



ERKReg Authorship Policy

Co-authorships on scientific publications emerging from registry data will generally be granted based on the ICMJE criteria (www.icmje.org):

- 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.

“Substantial contributions” by “acquisition of data for the work” will be defined as follows:

The participation of contributing clinical units in ERKReg publications will be commensurate to patient enrolment. Two metrics will be used to measure the activity: the absolute number of patients contributed, and the fraction of patients enrolled relative to the total number of patients with rare kidney diseases followed in the unit as indicated in the application for Membership/Affiliated Partnership. Non-ERKNet units contributing to the registry will be asked to indicate their total number of patients followed when applying for access to the registry.

For the first 4 publications, the following rule will be followed:

Enrolment activity	Authorship inclusion
>50 % of local RD population OR at least 250 patients	in all publications
25-50 % of local RD population OR at least 125 patients	in 3 of 4 consecutive publications
10-25 % of local RD population OR at least 60 patients	in 2 of 4 consecutive publications
< 10 % of local RD population BUT at least 30 patients	in 1 of 4 consecutive publications

The numbers of patients enrolled refer to fully documented (‘active’) patients. Patients from genetic-diagnostic centers where basic data entry is provided will account for 0.5 patient per included patient.

These criteria will be applied dynamically according to the number of patients entered at the time of manuscript submission. In addition, the authorship policy document including these criteria will be updated annually, with figures adapted according to the overall enrolment status.

The rules apply to center units. In ERKNet HCPs with both adult and pediatric units, these will be considered as separate contributors. One co-author per unit will be considered based on their individual enrolment activity. When a patient reaches adulthood the patient will be terminated in the pediatric unit and transitioned to the adult unit. The patient will still be shown in the database from the pediatric unit and counted for the enrolment activity.



ERKReg

The European Rare Kidney Disease Registry

In ERKNet member centers where cumulative adult and pediatric RD patient numbers were submitted at the time of application, the attributable number of RD patients per unit will be 50% of the total number given.

Only one co-authorship per unit will be granted on each publication. It will be the responsibility of the ERKNet unit lead to name the contributing scientist that shall be listed as a co-author. The affiliation listed should be the one where the work was carried out at the time of submission article.

Active investigators (minimum 50 complete documented entries) may submit a research proposal. Two co-authorships will be accepted from the investigating center which submitted the research request. In addition, any co-worker who has substantial impact on the execution of the study will be considered separately (e.g. statistician, technician, etc.). The principal investigator should be appointed as the first author. The remaining authorship positions will be determined case by case.

The sequence of listing of the co-authors will follow the number of all patients entered in ERKReg, without reference to a specific disease or topic covered in the publication.