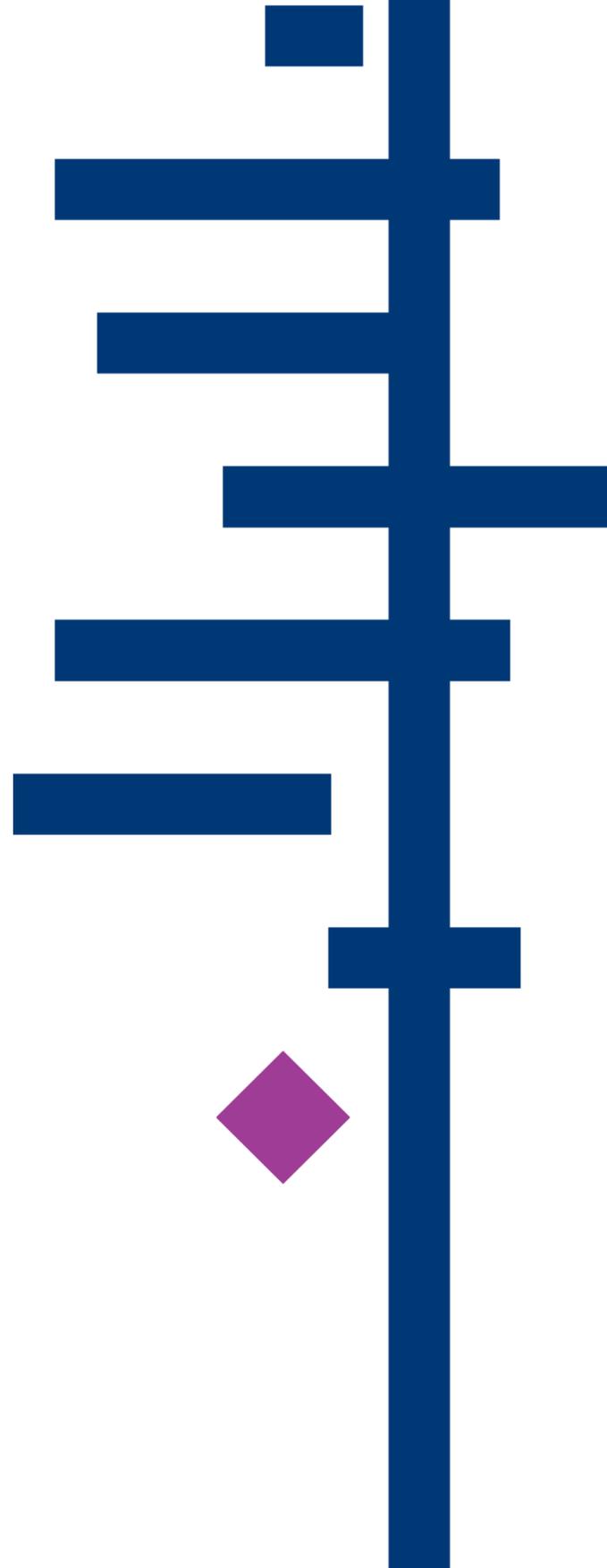


Current Cochrane status on data sharing



Cochrane policy on data sharing

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Background

Cochrane has publicly supported the All Trials campaign and has a long history of promoting [access to data from trials](#). Cochrane's statement to this effect, last revised in April 2013 states that:

- “Summary results for all protocol-specified outcomes, with analyses based on all participants, to become publicly available free of charge and in easily accessible electronic formats within 12 months after completion of planned collection of trial data;
- Raw, anonymised, individual participant data to be made available free of charge; with appropriate safeguards to ensure ethical and scientific integrity and standards, and to protect participant privacy (for example through a central repository, and accompanied by suitably detailed explanation);”

In 2018 Cochrane was challenged, in a [paper](#) by Shokraneh and colleagues to ‘prioritise sharing the data it holds’: “Structured data from Cochrane should be fully accessible for download, reuse and review. Currently they are not”.

Box 1: Structured data and associated metadata
Reference data
All data in the Cochrane Central Register of Controlled Trials (CENTRAL) excluding copyrighted abstracts (so creating OPEN CENTRAL)
All data in the Cochrane Register of Studies (CRS) excluding copyrighted abstracts (so creating OPEN CRS)
Links to “parent” study
Links to “parent” reviews
Study data
Links to “child” references
Links to “parent” reviews
Characteristics of studies
Methods, participants, interventions, outcomes
Qualitative data on risk of bias
Quantitative data on outcomes
Qualitative and quantitative derived data
Meta-analysis results, grading of quality of outcomes

<https://www.bmj.com/content/bmj/362/bmj.k3229.full.pdf>

On behalf of Cochrane, I replied [here](#).

Current situation

It is possible to view the existing [Licence to Publication forms](#) within the Editorial Publication and Policy Resource (EPPR). Under the current standard licence for publication, authors retain a number of rights in return for granting the licence for publication, including specific sharing, copying, and reuse rights.

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- The right to post the Published Version, 12 months after publication (“Embargo Period”), in an institutional repository (an online archive of a research institution for the collection, preservation, and dissemination of digital copies of its authors’ intellectual output); in any repository mandated by the author’s funder; or in a Scholarly Collaboration Network (SCN) that has endorsed the STM article sharing principles (“Compliant SCNs”). See <http://www.stm-assoc.org/stm-consultations/scn-consultation-2015/> for a list of Compliant SCNs.

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- The right to use selected figures and tables, and selected text, including the abstract and/or plain language summary from the Review, for the author's own teaching purposes.”

There are also a number of things that Cochrane has already done to make data in its reviews more available:

Data availability:

1. Cochrane provides access to the full archive of published versions (held by Cochrane in Archie) to methodological researchers on request to the Editor in Chief.
2. Within Cochrane Reviews on the Cochrane Library there is a facility (see below) to download all the trials outcomes data and summary estimates from individual Cochrane Reviews into the Review Manager application. Re-use of the data is subject to [terms and conditions](#) (e.g. copyright and licence terms), and users must agree to these before they are able to download the data.



Open Access:

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Since February 2013, Cochrane has developed a progressive open access policy. All protocols are made freely available under this policy (immediately upon publication since February 2016). There are 'green' and 'gold' open access options: following payment of an 'article publication charge (APC)', the review and protocol or update are made immediately freely available worldwide under one of the Creative Commons licences. The reviews and included data can then be freely shared and re-published in any form. Around 25 reviews have been published as gold open access; and waivers are available (including where first author is from a HINARI A or B country). However, much more commonly, new reviews and updates are made freely available worldwide 12 months post publication under the 'green' OA scheme. In this case, the articles are published with a standard licence for publication with no APC, and, since September 2016, also deposited in PubMed Central (via automated deposition). Under the green and gold open access policies, the proportion of reviews within the *CDSR* made freely available worldwide has progressively increased and is currently around 70%. This figure will increase to nearly 80% by 2020.

We also ensure that all published Cochrane Reviews adhere to funder expectations: for example, reviews published under the UK Programme Grant scheme are published open access by the UK National Institute for Health Research within its own journal.

Why does Cochrane withhold some of the data it holds?

The rationale for Cochrane withholding access to data within its review can be divided into two distinct categories. Firstly, there are commercial considerations relating to the risks to licensing income. Cochrane funds some essential services and applications for its community from licensing income, which has increased substantially over the past few years. These include the technology eco-system of RevMan, Archie, access to Covidence and so on, the interactive online learning and training, and also the central Editorial and Methods team. Secondly, there is the concern about the legal situation of being perceived to be routinely making available content that Cochrane does not own. This is the rationale for prohibiting the publication of Abstracts in the Central Database of Controlled Trials (Central).

The future

For some time, Cochrane has been considering whether it would be possible to extend its open access policies on its reviews and data. In 2019, Cochrane plans to undertake a review of its open access and open data policies. The Governing Board will be fully briefed at the Governance meeting in Krakow in April, and it is planned that there will be work undertaken prior to a more inclusive consultation with the community leading to a seminar at the Chile Colloquium. In considering its options, Cochrane is reviewing:

- The different forms of data it holds
- The IP associated with the data to inform discussions
- Open access options for the different data types
- A review of data policies.

These, along with further consultations, will help with the development of policies and approaches going forward.