

CanPath Publications Policy

Scientific Publication and Peer Review

Given the publicly funded nature of CanPath and the voluntary investment from participants, Approved Users for access to CanPath Research Data and/or Biosamples are encouraged to publish manuscripts in journals and/or online repositories which allow for open access, so as to benefit both the scientific community and the general population. This *CanPath Publications Policy* aims to encourage scientific publication of all types, while sustaining the highest quality (e.g., student theses reviewed by an evaluation committee)

Co-Authorship

CanPath aims to recognize the work of early investigators in the collection of the available data and biosamples. Thus, Approved Users must offer co-authorship, if appropriate, to one or more members of each of the Cohorts whose data and/or biosamples are used, on all publications arising from that Cohort's data and/or biosamples. The number of co-authors will be determined by the Cohort Scientific Director based on the level of involvement of the cohort members. Finally, all co-authors on publications arising from CanPath Research Data and/or Biosamples must satisfy the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals established by the International Committee of Medical Journal Editors (<http://www.icmje.org/> | Updated May 2023): "1) substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) drafting the work or reviewing it critically for important intellectual content; 3) final approval of the version to be published; and 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."

Pre-Publication Review

All publications and abstracts, including electronic submissions that use CanPath Research Data and/or Biosamples should be submitted to the Access Office at least 2 weeks prior to submission for publication to the journal or to a conference. All presentations should be submitted to the Access Office one week prior to the presentation. The Access Officer's review will be limited to ensuring: that CanPath, its participating cohorts without a representative co-author, and any active contributors are properly acknowledged; that no individuals or communities are identified; and, that the analyses included are within the scope of the Approved Research Project as set out in the *CanPath Data and Biosamples Access Agreement* and the *CanPath Data and Biosamples Access Application Form*.

Acknowledgement

Authors must acknowledge the contribution of CanPath, the participating cohorts and active contributors in publications or presentations where applicable. All publications and presentations must contain this acknowledgement:

"The Canadian Partnership for Tomorrow's Health (CanPath) research is only possible with the

commitment of its research participants, its staff and its funders. The data and/or biosamples used in this research were made available by CanPath and [insert name of Cohorts].

Other acknowledgements may be required depending on the datasets used (see Appendix A). The Access Officer must be informed of any substantive changes to the submitted manuscript. Upon publication, a copy must be sent to the Access Office.

Meeting the Small Cell Size Restriction

Prior to sharing results, all cell sizes with a numerical value less than 10 must be suppressed, as per standard guidelines for the aggregation of data (unless your Research Agreement indicates otherwise). This includes any results represented as counts, rates, percentages, or any other form, including tables, maps, and graphs, that are based upon numerators or underlying data points representing less than 10.

Cell size suppression examples:

9 out of 200 subjects must be changed to “less than 10” or “<10”

If represented as a percentage, 9 out of 200 subjects must be represented as “less than 2.5%” even if the numerical denominator or sample size is not reported in the publication.

Each bar of a bar chart must have a minimum of 10 counts for each outcome before it can be shared as a finding. This is because it is possible for the reader to determine the original value of the masked cell based on context.

Example: In the following data analysis, it is possible to determine the numerical value of cell 1 to be 9 even though it is masked. This is not acceptable.

BMI <25	BMI ≥25	Total
<10	11	20

To prevent secondary disclosure, you will have to mask both cells 1 and 2 in the above example as “less than 15” even though the largest cell is above the minimum small cell size threshold. The example below would be acceptable.

BMI <25	BMI ≥25	Total
<15	<15	20

Or, you may want to use a larger category to report outcomes, which will result in groups large enough to prevent secondary disclosure from happening (i.e., instead of reporting for each age year, it is for groups of age ranges instead). The examples below would be acceptable.

BMI <30	BMI ≥30	Total
19	11	30

BMI <30	BMI ≥30	Total
≥20	<10	30

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Appendix A - Other Acknowledgements

COVID-19 Immunity Task Force (CITF) / Public Health Agency of Canada (PHAC)

For research using data and/or biosamples that were also made available by the CITF and the PHAC, any scientific publication must attribute the CITF. The attribution could be a link to a dynamic list of studies contributing data to the CITF or a citation of a paper describing work authored by CITF Secretariat individuals, including principal investigators from contributing studies.

Sample attribution: The data used in this research were made available by the Canadian Partnership for Tomorrow's Health (CanPath) funded by the Government of Canada, through Canada's COVID-19 Immunity Task Force, and by the Canadian Institutes of Health Research. CanPath receives national funding from the Canadian Partnership Against Cancer.

Sample publication:

- Murphy, T. J., Swail, H., Jain, J., Anderson, M., Awadalla, P., Behl, L., Brown, P. E., Charlton, C. L., Colwill, K., Drews, S. J., Gingras, A.-C., Hinshaw, D., Jha, P., Kanji, J. N., Kirsh, V. A., Lang, A. L. S., Langlois, M.-A., Lee, S., Lewin, A. ... Buckeridge, D. L. (2023). The evolution of SARS-CoV-2 seroprevalence in Canada: a time-series study, 2020-2023. *CMAJ*, 195(31), E1030-E1037. <https://doi.org/10.1503/cmaj.230249>

Alberta's Tomorrow Project (ATP)

All publications based on the ATP resource should clearly acknowledge ATP's funders, research participants and staff. The following acknowledgement must be included as is (or in a modified form to fit the journal requirements) in all publications using the ATP resource:

Type of Data Used	Applicable Acknowledgement
ATP only data	<i>Alberta's Tomorrow Project is only possible because of the commitment of its research participants, its staff and its funders: Alberta Health, Alberta Cancer Foundation, Canadian Partnership Against Cancer and Health Canada, and substantial in kind funding from Alberta Health Services. The views expressed herein represent the views of the author(s) and not of Alberta's Tomorrow Project or any of its funders.</i>
ATP and ACR data	<i>Alberta's Tomorrow Project is only possible because of the commitment of its research participants, its staff and its funders: Alberta Health, Alberta Cancer Foundation, Canadian Partnership Against Cancer and Health Canada, and substantial in kind funding from Alberta Health Services. Cancer registry data was obtained through linkage with Surveillance & Reporting, Cancer Research & Analytics, Cancer Care Alberta. The views expressed herein represent the views of the author(s) and not of Alberta's Tomorrow Project or any of its funders.</i>
ATP and CANUE	<i>Alberta's Tomorrow Project is only possible because of the commitment of its research participants, its staff and its funders: Alberta Health, Alberta Cancer Foundation, Canadian Partnership Against Cancer and Health Canada, and substantial in kind funding from Alberta Health Services. Environmental exposure data was obtained through linkage with Canadian Urban Environment Health Research. The views expressed herein represent the views of the author(s) and not of Alberta's Tomorrow</i>

	<i>Project or any of its funders.</i>
ATP, ACR, CANUE	<i>Alberta's Tomorrow Project is only possible because of the commitment of its research participants, its staff and its funders: Alberta Health, Alberta Cancer Foundation, Canadian Partnership Against Cancer and Health Canada, and substantial in kind funding from Alberta Health Services. Cancer registry data was obtained through linkage with Surveillance & Reporting, Cancer Research & Analytics, Cancer Care Alberta. Environmental exposure data was obtained through linkage with Canadian Urban Environment Health Research. The views expressed herein represent the views of the author(s) and not of Alberta's Tomorrow Project or any of its funders.</i>
AH derived variables (please add this as a separate paragraph, after the applicable above acknowledgment)	<i>This study is based in part on data provided by Alberta Health. The interpretation and conclusions contained herein are those of the researchers and do not necessarily represent the views of the Government of Alberta. Neither the Government nor Alberta Health express any opinion in relation to this study.</i>

Atlantic PATH

Authors must acknowledge the contribution of Atlantic PATH in publications and presentations. All publications must contain the following statement:

"This research has been conducted using Atlantic PATH [data and/or biosamples]."

Funding: *The data used in this research were made available by the Atlantic Partnership for Tomorrow's Health (Atlantic PATH) study, which is the Atlantic Canada regional component of the Canadian Partnership for Tomorrow's Health funded by the Canadian Partnership Against Cancer and Health Canada. The views expressed herein represent the views of the authors and do not necessarily represent the views of Health Canada.*

Although not mandatory, approved users may consider including the following statement:

Acknowledgements: *We would like to thank the Atlantic PATH participants who donated their time, personal health history and biological samples to this project. We would also like to thank the Atlantic PATH team members for data collection and management.*

BC Generations Project

"The data [and biosamples] used in this research were made available by the BC Generations Project."

CARTaGENE

Include an acknowledgement in all publications and presentations as follows:

"This research/presentation has been conducted using Data and/or Biosamples from CARTaGENE" and include a reference to CARTaGENE's web site

(<https://cartagene.qc.ca/en>).

Ontario Health Study (OHS)

Authors must acknowledge the contribution of OHS in their publications or presentations where Data and/or Biosamples from OHS were used. All publications and presentations must contain the following acknowledgement:

“We thank the participants in the Ontario Health Study (OHS). The data [and biosamples] used for this research were made available by OHS with financial support from the Canadian Partnership Against Cancer and Health Canada, and the Ontario Institute for Cancer Research. The views expressed herein represent the views of the Authors and do not necessarily represent the views of Health Canada or the Government of Ontario.”

For projects involving Linked Data, additional acknowledgements in publications may be required by the custodians of the data to which OHS Data and/or Biosamples have been linked.