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# The NIH Public Access Policy: Grant Writing, Progress Reports, and My Bibliography, Oh My!

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# The NIH Public Access Policy: Grant Writing, Progress Reports, and My Bibliography, Oh My!

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# What will be covered

- About the NIH Public Access Policy (NIHPAP)
- Complying with NIHPAP
- The NIH Manuscript Submission (NIHMS)
- My Bibliography via MyNCBI
- NIH Progress Reports (RPPR)

# Policy background

- Launched in 2008
- Ensures public access to NIH-funded research articles

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The policy's rationale is that when research funding comes from taxpayer dollars, the public should be able to view research outputs.

Policy language:

"The Director of the National Institutes of Health ("NIH") shall require...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." (source: <https://publicaccess.nih.gov/policy.htm>)



## How do I comply?

- 12 months to ensure deposit to Pubmed Central database with PMCID# assigned
- NIH grantee or designate responsible for deposit
- Non-compliance may delay or prevent future awards

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After publication of a paper, NIH grantee or designate has 12 month window to deposit the final peer-reviewed manuscripts in the National Library of Medicine's PubMed Central database.

"Final peer-reviewed manuscript" is different than the published paper that has been formatted for publication. What's being submitted to PMC is one step back from the published version, back to the "final draft."

The onus of compliance falls on the NIH Grantee, even if the grantee is not a paper's author. If a graduate student has written a paper supported by NIH funding through an NIH Grantee's lab, the NIH Grantee is ultimately responsible for the graduate student's paper being NIHPAP compliant.

## When to start thinking about compliance?

- When paper is accepted for publication
- When signing the author agreement

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As soon as you get the notification that a paper is accepted for publication, start the process. At this stage you still have easy access to the documents you need (final draft, image files, tables of contents, etc.) and your co-authors or graduate students haven't yet moved to other universities, etc.

If you're an author, very important to read the author agreement for language that addresses Public Access compliance.

## When reviewing the author agreement:

1. Retain legal rights to deposit paper in PMC
2. If depositing to PMC is not specified in agreement, add wording to agreement\* or contact publisher
3. If depositing to PMC is addressed in agreement, determine
  - what will the publisher do?
  - what will you need to do?

\*sample wording available at <https://publicaccess.nih.gov/faq.htm>

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How to retain right deposit paper to PMC? Confirm that the author agreement includes language for complying with the NIHPAP. If not, contact publisher to retain right in writing.

Sample wording to add to author agreement is available at the link- <https://publicaccess.nih.gov/faq.htm>

Determining what you need to do to submit your paper to PMC depends on the publisher/author agreement, and will fall into 1 of 4 methods.

## How are papers deposited in PMC?

Method A	Publisher → PMC (automatic)
Method B	Publisher → PMC (by request)
Method C	NIH Grantee → NIHMS
Method D	Publisher → NIHMS

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Methods A & B are in place with select publishers who are equipped to send automatically formatted (XML) versions of your paper, behind the scenes, directly to PMC.

Methods C & D are manual processes that involve a person actually uploading documents which are then specially formatted for PMC. The NIHMS system is what does the formatting.

# Method A

Method A	Publisher → PMC (automatic)
Method B	Publisher → PMC (by request)
Method C	NIH Grantee → NIHMS
Method D	Publisher → NIHMS

→ Publisher automatically deposits the final peer-reviewed manuscript to PMC

See a full list of the Method A journals at [https://publicaccess.nih.gov/submit\\_process\\_journals.htm](https://publicaccess.nih.gov/submit_process_journals.htm)

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In Method A, you don't have to do anything extra to submit your paper to PMC, the publisher takes care of it for you.

See a full list of the Method A journals at [https://publicaccess.nih.gov/submit\\_process\\_journals.htm](https://publicaccess.nih.gov/submit_process_journals.htm)

# Method B

Method A	Publisher → PMC (automatic)
Method B	Publisher → PMC (by request)
Method C	NIH Grantee → NIHMS
Method D	Publisher → NIHMS

NIH Grantee requests publisher deposit final peer-reviewed manuscript to PMC.

Often subject to additional fee on top of publication fees.

See a full list of the Method B journals at [https://publicaccess.nih.gov/select\\_deposit\\_publishers.htm#b](https://publicaccess.nih.gov/select_deposit_publishers.htm#b)

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Some publishers are equipped to submit your paper directly to PMC, but they don't do it automatically. With these publishers, you'll need to ask them to post the paper to PMC for you. This process is often subject to an additional fee(s). Such fees can be covered by your NIH grant if included in the original application.

See a full list of the Method B journals at [https://publicaccess.nih.gov/select\\_deposit\\_publishers.htm#b](https://publicaccess.nih.gov/select_deposit_publishers.htm#b)

# Method C

Method A	Publisher → PMC (automatic)
Method B	Publisher → PMC (by request)
Method C	NIH Grantee → NIHMS
Method D	Publisher → NIHMS

NIH grantee submits final peer-reviewed manuscript to the NIHMS

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Where methods A and B involve the publisher sending the paper directly to PubMed Central, methods C & D will require that either the grantee, or someone at the publisher, manually upload your paper to PMC via the NIHMS system.

In method C, deposit has to be done by the NIH Grantee. Method C is often required when the author agreement has not made any mention of NIHPAP compliance; in these cases it's imperative to contact the publisher to retain your right to post a final draft.

# Method D

Method A	Publisher → PMC (automatic)
Method B	Publisher → PMC (by request)
Method C	NIH Grantee → NIHMS
Method D	Publisher → NIHMS

Publisher submits final peer-reviewed manuscript to the NIHMS

See a full list of the Method D journals at [https://publicaccess.nih.gov/select\\_deposit\\_publishers.htm#d](https://publicaccess.nih.gov/select_deposit_publishers.htm#d)

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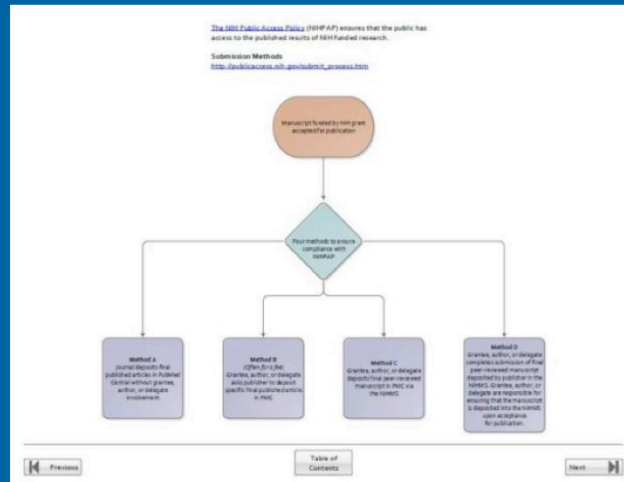
In method D, the paper will be deposited to NIHMS by someone at the publisher. After initial deposit by the publisher, an NIH Grantee or designate is usually required to follow-up to review and approve the NIHMS-formatted paper before it's assigned a PMCID#.

See a full list of the Method D journals at [https://publicaccess.nih.gov/select\\_deposit\\_publishers.htm#d](https://publicaccess.nih.gov/select_deposit_publishers.htm#d)



# NIHPAP Process Map

Available at <http://hdl.handle.net/2027.42/107424>



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This tool will help you to determine which of the four methods you need to use and how to do each one step-by-step. You can download it by following the link on this slide.

Available at <http://hdl.handle.net/2027.42/107424>

National Institutes of Health  
(NIH)  
NIH Manuscript Submission  
**(NIHMS)**

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# All About NIHMS

- Purpose.
- What it does.
- Using NIHMS.
- What materials are submitted?







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- The system was developed to facilitate the submission of peer-reviewed manuscripts supported by NIH grants for inclusion in PubMed Central (PMC) in support of the NIH Public Access Policy.
- The NIHMS system allows users –NIH grantees, authors, publishers--to supply material for conversion in a wide range of electronic formats that can be loaded into PMC.
- All the files associated with the peer-reviewed, accepted manuscript need to be submitted to NIHMS—
  - Title page with author and affiliation information
  - Main text of the manuscript (\*Manuscript files may contain embedded figures and tables.)
  - References
  - Figures
  - Tables
  - Appendices
  - Supplementary files (online, electronic, etc.)

# Navigating the NIHMS Process

Depositing a manuscript into NIHMS is a multi-step process.

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Step	Description
	<b>Step 1: Deposit Files</b> A manuscript may be submitted by the author, the PI, the publisher, or another third party. Third-party submitters must designate an author or PI to serve as the Reviewer for an NIHMS submission. In these cases, the Reviewer will receive notification of the deposit via e-mail.
	<b>Step 2: Initial Approval</b> The Reviewer reviews the submission, confirms or adds associated funding, and either rejects or approves the material for processing in NIHMS.
	<b>Step 3: NIHMS Conversion</b> NIHMS staff reviews the approved files for completeness, and complete submissions are converted to archival XML. The PMC-ready documents (Web and PDF versions) are checked to ensure they accurately reflect the submitted files. An e-mail notification is sent to the Reviewer when the record is available for final review.
	<b>Step 4: Final Approval</b> The Reviewer reviews the PMC-ready documents (Web and PDF versions) and either requests corrections or approves them for inclusion in PMC. Final Approval is required to complete manuscript processing in NIHMS.
	<b>Step 5: PMCID Assigned</b> A PMCID is assigned when Final Approval is complete and the manuscript is matched to a PubMed record with complete citation information. For details, see <a href="#">When will a PMCID be assigned to my manuscript?</a> in the NIHMS FAQ.
	Manuscript is made available in PMC following the publisher-required embargo period (if applicable).

Deposit Methods C & D require the NIH Grantee or a designate to follow steps 1 through 5 to receive a PMCID# If publisher has deposited files to PMC as in Method D, NIH Grantee must still complete steps 2-5.


Table courtesy NIH- <https://www.ncbi.nlm.nih.gov/books/NBK3846/>

U.S. Department of Health & Human Services

NIH Manuscript Submission System


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NIH Researchers  

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CDC Researchers  

FDA Researchers  

HHMI Researchers 

NASA Researchers  

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VA Researchers 

Publishers and Others 

Sign In Help  
Forgot your sign-in route? Request E-mail Reminder

The NIH Manuscript Submission (NIHMS) system supports the deposit of manuscripts into PubMed Central (PMC), as required by the public access policies of NIH and other participating funders.

Learn More

<https://www.nihms.nih.gov/db/sub.cgi>

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NIHMS Manuscript Submission System- <https://www.nihms.nih.gov/db/sub.cgi>

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U.S. Department of Health & Human Services

Manuscript Submission System

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Stalled 0

Completed 21

Available in PMC 0

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New manuscript submission

1. Title Information

2. Add Funding

3. Upload Files

4. Check Files

5. Set Reviewer & Embargo

Provide citation information using one of the options below.

Option 1. Enter the manuscript and journal titles

Manuscript Title \*

New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.

Journal Title \*

Transplantation

Option 2. Search for citation in PubMed

Option 3. Find citation in My NCBI Bibliography

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Add Funding ▶

21

New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.  
Journal: [Transplantation](#)

1. Title Information   2. Add Funding   3. Upload Files   4. Check Files   5. Set Reviewer & Embargo

**Enter project support information**

Search by:

AND/OR

Search Results:

Grantee/PI	Select	Grant/Project ID	Title
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New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.

Journal: [Transplantation](#)

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4. Check Files

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### Enter project support information

Search by:

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AND/OR

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Search

Search Results:

Grantee/PI	Select	Grant/Project ID	Title
<input checked="" type="radio"/> Akinlolu O. Ojo	<input checked="" type="checkbox"/>	K24 DK062234	Renal and Cardiovascular Events in Patients with C
	<input type="checkbox"/>	R01 DK062642	Physician Peer Minority Organ Donation Education M
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Type	Label	File	Size	Date	Remove
Manuscript *		<input type="text"/> Browse... No file selected.			<input type="button" value="X"/>
Figure	<input type="text"/>	<input type="text"/> Browse... No file selected.			<input type="button" value="X"/>
Table	<input type="text"/>	<input type="text"/> Browse... No file selected.			<input type="button" value="X"/>
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Type	Label	File	Size	Date	Remove
Manuscript *		<div>Browse...</div> New-Onset Diabetes Mellitus .docx			<div>X</div>
Figure	<div>Figure 1 The cum</div>	<div>Browse...</div> Figure 1.png			<div>X</div>
Table	<div>Table 1 Descriptiv</div>	<div>Browse...</div> Table 1.png			<div>X</div>
Supplemental		<div>Browse...</div> No file selected.			<div>X</div>
Figure	<div>Figure 2 Factors i</div>	<div>Browse...</div> Figure 2.jpg			<div>X</div>
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Table	<div>Table 3 Discharge</div>	<div>Browse...</div> Table 3.jpg			<div>X</div>

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Journal: [Transplantation](#) NIHMSID 840202 [Provide citation](#)

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## Manuscript Information

Journal name: Transplantation  
 NIDDK ID: NIDDK434202  
 Manuscript Title: New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.  
 Submitter:

## Manuscript Files

Type	Fig/Table #	Filename	Size	Uploaded
manuscript		New-Onset Diabetes Mellitus.docx	375K	2016-12-31 11:34:54
figure	Figure 1 The cumulative incidence rates of new-onset diabetes after transplant (NODAT) per 1000 patient years at 6 months and at 1, 2, and 3 years, by use of steroids at discharge	Figure 1.jpg	780K	2016-12-31 11:34:55
figure	Figure 2 Factors associated with the probability of developing NODAT within 3 years of discharge from the transplant hospitalization (N=25,837)	Figure 2.jpg	731K	2016-12-31 11:34:56
table	Table 1 Descriptive statistics for selected recipient, donor and transplant characteristics by the inclusion of steroids in the discharge maintenance immunosuppression regimen	Table 1.jpg	385K	2016-12-31 11:34:56
table	Table 2 Factors associated with the probability of developing NODAT within 3 years of discharge from the transplant hospitalization (N=25,837)	Table 2.jpg	130K	2016-12-31 11:34:57
table	Table 3 Discharge maintenance immunosuppression regimens other than	Table 3.jpg	131K	2016-12-31 11:34:58

## New-Onset Diabetes Mellitus in Kidney Transplant Recipients Discharged on Steroid-Free Immunosuppression

Luan, Fu L.<sup>1,2</sup>; SteCik, Diane E.<sup>2</sup>; Ojo, Alvinolu O.<sup>1,2</sup>

### Author Information

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<sup>2</sup> Scientific Registry of Transplant Recipients, Arbor Research Collaborative for Health, Ann Arbor, MI. This work was supported by the Scientific Registry for Transplant Recipients grant 234-2005-37009C, Health Resources and Services Administration, U.S. Department of Health and Human Services (D.E.S.) and by NIH grant K24 DK062234 (A.O.O.).  
 A.O.O. received grant support from Pfizer, US, for a separate investigator-initiated research project and received consulting fees and speaking honoraria from Pfizer, Genzyme, Roche, and Novartis.

Presented at the American Transplant Congress, 2009, Boston, MA.

<sup>3</sup> Address correspondence to: Fu Luan, M.D., University of Michigan Health System, 3014 Taubman Center, Box 0364, 1500 East Medical Center Drive, Ann Arbor, MI 48109-0364. E-mail: fluan@med.umich.edu

F.L. participated in study design and manuscript preparation; D.E.S. participated in data collection, statistical analyses, and manuscript preparation; and A.O.O. participated in the study design and manuscript preparation.

Received 22 April 2010. Revision requested 18

May 2010. Accepted 26 October 2010.

### Abstract

**Background.** New-onset diabetes after transplant (NODAT) is a serious complication after kidney transplantation. We studied the relationship between steroid-free maintenance regimens and NODAT in a national cohort of adult kidney transplant patients.

**Methods.** A total of 25,837 previously nondiabetic kidney transplant patients, engrafted between January 1, 2004, and December 31, 2006, were included in the study. Logistic regression analysis was used to compare the risk of developing NODAT within 3 years after transplant for patients discharged with and without steroid-containing maintenance immunosuppression regimens. The effect of transplant program-level practice regarding steroid-free regimens on the risk of NODAT was studied as well.

**Results.** The cumulative incidence of NODAT within 3 years of transplant was 16.2% overall; 17.7% with maintenance steroids and 12.3% without ( $P<0.001$ ). Patients discharged with steroids had 42% greater odds of developing NODAT compared with

## Review of NIHMS submission statement

### Submission Statement

**Manuscript Title:** New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.

**Accepted for Publication in:** Transplantation

I am an author of this manuscript, and I am providing it to the National Institutes of Health (NIH) to make publicly available in PubMed Central immediately after its official date of publication in the journal.

**I confirm that:**

**Publication and Copyright Agreements** — In any agreements that I have made with the journal, I have retained the right to deposit this version of the manuscript with PMC, so that it may be appropriately tagged and made available to the public on the PMC web site; or, I otherwise am legally authorized to deposit this manuscript for the purposes described.

**Confidentiality** — The manuscript may contain confidential information that must not be publicly disclosed prior to publication of the paper in the named journal.


**Peer Review** — The version I am depositing has been peer reviewed and accepted for publication and includes all modifications resulting from the peer review process.

**Funding** — The manuscript is the result of research supported, in whole or in part, by direct costs funded by NIH.

Change Release Date

Disagree

Agree

 **Manuscript Submission System**

Thank you for the submission.

Manuscript Title	New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.
Journal	Transplantation
NIHMSID	940202
Release Delay	none
Reviewer	

**WHAT'S NEXT?**

**Step 3**  
NIHMS staff reviews the approved files for completeness, and complete submissions are converted to archival XML. The PMC-ready documents (Web and PDF versions) are checked to ensure they accurately reflect the submitted files. Processing time for this step is usually 2-3 weeks but may vary depending on the volume of submissions at a given time. An e-mail notification is sent to the Reviewer when the record is available for final review.

**Step 4**  
The Reviewer reviews the PMC-ready documents (Web and PDF versions) and either requests corrections or approves them for inclusion in PMC. Final Approval is required to complete manuscript processing in NIHMS.

**Step 5**  
A PMCID is assigned when the manuscript is matched to a PubMed record with complete citation information. For details, see [When will a PMCID be assigned to my manuscript?](#)

#### When will a PMCID be assigned to my manuscript?

A PMCID is assigned when the following two criteria are met:

1. The converted materials (i.e., the PMC-ready documents) have been approved by the [Reviewer](#) and
2. The article has been matched to a [PubMed](#) record for one of the following:
  - a. a final print publication date or
  - b. an electronic publication date for a journal that is an electronic publication only or
  - c. an electronic publication date for a journal where PubMed has not received the final print publication date within 6 months of the electronic publication date

#### How can I monitor a submission not associated with my account in NIHMS?

#### How can I take over Reviewer responsibilities for a submission in NIHMS?

#### How can I take over Reviewer responsibilities if I am not associated with a record in NIHMS?

#### What if I need to make corrections to the text of a manuscript in NIHMS?

#### Why hasn't the submitter provided the final published version of the manuscript?

#### How do I associate funding with a submission?

## Citing NIHPAP Publications

Identifier	Description	NIHPAP Compliance Status	Example
PMCID	Pubmed Central unique identifier	Complies	PMC2901972
NIHMSID	NIH Manuscript Submission system unique identifier	Temporary compliance	NIHMSID30238
PMC Journal - In Process	Publisher deposited publication submitted to NIHMS but not yet having received an identifier	Temporary compliance	PMC Journal - In Process
PMID	Medline/PubMed unique identifier	Does NOT comply	PMID:12748199

# Manage Compliance


NIH Grantees must use "My Bibliography" in My NCBI to manage compliance and organize their bibliographies.

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The "My Bibliography" Tool in My NCBI is used for Bibliography Management by NIH Grantees in eRA Commons and allows to associate publications with grant awards, and ensure compliance with the NIH Public Access Policy.

# Compliance Status Color Code


Howlett NG, Taniguchi T, Durkin SG, D'Andrea AD, Glover TW. [The Fanconi anemia pathway is required for the DNA replication stress response and for the regulation of common fragile site stability](#). Hum Mol Genet. 2005 Mar 1;14(5):693-701. PubMed PMID: 15661754.

 NIH Public Access Compliance: Not applicable [\[Edit Status\]](#)


NIH Funding:

 NIH Public Access Compliance: Non-compliant. No PMCID 3 months post publication. [\[Edit Status\]](#)

NIH Funding:

 NIH Public Access Compliance: PMC Journal – In Process [\[Edit Status\]](#)

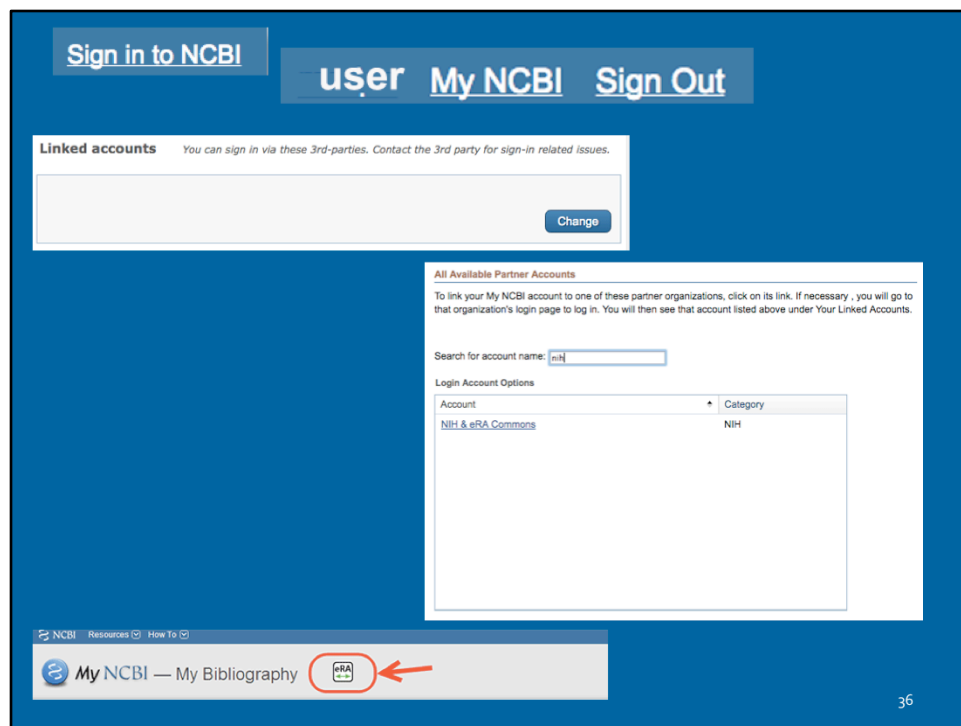
NIH Funding:

 NIH Public Access Compliance: Complete. PMCID: [PMC1684940](#)

The My Bibliography account must be linked to an eRA Commons account.

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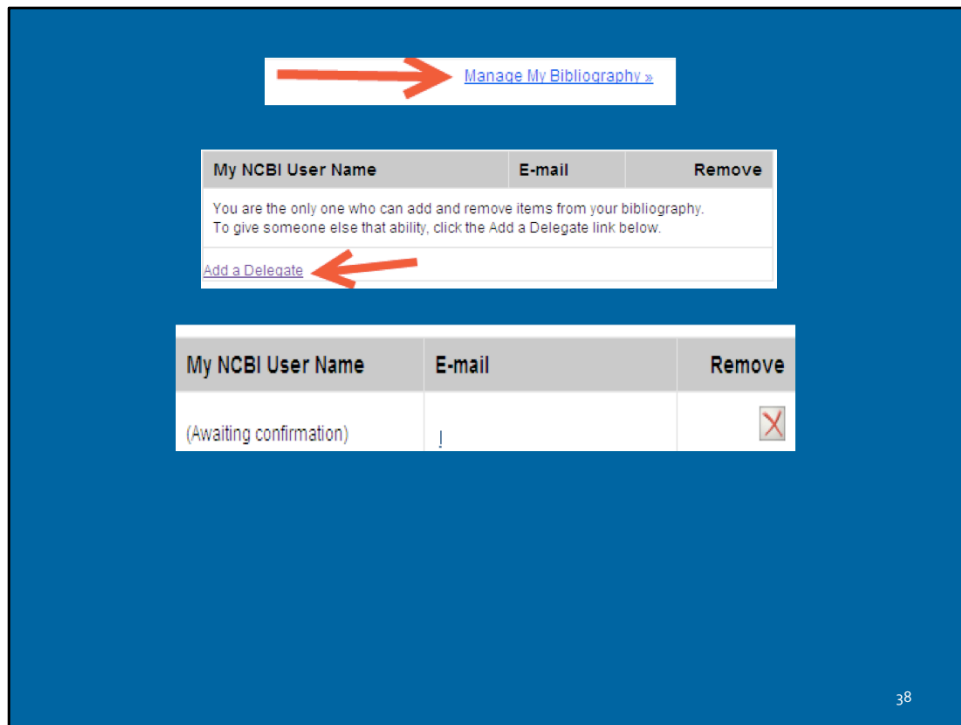


#### Step-by-step instructions:

1. Sign into the My NCBI account, then click on the user name in the upper right hand corner.
2. On the resulting page, click the "Change" button next to the Linked Account section if no linked account is already listed.
3. From the Login Account Options list, choose the NIH & eRA Commons.
4. You can log in on the resulting page using your eRA Commons username and password.
5. References saved in My Bibliography automatically appear in eRA Commons once the two are linked.
6. When your My NCBI account is linked to your eRA Commons account, you will see an eRA icon at the top of your My Bibliography page

## Delegating Access to My Bibliography

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Users can grant access to My Bibliography using the delegate function.

- Click on the "Manage My Bibliography" link.
- Click the "Add a Delegate" link.
- Enter your delegate's email address, then click the "Add Delegate" button.
- The delegate will receive an email with a link to activate access to your account.
- The delegate must have a My NCBI account.
- The "Awaiting confirmation" status will be updated after the delegate activates access to your account.

## Reporting Publications in an NIH Research Performance Progress Report (RPPR)

- Before publications can be added to the NIH progress report, they must first be added to the NIH Grantee's My Bibliography.
- In the eRA Commons progress report, there is a section specific to publications and manuscripts accepted for publication under the tab called "Products."
- There will be three tables under Products.

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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 yes, select from the table below to affiliate publications with this progress report. (7)

All publications associated with this project in My NCBI		
Associate with this RPPR	NIH Public Access Compliance	Citation
<input checked="" type="checkbox"/>	Complete	Mellay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity
<input checked="" type="checkbox"/>	Not Applicable Not Peer Reviewed	Smith J, Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 12(34): 56-79. PMID: PMC1234567.
<input checked="" type="checkbox"/>	In Progress	Hennessy S, Blier WB, Leonard CE, Chittams J, Palumbo CM, Karlusich JH, Yang YX, Lautenbach E, Baine WB, Mellay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8. PMID: 11693907. PMID: PMC2042508.
<input checked="" type="checkbox"/>	Non-Compliant	Marian NA, Puff ME, Metz DC, Yang YX. Hip fracture risk in patients with a diagnosis of pernicious anaemia. Gastroenterology. 2010 Apr; 138(4): 1330-7. PMID: 20020665. PMID: PMC2954457.

Sort Table Above By  Then By   
☐ Ascending ☐ Descending ☐ Ascending ☐ Descending  
☒ (+) Show publications from My NCBI ☐ (-) Hide publications from My NCBI (7)

Publications not associated with this project in My NCBI		
Associate with this RPPR	NIH Public Access Compliance	Citation
<input type="checkbox"/>	Complete	Mellay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity
<input type="checkbox"/>	Not Applicable Not Peer Reviewed	Smith J, Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 12(34): 56-79. PMID: PMC1234567.
<input type="checkbox"/>	In Progress	Hennessy S, Blier WB, Leonard CE, Chittams J, Palumbo CM, Karlusich JH, Yang YX, Lautenbach E, Baine WB, Mellay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8. PMID: 11693907. PMID: PMC2042508.
<input type="checkbox"/>	Non-Compliant	Marian NA, Puff ME, Metz DC, Yang YX. Hip fracture risk in patients with a diagnosis of pernicious anaemia. Gastroenterology. 2010 Apr; 138(4): 1330-7. PMID: 20020665. PMID: PMC2954457.

Sort Table Above By  Then By   
☐ Ascending ☐ Descending ☐ Ascending ☐ Descending

Publications previously reported for this project (7)		
NIH Public Access Compliance	Citation	
Complete	Mellay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity	
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**All hormone-producing cell types of the pituitary intermediate and anterior lobes derive from Prop1 expressing progenitors.**

Davis SW<sup>1</sup>, Keisler JL<sup>1</sup>, Pérez-Millán ME<sup>2</sup>, Schade V<sup>2</sup>, Camper SA<sup>2</sup>.

Author information

**Abstract**  
Mutations in PROP1, the most common known cause of combined pituitary hormone deficiency in humans, can result in the progressive loss of all hormones of the pituitary anterior lobe. In mice, Prop1 mutations result in the failure to initiate transcription of Pit1 (Pou1f1) and lack somatotropins, lactotropins, and thyrotropins. The basis for this species difference is unknown. We hypothesized that Prop1 is expressed in a progenitor cell that can develop into all anterior lobe cell types, and not just the somatotropes, thyrotropes, and lactotropes, which are collectively known as the PIT1 lineage. To test this idea, we produced a transgenic Prop1-cre mouse line and conducted lineage-tracing experiments of Prop1 expressing cells. The results reveal that all hormone-secreting cell types of both the anterior and intermediate lobes are descended from Prop1 expressing progenitors. The Prop1-cre mice also provide a valuable genetic reagent with a unique spatial and temporal expression for generating tissue specific gene rearrangements early in pituitary gland development. We also determined that the minimal essential sequences for reliable Prop1 expression lie within 10 kb of the mouse gene, and demonstrated that human PROP1 can substitute functionally for mouse Prop1. These studies enhance our understanding of the pathophysiology of disease in patients with PROP1 mutations.

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## All hormone-producing cell types of the pituitary intermediate and anterior lobes derive from Prop1 expressing progenitors

Shannon W. Davis<sup>1</sup>, Jessica L. Keisler<sup>1</sup>, María I. Pérez-Millán<sup>2</sup>, Vanessa Schade<sup>2</sup>, and Sally A. Camper<sup>2</sup>

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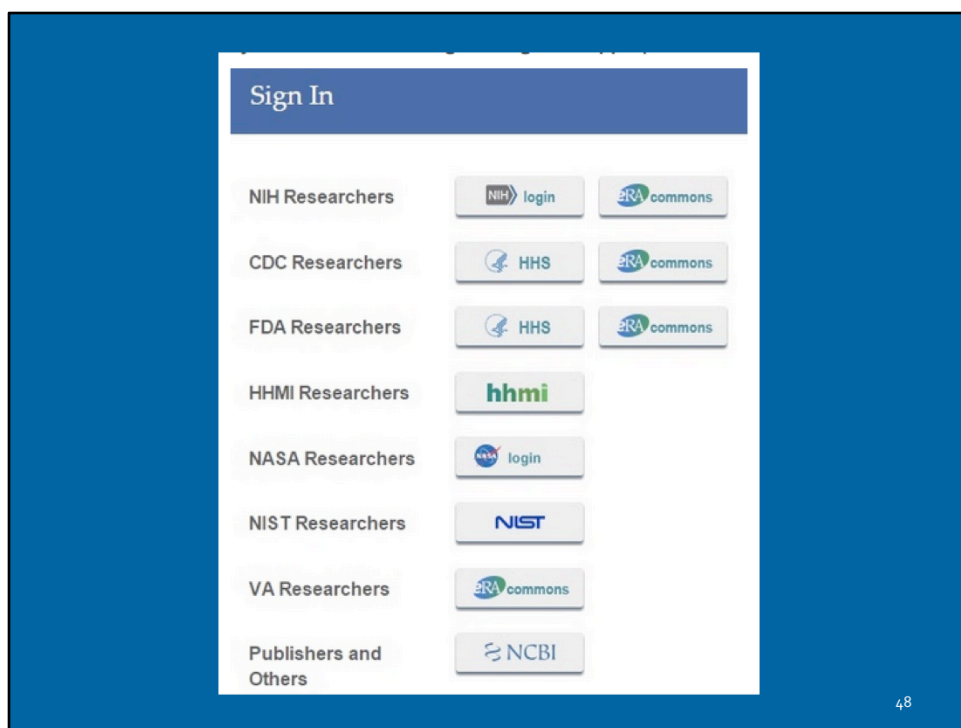
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