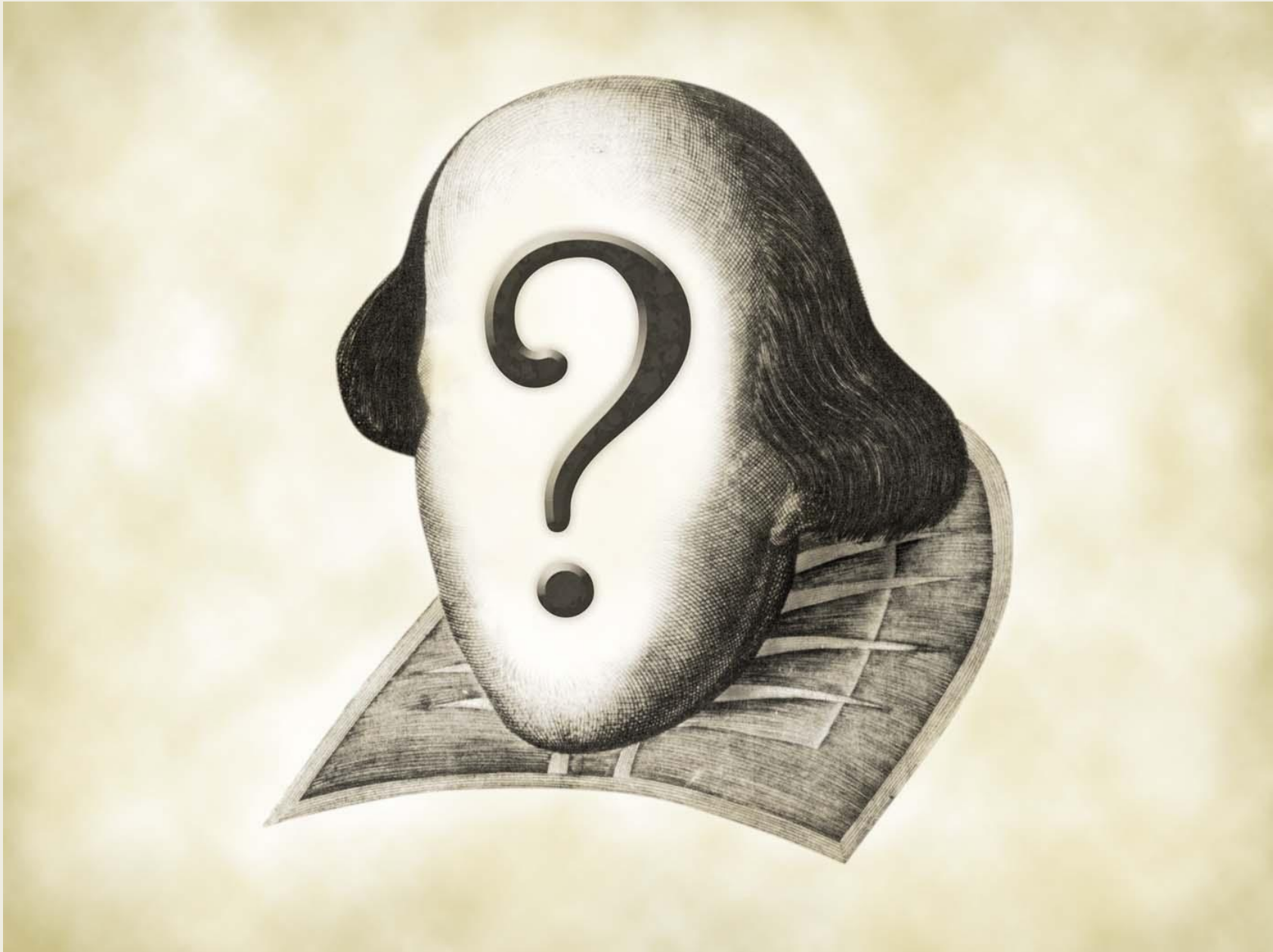




WHY AUTHORSHIP MATTERS?

E Bahramali MD
FACS



Authorship confers **credit**

It has important *academic*, *social*, and *financial* implications

Authorship also implies **responsibility** and **accountability** for published work



The ICMJE criteria for authorship



1. Substantial contributions to the *conception* or *design* of the work; or the *acquisition*, *analysis*, or *interpretation* of data for the work; **AND**
2. **Drafting** the work or **revising it critically** for important intellectual content; **AND**
3. Final **approval** of the version to be published;
4. 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*.
- All individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.

Corresponding Author



- Primary responsibility: communication with the journal during the manuscript submission, peer review, and publication process
- It is **often** translated to **seniority**
- These duties may be delegated to one or more coauthors
- After publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication
- ICMJE recommends that editors send copies of all correspondence to all listed authors

Corresponding author: The person who receives the reviewers' comments, the proofs, etc. and whose contact details are printed on the article so that readers can request reprints or contact the research group. Journal editors view this as a **purely administrative role**, but some authors equate it with seniority. Take the views of your co-authors at an early stage, and decide in advance who will be the corresponding author. Ideally, choose somebody whose contact details are not likely to change in the near future.

First and Last Authors



first

- The most sought-after position is first
- S/he is held to have the greatest contribution to the research
- Sometimes **significance** is attached to being the **last named author**
- Authors have often given the last place to a **senior** team member who contributed expertise and guidance

Group Authorship



- Large multi-author groups ideally should decide who will be an author **before** the work is started
- All members of the group named as authors should **meet all four criteria** for authorship.

Corporate Names

- **PERSIAN researchers**
- The problem was that Medline miscodes the group name and the first alphabetically ordered name becomes the first author by default. This has been taken care of since 2015.
- The **absence of a standard format for citation of group-author articles** leads to difficulty in the location of such articles in bibliographic databases and has resulted in citation errors and miscalculated citation statistics.

Problems With Indexing and Citation of Articles With Group Authorship FREE

Kay Dickersin, PhD; Roberta Scherer, PhD; Eunike Sri Tyas Suci, MA; Michelle Gil-Montero

[\[+\] Author Affiliations](#)

JAMA. 2002;287(21):2772-2774. doi:10.1001/jama.287.21.2772.

Text Size: [A](#) [A](#) [A](#)

Article

Figures

References

ABSTRACT

Context It is not known whether articles with group authorship (ie, with a research group name listed as the author) are difficult to identify or whether use of group authorship may lead to problems with citation.

Methods To examine ways in which reports of controlled trials with group authorship are indexed and citations counted in bibliographic databases, we conducted a cross-sectional study in January 2000. We identified 47 controlled trials funded by the National Eye Institute and 285 associated articles. Between January and August 2000, we searched PubMed and Science Citation Index (SCI) and recorded the citation practices for these articles. Our main outcome measures were ways in which trial reports were listed in PubMed and SCI and number of citations to each report by type of authorship.

Results Of the 285 published reports identified, 126 (44%) had group authorship, 109 (38%) had modified group authorship (listing individual names plus the name of the research group), and 50 (18%) had named authors only. In PubMed, no group authors were listed in the author field (per MEDLINE rules); in SCI, group-authored reports generally were incorrectly attributed (first name on investigator list [35.3%], first name on writing committee [25.5%], contact name [16.7%], anonymous [16.7%], and other [5.9%]). Using the SCI general search, we identified citations to 16.7% of group-authored reports, compared with citations to 96.9% of reports with modified group authorship and 93.9% of citations to reports with named authors only. Other systematic search methods found that more than 98% of group-authored reports actually had been cited and that group-authored reports were cited more than other reports.

Conclusions Indexing systems are not optimally adapted to group authorship. We recommend that indexing services change their practices to include group authors in the author field to help correct the problem.

- The corresponding author **should specify the group name if one exists**, and clearly identify the group members who can take credit and responsibility for the work as authors.
- The **byline** of the article identifies who is directly responsible for the manuscript, and **MEDLINE lists as authors whichever names appear on the byline**.
- If the byline includes a group name, MEDLINE will list the names of individual group members who are authors or who are collaborators, sometimes called non-author contributors, if there is a note associated with the byline clearly stating that the individual names are elsewhere in the paper and whether those names are authors or collaborators.

- NLM and ISI are urged to list both the group name and the names of the individual authors, **when both are published in the byline** and/or as **authors footnotes**, all citations and indexes.
- NLM uses the PDF version of an online article as the primary version for verifying bibliographic data.
- NLM prefers that authorship and collaborator data be in the full text of the article rather than associated with the article in a supplementary online file. If, however, these data are recorded in a supplementary file, then two conditions must be met:
 - *provide a clear indication in the main article of how to find these data, perhaps through the use of footnotes or other statements that can be easily found from the **byline** area, the **bottom of the first "page"** of an article, or **near the acknowledgements area** at the end of an article, and*
 - *publish the supplementary file with the article (do not link out to another Web site).*

- There is currently no limit to the number of authors that may be included for a MEDLINE citation.
- Group author names (also known as corporate, organization or collective names) are included in MEDLINE when such names appear in the article byline.
- Effective 2016, the group name must be in the byline to be reflected as an author in the MEDLINE citation.

When a group name for a specific consortium, committee, study group, or the like appears in an article byline, the personal names of the members of that group may be published in the article text. Such names are entered as collaborator names (also called investigator names) for the MEDLINE citation.

Example

A PubMed Abstract display of a citation that includes personal authors, group author, and a link to collaborator names:

[Nat Genet.](#) 2008 Jan;40(1):26-8. Epub 2007 Dec 16.

Common genetic variants at the CRAC1 (HMPS) locus on chromosome 15q13.3 influence colorectal cancer risk.

[Jaeger E¹](#), [Webb E](#), [Howarth K](#), [Carvajal-Carmona L](#), [Rowan A](#), [Broderick P](#), [Walther A](#), [Spain S](#), [Pittman A](#), [Kemp Z](#), [Sullivan K](#), [Heinimann K](#), [Lubbe S](#), [Domingo E](#), [Barclay E](#), [Martin L](#), [Gorman M](#), [Chandler I](#), [Vijayakrishnan J](#), [Wood W](#), [Papaemmanuil E](#), [Peneqar S](#), [Qureshi M](#); [CORGI Consortium](#), [Farrington S](#), [Tenesa A](#), [Cazier JB](#), [Kerr D](#), [Gray R](#), [Peto J](#), [Dunlop M](#), [Campbell H](#), [Thomas H](#), [Houlston R](#), [Tomlinson I](#).

[+ Collaborators \(25\)](#) ←

[+ Author information](#)

Abstract

We mapped a high-penetrance gene (CRAC1; also known as HMPS) associated with colorectal cancer (CRC) in the Ashkenazi population to a 0.6-Mb region on chromosome 15 containing SCG5 (also known as SGNE1), GREM1 and FMN1. We hypothesized that the CRAC1 locus harbored low-penetrance variants that increased CRC risk in the general population. In a large series of colorectal cancer cases and controls, SNPs near GREM1 and SCG5 were strongly associated with increased CRC risk (for rs4779584, $P = 4.44 \times 10^{-14}$).

PMID: 18084292 [PubMed - indexed for MEDLINE]

Clicking on the above link will display the names entered as collaborators for the citation:

[Nat Genet.](#) 2008 Jan;40(1):26-8. Epub 2007 Dec 16.

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[- Collaborators \(25\)](#)

[Maher E](#), [Bishop T](#), [Evans G](#), [Side L](#), [Curtis L](#), [Risby P](#), [Lucassen A](#), [Cummings C](#), [Paterson J](#), [Brady A](#), [Hodgson S](#), [Homfray Hodgson T](#), [Izatt L](#), [Donaldson A](#), [Morrison P](#), [Brewer C](#), [Burn J](#), [Trainer A](#), [Davidson R](#), [Murdav V](#), [Cook J](#), [Haite N](#), [Sheridan E](#), [Green A](#), [Ritchie S](#).

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Abstract

We mapped a high-penetrance gene (CRAC1; also known as HMPS) associated with colorectal cancer (CRC) in the Ashkenazi population to a 0.6-Mb region on chromosome 15 containing SCG5 (also known as SGNE1), GREM1 and FMN1. We hypothesized that the CRAC1 locus harbored low-penetrance variants that increased CRC risk in the general population. In a large series of colorectal cancer cases and controls, SNPs near GREM1 and SCG5 were strongly associated with increased CRC risk (for rs4779584, $P = 4.44 \times 10^{-14}$).

PMID: 18084292 [PubMed - indexed for MEDLINE]

Group-author articles involve the following parties:

1. *The overall group,*
2. *Members of the group who take responsibility for authorship of the article (named individual authors),*
3. *Members of the group who do not take responsibility for authorship of the article but have contributed to the work that led to the article (nonauthor group members)*

CSE Recommendations for Group-Author Articles

■ For Journals and Publishers

- Journals and publishers *should ask authors* to identify both the group name and the named individual authors who accept responsibility for the article.^{5,6}
- Journals and publishers *should clearly identify in the published article* named individual authors (preferably by full names, but last names and initials are acceptable) and the complete name of the group.
- Journals and publishers *should distinguish named individual authors from other group members*. If they are identified, journals should list other nonauthor group members in the acknowledgments section.
- *Each group-author article should clearly indicate a suggested citation* (for example, at the end of the article or with but separate from the abstract).
- *Search results on journal Web sites should display citations to group-author articles*, in addition to relevant individual-author information, in a consistent manner.

CSE Recommendations for Group-Author Articles

■ For Bibliographic Databases

- *Bibliographic databases should enable users to retrieve citations to original articles by searching for the group name or the individual author names.*
- *Bibliographic databases should display the group name and the names of the individual authors in the citation or other bibliographic record (such as the abstract page or record with other bibliographic details beyond the citation) or both.*
- *A limit should not be placed on the number of named authors that can be displayed in a citation.*
- *A group-author name should be displayed in bibliographic database citations as it appears in the original journal article byline, should not be abbreviated if originally spelled out, and should not be expanded if originally abbreviated or published as an initialism.*
- *Bibliographic databases should not list author fields in citations to group-author articles as anonymous or no authors listed.*

Key points:

- A Medline citation may contain an array of personal author names, group (or corporate) author names, and collaborator names.
- Personal author names are included in Medline when the author names appear in the article **byline**, **or are explicitly identified anywhere else in the text** of the article as the authors or as the members of the writing group or writing committee for the article.
- **Group author names** (also known as corporate, organization or collective names) are included in Medline when such names appear in the article **byline**.
- When a group name for a specific consortium, committee, study group, or the like appears in an article byline, the personal names of the members of that group may be published in the article text. Such names are entered **as collaborator names** for the Medline citation.
- For articles that represent a formal **guideline** or practice guideline, the name of the guideline-issuing body is entered as a group name for the Medline citation, even if that name does not appear in the article byline.

Examples of Bylines and Citations

1. Byline: Steven Q Smith, MD, Yoko Suzuki, MD, J T Mann, PhD, Klaus T Schulze, MD, Christine DeAngelo, MD, Charles Davis, MD, PhD, Katherine J Jones, MD; **and** the **Generic Coalition Group**:

Smith SQ, Suzuki Y, Mann JT, Schulze KT, DeAngelo C, Davis C, Jones KJ; and the Generic Coalition Group. A randomized trial of chemoradiotherapy of esophageal cancer. J Onc Dis. 2004;183:1763-70.

2. Byline: Steven Q Smith, MD, Yoko Suzuki, MD, J T Mann, PhD, Klaus T Schulze, MD, Christine DeAngelo, MD, Charles Davis, MD, PhD, Katherine J Jones, MD; **for** the **Generic Coalition Group**:

– Smith SQ, Suzuki Y, Mann JT, Schulze KT, DeAngelo C, Davis C, Jones KJ; for the Generic Coalition Group. A randomized trial of chemoradiotherapy of esophageal cancer. J Onc Dis. 2004;183:1763-70.

3. Byline: **Generic Coalition Group**:

– Generic Coalition Group. A randomized trial of chemoradiotherapy of esophageal cancer. J Onc Dis. 2004;183:1763-70.

4. Byline: **Generic Coalition Group***:

– Generic Coalition Group. A randomized trial of chemoradiotherapy of esophageal cancer. J Onc Dis. 2004;183:1763-70.

1. What appeared at the top of the article and was downloadable to citation manager:

[Effect of a collector bag for measurement of postpartum blood loss after vaginal delivery: cluster randomised trial in 13 European countries.](#) Wei-Hong Zhang, Catherine Deneux-Tharaux, Peter Brocklehurst, Edmund Juszczak, Matthew Joslin, Sophie Alexander, [on behalf of the EUPHRATES Group](#). BMJ 2010;340:c293, doi: 10.1136/bmj.c293 (Published 1 February 2010)

2. What appeared at the end of the article in an authorship statement:

The following are members of EUPHRATES (EUropean Project on obstetric Haemorrhage, Reduction, Attitudes, Trial and Early warning System): Sophie Alexander (project leader, Belgium), Diogo Ayres-de-Campos (Portugal), Istvan Berbik (Hungary), Marie-Hélène Bouvier-Colle (France), Gérard Bréart (France), Peter Brocklehurst (UK), Vicenç Cararach (Spain), Anna Maria Marconi (Italy), Catherine Deneux-Tharaux (France), Risto Erkkola (Finland), Mathias Klein (Austria), Jens Langhoff-Roos (Denmark), Alison Macfarlane (UK), Walter Prendiville (Republic of Ireland), Jos van Roosmalen (Netherlands), Babill Stray-Pedersen (Norway), Carolyn Troeger (Switzerland), Clare Winter (UK), and Wei-Hong Zhang (Belgium). Also see web extra for a list of people who helped in each country.

3. What appeared at the end of the article **in the contributorship statement**:

Contributors: W-HZ designed data collection tools, monitored data collection for the whole trial, wrote the statistical analysis plan, cleaned and analysed the data, and drafted and revised the paper. She is guarantor. CD-T implemented the trial in France, analysed the data, and drafted and revised the paper. PB analysed the data and drafted and revised the paper. EJ wrote the statistical analysis plan, monitored data collection for the whole trial, and revised the draft paper. MJ designed data collection tools,, monitored data collection for the whole trial, and revised the draft paper. SA initiated the collaborative project, designed data collection tools, implemented the trial for the all countries, monitored data collection for the whole trial, analysed the data, and drafted and revised the paper. All members of EUPHRATES designed the trial. Diogo Ayres-de-Campos, Istvan Berbik, Marie-Hélène Bouvier-Colle, Vicenç Cararach, Risto Erkkola, Mathias Klein, Walter Prendiville, Jos van Roosmalen, Babill Stray-Pedersen, and Carolyn Troeger implemented the trial in, respectively, Portugal, Hungary, France, Spain, Finland, Austria, Republic of Ireland, Netherlands, Norway, and Switzerland, and revised the draft paper. Gérard Bréart analysed the data and revised the draft paper. Alison Macfarlane and Clare Winter revised the draft paper.

Non-Author Contributors

- Acquisition of funding
- General supervision of a research group
- General administrative support
- Writing assistance
- Technical editing
- Language editing
- Proofreading



How to handle authorship disputes: a guide for new researchers

Tim Albert, trainer in medical writing,
Elizabeth Wager, freelance writer and trainer

One of the main tasks of COPE's education committee is to reduce unethical behaviour. This involves the rather bold step of defining when people have been behaving unethically, and then providing suggestions on how they can avoid doing so in the future. To this end we have written, and tested on a group of authors, a guide for young researchers on the area of authorship, which many people agree is one of the more confused areas. But writing a document is one thing; disseminating it is another. We would therefore welcome comments, particularly on how we can use this report to change behaviour, so that it becomes not just another discussion document, but a real catalyst for change.

In theory, authorship sounds straightforward, but in practice it often causes headaches. While preparing these guidelines, we heard about several cases. In one, a deserving junior researcher was omitted from the author list; in another a sponsoring company insisted on the inclusion of an opinion leader who had made virtually no contribution to a study. And the writer of a review article found her name replaced with that of her boss, because she was on maternity leave when the final version was submitted.

Listing the authors tells readers who did the work and should ensure that the right people get the credit, and take responsibility, for the research. Although journal editors do not always agree among themselves

extend to authorship. They argue that, if scientists are dishonest about their relationship to their work, this undermines confidence in the reporting of the work itself.

We have written this document to help new researchers prevent and resolve authorship problems. In particular it provides:

- suggestions for good authorship practice that should reduce the incidence of such dilemmas,
- advice on what to do when authorship problems do arise, and
- a glossary of key concepts in authorship, with some reading lists and websites for those who wish to take this further.

How to reduce the incidence of authorship problems

People generally lie about authorship in two ways:

- by putting down names of people who took little or no part in the research (gift authorship, see below)
- by leaving out names of people who did take part (ghost authorship, see below).

Preventing a problem is often better than solving it and we recommend the following three principles.