

ENCORE appendix 14 - Authorship policy

We, as the study steering committee, as fully aware that authorship is a major motivating factor in centres participating. We intend to have an inclusive authorship policy.

As recommended by the International Committee of Medical Journal Editors (ICMJE), authorship will be considered based on contributions to recruitment of patients, data acquisition and cleaning, analysis and interpretation of the data, manuscript writing, and submission of national/local grants AND final approval of the version to be published AND agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

'The ENCORE investigators'

If you've significantly contributed towards the conduct of ENCORE then we want to recognise your work and include you in 'The ENCORE investigators'. Until the study analysis is complete, we won't have decided the destination journal and the interpretation of the ICMJE rules on authorship varies between journals. It would clearly be impractical to seek approval of the final version to be published AND agreement to be accountable for all aspects of the work for up to 2000 members of 'The ENCORE Investigators', this will be performed by the Writing Committee.

There is precedent with projects that have resulted in publications with hundreds or thousands of authors. For example, when EuSOS was published in the Lancet in 2012 (<https://www.ncbi.nlm.nih.gov/pubmed/22998715>) with almost 2000 authors. Or an analysis from ISOS published in Intensive Care Medicine (<https://www.ncbi.nlm.nih.gov/pubmed/28439646>) with over 2000 authors. However, similar publications in other journals, like the British Journal of Anaesthesia (<https://www.ncbi.nlm.nih.gov/pubmed/27799174>) or the European Journal of Anaesthesiology (<https://www.ncbi.nlm.nih.gov/pubmed/28633157>) list collaborators, rather than authors. Whether acknowledged as authors or collaborators, we will endeavour to ensure that everyone is acknowledged and incorporated into the MEDLINE database to ensure that PUBMED searches identify their efforts.

What do you mean 'significantly contributed'?

1. The national co-ordinators (NC) will be included.
2. Everyone on the Study Steering Committee (SSC) and Writing Committee will be included. The Writing committee will largely be comprised of the SSC.
3. For each centre that recruits a reasonable number of patients (see table 1) and has satisfactory data quality we will include the principal investigator and co-investigators.

We are deliberately not giving specific numbers for 'reasonable' and 'large' as experience from other similar studies suggests that this becomes seen as a target rather than a minimum. For the ENCORE study we hope for at least 40 patients/centre— but we expect this to vary depending on the size of the hospital. Equally important to the numbers of recruits are the completeness of the data and its quality. The SSC with the ESAIC office will adjudicate on these matters.

Table 1: Number of investigators named according to number of patients enrolled:

Number of patients completed	Number of investigators at that centre
15-39	1
40-70	2
71-100	3
>100	4

Manuscripts

The results of ENCORE and its sub-studies will be published in peer-reviewed international medical journals and presented at Euroanaesthesia and national meetings. We anticipate more than one manuscript:

- Main manuscript: The Steering Committee will be the main Authors of the manuscript. All other contributors of ‘The ENCORE Investigators’ will be acknowledged as contributors in this manuscript.
- Additional manuscripts. Equally, all members of ‘The ENCORE Investigators’ will be acknowledged in these manuscripts unless they are restricted to a single country. If these manuscripts are sub analyses of combined countries, these will also include those not recruiting to these countries. There will be separate Writing Committees for these manuscripts, still including the SSC but with leads from countries within these regions.
- Additional analyses. We anticipate additional analyses – both determined *pre-hoc* (prior to analysis) and *post-hoc* (after analysis). Any NC or PI is invited to suggest analyses and take over the lead after determination by the SSC. All members of ‘The ENCORE Investigators’ will be acknowledged in this manuscript.
- Studies that use ENCORE as the backbone to deliver additional assessments, potentially translational or physiological. These studies are encouraged by the SSC will be examined on a case by case basis.

This policy does not contradict the protocol or the FAQ but provides further detail.