

Open Research Publishing

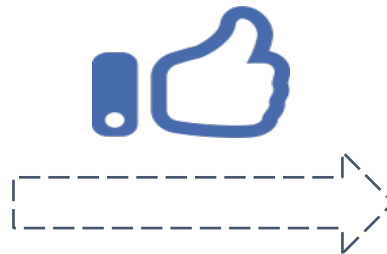
18th June 2018

Michael Markie

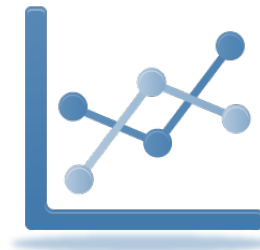
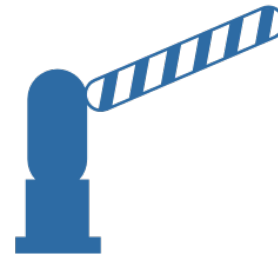
@mmmarksman

Publisher, F1000 Platforms

How we share research currently:



Evolving how we communicate research

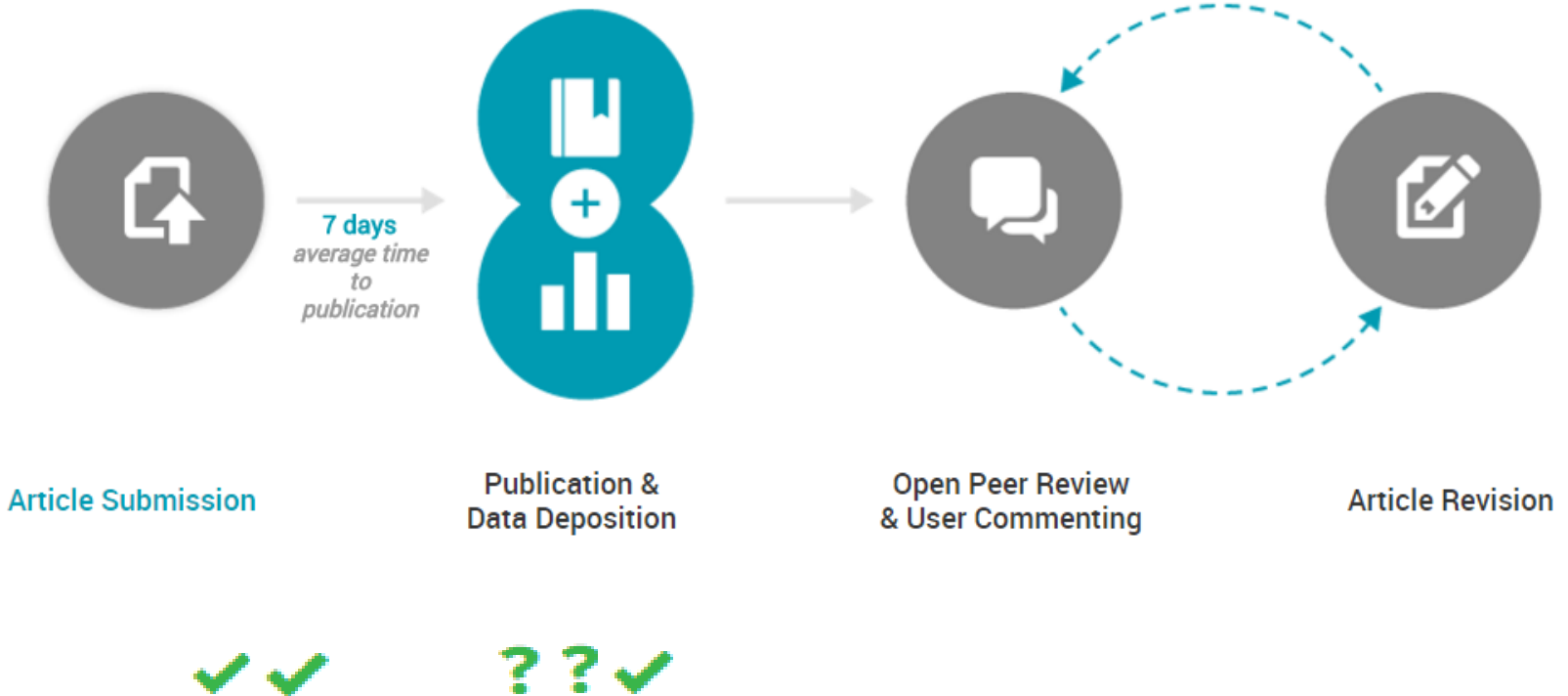


How it works:

The Publishing Process

For Articles

✓ ? ✗



- Articles that pass peer review will be fully indexed in Europe PMC, PMC, PubMed, Scopus, Google Scholar and other bibliographical databases.


Funder-based publishing platforms

The screenshot shows the homepage of Wellcome Open Research. At the top, there is a navigation bar with links for 'BROWSE', 'HOW TO PUBLISH', 'ABOUT', 'BLOG', 'MY ACCOUNT', and 'SIGN IN'. The Wellcome logo is prominently displayed in the center. Below the logo, the text reads 'Wellcome Open Research' followed by the tagline 'A new way for Wellcome-funded researchers to rapidly publish any results they think are worth sharing.' A large blue button labeled 'SUBMIT YOUR RESEARCH' is positioned below the tagline. At the bottom, there is a 'Browse Articles' section with three article teasers, each dated '17 JANUARY 2017'. The teasers are: 'Making the most of RNA-seq: Pre-processing sequencing data with Op...', 'To 'take their place among the productive members of society': Vocational rehabili...', and 'Tuberculosis control in postcolonial South India and beyond: Fractured sovereignti...'. The page is powered by F1000.

The screenshot shows the homepage of the Bill & Melinda Gates Foundation Open Research platform. The top left features the foundation's logo. A 'COMING SOON' banner is present. The main heading is 'GATES OPEN RESEARCH', followed by the tagline 'A platform for rapid author-led publication and open peer review of research funded by the Bill & Melinda Gates Foundation'. A 'STAY UPDATED' button is accompanied by a link to 'Read more in this blog'. The background image shows a woman in a green and white patterned dress holding a basket of corn cobs. The page is powered by F1000.

The screenshot shows the homepage of HRB Open Research. The top navigation bar includes 'BROWSE', 'HOW TO PUBLISH', 'ABOUT', 'BLOG', 'MY ACCOUNT', and 'SIGN IN'. The main heading is 'Immediate & Transparent Publishing'. Below this, there is a description: 'HRB Open Research is a platform for HRB-funded researchers to rapidly publish their research outputs in an open and accessible way'. Two buttons are visible: 'SUBMIT YOUR RESEARCH' and 'BROWSE ARTICLES'. The background image shows a woman in a black dress pointing at a whiteboard with handwritten notes.

Funder-based publishing platforms





















COMING SOON

AMRC Open Research

A platform for rapid author-led publication and open peer review of research funded by AMRC member charities

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AAS Open Research

BROWSE HOW TO PUBLISH ABOUT BLOG MY ACCOUNT SIGN IN

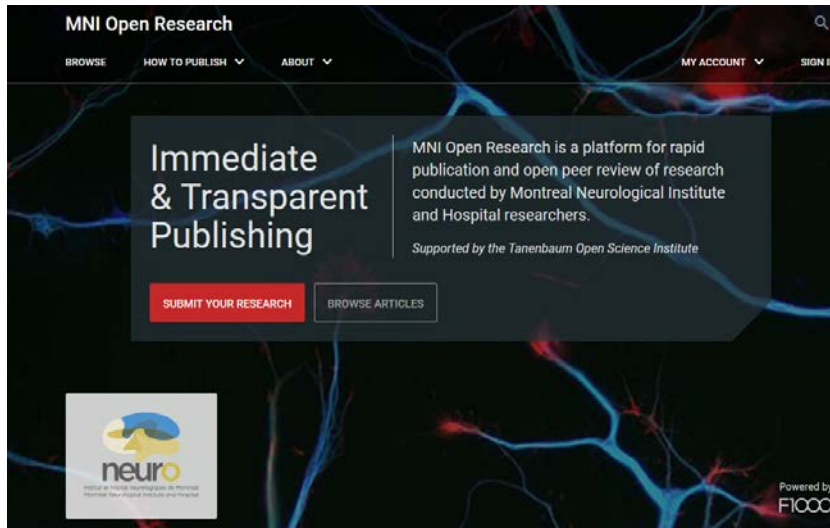
Immediate & Transparent Publishing

AAS Open Research is a platform for rapid publication and open peer review for researchers supported by AAS and programs supported through its funding platform, AESA.

[SUBMIT YOUR RESEARCH](#) [BROWSE ARTICLES](#)

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Institutional publishing platforms



MNI Open Research


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Immediate & Transparent Publishing

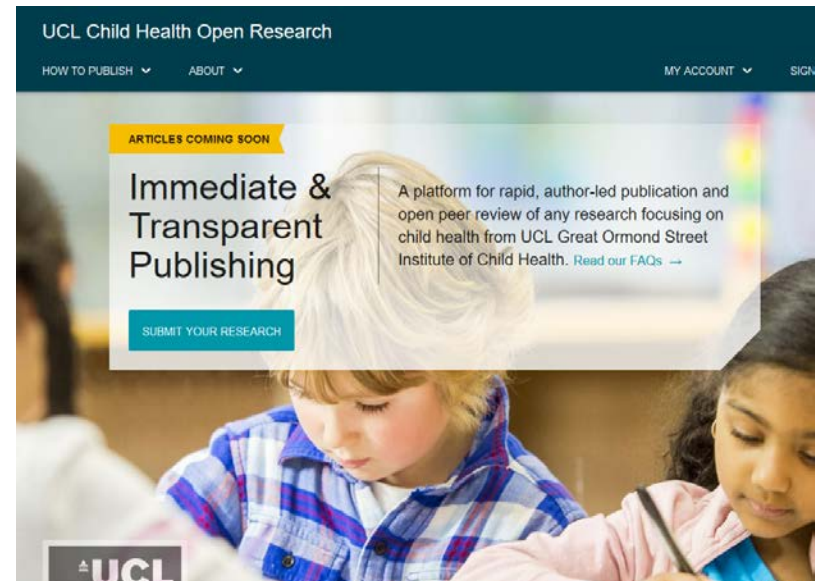
MNI Open Research is a platform for rapid publication and open peer review of research conducted by Montreal Neurological Institute and Hospital researchers.

Supported by the Tanenbaum Open Science Institute

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 Centre de Recherche Neurologique de Montréal
Montreal Neurological Institute and Hospital

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UCL Child Health Open Research


HOW TO PUBLISH ▾ ABOUT ▾ MY ACCOUNT ▾ SIGN IN

ARTICLES COMING SOON

Immediate & Transparent Publishing

A platform for rapid, author-led publication and open peer review of any research focusing on child health from UCL Great Ormond Street Institute of Child Health. [Read our FAQs →](#)

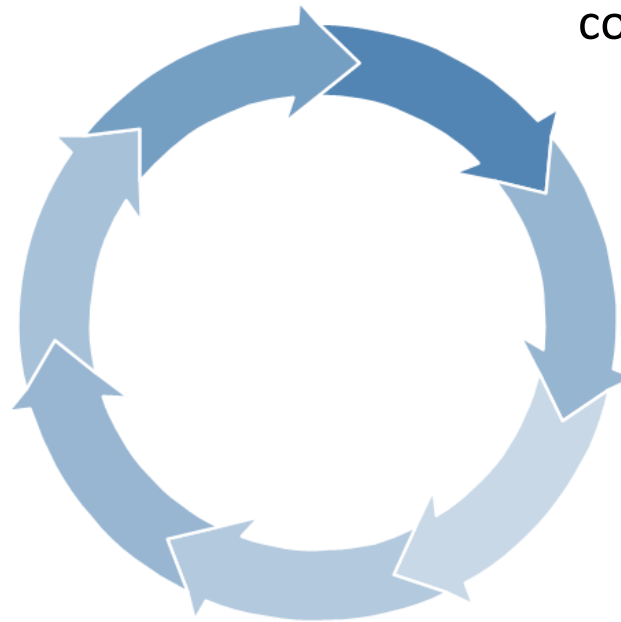
[SUBMIT YOUR RESEARCH](#)



Changing requirements of funders/institutions

Demand for rapid access

Drive to open & collaborative research



Demand to accelerate impact

Drive towards open data, software and materials

Why do funders want an open research platform?

- **a service to their researchers** - outlet (complementary) for **all** research findings that is funded.
- testing **new approach** to improve science & its impact:
 - **accelerate** access & sharing of findings & data
 - **efficiency** - to **reduce waste** & support **reproducibility**
 - **alternative OA model** - access, transparency, cost
- enable researchers get **credit & recognition for a wider range of research outputs**

Case Study: The Wellcome Trust

“To improve the way research is communicated by enabling researchers to publish in an open and accessible way”

- Make it easier for researchers to provide information that supports reproducibility.
- Support a move away from the flawed metrics of the Journal Impact Factor and related measures.
- Help to “shift the needle” and inform new policies on researcher assessment.

Case Study: The Wellcome Trust



RESEARCH ARTICLE

REVISED Free serum haemoglobin is associated with brain atrophy in secondary progressive multiple sclerosis [version 2; referees: 3 approved]

Alex Lewin^{1,5*}, Shea Hamilton ^{2*}, Aviva Witkover², Paul Langford ², Richard Nicholas³, Jeremy Chataway⁴, Charles R.M. Bangham ²

* Equal contributors

Author details

Grant information

Abstract

Background: A major cause of disability in secondary progressive multiple sclerosis (SPMS) is progressive brain atrophy, whose pathogenesis is not fully understood. The objective of this study was to identify protein biomarkers of brain atrophy in SPMS.

Methods: We used surface-enhanced laser desorption-ionization time-of-flight mass spectrometry to carry out an unbiased search for serum proteins whose concentration correlated with the rate of brain atrophy, measured by serial MRI scans over a 2-year period in a well-characterized cohort of 140 patients with SPMS. Protein species were identified by liquid chromatography-electrospray ionization tandem mass spectrometry.

Results: There was a significant ($p < 0.004$) correlation between the rate of brain atrophy and a rise in the concentration of proteins at 15.1 kDa and 15.9 kDa in the serum. Tandem mass spectrometry identified these proteins as alpha-haemoglobin and beta-haemoglobin, respectively. The abnormal concentration of free serum haemoglobin was confirmed by ELISA ($p < 0.001$). The serum lactate dehydrogenase activity was also highly significantly raised ($p < 10^{-12}$) in patients with secondary progressive multiple sclerosis.

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| REVISED Version 2 published 23 Dec 2016 | | read report | read report |
| Version 1 published 15 Nov 2016 | read report | read report | read report |

- Hans Lassmann**, Medical University of Vienna, Austria
Simon Hametner, Medical University of Vienna, Austria
- George Harauz**, University of Guelph, Canada
Vladimir V. Bamm, University of Guelph, Canada
- Franz Fazekas**, Medical University of Graz, Austria
Michael Khalil, Department of Neurology, Medical University of Graz, Graz, Austria, Austria

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Case Study: The Wellcome Trust

Referee Report 18 Nov 2016

Hans Lassmann, Center for Brain Research, Medical University of Vienna, Vienna, Austria
Simon Hametner, Center for Brain Research, Medical University of Vienna, Vienna, Austria

✓ **Approved**

This is a very interesting study providing convincing evidence for an association between the serum level increases of free haemoglobin with the extent of brain atrophy progression, determined by MRI, in secondary progressive multiple sclerosis. This was originally observed by the authors using an unbiased proteomics approach, aimed at determining potential serum biomarkers for disease progression. The patient collective derives from a well-controlled clinical trial investigating the effect of simvastatin on the rate of brain atrophy progression in secondary progressive MS. Having found this association, the authors then confirmed free hemoglobin increase in SPMS patients by an independent approach using ELISA.

The study is very well performed, based on a sound and innovative technology and the results have major implications for the understanding of the neurodegenerative process in MS. Interestingly, the association between haemoglobin serum level increase and atrophy rate occurred independently from the effect of simvastatin treatment. Thus increased haemoglobin in the serum may contribute to the neurodegenerative process, but there are other mechanisms additionally involved. By showing also increased levels of serum LDH the authors further support the concept that there is a low degree of hemolysis in the peripheral blood. The association between actual free hemoglobin and brain atrophy is not fully understood. The association between haemoglobin increase with brain atrophy is not fully understood. The authors conclude. Furthermore, the quantitative analysis of haemoglobin included in the ELISA quantification takes into account the degree of hemolysis, and the analysis could be performed on the whole blood.

There is good indirect evidence that iron overload and amplification of oxidative injury. So far, the disease process of MS is not fully understood. Haemoglobin, may be of major importance in MS, presumably bound to the haemoglobin in the blood-brain barrier and might lead to iron overload. The key question, which however is not fully understood, is whether the blood of MS patients. Interestingly, in MS patients (J. Prineas, 1968) and the result in liberation of haemoglobin (E.A. ...)

Views

83

“ Cite

REVISED Amendments from Version 1

We thank the reviewers for their comments and suggestions. In the revised version of the paper (v.2), we have taken into account the points raised by each set of reviewers. The main changes are the following:

- clarification of points of methodology (e.g. sampling; use of Top 12 protein depletion columns)
- more cautious wording on possible therapy, and to make clear the principle that we have not proved causality or claim that free serum haemoglobin is the sole correlate of brain atrophy in SPMS
- clearer and fairer representation of the results reported in previous publications
- addition of 8 papers to the bibliography, citing – as suggested – both old work (on erythrocyte fragility) and very recent work
- answering specific points concerning the normal total blood haemoglobin concentration and the kinetics of neurodegeneration
- significance values for pairwise statistical tests in Figure 3.

See referee responses

Wellcome Open Research



RESEARCH ARTICLE

REVISED Estimating the number of cases of podoconiosis in Ethiopia using geostatistical methods [version 2; referees: 4 approved]

✉ [Kebede Deribe](#) ^{1,2}, [Jorge Cano](#) ³, [Emanuele Giorgi](#) ^{3,4}, [David M. Pigott](#) ⁵, [Nick Golding](#) ^{6,7}, [Rachel L. Pullan](#) ³, [Abdisalan M. Noor](#) ^{8,9}, [Elizabeth A. Cromwell](#) ⁵, [Aaron Osgood-Zimmerman](#) ⁵, [Fikre Enqueselassie](#) ¹, [Asrat Hailu](#) ¹⁰, [Christopher J. L. Murray](#) ⁵, [Melanie J. Newport](#) ², [Simon J. Brooker](#) ¹¹, [Simon I. Hay](#) ^{5,12}, [Gail Davey](#) ²

[+ Author details](#)

[+ Grant information](#)

Abstract

Background: In 2011, the World Health Organization recognized podoconiosis as one of the neglected tropical diseases. Nonetheless, the magnitude of podoconiosis and the geographical distribution of the disease is poorly understood. Based on a nationwide mapping survey and geostatistical modelling, we predict the prevalence of podoconiosis and estimate the number of cases across Ethiopia.

Methods: We used nationwide data collected in Ethiopia between 2008 and 2013. Data were available for 141,238 individuals from 1,442 communities in 775 districts from all nine regional states and two city administrations. We developed a geostatistical model of podoconiosis prevalence among adults (individuals aged 15 years or above), by combining environmental factors.

The number of people with podoconiosis was then estimated using a gridded map of adult population density for 2015.

Results: Podoconiosis is endemic in 345 districts in Ethiopia: 144 in Oromia, 128 in Southern Nations, Nationalities and People's [SNNP], 64 in Amhara, 4 in Benishangul Gumuz, 4 in Tigray and 1 in Somali Regional State. Nationally, our

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| REVISED Version 2 published 15 Dec 2017 | read report | | | |
| Version 1 published 04 Sep 2017 | read report | read report | read report | read report |

- 1 [Michelle C. Stanton](#) , Liverpool School of Tropical Medicine, UK; Lancaster University, UK
- 2 [Bereket Yakob](#) , Harvard T.H. Chan School of Public Health, USA
- 3 [Henok Tadesse Ayele](#) , McGill University, Canada
- 4 [Delenasaw Yewhalaw](#), Jimma University, Ethiopia

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Wellcome Open Res. 2017 Sep 4;2:78. doi: 10.12688/wellcomeopenres.12483.2. eCollection 2017.

Estimating the number of cases of podoconiosis in Ethiopia using geostatistical methods.

Deribe K^{1,2}, Cano J³, Giorgi E^{3,4}, Pigott DM⁵, Golding N^{6,7}, Pullan RL³, Noor AM^{8,9}, Cromwell EA⁵, Osqood-Zimmerman A⁵, Enquselassie F¹, Hailu A¹⁰, Murray CJL⁵, Newport MJ², Brooker SJ¹¹, Hay SI^{5,12}, Davey G².

Author information

Abstract

BACKGROUND: In 2011, the World Health Organization recognized podoconiosis as one of the neglected tropical diseases. Nonetheless, the number of people with podoconiosis and the geographical distribution of the disease are unknown. Through a nationwide mapping survey and geostatistical modelling, we predict the prevalence of podoconiosis and the number of cases across Ethiopia.

METHODS: We used nationwide data collected in Ethiopia between 2008 and 2013. Data were available from 1,442 villages in 775 districts from all nine regional states and two city administrations. We developed a geostatistical model to estimate podoconiosis prevalence among adults (individuals aged 15 years or above), by combining environmental data with population density. Podoconiosis prevalence was then estimated using a gridded map of adult population density for 2015.

RESULTS: Podoconiosis is endemic in 345 districts in Ethiopia: 144 in Oromia, 128 in Southern Nations and Nationalities and Peoples Region (SNNP), 64 in Amhara, 4 in Benishangul Gumuz, 4 in Tigray and 1 in Somali Regional State. Nationally, 1,537,963 adults (95% confidence intervals, 290,923–4,577,031 adults) were living with podoconiosis in Ethiopia. Oromia and Amhara (39%) contributed 99% of the cases. The highest proportion of individuals with podoconiosis resided in Oromia and Amhara Regional State (39%), while 32% and 29% of people with podoconiosis resided in Oromia and Amhara Regional State. Benishangul Gumuz Regional States bore lower burdens, and in the remaining regions, podoconiosis was not endemic. Discussion: The estimates of podoconiosis cases presented here based upon the combination of current data and a robust modelling approach clearly show that podoconiosis is highly endemic in Ethiopia. Geographical mapping, prevention, and morbidity management and disability prevention services, it is our collective responsibility to reduce the burden of podoconiosis.

KEYWORDS: Ethiopia; elephantiasis; lymphoedema; mossy foot; neglected tropical disease; podoconiosis

PMID: 29152595 | PMCID: PMC5689927 | DOI: 10.12688/wellcomeopenres.12483.2

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The Francis Crick Institute is a biomedical discovery institute dedicated to understanding the fundamental biology underlying health and disease. Its work is helping to understand why disease develops and to translate discoveries into new ways to prevent, diagnose and treat illnesses such as cancer, heart disease, stroke, infections, and neurodegenerative diseases.

An independent organisation, its founding partners are the Medical Research Council (MRC), Cancer Research UK, Wellcome, UCL (University College London), Imperial College London and King's College London.

The Crick was formed in 2015, and in 2016 it moved into a brand new state-of-the-art building in central London which brings together 1500 scientists and support staff working collaboratively across disciplines, making it the biggest biomedical research facility under a single roof in Europe.

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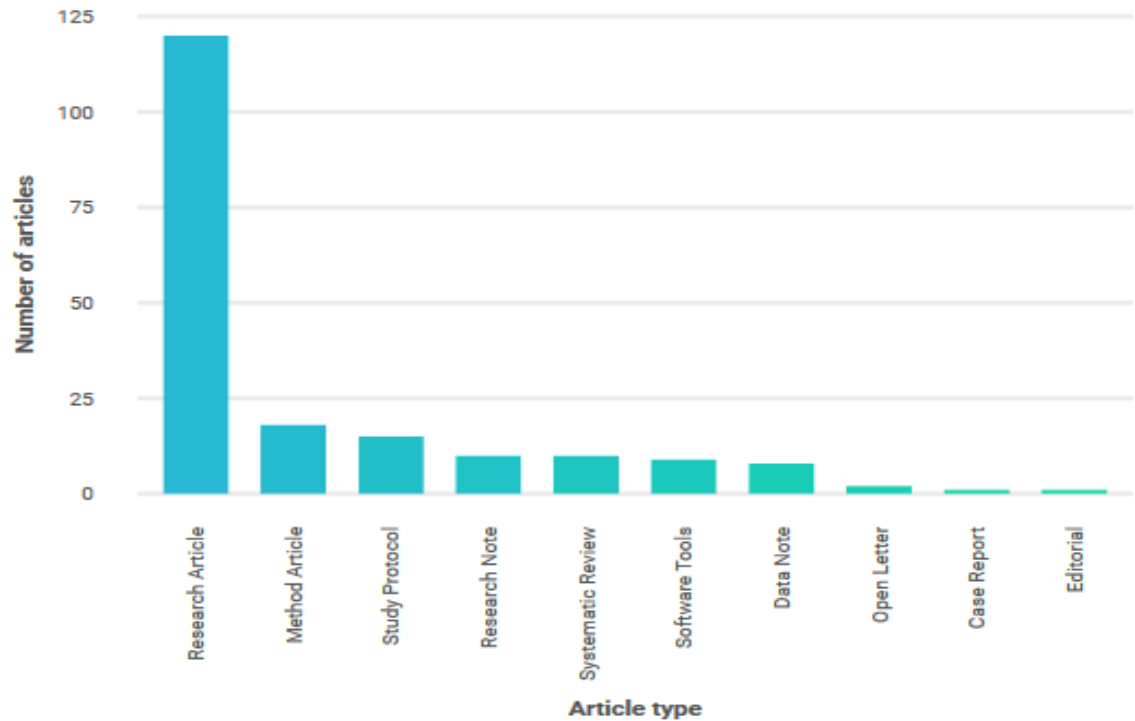
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65% Research Articles

35% Other Article types

All articles have a data availability statement

Publications per article type

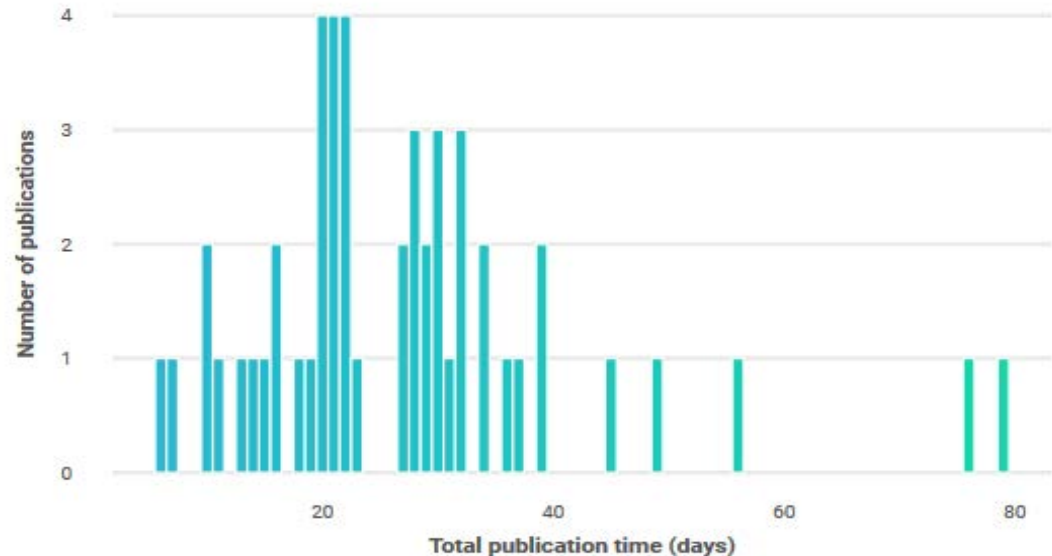


WOR – Publication times

| PROCESS | MEDIAN | MEAN |
|---------------------------|---------|------------|
| Submission to Publication | 23 days | 28.72 days |
| Submission to Indexed | 66 days | 84.87 days |

| PROCESS | MEDIAN | MEAN |
|-------------------------------------|--------|------------|
| Submission to prepublication checks | 2 days | 2.75 days |
| Prepublication checks to authors | 1 day | 1.19 days |
| Final Submission to publication | 8 days | 10.65 days |

Article publication time



WOR – Peer Review times

| PROCESS | MEDIAN | MEAN |
|--|--------|------|
| Days until 1 st referee report received | 15 | 20 |
| Days until 2 nd referee report received | 28 | 39 |
| Days until article passes peer review | 36 | 57 |



Total reports published



25% of reviewers connect their ORCID

WOR – Impact thus far

- **226 Published Articles**
- **170 Articles indexed** in PubMed, PMC & Europe PMC.

Total Article views:
~250,000

Total downloads: ~50,000


**Total citations: 150 from
60+ articles**



Article innovations

Registered reports




STUDY PROTOCOL  metrics

? ✓ ?

Registered report

Stage 1 Registered Report: Variation in neurodevelopmental outcomes in children with sex chromosome trisomies: protocol for a test of the double hit hypothesis [version 1; referees: 1 approved, 2 approved with reservations]

Dianne F. Newbury, Nuala H. Simpson, Paul A. Thompson, Dorothy V. M. Bishop

 REFEREES Armin Raznahan; Beate St Pourcain; David Skuse

FUNDERS Wellcome Trust | European Research Council

PUBLISHED 12 Feb 2018

Interactive figures and embedding reproducibility



What are the Benefits?

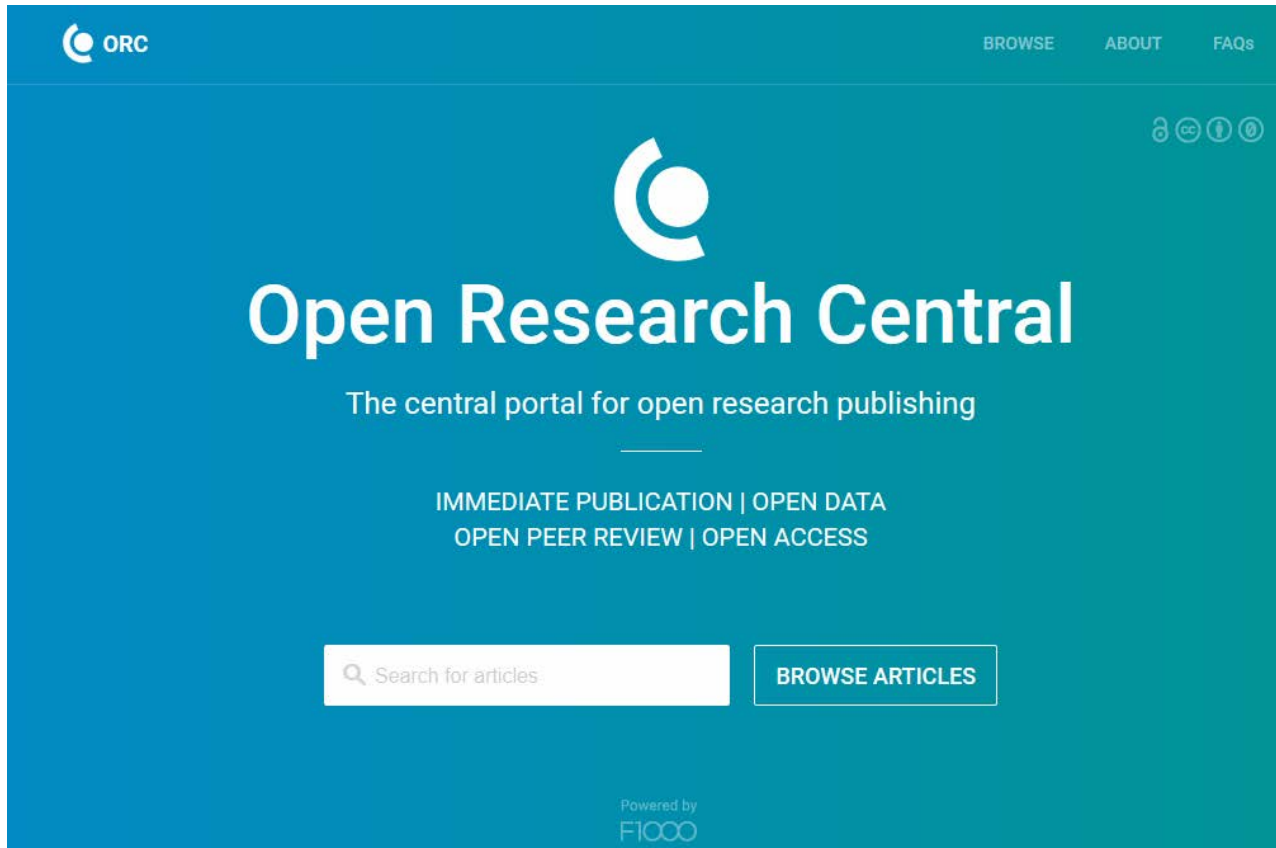
- **Fast** – articles can be published within a week
- **Inclusive** – can publish all research outputs
- **Open** – fulfils funders OA & data sharing requirements
- **Reproducible** – data is published alongside article
- **Transparent** – open, author-driven, peer review
- **Easy** – costs are met directly by the funders

Long Term Vision



- Prove the model works effectively: **can accelerate impact**
- **Researchers embrace approach**, supported by Funders/Institutions
- **Publisher role changes**: from gatekeepers to facilitators; compete to provide best services
- **Changes piste for metrics**: greater access to range of research outputs & data on behaviours/contributions

Long Term Vision



<https://openresearchcentral.org/>

- **Open Research Central** – platforms merge & across all fields of research

Questions and discussion

