

REPORT 2019

STENO DIABETES CENTRE SJÆLLAND RESEARCHFISH ANALYSIS

Block Grant and Centre Projects

Selected categories

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1 General Notes

This report has been produced by the Novo Nordisk Foundation using selected data collected through the researchfish® platform, which was introduced at the Steno Diabetes Centre Sjælland (SDCS) in late 2019. The staff members of SDCS have made great efforts to report data to the system. This analysis was commissioned at short notice, right after the data was collected in researchfish®. The report should therefore not be considered final, since some data need additional coding and are subject to future changes. The report should moreover be read with the following reservations:

The analysis was conducted on the Novo Nordisk Foundation grant NNF18SA0035194 to the SDCS, identified as being eligible for inclusion in the January 2020 data submission period with the SDCS. However, since subjects of interest in this report takes time to develop and manifest, some activities are likely to be funded from earlier sources.

The percentages in this report are rounded up or down to the nearest whole number; some may appear as 0% for numbers less than half of one percent and some tables may not add up to 100% because of rounding. The tables that do not add up to 100% are marked with a star (*).

The outputs are de-duplicated, to the extent possible, in analysis on the type of outputs generated (such as publications per year and top five locations for collaborations). De-duplication is usually done using system-generated codes. Supplementary information is used to de-duplicate where available, such as PubMed IDs or digital object identifiers (DOIs) for publications. For further funding, the details of duration and amount of money are also used.

Each chapter is introduced by presenting relevant guidance information based on the researchfish® platform for each of the outcome types.

If you have any questions, comments or suggestions on any aspect of this report, please contact Rikke Nørding Christensen at rinc@novo.dk or Katrine Iversen at kiv@novo.dk.

2 Publications

Included in this section:

- All research-related publications that were published or accepted and in which SDCS OIs or members of your research group(s)/team(s) were named authors.

Primary investigators reported publications attributed to the SDCS grant and earlier funding.

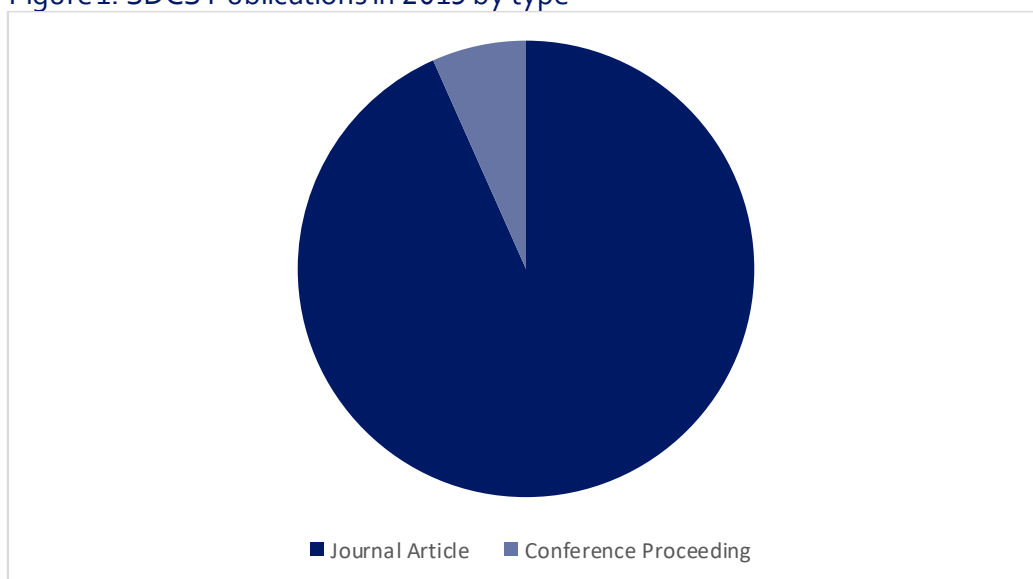
Table 1: Publications in 2019

<i>Total number of publications reported by the group</i>	15
<i>Unique number of publications reported by the group with publication year 2019</i>	15

Publications take time to produce, and recent grants are naturally less likely to have produced a publication. Since the SDCS grant is very recent, this analysis omits the time to produce the first publication and the time distribution of publication activity.

The publication activity for SDCS can be categorized by the year of publication. Figure 1 shows the number of unique SDCS publications reported by publication year and shows the percentage of all SDCS publication activity by type. All publications are published in 2019 (Figure 1). In this analysis uniqueness has been determined using PubMed ID, DOI or another identifier.

Figure 1: SDCS Publications in 2019 by type



3 Collaborations

Included in this section:

- *Bi-lateral or multi-lateral partnerships that have resulted from or are directly linked to this grant*
- *Participation (by you or a member of your research team) as a result of the grant in a network, consortium, multi-centre study or other initiative.*

Collaborations play an increasingly important part in research, enabling the leveraging of insights and expertise from around the globe. Primary investigators reported 14 active collaborations in 2019. Table 2 shows the basic summary of collaborations for SDCS.

Table 2: Collaborations active in 2019

<i>Total number of collaborations reported by the group</i>	14
<i>Unique number of collaborations reported by the group</i>	14

Collaborations take time to produce, and recent grants are naturally less likely to have produced a collaboration. This analysis omits the time to report the first collaboration and the time distribution of collaboration activity.

Primary investigators were asked to report on their collaboration partners. These responses were then coded for the country and sector (public, private, etc.) of the collaborator to enable analysis of the number of international SDCS collaborations and with whom they interacted most frequently. Table 3 shows the location of SDCS collaboration partners by continent (Denmark is listed separately). The frequency is of collaborations, not collaborators, so if three SDCS researchers indicated that they collaborated with the same partner in North America, that would be counted three times. If the collaboration was with a large multinational corporation or organisation (for example, the United Nations), this was coded as being global. If there was insufficient information to code, this was noted, and the researchers will be asked to supply additional information in the future.

Tables 3 and 4 present collaboration data analysed at the country level for SDCS.

Table 3. Locations of collaboration partners in 2019

<i>Location of collaboration</i>	Number of collaborations	Percentage of total
<i>Denmark</i>	6	43%
<i>Europe (excluding Denmark)</i>	0	0%
<i>North America</i>	0	0%
<i>South America</i>	0	0%
<i>Asia</i>	0	0%
<i>Africa</i>	0	0%
<i>Oceania</i>	0	0%
<i>Global</i>	0	0%
<i>Unknown</i>	8	57%
<i>Total</i>	14	100%

Analysing collaborations by sector shows the extent to which recipients of SDCS-funded grants engage with researchers in various sectors, such as the private sector.

All collaborators receive a single sector code from the following list:

- academic: schools, colleges and universities;
- non-profit: charities and nongovernmental organisations;
- learned society: academic association or scholarly society;
- multiple: rarely used but usually a specific joint venture;
- private: usually industry or other privately owned business;
- public: public sector and government organisations from any country;
- hospital: encompasses all primary healthcare; and
- unknown: when the nature of the location could not be identified; the principal investigators will be asked for further information.

Table 5 shows the distribution of collaborations by sector. Table 6 and Figure 2 show the distribution of collaborations by the year collaboration started.

Table 5. Collaborations active in 2019 by sector

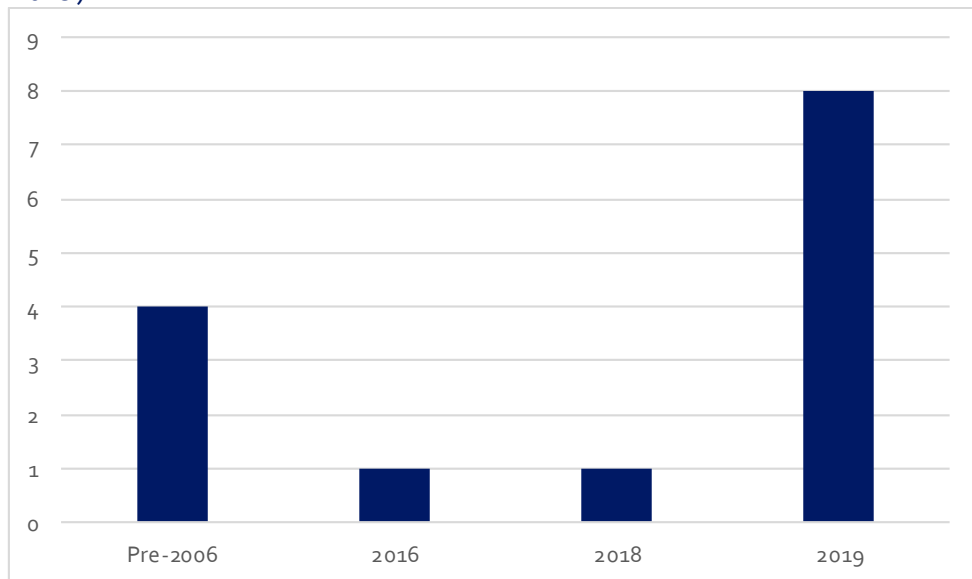
	Number of collaborations	Percentage
<i>Academic</i>	2	14%
<i>Non-profit</i>	3	21%
<i>Learned society</i>	0	0%
<i>Multiple</i>	0	0%
<i>Private</i>	0	0%
<i>Public</i>	0	0%
<i>Hospital</i>	1	7%

<i>Unknown</i>	8	57%
<i>Total</i>	14	99%

Table 6. Collaborations active in 2019 by year collaboration started

<i>Year collaboration started</i>	<i>Number of collaborations</i>	<i>Percentage</i>
<i>Pre-2006</i>	4	29%
<i>2007</i>	0	0%
<i>2008</i>	0	0%
<i>2009</i>	0	0%
<i>2010</i>	0	0%
<i>2011</i>	0	0%
<i>2012</i>	0	0%
<i>2013</i>	0	0%
<i>2014</i>	0	0%
<i>2015</i>	0	0%
<i>2016</i>	1	7%
<i>2017</i>	0	0%
<i>2018</i>	1	7%
<i>2019</i>	8	57%
<i>Total</i>	14	100%

Figure 2. Collaborations by year collaboration started (SDCS established Jan 2019)



4 Dissemination Activity

Included in the section:

- Activities supported or undertaken by SDCS PIs or a member of their research team(s)
- Recurring activities

Primary investigators reported dissemination activities outside academia on the SDCS grant. Table 7 shows the reporting activity of dissemination activities. Caution should be exercised in interpreting these tables since the qualitative importance of the activities is not equivalent and is not easily susceptible to quantitative analysis.

Table 7. Number of dissemination activities in 2019

<i>Total number of dissemination activities reported</i>	40
<i>Unique number of dissemination activities reported</i>	40

The longer a grant has been running, the greater number of opportunities there are to engage in dissemination activities. The analysis omits the time to report the first dissemination activity and time distribution of dissemination activity.

Disseminating results beyond academia is an important part of the research process. Engaging with non-academic audiences helps to enhance understanding of complex topics, communicate the importance of the research carried out and inspire future careers in science. Table 8 and Figure 3 summarize the methods used to disseminate research, and Table 9 summarises the primary audience for this activity.

Table 8. Dissemination activities in 2019 by type*

<i>Dissemination method</i>	Number of In- stances	Percentage
<i>A formal working group, expert panel or dialogue</i>	6	5%
<i>A magazine, newsletter or online publication</i>	7	17.5%
<i>A press release, press conference or response to a media enquiry or interview</i>	0	0%
<i>A talk or presentation</i>	17	4.5%
<i>Participation in an activity, workshop or the like</i>	6	15%
<i>Participation in an open day or visit at my research institution</i>	0	0%
<i>Scientific meeting (conference, symposium etc.)</i>	0	0%
<i>Engagement-focused website, blog or social media channel</i>	2	5%
<i>Total</i>	40	100%

Figure 3. Distribution of dissemination activity in 2019 by type

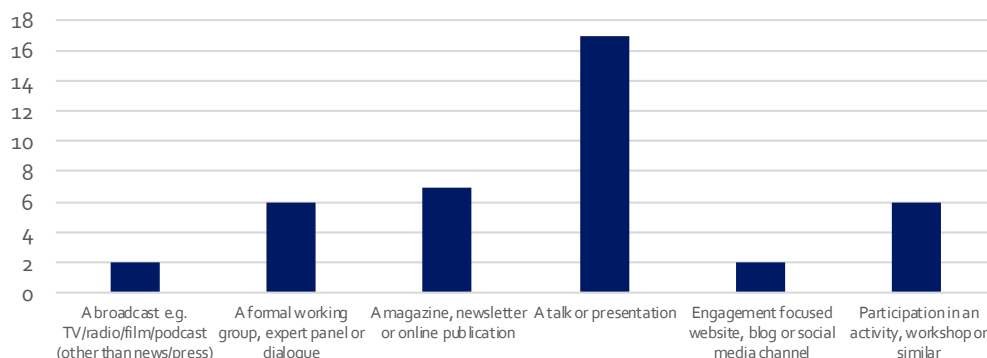


Table 9. Dissemination activities in 2019 by audience

Dissemination audience	Number of Instances	Percentage
Health professionals	0	0%
Industry or business	0	0%
Media (as a channel to the public)	1	2.5%
Other academic audiences (collaborators, peers etc.)	0	0%
Other audiences	2	5%
Participants in your research and patient groups	0	0%
Patients, caregivers and/or patient groups	3	7.5%
Policy-makers and parliamentarians	0	0%
Policy-makers and politicians	1	2.5%
Postgraduate students	4	10%
Professional practitioners	27	67.5%
Public and other audiences	2	5%
Schools	0	0%
Study participants or study members	0	0%
Supporters	0	0%
Third-sector organisations	0	0%
Undergraduate students	0	0%
Total	40	100%

5 Policy influence

Included in this section:

- Policy/practice influenced at local, regional, national or international level
- Influence in any policy or practice area affecting society and the economy (including e.g. education, health, housing, security, transport).
- influence on systematic reviews, guidelines and policy documents (e.g. shaping recommendations)
- Training/educational developments for postgraduates/research users (including courses and course material).
- Membership of and participation in advisory committees and/or government reviews

Primary investigators reported that their research based on the SDCS grant influenced policy. Table 11 shows the reporting activity of policy effects. Table 12 shows the distribution of types of policy influence across these groups. Caution should be exercised in interpreting these tables, since the qualitative importance of each of those activities is not equivalent and therefore not easily susceptible to quantitative analysis.

Table 11. Number of policy influences in 2019

Total number of policy influences reported	2
Unique number of policy influences reported	2

The longer a grant has been running, the greater number of opportunities there are to engage in policy influence. This analysis omits the time to report the first policy influence activity and the time distribution of policy influence activity.

Table 12. Policy influences in 2019 by type*

Influence type	Number of instances	Percentage
Citation in clinical guidelines	1	50%
Citation in clinical reviews	0	0%
Citation in other policy documents	0	0%
Citation in systematic reviews	0	0%
Development of public health advice	0	0%
Development or implementation of an intervention	0	0%
Development or trialling of an improvement in health service delivery	0	0%
Gave evidence to a government review	0	0%
Implementation circular, rapid advice or letter to for example Ministry of Health	0	0%

<i>Influenced the training of practitioners or researchers</i>	0	0%
<i>Membership of a guidance committee</i>	0	0%
<i>Membership of a guideline committee</i>	0	0%
<i>Participation in an advisory committee</i>	1	50%
<i>Participation in a national consultation</i>	0	0%
<i>Other or unknown</i>	0	0%
<i>Total</i>	2	100%

Table 13. Year policy influence started

<i>Year the policy influence started</i>	Number of Instances	Percentage
2019	2	100%
<i>Total</i>	2	100%

6 Products and Interventions

Included in this section:

- *Drugs and vaccines*
- *Diagnostic tests, biomarkers and diagnostic imaging techniques*
- *Medical devices*
- *Surgical interventions*
- *Public health interventions*
- *Any other products that are, or are likely to be marketed/distributed to a wider audience.*
- *Clinical trials*
- *Changes to the status of products and interventions previously reported.*

Table 14: Medical products and interventions in 2019

<i>Total number of medical products and interventions reported by the group</i>	4
<i>Unique number of medical products and interventions reported by the group</i>	4

The distribution of the type of medical product and intervention, as well as whether they include a clinical trial is shown below.

Table 15: Medical products and interventions in 2019 by type*

<i>Type</i>	Number	Percentage	Number with a clinical trial	Percentage with a clinical trial
<i>Diagnostic Tool - Imaging</i>	0	0%	0	0%
<i>Diagnostic Tool - Non-Imaging</i>	0	0%	0	0%
<i>Management of Diseases and Conditions</i>	0	0%	0	0%
<i>Preventative Intervention - Behavioural risk modification</i>	0	0%	0	0%
<i>Products with applications outside of medicine</i>	1	25%	0	0%
<i>Support Tool – For Medical Intervention</i>	1	25%	0	0%
<i>Therapeutic Intervention - Cellular and gene therapies</i>	0	0%	0	0%
<i>Therapeutic Intervention - Drug</i>	0	0%	0	0%
<i>Therapeutic Intervention - Medical Devices</i>	1	25%	0	0%
<i>Therapeutic Intervention - Psychological/Behavioural</i>	0	0%	0	0%
<i>Therapeutic Intervention - Surgery</i>	1	25%	0	0%
<i>Total</i>	4	100%	0	0%

7 Personal Recognition as a Result of the Grant

Included in the section:

- Significant awards, honours, appointments or other forms of recognition
- Awards or appointments made at a regional level or above
- Invitations to conferences where you or a member of your team were individually named as a speaker or keynote speaker
- Research prizes or medals awarded to you or a member of your team
- Membership or fellowship of learned society
- Appointments to the editorial board of a journal or book series

Table 16: Personal recognitions in 2019

<i>Total number of personal recognitions reported by the group</i>	2
<i>Unique number of personal recognitions reported by the group</i>	2

The distribution of the type of medical product and intervention, as well as whether they include a clinical trial is shown below.

Table 17. Type of recognitions in 2019*

Type	Number	Percentage
<i>Appointed as the editor/advisor to a journal or book series</i>	0	0%
<i>Awarded honorary membership, or a fellowship, of a learned society</i>	0	0%
<i>Honorary Degree</i>	0	0%
<i>Personally asked as a key note or other named speaker to a conference</i>	0	0%
<i>Poster/abstract prize</i>	1	50%
<i>Prestigious/honorary/advisory position to an external body</i>	1	50%
<i>Research prize</i>	0	0%
<i>Total</i>	2	100%

8 Further Funding

Included in this section:

- *Further funding as a result of the A grant*
- *Scholarships, studentships and fellowships*
- *Travel awards*

Primary investigators reported receiving further funding based on their A grant. These additional funds may be to explore new, but related, research gained as a result of the SDCS-funded grant. Different areas of science have different costs associated with them and both the scale and diversity of external funding are of interest. To accommodate these two factors, the analysis in this section is broken down into two parts. The first part focuses on instances of further funding rather than the value of that funding. The second looks at the value of the funding and not the number of instances that make up the amount.

Table 18: Further funding

<i>Total number of further funding awards reported</i>	13
<i>Unique number of further funding award reported</i>	13
<i>Total Value of further funding (DKK)</i>	11,672,317

Further funding can take time to obtain, and recent grants are naturally less likely to have gained further funding, with the funding itself taking even longer. Table 19 shows the distribution of the start years of the further funding awarded.

Table 19. Further funding by year funding started*

<i>Year further funding started</i>	<i>Number of instances</i>	<i>Percentage</i>
<i>Pre-2006</i>	0	0%
<i>2007</i>	0	0%
<i>2008</i>	0	0%
<i>2009</i>	0	0%
<i>2010</i>	0	0%
<i>2011</i>	0	0%
<i>2012</i>	0	0%
<i>2013</i>	0	0%
<i>2014</i>	0	0%
<i>2015</i>	0	0%
<i>2016</i>	0	0%
<i>2017</i>	0	0%
<i>2018</i>	0	0%
<i>2019</i>	10	77%
<i>2020</i>	3	23%
<i>Total</i>	13	100%

As with collaborations, the sources of further funding were coded for country and sector to gain a greater understanding of how important other countries, governments, companies and non-profit organisations are in funding the same research as the SDCS. The following tables break down this funding by country and funder.

Table 20. Further funding by country

<i>Country</i>	Number of Awards	Percentage by Number	Value of Awards	Percentage of Value
<i>Denmark</i>	13	100%	11,672,317	100%
<i>Total</i>	13	100%	11,672,317	100%

Table 21. Sources of further funding*

<i>Name</i>	Value of Awards (DKK)	Percentage of Value
<i>Zealand Region</i>	7	54%
<i>Novo Nordisk Foundation</i>	4	31%
<i>Innovation Fund Denmark</i>	1	8%
<i>University of Copenhagen</i>	1	8%