Data Authorship as an Incentive to Data Sharing

TO THE EDITOR: Bierer et al. (April 27 issue)1 conceptualize “data authorship” as an incentive for data sharing by clinical trialists. We support secondary use to advance scientific aims, and the authors’ proposal may start to ameliorate one commonly expressed concern: how the effort of the trial team is acknowledged.2

Reflecting the efforts of tens to thousands of people involved in collecting, preparing, and processing clinical-trial data is difficult, particularly for long-term, international, highly multicentered trials. The guidelines of the International Committee of Medical Journal Editors for article authorship are insufficient to recognize these efforts.

The end credits of movies list everyone involved in production with their role, reflected compellingly at the IMDb (Internet Movie Database) website.3 We propose the development and maintenance of a similar database for clinical trials. Standardized terms for trial roles would be needed, perhaps using the CRedit2 (Contributor Roles Taxonomy) method for attributing contributions,4 including all persons with trial-specific roles.

Any article, including articles that involve secondary data sharing, would link to this record. This would address the data-author concept and offset challenges in effort recognition that standard journal authorship does not.

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3. IMDb home page (http://www.imdb.com/).
4. CASRAI. CRedit2 (Contributor Roles Taxonomy) (http://docs.casrai.org/CRedit2).
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THE AUTHORS REPLY: We had hoped to stimulate public discussion about how best to align the varying extant systems to result in one normative system to credit persons who contribute and share scientific data for secondary use. The proposal from Sydes and Ashby to establish an IMDb-like online database to catalogue contributors to clinical trials, using standardized terms for roles (e.g., CRedit2),1 could be a further expansion of this concept. We believe that standardized data citation, and not simply a database cataloguing various individual contributions, is essential for attribution and accountability, focusing on the persons most responsible for generating and curating the data set—all data sets, not just those of clinical trials. Data citation, supported with defined standardized metadata, must be machine-readable and indexed by reference repositories (e.g., PubMed, DataCite); institutions (academic institutions, funders, and journals) and individual researchers can then find and rely on them.

We agree that standardized criteria and nomenclature for these roles must be developed and agreed on; even the “data curator” term2 described by CRedit2 may not reflect the agency required for and importance of what we termed “data authorship.”

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Since publication of their article, the authors report no further potential conflict of interest.

1. CASRAI. CRedit2 (Contributor Roles Taxonomy) (http://docs.casrai.org/CRedit2).
2. CASRAI. Contributor roles/data curation (http://dictionary.casrai.org/Contributor_Roles/Data_curation).
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