

Authorship on CPIC guidelines

1. The CPIC Steering Committee will approve plans for each new gene/drug CPIC guideline.
2. All authors must meet the criteria for authorship and adhere to the standards of *Clinical Pharmacology and Therapeutics*, and as outlined by ICMJE's Uniform Requirements for Manuscripts Submitted to Biomedical Journals.
3. All authors should declare all interests and activities potentially resulting in conflict of interest (COI) by written disclosure to the CPIC Steering Committee and writing committee before the approval of the authorship plan. Include all possible conflicts, including NIH funding, that could be interpreted to indicate that authors are “advocates” of the enclosed recommendations, as well as any sources of revenue from patents, stock ownership, etc. Include spouses/family members in declarations. All COIs will be reported in guideline manuscript. Each author with an established or possible COI should explain how their relationship(s) could influence the guideline development process or specific recommendations. The CPIC Steering Committee will be guided by the principles that (a) COIs must be transparent to all authors and readers (b) the majority of the authorship team should not have financial COIs (c) it is expected that CPIC guidelines will often have authors who are advocates for using test information to inform prescribing (d) COIs due to employment by an entity in clear conflict will be considered problematic (e) the senior and first author should not be a person with a COI. In order to ensure guideline writing groups have the necessary expertise, the CPIC Steering Committee will weigh the disclosed COIs with the need for an author with specific expertise. Before submission for publication, each guideline will be reviewed by a CPIC member without any conflicts to evaluate the language, tone, and conclusions of the recommendation in light of the author(s)' conflicts.
4. A group of authors, or writing committee, should be established; the senior author, working with the CPIC Steering committee, will agree upon a plan for and the initial composition of the writing committee. Authors can be added later in the process with the approval of the senior author and of the CPIC Steering Committee.
5. Authors must agree to the MOU for CPIC authorship.
6. Authors should meet deadlines and comply with CPIC guideline templates to be considered for future CPIC guideline authorship.
7. Senior authors
 - a. Senior authors must be approved by the CPIC Steering Committee and should not have any COIs.

- b. A senior author should begin with a draft of “Table 2,” to identify whether it is likely there will be consensus on prescribing recommendations.
 - c. It is preferred that senior authors be self-identified and be leaders in the content area addressed by the guidelines. If no senior author self-identifies, the CPIC Steering Committee will identify a suitable author to take lead responsibility for completing the guideline.
 - d. The senior author is responsible for completing the CPIC guideline based on a mutually-agreed upon schedule, and according to CPIC templates for the main and supplementary manuscripts, agreed to in writing by the CPIC Steering Committee. The senior author may elect to delegate this responsibility to the CPIC Director or the PharmGKB team member for the guideline.
 - f. Generally, an individual should not lead more than one guideline writing group at a time, although the CPIC Steering Committee can designate exceptions if appropriate.
8. The writing committee should be multidisciplinary, comprising a variety of scientists and clinicians, usually with a maximum of 8-10 authors. Authors should have a track record of publication or expertise in the specific topic area of the guideline. Senior authors can of course include a less experienced trainee as a member of the writing committee, with the understanding that they are mentoring the trainee and supervising their participation. Other exceptions regarding content expertise of the authors should be approved by the senior author and by the CPIC Steering Committee. Desirable characteristics for authorship include involvement of leaders in the specific CPIC topic that will lend credibility to the prescribing recommendations; international representation; evidence of prior publications relevant to the gene, drug, disease state; expertise in clinical pharmacogenetics; adequate representation of senior individuals; and inclusion limited to those with an identified authorship role. For those who have been guideline authors previously, past responsiveness and adherence to CPIC guideline procedures will also be considered.
9. Stanford PGx Group will have at least one of their team members assigned to each CPIC guideline writing group. The Stanford PGx Group team member will take primary responsibility for completing gene-specific information tables, with input from guideline authors.
10. CPIC guidelines may list one of the authors as the corresponding author, but their email address should be changed to cpic@pharmgkb.org after the publication has been accepted (i.e. on the galley proof).

11. The CPIC Director should review all guidelines for compliance with templates and SOPs and should be a co-author if their contributions meet standards for the applicable journal (e.g., *Clinical Pharmacology and Therapeutics*).
12. CPIC guidelines are expected to be reviewed for updates continually. Authors will be contacted at the time of any proposed updates to cpicpgx.org or for an updated published guideline. Authorship for updates to published guidelines will be treated with the same considerations as for new guidelines. The senior author of the original guideline will be contacted about plans for the update, and the CPIC director will work with the original guideline senior author to identify the senior author for the update (who may or may not be the senior author for the original guideline) and to develop a new authorship plan. The CPIC Steering Committee must approve authorship plans as for a new guideline. Authors on the original guideline will not necessarily be invited to participate in the update. Additionally, the senior author is encouraged to consider whether there are additional authors they might wish to include as part of the update, particularly in response to new evidence or new practices that have emerged or taken on new prominence since the original guideline.