2013-09-27

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Rosenzweig, Merle

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National Institutes of Health Manuscript Submission System (NIHMS) & My Bibliography for NIH Progress Reports

Merle Rosenzweig,
Taubman Health Sciences Library
oriley@umich.edu
2013
Lecture Will Cover

• Brief overview of the National Institutes Health Public Access Policy (NIHPAP).

• The National Institutes of Health Manuscript Submission System (NIHMS)

• My Bibliography via My NCBI

• eRA Commons and the NIHPAP
Lecture Objectives

• Cover steps for depositing publications into NIHMS to comply with the NIH Public Access Policy

• Cover how to use the My Bibliography (via My NCBI) portal to insure that publications are correctly entered into eRA Commons
The NIH Public Access Policy ensures that the public has access to the published results of NIH funded research. **It requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication.** To help advance science and improve human health, the Policy requires that these papers are accessible to the public on PubMed Central no later than 12 months after publication.

PubMed Central (PMC)

eRA Commons

NIH Public Access Policy (NIHPAP)

NIH Manuscript Submission System (NIHMS)

My Bibliography in my NCBI
METHODS FOR SUBMISSION

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

• Journal deposits final published articles in PubMed Central without author involvement

• List of these journals can be found at http://publicaccess.nih.gov/submit_process_journals.htm
Spinning silk from spiders.

Choi C.

Method B

• Some publishers will deposit an individual final published article in PubMed Central upon author request, and generally for a fee.

• The final published article is the journal’s authoritative copy of the paper, including all modifications from the publishing peer review process, copyediting and stylistic edits, and formatting changes.
Method C

• Author deposits final peer-reviewed manuscript into PMC via the NIHMS.

• We will be focusing on Method C in this lecture.
Method D

• A variation of Method C, some publishers deposit the manuscript files in the NIHMS, provide contact information for a corresponding author, and designate the number of months after publication when the paper may be made publicly available in PMC.

• Author completes submission of final peer-reviewed manuscript deposited by publisher in the NIHMS.

• Authors and awardees are responsible for ensuring that the manuscript is deposited into the NIHMS upon acceptance for publication.
Publishers that Will Deposit a Specific Paper in PubMed Central on Request

• The table
  [http://publicaccess.nih.gov select_deposit_publishers.htm#d](http://publicaccess.nih.gov select_deposit_publishers.htm#d)
lists publishers that will support authors in posting papers to PMC, either using Method B or Method D.

• If a journal is not listed under Method A, and the journal publisher is not listed on the table, authors must use submission Method C and deposit the final peer-reviewed manuscript in PMC via the NIH Manuscript Submission system (NIHMS).
Method C

• Deposit the final peer-reviewed manuscript in PubMed Central (PMC)
• Deposit is done via the NIH Manuscript Submission System (NIHMS)
Method C

Who can submit the publication?

• One of the authors of the publication

• Principle Investigator of the NIH grant whose funding was used for the research reported in the publication

• A designated submitter
Method C
Timing

- Grant awardees are responsible for ensuring that the manuscript(s) are submitted to NIHMS upon acceptance for publication.

- Grant awardees are also responsible for seeing that all the steps involved in the NIHMS process be completed within three months of publication.
Submitting a Final Peer-reviewed Manuscript Via the NIHMS

THE SUBMISSION PROCESS INVOLVES THREE TASKS
Method C
NIHMS Tasks

• Task 1: Deposit Manuscript Files and Link to NIH Funding
• Task 2: Authorize NIH to Process the Manuscript
• Task 3: Approve the PMC-formatted Manuscript for Public Display
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Differential Adoption of Laser Prostatectomy for Treatment of Benign Prostatic Hyperplasia
Differential Adoption of Laser Prostatectomy for Treatment of Benign Prostatic Hyperplasia

Florian R. Schroeck, John M. Hollingsworth, Brent K. Hollenbeck, Bruce L. Jacobs, Anne M. Suskind, Aruna V. Sarma, and John T. Wei

OBJECTIVE
To evaluate whether socioeconomic environment affects the adoption of new laser technology for treatment of benign prostatic hyperplasia (BPH).

METHODS
Using all payer data, we identified all discharges for laser prostatectomy or transurethral resection of the prostate (TURP) performed in Florida (2001-2009). We determined whether or not each of 114 healthcare markets (Hospital Service Areas) offered laser prostatectomy or TURP and assessed the market-level socioeconomic environment using a previously described ZIP code-based summary score. We used generalized estimating equations to examine the association of socioeconomic environment with offering laser prostatectomy or TURP, adjusting for additional market characteristics.

RESULTS
Better socioeconomic environment was associated with offering laser prostatectomy (odds ratio 1.21 for each 1 point increase in summary score, 95% confidence interval 1.08-1.35, P <.001). Adoption of laser prostatectomy over time was more rapid in markets with superior socioeconomic environment (P <.001 for interaction of socioeconomic summary score with year), such that by study midpoint, 82% of advantaged vs 54% of disadvantaged markets had adopted this new technology. In contrast, socioeconomic environment had only minimal effects on whether or not a market offered TURP.

CONCLUSION
We found delayed access to new laser technology in more disadvantaged socioeconomic environments, which may translate into disparities in certain outcomes after transurethral surgery for BPH. UROLOGY 81: 1177–1183, 2013. © 2013 Elsevier Inc.
Definition of Page/Galley Proof

• A version of the manuscript that allows for the detection and correction of errors.

• A version of the printed manuscript that is made to be checked and corrected.
ADDRESS AT GETTYSBURG

Fourscore and seven years ago our fathers brought forth on this continent a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal. Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived and so dedicated, can long endure. We are met on a great battlefield of that war. We have come to dedicate a portion of that field as a final resting-place for those who here gave their lives that that nation might live. It is altogether fitting and proper that we should do this.

But, in a larger sense, we cannot dedicate—we cannot consecrate—we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here. It is for us, the living, rather, to be dedicated here to the unfinished work which they who fought

(Address at the dedication of the Gettysburg National Cemetery, Nov. 19, 1863. Reprinted, by permission of The Macmillan Company, from Abraham Lincoln, the Man of the People, by Norman Haygood.)
What Can Be Deposited

• A version of the final, peer-reviewed manuscript

• The version can be any text file--.doc, .docx, or rft

• All the figures, tables and supplemental data
Dynamic MRI Evaluation of Urethral Hypermobility Post-Radical Prostatectomy

Anne M. Suskind, John O.L. DeLancey, Hero K. Hussain, Jeffrey S. Montgomery,†
Jerilyn M. Latini, Anne P. Cameron†

Abstract Aims: One postulated cause of post prostatectomy incontinence is urethral and bladder neck hypermobility. The objective of this study was to determine the magnitude of anatomical differences of urethral and bladder neck position at rest and with Valsalva in continent and incontinent men post-prostatectomy based on dynamic MRI. Methods: All subjects underwent a dynamic MRI protocol with Valsalva and non-Valsalva images and a standard urodynamic evaluation. MRI measurements were taken at rest and with Valsalva, including (1) bladder neck to sacrococcygeal inferior pubic point line (SCIPP), (2) urethra to pubis,
Table I. Demographic and cancer characteristics of cases and controls.

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<th></th>
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<th>Controls</th>
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<tbody>
<tr>
<td>Number</td>
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<td>8</td>
<td></td>
</tr>
<tr>
<td>Age in years (mean, SD)</td>
<td>68.2 (±6.4)</td>
<td>65.7 (±6.2)</td>
<td>0.40</td>
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<tr>
<td>BMI (mean, SD)</td>
<td>27.3 (±7.3)</td>
<td>29.2 (±2.8)</td>
<td>0.50</td>
</tr>
<tr>
<td>Race (%)</td>
<td></td>
<td></td>
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<tr>
<td>White</td>
<td>84.6</td>
<td>87.5</td>
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<tr>
<td>Non-White</td>
<td>15.4</td>
<td>12.5</td>
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<tr>
<td>Type of Prostatectomy (%)</td>
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<tr>
<td>Open</td>
<td>53.9</td>
<td>37.5</td>
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<tr>
<td>Robotic</td>
<td>46.2</td>
<td>62.5</td>
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<td>Time since prostatectomy in years (mean, SD)</td>
<td>4.6 (±4.1)</td>
<td>5.2 (±4.0)</td>
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<td>PSA prior to prostatectomy (mean, SD)</td>
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<td>5.4 (±3.7)</td>
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<td>Gleason score (mean, SD)</td>
<td>6.7 (±0.7)</td>
<td>6.9 (±0.4)</td>
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<td>Pad weight in g/24hr (mean, range)</td>
<td>428.6 (8.0-1823.0)</td>
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<td>AUA Symptom Index score (mean, SD)</td>
<td>13 (±8.0)</td>
<td>3 (±2.0)</td>
<td>&lt;0.01</td>
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Depositing Into the National Institutes of Health Manuscript Submission System (NIHMS)
Any Paper(s) based on research only partially funded by NIH

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• The Public Access Policy applies to any manuscript that arises from any amount of direct funding from the NIH.
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[http://www.nihms.nih.gov/db/sub.cgi]
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OR

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Overview of the manuscript submission process

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[Next: Grant Info]
Alcohol Use and Cigarette Smoking as Risk Factors for Post-Endoscopic Retrograde Cholangiopancreatography Pancreatitis

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First name: matthew
Last name: dimagno
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and Cigarette Smoking as Risk Factors for Post-Endoscopic Retrograde Cholangiopancreatography Pancreatitis

Gastroenterology and hepatology: the official clinical practice journal of the American Gastroenterological Association. NIDMSID # 245578

* Identified mechanisms of support for this manuscript. This may include NIH grants, NIH Intramural project numbers, NIH Contracts, HMI Investigators, etc.

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Investigation of the signal behavior at diagnostic energies of prototype, direct detection, active matrix, flat-panel imagers incorporating polycrystalline HgI$_2$

Hong Du, Larry E. Antonuk, Youcef El-Mohri, Qihua Zhao, Zhong Su*, Jin Yamamoto**, Yi Wang

Department of Radiation Oncology, University of Michigan Medical Center,
Ann Arbor, Michigan 48109

Email: antonuk@umich.edu

Abstract. Active matrix, flat-panel x-ray images based on a Sn I$_2$ thin film transistors offer many advantages and are widely utilized in medical imaging applications. Unfortunately, the detective quantum efficiency (DQE) of conventional flat-panel imagers incorporating scintillators or a Se photocathode is significantly limited by their relatively modest signal to noise ratio, particularly in applications involving low x-ray exposures or high spatial resolution. For this reason, polycrystalline HgI$_2$ is of considerable interest by virtue of its low effective work function, high atomic number, and the possibility of large area deposition. In this study, a detailed investigation of the properties of prototype, flat-panel arrays coated with two forms of this high-purity photocathode are reported. Encouragingly, high x-ray sensitivity, low dark current, and spatial resolution close to the theoretical limits were observed from a number of prototypes. In addition, input-quantum limited DQE performance was measured from one of the prototypes at relatively low exposures. However, high levels of charge trapping, lag, and polarization, as well as pixel-to-pixel variations in x-ray sensitivity are of concern. While the results of the current study are promising, further development will be required to realize prototypes exhibiting the characteristics necessary to allow practical implementation of this approach.

* Currently at the Department of Radiation Oncology, Virginia Commonwealth University.
** Currently at Microsoft Corporation, One Microsoft Way, Redmond, WA.
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Integrin α3 mutations with kidney, lung, and skin disease.

Department of Dermatology, University Freiburg Medical Center, Freiburg, Germany.

Abstract
Integrin α(3) is a transmembrane integrin receptor subunit that mediates signals between the cells and their microenvironment. We identified three patients with homozygous mutations in the integrin α(3) gene that were associated with disrupted basement-membrane structures and compromised barrier functions in kidney, lung, and skin. The patients had a multiorgan disorder that included congenital nephrotic syndrome, interstitial lung disease, and epidermolysis bullosa. The renal and respiratory features predominated, and the lung involvement accounted for the lethal course of the disease. Although skin fragility was mild, it provided clues to the diagnosis.

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2. Or, NIHMSID: NIHMSID#####

3. Or if the journal automatically deposits: PMC Journal - In Process
Notice Number: NOT-OD-10-103

• Issued on June 10, 2010 by NIH

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Enter search criteria for PubMed citations.
Efficient, specific, developmentally appropriate cre recombination in anterior pituitary gonadotropes and lactotropes

Pérez-Millán ML, Zeidler MG, Saunders TL, Camper SA, Davis SW.
Department of Human Genetics, University of Michigan, Ann Arbor, MI, 48109.

Abstract
Tissue-specific expression of cre recombinase is a well-established tool for genetic function, and it is limited only by the efficiency and specificity of available strategies.
New items were added to your bibliography. Edit your bibliography.

NIH Public Access Compliance: In process at NIHMS. [Edit Status] NIHMS ID: NIHMS516375

NIH Funding:

R01 HD034283 - Cell specific expression in the pituitary gland; CELL-SPECIFIC EXPRESSION IN THE PITUITARY GLAND

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Notice Number: NOT-OD-10-103 Release Date: June 10, 2010

*Within My Bibliography, PD/PIs can track compliance with the NIH Public Access Policy.
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Video Training, Excerpted from our January 2013 Webinar

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NIH Director Francis Collins speaks with 16-year-old inventor Jack Andraka about public access

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News & Updates

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- **My NCBI** (for third party submitters)
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NIH Research Performance Progress Reports

(RPPR)

C.1:

• PD/PIs are required to report all publications that arise from their NIH award in this section.

• If there are no publications to report, select No.

• This is the only place to report on publications.

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<td>Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity</td>
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Then By: Title ▼ Ascending, ▲ Descending