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December 9, 2016

Interim Research Product RFI Office of Extramural Research National Institutes of Health 6705 Rockledge Boulevard

## Re: Request for Information (RFI) on Preprints and Interim Research Products in NIH Applications and Reports, NOT-OD-17-006/-009

The Association of American Medical Colleges (AAMC) is pleased for the opportunity to comment on this request for information on use of preprints and interim research products. The AAMC is a not-for-profit association representing all 145 accredited U.S. medical schools, more than 400 major teaching hospitals and health systems, and more than 80 academic and scientific societies. Through these institutions and organizations, the AAMC represents nearly 160,000 faculty members, 83,000 medical students, 115,000 resident physicians, and thousands of graduate students and postdoctoral trainees in the biomedical sciences.

The AAMC has encouraged research leaders and faculty at our member institutions to respond to this RFI with specific information that the NIH has requested, including the types of interim research products that are commonly generated and how they are used within specific fields, the appropriate standards for citation, and the corresponding obligations on members of peer review panels.

In this brief comment, the AAMC writes to endorse and encourage NIH's willingness to recognize and incorporate preprints and other interim products in the process of communication and decision-making in biomedical research. The continued rise and acceleration in the use of preprints in the life sciences will no doubt be disruptive for NIH, institutions, and traditional organizations, and will place additional burden on reviewers. But there are also clear advantages in the potential to disseminate results more rapidly and transparently in all areas of biomedical science that rely increasingly on collaboration. Most tellingly, preprint servers have been used in the physical sciences now for decades, and have become indispensable in fast-moving fields. The AAMC believes that biomedical researchers and institutions can and will similarly adapt, especially as biomedical sciences resemble other fields dependent on large datasets, information technologies, large teams and facilities.

Considering the use of preprints in grant applications and peer review, we note that applicants have often used preliminary data in their proposals, and new processes for reviewing preprints would build logically on that understanding. It would be incumbent on reviewers to read preprint articles. NIH can develop practices for study sections to weigh such writings consistently. There may be some inherent risk for study sections in partly relying on

prepublication data, but clearly, relying on the peer reviewed literature, and particularly on the reputations of particular journals, also includes some inherent risk and is deficient in some ways, as has become evident. NIH can play a major role in promulgating standards in the use of preprints, including in citation, but should also encourage such standards to emerge from the community. The NIH, for example, should not develop its own pre-print server or similar database; the development of multiple preprint servers is an example of the community centered, bottom-up reforms that the NIH should continue to encourage.

Again, the AAMC commends NIH leadership for its thoughtful and open approach in promoting the use of preprints and interim research products. The Association believes strongly that research innovation includes innovations in the processes by which we oversee and conduct research, as well as in the practice and applications of science itself.

With questions about these comments, please contact Steve Heinig, Director, Science Policy at 202-828-0488, <a href="mailto:sheinig@aamc.org">sheinig@aamc.org</a> or me with questions.

Sincerely,

Ross E. McKinney, Jr., MD Chief Scientific Officer