Good Practice for Conference Abstracts & Presentations: GP-CAP

PREPRINT

Prepared by the GP-CAP Working Group:

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This preprint document has been developed following discussions among the authors, all of whom work within the medical communications field. These discussions have indicated a clear need for guidance and consistency around conference abstracts and presentations, so we propose various recommendations and welcome input from any interested individuals. Any guidelines must be based on the principles of transparency, consistency and practicality, but we note that specific congress requirements should always be followed.

BACKGROUND

Research that has been sponsored* by commercial organizations (e.g. pharmaceutical, medical device and biotech companies) is often presented at scientific and medical conferences. However, until now, no specific guidelines have been available to describe good practice for this communication. While some aspects of good practice are included in Good Publication Practice (GPP) and in reporting guidelines such as CONSORT and PRISMA for Abstracts [1, 2], the most widely-cited recommendations from the International Committee of Medical Journal Editors relate exclusively to publications in peer-reviewed journals [3].

[*Please see note on terminology for the definition used in this article.]

Building on the acceptance and recognition of the GPP guidelines (first published as GPP for Pharmaceutical Companies in 2003 [4], updated in 2010 [5], and most recently published as GPP3 in 2015) [6], this article endeavours to extend their principles and to address challenges relating to the presentation of company-sponsored research at academic meetings. These guidelines, on Good Practice for Conference Abstracts and Presentations (or GP-CAP), describe good practice for conference abstracts and presentations that report company-sponsored research; however, they do not cover other company activities that may be linked to conferences (e.g. satellite meetings organized alongside scientific conferences, medical education and marketing activities) as these are governed by national and regional legislation (e.g. EFPIA marketing code [7], FDA regulations [8]). As with the GPP guidelines, the GP-CAP guidelines focus on the presentation of company-sponsored research rather than investigator-sponsored or investigator-initiated trials (where companies generally have little or no role in their presentation or publication). While GP-CAP focuses on the presentation of all types of

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company-sponsored research, and the specific challenges surrounding this, many of the principles also apply to the presentation of other types of research at scientific meetings.

DEVELOPMENT

These guidelines were developed following informal discussions among a group of individuals working within the medical communications arena, who have wide experience of working with authors to develop abstracts, posters and oral presentations reporting company-sponsored research. The authors of this publication developed an initial draft after discussion among the group, which is now being circulated for discussion as a preprint. Comments will be collated and discussed, eventually resulting in a published version.

PRINCIPLES

The following principles aim to cover the key areas relevant for any research-based conference.

- Author listings should reflect who did the research and can take accountability for its conduct, and for the analysis and interpretation of its findings. Criteria for authorship of conference abstracts and presentations should generally be the same as those for full publications, although for practical reasons local language presenters may be included as authors.
- All authors should be involved in the development, and approve the final version, of any abstract, poster or slide set that bears their names. For studies involving large numbers of researchers it may be most efficient for a small number of those involved in the studies to develop conference abstracts and presentations (similar to the use of a writing group to develop publications from large studies).
- Posters and slides should list contributors and describe their contributions to the research and development of the presentation.
- Study registration numbers (e.g. ClinicalTrials.gov and EudraCT) should be included on abstracts, posters, and slides.

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- All sources of funding for the research and its presentation, and any author conflicts of interest should be disclosed on posters and slides and, if space permits, on abstracts and the conference submission site.
- Any medical writing support and associated funding should be acknowledged on posters and slides and, if space permits, on abstracts and the conference submission site.

Recommendations for conference organizers

Conference organizers should:

- Encourage the inclusion of contributor lists on posters and slides;
- Include a field for trial registration details on abstract forms (outside the word limit for the abstract, but still included with the published abstract);
- Include a field for sponsor information on abstract forms (outside the word limit);
- Include a field for disclosing medical writing support on abstract forms (outside the word limit);
- Use ORCID to identify authors and presenters;
- Not set arbitrary limits on the number of authors;
- Distinguish between authors (meeting the ICMJE criteria) from any additional presenters (who are not authors) or members of societies required to sponsor submissions.

Note on terminology

"**Company**" refers to any medical commercial organization involved with research, such as pharmaceutical or biotechnology companies and medical device manufacturers.

"Company-sponsored" research refers to all types of research (pre-clinical and clinical, pre- and post-marketing) that is directly sponsored (and/or funded) by a company. It does not necessarily include research performed under other types of funding arrangement, such as investigator-sponsored or investigator-initiated trials, where companies are generally not involved with conference presentations or publications.

The term **"conference"** is used to refer to meetings, congresses, etc. usually organized by academic societies that invite submissions (usually as abstracts) presenting research findings on

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an aspect of medicine or science. Such conferences have a scientific (or programme) committee that selects presentations at the meeting from the submitted abstracts.

The term "**abstract**" refers to those submitted to scientific and medical conferences with peer-review; and the term **"presentation"** refers to posters or slides presented at such conferences. **"Society sponsor"** refers to a member of the society that is holding the conference, who acts as sponsor (or guarantor) of a submitted abstract.

1.0 Authorship

1.1 Authors

1.1.1 The author listing on conference abstracts and presentations should reflect the people who did the research, developed the presentation, and are willing to take responsibility for the findings. While the authorship criteria recommended by the ICMJE are widely used for journal articles [3], GPP3 recognizes that it may be necessary to adopt slightly different criteria for conference abstracts and presentations [6]. For example, while all named authors should review and approve the content of presentations, it may be impractical to expect all authors to contribute to drafting and critically revising abstracts because of their length.

1.1.2 Authorship criteria for all anticipated journal articles and primary conference presentations should be agreed at the start of the research, and author listings should be finalized before abstracts and presentations are developed [9]. As with journal publications, whatever criteria are used to determine authorship should be applied equally to all authors, regardless of whether they are company employees, contractors, or independent clinicians, researchers or consultants.

1.1.3 Authors and contributors should have access to all relevant study materials and data to permit them to understand the research findings. Abstracts may need to be developed soon after results are analysed, and before a final clinical study report is available. In such cases, authors should automatically have access to the protocol, statistical tables and any other information they feel is necessary to develop and discuss the planned presentation.

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1.1.4 If individuals are authors on abstracts or presentations written in languages in which they are not proficient, companies should work with them and offer whatever reasonable assistance is required to permit them to review and discuss material effectively e.g. to provide translations, or a discussion with an interpreter or local investigator/presenter who can read and explain the text).

1.1.5 Whatever convention is (or will be) used to determine the order of authors on full publications in journals, should generally be used to determine the order of listing on conference abstracts and presentations. However, conference requirements (e.g. to list the presenting author first) must be respected.

1.1.6 While the authorship of conference abstracts and presentations should accurately reflect who did the research, individuals who meet the ICMJE authorship criteria (and may be listed on a subsequent full publication) may choose not to be listed for a conference presentation (e.g. if they are unable to review the material within the deadline). While this individual choice should be respected, major roles in research should be acknowledged where possible, e.g. on a contributor list included on a poster or presentation.

1.1.7 Conference organizers should encourage or require the use of ORCID (individual researcher identifiers [10]) to identify authors on abstracts and presentations, to avoid ambiguity between authors with similar or identical names. (Note: many journals and institutions now encourage or require authors to include their ORCID identifier when submitting a manuscript to avoid confusion and ensure author affiliations are correctly attributed.)

1.2 Contributors / Study groups

1.2.1 We encourage conferences (and company sponsors) not to limit the number of authors (or contributors) who may be listed on an abstract or presentation, because this practice may prevent the author list from accurately reflecting who did the work. However, the named

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authors should be limited to those who did actively work on the abstract, which is likely to be fewer than 10. If the source data come from a study, and the authors are all investigators/otherwise involved in that study then the use of a study group name is strongly recommended, and space allowed on the submission site.

1.2.2 Study group names may be helpful to acknowledge contributions to projects involving a large number of people, in addition to named authors who have contributed both to the research and to developing the presentation. Inclusion of a study name either in the title or by including a study group in the author listing, will facilitate linkage of conference presentations with journal publications; however, this should not be a substitute for including a unique study identifier such as a protocol number or a registration number for clinical trials, which is a more reliable linkage method since these can be used as search terms in some databases.

1.2.3 We recommend that conference abstracts and presentations should include a list of all contributors who have made a significant contribution to the research or the presentation, regardless of whether they are listed as authors or attending the meeting.

1.3 Presenters and society sponsors

1.3.1 While the ICMJE criteria are a useful starting point for determining authorship, they were not designed for conference abstracts and presentations. Therefore, in certain circumstances, and if all authors agree, it is permissible for somebody who does not (or will not) meet the ICMJE authorship criteria for a journal article to present findings at a conference. For example, a local presenter may be used if the authors of the eventual publication will not attend a particular meeting, do not speak the language required, or are not members of the academic society hosting the meeting. This local presenter, for example, could be an investigator who recruited patients but did not contribute to the study design or interpretation of data and will not be involved in developing journal articles. In the contributor list, this person should be designated as “presenter” to clarify their role.

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1.3.2 Non-author presenters should be familiar with the research design and findings and have a good knowledge of the subject area so that they can respond to questions about the presentation even if, unlike the authors, they cannot take direct responsibility for the research. Use of non-author presenters with a commercial role (i.e. sales or marketing) in the sponsoring company should be avoided.

1.3.3 All those named on an abstract or presentation as authors should be able to take accountability for the research (following the spirit of the ICMJE guidelines). Therefore, if conferences require a society member to sponsor a submission, this role should be distinguished from that of the study authors if the sponsor/member was not involved with the research. If the conference wishes to list the society sponsor on the abstract, then this role should be indicated on the abstract (e.g. by an asterisk) and in a contributor list (not the author list) on the presentation.

2.0 Conference Abstracts

2.1 General submission considerations

2.1.1 To facilitate linkage between conference abstracts and presentations and subsequent publications, abstracts should include a study identifier such as a registration number (for clinical trials), study name, protocol number or grant number. To encourage this, conference organizers should require this information in a specific field on the submission form, and publish it with the abstract, rather than expecting it to be included in the word or character limit for the abstract text.

2.1.2 Abstracts describing company-sponsored research should always name the sponsor and all funding sources (if different). To encourage full disclosure, conference organizers should require this information in a specific field, not included in the word or character limit for the abstract text.

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2.1.3 We encourage conference organizers to consider the requirements of reporting guidelines when setting limits on the length of abstracts. For example, CONSORT for Abstracts suggests that around 300 words may be needed to adequately report randomized clinical trials [2].

2.1.4 Most conferences will not consider reports of findings that have already been published in full (i.e. in a peer-reviewed journal). This requirement must be respected and, even if permitted, presenting findings after full publication should be avoided. Posting summary results on a trial register (e.g. ClinicalTrials.gov, EudraCT) or a clinical study report to meet regulatory requirements is not regarded as a full publication by the ICMJE and therefore should not prevent presentation at conferences.

2.2 Encore abstracts

2.2.1 It is permissible to present the same research findings at more than one conference if both the first and subsequent conferences allow this. This practice may be referred to as an "encore" (or, more specifically an encore abstract or encore presentation). However, presentations of the same findings to the same audience should be avoided.

2.2.2 Although encore presentations are not considered to be redundant publication (unlike publication of the same findings in more than one journal), some conferences elect only to accept findings that have not been presented at other conferences, and such requirements must be respected.

2.2.3 When considering encore abstracts, the authors and sponsor company should decide whether it is most appropriate to submit identical abstracts to multiple conferences or whether it is better to emphasize different aspects of a trial (e.g. those of interest to different audiences). Use of study identifiers should help to indicate multiple conference abstracts and presentations from a single study. However, to avoid any confusion, we recommend that encores should be specifically identified as such (e.g. by listing previous abstracts of all or some of the findings).

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2.2.4 Conference organizers should consider including a means of identifying encore abstracts (e.g. including details of prior presentations) on the abstract submission form.

2.2.5 Addition of new data to previously presented data may not necessarily constitute a new publication: congress guidelines should be consulted to confirm this is acceptable. If no specific guidelines are provided, then as a general guide, if the new iteration is more than a direct update on a previous preliminary report abstract, then the new iteration should be regarded as a new abstract.

2.3 Encore presentations – general considerations

When deciding whether to submit an "encore abstract" to a conference to reach different audiences, authors and study sponsors should consider the following:

- What is the overlap, if any, with the audience of the earlier conference?
- Are there any differences in the licensing status of any products mentioned in the presentation between the first and subsequent conference locations? (For example, if the first presentation occurred in a region where a product is licensed, but later presentation(s) will take place in a region where it is not yet licensed, this fact may need to be reflected. For international meetings, remember that participants will attend from several regions, so the licensing status in different countries should be clarified.)
- As conferences will not normally accept abstracts reporting findings that have already been reported in full, presentation at multiple meetings might delay the full publication of research in a peer-reviewed journal. Companies should consider whether resources would therefore be better spent on ensuring a timely submission to a journal rather than preparing several encore presentations.
- Copyright in previous abstracts and presentations must be respected and the necessary permissions obtained for repeat submissions and presentations. The copyright situation for conference abstracts, posters and slides varies considerably depending on the initial conference, and may not be straightforward to determine. When planning an encore presentation sufficient time should be allowed to obtain any permissions that may be

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required for the re-use of abstracts that have been published, or for material in posters and slides that has been presented before. Material should not be altered simply to avoid having to obtain permission from the copyright holder.

3.0 Conference Presentations (Slides and Posters)

3.1.1 All funding sources for the research, any assistance with the presentation (e.g. medical writing support, editorial assistance, graphic design), and authors' conflicts of interest should be clearly disclosed on posters and slides. For posters, such disclosures should be clearly legible (i.e. not significantly smaller or lighter-coloured than the main text).

3.1.2 Author listing and sequence on posters and oral presentations should be the same as that on the abstract. Authors should not be added to a presentation after the abstract is accepted. However, if an author is unavailable to work on a poster, after abstract acceptance, their name may be removed from the author list but their contribution should be acknowledged. If someone other than the first-named author is to present, this should usually be indicated without changing the author order. The principle here is to retain the same information about authors as on the abstract for ease of identifying the related poster. Similarly, the abstract title should not be changed for the presentation.

3.1.3 All named authors should contribute to the development, and approve the final version, of the presentation. Authors should therefore be given sufficient time for presentation development and review. As with journal articles, for large studies it may be most efficient for a small group to coordinate the development of a presentation (similar to a writing group for an article). This should be borne in mind when deciding authorship (and acknowledgement) of abstracts.

3.1.4 Each author's contributions to the study and to the development of the presentation should be listed.

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3.1.5 Those who made a significant contribution to the research or presentation but are not listed as authors, should also be acknowledged and their contribution described. Permission for such acknowledgements should be sought in writing before the conference.

3.1.6 As abstracts are usually submitted several months before a conference, they may contain interim or preliminary findings. Therefore by the time of the conference presentation some details may have changed. If research findings change substantially between abstract submission and conference presentation and this change affects the conclusions of the research, we recommend that authors alert the conference to this discrepancy (as abstracts are typically selected for oral presentations because of the impact of the findings).

3.1.7 Supplementary sources can be used to expand disclosure, funding sources, acknowledgements and contributions, or to provide additional background to the study or findings being presented, which cannot be fitted onto a poster but may be accessed via a QR code. Any content accessed via a QR code should normally be available until the research is published, in full, in a journal (at which point the link should be deactivated).

3.1.8 Authors or sponsoring companies may involve professional medical writers and graphic designers in the design and production of posters and slides. Authors should agree to these arrangements and work closely with any writers, editors or designers throughout the development of the presentation.

3.1.9 Study identifiers (e.g. trial registration numbers) should be included on presentations to improve linkage between conference presentations and subsequent publications.

3.1.10 Conference organizers should encourage or require the inclusion of study identifiers and ORCID numbers in presentations.

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3.1.11 If findings from a study have been presented at other meetings this should be indicated in the presentation (e.g. by listing the previous conference presentation(s)).

3.2 Posters

3.2.1 While it is technically possible to make posters permanently available (e.g. on conference websites or platforms such as F1000 Research), some journals regard this as prior publication so it may prevent full publication. Authors should therefore check the policies of their target journal(s) before agreeing to a poster being publicly posted.

3.2.2 Posters are not peer-reviewed by conferences and may not describe all aspects of the research. Posters should therefore not be viewed as a substitute for a full article in a peer-reviewed journal. However, if a poster is publicly available (and, ideally, searchable via an indexing system or DOI) it may be cited until the full publication is available (although some journals consider citation of posters as unpublished information rather than full citations).

3.2.3 The lead author (e.g. principal investigator) should be given the first option to attend the poster session(s) but this role may be taken by other authors or a local presenter (if the authors do not speak the language of the conference). The poster presenter should be agreed before the abstract is submitted.

3.3 Oral presentations

3.3.1 While the lead author (e.g. principal investigator) is normally expected to present study findings at conferences (and given the first option to do so), this may not be possible due to local language requirements, availability to travel, or personal circumstances, etc. If the lead author chooses not to present study findings, another author may give the oral presentation. If none of the named authors is available or able to give the presentation, a non-author presenter may present the findings if all authors agree to this and it is allowed by the conference (see Authorship section). The presenter should be agreed before the abstract is submitted (and only changed if that person becomes unavailable). The lead author should discuss the contents of

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the presentation and the interpretation of the findings with the presenter (and other members of the author group, if possible) before the conference to ensure the authors' views are correctly represented.

3.3.2 If a non-author presenter gives a presentation on behalf of the named authors (or study group), this should be indicated at the beginning of the presentation. The presenter's conflicts of interest should be disclosed at the start of the presentation, alongside those of the authors on the disclosure slide.

3.3.3 Online sources (e.g. links to study websites) may be used to expand disclosure, funding sources, acknowledgements and contributions, or to provide additional background to the study or findings being presented, which cannot be fitted into an oral presentation.

3.3.4 Recordings of oral presentations may be posted online by the conference organizers but, as with posters, care should be taken to ensure this does not prevent full publication in a peer-reviewed journal. Slide sets alone (without the accompanying talk or speaker notes) may be hard to interpret and may not give the full picture, so care should be taken if these are made publicly available. In theory, it may be possible to cite such electronic sources, but as they have not been peer-reviewed and can only show certain aspects of a study, this should generally be avoided. If slides are made publicly available, this should not occur until after the presentation has been given.

3.3.5 Some scientific meetings offer Continuing Medical Education (CME) credit for attendance at oral presentations. Local regulations and requirements for this must be respected.

4.0 Copyright considerations

4.1 Copyright transfer or publishing licence agreements that are executed during the abstract submission process are common when abstracts are to be formally published (e.g. in a

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412 conference-specific journal issue). These agreements relate only to the abstract, not to any
413 subsequent presentation, unless explicitly agreed otherwise.
414
415 4.2 Copyright in a presentation is normally held by the authors, unless they have assigned it
416 either to the conference or the sponsor company. Re-use of a poster (at a subsequent meeting,
417 or in another format, such as a poster book or handout) normally requires permission from the
418 copyright holder. It may therefore be simplest for authors to assign usage rights to the sponsor
419 company if encore posters or other types of re-use are planned. If a company author is
420 included, then the copyright for that individual rests in the company (not the employee).
421
422 4.3 If a conference wishes to acquire usage rights for abstracts and posters, we recommend
423 that the conference offers an open access option under a Creative Commons (CC) licence. We
424 encourage the use of the least restrictive CC BY licence, which will allow authors and sponsoring
425 companies the usage rights for subsequent presentations, as well as future publications.
426
427 4.4 As for any publication, permission must be sought for use of third party copyrighted
428 material (e.g. a figure) in a presentation (and again for any encore presentations).
429
430 4.5 Peer-to-peer presentation at a scholarly conference by an academic researcher is generally
431 considered to be fair dealing (UK)[11] or fair use (US)[12], which does not require copyright
432 permission. However, a presentation supported by a company may be considered commercial
433 in nature and would not be covered by the fair dealing and fair use exceptions, in which case
434 permission from the rights holder to reproduce previously published material should be sought.
435 Any other use of a presentation by a company outside the congress will most likely be
436 considered commercial use, for which permission from the rights holder(s) will be necessary.
437

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Competing interests

Cate Foster, Jackie Marchington, Steve Banner, Nina C Kennard & Rianne Stacey work for medical communication agencies that provide professional medical writing or editing services to not-for-profit and for-profit clients.

Elizabeth Wager is self-employed and provides training, consultancy and editing services on medical publishing and publication ethics for pharmaceutical companies, medical communication agencies, publishers, universities and academic societies.

Mina Patel and Antonia Panayi work in Medical Affairs functions within the pharmaceutical industry.

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References

1. Hopewell S, Clarke M, Moher D, Wager E, Middleton P, Altman DG, Schulz KF, and the CONSORT Group. CONSORT for reporting randomized controlled trials in journal and conference abstracts. *Lancet* 2008;**371**:281-3.
2. Beller EM, Glasziou PP, Altman DG, et al. PRISMA for Abstracts: Reporting Systematic Reviews in Journal and Conference Abstracts. *PLoS Medicine* 2013;**10**(4):e1001419. doi:10.1371/journal.pmed.1001419.
3. ICMJE Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals. Available at www.icmje.org
4. Wager E, Field EA & Grossman L. Good publication practice for pharmaceutical companies. *Curr Med Res & Opinion* **19**:149-54.
5. Graf C, Battisti WP, Bridges D, Bruce-Winkler V, Conaty JM, Ellison JM, Field EA, Gurr JA, Marx ME, Patel M, Sanes-Miller C, Yarker YE. Good Publication Practice for communicating company sponsored medical research: the GPP2 guidelines. *BMJ* 2009;**339**:b4330.
6. Battisti WP, Wager E, Baltzer L, Bridges D, Cairns A, Carswell CI, Citrome L, Gurr JA, Mooney LA, Moore BJ, Peña T, Sanes-Miller CH, Veitch K, Woolley KL, Yarker YE. Good Publication Practice for communicating company-sponsored medical research: GPP3. *Ann Intern Med* 2015;**163**:461-4**.**
7. EFPIA Code of Ethics for Pharmaceutical Marketing. http://www.efpia-e4ethics.eu/usd/e4ethics.nsf/_/AFB7FD98CFCD31D5C125806E0043F1FE/%24File/farma_110039.pdf
8. US Food & Drug Administration. Laws, regulations, guidances and enforcement actions. Available at

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https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/DrugMarketingAdvertisingandCommunications/ucm081617.htm

9. MPIP Five-step authorship framework. Available at https://www.mpip-initiative.org/5-step-framework.html
10. Open Researcher and Contributor ID (ORCID). Available at https://orcid.org/
11. Copyright, Designs and Patents Act 1988, s 29(1); s 30(1). Available at https://www.legislation.gov.uk/ukpga/1988/48/contents
12. Copyright Law of the United States | U.S. Copyright Office. Available at https://www.copyright.gov/title17/

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