



AISBL International Non-Profit Association under Belgian law IVZW

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Disclosure of Results and Publication Policy

POL009

Version 3.0

ALWAYS REFER TO THE EORTC INTERNET WEBSITE TO CHECK THE VALIDITY OF THIS DOCUMENT

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1 PURPOSE

To describe the EORTC policy regarding the primary trial publication in respect to the timing of the release of results and publication in a peer-reviewed journal, the authorship rules, the rules for acknowledging contributors to the study and sources of funding and the review process within the EORTC Headquarters.

To define for each type of trial the exact conditions under which publication of safety, TR endpoints or results of ancillary studies related to the protocol may be published or presented to the medical community before the final results of the trial have been published, and to describe the associated authorization process.

The present policy however does not define a general EORTC rule for selecting authors among the clinical trial contributors, as each EORTC group has defined its own set of rules regarding this aspect. The present policy rather addresses specific problems (relation between Headquarters staff and EORTC Groups) or situations (i.e. intergroup, meta-analysis). It also proposes a clear statement with regards to the acknowledgment of trial participants and company participation as well as for acknowledging sources of funding.

2 DEFINITIONS

Primary endpoint(s): the outcome measure(s) that forms the basis of the statistical design and sample size of the trial. In most protocols, one single endpoint is specified as primary endpoint.

Secondary endpoint(s): all other endpoints of the protocol.

Trial maturity: a trial is considered mature when the criteria specified in the protocol for the analysis of the primary endpoint(s) has been reached. This criteria is typically expressed in terms of observed number of events for phase III trials with time to event endpoints, or number of patients assessed for the primary endpoint (for phase I and II trials and feasibility trials)

Ancillary studies: Separate studies that are attached to a protocol but address different objectives, they may be related to translational research, quality assurance, prognostic factors, pathology review.

Publication: any public release or dissemination of study results (abstracts, presentations, posters, full-length article, chapters in books, press release)

IDMC: EORTC Independent Data Monitoring Committee, an independent committee of clinicians and Statisticians whose task is to review the status of a clinical trial and make recommendations to the clinical research group concerning the trial's continuation, modification and/or publication

3 POLICY

The results of all EORTC studies are published, irrespective of the findings (statistically significant or not).

The publications conform to the CONSORT guidelines and to the International Committee of Medical Journal Editors guidelines on authorship.

All publications of results relating to EORTC trials must be submitted to the EORTC Headquarters for review

The name "EORTC" must be visible in the publication's header.

4 Responsibilities of the first author of a full-length article

The first author of a full-length article is responsible for;

- ◆ Writing a first draft manuscript of the full-length article, within 6 months of receiving the corresponding Analysis Report produced by the EORTC Headquarters and sending it to the EORTC Trial Statistician for review and approval by the EORTC Headquarters and co-authors.
- ◆ Ensuring that all authors have seen and approved the final manuscript prior to submission
- ◆ Submitting the final manuscript of the article to a peer-reviewed journal once it has been approved by all-co-authors and EORTC Headquarters, until it is accepted for publication.
- ◆ Reviewing the proofs of publication and answering any "letter to the editor" that the publication may have raised.
- ◆ The study coordinator is usually the first author of the primary trial publication

5 Release of EORTC trial results

The present policy is applicable to all EORTC trials and to Intergroup trials for which EORTC is the coordinating group.

Intergroup trials coordinated by a non-EORTC Group will usually follow the policy of the Coordinating group and are prospectively specified in the protocol specific Intergroup Agreement. This agreement should enforce that any publication of Intergroup study results that involve data from EORTC patients should be prospectively agreed.

5.1 Phase III trials

The results of EORTC phase III trials pertaining to the primary endpoint and to the secondary efficacy trial endpoints are not disseminated or published until the trial data are mature for the final analysis of the primary trial endpoint (as "end of trial" as defined by the protocol), unless it is authorized by an Independent Data Monitoring Committee (IDMC).

In general, publication of results before the end of the trial must be authorized by an IDMC, with the exception of the items listed below, that may be authorized by the Headquarters Clinical Research Physician and Statistician in charge of the study:

5.1.1 Toxicity and treatment compliance

Toxicity data and data relating to treatment compliance may be published before the publication of the primary endpoint of the trial, provided

- ◆ 1) the follow-up is long enough* to guarantee that reliable information on those aspects of the treatment is available and
- ◆ 2) there is no direct relationship between toxicity, treatment compliance or treatment duration and efficacy endpoints. *Guidelines for adequate duration of follow-up

** For a publication on late side effects, a median follow-up equal to the median expected time to occurrence of the side effects is mandatory. For acute toxicity data, a minimum follow-up of 3 months after the end of the*

treatment is required for all patients. For data pertaining to the compliance and feasibility of the treatment, all patients must have finished treatment.

Although not recommended, in very large trials (>1000) the publication may be restricted to a large enough subset of patients selected on the basis of objective pre-randomization criteria (entry date, institution, ...).

5.1.2 Quality Assurance/Quality Control

Protocol-specific quality programs may be separately published at any time of the recruitment or follow-up period provided they do not relate to any efficacy endpoint of the trial.

5.1.3 Quality of life results

These results shall not be published until ahead of the primary trial endpoint. This is to allow their interpretation in light of the therapeutic efficacy of the randomized treatments.

5.1.4 Ancillary studies

The development of prognostic and/or predictive models, surrogate marker studies and outcome research studies shall not be performed or published before the data are mature for the primary trial endpoint, as these directly relate to the trial endpoints.

Results of translational research studies (on baseline or follow-up material) may be published before the trial data is mature for the primary trial endpoint, provided the data maturity is sufficient to carry out the planned ancillary studies and provided they do not disclose relation to endpoint by randomized treatment. If they do, their publication is subject to authorization by the IDMC.

5.2 Phase II trials

Results of EORTC phase II trials are not publicly disseminated or published until the trial data are mature for the final analysis of the primary trial endpoint(s) (as defined by the protocol).

However, for the purpose of submission of abstracts to congresses, a draft version of the analysis report may be generated, if EORTC Headquarter team determines, prior to the abstract submission, that the inconsistencies remaining in the database will not affect the conclusions of the study, and that the database can be cleaned and locked in sufficient time to enable the preparation of the final statistical report by the time of presentation. In this case, the abstract should clearly stipulate that the results are not definitive and that definitive results will be presented at the congress.

In addition, preliminary results may be confidentially disclosed to a restricted committee for the purpose of designing a follow-up trial.

In multi-stage trials, the trial maturity is defined on the basis of the last planned stage of the trial. No data are released after intermediate stages, unless the conditions for ending the trial specified in the study protocol are met.

For parallel phase II trials (i.e. phase II that are built as a series of independent phase II trial in a single protocol), data maturity is defined separately for each cohort in the study protocol, thus a separate publication pertaining to that cohort is allowed.

Phase II-III trials and feasibility/phase III trials, results of the phase II or feasibility part may be released pending the conditions for data maturity for that part of the trial are met. However, the primary endpoint of the phase III can never be released before the conditions specified for phase III are met. The published results will report only on those patients entered during the corresponding phase of the trial. Once the trial is in its phase III phase, the rules specified for phase III apply.

The publication of the results of ancillary studies (e.g. translational research) is authorized at any time provided they do not mention the primary trial endpoint (usually response). Otherwise, they are subject to authorization by the IDMC.

5.3 Phase I trials

The interim publication of trial results is authorized at any time during the course of the study

6 Timing of preparation of publications

It is the responsibility of the Study Coordinator or first author of a publication to submit a draft manuscript of the full-length article within maximum 6 months of the issue of the corresponding statistical analysis report.

It is customary to present the trial results to the EORTC Group before the data are presented at international congresses.

7 Review and approval of draft publications

The first author is responsible for ensuring that all co-authors have seen and approved the final version of the publication prior to submission.

All publications reporting results of EORTC trials must be reviewed and approved by the EORTC Statistician and Clinical Research Physician in charge of the study.

All publications reporting results of EORTC trials must be reviewed and approved by the study coordinator(s).

Depending on the EORTC Group statutes, selected or all members of the Group Executive/Steering committee must be informed of all publications.

Whenever a third party is involved in a study (collaborative group and/or pharmaceutical company), the publication must be reviewed and approved by its identified representative before submission. The communication with the third parties is made via the EORTC Headquarters Project Manager.

A minimum delay is allowed to the co-authors to perform their review and feed-back their comments.

This minimum delay is prospectively agreed in the trial specific contracts with pharmaceutical companies and in the Intergroup agreement, for intergroup collaboration.

The following minimum delays are envisaged for the review by the EORTC Headquarters staff and co-authors from the EORTC groups:

- ◆ Abstracts: the minimum time is 3 working days
- ◆ Full-length articles: a minimum of 15 days

8 Authorship

In accordance with the International Committee of Medical Journal Editors, each author on an EORTC publication should have participated sufficiently in the work to take public responsibility for the content. All other contributors who do not meet sufficient criteria for authorship should be noted in the Acknowledgments section.

8.1 Publication of the primary trial results (primary endpoint)

8.1.1 Authors from the EORTC Groups

The first author of publication of primary trial results is the Study Coordinator who initiated the trial design. Other Study Coordinators are usually second, third or last author. Further co-author positions are attributed to the EORTC members who contributed most patients to the study, according to the EORTC Group specific Statutes.

8.1.2 Authors from the EORTC Headquarters

Two EORTC Headquarters representatives are co-authors. These two co-authors will usually be the Statistician and the Clinical Research Physician who were in charge of and contributed to the study of the group. Under specific circumstances either the Statistician or the Clinical Research Physician can be substituted as co-author and replaced by a statistically or medically qualified person (fellows, clinical coordinators..).

8.1.3 Authors from Quality of Life Group/Quality of Life Department , when applicable

Whenever HRQOL is a secondary endpoint and is not the subject of a separate paper but HRQOL results are included in the primary trial publication, the EORTC Group member who was leading the design and interpretation of the HRQOL part of the study is co-author on the primary publication, or alternatively, if no such person is available within the EORTC Group, a representative from the EORTC Headquarter's Quality of Life Department is co-author.

8.1.4 Authors from from Pharmaceutical companies in EORTC studies fully funded by Pharmaceutical companies

Representatives from the industry are generally not co-authors on publications of EORTC trial results. Their contribution in name may be acknowledged with that of other scientific contributors. Deviations from this rule must be agreed by the EORTC Executive Committee.

8.1.5 Authors from collaborative groups in intergroup studies with non-EORTC groups

The protocol specific "Intergroup Agreement" should prospectively specify the authorship policy agreed between the participating groups.

EORTC's principles vis-à-vis authorship in Intergroup trials are as follows:

- ◆ The first author on the publication of Intergroup trials is the Study Coordinator from the Coordinating Group.
- ◆ At least one author position will be attributed to each participating Group that contributed patients to the study.
- ◆ For additional co-authors or for a fixed total number of co-authors, the number of co-authors from a given Group is proportionate to the total number of patients that the Group contributed to the study.
- ◆ In addition, two representatives from the coordinating Data Center should be included as co-authors.
- ◆ Other rules regarding acknowledgement and visibility of "EORTC" in the title also apply.

8.2 Other publications (secondary endpoints, ancillary studies...)

The person who took the lead in conducting the ancillary study or research project is the first author. EORTC Headquarters staff who contributed to the analysis and publication are also co-authors. Other co-authors are selected amongst the other scientific contributors to the research project and EORTC members who contributed patient and data to the trial, according to the EORTC Group's rules.

Whenever HRQOL is a secondary trial endpoint which is the subject of separate publication, the first author of that publication will preferably be the person who took the lead on the design and interpretation of the HRQOL part of the study. Whenever no such person is available within the EORTC Group, the paper will be written by personnel from the EORTC Headquarters, usually from the Quality of Life Department. Co-authors will include at least representative from the EORTC Quality of Life Department, the Study Coordinator, and the EORTC statistician who performed the statistical analysis of the HRQOL data.

9 Acknowledgements in full-length articles

The acknowledgements will be supplied by the EORTC Headquarters during the review of the article.

9.1 Contributors to the study

ALL EORTC members who contributed patients to the study are acknowledged in the publication. The acknowledgement list should include the name of all participating institutions and the name of the clinicians involved with the trial at that institution. Whenever a trial participant has moved from one institution to another in the course of the study, that participant is listed with the institution to which he/she was affiliated at the time of starting his/her participation to the study, with the mention "(now at (new affiliation))"

EORTC Headquarters staff that made a substantial scientific contribution to the trial but are not co-authors should be mentioned in the acknowledgement section (i.e. data managers, monitors, project leaders, fellows...).

When appropriate, and following the rules prospectively agreed representative(s) from the pharmaceutical company(ies) supporting the study financially will also be acknowledged in the publication.

9.2 Sources of funding

9.2.1 Academic studies with or without partial support from Industry

For academic trials, all publications emanating under the EORTC label for an EORTC study should indicate the following acknowledgements:

- ◆ NCI core support to the EORTC must be acknowledged with the following statement, where the NCI grant numbers cover the year when the trial was started to the year when the publication was written. (NCI grant numbers are available on EORTC Intranet)

“This publication was supported by grant(s) number (through) from the US National Cancer Institute (Bethesda, Maryland, USA) Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Cancer Institute”.

- ◆ The name of the National Cancer League from the country of residence of the primary author publication should also be acknowledged if it provided core support to the EORTC in the year preceding the. This information is supplied by the Communication Office Assistant.

“We are grateful to the - Name of the Cancer League - from the - country of residence of the first author - for providing core support to EORTC through the EORTC Charitable Trust ”

- ◆ Either the Fondation Cancer or the EORTC Charitable Trust may also be acknowledged unless a pharmaceutical company is also acknowledged for having granted support to the trial. This information is provided by the Communication Office Assistant.
- ◆ Whenever specific grants were attributed to the trial or research, by EORTC, Cancer Leagues or Pharmaceutical companies to the support of the trial, these must also be acknowledged:

“This publication was supported by a grant from (e.g.) the Ligue Française contre le Cancer” or
“We are grateful to (PharmaCompany/Other funding source) for supporting this trial through an Educational Grant”

Or if an EORTC Translational Research Fund was given

“This research was supported (in part) by a grant from the EORTC Translational Research Fund”

- ◆ Whenever free drugs were offered by a pharmaceutical company, the acknowledgement section should indicate *“We are grateful to PharmaCompany for providing drug name for this study”* in addition.

9.2.2 Academic studies fully supported by the Pharmaceutical Industry

For EORTC trials that were fully supported by a pharmaceutical company, the NCI grants should not be indicated, nor the National Cancer Leagues, nor the Fonds Cancer or EORTC Charitable trust. Only the pharmaceutical support should be disclosed and acknowledged:

“We are grateful to PharmaCompany for supporting this independent EORTC study.”

9.3 Publications written by EORTC Fellows

For publications written by EORTC fellows, the acknowledgement section must in addition disclose the support from the Fellowship. For example:

“Fellow-name’s work as Fellow at the EORTC Headquarters was supported by a grant from Source of the Grant”

10 REFERENCES

| Document title | Reference (file name) |
|--|---|
| International Committee of Medical Journal Editors (Vancouver Group) - Uniform Requirements for Manuscripts Submitted to Biomedical Journals | http://www.icmje.org/ |
| Revised CONSORT statement | http://www.consort-statement.org |

11 DOCUMENT HISTORY

| REVISION HISTORY | | | |
|------------------|--|---|--------------------|
| Version N° | Brief Description of Change | Author | Effective Date |
| 1.0 | Initial Release (Authorship) | Patrick Therasse Richard Sylvester | |
| 2.0 | Modification to add the section on Release of results | Laurence Collette Richard Sylvester PatrickTherasse | |
| 2.1 | Clarification of the rules for the release of data from side studies in phase II and phase III. Addition of the chapter regarding the timing of the publications. Addition of the chapter on the NCI grants/sources of funding “Medical Advisor” changed into “Coordinating Physician”. | Laurence Collette Richard Sylvester PatrickTherasse | September 02, 2003 |
| 2.2 | Addition to section 4.1 of a mention of “EORTC” in titles of major publications, in authorship list if not possible | Laurence Collette | April 09, 2004 |
| 2.3 | Revamping of the introductory section 1. | Laurence Collette | January 20, 2005 |

| REVISION HISTORY | | | |
|------------------|---|-------------------|-------------------|
| Version N° | Brief Description of Change | Author | Effective Date |
| | <p>Expansion of section 6 to cover more sources of funding (TR funds, fellowship etc..)</p> <p>Clarification of section 4.1 pertaining to the list of trial participants.</p> <p>Addition of section 4.3. pertaining to secondary trial publications.</p> <p>Removal of references to HE unit in section 4.5.</p> <p>Other non substantial editing of the text.</p> | | |
| 2.4 | Addition of the acknowledgement of the National Cancer Leagues | Laurence Collette | November 25, 2005 |
| 2.5 | <p>Addition of definition of DM, CP, Stat, SC and DC Team</p> <p>Addition of the section 4.7 dealing with authorship for Data Center staff member who left the DC</p> | Laurence Collette | September 6. 2006 |
| 3.0 | Simplification of the text: sections 4.5 (HE) and 4.6 (meta-analyses) were deleted section 4.7 was moved to the new ST-007-WIN-01, definitions were deleted, a new chapter "Policy" and a new chapter "Responsibilities of the first author" were added. Other chapters were renumbered. The definitions were simplified. | Laurence Collette | March 2, 2009 |