

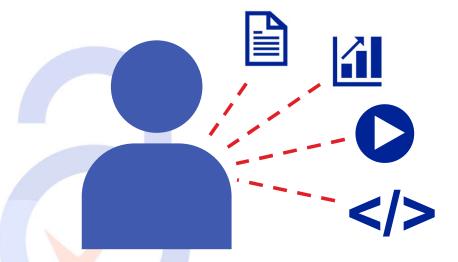
Open Pharma Innovations in medical publishing



Why do we need research transparency?

Around **59%** of the public trust research by university scientists **'completely' or 'a great deal'...**





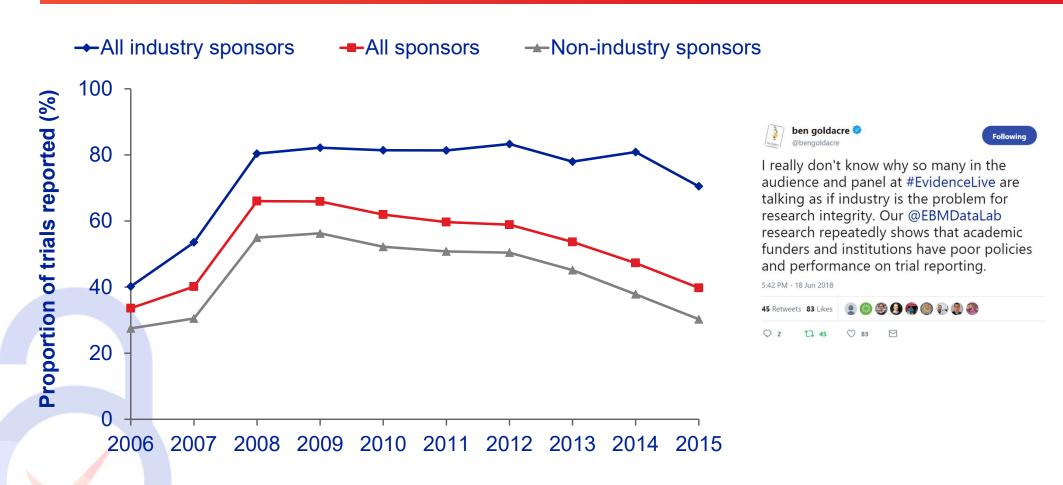
...but only **32%** of the public trust research carried out by the pharmaceutical industry **'completely'** or **'a great deal'**...



Ipsos MORI. Wellcome Trust Monitor, Wave 3. London: Wellcome Trust, 2016. Available from: doi 10.6084/m9.figshare.3145744 (Accessed 20 March 2019)

Pharma now disclose the results of nearly all their clinical trials





Baronikova S et al. Commitments by the biopharmaceutical industry to clinical trials transparency: the evolving environment. *bioRxiv* 2018;349902 doi 10.1101/349902



Is data transparency alone enough?



All stakeholders want transparent science



We need to be able to **access** clinical research



In a timely manner



What is open access?

'Open access' refers to peer-reviewed, full-text research articles that have been accepted for publication and are available:



on demand online

to read without charge to end users



What are the benefits of open access for pharma-sponsored research?



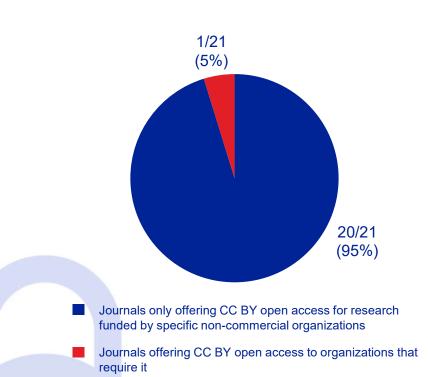
- Fast speed of dissemination
- Global communication
- Ease of reuse
- Speed of progress
- Transparency
- Trust
- Patient wellbeing



A paywall may restrict the number of readers and this might NOT help the reputation of the pharmaceutical industry (the mindset of it being a bit secretive).

Alan Thomas, patient advocate and founder of Ataxia and Me

Some publishers prevent companies from publishing unrestricted open access



- In a study of 35 medical journals with a high impact factor, 21 (60%) offered an immediate open access option with a Creative Commons licence
- Of these 21 journals:
 - CC BY was offered by 100% (21/21)
 - CC BY-NC was offered by 19% (4/21)
 - CC BY-NC-ND was offered by 86% (18/21)
- Only one of these 21 journals potentially offered immediate open access under a CC BY licence to authors irrespective of their funding source

BY, attribution; CC, Creative Commons; NC, non-commercial; ND, no derivatives Ellison T Koder T, Schmidt L, Williams A, Winchester CC. Open access polices of leading medical journals: a cross-sectional study. *BMJ Open* 2019;9:e028655. pen Pharma



Our purpose

Open Pharma aims to connect pharma with innovations in publishing to achieve ...

a transparent publishing process	
with accessible outputs	
that are available quickly	
using an efficient , sustainable process	
	9



The story so far ...

Good Publication Practice 3 (GPI	P3)
launch 2015 Inaugural round	dtable January 2017
Stakeholder engagement Work stream meetings	Roundtable November 2017 Open access paper available on <i>BMJ Open</i>
UK and US workshops November 2018	Release of the Open Pharma Charter
Roundtable January 2019	
Launch of the Open Pharma position statement on open	

- Workstream and roundtable meetings
- Industry and public engagement
- Original research
- Workshops for clients
- Educational materials
- Blog posts

In driving change in medical publishing, pharmaceutical companies are conspicuous by their absence, in spite of funding probably over half of all medical research – Richard Smith, Chair of Open Pharma, ISMPP EU 2018



Educational material and events

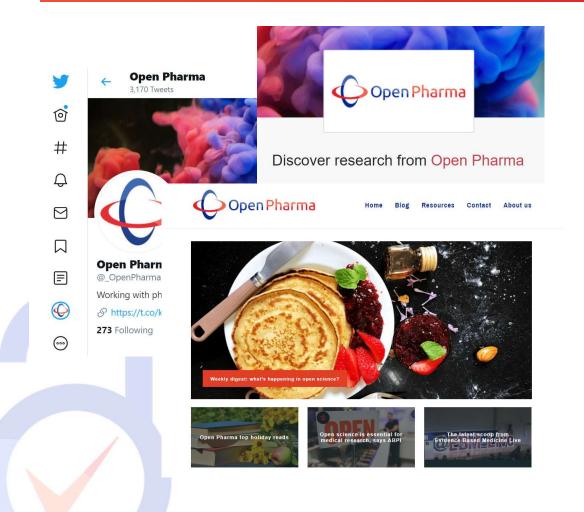
Open access research and educational material

Research

Open access Research Open Pharma Open access guidance for pharma BMJ Open Open access policies of leading medical journals: a cross-sectional study Open Pharma Why open access? Educate internal team Tim S Ellison,⁹¹ Tim Koder,⁹² Laura Schmidt,⁹² Amy Williams,⁹ Issues and opportunities Christopher C Winchester To make all scientific research content available for anyone, anywhere in the world, to read, share, reuse and build upon ithin the publication and com Understand the different li To cite: Ellison TS, Koder T, ABSTRACT Strengths and limitations of this study Objectives Academical and not-for-profit research Schmidt L, et al. Open access policies of leading restriction funders are increasingly requiring that the research they fund must be published open access, with some insisting medical journals: a cross ectional study. BMJ Open of open ac on publishing with a Creative Commons Attribution (CC E 2019 9 e028655. doi:10.1136/ high im BY) licence to allow the broadest possible use. We aimed to clarify the open access variants provided by leading Do journals restrict access to Develop a company op bmjopen-2018-028655 Prepublication history commercially funded research? medical journals and record the availability of the CC BY \checkmark Prepublication Institivy and additional material for this paper are available online. To view these files, please visit the journal onli (http://dx.doi.org/10.1136/ hmjopen-2018-028655). licence for commercially funded research. Methods We identified medical journals with a 2015 Tim Ellison 😝 , Laura Schmidt 📵 and Tim Koder 🤤 impact factor of ≥15.0 on 24 May 2017, then excluded from the analysis journals that only publish review articles. Between 29 June 2017 and 26 July 2017, we collected lysed are s information about each journal's open access policies from their websites and/or by email contact. We contacted the journals by email again between 6 December 2017 and 2 Received 18 December 2018 Revised 14 March 2019 Accepted 10 May 2019 January 2018 to confirm our findings. Results Thirty-five medical journals publishing original glish language j pact factors. research from 13 publishers were included in the analysis. All 35 journals offered some form of open access allowing articles to be free-to-read, either immediately me of the ciplinary journa on publication or after a delay of up to 12 months. Of these journals, 21 (60%) provided immediate open access with a CC BY licence under certain circumstances (eg, to specific research funders). Of these 21, 20 only offered a CC BY licence to authors funded by non-commercial average of 17 ves organisations and one offered this option to any funder who required it. reach 50% adopt the longest delay Conclusions Most leading medical journals do not offer to authors reporting commercially funded research an open access licence that allows unrestricted sharing and publication of cl mentation of retraditional subse adaptation of the published material. The journals' policies are therefore not aligned with open access declarations and guidelines. Commercial research funders lag behind is hindered by with a CC dY lower prohibit reuse of paywalls that prev academical funders in the development of mandatory open access policies, and it is time for them to work with Open access publishers to advance the disse they fund. tial to improve in adoption. Compl mination of the research Check for updates C Authoris3 (or their ature encourage verisi) 2019 Rethan partial acce permitted under CC BY INTRODUCTION cles appear to h Published by BMJ. Hundreds of billions of US dollars are invested and receive mo PharmaGenesis London in medical research by governments, charities tion articles, indi 00 ondon, London, UK and philanthropical and commercial organi- impact.60 There byford PharmaGenesis Ltd. sations each year, with the aim of extending that open acces Dotord, UK Training were an and the OpenPharma



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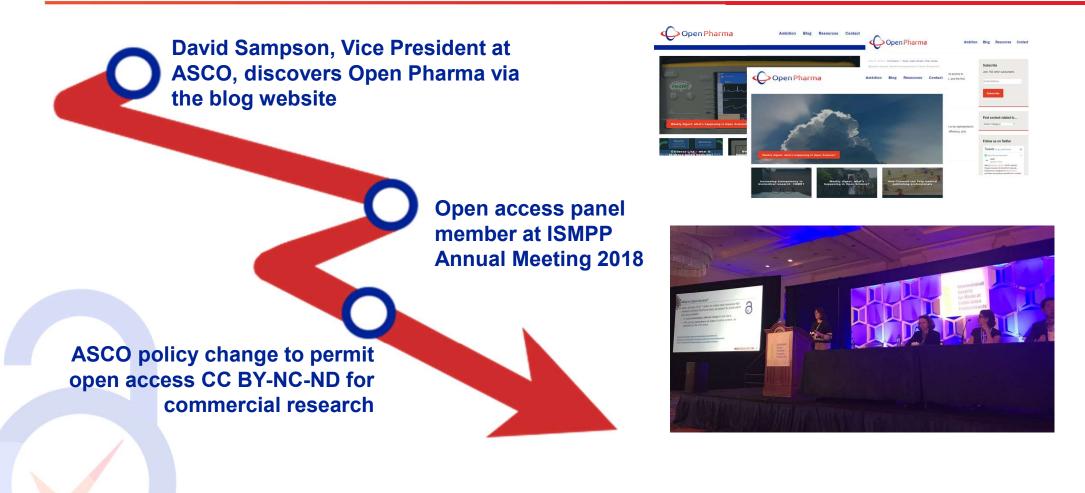
Open access: Shire case study



1. Shire. Available at: https://www.shire.com/en/newsroom/2018/january/xajhds (accessed 29 Jan 19) 2. Ipsen. Available at: https://www.shire.com/en/newsroom/2018/january/xajhds (accessed 29 Jan 19)



ASCO case study





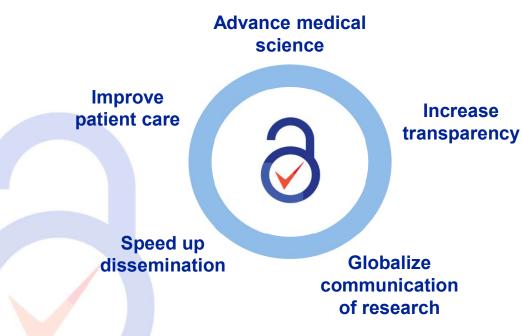
International Open Access Week, 2019





Open Pharma position statement on open access

Open access ensures that the highest quality peer-reviewed evidence is available to anyone who needs it, anywhere in the world







Our objectives

Our immediate priority

Secure authors publishing company-funded research the **same right to publish open access** as authors publishing research funded by other sources



All research to be made **free to read from the date of publication**

СС

Any variant of Creative Commons or equivalent licence

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Our objectives

Our immediate priority



Secure authors publishing company-funded research the **same right to publish open access** as authors publishing research funded by other sources

Our long-term goal



Secure authors publishing company-funded research the **same terms** as authors publishing research funded by other sources



All research to be made **free to read from the date of publication**



Free to read – **and reuse** – from the date of publication



Any variant of Creative Commons or equivalent licence



Sustainable use of CC BY

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• We thank all supporters and followers of Open Pharma for their valuable input



Endorsed by academics, patients and communicators

Individuals

Alan Thomas, Ataxia & Me Scott Armit. Ataxia & Me E. Andrew Balas, Biomedical Research Innovation Laboratory, Augusta University John Wallace, Autoinflammatory UK Gavin Giovannoni, Barts and the London School of Medicine and Dentistry Val Tate, communications consultant Katie Foxall, ecancer Martin Delahunty, Inspiring STEM Alben Sigamani, Narayana Health Michael De Rosa, National Ataxia Foundation Peter Llewellyn, NetworkPharma Ltd. Pali Hungin, Newcastle University Kajsa Wilhelmsson, Oxford Health System Reform Group Adele Buss, Oxford PharmaGenesis Cassy Fiford, Oxford PharmaGenesis Emma Bolton, Oxford PharmaGenesis Francesca Ounsworth, Oxford PharmaGenesis Jessica Hardy, Oxford PharmaGenesis Mark Rolfe, Oxford PharmaGenesis Nicolas Bertheleme, Oxford PharmaGenesis Paul Farrow, Oxford PharmaGenesis Richard White, Oxford PharmaGenesis Sally Bardell, Oxford PharmaGenesis Tim Ellison, Oxford PharmaGenesis Tim Koder, Oxford PharmaGenesis Zoe Watts, Oxford PharmaGenesis Charles Boyce, patient Emily Medina, patient Jeannie Smithball, patient

Danielle Grover, patient advocate Elizabeth Kinder, patient advocate Richard Stephens, patient advocate Tracy Zervakis, patient advocate Trishna Bharadia, patient advocate Rosario Strano, Pedalling4Cure Angela Sykes, Pfizer Courtney Leo, Pfizer J.R. Meloro, Pfizer Ellie Challis, PTEN UK & Ireland Dermot Ryan, Respiratory Effectiveness Group Victoria Woods, Patient and Public Engagement, Thames Valley Cancer Alliance at NHS England Sophie Berry, Smith & Nephew John Gonzalez, Solanum Medical Communications Ltd. Zbys Fedorowicz. The Care Combine and North West Anglia NHS Foundation Trust Stuart Taylor, The Royal Society Erik Michels, UCB Rachel Giles, Regenerative Medicine Center, UMC Utrecht Meredith Havs, Department of Medicine, Uniformed Services University Martin Rossor, University College London Stephen Bradley, University of Leeds Robert Sim, Department of Respiratory Science, University of Leicester lain Chalmers, Centre for Evidence-Based Medicine, University of Oxford Edith Sim, Department of Pharmacology, University of Oxford Chas Bountra, Nuffield Department of Clinical Medicine, University of Oxford Stevan Harnad, University of Southampton Álvaro Díaz, Departamento de Biociencias, Universidad de la República, Uruguay Ronald Munatsi, Zimbabwe Evidence Informed Policy Network

Correct as of 5 November 2019

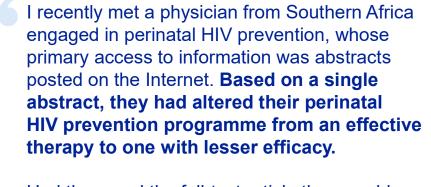
Endorsed by patient groups, charities, pharmaceutical companies and publishers



Organizations	Publishers
Ataxia & Me Autoinflammatory UK Cambridge Rare Disease Network Galapagos NV International Kidney Cancer Coalition Kidney Research UK Observational and Pragmatic Research Institute Pte Oxford Health Policy Forum Oxford PharmaGenesis Pedalling4ACure Solanum Medical Communications Ltd. SUDEP Action The Aarskog Foundation ThinkSCIENCE, Inc. Zimbabwe Evidence Informed Policy Network	Betasciencepress Publishing ecancer F1000 Research Ltd. Frontiers Future Science Group Wiley



A reminder about why open access matters



Had they read the full-text article they would have undoubtedly realized that the study results were based on short-term follow-up, a small pivotal group [and] incomplete data, and [were] unlikely to be applicable to their country's situation. Their decision to alter treatment based solely on the abstract's conclusions may have resulted in increased perinatal HIV transmission.



Professor Arthur Ammann Co-founder of Global Strategies for HIV Prevention

HIV, human immunodeficiency virus The PLoS Medicine Editors. The impact of open access upon public health. *PLoS Medicine* 2006;3:e252



Who's behind this?

Open Pharma is... a collaborative, multi-sponsor, non-profit project at Oxford PharmaGenesis

Supporters:

- AstraZeneca
- Roche
- Pfizer
- UCB
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Oxford PharmaGenesis is... an award-winning HealthScience communications consultancy providing services to the healthcare industry, professional societies and patient groups



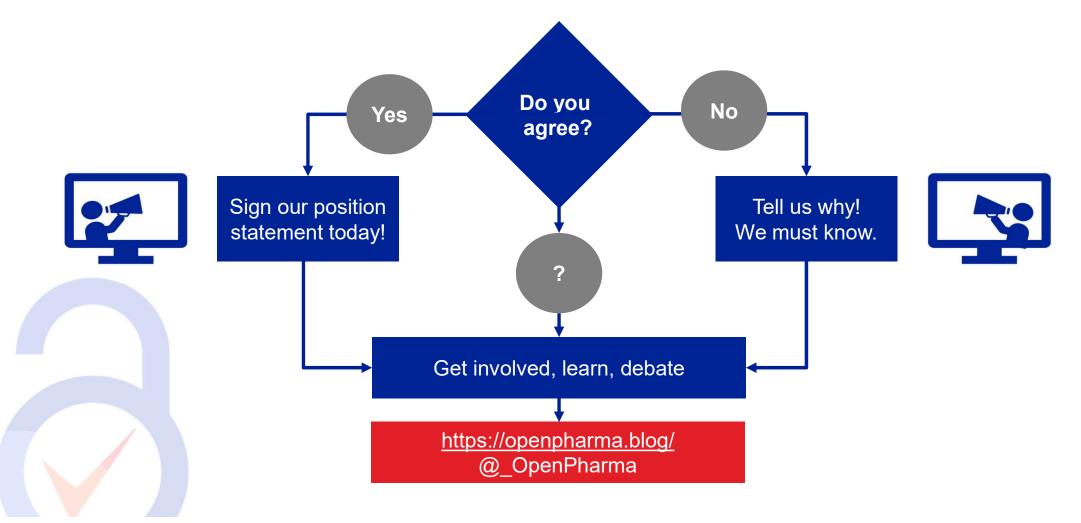


Engagement and collaboration

novo nordisk **Genetic Alliance** National Institute for Health Research Crossref Cambridge Medical Communication FUROPEAN MEDICINE AGENCY CHAN ZUCKERBERG **ELSEVIER** Imperial College London **Bill & Melinda** ucb **INITIATIVE Gates Foundation** NATIONAL LIBRARY OF MEDICINE SANOFI abpi AstraZeneca Cold Spring Harbor University of Exeter Taylor & Francis Group **GSK VACCINES CEBM University of Oxford** The YODA project Takeda Roche Pfizer ORCID Wellcome Trust WILEY F1000 Research **ENVISION PHARMA GROUP** NCBI H1 **BMJ DIGITAL SCIENCE** THE ROYAL SOCIETY **OXFORD UNIVERSITY PRESS** Innovate UK efpia The Lancet **Gilead Sciences** Altmetric **ASAPbio** Aries systems AllTrials University of Liverpool MHRA COPF **Creative Commons** PATIENTS KNOW BEST ISMPP American Society of Clinical Oncology



What do you think?





Open Pharma Innovations in medical publishing