## Measuring Scientific Impact at the NIH

Council of Councils
June 19, 2015

#### George Santangelo

Director, Office of Portfolio Analysis (OPA)

Division of Program Coordination, Planning,
and Strategic Initiatives (DPCPSI)

National Institutes of Health (NIH)



### Acknowledgments

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ÜberResearch

listserv.

The OPA Tools Lab is located in

For updates on training and other

OPA activities, please sign up for our

OPA analysis of Nicholson and

loannidis dataset

B301 in building 1. For access please contact us.

Steve Leicht Mario Diwersy

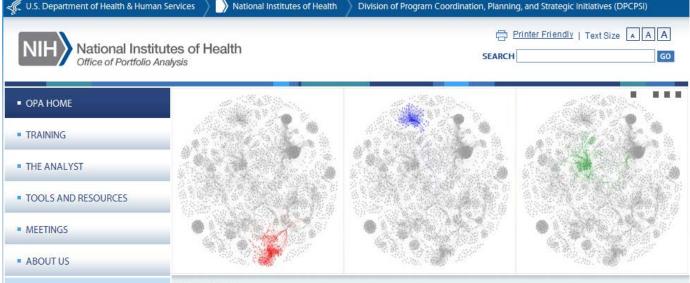
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Dennis McQuerry

**NIH National Library of Medicine** 

Tom Rindflesch



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The Office of Portfolio Analysis (OPA) was established in 2011 to provide NIH staff with multiple services, including consultations, training in the use of portfolio analysis tools, and software development.

#### Consultations

OPA welcomes you to schedule a consultation with us. These sessions are intended to provide NIH staff with advice on how to approach an analysis, how to find out what tools are available, what to do when the current tools are not sufficient, and any other analysis-related questions.

#### Office Hours

Every other Wednesday, from 10:00 AM to 12:00 PM, there will be one or more analysts available in the OPA tools lab. All are welcome to bring their questions on portfolio analysis tools and methods, and will be seen on a first come first served basis. Please note that office hours is not intended to be a replacement for training classes.

#### Portfolio Analysis Interest Group (PAIG)

The Portfolio Analysis Interest Group (PAIG) meets bi-monthly, and is a forum for staff from around NIH to share their analyses and best practices.

Next meeting: January 27th, 2015

#### The Analyst - the OPA blog

View More

## Mission of the Office of Portfolio Analysis: Improving data-driven decision-making at NIH

### Coordinate portfolio analysis activities at NIH

- Conduct analyses for NIH senior leadership
- Database management and data cleaning
- Plan and host Seminars, Workshops, and Symposia
- Create opportunities for crosstalk within the NIH community
  - ❖ Portfolio Analysis Interest Group (PAIG) and blog (*The Analyst*)

#### Consult

- Assist NIH staff in the 27 Institutes and Centers (ICs) with analyses
  - ❖ Has resulted in collaborative development of tools, case studies, etc.

#### • Train

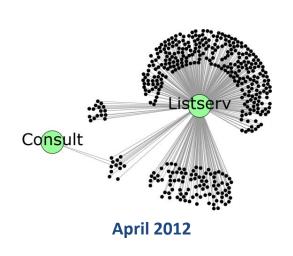
- Both formal classes and ad hoc sessions.
- OPA web site: user manuals, FAQs, instructional videos (under construction)

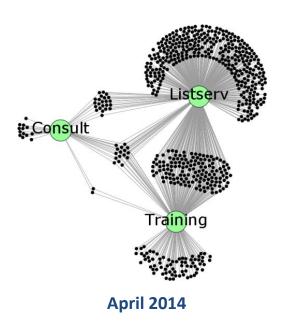
### Develop a science of portfolio analysis

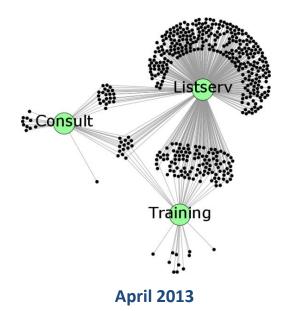
- Build new tools / approaches and augment pre-existing ones
  - Primary focus is biomedical research
- Build a community of experts: government, academia, private sector

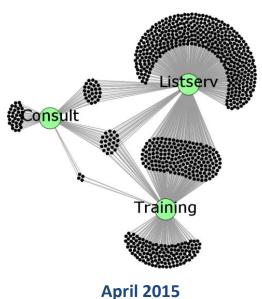


## Coordinate, Consult, Train: Building the OPA network



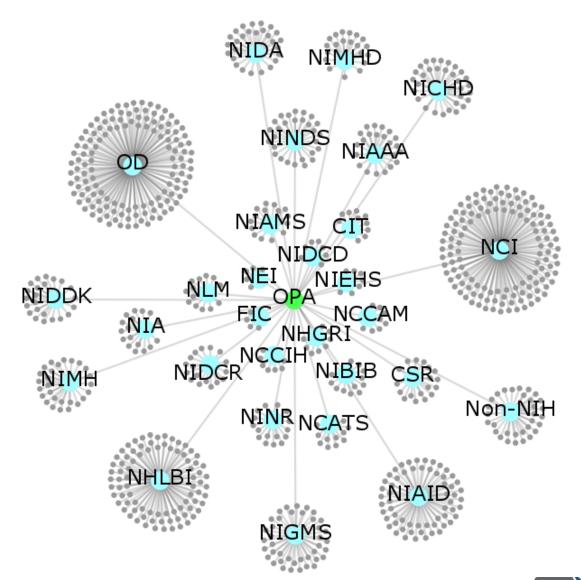








## The OPA network by Institute/Center





## **OPA Training**

#### **Current classes**

Portfolio Analysis: Introduction (PA101)

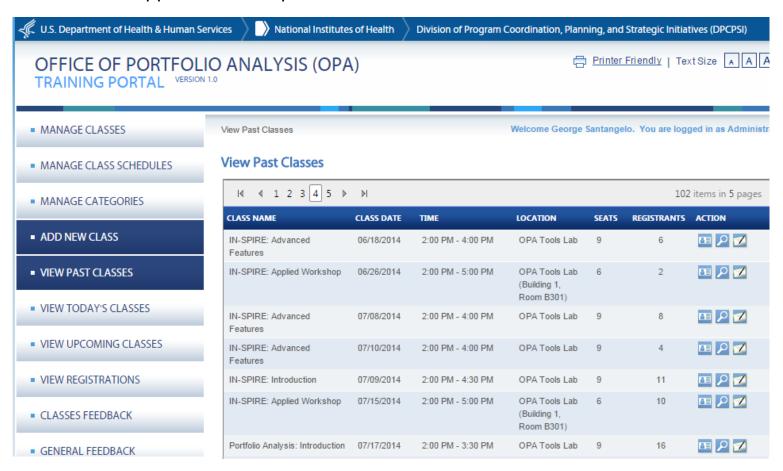
**IN-SPIRE:** Introduction

IN-SPIRE: Advanced Features

IN-SPIRE: Applied Workshop

#### **New classes to commence in late Spring 2015**

Network Analysis Bibliometrics





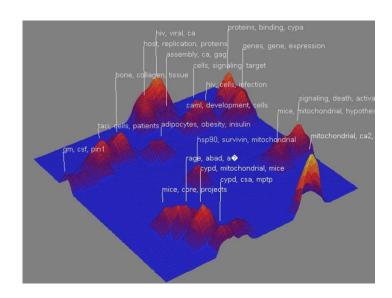
## Developing a science of portfolio analysis

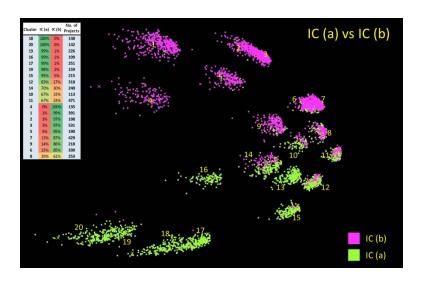
- Use existing data-driven approaches to characterize research investments and the resulting impact
- Develop and deliver effective approaches and methodologies
  - Tools in development:

Functionality	Tool
Content analysis	IN-SPIRE et al.
Efficient disambiguation	iClean
Effective bibliometrics	iCite
Map translational science	iTrans
Track patent, licensing, start-up activity	iTech

## Content analysis: OPA training and development

- 1) Visualization/interactive discovery
  - Document clustering with IN-SPIRE
- 2) Large-scale document clustering and analysis
  - Development of methodology and software





## Developing a science of portfolio analysis

- Use existing data-driven approaches to characterize research investments and the resulting impact
- Develop and deliver effective approaches and methodologies
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#### *iCite*

### Web-based use of the Relative Citation Ratio (RCR) metric

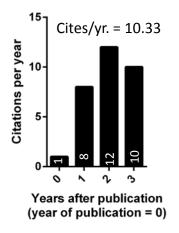
- Limitations of commonly used bibliometrics in measuring/comparing the value of a publication or group of publications:
  - ✓ Publication Counts: field-dependent, use-independent
  - ✓ Impact Factor: journal-level metric
  - ✓ Citation Rates: field- and journal-dependent
  - ✓ *h-index*: field-dependent, time-dependent
- Relative Citation Ratio (RCR)
  - ✓ Need: An article-level metric that is independent of field, journal, and time
  - ✓ Assumption: Citation of a publication reveals value to or influence on the citer
  - ✓ RCR normalizes citations to each publication's co-citation network



## **Calculating the Relative Citation Ratio**

$$RCR = \frac{Article\ Citation\ Rate}{Expected\ Citation\ Rate}$$

Article Citation Rate (denominator excludes year of publication)

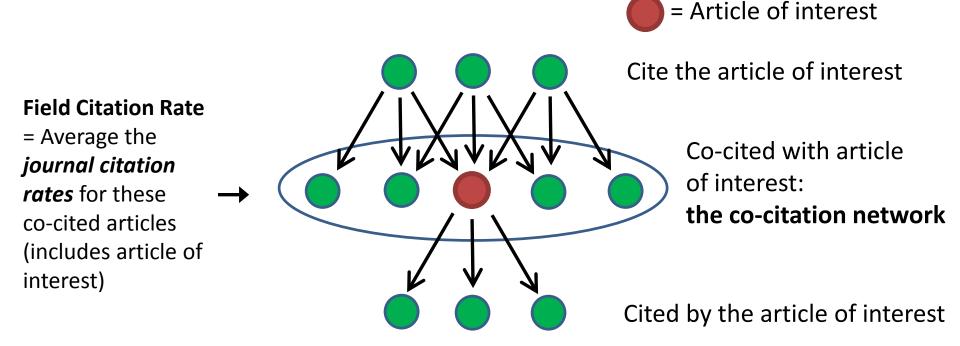


- Article-level metric
- Number of cites per year
- RCR changes over time with the accrual of new citations
- Scalable to large portfolios containing tens of thousands of articles



## **Calculating the Relative Citation Ratio**

Expected Citation Rate Part 1: Calculate the Field Citation Rate



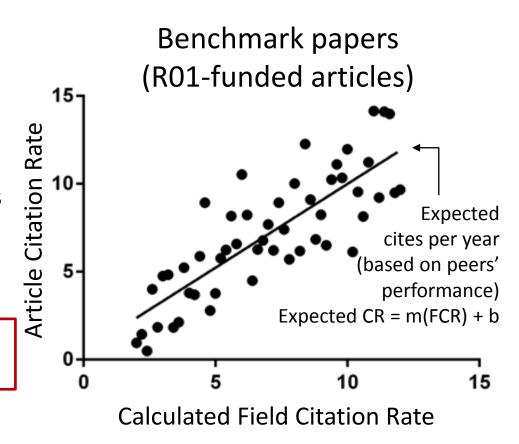


## **Calculating the Relative Citation Ratio**

### Expected Citation Rate Part 2: Benchmark the Field Citation Rate

- Use this linear regression equation to transform the Field Citation Rate
- This benchmarks expectations to NIH-funded papers for any Field (avg. = 1.0)

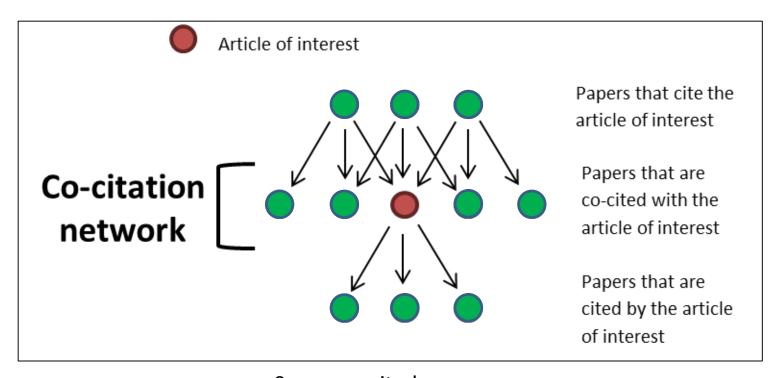
$$RCR = \frac{Article\ Citation\ Rate}{Expected\ Citation\ Rate}$$





### **RCR**

How is the paper of interest cited relative to expectations based on its co-citation network?



0 = never cited

1 = average

2 = twice the average

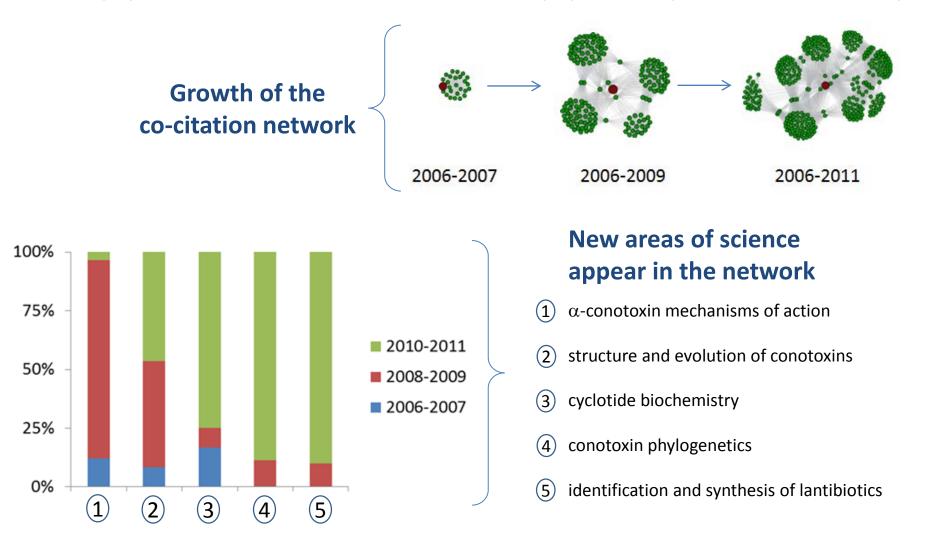
>20 = exceptionally highly cited

Thomson Reuters Science Citation Index Expanded, 2002-2012



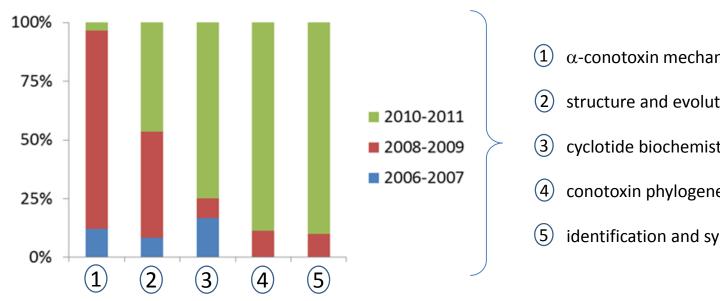
## RCR denominator: sample co-citation networks

2006 paper that identified new conotoxin-like peptides of possible clinical utility





## Each article has an RCR denominator that represents its specific field



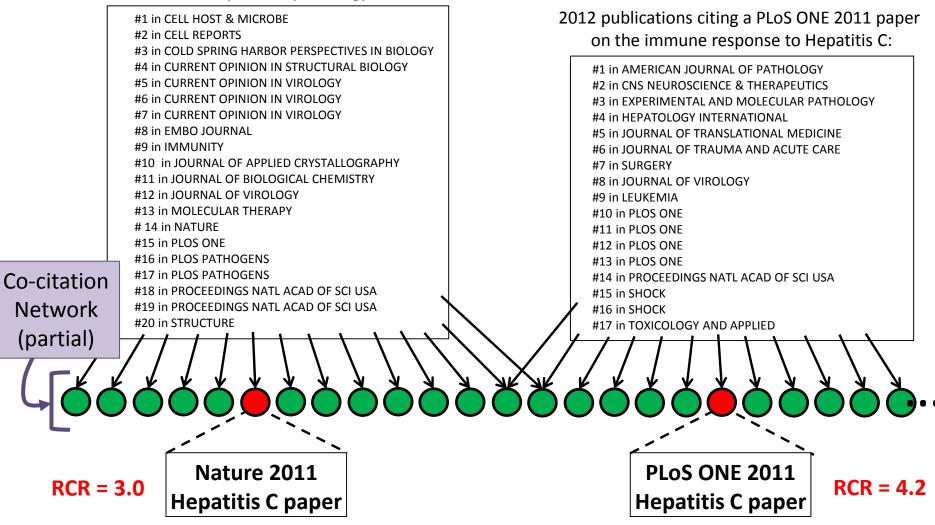
- $\alpha$ -conotoxin mechanisms of action
- structure and evolution of conotoxins
- cyclotide biochemistry
- conotoxin phylogenetics
- identification and synthesis of lantibiotics

- Other denominators—e.g. the Thomson Reuters (TR) Ratio—use the "multidisciplinary" category for all papers in Science, Nature, PLoS ONE, etc.
- Multidisciplinary categories generate the same denominator for very different areas of science
  - structural biology, ecology, neuroscience, climate change, medicine, education, etc.



## RCR denominator: sample co-citation networks

2012 publications citing a Nature 2011 paper on Hepatitis C pathology:





## RCR validation study using subject matter experts

## Is there a correlation between RCR and expert assessment of value/quality/impact?

- 684 papers published in 2009 supported by R01s and representing a range of RCRs
- Papers assigned based on content of the reviewer's published work
- 537 IRP Investigators were recruited with approval of their SDs
- 3-5 PIs received the same set of 5 publications
  - ✓ Pubs and responses via a secure intranet site
- 6 criteria, each with a 5 point response scale
- Responses
  - √ 44.3% Investigators responded
  - √ 1028 responses to 561 papers, 290 with ≥2 responses/paper



### Relative Citation Ratio – Review Criteria

#### IMPORTANCE

Rate whether the question being addressed is important to answer.
(1 = Not Important, 2 = Slightly Important, 3 = Important, 4 = Highly Important, 5 = Extremely Important)

#### METHODS

Rate whether you agree that the methods are appropriate and the scope of the experiments adequate. (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

#### ROBUSTNESS

Rate how robust the study is based on the strength of the evidence presented. (1 = Not Robust, 2 = Slightly Robust, 3 = Moderately Robust, 4 = Highly Robust, 5 = Extremely Robust)

#### HUMAN HEALTH RELEVANCE

Rate the likelihood that the results could ultimately have a substantial positive impact on human health outcomes. (1 = Very unlikely, 2 = Unlikely, 3 = Foreseeable but uncertain, 4 = Probable, 5 = Almost Certainly)

#### LIKELY IMPACT

Rate the impact that the research is likely to have or has already had.
(1 = Minimal Impact, 2 = Some Impact, 3 = Moderate Impact, 4 = High Impact, 5 = Extremely High Impact)

#### OVERALL EVALUATION

Provide your overall evaluation of the value and impact of this publication. (1 = minimal or no value, 2 = Moderate value, 3 = Average value, 4 = High value, 5 = Extremely high value)



## Fields of science represented in the RCR validation study

Cell Biology

**Genetics and Genomics** 

Neuroscience

Chromosome Biology

Developmental Biology

**Immunology** 

Molecular Biology and Biochemistry

**Cancer Biology** 

Stem Cell Research

Molecular Pharmacology

Systems Biology

**Epidemiology** 

Clinical Research

Virology

**Computational Biology** 

Biomedical Engineering & Biophysics

Chemical Biology

Microbiology and Infectious Diseases

Structural Biology

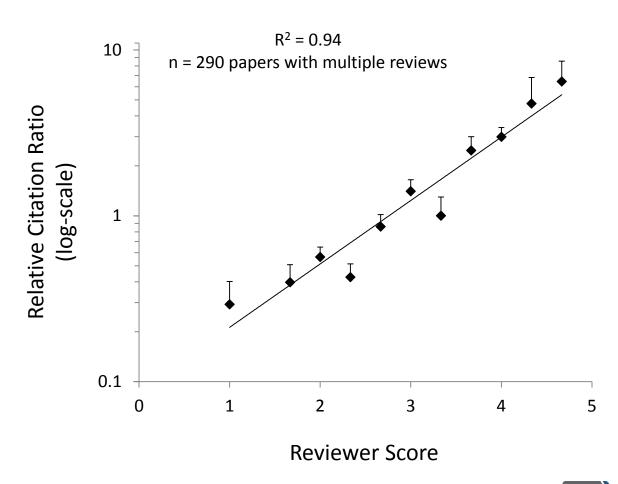
**Health Disparities** 

Social and Behavioral Science



## Relative Citation Ratio (RCR) validation study

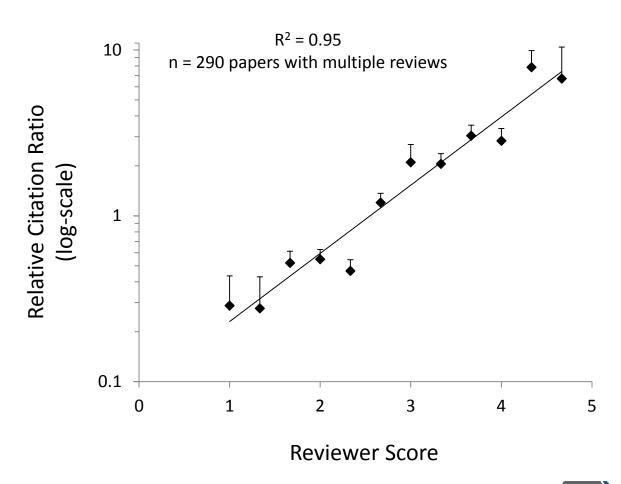
#### **OVERALL EVALUATION**





## Relative Citation Ratio (RCR) validation study

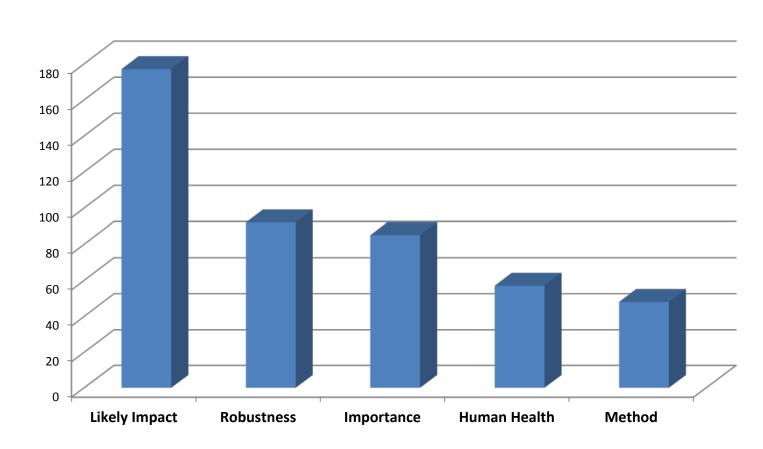
#### LIKELY IMPACT





## How do reviewers weigh these factors when deciding on a paper's overall value?

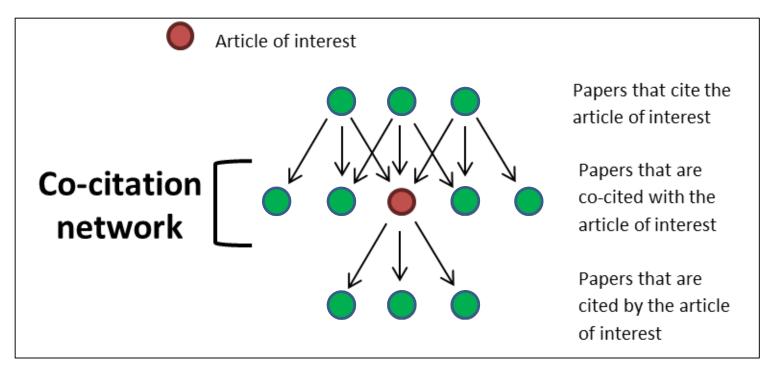






### **RCR**

How is the paper of interest cited relative to expectations based on its co-citation network?



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Thomson Reuters Science Citation Index Expanded, 2002-2012



# RCR vs. Thomson Reuters (TR) Ratio Identifying potentially problematic outliers due to low Expected CPY

Analysis of 35,837 articles: all NIH (R01) pubs in 2009 Denominator = Expected CPY

TR Ratio Journal categories used to calculate denominator

- 565 pubs with Expected CPY < 2.0
- TR Ratio ranged from 0 to 23.4
- Average TR Ratio = 1.6

RCR

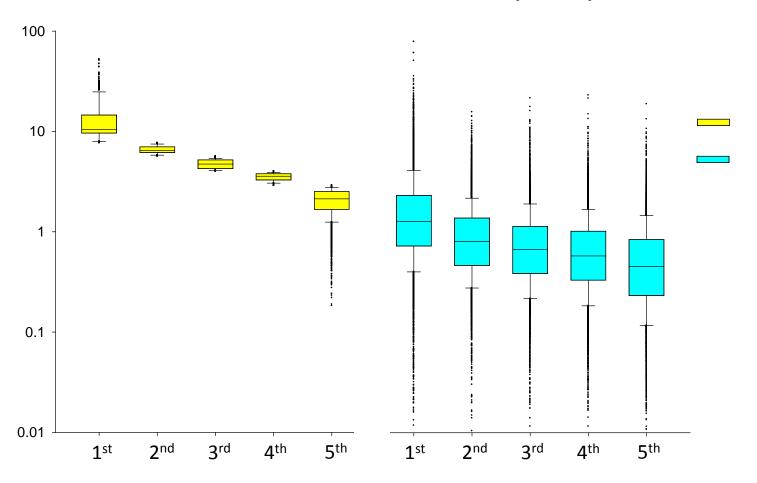
**Co-citation networks** used to calculate denominator

- 147 pubs with Expected CPY < 2.0
- RCR ranged from 0 to 3.7
- Average RCR = 0.24



## Publications of NIH investigators with continuous funding from FY2003 to FY2010

All 2003-2006 articles (37,086)

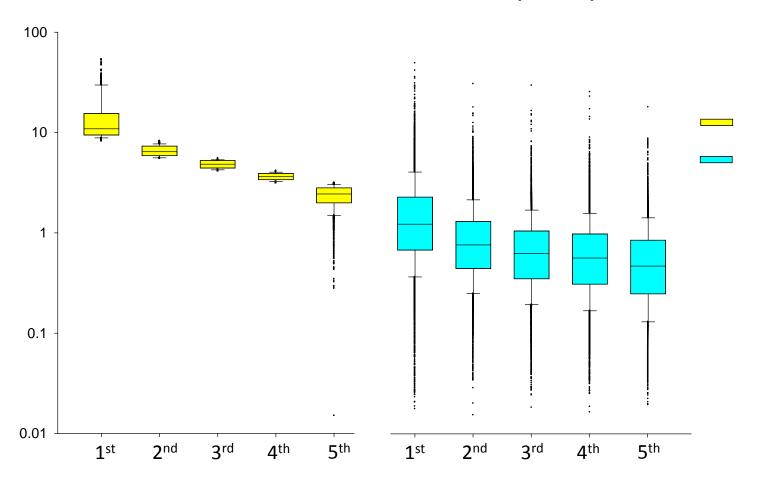


**Journal Impact Factor Quintile** 



## Publications of NIH investigators with continuous funding from FY2003 to FY2010

All 2007-2010 articles (40,883)



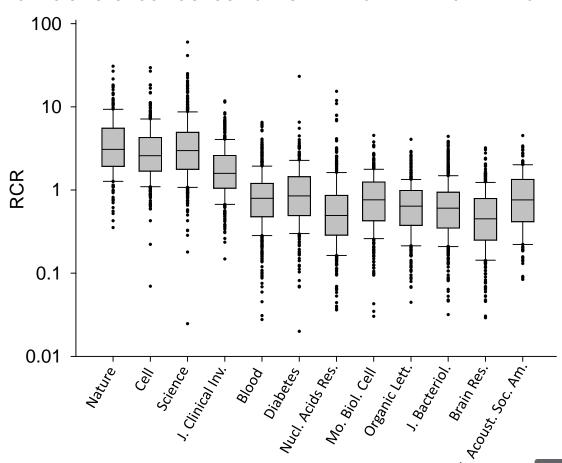
**Journal Impact Factor Quintile** 



## Publications of NIH investigators with continuous funding from FY2003 to FY2010

2003-2010 articles: Selected journal IFs from 32.9 to 1.6

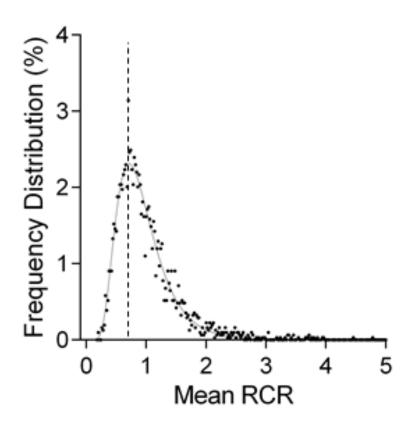
IMPACT FACTOR: 32.9 29.9 29.8 15.3 10.4 8.4 7.1 6.4 4.7 4.0 2.4 1.6





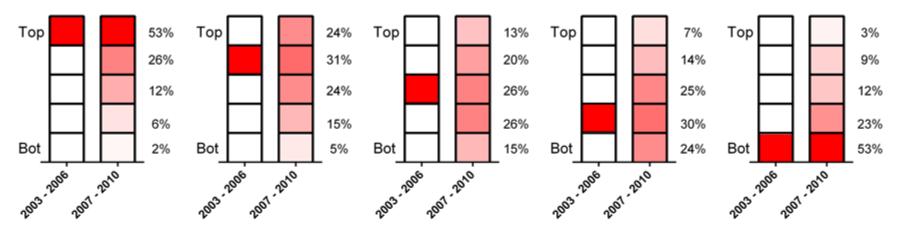
### Does the RCR of NIH PIs fluctuate over time?

PIs with eight years of continuous R01 funding (FY2003 to FY2010)

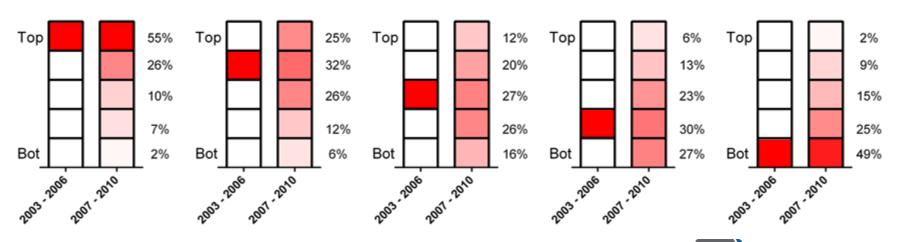


## Scientific mobility of PIs (3089 total) with continuous R01 funding through two consecutive 4-year periods

Ranked by RCR (in quintiles)



Ranked by weighted RCR (RCR times total # of pubs; in quintiles)

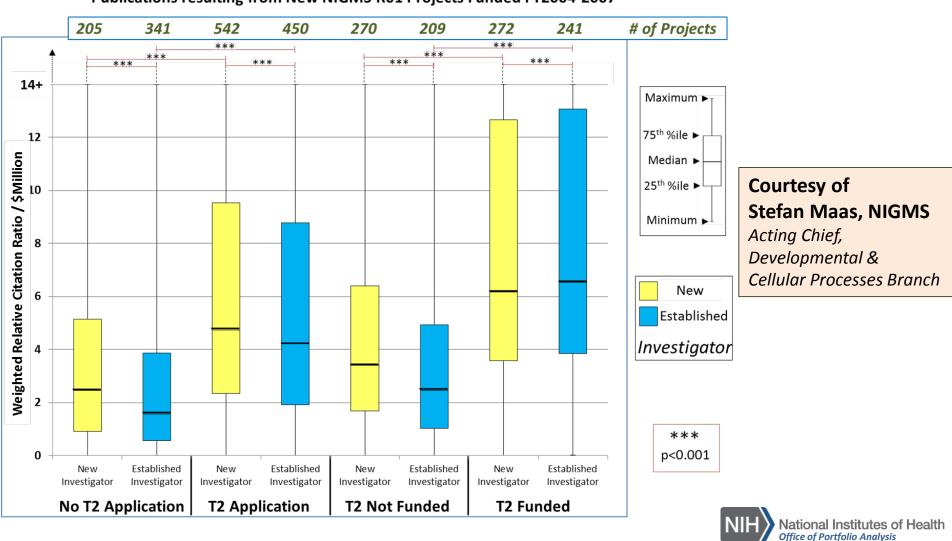




## Use of RCR at NIGMS: R01 projects submitted for competitive renewal (T2) have higher weighted RCRs

### Weighted Relative Citation Ratio / \$Million

Publications resulting from New NIGMS R01 Projects Funded FY2004-2007



## **Uses of RCR to compare impact**

#### Validated use:

✓ compare individual publications within a network

#### Additional uses:

- ✓ compare output of cohorts (portfolios, programs, mechanisms...)
- ✓ flagging low impact for inspection
- ✓ to follow trends

#### Possible misuses of RCR or any bibliometric assessment:

- x determining importance of the endeavor
- x predicting long-term impact of the work
- x evaluating effectiveness of "downstream" (e.g. patentable) applications

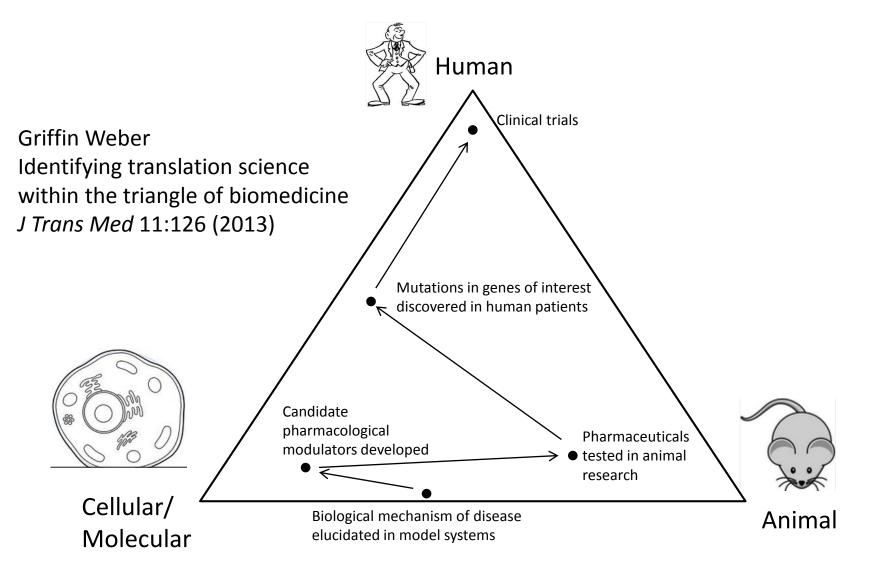


## Developing a science of portfolio analysis

- Use existing data-driven approaches to characterize research investments and the resulting impact
- Develop and deliver effective approaches and methodologies
  - Tools in development:

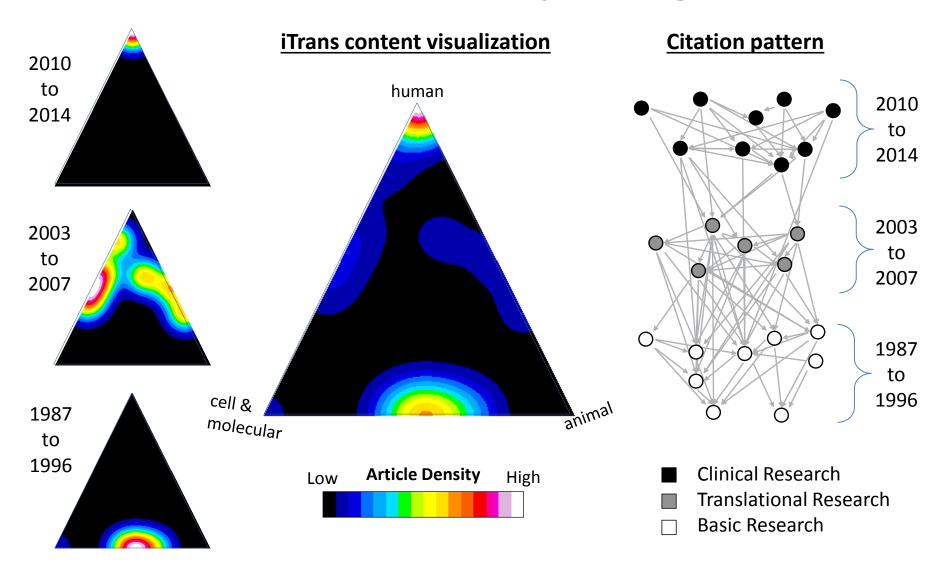
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## iTrans: Using Medical Subject Heading (MeSH) terms to track bench to bedside trends in scientific knowledge

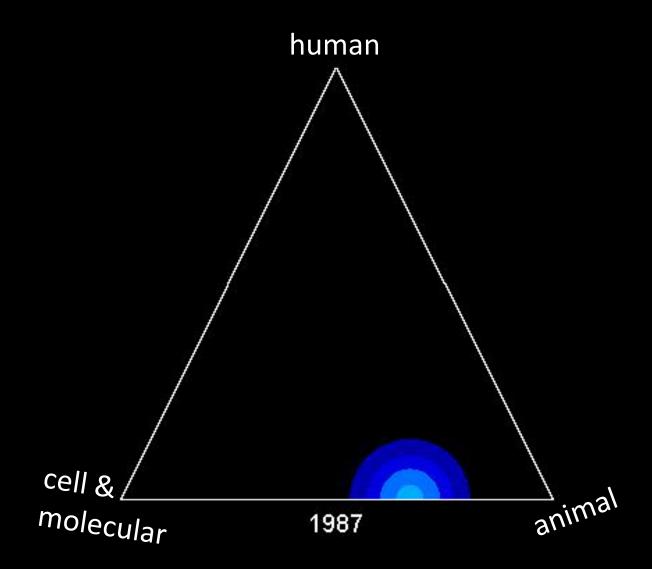




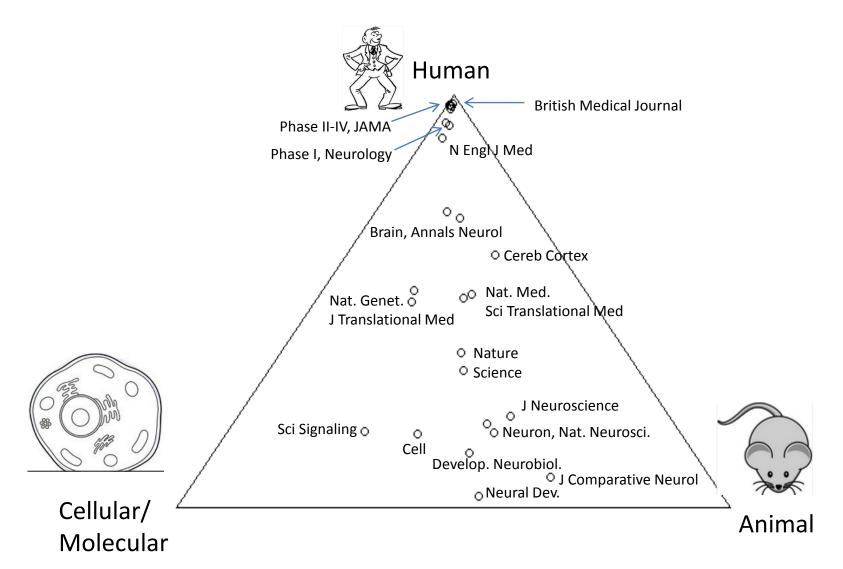
## *iTrans* tracks translational development of cancer immunotherapeutic agents



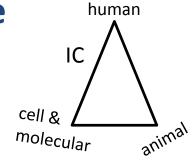




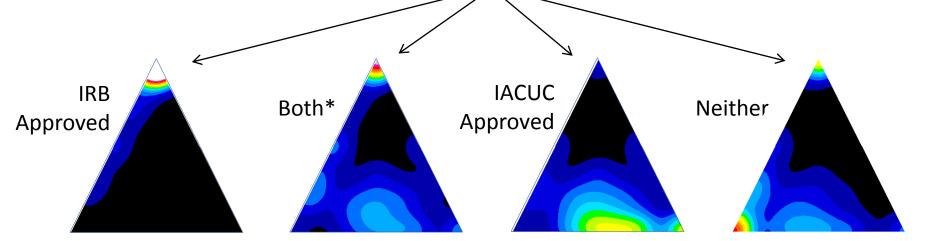
## iTrans: Using Medical Subject Heading (MeSH) terms to track bench to bedside trends in scientific knowledge



## iTrans: Using MeSH terms to characterize the NIH publication landscape

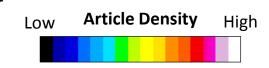


All NIH publications funded by active research grants in 2010

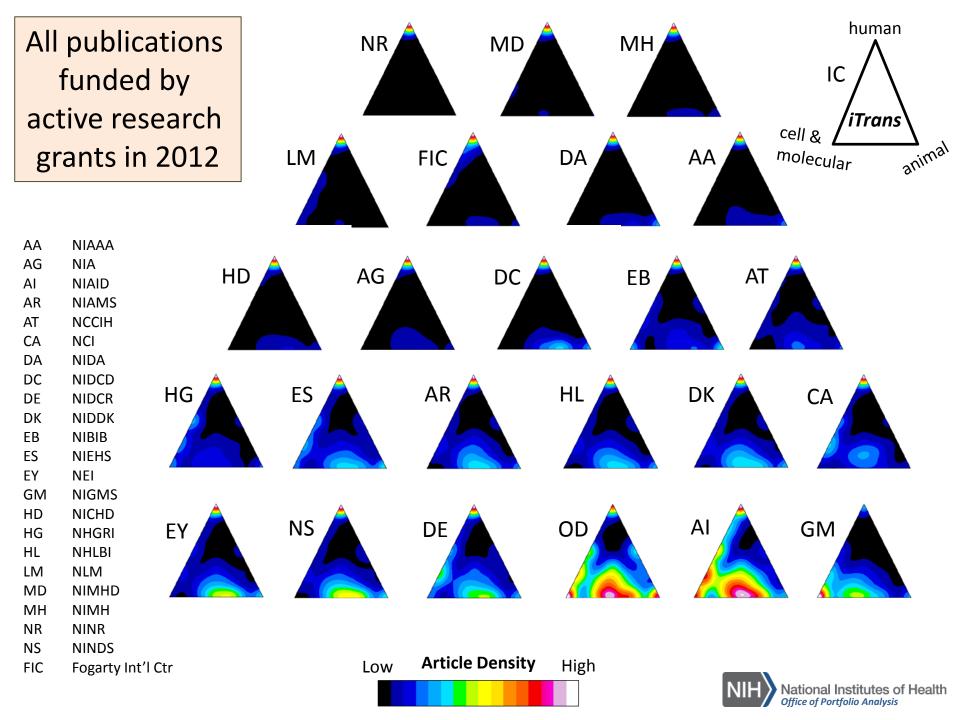


\*Both = both IRB- and IACUC-approved

\*Neither = not requiring either IRB or IACUC approval





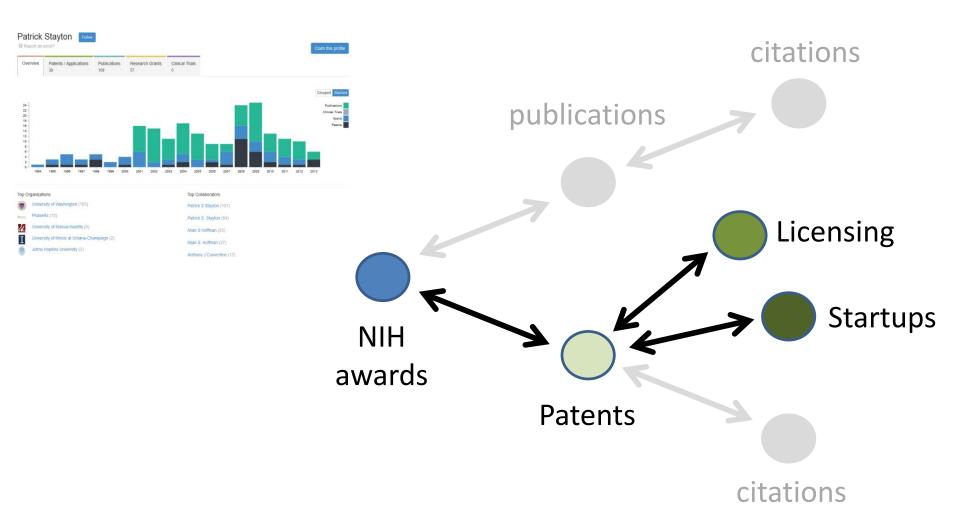


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## *iTech*: Patents, licensing and start-ups Connecting the dots (bidirectionally)



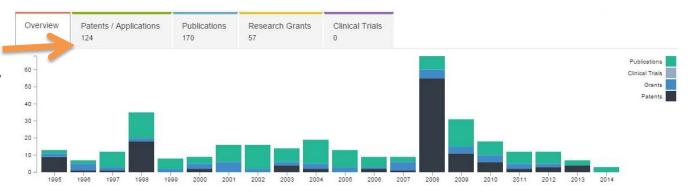


#### Case 1: Linking Patent with Grant - Dr. Stayton from U of Washington

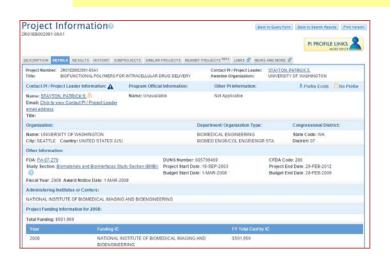


#### Invention Profile: Prof. Patrick Stayton

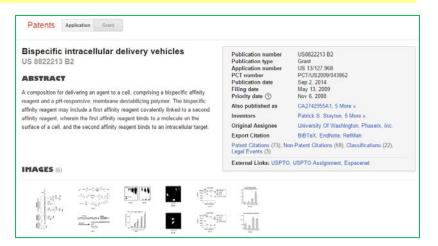
- Highly productive in inventions, with total of 124 patents filed globally since 1995
- 93% funding from NIH



Linking award R01EB002991 "Biofunctional Polymers for Intracellular Drug Delivery" with Patent US8822213 (also filed as CA2742955A1, WO2010053596A)











#### Case 1: Tracking Dr. Stayton's Patent to Startup *PhaseRX*



Dr. Stayton founded PhaseRx in 2008, using his patented technology (US8822213)



## ■ The Scattle Times Business \$19 million for biotech startup PhaseRx

Originally published February 28, 2008 at 12:00 am | Updated February 27, 2008 at 9:21 pm

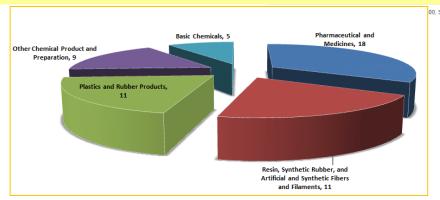
Venture capitalists have agreed to nurture PhaseRx, a nascent Seattle biotech, with funding of up to \$19 million to pursue a pioneering technique that could help turn off harmful genes.

Dr. Stayton currently serves as the Washington Research Foundation Professor in the Department of Bioengineering at the University of Washington. He received his BS in Biology (summa cum laude, Chemistry minor) from Illinois State University in 1984, his PhO in Biochemistry from the University of Illinois in 1989, and was a Postdoctoral Research Associate at the Beckman Institute for Advanced Science and Technology, also at the University of Illinois.

Dr. Stayton has been elected as a Fellow of the American Institute for Medical and Biological Engineering and has been the recipient of the Clemson Award from the Society For Biomaterials and the CRS-Cygnus Recognition Award from the Controlled Release Society. He served as Chair of the Gordon Conference on Drug Carriers in Medicine and Biology in 2010. He has also been awarded the College of Engineering's Faculty Innovator Award, the Distinguished Teacher and Mentor Award from the Department of Bioengineering, and an Honorary Award from the College of Engineering's Minority Science and Engineering Program.

Dr. Stayton is the Director of the Center for Intracellular Delivery of Biologics, and his eclectic research group works at the interface of fundamental molecular science and applied molecular bioengineering. The group has projects aimed at elucidating basic principles underlying biomolecular recognition and connected projects applying those principles to drug delivery and diagnostic technologies through the development of new biohybrid materials that merge the impressive recognition and biofunctional properties of biomolecules with the impressive responsiveness and chemical versatility of "smart" polymers. The group has published over 200 research papers and has been funded by the NIH, the NSF, NASA, The Bill and Melinda Gates Foundation, and by the Coulter

#### PhaseRx continued to grow, total 62 Patents/applications since 2008



00, Seattle WA 98119 206.805.6300 Terms of Use Site Design





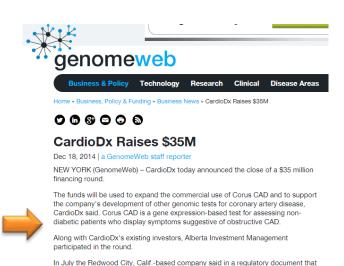
#### Case 4: Licensing - U of Cincinnati's Patent Licensed to CardioDX



Dr. Liggett's P50HL052318 award "Beta Adrenergic Receptor Variants in Heart Failure", funded in 1995-2004



- Dr. Liggett filed patent US 7449292 on "Methods for predicting relative efficacy of a beta blocker therapy based on a B1-adrenergic receptor polymorphism"
- This patent was missed by RePORTER / ExPORTER
- In 2006 this patent was exclusively licensed to CardioDx®, Inc. (Founded in 2004), a cardiovascular genomic diagnostics company located in CA



it raised \$21 million toward a targeted goal of \$25 million. The \$35 million figure

Office of Portfolio Analysis

includes the July financing.

### **Conclusions**

- Quantitative data-driven approaches can inform scientific portfolio management
  - Effective data cleaning is critical: garbage in, gospel out
- The Relative Citation Ratio (RCR) is a validated, article-level replacement for widely used but inaccurate and/or imprecise measures of scholarly influence
- Tracking outcomes and measuring impact of investments in biomedical research requires methods to monitor translation of basic and/or patented discoveries into improvements in human health







Printer Friendly | Text Size A A A

GO SEARCH

- OPA HOME
- TRAINING
- THE ANALYST
- TOOLS AND RESOURCES
- MEETINGS
- ABOUT US

The OPA Tools Lab is located in B301 in building 1. For access please contact us.

For updates on training and other OPA activities, please sign up for our listserv.

 OPA analysis of Nicholson and loannidis dataset



Home » OPA Home » Tools and Resources

#### Resource Center

Are you interested in details of what tools are available to NIH staff and how to get hold of them? Would you like to see examples of how tools can be used in analyses? Do you need a refresher on a tool that you took a class for? ...Welcome to the OPA Resource Center.

OPA is currently developing computational tools that you can access from your desktop. Tools currently in development include:

Tool	Functionality	Beta Release Date
iClean	Efficient disambiguation	Spring, 2015
iCite	Effective bibliometrics	Spring, 2015
iTrans	Map translational science	Fall, 2015
iTech	Track patent, licensing, and start-up activity	Summer, 2016

Let us know if you are interested in beta-testing one or more of these tools in the coming months. In your email, please indicate which tool(s) you are interested in testing.

## Questions? Comments?