



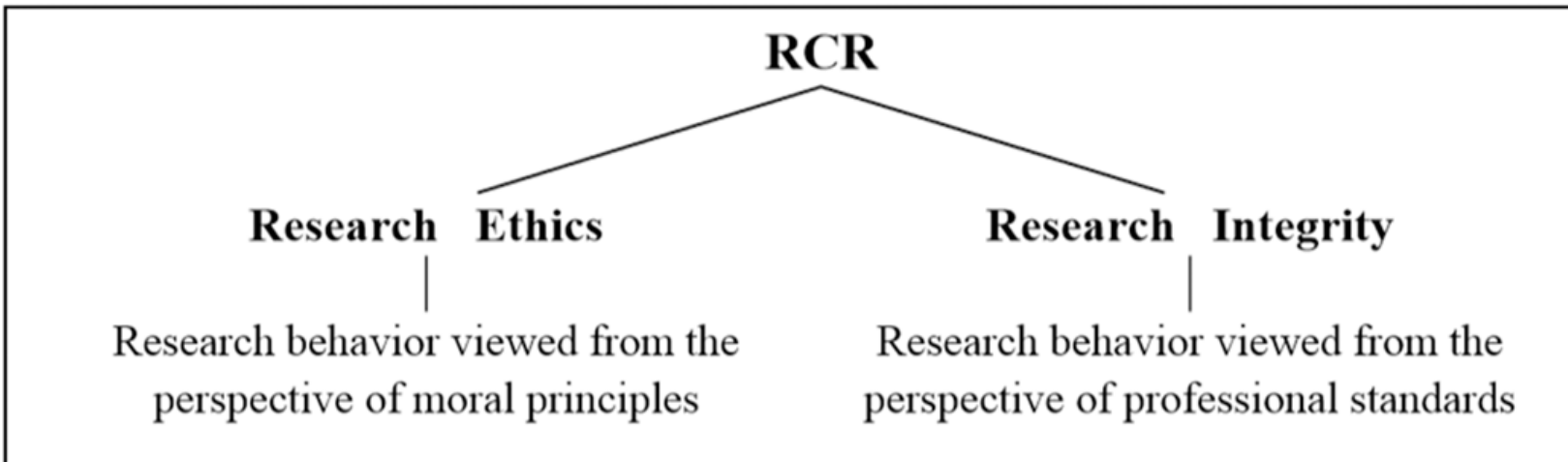
มหาวิทยาลัยมหิดล
คณะเวชศาสตร์เขตร้อน

Responsible Conduct of Research (RCR)

Assoc.Prof. Saranath Lawpoolsri Niyom

Responsible Conduct of Research

(RCR)



Singapore Statement on Research Integrity

Drafted at the Second World Conference on Research Integrity, held in Singapore from July 21 to 24, 2010

Principles

Honesty in all aspects of research

Accountability in the conduct of research

Professional courtesy and fairness in working with others

Good stewardship of research on behalf of others

Responsible Conduct of Research

Authorship

Collaborative Research

Conflicts of Interest

Data Management

Peer Review

Research Misconduct

Mentoring

Research Involving
Human Subjects

Using Animal Subjects
in Research

Authorship

“Researchers should take **responsibility** for their contributions to all publications, funding applications, reports and other representations of their research. **Lists of authors should include all those and only those who meet applicable authorship criteria.**”

The Singapore Statement on Research Integrity

CRedit

(Contributor Roles Taxonomy)

Term	Definition
Conceptualization	Ideas ; formulation or evolution of overarching research goals and aims
Methodology	Development or design of methodology; creation of models

CReditT

(Contributor Roles Taxonomy)

Term	Definition
Software	Programming , software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components

CRedit

(Contributor Roles Taxonomy)

Term	Definition
Formal analysis	Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data
Data Curation	Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later reuse
Visualization	Preparation , creation and/or presentation of the published work, specifically visualization/ data presentation

CRedit

(Contributor Roles Taxonomy)

Term	Definition
Investigation	Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection
Resources	Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools
Validation	Verification , whether as a part of the activity or separate, of the overall replication/ reproducibility of results/experiments and other research outputs

CRedit

(Contributor Roles Taxonomy)

Term	Definition
Writing - Original Draft	Preparation , creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation)
Writing - Review & Editing	Preparation , creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre-or post publication stages

CRedit

(Contributor Roles Taxonomy)

Term	Definition
Supervision	Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team
Project administration	Management and coordination responsibility for the research activity planning and execution
Funding acquisition	Acquisition of the financial support for the project leading to this publication

Authorship

Decision on Who will be the authors, and their order?

Author responsibility

Acknowledgement

Conflict of Interest

“A relationship, commitment, or interest that increases the likelihood that professional judgment or objectivity will be compromised”

Directly Financial

Such as stock, gifts, royalties, or honoraria.

Not Financial

Such as intellectual gratification, reputation, political advocacy, or personal relationship.

Indirectly Financial

Such as honors, career advancement, tenure, or gaining the approval of powerful colleagues.

Strategies for Data Management

- Communication
- Documentation
- Training
- Record keeping
- Data Sharing Plan & Policy

Data Integrity

- **Altering Data:** Audit Trail
- Access Control
- **Data Storage:** what data and duration
- Data protection
 - Manipulation
 - Corruption
 - Destroy
 - Theft

Data Ownership

- Who own the data
- **Data Sharing:** Policy, plan

Research Misconduct

Fabrication

Making up data or results and recording or reporting them.

Falsification

Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

Plagiarism

The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Research Misconduct

- Proposing
- Performing
- Reviewing research
- Reporting research results

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to granulomatous inflammation. Histology showed patchy chronic inflammation in seven, in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (p=0.03), low haemoglobin in four children, and low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time to possible environmental triggers.

Lancet 1998; **351**: 637–41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MS, J Linnell FRCS, A P Dhillon MRCPsib, S E Davies MRCPsib) and the **University Departments of Paediatric Gastroenterology** (S H Murch MS, D M Casson MRCP, M Malik MRCP, M A Thomson MRCP, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsib), **Neurology** (P Harvey MRCP), and **Radiology** (A Valentine FRCP), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (including abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.¹ Developmental records included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomysial antibodies and boys were screened for fragile-X if this had not been done

- Altered patients' medical histories
- No single case could the medical records be fully reconciled with the descriptions, diagnoses, or histories published in the journal
- Conflict of Interest



HHS Public Access

Author manuscript

JAMA Psychiatry. Author manuscript; available in PMC 2021 February 10.

Published in final edited form as:

JAMA Psychiatry. 2020 May 01; 77(5): 454. doi:10.1001/jamapsychiatry.2020.0365.

Notice of Retractions: “Association of Posttraumatic Stress Disorder With Reduced In Vivo Norepinephrine Transporter Availability in the Locus Coeruleus” and “Association of In Vivo κ -Opioid Receptor Availability and the Transdiagnostic Dimensional Expression of Trauma-Related Psychopathology” by Alexander Neumeister

Howard Bauchner, MD, Dost Öngür, MD, PhD

Editor in Chief, *JAMA* and the *JAMA* Network (Bauchner); Editor, *JAMA Psychiatry* (Öngür).

An investigation conducted by the US Office of Research Integrity found that Alexander Neumeister, MD, “engaged in research misconduct by intentionally, knowingly, and/or recklessly falsifying and/or fabricating data in the clinical records of research...resulting in the inclusion of falsified and/or fabricated research methods and results”^{1,2} in 2 articles published in *JAMA Psychiatry* in 2013³ and 2014.⁴ Therefore, these articles are retracted.

REFERENCES

1. US Department of Health and Human Services. Findings of research misconduct. Fed Regist. 2020; 85(4):723–724. [PubMed: 31929661]
2. Office of Research Integrity. Case summary: Neumeister, Alexander. Accessed February 6, 2020 <https://ori.hhs.gov/content/case-summary-neumeister-alexander>
3. Pietrzak RH, Gallezot JD, Ding YS, et al. Association of posttraumatic stress disorder with reduced in vivo norepinephrine transporter availability in the locus coeruleus. *JAMA Psychiatry*. 2013;70(11):1199–1205. doi:10.1001/jamapsychiatry.2013.399 [PubMed: 24048210]
4. Pietrzak RH, Naganawa M, Huang Y, et al. Association of in vivo κ -opioid receptor availability and the transdiagnostic dimensional expression of trauma-related psychopathology. *JAMA Psychiatry*. 2014;71(11):1262–1270. doi:10.1001/jamapsychiatry.2014.1221 [PubMed: 25229257]

“Engaged in research misconduct by intentionally, knowingly, and/or recklessly falsifying and/or fabricating data in the clinical records of research”

- 6 grants support
- 4 published articles

Plagiarism

- Plagiarism of Ideas
- Plagiarism of text
- Acknowledgement
- Word-for-word: “xxx” and reference

"Taking over the ideas, methods, or written words of another, without acknowledgment and with the intention that they be taken as the work of the deceiver." American Association of University Professors (September/October, 1989).

Plagiarism: Inappropriate Paraphrasing

Original: Immunization is a core component of the human right to health.

Inappropriate Paraphrasing:

Immunization is a **main** component of the human right to health.

The core component of the human right to health is Immunization.

- Use your own words to convey the message.
- Cite the original
- Make sure you convey the same meaning as original.

Self-Plagiarism

- Reuse your own previously disseminated content and pass it off as the “new” product without referencing.
- Text Recycling
- Mislead the readers about the novelty of the materials
- Copy right violation

- Cite your original work
- “Parts of this work have been presented and published as a proceeding in xxx conference”

Duplicate (Dual) Publication

Article published
in a Thai Journal



Translation to
English

Submitted to an
international Journal

Duplicate (Dual) Publication

Properly inform and enclose this duplication publication

- Editors of both publishers
- Readers

Retracted publications due to Misconduct

Table 2. Mean time-to-retraction by category

Cause of retraction	<i>n</i>	Months to retract (Mean)	SD
All causes*	2,047	32.9	34.2
Fraud (fabrication/falsification)	697	46.8	38.4
Suspected fraud	192	29.4	30.0
Plagiarism	200	26.0	32.6
Duplicate publication	290	27.0	30.1
Error	437	26.0	28.0
Other	108	19.8	31.1
Unknown	182	22.1	25.4

*Some articles fall into more than one category.

References

Avoiding Plagiarism, Self-plagiarism, and Other Questionable Writing Practices: A Guide to Ethical Writing. The Office of Research Integrity (ORI). Available at

<https://ori.hhs.gov/sites/default/files/plagiarism.pdf>

CITI Training Program