30. PubMed [PMID: 20675691](#).
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Compliance Status:


- A red dot indicates that an article is **non-compliant**.

 Public Access Compliance: Non-compliant. [Citation not in NIHMS or PMC](#)
[NIH Funding](#): No funding has been associated with this citation.


- A yellow dot means that the citation has been submitted to the NIH Manuscript Submission system and is considered **in process**.

 Public Access Compliance: PMC Journal – In Process
[NIH Funding](#): No funding has been associated with this citation.


- A green dot indicates that the citation is **compliant** with the NIH Public Access Policy. Note that the PMCID number displays in this status.

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- Articles that were accepted for publication prior to April 7, 2008 are not covered by the NIH Public Access Policy. These citations will be marked as N/A for **Not Applicable** (this status is also automatically applied to citation types that are not journal articles, e.g., book chapters, patents, presentations).

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[NIH Funding](#): No funding has been associated with this citation.

Response to NIH

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[1 ligand blockade](#). J Immunol. 2009 Feb 15;182(4):2102-12. PubMed PMID: 19201863.

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ng has been associated with this citation.

1. NIH Funding: Yes ([edit](#))

2. Choose Your Awards That Funded This Citation ([edit](#))

3. Public Access Compliance

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.

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☐ Begin submission in the NIHMS.

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☐ Publication was not peer reviewed.

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☐ Publication was written in a script other than Latin (e.g., Russian, Japanese).

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More Information

NIH Public Access Policy:

<http://publicaccess.nih.gov/index.htm>

Sherpa-Romeo:

<http://www.sherpa.ac.uk/romeo/>

PMID PMCID Converter:

<http://www.ncbi.nlm.nih.gov/sites/pmctopmid>



Library can help:

Location of journal policies

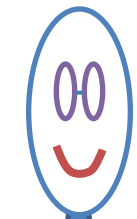
My NCBI, My Bibliography & eRA Commons
hands-on training

Assistance with documentation of compliance

QUIZ TIME

What is one thing that...

For most Method D journals, you need to check a box on the contract form to start the process (=publisher's uploading the manuscript to NIHMS)



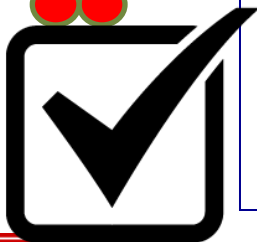
Author

NIH Grantees

Authors of manuscripts reporting NIH-funded work that are accepted on or after April 7, 2008, are required to deposit their unedited and unformatted manuscripts on the National Library of Medicine's PubMedCentral (PMC) database. AACR grants such permission, *without formal request or fee*, subject to the following conditions:

- Only the accepted manuscript is deposited, not the edited and formatted paper as published in the journal.
- Authors stipulate that PubMedCentral may release the paper for public access no sooner than 12 months after its print publication date (the print publication date is considered the official publication date, not the date of any online publication of earlier versions of the paper).
- Authors ensure the published source of the material (the journal citation) is included in the deposited version.
- A link to the final PDF version of the article on the publisher's website (www.aacrjournals.org) is included.

☐ If one or more authors has NIH funding related to this research and is subject to this requirement, please check here.



[Display Settings:](#) ☒ Abstract

[Send to:](#) ☐

ELSEVIER
FULL-TEXT ARTICLE

[Biochem Biophys Res Commun](#). 2011 Jul 1;410(2):333-8. Epub 2011 Jun 6.

Podocan-like protein: a novel small leucine-rich repeat matrix protein in bone.

Mochida Y, Kaku M, Yoshida K, Katafuchi M, Atsawasuwan P, Yamauchi M.

Department of Periodontology and Oral Biology, Boston University, Henry M. Goldman School of Dental Medicine, 700 Albany Street, Boston, MA 02118, USA. mochida@bu.edu

Abstract

Recently, significant attention has been drawn to the biology of small leucine-rich repeat proteoglycans (SLRPs) due to their multiple functionalities in various cell types and tissues. Here, we characterize a novel SLRP member, "Podocan-like (Podnl) protein" identified by a bioinformatics approach. The Podnl protein has a signal peptide, a unique cysteine-rich N-terminal cluster, 21 leucine-rich repeat (LRR) motifs, and one putative N-glycosylation site. This protein is structurally similar to podocan in SLRPs. The gene was highly expressed in mineralized tissues and in osteoblastic cells and the high expression level was observed at and after matrix mineralization in vitro. Podnl was enriched in newly formed bones based on immunohistochemical analysis. When Podnl was transfected into osteoblastic cells, the protein with N-glycosylation was detected mainly in the cultured medium, indicating that Podnl is a secreted N-glycosylated protein. The endogenous Podnl protein was also present in bone matrix. These data provide a new insight into our understanding of the emerging SLRP functions in bone formation.

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PMID: 21672516 [PubMed - indexed for MEDLINE]

PMCID: PMC3159388 [Available on 2012/7/1]

 [Publication Types, MeSH Terms, Substances, Grant Support](#)

Publication Types

[Research Support, N.I.H., Extramural](#)

[Research Support, Non-U.S. Gov't](#)

Related citation

[Review](#) Structural family of small leucine-rich repeat proteins

LRRCE: a leucine-rich cysteine capping domain

Podocan, a novel small leucine-rich repeat protein expressed in bone

Cloning, modeling, and localization for a novel small leucine-rich repeat protein

[Review](#) Leucine-rich repeat glycoproteins of the bone matrix

Related information

[Related Citations](#)

[Gene](#)

[Gene \(GeneRIF\)](#)

[HomoloGene](#)

[Nucleotide](#)

When is Compliance Required?

**The Policy applies to any work that is
accepted for publication in a journal on or
after **April 7, 2008****

<http://publicaccess.nih.gov/FAQ.htm>

PMC Journals (=Method A)

Do they change?

How about Method C & D?

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Alert from NIH

Original article

HIV type-1 clade C resistance genotypes in treatment-naïve patients and after first virological failure in a large community antiretroviral therapy programme

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Background: This study aimed to evaluate HIV type-1 (HIV-1) drug resistance, pretreatment and in those failing treatment-experienced patients, 95 (86%) individuals had therapy-limiting NNRTI mutations including K103N (65%).

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C Orrell et al.

HIV-1 virus should be of concern for clinicians, as the presence of this mutation confers resistance to all NRTIs except AZT, and the choice of NRTIs for second-line

This study is the 4–6 month window of samples in the South African antiretroviral programme. Some individuals might have had their last suppressed viral load in days of their first raised viral load. Virological breakthrough to time of failure therefore be an underestimate.

The reverse transcriptase enzyme after RTI-containing first-line therapy follows a predictable and similar to that of resistance to antiretrovirals that require mutation, followed by slower development to drugs with a higher genetic barrier such as the thymidine analogues.

When treatment been commenced within the first virological breakthrough in the treated group in this study, the likelihood TAMs might have been reduced, increase in the efficacy of the recycled drug in second-line therapy. Identification of response to virological failure is thus uncertain the full benefit of second-line could suggest clinical value to regular testing to identify virological failure soon after contrast to a recently published model the unexpected emergence of the K65R substantial proportion of the cohort, be introduced cautiously with careful assessment of its effect on the emergence of resistance.

This study suggests that at present it is not crucial, in the context of the South African National ART programme, to have routine access to genotypes at baseline, as the vast majority of treatment-naïve samples continue to be wild type. By contrast, the development of extensive resistance in those failing first-line therapy suggests that viral load monitoring is crucial and there could be a role for individual genotypes in those failing first-line therapy, particularly if second-line therapy is likely to be compromised by resistance to first-line therapy. Increased availability of low-cost assays for identifying resistance in patients in South Africa would be clinically valuable.

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Additional file

The additional file 'Supplementary figures' can be accessed at www.intmedpress.com

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