National Institutes of Health Public Access Policy: Lecture 2012

Rosenzweig, Merle

http://hdl.handle.net/2027.42/93504
National Institutes of Health
Public Access Policy*

*Find a Research Research guide @ http://guides.lib.umich.edu/content.php?pid=220277&search_terms=national+institutes

Merle Rosenzweig
oriley@umich.edu
WHAT WILL BE COVERED

• About the policy
• Complying
• Submitting to the NIH Manuscript Submission System (NIHMS)
• NIH Public Access Policy & the Grant Process
• The Policy and eRA Commons
In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy (NOT-OD-05-022) is now mandatory. The law 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._

**Specifics**

1. The NIH Public Access Policy applies to all peer-reviewed articles that arise, in whole or in part, from direct costs[^1] funded by NIH, or from NIH staff, that are accepted for publication on or after April 7, 2008.

2. Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.

3. PubMed Central (PMC) is the NIH digital archive of full-text, peer-reviewed journal articles. Its content is publicly accessible and integrated with other databases (see: [http://www.pubmedcentral.nih.gov](http://www.pubmedcentral.nih.gov)).

4. The final, peer-reviewed manuscript includes all graphics and supplemental materials that are associated with the article.

5. Beginning May 25, 2008, anyone submitting an application, proposal or progress report to the NIH must include the PMC or NIH Manuscript Submission reference number when citing applicable articles that arise from their NIH funded research. This policy includes applications submitted to the NIH for the May 25, 2008 due date and subsequent due dates.

**Compliance**

Compliance with this Policy is a statutory requirement and a term and condition of the grant award and cooperative agreement, in accordance with the NIH Grants Policy Statement. For contracts, NIH includes this requirement in all R&D solicitations and awards under Section H, Special Contract Requirements, in accordance with the Uniform Contract Format.

The NIH Public Access Policy

“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.”

http://publicaccess.nih.gov/policy.htm
What is PMC?


- Provides permanent access to all of its content.

- All the articles in PMC are free (sometimes on a delayed basis).

- Some journals go beyond free to Open Access. If an article is Open Access it means that it can be freely accessed by anyone in the world using an internet connection.

- Copyright restrictions - all material available is protected by U.S. and/or foreign copyright laws.

The NIH Manuscript Submission system allows you to submit an electronic version of your peer-reviewed final manuscript for inclusion in PubMed Central.
What is NIHMS?

• Developed by NIH to facilitate the submission process of final, peer-reviewed manuscripts.

• The final peer-reviewed manuscripts covered by the NIH Public Access Policy are deposited into NIHMS.

• The files deposited should include the text file (can be .doc, docx, rtf), figures and/or tables if not within the text document, and any supplemental data if applicable.

• The files that are deposited are converted to a standard PMC format (.pdf) and then reviewed by the depositor to confirm that the converted final peer-reviewed manuscript is faithful to the original (all the deposited files are within the appropriate place).
COMPLYING WITH THE POLICY

• All of an NIH grantee's publications that come under the NIH Public Access Policy, including in press and in print peer-reviewed journal articles, must show evidence of compliance in NIH competing grant applications, non-competing continuation grant applications, and progress reports.

• Applications, Proposals and Reports must include evidence of compliance with the NIH Public Access Policy for all applicable papers that are authored by the Principal Investigator (PI) or arose from the PI’s NIH funds.
WHO IS RESPONSIBLE?

• The Principle Investigator (P.I.) who’s NIH grant funds were used in the research that is reported in the publication is responsible for assuring compliance with the policy even if the grantee is not an author.

• The institution to which the P.I. is affiliated is also responsible to make sure it’s researchers comply.
Howard Hughes Medical Institute (HHMI) & Wellcome Trust

- **HHMI** provides authors with a mechanism for uploading their manuscripts to PubMed Central .... within six months of publication.¹

- **Wellcome Trust** requires electronic copies of any research papers that have been accepted for publication in a peer-reviewed journal, and are supported in whole or in part by Wellcome Trust funding, to be made available through PubMed Central (PMC) and UK PubMed Central (UKPMC)...within six months of the journal publisher's official date of final publication.²

¹ [http://www.hhmi.org/about/research/journals/main?action=search](http://www.hhmi.org/about/research/journals/main?action=search)

² [http://www.wellcome.ac.uk/About-us/Policy/Special-focus-issues/Open-access/Policy/index.htm](http://www.wellcome.ac.uk/About-us/Policy/Special-focus-issues/Open-access/Policy/index.htm)
STEPS IN COMPLYING

• Determine Applicability

• Address Copyright

• Submit Manuscript

• Include PMCID or NIHMSID in Citations
Determine Applicability of Publication

The policy 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.”

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

In other words, depositing needs to be made as soon as the journal informs the author that the manuscript has been accepted and will be published. The 12 month period relates to the release of the deposited manuscript for the public to view and/or print.
DETERMINE APPLICABILITY

The Policy applies to any manuscript that:

• Is peer-reviewed;
• And, is accepted for publication in a journal on or after April 7, 2008;
• And, arises from:
  • Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
  • Any direct funding from an NIH contract signed on or after April 7, 2008, or;
  • Any direct funding from the NIH Intramural Program, or;
• An NIH employee
Ensure your publishing agreement allows the paper to be posted to PubMed Central in accordance with the NIH Public Access Policy.

Final, peer-reviewed manuscripts must be posted to the NIHMS upon acceptance for publication, and be made publicly available on PMC no later than 12 months after the official date of publication.

Points to consider:
POINTS TO CONSIDER WHEN ADDRESSING COPYRIGHT

• Which submission method will be used?
• What version of the paper will be made available on PMC?
• Who will submit the paper?
• When will it be submitted?
• Who will approve the submission?
• When will the paper be made public on PMC?
SUBMITTING TO THE
NIH MANUSCRIPT SUBMISSION SYSTEM (NIHMS)
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.
# Submission Methods*

<table>
<thead>
<tr>
<th>Method A</th>
<th>Method B</th>
<th>Method C</th>
<th>Method D</th>
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<tbody>
<tr>
<td>Deposits final published articles in PubMed Central without author involvement</td>
<td>Author asks publisher to deposit specific final published article in PMC</td>
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</table>

*http://publicaccess.nih.gov/submit_process.htm*
**METHOD A**

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

• Some journals automatically deposit all NIH-funded final published articles in PubMed Central, to be made publicly available within 12 months of publication, without author involvement.
METHOD A (cont’d)

Identify Submission Method

Enter a journal name below to see if it uses Submission Method A. These journals make the final published version of all NIH-funded articles available in PubMed Central (PMC) no later than 12 months after publication without author involvement. The start date shown for each journal is the earliest publication date that meets this requirement.

Search Journal list:

Browse Journal list: Show All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Start date shown for each of the journals listed is the earliest publication date that the journal deposits into PMC.

*http://publicaccess.nih.gov/submit_process_journals.htm*
METHOD B

• Author asks publisher to deposit specific final published article in PMC.

• Some publishers will deposit the final published article in PubMed Central upon request, generally for a fee.
The publisher programs that have this arrangement with NIH are:

- ACS AuthorChoice
- APA Open Access
- BMJ Open Access and BMJ Unlocked
- Cambridge Open Access
- ERJ Open
- European Society of Endocrinology Open Access
- Hogrefe OpenMind
- Maney MORE Open Choice
- NPG Open Access
- Portland Press Opt2Pay
- RSM Open
- Royal College of Psychiatrists Open Access
- Royal Society of Chemistry
- SAGE Choice
- Society for Endocrinology Open Access
- Society for Reproduction and Fertility Open Access
- Springer Open Choice
- Taylor & Francis iOpenAccess
- Wiley-Blackwell Online Open

Please contact the respective journals directly for details on their programs.
METHOD C

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

• Deposit the final peer-reviewed manuscript involves four steps.

• NIH awardees are responsible for ensuring that manuscripts are submitted to the NIHMS upon acceptance for publication and that all NIHMS tasks are complete within three months of publication.
METHOD D

- A variation of Method C.
- Some publishers deposit the manuscript files in to the NIHMS.
- The publisher provides contact information for a corresponding author.
- The publisher designates the number of months after publication when the paper may be made publicly available in PMC.
- Though a publisher may make the initial deposit of files under Method D, NIH awardees are responsible for ensuring that manuscripts are submitted to the NIHMS upon acceptance for publication and that all NIHMS tasks are complete within three months of publication.
- The NIHMS will notify the author when the manuscript files are received from the publisher.
- In this method the author must complete all of the tasks outlined for Method C, except for the file deposit part.

Note that the publisher may submit a version that has typos and formatting issues but has gone through peer-review.
WHAT TO DEPOSIT

• **Journal Articles**
  * The final, peer-reviewed manuscript, after all reviewer comments have been addressed.
  * This can be a .doc, .docx, rtf, or .pdf file.
  * Also, tables, images, and supplemental material that is not included embedded in the manuscript.
  * Manuscripts that have been accepted for publication after April 7, 2008.

• **What Does Not Need To Be Deposited**
  * Book chapters
  * Non-peer reviewed journal articles - i.e. letters to the editor, commentary, conference proceedings
  * Dissertations

*The final version of the manuscript that is published by the journal cannot be deposited unless permission is obtained from the publisher.*
When do I have to deposit?

• According to the letter of the law, deposit must be done “upon acceptance for publication”.

• Publishers may embargo public release for up to 12 months from the date of publication.
THERE ARE FOUR STEPS INVOLVED IN SUBMITTING A MANUSCRIPT TO THE NIHMS SYSTEM

1. Set up the manuscript - provide bibliographic information and NIH grant information. At this point a NIHMSID# is assigned.

2. Submit the manuscript files - upload all manuscript files, including figures, tables and supplementary information.

3. Approve the PMC-formatted (PDF) Manuscript for Public Display.

4. Approve the Web version - review and approve a web version of the manuscript that will appear in PubMed Central.
Login Options

The NIH Manuscript Submission allows you to submit an electronic version of your peer-reviewed final manuscript for inclusion in PubMed Central. Eligible manuscripts must have been funded by one of the participating groups listed in the login table below.

Choose a login route:

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<th>Route</th>
<th>Users</th>
<th>Policy</th>
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<td>NOTE: eRA Commons account holders now enter login credentials on the &quot;NIH Login&quot; screen.</td>
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ℹ️ You should use the same login for all subsequent visits.

NIHMS does not maintain these login routes. If you experience problems with your login, please contact the institution that is responsible for the account. If you do not have an account, myNCBI allows users to create new accounts; click on the myNCBI route to create one.

If you are a PI, you can register for an eRA Commons account at [https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp](https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp).

For more information on how to use this system to submit your manuscript see [User's Guide](#).

The National Institutes of Health Manuscript Submission (NIHMS) system is a service of NCBI.

[Contact Us] [Privacy Notice] [Disclaimer] [Accessibility]

[USA.gov: Government Made Easy]
Manuscript Submission Overview

Overview of the manuscript submission process

- Set up manuscript
  - Provide bibliographic information, grant or project information, and all manuscript files.
- Approve PDF Receipt
  - Review a PDF version of your manuscript to ensure that we received all of the content.
- Approve web version
  - Review and approve the web version of your manuscript for use in PubMed Central.

Before you get started

You need to have all of these on hand to send a manuscript to NIH:

- Journal name
  - What if my journal is not a PubMed journal?
- Manuscript title
- Grant/Project numbers
- Manuscript files
  - Which files should I include?
  - What the types can I use?

[Continue]
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Project that supported this manuscript is not on this list? Please select one of the options below:
- a multiple years
- Which/how many years should I choose?
**Upload files**

Upload all files that make up your manuscript, providing appropriate file type and label for each file. You can upload multiple files at once. Please remember to submit all supplemental data for this manuscript. You will be contacted if you fail to submit supplemental data, which will delay the processing of your manuscript.

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Add another **Manuscript Text**, **Figure**, **Table**, **Supplementary Data** to the table.

Upload Files

Save & Exit
Please remember to submit all supplemental data for this manuscript. You will be contacted if you fail to submit supplemental data, which will delay the processing of your manuscript.

### Manuscript Files

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- **Upload File**
- **Save & Exit**
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Review and Approve Submission

This PDF Receipt is a concatenated document of all the files (excluding supplementary files) that you have uploaded. [Details]

- By checking this box I certify that this manuscript submission includes all referred supplemental materials.

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Choose reviewer

Please designate a reviewer for the submission. The reviewer must be an author of the manuscript. The reviewer will be responsible for approving the PAC-ready web version of this manuscript (the 2nd and final approval). If the reviewer’s name is not already present as a choice, you may provide contact information for this individual in the last row.

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Release delay

Release to PubMed Central [☐] after publication in the journal.

- By checking this box I certify that I comply with following submitter requirements:
  1. I am submitting the manuscript "Alcohol Use and Cigarette Smoking as Risk Factors for Post-Endoscopic Retrograde Cholangiopancreatoscopy Pancreatitis" to the NIH Manuscript Submission system on behalf of the contact person selected above.
  2. The version deposited includes all changes resulting from the peer review process.
  3. The contact person selected above has been informed that he/she will receive e-mail confirmation of this action and that in order to complete the submission process, he/she will have to log in to the NHMS to review and approve the submitted manuscript.
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</table>

Release delay

Release to PubMed Central [6 months] after publication in the journal.

Endorse

By checking this box I certify that I comply with following submitter requirements:

- I am submitting the manuscript "Alcohol Use and Cigarette Smoking as Risk Factors for Post-Endoscopic Retrograde Cholangiopancreatography Pancreatitis" to the NIH Manuscript Submission system on behalf of the contact person selected above.
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- The contact person selected above has been informed that he/she will receive e-mail confirmation of this action and that in order to complete the submission process, he/she will have to log in to the NIHMS to review and approve the submitted manuscript.

[Approve]
## Manuscript Summary

**Status**: Awaiting author approval of PDF receipt.

**Journal**: Clinical gastroenterology and hepatology (the official clinical practice journal of the American Gastroenterological Association)

**Manuscript Title**: Alcohol Use and Cigarette Smoking as Risk Factors for Post-Endoscopic Retrograde Cholangiopancreatography Pancreatitis

**NLMID**: 245578

**Release Delay**: Set to release to PubMed Central 6 months after publication in the journal.

### Funding

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Investigation of the signal behavior at diagnostic energies of prototype, direct detection, active matrix, flat-panel imagers incorporating polycrystalline HgI2

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 imagers based on a-Si:H 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 photoconductive images 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 HgI2 is of considerable interest because 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-gain photoconductor are reported. Interestingly, 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 polaronization, 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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A transition zone complex regulates mammalian ciliogenesis and ciliary membrane composition.

Garcia-Gonzalo FR, Corbit KC, Sirerol-Piquer MS, Ramaswami G, Otto EA, Noriega TR, Seol AD, Robinson JF, Bennett CL, Josifova DJ, Garcia-Verdugo JM, Katsanis N, Hildebrandt F, Reiter JF.
Department of Biochemistry and Biophysics, University of California, San Francisco, San Francisco, California, USA.

Abstract
Mutations affecting ciliary components cause ciliopathies. As described here, we investigated Tectonic1 (Tctn1), a regulator of mouse Hedgehog signaling, and found that it is essential for ciliogenesis in some, but not all, tissues. Cell types that do not require Tctn1 for ciliogenesis require it to localize select membrane-associated proteins to the cilium, including Arl13b, AC3, Smoothened and Pkd2. Tctn1 forms a complex with multiple ciliopathy proteins associated with Meckel and Joubert syndromes, including Mks1, Tmem216, Tmem67, Cep290, B9d1, Tctn2 and Cc2d2a. Components of this complex co-localize at the transition zone, a region between the basal body and ciliary axoneme. Like Tctn1, loss of Tctn2, Tmem67 or Cc2d2a causes tissue-specific defects in ciliogenesis and ciliary membrane composition. Consistent with a shared function for complex components, we identified a mutation in TCTN1 that causes Joubert syndrome. Thus, a transition zone complex of Meckel and Joubert syndrome proteins regulates ciliary assembly and trafficking, suggesting that transition zone dysfunction is the cause of these ciliopathies.

Comment in
Transition zone proteins and cilia dynamics. [Nat Genet. 2011]

PMID: 21725307 [PubMed - indexed for MEDLINE] PMCID: PMC3145011
A Transition Zone Complex Regulates Mammalian Ciliogenesis and Ciliary Membrane Composition

Francesc R. Garcia-Gonzalo,1,2,* Kevin C. Corbit,1,2,* María Salomé Sirerol-Piquer,3 Gokul Ramaswami,4,5 Edgar A. Otto,4,5 Thomas R. Noriega,1 Allen D. Seol,1,2 Jon F. Robinson,6,7 Christopher L. Bennett,6,7 Dragana J. Josifova,8 José Manuel García-Verdugo,3,9 Nicholas Katsanis,8,7 Friedhelm Hildebrandt,4,5,10 and Jeremy F. Reiter1,2

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Integrin $\alpha_3$ mutations with kidney, lung, and skin disease.

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

Abstract
Integrin $\alpha_3$ 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 $\alpha_3$ 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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E. Publications

Peer Reviewed Publications:
Non-Peer Reviewed Publications:
Han MK, Martinez FJ. Exercise Testing in ILD Diagnosis and Management. European Respiratory Monograph 45, December 2009.

Abstracts:
Han MK, ImaiIglo U, Coelho A, Berthomai B, Toews GB, Schmidt S, Fishelov KR, Martinez FJ, Hogeboom CM. Significance of COL1A2 as a biomarker in IPF. Am J Respir Crit Care Med 2010; 181: A1803. PMC Journal

F. Project Generated Resources

None

G. Research Development

During the past year, Dr. Han continued her research related to the topic of this K23. She attended the American Thoracic Society (ATS) Meeting in May 2010 where she presented two posters related to the award. At ATS, she also had the opportunity to speak on the influence of gender on quality of life in lung disease. At the European Respiratory Society Meeting in October 2010, she also presented a poster related to the K23 award. At the American College of Physicians (ACCP) Meeting in November 2010, she chaired a scientific session on gender and lung disease as well as delivered two oral presentations on gender differences in lung disease. She serves as a steering committee member for the ACCP Women’s Network. Other professional development activities include being invited to serve on the editorial board of the journal Thorax and serving as an ad-hoc member on the American Thoracic Society’s Scientific Advisory Committee to review grant applications. Dr. Han is also the safety monitor for the observational study, Correlating Outcomes with Biomarkers to Estimate Time Progression in IPF (COMET) that is giving her an additional opportunity to be actively involved in IPF-related research. She also presented the results of her echocardiographic analysis in the IPFNet STEP patients to the IPFNet steering committee in November in North Carolina. With respect to coursework, she completed an R programming course during the summer to allow her increased flexibility in her statistical approaches and the NHLBI/Jackson Labs co-sponsored Genomic and Proteomic...
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Ferguson CJ, Lenk GM, Jones JM, Grant AE, Winters JJ, Dowling JJ, Giger RJ, Meisler MH.
These authors made equal contributions.

Abstract

FIG4 is a ubiquitously expressed phosphatase that, in complex with FAB1/PIKfyve and VAC14, regulates the biosynthesis of the signaling lipid PI(3,5)P(2). Null mutation of Fig4 in the mouse results in spongiform degeneration of brain and peripheral ganglia, defective myelination and juvenile lethality. Partial loss-of-function of human FIG4 results in a severe form of Charcot-Marie-Tooth neuropathy. Neurons from null mice contain enlarged vacuoles derived from the endosome/lysosome pathway, and astrocytes accumulate proteins involved in autophagy. Other cellular defects include astrogliosis and microgliosis. To distinguish the contributions of neurons and glia to spongiform degeneration in the Fig4 null mouse, we expressed Fig4 under the control of the neuron-specific enolase promoter and the astrocyte-specific glial fibrillary acidic protein promoter in transgenic mice. Neuronal expression of Fig4 was sufficient to rescue cellular and
Neuronal expression of Fig4 is both necessary and sufficient to prevent spongiform neurodegeneration.

Ferguson CJ, Lenk GM, Jones JM, Grant AE, Winters JJ, Dowling JJ, G
These authors made equal contributions.

Abstract

FIG4 is a ubiquitously expressed phosphatase that, in complex with dynamin 1, regulates the biosynthesis of the signaling lipid PI(3,5)P2. Null mutants show severe neurodegeneration. Null mutants are rescued by expression of Fig4, suggesting a role for Fig4 in the prevention of neurodegeneration.
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Neuronal expression of Fig4 is necessary and sufficient to prevent spongiform neurodegeneration.

Ferguson CJ, Lenk GM, Jones JM, Grant AE, Winters JJ, Dowling JJ, Giger RJ, Meisler MH.
Department of Human Genetics, University of Michigan, Ann Arbor MI 48109-6518.

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<th>Journal Articles</th>
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<td>1: Mastroiacovo F, Busceti CL, Biagioni F, Moyanova SG, Meisler MH, Certo M,</td>
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<td>Bruno V, Nicoletti F. Induction of the Wnt antagonist, Dickkopf-1, controls</td>
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<td>of neuronal death in models of brain focal ischemia, J Cereb Blood Flow Metab,</td>
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<td>2: Ferguson CJ, Lenk GM, Jones JM, Grant AE, Winters JJ, Dowling JJ. Neuronal</td>
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2012 July 12 [posted]
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