

1 Preprints in motion: tracking changes 2 between posting and journal publication

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25 **Abstract**

26 Amidst the COVID-19 pandemic, preprints in the biomedical sciences are being posted and accessed
27 at unprecedented rates, drawing widespread attention from the general public, press and
28 policymakers for the first time. This phenomenon has sharpened longstanding questions about the
29 reliability of information shared prior to journal peer review. Does the information shared in preprints
30 typically withstand the scrutiny of peer review, or are conclusions likely to change in the version of
31 record? We assessed preprints that had been posted and subsequently published in a journal between
32 1st January and 30th April 2020, representing the initial phase of the pandemic response. We utilised a
33 combination of automatic and manual annotations to quantify how an article changed between the
34 preprinted and published version. We found that the total number of figure panels and tables changed
35 little between preprint and published articles. Moreover, the conclusions of 6% of non-COVID-19-
36 related and 15% of COVID-19-related abstracts undergo a discrete change by the time of publication,
37 but the majority of these changes do not reverse the main message of the paper.

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48 Introduction

49 Global health and economic development in 2020 were overshadowed by the COVID-19 pandemic,
50 which grew to over 3.2 million cases and 220,000 deaths within the first four months of the year [1,2].
51 [3] The global health emergency created by the pandemic has demanded the production and
52 dissemination of scientific findings at an unprecedented speed via mechanisms such as preprints,
53 which are scientific manuscripts posted by their authors to a public server prior to the completion
54 journal-organised peer review [4]. [5][6] Despite a healthy uptake of preprints by the bioscience
55 communities in recent years, some concerns persist [8–10]. In particular, one such argument suggests
56 that preprints are of “lower quality” than peer-reviewed papers. Such concerns have been amplified
57 during the COVID-19 pandemic, since preprints are being increasingly used to shape policy and
58 influence public opinion via coverage in social and traditional media [11,12]. One implication of this
59 hypothesis is that the peer review process will correct many errors and improve reproducibility leading
60 to significant differences between preprints and published versions.

61 Several studies have assessed such differences. For example, Klein *et al.* used quantitative measures
62 of textual similarity to compare preprints from arXiv and bioRxiv with their published versions [13],
63 concluding that papers change “very little.” However, changes in the interpretation of a sentence are
64 not proportional to changes in textual characters (e.g., a major rearrangement of text or figures might
65 simply represent formatting changes, and vice-versa, the position of a single decimal point could
66 significantly alter conclusions). Therefore, sophisticated approaches aided or validated by manual
67 curation are required, as employed by two recent studies. Using preprints and published articles, both
68 paired and randomised, Carneiro *et al.* employed manual scoring of methods sections to find modest,
69 but significant improvements in the quality of reporting among published journal articles [14]. Pagliaro
70 manually examined the full text of 10 preprints in chemistry, finding only small changes in this sample
71 [15]. However, the frequency of more significant changes in the conclusions of preprints remained an
72 open question. We sought to identify an approach that would detect such changes effectively and
73 without compromising on sample size [13]. We divided our analysis between COVID-19 and non-
74 COVID-19 preprints, as extenuating circumstances such as expedited peer review and increased
75 attention [FRASER 2020] may impact research related to the pandemic.

76 To investigate how preprints have changed upon publication, we compared abstracts, figures, and
77 tables of bioRxiv and medRxiv preprints with their published counterparts to determine the degree to
78 which the top-line results and conclusions differed between versions. In a detailed analysis of
79 abstracts, we found that most scientific articles undergo minor changes without altering the main
80 conclusions. While this finding should provide confidence in the utility of preprints as a way of rapidly
81 communicating scientific findings that will largely stand the test of time, the value of subsequent

82 manuscript development, including peer review, is underscored by the 6% of non-COVID-19-related
83 and 15% of COVID-19-related preprints with major changes to their conclusions upon publication.

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85 Results

86 COVID-19 preprints were rapidly published during the early phase of the pandemic

87 The COVID-19 pandemic has spread quickly across the globe, reaching over 3.2 million cases
88 worldwide within 4 months of the first reported case [1]. The scientific community responded
89 concomitantly, publishing over 16,000 articles relating to COVID-19 within 4 months [11]. A large
90 proportion of these articles (>6000) were manuscripts hosted on preprint servers. Following this steep
91 increase in the posting of COVID-19 research, traditional publishers adapted new policies to support
92 the ongoing public health emergency response efforts, including efforts to fast-track peer-review of
93 COVID-19 manuscripts (for example, *eLife* [16]). At the time of our data collection in May 2020, 4.0%
94 of COVID-19 preprints were published by the end of April, a statistically significant increase compared
95 to the 3.0% of non-COVID-19 preprints that were published (Chi-square test; $\chi^2 = 6.77$, $df = 1$, $p =$
96 0.009) (Fig. 1A). When broken down by server, 5.3% of COVID-19 preprints hosted on bioRxiv were
97 published compared to 3.6% of those hosted on medRxiv (Supplemental Fig. 1A). However, a greater
98 absolute number of medRxiv vs bioRxiv preprints (71 vs 30) were included in our sample of detailed
99 analysis of text changes (see Methods), most likely a reflection of the different focal topics between
100 the two servers (medRxiv has a greater emphasis on medical and epidemiological preprints, which is
101 more relevant to the pandemic).

102 A major concern with expedited publishing is that it may lead to issues of quality and reproducibility
103 [17]. Assuming that the version of the manuscript originally posted to the preprint server is likely to
104 be similar to that subjected to peer review, we looked to journal peer review reports to reveal
105 reviewer perceptions of submitted manuscript quality. We assessed the presence of transparent peer
106 review (defined as openly available peer review reports published by the journal alongside the article)
107 and found that an overwhelming majority of preprints that were subsequently published were not
108 associated with transparent journal reviews (although we did not investigate the availability of non-
109 journal peer review of preprints) (Fig. 1B). The lack of transparent peer reviews was particularly
110 apparent for research published from medRxiv (Supplemental Fig. 1B). In the absence of peer review
111 reports, an alternative means of assessing the quality of a scholarly paper is to perform independent
112 analysis on the underlying data. We therefore investigated the availability of underlying data
113 associated with preprint-published article pairs. There was little difference in data availability between
114 the preprint and published version of an article. Additionally, we found no evidence of association

115 between overall data availability and COVID-19 status (Fisher's exact, 1000 simulations; $p = 0.383$).
116 However, we note that a greater proportion of COVID-19 articles had a reduction in data availability
117 when published and vice-versa, a greater proportion of non-COVID-19 articles were more likely to
118 have additional data available upon publishing (Fig. 1C). This trend was reflected when broken down
119 by preprint server (Supplemental Fig. 1C).

120 As the number of authors can give an indication of the amount of work involved, we assessed
121 authorship changes between the preprint and published articles. Although the vast majority (>75%)
122 of preprints did not have any changes in authorship when published (Fig. 1D), we found weak evidence
123 of association between authorship change and COVID-19 status (Fisher's exact, 1000 simulations; $p =$
124 0.047). Specifically, COVID-19 preprints were almost three times as likely to have additional authors
125 when published compared to non-COVID-19 preprints (14% vs 5%). When this data was broken down
126 by server, we found that none of the published bioRxiv preprints had any author removals or
127 alterations in the corresponding author (Supplemental Fig. 1D).

128 Having examined the properties of preprints that were being published within our timeframe, we next
129 investigated which journals were publishing these preprints. Among our sample of published
130 preprints, those describing COVID-19 research were split across many journals, with clinical or
131 multidisciplinary journals tending to publish the most papers that were previously preprints (Fig. 1E).
132 Non-COVID-19 preprints were mostly published in *PLOS ONE*, although they were also found in more
133 selective journals, such as *Cell*. When broken down by server, preprints from bioRxiv were published
134 in a range of journals, including the highly selective *Nature* and *Science* (Supplemental Fig. 1E & F);
135 interestingly, these were all COVID-19 articles.

136 Together, these data reveal that preprints are published in diverse venues and suggest that during the
137 early phase of the pandemic, COVID-19 preprints were being expedited through peer review
138 compared to non-COVID-19 preprints. However, published articles were rarely associated with
139 transparent peer review and almost 37% of the literature sampled had limited data availability, with
140 COVID-19 status having little impact on these statistics.

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142 [Figures do not majorly differ between the preprint and published version of an article](#)
143 One proxy for the total amount of work, or number of experiments, within an article is to quantify the
144 number of panels in each figure [18]. We therefore quantified the number of panels and tables in each
145 article in our dataset.

146 We found that, on average, there was no difference in the total number of panels and tables between
147 the preprint and published version of an article. However, COVID-19 articles had fewer total panels
148 and tables compared to non-COVID-19 articles (Fig. 2A). Moreover, for individual preprint-published
149 pairs, we found there was a greater variation in the differences in numbers of panels and tables for
150 COVID-19 articles than non-COVID-19 articles (Fig. 2B). In both cases, preprints posted to bioRxiv
151 contained a higher number of total panels and tables and greater variation in the difference between
152 the preprint and published articles than preprints posted to medRxiv (Supplemental Fig. 2A & B).

153 To further understand the types of panel changes, we classified the changes in panels and tables as
154 panels being added, removed or rearranged. Independent of COVID-19-status, over 70% of published
155 preprints were classified with “no change” or superficial rearrangements to panels and tables,
156 confirming the previous conclusion. Despite this, approximately 20% of articles had “significant
157 content” added or removed from the figures between preprint and final versions (Fig. 2C).
158 Surprisingly, none of the preprints posted to bioRxiv experienced removal of content upon publishing
159 (Supplemental Fig. 2C).

160 This data suggests that, for most papers in our sample, the individual panels and tables do not majorly
161 change upon journal publication, suggesting that there are limited new experiments or analyses when
162 publishing previously posted preprints.

163

164 The majority of abstracts do not discretely change their main conclusions between the
165 preprint and published article

166 We compared abstracts between preprints and their published counterparts that had been published
167 in the first four months of the COVID-19 pandemic (Jan – April 2020). Abstracts contain a summary of
168 the key results and conclusions of the work and are freely-accessible, they are the most read section.
169 To computationally identify all individual changes between the preprint and published versions of the
170 abstract and derive a quantitative measure of similarity between the two, we applied a series of well-
171 established string-based similarity scores, already validated to work for such analyses. We initially
172 employed the python SequenceMatcher (difflib module), based on the “Gestalt Pattern Matching”
173 algorithm [19] which determines a change ratio by iteratively aiming to find the longest contiguous
174 matching subsequence given two pieces of text. We found that COVID-19 abstracts had more changes
175 than non-COVID-19 abstracts, with a sizeable number appearing to have been drastically re-written
176 (Fig. 3A). However, one limitation of this method is that it cannot always handle re-arrangements
177 properly (for example, a sentence moved from the beginning of the abstract to the end) and these are
178 often counted as changes between the two texts. As a comparison to this open source

179 implementation, we employed the output of the Microsoft Word track changes algorithm and used
180 this as a different type of input for determining the change ratio of two abstracts. Using this method,
181 we confirmed that abstracts for COVID-19 articles changed more than for non-COVID-19 articles,
182 although the overall change ratio was significantly reduced (Fig. 3B); this suggests that while at first
183 look a pair of COVID-19 abstracts may seem very different between their preprint and published
184 version, most of these changes are due to re-organisation of the content. Nonetheless, the output
185 obtained by the Microsoft Word track changes algorithm highlights that it is more likely that COVID-
186 19 abstracts undergo larger re-writes (i.e., their score is closer to 1.0).

187 Since text rearrangements may not result in changes in meaning, four annotators independently
188 annotated the compared abstracts according to a rubric we developed for this purpose (Table 1,
189 Supplemental Method 2). We found that independent of COVID-19-status, a sizeable number of
190 abstracts did not undergo any meaningful changes (24.4% of COVID-19 and 38.7% of non-COVID-19
191 abstracts). Over 50% of abstracts had changes that minorly altered, strengthened, or softened the
192 main conclusions (Fig. 3C, see representative examples in Supplemental Table 2). 15% of COVID-19
193 abstracts and 6% of non-COVID-19 abstracts had major changes in their conclusions. The main
194 conclusions of one of these abstracts (representing 0.5% of all abstracts scored) reversed. Excerpts
195 including each of these major changes are listed in Supplemental Table 3. Using the degree of change,
196 we evaluated how the manual scoring of abstract changes compared with our automated methods.
197 We found that the overall change in abstracts was weakly correlated with the diffliB change ratio
198 (Spearman's rank; $\rho = 0.22$, $p = 0.030$ and $\rho = 0.39$, $p < 0.001$ for COVID-19 and non-COVID-19
199 respectively) (Supplemental Fig. 3A) and moderately correlated with the change ratio computed from
200 Microsoft Word (Spearman's rank; $\rho = 0.56$, $p < 0.001$ and $\rho = 0.52$, $p < 0.001$ for COVID-19 and non-
201 COVID-19 respectively) (Supplemental Fig. 3B).

202 Among annotations that contributed minorly to the overall change of the abstract, we also annotated
203 a neutral, positive, or negative direction of change (Table 1, Supplemental method 2). Most of these
204 changes were neutral, modifying the overall conclusions somewhat without directly strengthening or
205 softening them (see examples in Supplemental Table 2). Among changes that strengthened or
206 softened conclusions, we found abstracts that contained only positive changes or only negative
207 changes, and many abstracts displayed both positive and negative changes (Fig. 3D), in both COVID-
208 19 and non-COVID-19 articles. When we assessed the sum of positive or negative scores based on the
209 abstract change degree, we found significant moderate correlations between each score sum (i.e.
210 number of positive or negative scores) for COVID-19 and non-COVID-19 abstracts and the overall
211 degree of change (Spearman's rank; $0.54 < \rho < 0.65$ and $p < 0.001$ in all cases) (Supplemental Fig. 3C).

212 We next assessed whether certain subsections of the abstract were more likely to be associated with
213 changes. The majority of changes within abstracts were associated with results, with a greater
214 proportion of such annotations for COVID-19 abstracts than non-COVID-19 abstracts (55.3% and
215 46.6%, respectively (Fig. 3E). We then evaluated the type of change in our annotations, for example
216 changes to statistical parameters/estimates or addition or removal of information. This demonstrated
217 that the most frequent changes were additions of new findings to the abstracts following peer review,
218 followed by removals, which were more common among non-COVID-19 manuscripts (Fig. 3F). We also
219 frequently found an increase in sample sizes or the use/reporting of statistical tests (type “stat+”) in
220 the published version of COVID-19 articles compared to their preprints (Supplemental Table 2).

221 We then investigated whether abstracts with minor or major overall changes more frequently
222 contained certain types or locations of changes. We found that abstracts with both major and minor
223 conclusion changes had annotations in all sections, and both degrees of change were also associated
224 with most types of individual changes. For non-COVID-19 abstracts, 80.7% of our annotated changes
225 within conclusion sections and 92.2% of our annotated changes within contexts (n = 46 and 118
226 annotations respectively) belonged to abstracts categorised as having only minor changes
227 (Supplemental Fig 3D). Moreover, the majority of annotated changes in statistics (between 73% and
228 96% depending on COVID-status and type of change) were within abstracts with minor changes
229 (Supplemental Fig. 3E).

230 Finally, we investigated which journals were publishing preprints from our dataset and if there were
231 any associations with the scored degree of change (Supplemental Fig. 3F and Supplemental Table 1).
232 We found that *PLOS ONE* was the only journal to publish more than one preprint that we determined
233 to have major changes in the conclusions of the abstract, although this may be a reflection that this
234 was the journal with the most published non-COVID-19 preprints. *Science* and *Nature* published 3
235 preprints each that we deemed as having minor changes. Three journals published a total of 6
236 preprints that we scored as having no meaningful changes in their abstracts. It’s important to note
237 that a number of published preprints appeared in medical journals that did not utilise abstracts and
238 so were excluded from the analysis of abstract changes.

239 These data reveal that abstracts of preprints mostly experience minor changes prior to publication.
240 COVID-19 articles experienced greater alterations than non-COVID-19 preprints and were slightly
241 more likely to have major alterations to the conclusions. Overall, most abstracts are comparable
242 between the preprinted and published article.

243

244 Discussion

245 With a third of the early COVID-19 literature being shared as preprints [11], we assessed the
246 differences between these preprints and their subsequently published versions, and compared these
247 results to a similar sample of non-COVID-19 preprints and their published articles. This enabled us to
248 provide quantitative evidence regarding the degree of change between preprints and published
249 articles in the context of the COVID-19 pandemic. We found that preprints were most often passing
250 into the "permanent" literature with only minor changes to their conclusions, suggesting that the
251 entire publication pipeline is having a minimal but beneficial effect upon preprints.

252 The duration of peer review has drastically shortened for COVID-19 manuscripts, although analyses
253 suggest that these reports are no less thorough [20]. However, in the absence of peer review reports
254 (Fig. 1B), one method of assessing the "quality" of an article is for interested readers or stakeholders
255 to re-analyse the data independently. Unfortunately, we found that many authors offered to provide
256 data only upon request (Fig. 1). Moreover, a number of published articles had faulty hyperlinks that
257 did not link to the supplemental material. This supports previous findings of limited data sharing in
258 COVID-19 preprints [21] and faulty web links [22] and enables us to compare trends to the wider
259 literature. It is apparent that the ability to thoroughly and independently review the literature and
260 efforts towards reproducibility are hampered by current data sharing and peer reviewing practices.
261 Both researchers and publishers must do more to increase reporting and data sharing practices within
262 the biomedical literature [14,23]. Therefore, we call on journals to embrace open-science practices,
263 particularly with regards to increased transparency of peer review and data availability.

264 Abstracts represent the first port of call for most readers, usually being freely available, brief, relatively
265 jargon-free, and machine-readable. Importantly, abstracts contain the key findings and conclusions
266 from an article. To analyse differences in abstracts between preprint and paper, we employed multiple
267 approaches. We first objectively compared textual changes between abstract pairs using a
268 computational approach before manually annotating abstracts (Fig. 3). Both approaches
269 demonstrated that COVID-19 articles underwent greater textual changes in their abstracts compared
270 to non-COVID-19 articles. However, in determining the type of changes, we discovered that 6% of non-
271 COVID-related abstracts and 15% of COVID-related abstracts had discrete, "major" changes in their
272 conclusions. Indeed, 42% of non-COVID-19 abstracts underwent no meaningful change between
273 preprint and published versions, though only 34% of COVID-19 abstracts were similarly unchanged.
274 The majority of changes were "minor" textual alterations that lead to a minor change or strengthening
275 or softening of conclusions. Of note, about 1/3 of changes were additions of new data (Fig 3F). While
276 previous works have focused their attention on the automatic processing of many other aspects of

277 scientific writing, such as citation analysis [24], topic modelling [25], fact checking [26], and
278 argumentative analysis [27], we are not aware of formal systemic comparisons between preprints and
279 published papers that focused on tracking/extracting all changes, with related studies either
280 producing coarse-grained analyses [13], relying only on derivative resources such as Wikipedia edit
281 history [46], or utilizing a small sample size and a single reader [15]. Our dataset is a contribution to
282 the research community that goes beyond the specificities of the topic studied in this work; we hope
283 it will become a useful resource for the broader scientometrics community to assess the performance
284 of natural language processing (NLP) approaches developed for the study of fine-grained differences
285 between preprints and papers. This potential would be amplified if increasing calls for abstracts and
286 article metadata to be made fully open access were heeded ([23,29] and <https://i4oa.org/>).

287 Our findings that abstracts generally underwent few changes was further supported by our analysis
288 of the figures. The total number of panels and tables did not significantly change between preprint
289 and paper, independent of COVID-status. However, COVID-19 articles did experience greater variation
290 in the difference in panel and table numbers compared to non-COVID-19 articles.

291 While our study provides context for readers looking to understand how preprints may change before
292 journal publication, we emphasize several limitations. First, we are working with a small sample of
293 articles that excludes preprints that were unpublished at the time of our analysis. Thus, we have
294 selected a small minority of COVID-19 articles that were rapidly published, which may not be
295 representative of those articles which were published more slowly. Moreover, as we were focussing
296 on the immediate dissemination of scientific findings during a pandemic, our analysis does not
297 encompass a sufficiently long timeframe to add a reliable control of unpublished preprints. This too
298 would be an interesting comparison for future study. Indeed, an analysis comparing preprints that are
299 eventually published with those that never become published would provide stronger and more direct
300 findings of the role of journal peer review.

301 Furthermore, our study is not a measure of the changes introduced by the peer review process. A
302 caveat associated with any analysis comparing preprints to published papers is that it is difficult to
303 determine when the preprint was posted relative to submission to the journal. The version first posted
304 to the server may already be in response to one or more rounds of peer review (at the journal that
305 ultimately publishes the work, or from a previous submission). The changes between the first version
306 of the preprint (which we analysed) and the final journal publication may result from journal peer
307 review, comments on the preprint, feedback from colleagues outside of the context of the preprint,
308 and additional development by the authors independent of these sources.

309 Although we did not try to precisely determine the number of experiments (i.e. by noting how many
310 panels or tables were from a single experimental procedure), this is an interesting area of future work
311 that we aim to pursue.

312 One of the key limitations of our data is the difficulty in objectively comparing two versions of a
313 manuscript. Our approach revealed that computational approaches comparing textual changes at
314 string-level are insufficient for revealing the true extent of change. For example, we discovered
315 abstracts that contained many textual changes (such as rearrangements) that did not impact on the
316 conclusions and were scored by annotators as having no meaningful changes. In contrast, some
317 abstracts that underwent major changes as scored by annotators were found to have very few textual
318 changes. This demonstrates the necessity that future studies will focus on more semantic natural
319 language processing approaches when comparing manuscripts that go beyond shallow differences
320 between strings of texts [30]. Nevertheless, the difficulty when dealing with such complex semantic
321 phenomena is that different assessors may annotate changes differently. We attempted to develop a
322 robust set of annotation guidelines to limit the impact of this. Our strategy was largely successful, but
323 we propose a number of changes for future implementation. We suggest simplifying the categories
324 (which would reduce the number of conflicting annotations) and conducting robust assessments of
325 inter-annotator consistency. To do this, we recommend that a training set of data are utilised before
326 assessors annotate independently. While this strategy is more time-consuming (due to the fact that
327 annotator might need several training trials before reaching a satisfying agreement), in the long-run
328 it is a more scalable strategy as there will be no need of a meta-annotator double-checking all
329 annotations against the guidelines, as we had in our work.

330 Our data analysing abstracts suggests that the main conclusions of 94% of non-COVID-related life
331 sciences articles do not change from their preprint to final published versions, with only one out of
332 185 papers in our analysis reversing the conclusion made by its preprint. This data supports the usual
333 caveats that researchers should perform their own peer review any time they read an article, whether
334 it is a preprint or published paper. Moreover, our data provides confidence in the use of preprints for
335 dissemination of research.

336

337 [Methods](#)

338

339 Preprint metadata for bioRxiv and medRxiv

340 Our preprint dataset is derived from the same dataset presented in version 1 of Fraser *et al* [11]. In
341 brief terms, bioRxiv and medRxiv preprint metadata (DOIs, titles, abstracts, author names,
342 corresponding author name and institution, dates, versions, licenses, categories and published article
343 links) were obtained via the bioRxiv Application Programming Interface (API; <https://api.biorxiv.org>).
344 The API accepts a 'server' parameter to enable retrieval of records for both bioRxiv and medRxiv.
345 Metadata was collected for preprints posted 1st January 2020 - 30th April 2020 (N = 14,812). All data
346 were collected on 1st May 2020. Note that where multiple preprint versions existed, we included only
347 the earliest version and recorded the total number of following revisions. Preprints were classified as
348 "COVID-19 preprints" or "Non-COVID-19 preprints" on the basis of the following terms contained
349 within their titles or abstracts (case-insensitive): "coronavirus", "covid-19", "sars-cov", "ncov-2019",
350 "2019-ncov", "hcov-19", "sars-2".

351

352 Comparisons of figures and tables between preprints and their published articles

353 We identified COVID-19 bioRxiv and medRxiv preprints that have been subsequently published as peer
354 reviewed journal articles (based on publication links provided directly by bioRxiv and medRxiv in the
355 preprint metadata derived from the API) resulting in a set of 105 preprint-paper pairs. We generated
356 a control set of 105 non-COVID-19 preprint-paper pairs by drawing a random subset of all bioRxiv and
357 medRxiv preprints published in peer reviewed journals, extending the sampling period to 1st
358 September 2019 - 30th April 2020 in order to preserve the same ratio of bioRxiv:medRxiv preprints as
359 in the COVID-19 set. Links to published articles are likely an underestimate of the total proportion of
360 articles that have been subsequently published in journals – both as a result of the delay between
361 articles being published in a journal and being detected by preprint servers, and preprint servers
362 missing some links to published articles when e.g., titles change significantly between the preprint and
363 published version [31]. Detailed published article metadata (titles, abstracts, publication dates, journal
364 and publisher name) were retrieved by querying each DOI against the Crossref API
365 (<https://api.crossref.org>), using the rcrossref package for R [32].

366 Each preprint-paper pair was then scored independently by two referees using a variety of
367 quantitative and qualitative metrics reporting on changes in data presentation and organisation, the
368 quantity of data, and the communication of quantitative and qualitative outcomes between paper and
369 preprint (using the reporting questionnaire; Supplemental Methods 1). Of particular note: individual
370 figure panels were counted as such when labelled with a letter, and for pooled analyses a full table
371 was treated as a single-panel figure. The number of figures and figure panels was capped at 10 each
372 (any additional figures/panels were pooled), and the number of supplementary items

373 (files/figures/documents) were capped at 5. In the case of preprints with multiple versions, the
374 comparison was always restricted to version 1, i.e., the earliest version of the preprint. Any conflicting
375 assessments were resolved by a third independent referee, resulting in a final consensus report for 99
376 non-COVID-19 and 101 COVID-19 preprint-paper pairs (excluding 10 pairs not meeting the initial
377 selection criteria or those still awaiting post-publication reviews).

378

379 Annotating changes in abstracts

380 In order to prepare our set of 200 abstracts for analysis of their abstracts, where abstract text was not
381 available via the Crossref API, we manually copied it into the datasheet. To identify all individual
382 changes between the preprint and published versions of the abstract and derive a quantitative
383 measure of similarity between the two, we applied a series of well-established string-based similarity
384 scores, already tested for this type of analyses: (1) the python SequenceMatcher, based on the
385 “Gestalt Pattern Matching” algorithm [19], determines a change ratio by iteratively aiming to find
386 longest contiguous matching subsequence given two pieces of text; (2) as a comparison to this open
387 source implementation, we employed the output of the Microsoft Word track changes algorithm (see
388 details in Supplemental Method 3), and used this as a different type of input for determining the
389 change ratio of two abstracts. Employing the output of (2), which consisted in a series of highlighted
390 changes for each abstract-pair, four co-authors annotated each abstract, based on a predefined set of
391 labels and guidelines (Table 1, Supplemental Method 2). Each annotation contained information about
392 the section of the abstract, the type of change that had occurred, and the degree to which this change
393 impacted the overall message of the abstract. Changes (such as formatting, stylistic edits, or text
394 rearrangements) without meaningful impact on the conclusions were not annotated. We then
395 manually categorised each abstract based on its highest degree of annotation: “no change” containing
396 no annotations, “strengthening/softening, minor” containing only 1, 1-, or 1+, or “major conclusions
397 change” containing either a 2 or a 3, since only a single abstract contained a 3. See supplementary
398 tables 2 and 3 for a list of representative annotations for each type and all annotations that resulted
399 in major conclusions change. The final set of annotations was produced by one of the authors, who
400 assigned each final label by taking into account the majority position across annotators, their related
401 comments and consistency with the guidelines.

402

403 **Table 1. Tags (one each of section, type, and degree) applied to each annotation of text**
404 **meaningfully changed in abstracts.**

Section	Description
context	Background or methods
results	A statement linked directly to data
conclusion	Interpretations and/or implications
Type	Description
added	New assertion
removed	Assertion removed
nounchange	One noun is substituted for another (“fever” becomes “high fever”)
effectreverse	The opposite assertion is now being made (word “negatively” added)
effect+	The effect is now stronger (changes in verbs/adjectives/adverbs)
effect-	The effect is now weaker (changes in verbs/adjectives/adverbs)
stat+	Statistical significance increased (expressed as number or in words)
stat-	Statistical significance decreased (expressed as number or in words)
statinfo	Addition/removal of statistical information (like a new test or confidence intervals)
Degree	Description
1	Significant: minorly alters a main conclusion of the paper
1-	Significant: softens a main conclusion of the paper
1+	Significant: strengthens a main conclusion of the paper
2	Major: a discrete change in a main conclusion of the paper
3	Massive: a main conclusion of the paper reversed

405

406 [Statistical analyses](#)

407 Categorical traits of preprints or annotations (e.g. COVID-19 or non-COVID-19; type of change) were
 408 compared by calculating contingency tables and using Chi-square tests or Fisher’s exact tests using
 409 Monte Carlo simulation in cases where any expected values were < 5. Quantitative preprint traits (e.g.
 410 change ratios) were correlated with other quantitative traits using Spearman’s rank tests.

411

412 [Parameters and limitations of this study](#)

413 We acknowledge a number of limitations in our study. Firstly, to assign a preprint as COVID-19 or not,
 414 we used keyword matching to titles/abstracts on the preprint version at the time of our data
 415 extraction. This means we may have captured some early preprints, posted before the pandemic, that
 416 had been subtly revised to include a keyword relating to COVID-19. Our data collection period was a

417 tightly defined window (January-April 2020) meaning that our data suffers from survivorship and
418 selection bias in that we could only examine preprints that have been published and our findings may
419 not be generalisable to all preprints. A larger, more comprehensive sample would be necessary for
420 more conclusive conclusions to be made.

421

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426

427 [Author contributions](#)

428 Conceptualisation, N.F., L.B., G.D., J.K.P., M.P., J.A.C., F.N.; Methodology, N.F., L.B., G.D., J.K.P., M.P.,
429 J.A.C., F.N.; Software, N.F., L.B., J.A.C., F.N.; Validation, N.F., L.B., J.A.C.; Formal analysis, N.F., L.B.,
430 J.A.C., F.N.; Investigation, N.F., L.B., G.D., J.K.P., M.P., J.A.C.; Resources, J.K.P. and J.A.C.; Data curation,
431 N.F., L.B., J.A.C., F.N.; Writing – original draft, N.F., L.B., G.D., J.K.P., M.P., J.A.C., F.N.; Writing – Review
432 & editing, N.F., L.B., G.D., J.K.P., M.P., J.A.C., F.N.; Visualisation, J.K.P., J.A.C.; Supervision, J.A.C.; Project
433 administration, J.A.C.

434

435 [Data availability](#)

436 All data and code used in this study are available on github ([https://github.com/preprinting-a-](https://github.com/preprinting-a-pandemic/preprint_changes)
437 [pandemic/preprint_changes](https://github.com/preprinting-a-pandemic/preprint_changes)) and Zenodo ([10.5281/zenodo.4551541](https://zenodo.org/record/4551541)), as part of the first release.

438

439 [Declaration of interests](#)

440 JP is the executive director of ASAPbio, a non-profit organization promoting the productive use of
441 preprints in the life sciences. GD is a bioRxiv Affiliate, part of a volunteer group of scientists that screen
442 preprints deposited on the bioRxiv server. MP is the community manager for preLights, a non-profit
443 preprint highlighting service. GD and JAC are contributors to preLights and ASAPbio Fellows. The
444 authors declare no other competing interests.

445

446 References

- 447 1. WHO. COVID-19 situation report 19. 8 Feb 2020 [cited 13 May 2020]. Available:
448 [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200501-covid-19-
sitrep.pdf](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200501-covid-19-
449 sitrep.pdf)
- 450 2. Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al. A Novel Coronavirus from Patients with
451 Pneumonia in China, 2019. *N Engl J Med*. 2020;382: 727–733. doi:10.1056/NEJMoa2001017
- 452 3. Coronaviridae Study Group of the International Committee on Taxonomy of Viruses. The
453 species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and
454 naming it SARS-CoV-2. *Nat Microbiol*. 2020;5: 536–544. doi:10.1038/s41564-020-0695-z
- 455 4. Sever R, Roeder T, Hindle S, Sussman L, Black K-J, Argentine J, et al. bioRxiv: the preprint server
456 for biology. *bioRxiv*. 2019; 833400. doi:10.1101/833400
- 457 5. Kaiser J, 2014, Am 12:00. BioRxiv at 1 year: A promising start. In: *Science | AAAS* [Internet]. 11
458 Nov 2014 [cited 13 May 2020]. Available: [https://www.sciencemag.org/news/2014/11/biorxiv-
1-year-promising-start](https://www.sciencemag.org/news/2014/11/biorxiv-
459 1-year-promising-start)
- 460 6. Rawlinson C, Bloom T. New preprint server for medical research. *BMJ*. 2019;365.
461 doi:10.1136/bmj.l2301
- 462 7. Abdill RJ, Blekhan R. Tracking the popularity and outcomes of all bioRxiv preprints. Pewsey E,
463 Rodgers P, Greene CS, editors. *eLife*. 2019;8: e45133. doi:10.7554/eLife.45133
- 464 8. Bagdasarian N, Cross GB, Fisher D. Rapid publications risk the integrity of science in the era of
465 COVID-19. *BMC Med*. 2020;18: 192. doi:10.1186/s12916-020-01650-6
- 466 9. Majumder MS, Mandl KD. Early in the epidemic: impact of preprints on global discourse about
467 COVID-19 transmissibility. *Lancet Glob Health*. 2020;0. doi:10.1016/S2214-109X(20)30113-3
- 468 10. Sheldon T. Preprints could promote confusion and distortion. *Nature*. 2018;559: 445–446.
- 469 11. Fraser N, Brierley L, Dey G, Polka JK, Pálffy M, Nanni F, et al. Preprinting the COVID-19
470 pandemic. *bioRxiv*. 2020; 2020.05.22.111294. doi:10.1101/2020.05.22.111294
- 471 12. Adie E. COVID-19-policy dataset. 2020. doi:10.6084/m9.figshare.12055860.v2
- 472 13. Klein M, Broadwell P, Farb SE, Grappone T. Comparing published scientific journal articles to
473 their pre-print versions. *Int J Digit Libr*. 2019;20: 335–350. doi:10.1007/s00799-018-0234-1
- 474 14. Carneiro CFD, Queiroz VGS, Moulin TC, Carvalho CAM, Haas CB, Rayê D, et al. Comparing
475 quality of reporting between preprints and peer-reviewed articles in the biomedical literature.
476 *Res Integr Peer Rev*. 2020;5: 16. doi:10.1186/s41073-020-00101-3
- 477 15. Pagliaro M. Preprints in Chemistry: An Exploratory Analysis of Differences with Journal Articles.
478 Preprints; 2020 Nov. doi:10.22541/au.160513403.32560058/v1
- 479 16. Eisen MB, Akhmanova A, Behrens TE, Weigel D. Publishing in the time of COVID-19. *eLife*.
480 2020;9: e57162. doi:10.7554/eLife.57162

- 481 17. Horbach SPJM. Pandemic publishing: Medical journals strongly speed up their publication
482 process for COVID-19. *Quant Sci Stud.* 2020;1: 1056–1067. doi:10.1162/qss_a_00076
- 483 18. Vale RD. Accelerating scientific publication in biology. *Proc Natl Acad Sci.* 2015;112: 13439–
484 13446. doi:10.1073/pnas.1511912112
- 485 19. Ratclif JW. Pattern Matching: the Gestalt Approach. In: Dr. Dobb's [Internet]. 1 Jul 1988 [cited
486 15 Feb 2021]. Available: <http://www.drdoobs.com/database/pattern-matching-the-gestalt-approach/184407970>
487
- 488 20. Horbach SPJM. No time for that now! Qualitative changes in manuscript peer review during the
489 Covid-19 pandemic. *Res Eval.* 2021 [cited 17 Feb 2021]. doi:10.1093/reseval/rvaa037
- 490 21. Sumner JQ, Haynes L, Nathan S, Hudson-Vitale C, McIntosh LD. Reproducibility and reporting
491 practices in COVID-19 preprint manuscripts. *medRxiv.* 2020; 2020.03.24.20042796.
492 doi:10.1101/2020.03.24.20042796
- 493 22. Klein M, Sompel HV de, Sanderson R, Shankar H, Balakireva L, Zhou K, et al. Scholarly Context
494 Not Found: One in Five Articles Suffers from Reference Rot. *PLOS ONE.* 2014;9: e115253.
495 doi:10.1371/journal.pone.0115253
- 496 23. Besançon L, Peiffer-Smadja N, Segalas C, Jiang H, Masuzzo P, Smout C, et al. Open Science
497 Saves Lives: Lessons from the COVID-19 Pandemic. *bioRxiv.* 2020; 2020.08.13.249847.
498 doi:10.1101/2020.08.13.249847
- 499 24. Ding Y, Zhang G, Chambers T, Song M, Wang X, Zhai C. Content-based citation analysis: The
500 next generation of citation analysis. *J Assoc Inf Sci Technol.* 2014;65: 1820–1833.
501 doi:<https://doi.org/10.1002/asi.23256>
- 502 25. Paul M, Girju R. Topic Modeling of Research Fields: An Interdisciplinary Perspective.
503 *Proceedings of the International Conference RANLP-2009.* Borovets, Bulgaria: Association for
504 Computational Linguistics; 2009. pp. 337–342. Available:
505 <https://www.aclweb.org/anthology/R09-1061>
- 506 26. Wadden D, Lin S, Lo K, Wang LL, van Zuylen M, Cohan A, et al. Fact or Fiction: Verifying
507 Scientific Claims. *ArXiv200414974 Cs.* 2020 [cited 9 Feb 2021]. Available:
508 <http://arxiv.org/abs/2004.14974>
- 509 27. Stab C, Kirschner C, Ecker-Köhler J, Gurevych I. Argumentation Mining in Persuasive Essays and
510 Scientific Articles from the Discourse Structure Perspective. In: Cabrio E, Villata S, Wyner A,
511 editors. *Proceedings of the Workshop on Frontiers and Connections between Argumentation
512 Theory and Natural Language Processing.* Bertinoro, Italy: CEUR-WS; 2014. Available:
513 <http://ceur-ws.org/Vol-1341/paper5.pdf>
- 514 28. Bronner A, Monz C. User Edits Classification Using Document Revision Histories. *Proceedings of
515 the 13th Conference of the European Chapter of the Association for Computational Linguistics.*
516 Avignon, France: Association for Computational Linguistics; 2012. pp. 356–366. Available:
517 <https://www.aclweb.org/anthology/E12-1036>
- 518 29. Schiermeier Q. Initiative pushes to make journal abstracts free to read in one place. *Nature.*
519 2020 [cited 9 Feb 2021]. doi:10.1038/d41586-020-02851-y

- 520 30. Le Q, Mikolov T. Distributed Representations of Sentences and Documents. International
521 Conference on Machine Learning. PMLR; 2014. pp. 1188–1196. Available:
522 <http://proceedings.mlr.press/v32/le14.html>
- 523 31. Fraser N, Momeni F, Mayr P, Peters I. The relationship between bioRxiv preprints, citations and
524 altmetrics. *Quant Sci Stud*. 2020; 1–21. doi:10.1162/qss_a_00043
- 525 32. Chamberlain S, Zhu H, Jahn N, Boettiger C, Ram K. rcrossref: Client for Various “CrossRef”
526 “APIs.” 2020. Available: <https://CRAN.R-project.org/package=rcrossref>
- 527
- 528
- 529

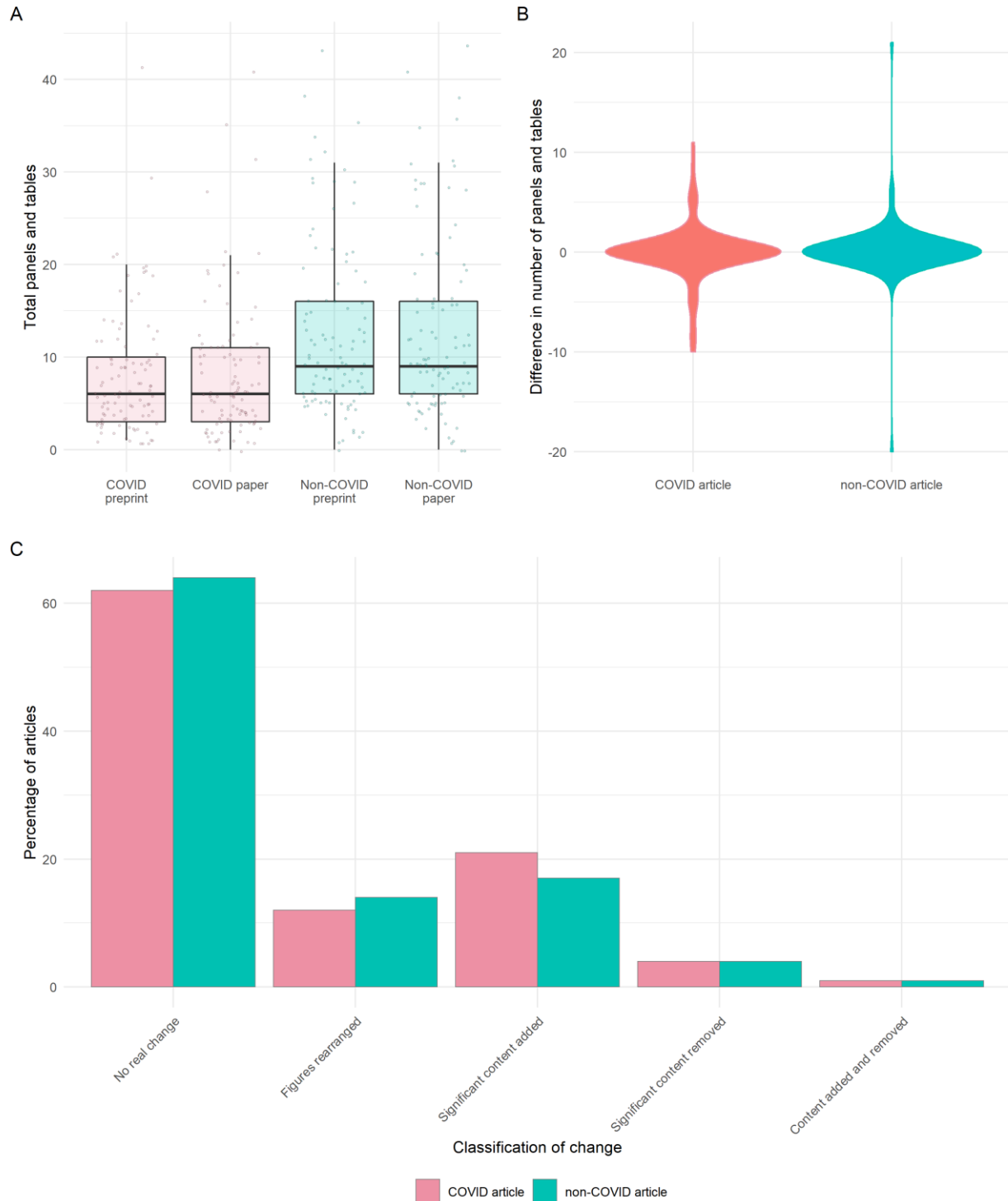
530 **Figures**



531
 532 **Figure 1. Publishing and peer-review of preprints during the COVID-19 pandemic.** (A) percentage of
 533 COVID-19 and non-COVID-19 preprints published between Jan-April 2020. (B) Percentage of published
 534 preprints associated with transparent peer review (the publication of review reports with the journal
 535 version of the article). (C) Data availability after publication. (D) Change in authorship after publication.

536 (E) Journals that are publishing preprints. Panel (A) describes all available data (n = 14,812 preprints),
537 while panels (B) – (E) describe sample of preprints analysed in detail (n = 200).

538

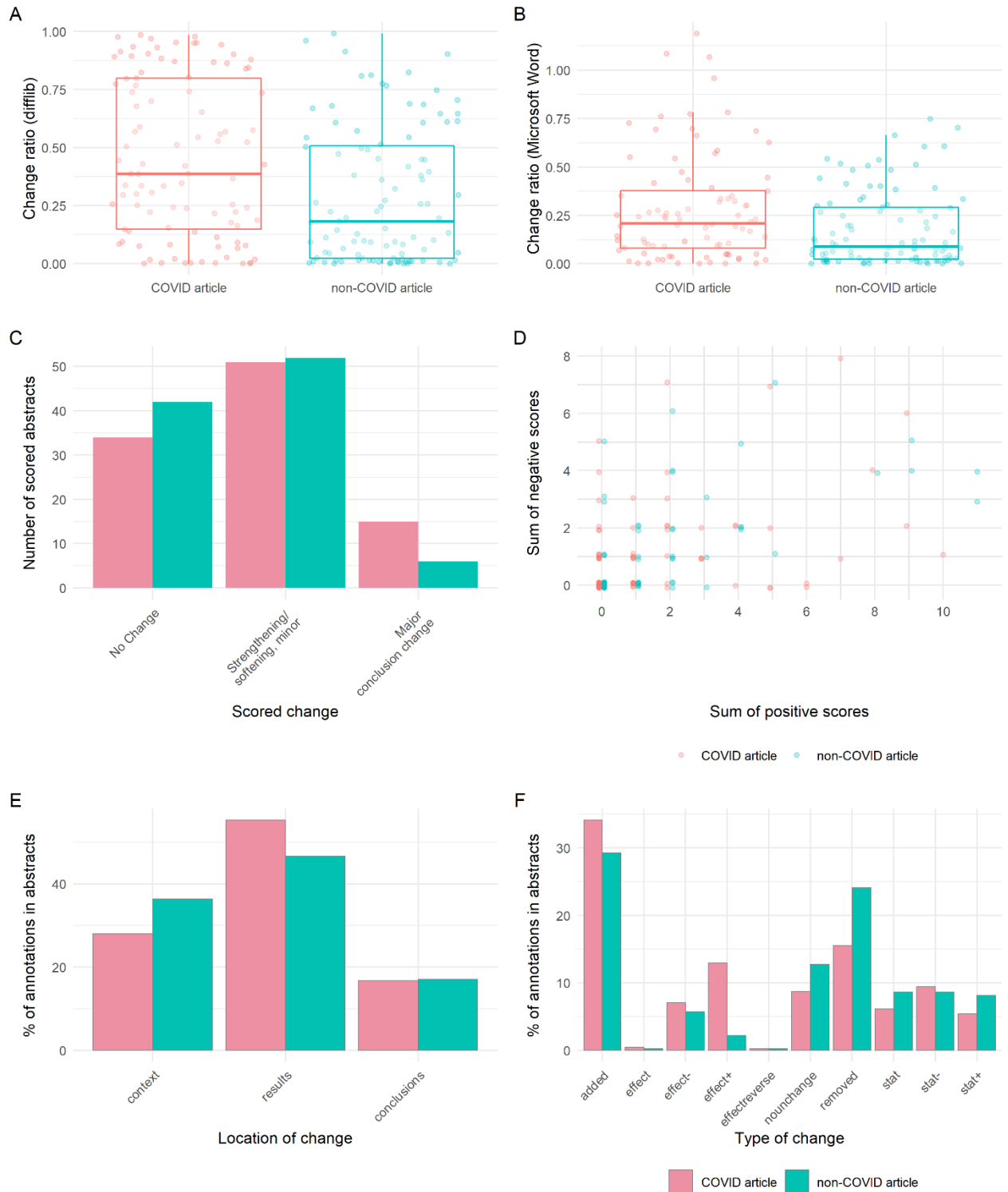


539

540 **Figure 2. Preprint-publication pairs do not significantly differ in the total numbers of panels and**
541 **tables.** (A) Total numbers of panels and tables in preprints and published articles. (B) Difference in the
542 total number of panels and tables between the preprint and published versions of articles. (C)
543 Subjective classification of figure changes between preprint and published articles. All panels describe
544 sample of preprints analysed in detail (n = 200).

545

546



547

548 **Figure 3. Preprint-publication abstract pairs are not significantly different.** (A) DiffLib calculated
 549 change ratio for COVID-19 or non-COVID-19 abstracts. (B) Change ratio calculated from Microsoft
 550 Word for COVID-19 or non-COVID-19 abstracts. (C) Overall changes in abstracts for COVID-19 or non-
 551 COVID-19 abstracts. (D) Sum of positive and negative annotations for COVID-19 or non-COVID-19
 552 abstracts. (E) Location of annotations within COVID-19 or non-COVID-19 abstracts. (F) Type of
 553 annotated change within COVID-19 or non-COVID-19 abstracts. All panels describe sample of abstracts
 554 analysed in detail (n = 185).

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556



557

558 **Supplemental Figure 1. Publishing and peer-review of preprints during the COVID-19 pandemic**

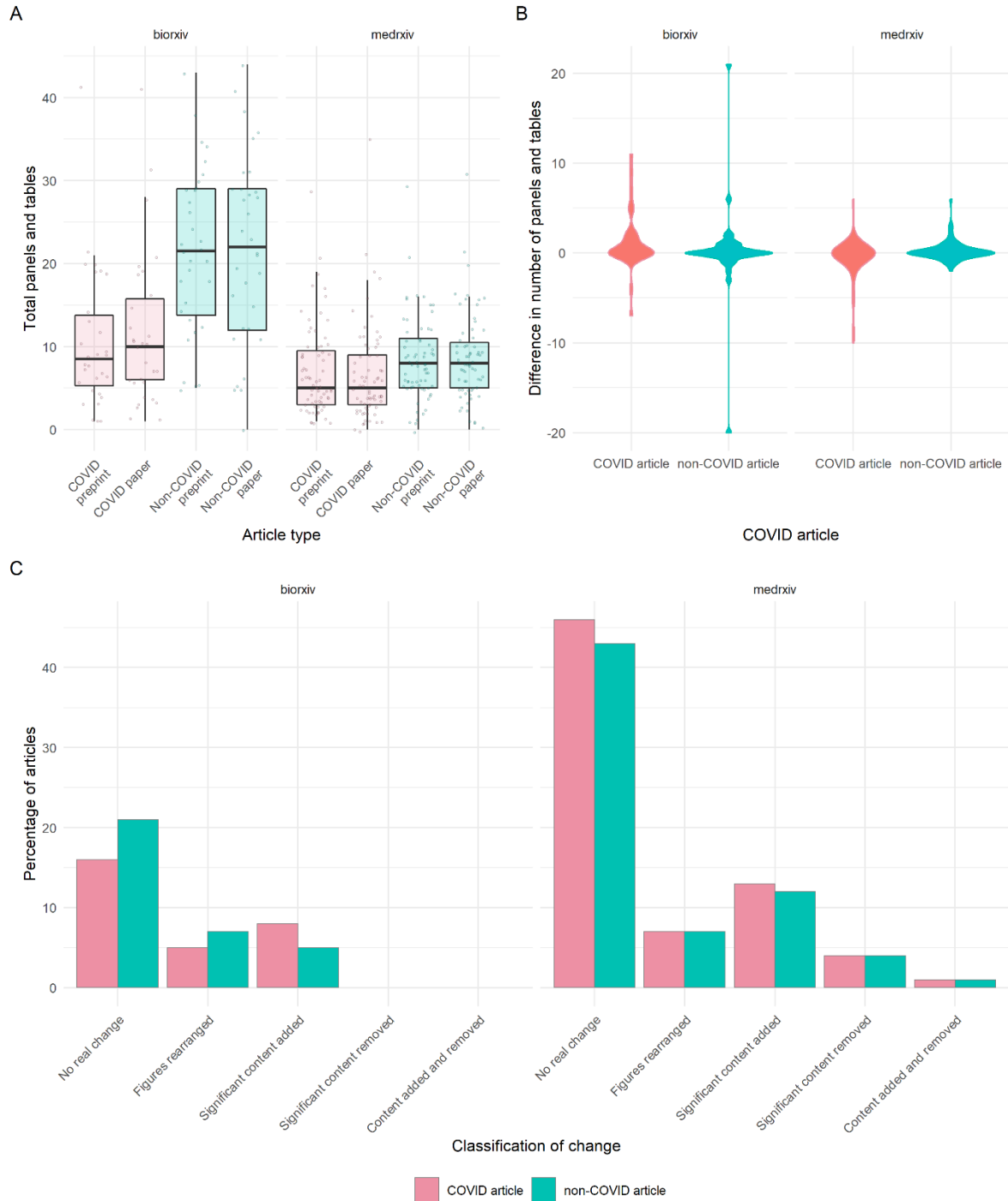
559 **broken down by server.** (A) Percentage of COVID-19 and non-COVID-19 preprints published between

560 Jan-April 2020. (B) Published preprints associated with transparent peer-review. (C) Data availability

561 for published preprints. (D) Change in authorship for published preprints. (E) Journals that are

562 publishing bioRxiv preprints. (F) Journals that are publishing medRxiv preprints.

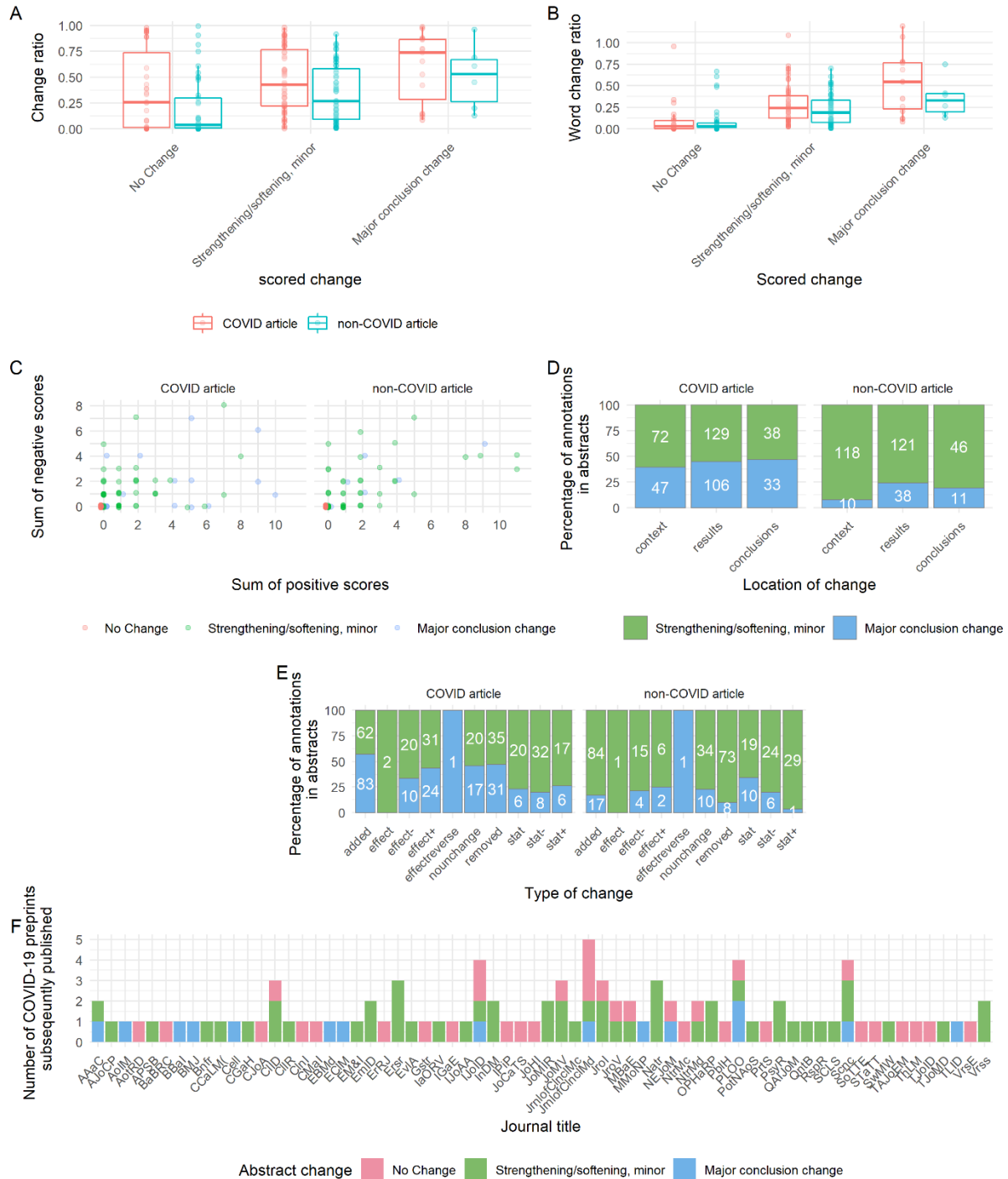
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564

565 **Supplemental Figure 2. Preprint-publication pairs do not significantly differ in the total numbers of**
566 **panels and tables as broken down by server.** (A) Total numbers of panels and tables in preprints and
567 published articles. (B) Difference in the total number of panels and tables between the preprint and
568 published versions of articles. (C) Classification of figure changes between preprint and published
569 articles.

570



571

572 **Supplemental Figure 3. Granular annotations of changes in abstracts in context of the overall**
 573 **change.** (A) Difflib calculated change ratio for COVID-19 or non-COVID-19 abstracts, based on the
 574 overall abstract change. (B) Change ratio calculated from Microsoft Word for COVID-19 or non-COVID-
 575 19 abstracts, based on the overall abstract change. (C) Sum of positive and negative annotations for
 576 COVID-19 or non-COVID-19 abstracts, based on the overall abstract change. (D) Percentage of
 577 annotations in each location within COVID-19 or non-COVID-19 abstracts, based on the overall
 578 abstract change. Labels denote absolute number of annotations. (E) Percentage of annotations of each
 579 type within COVID-19 or non-COVID-19 abstracts, based on the overall abstract change. Labels denote
 580 absolute number of annotations. (F) Journals publishing COVID-19 preprints, based on overall abstract
 581 changes. Data labels: AAaC: Antimicrobial Agents and Chemotherapy, AJoCP: American Journal of

582 Clinical Pathology, AoIM: Archives of Iranian Medicine, AotRD: Annals of the Rheumatic Diseases,
583 APSB: Acta Pharmaceutica Sinica B, BaBRC: Biochemical and Biophysical Research Communications,
584 BBal: Brain, Behavior, and Immunity, BMJ: BMJ, Bnfr: Bioinformatics, CCalM(: Clinical Chemistry and
585 Laboratory Medicine (CCLM), Cell: Cell, CGaH: Clinical Gastroenterology and Hepatology, CJoA:
586 Canadian Journal of Anesthesia, ClID: Clinical Infectious Diseases, ClIR: Cell Research, ClnI: Clinical
587 Immunology, CMaI: Clinical Microbiology and Infection, EBMD: EBioMedicine, ECIM:
588 EClinicalMedicine, EM&I: Emerging Microbes & Infections, EmID: Emerging Infectious Diseases, ErRJ:
589 European Respiratory Journal, Ersr: Eurosurveillance, EvIA: Evolutionary Applications, Gstr:
590 Gastroenterology, IaORV: Influenza and Other Respiratory Viruses, IGaE: Infection, Genetics and
591 Evolution, IJoAA: International Journal of Antimicrobial Agents, IJoID: International Journal of
592 Infectious Diseases, InDM: Infectious Disease Modelling, IPIP: Infection Prevention in Practice, JoCaTS:
593 Journal of Clinical and Translational Science, JoHI: Journal of Hospital Infection, JoMIR: Journal of
594 Medical Internet Research, JoMV: Journal of Medical Virology, JrnlofClnlMc: Journal of Clinical
595 Microbiology, JrnlofClnlMd: Journal of Clinical Medicine, Jrol: Journal of Infection, JroV: Journal of
596 Virology, MBaE: Mathematical Biosciences and Engineering, MMoNP: Mathematical Modelling of
597 Natural Phenomena, Natr: Nature, NEJoM: New England Journal of Medicine, NtrMc: Nature
598 Microbiology, NtrMd: Nature Medicine, OPHaRP: Osong Public Health and Research Perspectives,
599 PblH: Public Health, PLOO: PLOS ONE, PotNAoS: Proceedings of the National Academy of Sciences,
600 PrtS: Protein Science, PsyR: Psychiatry Research, QAIJoM: QJM: An International Journal of Medicine,
601 QntB: Quantitative Biology, RspR: Respiratory Research, SCLS: Science China Life Sciences, Scnc:
602 Science, SoTTE: Science of The Total Environment, STaTT: Signal Transduction and Targeted Therapy,
603 SwMW: Swiss Medical Weekly, TAJoEM: The American Journal of Emergency Medicine, ThLM: The
604 Lancet Microbe, TJoID: The Journal of Infectious Diseases, TJoMD: The Journal of Molecular
605 Diagnostics, TLID: The Lancet Infectious Diseases, VrsE: Virus Evolution, Vrss: Viruses.

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607

608 [Supplemental Material](#)

609

610 **Supplemental Table 1. Journals posting preprints from 1st Jan – 30th April 2020.**

611 **Supplemental Table 2. Examples of changes in abstracts between the preprint and published version**
612 **of an article**

613 **Supplemental Table 3. All changes in abstracts that resulted in a major conclusion change**

614 **Supplemental Material 1. Abstract annotations utilised for the analysis in this study**

615 **Supplemental Material 2. Non-resolved abstract annotations provided for NLP researchers**

616 **Supplemental Methods 1. Questionnaire used for assessing manuscript metadata, panels and tables**

617 **Supplemental Methods 2. Rubric for annotating abstracts**

618 **Supplemental Methods 3. Protocol for comparing and extracting annotations from Word files**