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| Policy Name: Data Ownership | Policy Number: 10.1 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10 Publications Committee charter and mission guidelines

“The Publications Committee shall review existing policies and best practices concerning authorship of scientific publications, and shall recommend to the Executive Committee for its approval a set of requirements for authorship of Alliance publications. These requirements shall be in the form of a guidance policy for Alliance publications and shall address rules governing authorship and disclosure of conflict of interest for Alliance publications. The chair and vice chair of the Publications Committee shall include one individual who is a scientific leader and one who is a community oncology leader. The Publication Committee shall include representatives from the Central Protocol Operations Program and the Statistics and Data Management Program, as well as other members as deemed appropriate. The Publications Committee shall meet at a frequency of not less than once yearly. The Publications Committee shall also adjudicate in a timely manner any issues related to publication of Alliance manuscripts, and make recommendations concerning these matters to be acted upon by the Executive Committee.”

— Statement from the Alliance Constitutions and Bylaws

10.1 Data ownership

Data generated by Alliance Group activity, using Alliance resources, or associated with the Alliance belong to the Alliance. Therefore, the Alliance, through its publication policy, has oversight over the use and publication of any and all Group data. All planned abstracts or manuscripts reporting results of Alliance studies to a meeting or journal for publication are to undergo pre-submission review and approval, based on this Policy and Procedures document.

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| Policy Name: Committee Members | Policy Number: 10.2 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.2 Committee members

Members of the Alliance Publications Committee are nominated by the committee chair to serve 3-year terms (renewable one time), and are expected to attend a minimum of 75 per cent of committee meetings.

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| Policy Name: Group Review Members | Policy Number: 10.3 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.3 Group Review members

| Reviewer's Group Role | Comments |
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| All co-authors of publication | |
| Chair, Publications Committee* | |
| Chief Financial Officer | |
| Committee Chair | <i>Applicable studies only</i> |
| Director, Biospecimens and Correlative Science Operations* | <i>Translational studies only</i> |
| Director, Central Operations* | |
| Director, Regulatory Affairs | |
| Executive Officer | <i>Applicable studies only</i> |
| Group Administrator | |
| Group Chair* | |
| Group Statistician* | |
| Manager, Publications Operations | |
| NCI representative | |
| Industry representative, according to study agreement | <i>Applicable studies only†</i> |
| Executive Committee members | <i>Half of the EC membership (excluding those asterisked in this table) is selected to review publications in 6-month rotations</i> |

*Member of the Executive Committee who reviews publications in all rotations.

†Determined by Director of Regulatory Affairs

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| Policy Name: Abstract and Manuscript Preparation | Policy Number: 10.4 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.4 Abstract and manuscript preparation

10.4.1 General principles

The Alliance guidelines build on the publicly available *International Journal of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (<http://www.icmje.org>).

The study chair is responsible for providing leadership and writing manuscripts/abstracts for publications that describe an Alliance study. The document entitled “CHECKLIST – Recommended Content for Alliance Manuscripts and Meeting Abstracts” provides guidance related to title page, authorship, acknowledgements, scientific content for different sections, as well as template wording for support, monitoring, informed consent, locations of data collection and statistical analyses, randomization scheme, quality assurance, meta- or pooled analysis, and data lock. All authors are expected to review and follow this checklist.

The study chair sends the initial draft manuscript/abstract to all the co-authors for review, including the faculty and staff statisticians. All authors, including those assigned authorship based on accrual, are responsible for careful and meaningful review. The first author takes into account all comments and suggestions by co-authors and incorporates them into the revised draft, as appropriate. After initial co-author review, the study chair sends the revised draft to the publications coordinator (publications@AllianceNCTN.org) as an MS Word file; this way the Alliance files are properly up to date. This revised draft is sent for Group Review (see sections 10.5.3 and 10.5.4).

It is the responsibility of the corresponding author to collect and send to the journal all journal-specific conflict of interest forms prior to manuscript submission for publication. Any individual with a conflict of interest that is sufficient to make them ineligible for a study chair role cannot serve as either first or senior (last) author of an Alliance publication.

10.4.2 Cover page

It is important for the study number(s) to appear early in the manuscript/ abstract for ease of retrieval in literature searches. The title section of the cover page of the manuscript should indicate the Alliance or legacy study number(s) about which the manuscript is written. As example: “Phase III Alliance A1K study of drug A vs. drug B for treatment of X”. For abstracts and manuscripts generated from the ACOSOG, CALGB, and NCCTG legacy groups, recommendation is to add “Alliance” after the study number. As example: “Phase III ACOSOG A1K (Alliance) study of drug A vs. drug B for treatment of X”.

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If it is not possible to include all study numbers in the title, the author should insert wording such as “A combined analysis of Alliance studies” in the title; include the study numbers within the abstract or introduction section.

Each cover page of a manuscript also indicates the supporting grant numbers for all authors listed. This is done by use of a footnote after each author's name, with the footnote itself containing the name and location of the main member institution in which the author was affiliated when the study was activated, followed by the National Institutes of Health (NIH) grant number. Appropriate acknowledgment of other funding sources should be included as well (e.g., the Breast Cancer Research Foundation or company XYZ).

10.4.3 Authorship

Alliance authorship guidelines follow those of the publicly available [International Committee of Medical Journal Editors \(ICMJE\)](#) recommendations for authorship:

“The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; **AND**
- Drafting the work or revising it critically for important intellectual content; **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.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged.”

If there are questions or discrepancies related to author order based on the study chair’s decision and the publications guidelines, as seen below, arbitration is required by the Alliance Publications Committee chair and the Alliance Group chair, with input from the other Group Review members.

10.4.3.1 Publication on the primary study endpoint

The listing and order of authorship for a manuscript/abstract for a primary study endpoint is determined by overall workload contribution, intellectual

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contribution, and participant accrual. Each author is responsible for obtaining any required clearances from his/her own institution (or network).

The first author of the manuscript/abstract is usually the study chair or co-chair. A study chair who moves to a non-Alliance institution may continue to serve in the full capacity of study chair with the agreement of the appropriate committee chair and if no conflicts of interest have arisen because of the move of the study chair. The original study chair therefore retains authorship rights by virtue of serving in the full capacity of the study chair role.

The first author is generally followed by the study’s primary statistician. Authorship should be granted to the responsible executive officer. The study community co-chair should be included as an author if appropriate by ICMJE recommendations stated above. If the modality co-chair participated in the design of the study and wrote the modality section of the protocol, they should be an author on primary endpoint publications. Pathologists, radiologists and other specialists who perform quality assurance (QA) for a study should be included in the authorship of any publications that result from the study, unless the publication is independent of QA results of their findings. The decision for inclusion of an Alliance quality assurance specialist/data manager, clinical research professional or nurse as a co-author is to be made by the study chair in consultation with the primary statistician and disease/modality committee chair, and must be made according to ICMJE recommendations.

Other individuals making significant contributions according to ICMJE recommendations may be listed.

Institutional authorship based on accrual is separate from (and in addition to) study chair, committee chair or other contributors. Institutional authorship representation on primary study publications is awarded to an institutional network whose participant accrual contribution fulfills the following guidelines:

| Total number of participants in the study | Number of participants at a network, based on total study accrual |
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| Fewer than 100 total study accrual | 25% of the total or 8 participants, whichever is less |

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| 100 – 199 total study accrual | 8% of the total or 12 participants, whichever is less |
| 200 – 299 total study accrual | 7% of the total or 17 participants, whichever is less |
| 300 – 399 total study accrual | 6% of the total or 21 participants, whichever is less |
| 400 – 499 total study accrual | 5% of the total or 22 participants, whichever is less |
| 500 or greater total study accrual | Authorship is awarded to the three networks that accrue the most participants, not based by percentage or number of participants enrolled |

The principal investigator of a network makes the assignment of authorship after being informed by the publications operations manager or publications coordinator of institutional merit. The network principal investigator is best suited to determine the assignment of authorship and may assign himself/herself, another physician in the same or another specialty, or an individual from the main member or an affiliate. In most cases, authorship is assigned to the highest accruing investigator in the institutional network. Institutional nurses or clinical research professionals making significant contributions should also be considered for authorship. Generally, the individual given the authorship assignment should be someone who was working at the institution during the period of accrual and who made substantive contributions to accrual at the institution. All authors should be included in manuscript preparation and approval.

For manuscripts/abstracts involving other National Clinical Trial Network (NCTN) group studies, it is not necessary to include all other NCTN group institutions, but it is expected that groups that endorsed the study and enrolled >10% of patients should have at least one author included in the report of treatment studies.

All primary manuscripts (excluding those for multi-group studies) also acknowledge each institution that enrolled participants on the study, as an appendix. The relevant local principal investigator, their institution, and grant numbers are listed in that appendix.

When the study is a limited access pilot of fewer than 30 patients, involving only a few institutions, the study chair, primary statistician and committee

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chairs should discuss authorship. Ideally, all institutions participating will be represented.

10.4.3.2 Publication on a secondary (correlative) study

A secondary (correlative) study may include observations utilizing existing datasets or compilation of results from several studies. The secondary study may have been approved as a sub-study in an original protocol document, or may be a new study that was proposed by an Alliance or non-Alliance investigator. The work may involve biospecimens, quality of life, symptom analyses, and economic analyses, among others. The intention of the Alliance authorship policy is to be appropriately inclusive, consistent with authorship guidelines from major journals and the ICMJE.

Information related to the Alliance and its grant numbers should be in the face page of secondary manuscripts.

1. Authorship on publications of a secondary study included in the original Alliance or legacy protocol

All of the following are invited to participate in review of abstract/manuscript data, publication development and approval and should receive authorship if appropriate by ICMJE recommendations:

- Study chair, study co-chair, executive officer, and community co-chair of the original study. Authorship by a modality co-chair on secondary endpoint publications should be a function of their involvement in the secondary analysis.
- Study chairs from other cooperative groups that accrued patients or samples to the secondary study
- Correlative study statistician and primary statistician of the original study if different
- Pathologists, radiologists and other specialists who perform quality assurance (QA) for the study, unless the publication is independent of QA results of their findings.
- Accrual authors
For accrual authors on CALGB and NCCTG publications, the principal investigator of the highest accruing network selects the network author based on investigator accrual or other study contribution. No minimum accrual threshold is required for the network or selected author.

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2. Authorship on publications of a secondary study not in an original Alliance or legacy protocol; study proposed by Alliance investigator

New secondary studies include observations utilizing existing datasets or specimens, or a compilation of results thereof from several studies that were not part of the original objectives of the primary study or studies.

- a. When manuscripts/abstracts are prepared for new secondary studies, potential authorship should be extended to the following, but final authorship determination should be based on ICMJE recommendations
- Study chair(s) of original Alliance study or studies, correlative study statistician, primary statistician of original Alliance study or studies. Co-chairs from other cooperative groups that accrued any patients or specimens may be included if Alliance author or Alliance committee chair requests.
 - Pathologists, radiologists and other specialists who perform quality assurance (QA) for a study, unless the publication is independent of QA results of their findings.
 - Researchers performing the secondary study

After primary study chair(s), primary statistician(s), QA specialists and researchers, other investigators who were involved in the primary study or studies may not necessarily be included in secondary study publications; instead, authorship is determined by an individual's contribution specific to the secondary study and by ICMJE recommendations. Order of authorship should reflect the magnitude and effort contributed by each author to the secondary analyses, which may be independent of the primary studies' analyses or accrual.

- b. Authorship based solely on accrual is not a criterion for this category of abstract or manuscript. Accrual investigators are recognized in an acknowledgement section rather than with authorship, unless they are among the investigators

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conducting the secondary use study, in which case authorship depends upon contribution. It is expected that all investigators who contributed data to the secondary analyses will also

- be involved in interpretation of those data
- be given the opportunity to participate fully in preparation of resultant manuscripts/ abstracts
- be acknowledged as co-authors on those manuscripts/ abstracts.

This may also apply to non-tissue secondary abstracts/ manuscripts if the data collected by the investigators from the collaborative groups will be utilized.

3. **Authorship on publications of a secondary study not in an original Alliance or legacy protocol; study proposed by non-Alliance investigator**

This category includes abstracts and manuscripts led by outside investigators who have been granted access to Alliance data or biospecimens.

Authorship decisions regarding the non-Alliance correlative study chair and statistician and non-Alliance researchers performing the secondary study are made by the non-Alliance investigator and team.

NCI rules do not mandate that the Alliance investigators be considered for authorship. We suggest that outside investigators consider including the following Alliance leadership team in the preparation and formal approval of the manuscript:

- Alliance study chair(s), of original Alliance study or studies
- Alliance primary statistician(s) of original Alliance study or studies
- Investigators who contributed annotated tumor specimens

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| Policy Name: Abstract and Manuscript Timelines | Policy Number: 10.5 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.5 Abstract and manuscript timelines

10.5.1 Timelines for abstract and manuscript preparation

The process of abstract and manuscript generation for phase III studies begins promptly after the Alliance Data and Safety Monitoring Board (DSMB) has determined that the study results may be released and the study chair has completed case evaluations. For phase II studies, the process begins when the study chair has received the study summary from the study's primary statistician. Of note, the statistician may need to conduct additional analyses in collaboration with the study team. Once the statistical analyses are completed, the statistician sends a copy of the analyses to the study chair and notifies the disease/modality chair (refer to the Statistical Summary Report Timelines Document).

The first abstract/manuscript is expected to be based on the mature primary endpoint of the study. Submission of abstracts before data on the primary endpoint are completed is not generally endorsed, but may be considered on individual cases. Some examples are description of unexpected toxicities, enrollment procedures or data, and companion studies that are not dependent on the primary endpoint. This decision to submit an abstract before primary endpoint data are mature is made as a collaborative effort between the study chair, study primary statistician, committee chair, Group chair, and Publications Committee.

Almost all abstracts submitted to a meeting must be followed by a full manuscript (except in special situations that should be discussed with the Alliance Publications coordinator prior to the abstract submission); the manuscript should be sent to the Alliance publications coordinator (publications@AllianceNCTN.org) for Group Review no later than 6 months after the meeting. We suggest that the abstract author create a draft manuscript by the time of meeting presentation using the statistical analysis that is prepared for the meeting abstract to optimize time and effort. This initial draft can be used as a guide from which to develop a final version that is sent to potential co-authors, etc., prior to submission to the Alliance publications coordinator.

For publications in which an abstract is not prepared prior to developing a draft manuscript, the draft manuscript should be sent to the publications coordinator within 2 months from completion of the statistical summary report.

10.5.2 Delinquency in manuscript preparation

As stated above, it is expected that a draft manuscript is completed at the time of data presentation at a medical meeting. When a study chair has not completed a draft manuscript according to this timeline, the disease or modality committee chair

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initiates a discussion with the study chair, as a warning (cc to publications@AllianceNCTN.org). After receiving a warning notice from the committee chair, the study chair has 30 days to submit a first draft of the manuscript to the protocol office.

If the study chair is unable to complete the manuscript in the expected time period, 2 actions by the disease and modality committee chairs may follow: (1) reassignment of first authorship and (2) prevention of the delinquent author from chairing a future Alliance concept or study for at least one year. The appropriate disease and modality committee chairs then request from the Group chair (and Publications Committee chair) permission to reassign the manuscript to an investigator responsible for a large percentage of accrual or with a substantial intellectual contribution to the study. The reassignment of authorship of a paper rests with the appropriate disease or modality chairs, who should in turn notify both the new author and the study's executive officer of the reassignment. The disease or modality chair should clarify to the new author that the first draft of the manuscript should be ready within 30 days after re-assignment.

10.5.3 Timelines for review and revision of abstracts submitted to the Alliance publications coordinator

A meeting abstract must be submitted by the first or corresponding author to the publications coordinator (publications@AllianceNCTN.org) as a Word document at least 2 weeks prior to the meeting abstract submission deadline. The author receives scientific comments from Group reviewers typically within 2 days. Comments concerning authorship may also be sent to the corresponding author. After revising the abstract based on Group Review, the first author must send the revised abstract to co-authors for their approval. When the abstract is accepted, the author must send the acceptance email and the final submitted abstract to all co-authors and to the publications coordinator within 1 week after acceptance.

10.5.4 Timelines for review and revision of manuscripts submitted to the Alliance publications coordinator

The publications coordinator (publications@AllianceNCTN.org) reviews authorship within 2 working days and submits the authorship to the study chair within those 2 working days. Barring any discrepancies or concerns between the study chair and publications coordinator's list and order, the publications coordinator submits the manuscript for Group Review within 2 working days. The Alliance manuscript review (aka Group Review) members are described in the Group Review section above.

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Reviewers are expected to provide written input to the publications coordinator within 7 working days. All abstracts and manuscripts (except [those resulting from data sharing](#)) must be reviewed by an independent Alliance faculty statistician.

All comments from the Group Review should be sent to the manuscript's first author, the corresponding author, the chair of the Publications Committee, and the publications operations manager. The first author is expected to discuss suggestions with the study statistician, review comments, and complete a second version of the manuscript within 4 weeks. Inability to meet this timeline should be discussed with the modality/disease committee chair. Based on the situation, further discussion with the Publications Committee chair may be required, to better assist the author.

10.5.5 Approval of abstracts and manuscripts

All comments received from reviewers during Group Review are sent to the chair(s) of the Alliance Publications Committee. The Publications Committee chair(s) are responsible for approving abstracts and manuscripts, or requesting revisions followed by re-review.

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| Policy Name: Abstract or Manuscript Submission | Policy Number: 10.6 |
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10.6 Abstract or manuscript submission to meeting or journal

The study chair revises the manuscript/abstract based on internal and external reviews outlined above and sends the co-authors the revised publication for their approval. The author submits the approved manuscript/abstract to the journal or association for review, complying with all submission requirements. The study chair also sends a copy of the submitted manuscript/abstract to the publications coordinator for inclusion in the Alliance publication files within 1 week after submission.

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| Policy Name: Publication of Abstract or Manuscript | Policy Number: 10.7 |
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10.7 Publication of abstract or manuscript

The study chair/corresponding author advises the publications coordinator (publications@AllianceNCTN.org) of the status of all abstracts and manuscripts submitted to a meeting or journal for publication. Letters of acceptance and a PDF file of the published abstract or printed manuscript must be sent by the study chair/corresponding author to the publications coordinator within 14 days of availability. This is necessary for the Alliance publication files to be accurate and complete (including the full citation). This material is reviewed every 3 months by the Publications Committee. To facilitate access to Group study results, Alliance publication citations are posted in the publications section on the Alliance Web site.

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| Policy Name: Press Release | Policy Number: 10.8 |
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10.8 Publicizing Research Information

All communication related to the dissemination of Alliance research to external audiences is handled by the Alliance communications specialist. This includes all written or recorded communication (i.e., press releases, news releases, press statements, video releases) directed to members of the news media, stakeholders, and the public, regarding the activation, progress, results and findings of Alliance research. This also relates to all communication generated by an institution or industry partner based on Alliance research. Such communication must be submitted the communication specialist (communications@AllianceNCTN.org) for review at least one week prior to its release. Also refer to Section 14.3, Dissemination of Information to the General Public.

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| Policy Name: Summary of Study Results for the Public | Policy Number: 10.9 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.9 Summary of study results for the public

The lead author must submit the completed plain language study results summary template to the publications coordinator (publications@AllianceNCTN.org) when the manuscript is sent for Alliance Group review. If a manuscript is not accompanied by a completed template, Group review will be delayed until its receipt.

For a phase III or randomized phase II study, a public study result summary of the trial design, goals and results is created by the Publications Committee, with input from the lead author of the manuscript, Patient Advocate Committee and Oncology Nursing Committee, using the plain language template for consistent and understandable information. The primary audience for public study result summaries includes study participants.

The Alliance web content administrator posts the public summary to the Alliance website at a time that coincides with publication of the manuscript.

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| Policy Name: Public Access | Policy Number: 10.10 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.10 NIH Public Access Policy compliance

The U.S. government provides full-text content of scientific journal literature to the public through PubMed Central. All peer-reviewed journal articles resulting from Alliance NIH funding that are accepted for publication on or after April 7, 2008 must appear in PubMed Central no later than 12 months after the official publication date, according to NIH Public Access Policy NOT-OD-08-033. In PubMed Central, they may appear as either accepted final peer-reviewed manuscripts or final published articles (see definitions in table 1 below). **Failure to comply may result in withholding of federal funds to the Alliance.**

The level of author involvement in compliance depends upon the journal in which the manuscript is published. Most journals assist the author in submitting a journal article for use by PubMed Central (formatted as either the accepted peer-reviewed manuscript or final published article). In rare situations, the author may be entirely responsible for completing this process (e.g., manuscripts published in *Leukemia & Lymphoma*). Some journals provide assistance options that must be selected by the author at the time of manuscript submission. Therefore, **at the time of manuscript submission**, the first author should consult with the journal or visit the journal Web site to determine the journal's method to assure compliance with the NIH Public Access Policy.

The table below provides a summary of the document submission methods (methods [A](#), [B](#), [C](#) and [D](#), as described by NIH) and document approval steps required by NIH for compliance. It also indicates, by method, the responsible parties and journals that frequently published Alliance manuscripts. The table is based on NIH training, and was developed by the Alliance to consolidate instructions for authors. In summary, the author need not submit or approve the document when publishing in a journal that uses Method A or B, although most publishers that offer Method B charge an extra fee. The author need only provide approvals when a journal uses Method D. The author is responsible for both manuscript submission and approvals when a journal uses Method C. **Under Alliance policy, the author must ensure that all steps are taken to comply with NIH requirements.**

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Submission methods, process steps and responsible parties for compliance with NIH Public Access Policy*

| Steps in Process | Submission Method Used by Journals and Responsible Party | | | |
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| | If journal uses Submission Method A: Publisher posts published article to PMC no later than 12 months after publication. | If journal uses Submission Method B: Same as Method A, except author must opt for publisher assistance (usually for a fee). | If journal uses Submission Method C: <i>Upon manuscript acceptance</i> , author submits manuscript via NIHMS system. ‡ | If journal uses Submission Method D: <i>Upon manuscript acceptance</i> , publisher submits manuscript via NIHMS system. ‡ |
| Step 1: Submitting the file € | Publisher submits the final published article † to PMC, in XML format. | Publisher submits the final published article † to PMC, if author opted for this method. | Author submits the final accepted peer-reviewed manuscript † in PDF format into the NIHMS. € NIHMS converts to PMC native format. | Publisher submits the final accepted peer-reviewed manuscript † in PDF format into the NIHMS. € NIHMS converts to PMC native format. |
| Step 2: Approving submitted materials (Required step after submitting the file) € | Publisher approves | Publisher approves | Author approves via NIHMS, after notification from NIHMS of action required. € | Author approves via NIHMS, after notification from NIHMS of action required. € |
| Step 3: Approving PMC web version (Required step after NIHMS or PMC creates web version) | Publisher approves | Publisher approves | Author approves via NIHMS, after notification from NIHMS of action required. | Author approves via NIHMS, after notification from NIHMS of action required. |

* Based on information available at <https://publicaccess.nih.gov> as of July 1, 2014.

† **Final published article:** journal's authoritative copy of the paper, including all modifications from publishing peer review process, copy editing/style edits, formatting. **Final accepted peer-reviewed manuscript:** author's final manuscript of peer-reviewed paper accepted for publication, including all modifications from the peer review process. Only one version of paper must be submitted.

‡ [NIHMS](#): the National Institutes of Medicine Manuscript Submission System.

€ For Methods C and D, steps 1 and 2 must be completed within 90 days after article's official date of publication in order to be compliant with NIH public access policy. This is to allow completion of processing steps and PMC posting by 12 months after publication.

Training on an author's responsibilities in complying with the NIH Public Access Policy is provided at <http://publicaccess.nih.gov/communications.htm> and <http://www.nihms.nih.gov/help/#slideshow>. Answers to frequently asked questions are available at [NIHMS FAQ](#). To ask questions about the process of compliance with the NIH Public Access Policy, authors should contact the NIHMS or PubMed Central help desks using the following URLs:

NIH Public Access: PublicAccess@nih.gov

NIHMS: https://nihms.nih.gov/db/sub.cgi?page=email&from=grant_suggest&mid=

PubMed Central:

http://www.ncbi.nlm.nih.gov/sites/ehelp?Ncbi_App=entrez&Db=pubmed

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| Policy Name: Quick View of Alliance Publications Timelines | Policy Number: 10.11 |
| Section: Publications – 10.0 | Date Revised: January 1, 2018 |

10.11 Quick view of Alliance publication timelines

| Type of publication | Timelines | | |
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| | <u>Initial Author Deadline</u> | Group Review Period | <u>Subsequent Author Deadlines</u> |
| Meeting abstract | <i>Send to publications coordinator:</i> 2 weeks prior to meeting submission deadline or per online schedule | 2 days for scientific review 7 days for operations review during high volume | <i>Send to publications coordinator:</i> 1. Copy of submitted abstract within 1 week after submission 2. Acceptance email and PDF of published abstract no later than 2 weeks after available |
| Manuscript with no prior meeting abstract | <i>Send to publications coordinator:</i> 2 months after completion of the statistical summary report along with completed public study summary template, if applicable | 7 days for scientific review | <i>Send to publications coordinator:</i> 1. Next draft within 4 weeks 2. Notification of submission and submitted manuscript within 1 week after submission 3. Acceptance letter and PDF of published manuscript no later than 2 weeks after available |
| Manuscript that follows a meeting abstract | <i>Send to publications coordinator:</i> 6 months after presentation at meeting along with completed public study summary template, if applicable | 7 days for scientific review | <i>Send to publications coordinator:</i> 1. Next draft within 4 weeks 2. Notification of submission and submitted manuscript within 1 week after submission 3. Acceptance letter and PDF of published manuscript no later than 2 weeks after available |
| Alliance-approved manuscript submitted to journal | Journal submission: Determine the journal's NIH Public Access Policy method to assure compliance with government policy if manuscript is accepted | NA | NA |
| Accepted manuscript | Manuscript acceptance: Submit to NIHMS for use by PubMed Central if journal does not assist; respond to NIHMS requests for approval | NA | If submission Method C or D was used, provide in NIHMS: Approval of submitted or posted materials Approval of PMC web version |
| External study communications, if applicable | <i>Send to publications coordinator and communications specialist:</i> 1 week prior to press release | 1 week | NA |

Contact information

Alliance publications coordinator: publications@AllianceNCTN.org

Alliance communications specialist: communications@AllianceNCTN.org

PubMed Central: http://www.ncbi.nlm.nih.gov/sites/ehelp?Ncbi_App=entrez&Db=pubmed

NIHMS: https://nihms.nih.gov/db/sub.cgi?page=email&from=grant_suggest&mid=