

DCVAS Authorship and Publication Policies

The primary remit of the DCVAS study is to produce classification and diagnostic criteria for vasculitis. However, we also welcome the development of additional related projects which have only been possible as a result of the enormous efforts of many of the lead investigators themselves and of many other enthusiastic researchers, at both senior and junior levels, who have taken advantage of the opportunities offered by the DCVAS project to undertake further studies. We have therefore developed two separate policies to address the issues of authorship: one for the **primary papers** and a separate one for the **associated papers**.

The authorship committee consists of: Raashid Luqmani (RL), Peter Merkel (PM) and Richard Watts (RW). For this policy and for all decisions on authorship and acknowledgements, the decision of the authorship committee is final and binding.

1. Principles for authorship

These principles are based on consideration of the following:

- 1.1. Compliance with the most current version of the International Committee of Medical Journal Editors (ICMJE) "Uniform requirements for manuscripts submitted to Biomedical Journals: Writing and Editing for Biomedical Journals" (www.icmje.org) requires named author to meet all 3 of the following:
 - "substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data"
 - Involvement with drafting of the article or "revising it critically for important intellectual content"
 - final approval of version to be published
- 1.2. To be as inclusive as feasible. However, complying with Authorship guidelines "drafting the article" or "revising it critically for important intellectual content" becomes increasingly impractical with large numbers.
- 1.3. In the DCVAS study, data from every patient enrolled from a site is highly valued; at the discretion of the authorship committee, individuals whose main contribution is recruitment of substantial numbers of patients will be invited to be authors of papers. Criteria that will be considered by the committee will include the numbers of patients recruited and the proportion of patients with specific conditions who have been recruited to DCVAS. Such individuals will need to contribute to the writing and editing groups in order to qualify for authorship.
- 1.4. Compliance with ACR and EULAR publication policies.

2. Primary Papers

We will need to recognise any restrictions/requirements required by ACR and EULAR regarding authorship rules, which may affect the subsequent points in this section.

The primary papers are considered to be all those publications which define criteria for classification or diagnosis of one or more of the main forms of primary systemic vasculitis. This would include all the methodological papers which led to the development of the criteria because these methods and papers are necessary to underpin the criteria papers themselves. All of these papers will conform to the original requirements defined in our funding application for the project. These projects have been largely driven by the efforts of the authorship committee, and we therefore propose the following:

Each of the three chief investigators (RL, PM, RW) will take senior authorship role in rotation, for all papers. For each paper, the other 2 chief investigators will take 2nd and 3rd place in authorship list, unless there is no readily identifiable primary author amongst the group in which case one of the chief investigators will take primary authorship for the work. We will attempt to encourage all papers to include a “junior” primary author wherever possible and appropriate, to recognise their contribution to the project (specifically Peter Grayson, Cristina Ponte, Joanna Robson, and Ravi Suppiah). This is coupled with an expectation that the primary author will undertake the main task of preparing the first draft of each paper and help to oversee the editing changes with assistance from the 3 chief investigators, primarily the nominated senior author for that paper. If the primary author cannot undertake this task, or there is no suitable primary author, one of the 3 chief investigators can propose themselves to this task and this role will need to be agreed by the 3 chief investigators. Members of the core DCVAS team, including actively participating co-applicants as well as staff who have been essential to the running of DCVAS and who constitute part of the core team, as defined by the 3 chief investigators, will be listed as authors, with the proviso that they fulfil the role of an author in being involved in reviewing and revising the manuscript in a timely fashion. The core team is defined as the three chief investigators -Raashid Luqmani (RL), Peter Merkel (PM), and Richard Watts (RW), the four junior investigators, Peter Grayson (PG), Cristina Ponte (CP), Joanna Robson (JR), and Ravi Suppiah (RS), the study co-ordinator, Anthea Craven (AC), and the study statisticians, Andrew Judge (AJ) and Andrew Hutchings (AH).

The 3 chief investigators will consider nominations from amongst the study investigators who have been particularly productive in collecting the subsets of patients for each of the defined papers to be considered for authorship, with the proviso that all 3 chief investigators approve of the nomination and that the nominee agrees to conform to the requirements of authorship. Authorship status will not be granted automatically simply based on recruitment rates. All investigators will be listed as collaborators, and for this

purpose we invite each site to propose their team members as collaborators, if they have been responsible for substantial roles as investigators at their site. In addition, we will include an appendix for each paper (if allowed by the publishing journal) to list all staff involved in the study at each site, who were not defined as either authors or collaborators. We will aim to ensure that all individuals who have been involved in supporting the DCVAS project will be acknowledged as fairly as possible. Guidelines published by the International Committee of Medical Journal Editors ((ICMJE) are attached at the end of this document. Typically we would expect manuscripts for the criteria papers to be led by a junior investigator followed by 2 of the chief investigators followed by members of the core team, and some site investigators who have been particularly active in that manuscript, and one of the chief investigators will be senior author.

The exact make-up of each paper will be decided by the authorship committee. All other investigators will be acknowledged as collaborators. We are indebted to all investigators/site coordinators for the success of DCVAS project.

The DCVAS Steering Committee encourages open access publication where possible, but does not have funds to support publication costs.

3. Associated Papers

The authorship guidelines for associated projects will reflect the nature of the work done. As the authorship committee, we retain the right to be authors on all of these associated projects. However, it is up to the 3 chief investigators to decide whether or not to enforce this for each paper on a case by case basis; in some cases there will be a requirement for all 3 chief investigators to be included, or only 1 or 2 of them, or if there are projects where none of the 3 chief investigators have made an significant contribution, then we would acknowledge this and none of them would be authors.

We think it is likely that all the associated papers will, however, be based on projects for which the 3 chief investigators have provided substantial input because all sub-projects are brought before the DCVAS committee for discussion and for approval before the project is undertaken and the associated project takes advantage of the DCVAS infrastructure and database. We would expect the lead investigator for each of the sub-projects to liaise with the authorship committee over publication of the paper or papers and for them to take the lead in deciding on eligibility for authorship and order of authors. The 3 chief investigators would not expect to be either 1st or senior author on any of these papers, unless they are primarily responsible for that sub-project. All of the associated papers would be expected to include investigators and /or core team members who have made substantial contributions to that project as authors for that particular paper. The final decision regarding authorship on all associated papers will rest with the authorship committee.

All abstracts arising from associated projects should be submitted to the DCVAS steering committee as part of the regular communication process, but at least ten working days before any proposed abstract deadlines, in order to ensure there is sufficient time for review and revisions, if needed. Each associated project shall also have an allocated point of contact on the core team (one or more of RL, PM, RW, PG, CP, JR, RS, AC, AJ, AH), who will be responsible for liaising regularly with the associated study members and should therefore be aware of planned submissions as they emerge. The allocated point of contact with the DCVAS core team will be responsible for ensuring the quality of associated studies and will provide feedback on the progress of these studies to the wider DCVAS steering committee. It is the expectation that authorship on abstracts will follow the same rules as for the full papers; exceptions to full lists of authors on abstracts may be made in cases where author names and affiliations substantially count toward word/character limits for the abstract text. The final decision regarding authorship on all abstracts will rest with the authorship committee.

We encourage the use of contributorship with an appendix to acknowledge those involved less directly in the study, but would not expect the full contributorship list which we would apply to primary papers to necessarily apply to each associated paper. However, we would require that all those who have been significantly involved in each DCVAS paper should be acknowledged. This could be in the form of an appendix to each paper. The DCVAS committee will take responsibility for providing a full list of personnel who could be named as authors, contributors or appear in the appendix. This list will be available on the DCVAS website. It will be the responsibility of the senior author and the allocated member of the DCVAS core team for that particular paper, to edit the list for use in the associated paper or papers as required e.g. if particular names or groups of names should be authors, contributors or simply appear in the appendix. The senior author will be responsible for ensuring the accuracy of these lists and also for making sure that the manuscript complies with the requirements of any individual journal.

4. Alternative authors from DCVAS sites:

- a. We hope to include alternative (to the site PI) authors from DCVAS sites that have contributed a significant proportion of patients and who fulfill the roles of an author* as described above in section 1.3. The authorship committee will have the final decision on this.
- b. The author designated from each site will provisionally be the site PI / DCVAS coordinating clinician.
- c. Responsibilities of the site PI / DCVAS coordinating clinician:
 - i. At their discretion to give up their site authorship to another investigator (e.g. fellow or junior colleague).

- ii. At their discretion, to rotate authorship among physician contributors at their site for second and additional publications.
 - iii. To provide the coordinating centre in Oxford with an up-to-date list of all contributing investigators at their site for inclusion in a secondary acknowledgement listing all DCVAS investigators, including full names, academic degrees, and up-to-date and valid email addresses.
 - iv. To provide timely final approval of any versions of manuscripts to be published if they (or site substitute) wish to be included in the list of primary authors. The time frame will be provisionally set at 10 days, but may vary for individual manuscripts.
- d. Authorship order will be based on a combination of the investigator's contributions (intellectual and administrative etc.), number of subjects enrolled and principal writing or primary editing contributions to the study. All else being equal, authors will be listed alphabetically with the exception of individuals making a substantial contribution to the design of the project.
 - e. For any individual or individuals who have made a major contribution to the design of any of the projects leading to publication, the DCVAS committee will formally appoint them as lead or listed author in order of contribution, in an earlier position prior to the alphabetical list of other authors e.g. Smith A, Jones, B, Allan D, Boyd E.....
 - f. The final (senior) author for each paper will be agreed by the DCVAS authorship committee. Normally, this will be the senior investigator for the project leading to publication. Each senior author must have overall responsibility for supporting the lead author or authors and provide guidance on the paper and provide extensive editing support.
 - g. All contributing physicians/investigators identified by site PIs as in 2.3.3 will be listed alphabetically as the DCVAS Investigators in an acknowledgement, or according to the journal's editorial policy.
 - h. Listing of contributors and/or appendix may be done without receiving specific permission or review by the named person, unless such permission/acknowledgement of listing is required by the journal publishing the paper; in the latter case, the named personnel will have 10 days to respond to queries confirming their being named on the paper.

* Excepting the core study team (RL, PM, RW, PG, CP, JR, RS, AC, AJ and AH).