LETTERS

DATA SHARING IN MEDICAL RESEARCH

Cochrane's reply to Shokraneh and colleagues

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I'm grateful to Shokraneh and colleagues for raising the subject of Cochrane's leadership role in the area of open data.^{1,2} As they say, Cochrane supports initiatives aimed at encouraging clinical trial transparency and the AllTrials initiative and, as a community, is committed to moving towards the greatest possible transparency and openness. The debate over open access and open data is current and important within Cochrane, so this letter is a welcome addition to the conversation.

It is worth restating the progress that Cochrane has made regarding open data and open access, which reflects our commitment and is consistent with our mission to promote evidence informed health decision making by producing high quality, relevant, accessible systematic reviews. Readers of Cochrane reviews in the Cochrane Library have, for many years, been able to download the data included in an individual review in a structured form. This facility will continue when our new platform is launched, and it will be more visible to readers. In addition, and as implied by Shokraneh and colleagues, Cochrane has a liberal policy towards permitting researchers to use the data it holds for methodological research. Many researchers have benefited from this and the publications that it has supported.

Similarly, in the field of open access, which is arguably of greater importance to most readers, Cochrane has made major strides in recent years with its green and gold open access schemes. Under the former, all new and updated reviews published since February 2013 are now freely available worldwide 12 months after publication. This currently applies to over 50% of the reviews in the Cochrane Database of Systematic Reviews, a percentage that will continue to rise. Reviews made open under the green open access scheme are also automatically deposited in PubMed Central once the author team has given its permission. All protocols are also made freely available worldwide on publication. Under the gold open access scheme author teams can choose to pay a charge to have their reviews published under a creative commons licence. Waivers can be applied when the lead author is based in a low income country. Both the Cochrane Database of Systematic Reviews and the Cochrane Central Register of Controlled Trials are fully searchable to all.

All of this represents progress, yet we recognise that it falls short of where we, along with Shokraneh and colleagues, would like us to be. An important consideration is the risk that more liberal open access and open data pose to Cochrane's financial sustainability. Cochrane has used its licensing income in different ways to support the production of its reviews. This includes substantial investments in information technology, in developing open collaborative platforms, in translation of abstracts and plain language summaries, in developing and publishing online interactive learning modules and support, and extensive editorial, quality assurance, and knowledge translation activities. These activities are all funded through licensing revenue, which represents a large percentage of the charity's income. Despite our best efforts over several years we have not yet been able to identify sustainable alternative funding sources to replace this income. But funding is not the only barrier. We are also investigating the legal and contractual issues that affect making the datasets available, globally, without restriction.

My colleagues and I support Shokraneh and colleagues' call for Cochrane to provide leadership in open science. We will continue to work to identify ways that will permit us to extend our openness but hope that readers will recognise the substantial steps that we have made so far, which ensure that readers in 133 countries have free access to the full text of Cochrane Reviews without any need to log in and can access the structured data within individual reviews.

Competing interests: DT is a full time employee of Cochrane and leads the editorial and methods department in the central executive team. His salary and those of the members of his team are funded through licensing income. The views expressed in this article are his own and do not represent official Cochrane policy.

- 1 Shokraneh F, Adams CE, Clarke M, et al. Why Cochrane should prioritise sharing data. *BMJ* 2018;362:k3229.
- 2 Packer M. Data sharing in medical research. *BMJ* 2018;360:k510. 10.1136/bmj.k510 29444885

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