Revised May 2024

**NCTN AYA Publications Task Force Guiding Principles on Manuscript Authorship (Revised after call with statisticians)**

The NCTN AYA Publications Task Force was established by the leadership of the NCI to develop a guidance document for the authorship of primary and secondary manuscripts from adolescent and young adult (AYA)-focused NCTN trials that result from a collaboration between adult and pediatric programs. The members of the Task Force acknowledge the existence of policy and committees within each of the individual NCTN organizations that govern the authorship of publications, including the agreement to follow the lead group's policy for authorship for studies that represent cross-group collaboration. Such collaborations are common among the adult groups; AYA studies are unique in that they may require equal collaboration between the adult and pediatric groups and the authorship policies of those groups may not align as closely. The guiding principles in this document are to serve as a supplement to the lead group's policies for authorship of primary manuscripts reporting results from AYA-focused NCTN studies that result from such a collaboration and are not intended to replace existing policies.

The Task Force recommends the following principles:

1) The authorship requirements of all manuscripts resulting from NCTN-sponsored research must be consistent with ICMJE guidelines.

2) A preliminary authorship plan that is consistent with the existing policy of the study's lead group should be created at the time of study activation, with supporting documentation to justify inclusion of each proposed author. The study committee or team membership may be used to guide authorship selection. As a preliminary authorship plan, the proposed authorship may change over time and ongoing evaluation and documentation of the changes should be undertaken.

3) Aim for inclusiveness, including young investigators and discipline members who have contributed significantly to the study.

4) When possible abstracts will follow the same authorship principles, but limitations on the number of authors allowed by a meeting may result in some of the principles not being followed.

5) AYA trials benefit from the inclusion of medical and pediatric co-chairs, and other modality committees (example; radiation, surgery, translational science, immunotherapy, etc.). Co-primary authorship is recommended for manuscripts reporting trials where there is <u>significant effort</u> from adult and pediatric oncology co-chairs in the development and conduct of the study.

- Prioritization of journals which permit co-primary authors is recommended.
- Co-primary authorship is indicated by an *. If there are co-primary authors, the second co-primary would be 3rd, but can still be declared to be co-primary in the authorship section.
    - Example: Study led by COG: **Pediatric co-chair*,** COG Statistician**, Adult NCTN co-chair***, other study members (including study champions and accrual authors, adult NCTN Committee chair, COG committee chair).
- If the journal does not permit co-primary authors, listing the adult and pediatric co-chairs as the first and senior authors is recommended.

- Example: Study led by Adult NCTN Group: **Adult NCTN chair**, Adult NCTN Statistician, other study members (including study champions and accrual authors, COG committee chair, Adult NCTN Committee chair), **Pediatric co-chair**.

6) Authorship based on accrual has been critical in enhancing enrollment to adult NCTN trials and thus should be encouraged as a basis for authorship of manuscripts reporting AYA trials. Accrual author selection will be based on the lead group's authorship policies whenever possible. Weighting of the distribution of accrual authors by NCTN group enrollment to the study is encouraged. Each NCTN group would then be charged with determining how to allocate these positions. Recognition of additional accrual authors (especially for trials with large study committees) in the acknowledgment section may be considered.

6) Inclusion of additional study team or committee members representing each of the relevant NCTN groups is encouraged for AYA trials to broaden the adult or pediatric expertise, as well as provide mentorship and training for young investigators in the development and conduct of NCTN trials. These committee or team members would fill the NCTN Study Champion role and contribute scientifically to the development, conduct or analysis of the trial. The study representative is selected by the leadership of their Disease/Discipline Committee of the participating NCTN group in consultation with the Study Chair and Disease/Discipline Committee Chair of the lead group for the study. The byline order of these additional authors will be assigned by the study co-chairs. and based on the relative contributions made by each individual. In general, listing champions prior to accrual authors is recommended. Where contributions are equivalent, consideration for listing authors alphabetically and/or balancing representatives across NCTN groups is encouraged.

7) Study investigators supporting the work of correlative or ancillary studies (biomarkers, PK studies, patient reported outcomes, etc) may be included as co-authors in the primary manuscript. However, for manuscripts arising from studies with large committees, additional authors beyond the journal's maximum number may need to be listed in an appendix. All authors would still be pubmed indexed.

8) Outlining the likely secondary manuscripts at the inception of the trial along with the likely first/last authorship on those manuscripts is recommended. This will assist in clarifying that there will be distribution of significant authorship to a larger set of investigators.

9) A means of adjudicating authorship requests not covered by the lead group's policy, that is mutually agreed upon by representatives of the leadership of all participating groups, should be established by the time of the study's activation.

10) The Task Force recommends that these guidelines be applied as a pilot and re-evaluated after a year. The Task Force will be reconvened to identify barriers and facilitators to implementation and make recommendations for changes. Future changes may include development of a formal publications policy.

11) Maintaining consistency across all groups of the protocol front page outlining study co-chairs and champions would be beneficial.

11) A key aspect of ensuring equitable authorship plans for AYA trials is related to building trust across the adult and pediatric NCTN disease and discipline committees.

- Early engagement and collaboration across the NCTN groups through NCI led clinical trial planning meetings in key AYA diseases would be beneficial for the strategic development of new study concepts.