

Recognizing Data Generation

TO THE EDITOR: The International Committee of Medical Journal Editors (ICMJE) recently announced data-sharing requirements for member journals.¹ Among the issues that were raised is giving adequate academic credit to the people who design clinical trials, enroll and treat patients, and curate the resulting data. Two main parties are involved in data sharing: those who have performed a clinical trial and possess the data (data generators) and those who want to use those data for other purposes (data re-analysts). Data-sharing requirements need to ensure that the interests of both parties are protected.

Data-sharing requirements may discourage researchers from initiating and participating in clinical trials. Our personal experience^{2,3} has been that such trials require a long-term commitment of both time and resources. Given researchers' concerns about their own competitiveness and academic advancement, one answer to the ICMJE call for giving academic credit to data generators is to introduce a new class of contributor on the title page of published articles that derive from the secondary analysis of extant data: "data generator." For this approach to succeed, scientific databases such as PubMed and Medline would therefore need to create new categories of authorship for such articles: "data generators" and "analytic authors." Data sharing, as shown by "data generator" authorship, should count for promotions, grant applications, and ranking of researchers (e.g., the *h*-index). There are obviously challenges to the implementation of such a solution, but we are confident that they can be resolved once the overarching issue of academic credit is settled.

We further propose that original investigators be required to specify and continuously update future projects in the trial record in the clinical trial registry. Investigators should be able to reject requests for data sharing that compete with planned or ongoing projects.

We welcome the ICMJE data-sharing initiative. It will allow cost-effective use of resources and benefit patients by fostering new ideas. However, to make data sharing a success, we now

need to redefine how academic credit is parceled out; we think that "data generator" is an idea whose time has come.

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1. Taichman DB, Backus J, Baethge C, et al. Sharing clinical trial data — a proposal from the International Committee of Medical Journal Editors. *N Engl J Med* 2016;374:384-6.

2. Holme O, Løberg M, Kalager M, et al. Effect of flexible sigmoidoscopy screening on colorectal cancer incidence and mortality: a randomized clinical trial. *JAMA* 2014;312:606-15.

3. Bretthauer M, Kaminski MF, Løberg M, et al. Population-based colonoscopy screening for colorectal cancer: a European randomized trial. *JAMA Intern Med* (in press).

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CORRECTIONS

Coding Variation in *ANGPTL4*, *LPL*, and *SVEP1* and the Risk of Coronary Disease (March 24, 2016;374:1134-44). The author footnote (page 1134) should have read, "The authors, who are members of the Myocardial Infarction Genetics and CARDIoGRAM Exome Consortia, are listed in the Appendix." The article is correct at NEJM.org.

Colonoscopy versus Fecal Immunochemical Testing in Colorectal-Cancer Screening (February 23, 2012;366:697-706). In the first paragraph of the Statistical Analysis subsection of Methods (page 699), the value at the end of the second sentence should have been 0.696%, rather than 6.96%. The sentence that followed contained three incorrect values: 1.74% should have been 0.174%, 3.41% should have been 0.341%, and 1.6 percentage points should have been 0.22 percentage points. The article is correct at NEJM.org.

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