



CANVECTOR

Policy on acknowledgement of CanVECTOR in publications and presentations

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1. Mandate and scope of CanVECTOR

CanVECTOR's vision is to create an enduring, pan-Canadian network of stakeholders, researchers, methodology experts, knowledge transfer experts, research trainees, clinical research professionals, industry partners, public agency partners, healthcare providers, and patient groups whose combined efforts reduce venous thromboembolism (VTE) occurrence, improve VTE diagnosis and therapeutic management, improve the safety of anticoagulant delivery and enhance the quality of life of those impacted by VTE, both in Canada and globally.

Overall, CanVECTOR aims to serve as a structural foundation through which network-based investigators will obtain additional peer-reviewed, government, and industry-based funding to support network-linked projects. Ultimately, these efforts are intended to decrease the health, social and economic burden of VTE on affected individuals, their families, and on Canadians as a whole.

2. Rationale for CanVECTOR acknowledgement policy

CanVECTOR's activities and outputs are measured by a series of deliverables, which are key to CanVECTOR's long-term sustainability. Deliverables include CanVECTOR-supported scientific and lay presentations, abstracts, publications, and new grants (e.g. operating grants, salary awards) obtained.

Regular tracking of deliverables are used: 1) internally, to guide direction of the Network and to communicate progress to CanVECTOR's partners and members; 2) externally, for compilation and presentation in interim and final reports to our funding agency partners and reports to CanVECTOR's External Advisory Board (EAB); and 3) in the future, to help support large scale applications for long-term funding of CanVECTOR (e.g. SPOR, NCE).

Proper attribution and acknowledgement of a given activity as being CanVECTOR-supported is essential to tracking CanVECTOR deliverables.

As a researcher, trainee or study/project team, there are also professional benefits to demonstrating that you are a member of a productive national research network and have access to collaborators, expertise, and resources through CanVECTOR membership.

3. CanVECTOR acknowledgement policy

CanVECTOR is to be acknowledged in various ways, depending on the support that was received, the type of publication and the policies or standards of the publisher. Also, it may be appropriate to name CanVECTOR in multiple sections of a publication. Recommendations and examples are shown below (visual examples are included as an Appendix).

Journal paper or abstract

1. **Authorship:** The preferred form of acknowledgement is to include 'CanVECTOR' at the end of the authorship list. This is commonly accepted in journal papers and allows networks to be indexed in PubMed as a group author.

Examples:

- Author X, Author Y, Author Z, for the CanVECTOR
- Author X, Author Y, Author Z, for the Canadian Venous Thromboembolism Research Network (CanVECTOR)
- Author X, Author Y, Author Z, CanVECTOR

2. **Funding:** If a study or project or trainee received direct financial support from CanVECTOR (e.g. operating funds or salary award), this must be acknowledged in the funding section.

Examples:

- this study was funded by CanVECTOR; the Network holds grant funding from the Canadian Institutes of Health Research (Funding Reference: CDT-142654) and from the Fonds de recherche du Québec – Santé (File # 309911)
- [trainee name] is/was supported by a CanVECTOR fellowship award; CanVECTOR holds grant funding from the Canadian Institutes of Health Research (Funding Reference: CDT-142654) and from the Fonds de recherche du Québec – Santé (File # 309911)

If a study received in-kind support from the network or benefited from CanVECTOR resources (e.g. shared platforms or tools, meeting space at our annual conference, collaboration through the Clinical Investigators Group (CIG) meetings or teleconferences), this must be included in either the funding or acknowledgement section.

3. **Acknowledgements:** a general acknowledgement of CanVECTOR should be included, or a more specific acknowledgement may be appropriate. Even if not directly supported by CanVECTOR funds or resources, multicenter studies that are conducted by one or more CanVECTOR investigators are generally considered to be CanVECTOR studies. The annual meeting, CIG meetings, National Seminars, and protocol strengthening exercises are other direct supports that benefit all members (continuing research education, networking, study promotion, etc.).

Examples:

- authors X, Y, and Z are investigators (or is a fellow) of CanVECTOR; the Network holds grant funding from the Canadian Institutes of Health Research (Funding Reference: CDT-142654) and from the Fonds de recherche du Québec – Santé (File # 309911)
- CanVECTOR's Patient Partners platform provided support for patient engagement activities
- The study benefited from a Protocol Strengthening Exercise led by CanVECTOR's Clinical Investigators' Group

4. **Methods:** If appropriate, the role of CanVECTOR should also be noted in the methods section of papers.

Examples:

- The survey was distributed by the CanVECTOR Network to 64 physician members.
- ...included two CanVECTOR-trained patient partners
- ...a focus group with early career investigator members of CanVECTOR...

Oral or poster presentation

In addition to the four forms of acknowledgement described above, presenters should use CanVECTOR branding on their oral and poster presentations to display their membership in the Network.

Examples:

- The CanVECTOR logo is available in various formats (abbreviated or full name, colour or black and white, transparent or white background, PNG or JPG). These may be requested by email to info@canvector.ca
- A CanVECTOR slide template is available to members by email request to info@canvector.ca

Salary support

Individuals who hold a CanVECTOR fellowship or studentship award or an ERLI Award, must acknowledge support by CanVECTOR in all presentations, publications, grant applications and in their CVs.

Example:

- [name] is/was supported by a CanVECTOR fellowship/ERLI/studentship award; CanVECTOR holds grant funding from the Canadian Institutes of Health Research (Funding Reference: CDT-142654) and from the Fonds de recherche du Québec – Santé (File # 309911)

4. Agreement to adhere to the CanVECTOR acknowledgement policy as a condition of funding

Trainees and investigators who are awarded funding by CanVECTOR will sign to indicate their agreement to the conditions of funding, including the acknowledgment policy, before the awarded funds are released.

5. Communication of CanVECTOR acknowledgement policy

CanVECTOR's acknowledgement policy is available to members and non-members on the [website](#). The policy has also been communicated to the entire membership through various means (presentation at Annual Conference, various network meetings, and e-mail communications).

Example 1: Authorship List (group author)

The Projected Economic and Health Burden of Uncontrolled Asthma in the United States

Mohsen Yaghoubi , Amin Adibi , Abdollah Safari , J Mark FitzGerald , Mohsen Sadatsafavi , and , for the Canadian Respiratory Research Network
+ Author Information

Original Research

Impaired Sleep Quality in COPD is Associated with Exacerbations: The CanCOLD cohort study

Matthew Shorofsky MD ¹, Jean Bourbeau MD ¹, John Kimoff MD ¹, Rachel Jen MD ², Atul Malhotra MD ³, Najib Ayas MD ², Wan C. Tan MD ², Shawn D. Aaron MD ⁴, Don D. Sin MD ², Jeremy Road MD ², Kenneth R. Chapman MD ⁵, Denis E. O'Donnell MD ⁶, François Maltais MD ⁷, Paul Hernandez MD ⁸, Brandie L. Walker MD ⁹, Darcy Marciniuk MD ¹⁰, Marta Kaminska MD ¹ ✉, Canadian Respiratory Research Network and the CanCOLD Collaborative Research group

Example 2: Funding Section

Funding information
R. Ikesaka is supported by a CanVECTOR fellowship award; the TRIM-Line pilot trial is funded by the CanVECTOR Network; the Network receives grant funding from the Canadian Institutes of Health Research (Funding Reference: CDT-142654). G.

Funding: This review was funded by a Canadian Institutes for Health Research Knowledge Synthesis Grant (# 141001) and a Canadian Institutes for Health Research Foundation Grant to SRK (# 143346). SRK holds a Tier 1 Canada Research Chair in venous thromboembolism. SRK, VT, AR and WG are investigators of the CanVECTOR Network (CIHR funding reference CDT-142654). AJK-D is supported by a CanVECTOR fellowship award. KBF is supported by a Junior II salary support award from the Fonds de recherche

Example 3: Acknowledgement Section

Acknowledgments

The study was supported by the CanVECTOR Training, Mentoring and Early Career Development platform. Leslie Skeith's research was supported by a CanVECTOR Research Fellowship award. The authors

Example 4: Methods Section

Patient involvement
Patient partners were not involved in the design or conduct of this study that began in 2008. Patient partners in the CanVECTOR network (www.canvector.ca) will be involved in dissemination/knowledge translation activities.