



# CentEast

Central Asia and East Europe Trial Group

## **Authorship Guidelines for CentEast Trials**

VERSION 1.0

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[www.centeast.com](http://www.centeast.com)

## **I. GENERAL RULES**

- All trials must have been approved by CENTEast executive community before starting patient accrual or data gathering.
- Trial proposals are suggested by the principle investigators (PI) to the CENTEast executive community and then run by the PI's.
- Authorships and co-authorships are granted by the trial group country representatives within not by individual study centers.
- Each trial group country is completely 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).
- All calculations regarding the number and position of co-authorships will be based on numbers of recruited patients by group.
- Initiating the first draft of the study is the responsibility of the leading group and PI of the study.

## **II. FIXED AUTHORSHIP POSITIONS**

- All co-authorship positions depend on recruitment of groups except one authorship position of the International Principal Investigator (appointed by the leading group country) and one for the statistician of the study if needed.
- PI is first author or senior author depending on the occasion unless he grants this to anyone else.

## **III. NUMBER OF AUTHORS PER GROUP**

- Each group receives their first guaranteed authorship position when the group has recruited at least 5% of the patients for the study.
- If a group recruits less than 5% of the study population, it is the PI's decision to grant for an authorship to that group.
- The 2nd position will be achieved when the group recruited 10% of the total number of patients.
- The 3rd position will be achieved when the group recruited 15% of the total number of patients.
- The 4th position will be achieved when the group recruited 20% of the total number of patients by the respective group, and from then on by every 10% instead of 5% to avoid overrepresentation of very strong groups.
- The percent numbers are a general guideline and might be adapted to each specific protocol and will depend on the population size of the study and the number of participating groups (e.g. 5 and 6% instead of 4 and 5 % etc.)

#### **IV. AUTHOR POSITIONS**

- 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, and group D the lowest, 2nd author would be appointed by group A, 3rd author by group B etc.

Example of a Study with 600 patients

Group A: 250 pts. = 6 authorship positions

Group B: 200 pts. = 5 authorship positions

Group C: 100 pts = 3 authorship positions

Group D: 45 pts = 1 position

Group E: 5 pts = 1 position

Result:

Principal Investigator (appointed by leading group), A1, B1,  
statistician, C1, D, E, A2, B2, C2, A3, B3, C3, A4, B4, A5, B5, A6.  
(A6 = senior author by strongest recruiting group)

#### **VI. ADDITIONAL PUBLICATIONS OF SUBGROUP DATA OR SUB-PROJECTS**

- First author should be of the group performing the analysis. Other groups should be mentioned and have co-authorship positions similar to the rules for primary and main publication. PI usually senior author.
- All sub-publications or meta-analyses can only be published after the full manuscript of the study has been published.
- Full paper on general analyses of secondary endpoints (eg prognostic factors etc.) should be shared among the groups with first author by group A, then 2nd general paper first author by group B etc.

#### **VI. PRESENTATIONS**

- The study should be presented as often as possible to give as many groups as possible the opportunity to present. Local and national presentations should be done by the national group (with mentioning all other groups, principle investigator usually senior author).