

Reproducible and reusable research: Are journal data sharing policies meeting the mark?

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Background. There is wide agreement in the biomedical research community that research data sharing is a primary ingredient for ensuring that science is more transparent and reproducible. Publishers could play an important role in facilitating and enforcing data sharing; however, many journals have not yet implemented data sharing policies and the requirements vary widely across journals. This study set out to analyze the pervasiveness and quality of data sharing policies in the biomedical literature. **Methods.** The online author's instructions and editorial policies for 318 biomedical journals were manually reviewed to analyze the journal's data sharing requirements and characteristics. The data sharing policies were ranked using a rubric to determine if data sharing was required, recommended, required only for omics data, or not addressed at all. The data sharing method and licensing recommendations were examined, as well any mention of reproducibility or similar concepts. The data was analyzed for patterns relating to publishing volume, Journal Impact Factor, and the publishing model (open access or subscription) of each journal. Results. 11.9% of journals analyzed explicitly stated that data sharing was required as a condition of publication. 9.1% of journals required data sharing, but did not state that it would affect publication decisions. 23.3% of journals had a statement encouraging authors to share their data but did not require it. There was no mention of data sharing in 31.8% of journals. Impact factors were significantly higher for journals with the strongest data sharing policies compared to all other data sharing mark categories. Open access journals were not more likely to require data sharing than subscription journals. **Discussion.** Our study confirmed earlier investigations which observed that only a minority of biomedical journals require data sharing, and a significant association between higher Impact Factors and journals with a data sharing requirement. Moreover, while 65.7% of the journals in our study that required data sharing addressed the concept of reproducibility, as with earlier investigations, we found that most data

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sharing policies did not provide specific guidance on the practices that ensure data is maximally available and reusable.



1 Reproducible and reusable research: Are journal data sharing

- 2 policies meeting the mark?
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16 Abstract

Background. There is wide agreement in the biomedical research community that research data sharing is a primary ingredient for ensuring that science is more transparent and reproducible.

Publishers could play an important role in facilitating and enforcing data sharing; however, many journals have not yet implemented data sharing policies and the requirements vary widely across journals. This study set out to analyze the pervasiveness and quality of data sharing policies in the biomedical literature.

Methods. The online author's instructions and editorial policies for 318 biomedical journals were manually reviewed to analyze the journal's data sharing requirements and characteristics. The data sharing policies were ranked using a rubric to determine if data sharing was required, recommended, required only for omics data, or not addressed at all. The data sharing method and licensing recommendations were examined, as well any mention of reproducibility or similar concepts. The data was analyzed for patterns relating to publishing volume, Journal Impact Factor, and the publishing model (open access or subscription) of each journal.

Results.11.9% of journals analyzed explicitly stated that data sharing was required as a condition of publication. 9.1% of journals required data sharing, but did not state that it would affect publication decisions. 23.3% of journals had a statement encouraging authors to share their data but did not require it. There was no mention of data sharing in 31.8% of journals. Impact factors were significantly higher for journals with the strongest data sharing policies compared to all other data sharing mark categories. Open access journals were not more likely to require data sharing than subscription journals.

Discussion. Our study confirmed earlier investigations which observed that only a minority of biomedical journals require data sharing, and a significant association between higher Impact Factors and journals with a data sharing requirement. Moreover, while 65.7% of the journals in our study that required data sharing addressed the concept of reproducibility, as with earlier investigations, we found that most data sharing policies did not provide specific guidance on the practices that ensure data is maximally available and reusable.



Introduction

- 50 Over the last several years, the importance and benefits of research data sharing have been
- 51 emphasized by many communities, including professional societies, funders, policy makers, and
- 52 publishers [1–5]. Several rationales underpin the arguments for better access to and the curation
- of research data [6]. While the factors contributing to the poor reproducibility of biomedical
- research are varied and complex, and even the meaning of reproducible research is fraught, data
- availability is regarded as one necessary component for the assessment of replication and
- validation studies [7]. If raw data are made available, others have the opportunity to replicate or
- 57 correct earlier findings and, ostensibly, influence the pace and efficiency of future research
- 58 endeavors. Researchers can ask new questions of existing data, and data can be combined and
- 59 curated in ways that further its value and scholarship [6]. As Fischer and Zigmond argue, the
- 60 great advances in science depend not only on the contributions of many individual researchers,
- but also their willingness to share the products on their work [8].
- 62 The benefits described above have motivated many of the organizations that support research to
- 63 require that data be made publicly available. Since 2011, the National Science Foundation (NSF)
- has required applicants to submit a data management plan documenting how investigators will
- 65 conform to the NSF's expectation that primary data and research resources will be shared with
- other researchers [9]. The White House Office of Science and Technology Policy issued a
- 67 memorandum in 2013 directing agencies to make plans for ensuring public access to federally
- 68 funded research results, including data [2]. In 2014, the National Institutes of Health (NIH)
- 69 implemented a strong data sharing policy for large-scale human and non-human genomic data
- 70 [10]. Additionally, the European Research Council's Open Access Guidelines include and
- 71 support public access to research data, and open is the default for all data generated via its
- 72 Horizon 2020 program [11].
- However, data sharing and its long-term stewardship involve an array of activities, participants,
- and technologies, especially if discovery, reuse, and preservation are to be ensured [12].
- 75 Moreover, despite a belief in the importance of access to other's data for their own work, many
- scientists do not consistently share their data, reporting a variety of barriers and disincentives
- 77 [13]. Roadblocks to sharing include insufficient time, a lack of funding, fear of scrutiny or
- 78 misinterpretation, a deficit of requirements, attribution concerns, competition, difficulty
- 79 navigating infrastructure options, and a paucity of data sharing related rewards [14–16]. For
- 80 quality data sharing to become the norm, broad systemic change and solutions are needed.
- 81 Journal publication is the current and primary mode of sharing scientific research. While
- arguably problematic, it has the most influence on an individual's credibility and success [8]. As
- 83 Lin and Strasser write, journals and publishers occupy an important "leverage point in the
- 84 research process", and are key to affecting the changes needed to realize data sharing as a
- 85 "fundamental practice" of scholarly communication [17]. There has been significant support for
- and progress toward this end. At a joint workshop held at the NIH in June 2014, editors from 30
- 87 basic and preclinical science journals met to discuss how to enhance reproducible, robust, and



- 88 transparent science. As an outcome, they produced the "Principles and Guidelines for Reporting
- 89 Preclinical Research", which included the recommendation that journals require that all of the
- 90 data supporting a paper's conclusion be made available as part of the review process and upon
- 91 publication, that datasets be deposited to public repositories, and that datasets be bi-directionally
- 92 linked to published articles in a way that ensures attribution" [1]. In 2013, Nature journals
- 93 implemented a 18 point reporting checklist for life science articles. It included required data and
- 94 code availability statements, and a strong recommendation for data sharing via public
- 95 repositories [18]. Additionally, many large and influential journals and publishers have
- 96 implemented data sharing requirements, including Science, Nature, the Public Library of Science
- 97 (PLoS), and the Royal Society [19–22].
- 98 Given these developments, and the influence of journal publishing on scientific communication
- 99 and researcher success, we sought to investigate the prevalence and characteristics of journal
- data sharing policies within the biomedical research literature. The study was designed to
- determine the pervasiveness and quality of data sharing policies as reflected in editorial policies
- and the instructions to authors. We chose to focus our analysis on the biomedical literature
- because of the intense attention data availability and its relationship to issues of reproducibility
- and discovery have received, and on account of our own roles as and work with biomedical
- 105 researchers.

Materials & Methods

- We evaluated the data sharing policies of journals that were included in Thomson Reuter's
- 108 InCites 2013 Journal Citations Reports (JCR) [23] classified within the following World of
- 109 Science schema categories: Biochemistry and Molecular Biology, Biology, Cell Biology,
- 110 Crystallography, Developmental Biology, Biomedical Engineering, Immunology, Medical
- 111 Informatics, Microbiology, Microscopy, Multidisciplinary Sciences, and Neurosciences. These
- 112 categories were selected to capture the journals publishing the majority of peer-reviewed
- biomedical research. The original data pull included 1,166 journals, collectively publishing
- 213,449 articles. We filtered this list to the journals in the top quartiles by Impact Factor (IF) or
- number of articles published 2013. Additionally, the list was manually reviewed to exclude short
- report and review journals, and titles determined to be outside the fields of basic medical science
- or clinical research. The final study set included 318 journals, which published 130,330 articles
- in 2013. The study set represented 27% of the original Journal Citation Report list and 61% of
- the original citable articles. Prior to our analysis, the 2014 Journal Citations Reports was
- released. While we did not use the 2014 data to alter the journals in the study set, we did employ
- data from both reports in our analyses. In our data pull from JCR, we included the journal title,
- 122 International Standard Serial Number (ISSN), the total citable items for 2013 and 2014, the total
- citations to the journal for 2013 and 2014, the Impact Factors for 2013 and 2014, and the
- publisher. Table 1 reports the number (and percentage) of journals across Impact Factors, and
- 125 Table 2 reports the number of citable items per journal.



- 126 We manually reviewed each journal's online author instructions and editorial policies between February 2016 and June 2016. Because we were specifically interested in the information being 127 communicated to manuscript submitting authors about data sharing requirements, we did not 128 consider more peripheral sources of information, such as footnoted links to additional web pages, 129 130 unless authors were specifically instructed to review this information in order to understand or comply with a journal's data sharing policy. We ranked the journals' data sharing policies using 131 a rubric adapted from Stodden, Guo, and Ma, which we updated to differentiate those policies 132 that exclusively addressed structural (e.g. proteomic) or genomic data sharing [24] (Table 3). 133 Additionally, we examined the policies to determine the recommended data sharing method (e.g. 134 a public repository or journal hosted), if data copyright or licensing recommendations were 135 136 mentioned, the inclusion of instructions on how long the data should be made available, and if the policy noted reproducibility or analogous concepts. Finally, each journal was classified as 137 either open access or subscription-based on its inclusion in the Directory of Open Access 138
- 139140
- 141 Statistical methods

Journals database (Table 4).

- 142 Continuous variables are summarized with medians and interquartile ranges (IQRs) denoting the
- 143 25th and 75th percentiles. Categorical variables are summarized with counts and percentages.
- 144 The variables IF and total citable items are not normally distributed (Shapiro Wilk's Test p-
- values < 0.001), so medians are presented instead of means, and nonparametric methods are used
- 146 for statistical tests.

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- 148 The association of IF with 6-level data sharing mark (DSM) was tested with a nonparametric
- 149 Kruskal-Wallis one-way analysis of variance (ANOVA) of IF in 2013 and 2014 with DSM as a
- grouping factor. Post-hoc pairwise two-sample Wilcoxon tests were used to determine whether
- the median IF for journals differ between the two level data sharing policy (required vs. not
- required) categories. P-values from the Wilcoxon tests were adjusted for multiple comparisons
- with the Holm procedure.

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- Pearson's chi-square test was used to test the association of data sharing policy (two levels:
- required vs not required) and open access status. Fisher's Exact Test was used to test the
- association of the 6-level DSM with open access status. Fisher's Test was used as opposed to
- 158 Chi-square test due to the low number of open access journals within some DSM categories. To
- examine the association of open access status and data sharing weighted by publishing volume
- we examined the number of citable items in each category and tested for the association of open
- access and data sharing with Pearson's chi-square test.

- All statistical analyses were performed with R version 3.2.1 [25]. All code and data to reproduce
- these results can be found on GitHub (https://github.com/OHSU-Ontology-Development-
- 165 Group/DataSharingPolicies).



166 Results

- Of the 318 journals examined, 38 (11.9%) required data sharing as a condition of publication and
- 168 29 (9.1%) required data sharing, but made no explicit statement regarding the effect on
- publication and editorial decisions. 74 (23.2%) journals explicitly encouraged or addressed data
- sharing, but did not require it. And, 47 (14.8%) journals only addressed data sharing for
- proteomic, genomic data, or other specific omics data (Figure 1 and Table 5).

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- 173 In order to understand the potential influence of the policies on the published literature, we also
- evaluated the distribution of publication volume by each data sharing mark. In 2013, the total
- number of citable items (papers) in the studied journals was 130,330. In 2014, the total number
- of citable items was 131,107. The median number of citable items per journal was 243.0 and
- 177 237.5, respectively (Table 5).

- Table 5 shows the 2013 and 2014 publishing volume in citable items for each data sharing mark.
- 180 While it is likely that some of the journals in the study implemented or revised their data sharing
- policies after 2014, the publishing volume data is current enough to provide an insight into the
- potential influence of existing journal data sharing policies on the published literature.
- While only 21% of the journals in the study required data sharing (DSM 1 and 2), these journals
- published 42.1% of the citable items in 2013 and 2014 (23.6% and 24.9% of the citable items in
- 185 2013, 2014 after removing PLoS One) (Table 5).
- The median 2013 journal IF for journals with the strongest data sharing policies (DSM 1) was
- 187 8.2; whereas, the median 2013 IF for journals with no mention of data sharing was 3.5. Figure 2
- shows the median IF for each DSM category by report year. The IF was also analyzed by
- 189 collapsing the DSM into two categories: Required (DSM 1, 2) and Not Required (DSM 3, 4, 5,
- 190 6). The median 2013 IF for the journals that required data sharing was 6.8, and the median 2013
- 191 IF for the journals that did not require data sharing was 4.0.
- 192 Impact Factor is significantly associated with the six category data sharing marks (Kruskal-
- Wallis rank sum test, 5 df, p < 0.001, 2013 and 2014). Examining pairwise differences between
- DSM categories, we see that journals with DSM 1 have significantly higher IF than journals with
- DSM 3, 4, 5, or 6 (Wilcoxon test, p < 0.001, < 0.001, 0.04, < 0.001; 2013 data, 2014 similar).
- 196 Journals with DSM 2 have significantly higher IF than journals with DSM 3, 4, or 6 (Wilcoxon
- test, p = 0.034, 0.0072, 0.0033; 2013 data, 2014 similar). Journals with DSM 5 have significantly
- 198 higher IF than journals with DSM 3, 4, and 6 (Wilcoxon test, p 0.0022, < 0.001, < 0.001; 2013
- data, 2014 similar). In general, IF is not significantly different between DSM 1 and 2 and
- between DSM 2 and 5, reflecting the similar IF for journals with explicit data sharing
- 201 requirements, either full or partial sharing. After collapsing DSM into two categories, required
- 202 (DSM 1, 2) and not required (DSM 3, 4, 5, 6), we still see a highly significant increase in IF for



- journals with required data sharing (Wilcoxon Rank Sum Test, p < 0.001, 2013 and 2014 data)
- 204 (Figure 2).
- Table 6 shows the count of subscription and open access journals for each DSM category, and
- 206 the count and percentage of subscription and open access journals for each DSM category. The
- Fisher's Exact Test result, which yielded a p-value of 0.07, showed no significant association
- between the DSM and a journal's access model. We also tested this association by collapsing the
- DSM into two categories, required (DSM 1, 2) and not required (DSM 3, 4, 5, 6), and using a
- 210 Chi-square test. Again, no significant association was found (Chi-square Test, df=1, p=0.62).
- Both results suggest that journals with a data sharing requirement are not more likely to be open
- 212 access than journals without a data sharing requirement; nor are open access journals more likely
- 213 to have a data sharing requirements than subscription journals.
- 214 Although there was no significant association between open access and DSM at the journal level,
- 215 we observed a highly significant association at the citable item level (Chi-square Test, df = 1, p < 1
- 216 2e-16). That is, a citable item that is open access is much more likely to be published in a journal
- 217 with a data sharing requirement (DSM 1 or 2). The proportion of open access journals that
- 218 require data sharing is much larger than the proportion of subscription journals (64.3% vs
- 219 11.3%). The very small p-value is partially due to the large number of total citable articles
- studied and also due to the large proportion of open access citable items in PLoS One. However,
- even with PLoS One removed from the analysis, an open access article is still more likely to
- 222 have been published in a journal with a data sharing requirement and the proportion of open
- access journals versus subscription journals that require data sharing is 16.0% vs 11.3% (Chi-
- 224 square Test, df=1, p < 2e-16).
- 225 As illustrated in Figure 3, excluding those journals with no mention of data sharing (DSM 6),
- 57.6% (125) of the journals in the data set recommended data sharing via a public repository.
- 227 20.7% (45) recommended sharing via a journal hosted method, 1.8% (4) recommend sharing by
- reader request to authors, 5.1% (11) state multiple equally recommended methods and 14.8%
- 229 (32) do not specify.

- Of the journals requiring data sharing (DSM 1 or 2), 85% (57) recommend data sharing via a
- public repository. Of the journals that recommended data sharing via a journal hosted method,
- 233 the majority, 88.8% (40), did not specify any size limitations.

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- Only 7.3% (16) journals that addressed data sharing (DSM 1,2,3, 4, and 5) explicitly mentioned
- copyright or licensing considerations. Even for those journals that required data sharing (DSM 1
- or 2), only 16.4% (11) mentioned copyright or licensing; however, these journals published
- 238 31.9% of the citable items in 2013 of the journals that addressed data sharing. Only 2 journals in
- 239 the entire data set addressed how long the data should be retained.



- 241 In light of its frequently used justification, we also coded the data sharing policies for a mention
- of scientific reproducibility or analogous concepts. Reproducibility or similar language was 242
- mentioned by 16.9% (54) of the total studied journals. Of the journals requiring data sharing 243
- (DSM 1 or 2), 65.5% (44) mentioned the concept of reproducibility. 244

Discussion

- Publishers have an influential role to play in promoting, facilitating, and enforcing data sharing 246
- [12,17]. However, only a minority of the journals analyzed for this this study required data 247
- sharing. While the capacity of the existing policies is more promising if considered from the 248
- 249 perspective of publishing volume, our results were consistent with other examinations of data
- sharing policies [26–28]. Like Piwowar and Chapman [26], we found that a large proportion of 250
- the journals we examined (40%) required the deposition of omics data to specific repositories. 251
- Less frequent and more varied, however, were requirements that addressed data in general. The 252
- higher prevalence of omics data sharing requirements we observed may be due to the more 253
- 254 mature guidelines, reporting standards, and centralized repositories for omics data types [26,29–
- 31]. The further development and implementation of well communicated best practices and 255
- 256 resources for general data types, could be a means for increasing the prevalence and strength of
- journal data sharing requirements and ensuring compliance [17]. 257

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- 259 While a problematic and often abused proxy for quality, the IF is closely associated with a
- journal's prestige [32]. It influences publication decisions and the perceived significance of 260
- individual papers [32]. Because of its impact on scholarly communication, it is noteworthy that 261
- 262 there was a significantly higher IF associated with the journals with a data sharing requirement.
- 263 This result was similar to other studies [26,33–35]. As has been noted, prestigious journals may
- 264 be better positioned and be more willing to impose new requirements and practices on authors
- 265 [17,26].

266

- 267 The importance and benefits of data sharing are often linked to and discussed within the larger
- context of open access to research results, specifically the published literature. Public access to 268
- both peer reviewed articles and data are regarded as necessary elements for addressing problems 269
- within the scientific enterprise and realizing the full value of research investments [2]. While we 270
- 271 found that an open access citable item is much more likely to be published in a journal with a
- data sharing requirement, we did not find that open access journals are any more likely to require 272
- data sharing than subscription journals. This result is in contrast with a previous finding from 273
- Piwowar and Chapman [26]. However, we analyzed a greater number of journals and a greater 274
- 275 number of open access journals. We hypothesize some open access journals may be less willing
- 276 to impose additional requirements, because they lack the prestige or prominence of more
- 277 established journals and publishers. Smaller and independent open access journals may also lack
- 278 the resources to facilitate and enforce data sharing.



How data is managed and shared affects its value. If a data set is difficult to retrieve or understand, for example, replication studies can't be performed and researchers can't use the data to investigate new questions. While 65.7% of the journals in our study that required data sharing addressed the concept of reproducibility, as with earlier investigations [26,34] we found that most data sharing policies did not provide specific guidance on the practices that ensure data is maximally available and reusable [36][37]. For example, the majority of journals that addressed data sharing (DSM 1-5) recommended depositing data in a public repository; however, only a handful of journals provided guidelines or requirements related to licensing considerations or retention timeframes. While a higher IF was associated with the presence of a data sharing requirement, overall the policies did not provide guidelines or specificity to facilitate reproducible and reusable research. This result is similar to a previous study in which we showed that the majority of biomedical research resources are not uniquely identifiable in the biomedical literature, regardless of journal Impact Factor [38].

 Our study confirms earlier investigations which observed that only a minority of biomedical journals require data sharing, and a significant association between higher Impact Factors and journals with a data sharing requirement. Our approach, however, included several limitations. Only journals in the top quartiles by volume or Impact Factor for the World of Science categories we identified as belonging to the biomedical corpus were analyzed, which introduced some inherent biases. Additionally, in hindsight, it would have been valuable to have systematically analyzed more nuanced aspects of the policies' quality characteristics, such as whether minimal information or metadata standards were addressed and if the shared data was reviewed in the peer review process. Finally, it should be noted that many of the policies we reviewed were difficult to interpret. While the study's authors are confident that the data sharing scores we assigned reflect the most accurate interpretation of each journal's policy at the time of our data collection, the policies in general included ambiguous and fragmented information. It is possible, therefore, that there are gaps between the scores we assigned to some policies and their editorial intent.

As a continuation of this work, several follow-up activities are being pursued. We plan to build a community curated and regularly updated public database of journal data sharing policies. In addition to providing a searchable resource of journal data sharing policies, the database's curation schedule will facilitate an understanding of policy changes over time and inform them. A follow-up study will look at the data availability for articles associated with the journals in this study. Finally, building upon recommendations outlined by the Journal Research Data (JoRD) Project [34] and Lin and Strasser [17], we intend to convene a community of stakeholders to further work on recommendations and template language for strengthening and communicating journal data sharing policies. Maximally available and reusable data will not be achieved via the implementation of vague data sharing policies that lack specific direction on where data should



319 be shared, how it should be licensed, or the ways in which it should be described. On the 320 contrary, such specificity is essential. **Conclusions** 321 We observed a two-pronged problem with journal data sharing policies. First, given the attention 322 323 the benefits of data sharing have received from the biomedical community, it is problematic only a minority of journals have implemented a strong data sharing requirement. Second, among the 324 policies that do exist, guidelines vary and are relatively ambiguous. Overall, the biomedical 325 326 literature is lacking policies that would ensure that the data underlying it is maximally available 327 and reusable. 328 329 This is problematic in regards to affecting the kinds of outcomes and improvements open data is supposed to facilitate. This study adds to a growing body of work aimed at analyzing and 330 331 improving journal data sharing policies. 332 Acknowledgements Thanks to the following colleagues for their curation assistance or visualization advice: Steven 333 334 Bedrick, PhD; Heather Coates, MLIS; Jill Emery, MLIS; Erin Foster, MLIS; Danielle Robinson; Chris Shaffer, MLIS; Kate Thornhill, MLIS; Jackie Wirz, PhD. 335 336 References 337 338 1. NIH (2016) Principles and Guidelines for Reporting Preclinical Research | National 339 Institutes of Health (NIH). Available: https://www.nih.gov/research-training/rigor-340 reproducibility/principles-guidelines-reporting-preclinical-research. Accessed 20 October 341 2016. 342 343 2. Holdren JP (2012) Increasing Access to the Results of Federally Funded Scientific 344 Research. Available: 345 https://www.whitehouse.gov/sites/default/files/microsites/ostp/ostp public access memo 346 2013.pdf. 347 348 3. Research Councils UK (2011) RCUK Common Principles on Data Policy - Research 349 Councils UK. Available: http://www.rcuk.ac.uk/research/datapolicy/. Accessed 25 October 350 2016. 351 352 Drazen JM, Morrissey S, Malina D, Hamel MB, Campion EW (2016) The Importance -4.

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Figure 1

Figure 1: Percentage of journals per each data sharing mark (DSM).

The top bar shows the percentage of all journals for each data sharing mark. The middle bar shows the percentage of citable items from each journal (including PLoS One) for each data sharing mark. The lower bar shows the percentage of citable items for each journal (excluding PLoS One) for each data sharing mark. Because of the journal PLoS One's high publishing activity, we analyzed the percentage of citable items for each data sharing mark including and excluding PLoS One.

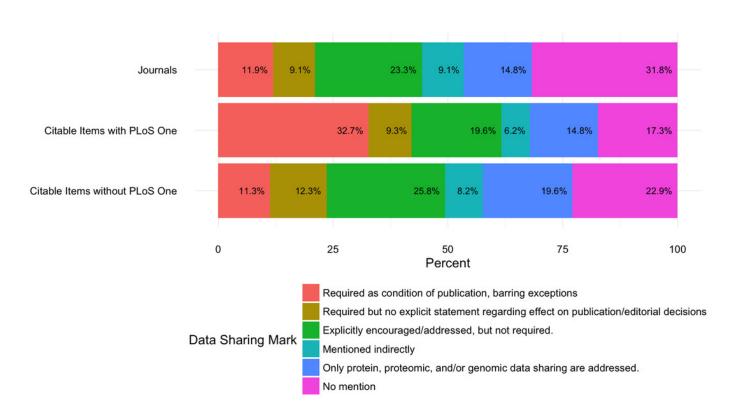




Figure 2

Figure 2: Impact factors were higher for journals with the strongest data sharing policies (DSM 1) compared to journals with no mention of data sharing (DSM 6).

The median Impact Factor was calculated for the journals with each data sharing mark for each report year (light color=2013, dark color=2014). The lower and upper hinges of the boxplots represent the first and third quartiles of journal Impact Factor, the horizontal line represents the median, the triangle represents the mean, and the upper and lower whiskers extend from the hinge to the highest (lowest) value that is within 1.5 times the interquartile range of the hinge, with journals outside this range represented as points.

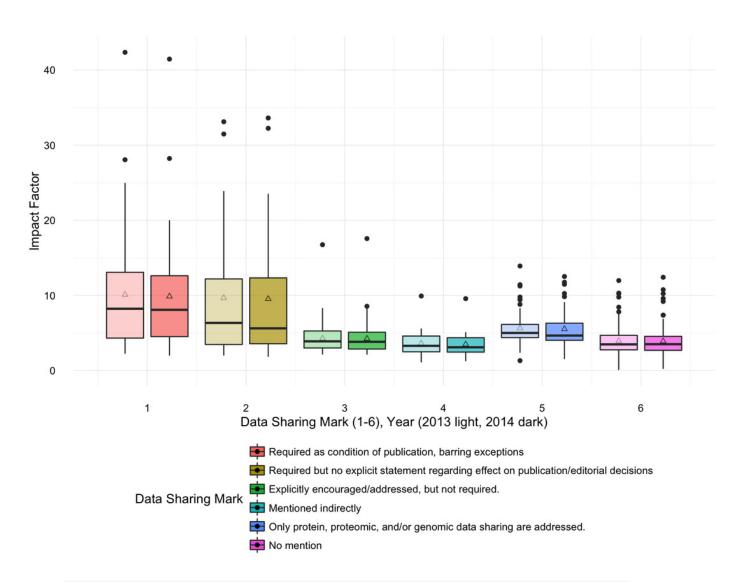




Figure 3

Figure 3: Recommended data sharing method by data sharing mark (DSM) 1-5.

The number (percent) of journals with each recommended data sharing method is represented by each tile, with brighter blue shades denoting higher percentages of journals with the given data sharing method.

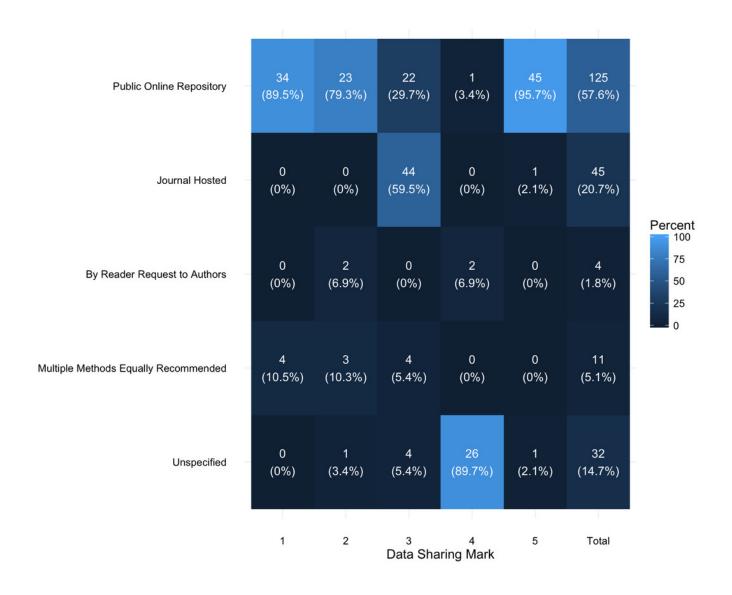




Table 1(on next page)

Table 1: Journal Impact Factor Category

Table 1: Journal Impact Factor Category	N (%)
<2	19 (6%)
2-3.99	125 (39.3%)
4-5.99	102 (32.1%)
6-7.99	25 (7.9%)
8-9.99	15 (4.7%)
10-29.99	29 (9.1%)
30-43	3 (0.9%)



Table 2(on next page)

Table 2: Number of citable items per journal

Table 2: Number of citable items per journal	N (%)
<100	42 (13.2%)
100-500	239 (75.2%)
500-1000	28 (8.8%)
1000-32000	9 (2.8%)



Table 3(on next page)

Table 3: Journal scoring rubric used in this study, adapted from Stodden et al., 2013.



Data Sharing Mark	
	Required as condition of publication, barring
1	exceptions
2	Required but, no explicit statement regarding effect on publication/editorial decisions
3	Explicitly encouraged/addressed, but not required.
4	
5	Only protein, proteomic, and/or genomic data sharing are addressed.
6	No mention
Journal Access Mark (Whole Journal Model, Does Not Consider Hybrid Publishing)	
1	Open access
0	Subscription
Protein, Proteomic, Genomic Data Sharing Required with Deposit to Specific Data Banks	
а	Yes
b	No
Recommended Sharing Method	
A	Public Online Repository
В	Journal Hosted
С	By Reader Request to Authors
D	Multiple methods equally recommended
E	Unspecified
If Journal Hosted	
а	Journal will host regardless of size
b	Journal has data hosting file/s size limit
С	Unspecified
Copyright/Licensing of Data	
а	explicitly stated or mentioned
b	no mention



Archival/Retention Policy (Statement about how long the data should be retained).	
а	explicitly stated
b	no mention
Reproducibility or Analogous Concepts Noted as Purpose of Data Policy	
а	explicitly stated
b	no mention



Table 4(on next page)

Table 4: Number of journals per open access

Table 4: Num	Table 4: Number of journals per open access									
Open Access	# Journals (%)	Median # Citable Items per Journal 2013	# Citable Items 2013 (%)	# Citable Items 2013, Remove PLoS One (%)	Median # Citable Items per Journal 2014	# Citable Items 2014 (%)	# Citable Items 2014, Remove PLoS One (%)			
Open Access	44 (13.8%)	199.5	43789 (33.6%)	12293 (12.4%)	207	45831 (35.0%)	15791 (15.6%)			
Subscription	274 (86.2%)	246.5	86541 (66.4%)	86541 (87.6%)	240	85276 (65.0%)	85276 (84.4%)			



Table 5(on next page)

Table 5: Publishing Volume by Data Sharing Mark



Table 5: Publishing Volume by Data Sharing Mark								
DSM	DSM Description	# Journals (%)	Median # Citable Items per Journal 2013	# Citable Items 2013 (%)	# Citable Items 2013, Remove PLoS One (%)	Median # Citable Items per Journal 2014	# Citable Items 2014 (%)	# Citable Items 2014, Remove PLoS One (%)
1	Required as condition of publication, barring exceptions	38 (11.9%)	230.5	42,669 (32.7%)	11,173 (11.3%)	220	42,794 (32.6%)	12,754 (12.6%)
2	Required but no explicit statement regarding effect on publication/editorial decisions	29 (9.1%)	209	12,138 (9.3%)	12,138 (12.3%)	227	12,436 (9.5%)	12,436 (12.3%)
3	Explicitly encouraged/addressed, but not required.	74 (23.3%)	259.5	25,519 (19.6%)	25,519 (25.8%)	282.5	26,026 (19.9%)	26,026 (25.8%)
4	Mentioned indirectly	29 (9.1%)	256	8,062 (6.2%)	80,62 (8.2%)	225	7,894 (6%)	7,894 (7.8%)
5	Only protein, proteomic, and/or genomic data sharing are addressed.	47 (14.8%)	277	19,339 (14.8%)	19,339 (19.6%)	316	19,080 (14.6%)	19,080 (18.9%)
6	No mention	101 (31.8%)	211	22,603 (17.3%)	22,603 (22.9%)	213	22,877 (17.4%)	22,877 (22.6%)
Publish	Publishing Volume by Data Sharing Requirement							
DSM 1&2	Required	67 (21.1%)	226	54,807 (42.1%)	23,311 (23.6%)	221	55,230 (42.1%)	25,190 (24.9%)
DSM 3-6	Not Required	251 (78.9%)	248	75,523 (57.9%)	75,523 (76.4%)	244	75,877 (57.9%)	75,877 (75.1%)



Publish	Publishing Volume in All Journals								
Total	All Journals	318 (100%)	243	130,330 (100%)	98,834 (100%)	237.5	131,107 (100%)	101,067 (100%)	



Table 6(on next page)

Table 6: Open Access Journals and Citable Items by Data Sharing Mark

Table 6: Open Access Journals and Citable Items by Data Sharing Mark	Subscription	Open Access	% Open Access
Data Sharing Mark	# Journals (# Citable Items)	# Journals (# Citable Items)	% Journals (% Citable Items)
1- Required as condition of publication, barring exceptions	29 (7,709)	9 (34,960; 3464*)	23.7% (81.9%; 31%*)
2- Required but no explicit statement regarding effect on publication/editorial decisions	27 (11,864)	2 (274)	6.9% (2.3%)
3- Explicitly encouraged/addressed, but not required.	63 (22,884)	11 (2,635)	14.9% (10.3%)
4- Mentioned indirectly	29 (8,062)	0 (0)	0% (0%)
5- Only protein, proteomic, and/or genomic data sharing are addressed.	40 (17,401)	7 (1,938)	14.9% (10.0%)
6- No mention	86 (18,621)	15 (3,982)	14.9% (17.6%)
Data Sharing Requirement			
DSM 1&2 - Required	56 (19,573)	11 (35,234; 3,738*)	16.42% (64.29%; 16.04%*)
DSM 3-6 - Not Required	218 (66,968)	33 (8,555)	13.15% (11.33%)

^{*} After removing PLoS One

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