Guidelines for Authorship for Trials run within ENGOT

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1. General.
   a. Authorships and Co-authorships are not granted by individual institutions but by groups or consortia of study centres. A waiver (e.g. for surgical trials) must be defined prospectively before and accepted by ENGOT before an ENGOT number is given to the trial.
   b. All calculations regarding the number and position of co-authorships will be based on numbers of recruited patients by group, unless a protocol defines a specific exception (i.e. numbers according to individual recruitment per centre).
   c. Each group is free and independent to fill in individual names according to its number and position of co-authorships (the group even may appoint persons not having recruited patients by themselves).
   d. All specific modifications for every Intergroup trial should be specified before study start and amended to the general principles in written mode as appendix to the intergroup agreements.
   e. If possible, all centres who have actively recruited in the trial should be mentioned at least as co-authors in the appendix.
   f. The following “rules” should guarantee participation and benefits for all groups involved and share as much attractive positions among the groups as possible.

2. Fixed authorship positions.
   a. All co-authorship positions depend on recruitment of groups except one authorship position of the International Principal Coordinator (appointed by leading group) and, in phase II/III studies additionally one for the statistician of the study (usually 4\textsuperscript{th} position). Both positions do not count for calculation of positions per group.
   b. No further fixed positions of prominent authorship positions (e.g. 2\textsuperscript{nd}, 3\textsuperscript{rd}, or senior) should be granted to Co-PI etc., to avoid de-motivation for the groups. ENGOT policy is not to allow co-PI-ship in any trial.
   c. International Principal Coordinator is first author or senior author depending on the occasion unless he grants this to anyone else. Usually, PI is first author of the main
manuscript and can be co-author in subproject papers. In the latter cases first authorship is given to a leader of a respective subproject and PI is senior author (or co-author at another position if subproject demands both most prominent positions being provided to the subproject working group).

d. The best recruiting group can choose between 2\textsuperscript{nd} author or senior author; in the latter case 2\textsuperscript{nd} author would be granted to the 2\textsuperscript{nd} best recruiting group, 3\textsuperscript{rd} author by the 3\textsuperscript{rd} best recruiting group etc. (example see below). If the leading group is the best recruiting group, they are treated as 2\textsuperscript{nd} best recruiters and the senior (or 2\textsuperscript{nd} position) is given to the next best recruiting group to avoid both, 1\textsuperscript{st} and senior authorship be given to one study group and motivating all groups to recruit well.

e. Co-authorship positions of a potential industrial sponsor (not a study group) could be foreseen on a case by case basis, however, this should be stated in the agreement upfront and should be rather the exception than the rule.

f. If NON-ENGOT groups participate as cooperating groups within an ENGOT trial they have the same rights as ENGOT groups (e.g. getting the senior authorship if they recruit best).

3. **Number of authors per group**

a. Each group receives their first guaranteed authorship position when the group has recruited 1-2\% of the total number of patients. The exact cut-off (1 or 2\%) must be specified in the protocol (commonly the larger the study is the lower the threshold should be).

b. Further positions are granted according to recruitment numbers and depend on the total number of authorships possible. The latter defines the number of recruited pts per co-authorship position (e.g. if overall 30 positions are available per definition of the journal/congress or other and 10 groups participated, 18 positions would be available for further distribution after PI, statistician and the first co-author of each study group had been settled).

c. The first authorship per group is defined by the lowest recruitment number of the last group classifying for authorship (i.e. have recruited more than 1 or 2\%) and is the same for all groups. E.g. 10 groups participate in a trial with 1,000 pts. and 9 of the groups have recruited more than 10 pts. and, therefore, qualify for authorship. Among the 9 groups the lowest recruitment was 15 pts. in group X and considerable higher numbers in the remaining 8 groups. In this case, the pts. equivalence for the first authorship position per group is 15 pts. Summing up all recruitment numbers for the first authorships (in our example 9 x 15 pts = 135 pts) and subtracting them from all 1,000 recruited pts. will give the number for calculation of the further recruitment rate necessary per authorship position; in this example 1,000 – 135 = 865 which is the number for calculation of further additional authorship positions. If, in this example, 18 more co-authorship positions are available, each authorship position is qualified by 865: 18 = 48 pts/position.

4. **Position of the authors**
a. The specific place of the group’s representative is defined by the overall recruitment by the group; e.g. if group A has the highest recruitment number, group B the 2nd highest recruitment number, group C the 3rd highest, etc. group A would deserve the senior authorship position, group B the 2nd authorship position and group C the 3rd authorship position etc.

b. If the leading group is also the highest recruiting group a waiver gets active and the 2nd highest recruiting group gets the senior authorship position and the leading group is regarded as 2nd highest recruiter – to avoid that the leading group has 1st and last authorship position in an ENGOT intergroup trial.

Example: the whole trial recruited 1,000 pts. Groups A-H participated and group A was leading group. The 1% limit was 10 pts. The target Journal allows 25 authors

- Group H had the lowest recruitment and had 2 pts.
- Group G had the 2nd lowest with 9 pts.
- Group F recruited 19 pts.,
- Group E recruited 39 pts.,
- Group D recruited 48 pts.
- Group C recruited 183 pts,
- Group B recruited 325 pts
- Group A recruited 375 pts.

The calculation resulted in the following authorship distribution:

- Group H: no authorship per first round (leftover = 2 pts.)
- Group G: no authorship per first round (leftover = 9 pts.)
- Group F received 1 authorship for 19 pts. (> 1% threshold passed; thus defining 19 as prerequisite per authorship position)
- Group A-E receive their first authorship with 19 pts. each. Which makes A-F x 19 = 6 x 19 = 114 pts. That leaves 1,000 – 114 = 886 for further distribution.
- The leading group has the 1st position (as PI), the statistician has position 4, groups A-F have 6 further positions including senior, so 17 further positions can be distributed. => 886: 17 = 52 pts/position.
- As group A was leading and best recruiting group, therefore senior authorship goes to group B and group A gets 2nd position. Group C gets 3rd position, group D gets 5th position, group E gets 6th position, and group F gets 7th position – leaving position 8-24 for the remaining positions:
- Overall, group A would receive 7 authorships (plus PI): 1 on position 2nd for pts 1-19 and 6 for patients 20-331 – 52 per position) – leftover 44 pts
- Group B would receive 6 authors (1 = senior author for pts 1-19 and 5 for pts 20-279) – leftover 46 pts
- Group C would receive 4 authors (1 for pts 1-19 and 3 for pts 20-175) – leftover 8 pts
- Group D would receive 1 author (1 for pts 1-19) - leftover 29 pts.
- Group E would receive 1 author for pts 1-19 - leftover 20 pts
- Group F would receive 1 author for all their 19 pts.
This first round would result in 22 authorship positions including PI and statistician. The left three authorship positions stand in front of 153 pts. who are so far not compensated (sum of the pts. “leftover”). The ranking of leftovers is: groups B > A > D > E > G > C > H. Here the protocol should foresee which way should be chosen: either groups B, A, and D (those with the highest leftover) receive each one additional position, or the leftovers are used for groups G and H (smaller groups which did not meet the threshold for the first position) and the left for group B with the highest leftover (the latter being a model “solidarity over power by size”, the first model can be called “size does matter”).

5. Additional publications of subgroup data or sub-projects:
   a. If possible, each participating group should receive a dataset of patients recruited by the respective study group after final analysis.
   b. Separate analyses by one participating group on their included patients should not include primary or secondary endpoints and the International Principal Coordinator and Intergroup study leading committee (Trial Steering Committee [TSC] or data committee after dissolution of TSC) should be informed on each project.
   c. Further subgroup analysis of the whole population should be prospectively discussed among the groups and agreed. For acceptance and distribution of subprojects the TSC should be in charge – later on a reduced subproject committee can take over this task.
   d. First author should be of the group performing the sub-analysis.
   e. Other groups should be mentioned and have co-authorship positions similar to the rules for primary and main publication but with reduced numbers according to the positions already covered by project members.
   f. International Principal Investigator is usually senior author for main subprojects (e.g. OS analysis after first publication of PFS primary endpoint) but can be replaced by others in secondary subprojects (e.g. prognostic factors, subgroup analysis) either in a rotating system or as reward for study groups very active in the respective subproject.
   g. All sub-publications or meta-analyses can only be published after the full manuscript of the study has been published.
   h. Full paper on general analyses of secondary endpoints (e.g. quality of life, prognostic factors etc.) should be shared among the groups with rotating first authorship position by recruitment.
   i. Smaller groups (who did not recruit the necessary 1% of the total number of patients) might either have an authorship granted by calculation model “group solidarity over size” or must have co-authorships in secondary publications.

6. Presentations:
a. The study should be presented as often as possible to give as many groups as possible the opportunity to present.
b. Local and national presentations should be done by the national group as authors and without all groups mentioned; anyhow the International Principal Investigator should be mentioned as senior author.
c. International presentations may be scheduled according to available data and rotate among the groups (a plan should be made by the TSC).

7. Specific scenarios:

7.1 Surgical trials
Exceptions from the above mentioned rules may be defined in specific trials and protocols, as e.g. surgical trials in which the role of strong single centres is more dominant and important than in large chemotherapy trials. Furthermore, recruitment is often much more difficult and honorarium sparse indicating a higher need to reward the individual centres (selected / confirmed by the groups). Furthermore, centres of countries without ENGOT groups could participate and could be rewarded. For such studies, co-authorship positions and numbers could be modified by recruitment strength of the individual centres within the study group. Anyhow, respective rules must be agreed on by ENGOT in advance and accepted when the trial receives an ENGOT number (the model must be presented at the time the study applied for receiving an ENGOT number).

7.2 Phase 1 and 2 Trials, including translational activity
When a phase 1 or 2 trial has a substantial translational research component, and as clinical and translational research coordinators may differ in a group, separate rules compared with the general rules as pointed out above will apply when a manuscript is primarily aimed to publish results of a combined clinical end-point (e.g. PFS) and a translational research end-point. This could also make it necessary to include authors not primarily affiliated with a study group but contributing with lab work. In these specific protocols rules must be agreed on in advanced and presented to ENGOT when the group applies for an ENGOT number. Overall, the model should consider both groups’ contribution and TR lab activities. At minimum 51% of authorship positions should be distributed by the study groups and reflect the general rules as pointed out above (with the exception of authorship positions which may also reward lab work for prominent position next to PI).

7.3 ENGOT trials with study lead of a non-ENGOT group (e.g. ANZGOG, GOG-F et al.)
If ENGOT decides to participate in an intergroup trial not lead by an ENGOT leading group, it will negotiate authorship numbers and positions that reflect the ENGOT contribution to the trial (e.g. senior authorship if ENGOT as a whole is the best recruiter or second best after the leading group of the trial lead by another group that offers the PI and first author). For
organisation and representation ENGOT will elect one member group as coordinating group (CG). This CG should represent ENGOT during all negotiations with the extra-European leading group and sponsors and guarantee adherence to the ENGOT minimal requirements for study performance. The ENGOT authorships will be distributed among the participating ENGOT groups while the CG deserves the most prominent position (i.e. the senior authorship if ENGOT recruits the most patients or is the 2\textsuperscript{nd} best recruiter after the leading group). All other authorship positions assigned to ENGOT will be distributed within ENGOT according the above mentioned general rules adapted to the ENGOT patient subset. Independent from both publication rules and CG function the trial TSC should allow participation of as many as possible actively recruiting ENGOT groups.