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November 16, 2004

Elias A. Zerhouni, M.D.
Director
National Institutes of Health
One Center Drive
Bldg. 1 – Room 126 – MSC-0148
Bethesda, Maryland 20892-0148

Dear Dr. Zerhouni:

The American Society of Clinical Oncology (ASCO), publisher of the *Journal of Clinical Oncology (JCO)*, shares the goal of the National Institutes of Health (NIH) of providing broad public access to federally funded research. However, ASCO strongly recommends some modifications to the proposal for expanded public access to NIH research to ensure that professional societies can sustain a rigorous peer review process and protect the overall quality of their journals.

ASCO's current policies are already consistent with the aims of the NIH proposal. Research in the *JCO* is available through the HighWire Library of the Sciences & Medicine immediately for subscribers and one year after publication for the public. ASCO also provides free access to *JCO* for low-income countries through the World Health Organization's HINARI program. Further, selected *JCO* content is available to the public immediately through www.JCO.org and through www.plwc.org, ASCO's web site that serves cancer patients.

If the NIH policy is implemented without change, the existing model for publication of *JCO* would be at risk, and with it the journal's high quality, strong peer review process, public access initiatives, and avoidance of author fees. Authors are not required to pay submission fees, page charges, or color charges, as ASCO is committed to the policy that quality measures should be supported by subscription revenues and advertising sales. ASCO is concerned that the proposed six-month delay to public access will erode current revenues and force a shift of publishing costs to the investigators who are reporting their results.

ASCO requests that the NIH consider the following recommendations in relation to the proposal:

1. Amend the proposal to permit access after a period of no less than one year.

ASCO proposes that public access to original research be available after a period of one year from publication, a standard that strikes the appropriate balance between public access and adequate income to support the journal enterprise that many non-profit publishers have adopted. A one-year period allows sufficient time for the lively exchange of correspondence among physicians that follows publication of research, enhancing its understanding by the medical community and its use by the

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public. Shortening the time to public access to the proposed period of six months poses a potential significant risk to ASCO and consequently to our ability to serve the research community and the public.

2. Modify the proposal to allow access only through links to publishers' web sites.

ASCO urges the NIH to allow reader access to journal content from the publisher's server. Currently, ASCO holds the copyrights to articles published in the *JCO* and serves a valuable role in ensuring that these intellectual products are used lawfully. The proposed NIH policy will make it difficult for publishers to continue to protect their copyright interests against inappropriate use. Providing links to publishers' web sites would eliminate the need for and expense of maintaining a separate NIH archive and would provide publishers with the necessary control in copyright monitoring.

Only the final published article, subject to quality checks, should be available for public access, and not multiple versions of the article. Under the proposed policy, researchers submit their manuscripts to PubMed Central as soon as they are accepted for publication, prior to final text editing and fact checking. ASCO has serious concerns about the security of the information submitted to PubMed Central prior to final approval by the publisher. If the results of clinical trials are miscommunicated to the public through premature disclosure, public confidence in biomedical research may be undermined, and the cause of medical progress championed by NIH will not be served.

3. Clarify the limits of the policy.

The NIH policy would apply to research "supported in whole or in part by NIH funding," including "all research grants, cooperative agreements, and contracts." NIH should clarify that the policy applies only to the conduct of individual studies directly supported by NIH funds. If the policy is applied more broadly, the *JCO* publishing model will be at greater risk.

As leaders of the clinical oncology research community, ASCO's members are committed to providing public access to the potentially life-prolonging research published in *JCO*. The final version of the NIH policy must ensure that sufficient resources are available to support the highest standards of peer review and quality assurance practices and that the public accesses the most accurate version of the paper, along with supporting correspondence.

Sincerely,

A handwritten signature in black ink, appearing to read "David H. Johnson", written in a cursive style.

David H. Johnson, M.D.
President