

November 15, 2004

Elias Zerhouni, M.D., Director
NIH Public Access Comments
Office of Extramural Research
6705 Rockledge Drive, Room 250
Bethesda, MD 20892-7963

Dear Dr. Zerhouni:

I am writing as president of the American Roentgen Ray Society (ARRS) to comment on the National Institutes of Health initiatives to enhance public access to NIH-funded research results. As publisher of the *American Journal of Roentgenology (AJR)*, ARRS appreciates the opportunity to provide input into these important proposals.

The ARRS fully supports the concept that scientific publications be made freely accessible to the public in a timely manner. We believe that these broad policy objectives may be achieved *in concert with* the professional and scientific societies that have similar goals and that play an essential role in research development and dissemination. We hope therefore that comments provided here and by other society publishers will be considered the beginning of a dialogue to resolve the important questions around access to scientific data in a manner that protects the societies' ability to remain viable.

ARRS, like all not-for-profit medical publishers, engages in the review and distribution of research results for the sole purpose of advancing medicine by furthering scientific study. Our contribution to the literature involves sustaining elaborate systems of peer review, substantive editorial involvement, figure correction and typographical composition, resulting in articles that are more accurate, objective and clear. Expenses related to this important service are borne by readers of the journal (members and non-member subscribers) rather than by author charges, thus ensuring that the acceptance of articles is based solely on the merits of the research and not the author's ability to pay.

We are concerned that the effects of the proposed policy on the quality of published research will be significant and far-reaching. Crucial to our ability to sustain the peer review, editorial, production and distribution services we provide is the readers' willingness to pay a reasonable subscription rate for access. Unlike the sizable increases in subscription rates imposed by large for-profit publishers and cited in many news reports, ARRS charges only what is necessary to sustain its operations and to contribute to its ability to continue to support its educational and scientific mission. The proposed requirement for free access six months following publication does not take into consideration the differences in readership between basic science and clinically-based medical journals. *AJR* readership studies consistently show that our readers rely on and refer to *AJR* content for significantly greater

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periods, and thus the six-month free-access requirement would negatively impact our ability to maintain a paid subscriber base. In addition, because the journal is a key benefit of membership, membership in the society may be significantly impacted as well.

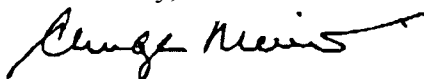
We are further concerned about the NIH plan for a centralized database of funded research via PubMed. While we understand and support the need for NIH to track and report outcomes from its funding opportunities, we believe that requiring one central repository administered through the NIH creates unnecessary redundancies and related costs and invites problems related to version control. Not only will the NIH require extensive development and ongoing programming for a database that is duplicative of existing online journal sites, but societies such as ARRS will incur additional costs resulting from instituting redundant processes.

We believe that the public and the research community will be better served by exploring ways to link NIH-funded research directly from publisher sites. The existing archives of many scientific journals, such as *AJR*, offer advanced searching, enhanced functionality and many other reader services that are presently unavailable at PubMed Central and would require additional funding to provide. By leveraging existing technology to better connect NIH with results of its funded research, the public is ensured of access to the most current information without the unnecessary expenditure of taxpayer dollars to support multiple systems.

In conclusion, while ARRS fully supports and encourages the spirit of the proposed NIH policy related to dissemination of funded research results, we believe the requirements for free access after only six months and their mandatory disposition in a centralized PubMed database are misguided and will weaken the very time-honored systems for dissemination of scientific literature that it seeks to strengthen. We believe the needs of the public can be better met through various society-sponsored public awareness programs and meaningful translation of relevant information (for example, by hosting patient Web sites and media briefings) connecting research with an interested lay public, and these programs can be expanded as a result of continued conversations among the societies, patient advocates, and the NIH. The needs of the research community, and the public, are better met by ensuring that the underpinnings of peer review and quality control are upheld.

Again, we appreciate the opportunity to provide comment and look forward to continued dialogue on this important issue.

Sincerely,



Christopher R. B. Merritt, MD
President, American Roentgen Ray Society