

## Table of analytic datasets and first manuscript

There is a combined NCC/ARC meeting most Mondays. The agenda packet for that meeting includes a table of analytic dataset delivery and first manuscript status. Studies that have already met those milestones are removed from the table once the milestone has been met. Those still in process appear in the table.

Pasted below is the table from the August 5, 2024 meeting. Highlighted in yellow in the table are studies that are not in compliance, or soon will be, with the National PBRN Publications & Presentations Policy excerpt that reads:

### 5. Timeline for Manuscript Completion

A timeline for completion of each proposed manuscript should be provided by the study PI or lead author. All manuscript(s) that present the main findings of a network study should be submitted no later than 2 years after the final dataset has been provided by the National Coordinating Center to the study PI. Non-adherence to timeline beyond 2 years may result in the P&P Committee assigning a new lead author so the manuscript can advance in an acceptable timeframe.

Purpose of table: time to Analytic Dataset delivery & first manuscript status					
Study	Data collection complete	Analytic Dataset Delivery to PI	De - Identified Dataset delivery to ARC	NCC did analysis	Manuscript status
Fellows / CORE (X01— Type 1)	7/19/2021	10/14/2021	DONE	Y	8/5/2024 – Jeff is focusing on the CARAD paper at the moment.
Elad / TOP-AC (X01— Type 2)	8/24/2021	12/15/2022	TBD	Y	7/22/2024 – Mary Ann emailed Sharon but has not received a response since 2/16. Cyril reported that she is working on three manuscripts.
Fellows / CARAD (X01- Type 2/3 Hybrid)	8/31/2021	6/27/2022	DONE	Y	8/5/2024 – CARAD attitude paper update: working to complete the results section for sharing (today/tomorrow) the methods (written) and results tables/text with the team for discussion. Target journal is JADA.
Chavis /CADTAPS (X01 – Type 2)	5/16/2022	12/14/2022	TBD	Y	8/6/2024 – Sydnee shared the manuscript draft with the study team for review.
McCauley/SUDS (X01-like)	10/16/2023	In progress	TBD	Y	8/5/2024 – The Naloxone manuscript was not accepted by the journal, and the PI is working on edits. They are also working on another manuscript.

Culmer & Smith/MSDP (X01 – Type 3)	8/28/2023	4/25/2024	7/2/2024	Y	7/22/2024 – resubmitted the manuscript.
Walji / POPS (UH3)	4/30/2024	6/19/2024	TBD	N	8/5/2024: Alfa presented the POPS findings during the NCC Biostat call on 7/22.

*\*Raw data, not an analytic dataset*

## KEY METRIC UPDATES ABOUT NETWORK PUBLICATIONS AND PRESENTATIONS

As of August 15, 2024, the network has published a total of **227 peer-reviewed scientific journal articles**. The full list is regularly updated at <https://www.nationaldentalpbrn.org/Peer-Reviewed-Publications/>.

The full list of **68 different peer-reviewed scientific journal titles** in which the network has published is also regularly updated at <https://www.nationaldentalpbrn.org/Peer-Reviewed-Publications/#1589322198976-c295e5c0-8c1c>. *This large number of different titles is a manifestation of the broad range of clinical research topics which the network investigates.*

In addition to publications, we also regularly update our network's list of...

- 259 peer-reviewed abstracts and presentations at <https://www.nationaldentalpbrn.org/peer-reviewed-presentations/>
- 1,495 non-peer-reviewed publications and presentations at <https://www.nationaldentalpbrn.org/non-peer-reviewed-publications-presentations/>

The network uses the NIH [iCite tool](#) to estimate mean citations per year and Relative Citation Ratios (RCR). The iCite tool uses PMID numbers to estimate the ratio of an article's citation rate to its expected citation rate, adjusting for the average and expected citation rates for the field for equivalent time periods. The RCR was developed to quantify the influence of a research article that is article-level and independent of the scientific field. RCR represents the field-normalized and time-normalized citation rate. It is benchmarked to 1.0 for a typical (median) NIH-funded paper in the corresponding year of publication. This benchmarking process ensures that a paper with a RCR of 1.0 has received the same number of citations per year as the median NIH-funded paper in its field, while a paper with a RCR of 2.0 has received twice as many citations per year as the median NIH-funded paper in its field. The weighted RCR is the sum of RCRs for Network articles, which weights the article count by their influence only relative to NIH-funded articles.

An analysis of 210 Network publications with a publication date of 2023 or earlier, done on July 24, 2024, showed a mean RCR of 1.45, a median RCR of 1.02 and a weighted RCT of 287.95. A highly influential set of articles will have a higher Weighted RCR (288 in the case of this analysis) than the number of total publications (210 in the case of this analysis), while a set of articles with below-average influence will have a lower weighted RCR than the number of total publications.

**Our RCR shows that our Network articles are above the 50<sup>th</sup> percentile, which is in comparison to other NIH-funded articles only!**

See the next page for a screenshot of the graphic summary of the analysis.





## National Dental PBRN Publications and Presentations Policy

### **Forward:**

The National Dental PBRN policies regarding publications and presentations are intended to encourage the expeditious dissemination of findings from Network-related projects. These policies are founded on three guiding principles underlying all Network research and reporting, and are designed to promote the branding of the Network as a leading source of oral health practice-based evidence. These three guiding principles emphasize engagement, team science, and high ethical standards.

**Engagement:** A characteristic of successful PBRNs is that network practitioners are engaged as highly valued collaborators who offer important practical clinical expertise. If practitioners provide input on the design, conduct, and/or analysis of studies, and receive feedback on these ideas, practitioners are more engaged in the research, and the network is more successful. Success is enhanced if the tangible application to their practice is evident, patients realize improved outcomes, and practitioners disseminate their improvements to colleagues.

**Team science:** Team science has real and potential advantages, such as the ability to address important research topics from multiple perspectives. Team science enables the network to include data from multiple sites with diverse populations to address important scientific questions. This collaboration is key to conducting practice-based research, yet the expansion of research teams has implications that include the need for an expanded authorship list and more diverse study teams (e.g., see Fontanarosa P, Bauchner H, Flanagan A. Authorship and team science. *J Am Med Assoc* 2017; 318(24): 2433-2437).

**High ethical standards:** High ethical standards include declaring all conflicts of interest, assessing whether co-authors meet criteria for authorship, ensuring appropriate acknowledgements in the manuscript, acknowledging funding sources, taking steps to ensure data accuracy and quality, addressing human subjects protections, and following guidelines for accurate and complete reporting of research.

### **Policies:**

#### ***1. Publications and Presentations (P&P) Committee***

The P&P Committee monitors Network publications and presentations activities. The committee's purpose is to encourage and facilitate prompt preparation and submission of manuscripts, abstracts, and presentations. To this end, the committee periodically reviews the publication activities and plans of all active Network research projects. In addition, lead authors are encouraged to submit drafts of manuscripts and abstracts to the committee for review and comment. Membership of the committee is described in Appendix 1. The Committee conducts its business either by conference call or email on an as-needed basis, with a goal of acting on any request within two weeks. PIs and other authors will be invited to participate if their work is to be discussed during the call.

## **2. Early Planning**

Ideally, principal and secondary manuscripts and abstracts should be planned at or near the beginning of the project. Early planning will help ensure that all data eventually required for the planned reports are acquired. Just as importantly, unmet authorship expectations are less likely to arise due to misunderstanding and miscommunication. At a minimum, planning for each manuscript and abstract should identify the specific topic/study outcome to be reported, the lead (first or responsible) author, potential co-authors, and the target journal/meeting for each manuscript or abstract. To assist in this process a document entitled “publication log” should be completed once the study launches (Appendix 2). The document should be updated annually until data collection is complete and then up to quarterly, with updates sent to the publications committee following receipt of the committee’s request. In addition, the “Publication Checklist” (Appendix 3) should be reviewed to acquaint authors with expectations for the publication process, which are summarized below.

## **3. Broad authorship encouraged in the interest of team science objectives**

Lead authors are expected to consider including practitioners who participated in the study and Network investigators and staff who made significant contributions. All individuals who agree to participate as co-authors should be made aware of International Committee of Medical Journal Editors Guidelines for authorship (<http://www.icmje.org/>), as well as any additional expectations of the lead author. Appendix 4 entitled “[Process to Identify Practitioners & Network Staff for Manuscripts](#)” contains a suggested process for identifying potential Network co-authors early in the process as well as a summary of the ICMJE guidelines.

## **4. Corporate authorship**

The National Dental PBRN encourages team science, so it is important that collaborators be recognized if they are not named co-authors. Lead authors should collectively acknowledge practitioners, network investigators, and staff personnel involved with data collection or other significant aspects of the study who are not a named author by listing an author in corporate form as “the National Dental PBRN Collaborative Group” (i.e., last author, second to last author). These individuals will be listed at (<http://nationaldentalpbrn.org/>). Another option for practitioners and network staff who made significant contributions to the study and provided feedback on the manuscript that did not rise to the level of authorship is naming them in the acknowledgements section.

## **5. Timeline for Manuscript Completion**

A timeline for completion of each proposed manuscript should be provided by the study PI or lead author. All manuscript(s) that present the main findings of a network study should be submitted no later than 2 years after the final dataset has been provided by the National Coordinating Center to the study PI. Non-adherence to timeline beyond 2 years may result in the P&P Committee assigning a new lead author so the manuscript can advance in an acceptable timeframe.

## **5. Data verification**

Network publications must reflect accurate and scientifically sound data analyses and results. It is strongly recommended that approximately one month prior to submissions, draft manuscripts be submitted to the P & P committee, for National Coordinating Center staff to verify that the most-recent version of the database was used, that all methods and exclusions are accurately described, and that the reported results match those obtained by the National Coordinating Center (NCC). A submission form for manuscript verification is shown in Appendix 5. The form should be submitted in conjunction with the Publication Checklist (Appendix 3).



## Appendices

### ***Appendix 1: P&P Committee Membership***

The P&P Committee member consists of at least one Network practitioner, an equal number (up to three each) of representatives from the NCC and the Administrative and Resource Center (ARC), and one *ex officio* representative from the National Institute of Dental and Craniofacial Research (NIDCR). A Chair for the P&P Committee will be designated by the Directors Committee from among the P&P Committee membership. Appointments will be made by the respective PIs for the ARC, the NCC, and the Network Project Officer for the NIDCR. Committee membership and contact information is listed at <https://www.kpchr.org/ndpbrn-hub/Committee/Committee/Detail/8>.

### ***Appendix 2: Publication Log***

The Publication Logs are formatted as Excel spreadsheets, one for manuscripts and the other for abstracts. The Lead Author enters information into columns with the headings shown below. The log can track several manuscripts or abstracts, with each occupying a separate group of rows. The development status column records the current stage of the publication preparation.

#### **Manuscripts**

Projected starting date:  
Study short name:  
Manuscript topic/title:  
Target journal:  
Planned submission date:  
Lead author:  
Co-authors:  
Development Status:  
    Planned  
    In progress  
    Submitted to journal  
    Accepted/rejected  
    In press  
    Published

#### **Abstracts**

Date:  
Study short name:  
Abstract title:  
Association/meeting:  
Submission deadline:  
Lead Author:  
Co-authors:



### Appendix 3: Publication Checklist

#### Abstracts:

Study Short Name:

Title of Abstract: \_\_\_\_\_

Meeting/Association: \_\_\_\_\_

Submission Cutoff Date: \_\_\_\_\_

- ☐ D Named authors have reviewed and approved the text
- ☐ D Additional contributing authors are acknowledged using the Corporate Authorship *"The National Dental PBRN Collaborative Group"* (recommended)
- ☐ D Title includes *"National Dental PBRN"* (recommended)
- ☐ D NIDCR grants acknowledged *"U19-DE-28717 & U01-DE-28727"*

#### Manuscripts:

Study Short Name:

Title of Manuscript: \_\_\_\_\_

Target Journal: \_\_\_\_\_

- ☐ D Named authors meet ICMJE criteria
- ☐ D Additional contributing authors are acknowledged using the Corporate Authorship *"The National Dental PBRN Collaborative Group"* (recommended)
- ☐ D Data, methods, and Results have been verified by The National Coordinating Center
- ☐ D Title includes *"National Dental PBRN"* (recommended)
- ☐ D NIDCR grants acknowledged *"U19-DE-28717 & U01-DE-28727"*
- ☐ D Disclaimer placed in Acknowledgements *"Opinions and assertions contained herein are those of the authors and are not to be construed as necessarily representing the views of the respective organizations or the National Institutes of Health"*

☒ Citation, when published. Please send to: [CHR-NationalDentalPBRN-Pubs@kpchr.org](mailto:CHR-NationalDentalPBRN-Pubs@kpchr.org)

Note to authors: When your manuscript is accepted for publication, you are responsible for submitting a copy of the accepted manuscript (not the published version) to PubMed Central. If you wish the National Dental PBRN to do this for you, please send an electronic copy to Terri Jones at the above address as soon as the manuscript has been accepted. The NIH policy states: *"NIH-funded investigators are required by Federal law to submit (or have submitted for them) to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication."*

#### ***Appendix 4: Process to Identify Practitioners and Network Staff for Manuscripts***

The node directors have agreed to assist PIs and lead authors in the process of identifying co-authors from their region. These potential co-authors include practitioners and network personnel who have participated in the study and have an interest in contributing to a manuscript. The lead author or PI will contact appropriate nodes directors when a draft outline of the proposed manuscript has been prepared. The node director will discuss potential practitioners with their respective node coordinators. After potential practitioners and network personnel are identified, the node director will contact them about their interest and discuss expectations for co-authorship. When interested practitioners/personnel are identified, the node director will connect them with the lead author. This process should be completed within two weeks. Once the manuscript has been completed, the lead author determines if the contributions of prospective warrant co-authorship or acknowledgement. The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; *AND*
- Drafting the work or revising it critically for important intellectual content; *AND*
- Final approval of the version to be published; *AND*
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

**Appendix 5: Manuscript verification request form**

<b>Request Date:</b> <b>Anticipated Submission Date:</b> <b>Target Journal:</b> <b>Study Name/Number:</b> <b>Manuscript Title:</b> <b>Lead/Corresponding Author:</b> <b>Statistical Analyst:</b>	<b>NCC Analyst:</b> <b>Completed verification date:</b>
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**Introduction:** Independent verification of the data management and statistical analysis for manuscripts to be submitted to peer reviewed journals is commonly accepted best practice. The goal of manuscript verification is to review and confirm that the most-recent version of the database was used, that all methods and exclusions are accurately described, and that the reported results match those obtained by the National Coordinating Center (NCC).

**Process:** The lead author, working with the study analyst (e.g. biostatistician), should submit this form to the Publications and Presentation Committee for manuscript verification by the NCC approximately one month prior to submission to a journal. The NCC will assign a biostatistician to review both the analytic work performed and how results are abstracted and interpreted in the manuscript. The biostatistician will work closely with the lead author and local analyst to resolve any questions that arise from the verification process. In addition to the manuscript verification request form, the following supporting documents and files should be provided to the NCC:

- 1. List of data file(s) used. Datasets should also be provided if the NCC does not have them.**
- 2. List of inclusion and exclusion criteria.**
- 3. A penultimate version of the manuscript (including all tables and figures intended for publication), the analysis plan (including plan for handling missing data) and software code.**
- 4. Definitions of derived variables (i.e., analytic variables computed from raw data).**
- 5. A listing of numbered statistical models in the order that results appear in the text or tables. For example:**

Text, page 3:

Model 1:  $\text{Logit}(y) = x_1 + x_2 + \dots$

Table 3

Model 2:  $\text{cox}(y) = x_1 + x_2 + \dots$

Model 3: Model 2 + effect modifiers