

# Impact of archiving manuscripts in institutional /subject repositories on knowledge translation

<b>Submission date</b> 08/07/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 08/08/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 11/07/2014	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
MOP-84476

## Study information

**Scientific Title**

### Study objectives

New public policies in the United States of America (USA), Canada, and other countries stipulate that publicly funded research must be made publicly accessible, for example by depositing it in subject repositories such as PubMed Central or in institutional repositories. It is unclear if this

results in higher visibility and higher number of citations. We will investigate whether manuscripts which are accessible through PubMed Central (PMC) or other repositories receive a higher citation count than manuscripts which are not made accessible through "self-archiving" (i. e., depositing manuscripts in subject repositories).

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Ethics approval pending from the University Health Network Research Ethics Board (UHN REB) as of 10/07/2008. Application submitted on 07/07/2008.

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Other

### **Health condition(s) or problem(s) studied**

Medical publishing

### **Interventions**

The unit to be randomised are published manuscripts. The authors will be sending their manuscripts to be randomised so that the authors will not know whether the manuscript will be either archived on Pubmed Central (intervention) or not (control). A citation analysis will be performed every 6 months for a minimum of 3 years.

Subset analyses.

The data analysis plan involves comparing the mean number of citations as well as the proportion of uncited manuscripts between the control and intervention group every 6 months. We are also planning three separate subset analyses:

1. We will compare the two groups within discipline-specific subgroups
2. We will compare the two groups in subgroups depending on the timing of open access (e.g. a subgroup of only those articles which are immediately open access, or within a subgroup of manuscripts which are open access after 12 months)
3. We will compare the groups in subgroups of highly cited and less cited manuscripts at baseline

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome(s)**

Citations within the scientific literature, assessed every 6 months.

### **Key secondary outcome(s)**

Other measurements for uptake and dissemination of scientific knowledge, including:

1. Citations in news articles
2. Citations on the Internet
3. Uptake by end-users and policy makers

Assessed every 6 months.

**Completion date**

01/08/2013

## **Eligibility**

**Key inclusion criteria**

1. Authors of manuscripts with at least one NIH-funded co-author
2. Manuscript published between January 1st 2008 and April 7th 2008
3. Manuscript is not already accessible on PMC or as free full text elsewhere
4. The copyright policies of the journal allow 'self-archiving' on subject repositories such as PMC

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Other

**Sex**

All

**Key exclusion criteria**

1. Authors whose email address is not listed in the affiliation field of PubMed
2. Letters, editorials, and reviews

**Date of first enrolment**

01/08/2008

**Date of final enrolment**

01/08/2013

## **Locations**

**Countries of recruitment**

Canada

**Study participating centre**

190 Elizabeth St

Toronto

Canada  
M5G 2C4

## Sponsor information

### Organisation

University Health Network (Canada)

### ROR

<https://ror.org/042xt5161>

## Funder(s)

### Funder type

Research organisation

### Funder Name

Canadian Institutes of Health Research (Canada), ref: MOP-84476

### Alternative Name(s)

Instituts de Recherche en Santé du Canada, Canadian Institutes of Health Research (CIHR), CIHR\_IRSC, Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

Canada

## Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
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