Executive Summary

1. Cancer Research UK is the world’s largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer; from exploratory biology to clinical trials, as well as epidemiological studies and prevention research. This is achieved through the work of 4,000 scientists, doctors and nurses.

2. In 2013/14, we spent £386 million on research in institutes, hospitals and universities across the UK – including the £35 million contribution we made to the Francis Crick Institute. Our research produces over 2,000 publications each year1.

3. We strongly support the principles of open access; open access facilitates rapid and widespread sharing of knowledge and can thereby promote innovation2,3,4. Ultimately this should help to give patients access to better treatments sooner. Furthermore, our research relies solely on the generosity of the public and we believe our supporters should be able to access the research that they have funded.

4. We welcome the opportunity to provide evidence to Research Councils UK (RCUK) Open Access Review. Cancer Research UK:
   o Supports RCUK’s encouragement of open access and the provision of block grants specifically for the payment of article processing charges (APCs).
   o Echoes RCUK’s recommendation of the gold open access pathway, which provides immediate access to research and allows the publication to be widely disseminated as soon as it is published.
   o Supports RCUK’s preference for CC-BY licensing. We believe that minimizing restrictions on the reuse of research allows the maximum impact of the research to be reached.

5. It is important that research funders are able to assess whether publishers are providing good value for money. We therefore hope that as the transition towards open access progresses we see a commitment from publishers to increase the transparency of their business models. We recommend that RCUK collects data for the payment of APCs on an individual basis in order to build a rich dataset, which would allow for a fuller analysis of open access costs.

6. We consider that subject repositories, particularly Europe PubMed Central (PMC), offer more advantages over institutional repositories. We recommend the value of subject repositories is widely acknowledged and communicated by all research funders.

---

1 This is according to papers in the PubMed database that acknowledge CRUK funding and/or have CRUK in the address field.
Cancer Research UK’s Position on Open Access

7. Cancer Research UK expects all publications arising from our funding to be deposited in Europe PMC either immediately (which is the preferred route) or within 6 months of publication.\(^5\)

8. We have recently formed a partnership with other leading medical research charities to establish the Charity Open Access Fund (COAF); a two-year pilot that will be available from 1\(^{st}\) October 2014. The COAF will be used by our researchers to make their work freely available to the public as soon as it is published and will be administered by the Wellcome Trust, in the form of block grants given to 36 universities. Partner charities have committed a total of £12 million to fund the initial two-year pilot of the COAF.

9. When the joint fund is used to meet open access costs we require the publication to be given a CC-BY license; a requirement that is in line with many other funders’ policies, including RCUK and the Wellcome Trust.

10. By working in partnership with other charitable funders and by using block grants, we hope to minimise administrative burden for both universities and our researchers. This will be especially effective if, as both the Finch report and RCUK recommend, institutions implement an “Institutional Publication Fund” containing open access grants from all sources.

The Transition towards open access

11. We support the regular independent reviews that RCUK will be carrying out over the transition towards open access: this is a fast-moving policy area and it is important that all stakeholders regularly monitor the success of their models. We will be evaluating the impact of the COAF during the second year of the pilot.

12. Due to the complexity and variety of publishing models and pricing structures, it is difficult for us to understand how much is spent on academic publishing or if publishers are providing good value for money. We hope that during the transition to gold open access, as we collect more data on how APCs are managed, we will see a commitment from publishers to increase the transparency of their open access business models.

13. As the proportion of articles published open access increases, we hope that publishers of hybrid journals will use the income from APCs to offset the cost of subscriptions. In turn, we would expect institutions to use this saving to cover further open access charges.

Compliance and Data Collection

14. Compliance with Cancer Research UK’s open access policy is currently around 35%. We expect this compliance rate to increase following the launch of the COAF, although we will not be putting sanctions in place to enforce compliance at this time.

\(^5\) Cancer Research UK’s policy on open access: http://www.cancerresearchuk.org/funding-for-researchers/applying-for-funding/policies-that-affect-your-grant/policy-on-open-access
15. Compliance monitoring will be an important aspect of the COAF’s evaluation. In line with the Wellcome Trust’s current method, we will be using PubMed and PMC to monitor our compliance rate.

16. Methods to monitor and promote compliance with open access policies should be mindful of the administrative burden to institutions and seek to minimise this burden. For this reason, we support the use of and Researchfish as an appropriate means of data collection.

17. We agree with the emphasis that RCUK has placed on ensuring consistency of funding acknowledgements; this is crucial since it enables accurate recording of research funders’ outputs. We hope that FundRef and Researchfish will help to increase coherence in acknowledgement of funding.

18. The Wellcome Trust’s Figshare document⁶, which detailed the Trust’s APC expenditure from 2012 to 2013, demonstrated a substantial variation in APCs charged to the Trust from the same journal, in the same year. There were also cases where the reported APC was significantly higher than the standard APC stated on the journal’s website. This highlights a need for increased transparency, in order to ensure that the block grants are being used appropriately. From a fundraising charity’s perspective it is of utmost importance that we ensure that donations are being spent in the most effective way possible. We will be collecting APC data for articles on an individual basis for this reason.

19. We recommend that RCUK collects APC data for each article individually so as to increase transparency in how costs are managed between publishers, institutions, funders and to ensure that the APC is split appropriately if there are multiple funders. The COAF will be collecting this information from institutions using a similar spreadsheet to RCUK.

Embargo periods and licensing

20. Though we believe that immediate open access – the gold route – is the best way of maximising research dissemination and impact, we acknowledge that this is sometimes not possible. Therefore, we will also be considering open access after an embargo period of six months as compliant with our policy. This six month cap on embargo periods for biomedical research is in line with RCUK and many other funders’ policies.

21. Cancer Research UK strongly supports RCUK’s preference for CC-BY licensing. We believe that minimizing restrictions on the reuse of research allows the maximum impact of the research to be reached: text- and data-mining makes it easier for the scientific community to re-test and corroborate research findings and allows the data to be analysed in new ways and alongside other data sets, which can lead to new discoveries.

---

22. Some journals are not compliant with our policy\(^7\). This is owing to either an embargo period of longer than six months, the journal not allowing publications to be attached to a CC-BY license, or not permitting deposition of the article in Europe PMC in a suitable form. As different funders develop clear and increasingly consistent open access policies we hope to see more publishers become compliant with these policies.

**Repositories**

23. Although valuable for universities, institutional repositories’ role in public access to research is less clear: there are wide disparities in format, licensing, size and visibility to commonly-used search engines. We consider that subject repositories – particularly Europe PMC – offer more advantages over institutional repositories.

24. Europe PMC is managed by 19 funders, including Cancer Research UK. It acts as a one-stop shop for the public and researchers looking to view publications in the life sciences, also hosting large amounts of supplementary information such as patents, clinical guidance and funding information.

25. Europe PMC allows, and indeed facilitates, rapid data and text mining across the complete content of the open access papers held in the database (currently over 2.6 million articles). This is because it is a well funded repository, with a strategic vision, managed by a team that has a depth of expertise to deliver these capabilities. It is unlikely this would be found in all institutional repositories.

26. **We recommend that the value of subject repositories is widely acknowledged and communicated by all research funders.**

For any further information please contact Dr Hollie Chandler, Cancer Research UK Policy Adviser, hollie.chandler@cancer.org.uk or 0203 469 5337.

---

\(^7\) Kiley, Robert 2014: List of journals that do not provide a publishing option compliant with the Wellcome Trust http://figshare.com/articles/List_of_journals_that_do_not_provide_a_publishing_option_compliant_with_the_Trust_s_OA_policy/1152691\(^1\)