



E-CAPS code of conduct

V2. March 2024



Aim

E-CAPS aims to share experiences of pancreatic surgery between high volume pancreatic surgery teams across Europe to:

- Report, maintain and improve quality of pancreatic surgery
- Report on practice, approaches, and outcomes of managing resectable, borderline resectable and locally advanced cancer
- Create a network of surgeons and teams whose common goal is to improve surgical technique and outcomes for patients undergoing pancreatic surgery

Endorsement

E-CAPS is endorsed by the E-AHPBA with a blue seal (December 2023)

The E-CAPS principles

Part 1. Membership/steering-committee

1. Membership of E-CAPS is voluntary, free-of-cost and free-of-obligation, and withdrawal from the consortium can occur at any time.
2. Membership of E-CAPS is limited to centres performing a minimum of 100 pancreatoduodenectomies per year. Membership by units with volumes under this will be considered by the E-CAPS steering committee on an ad hoc basis and evidence that complex pancreatic surgery takes place at the site seeking membership will be needed.
3. The E-CAPS steering committee consist of 1-2 surgeons per center.
4. The E-CAPS steering committee will meet at least twice a year. It is anticipated that each member center attends at least one meeting per year.

Part 2. Data registry

5. A central online fully certified registry (CASTORtm) will be used for data collection. The registry will be filled with data for a specific approved study protocol and remain after analysis so that for every subsequent study data only has to be added.
6. In the registry, all data will be anonymised so that patients cannot be identified from data held in the central registry. This means that no patient names, addresses, registration numbers, hospital ID numbers are shared with the registry.

7. Data will remain the property of each centre that has contributed it, the center has continuous password-secured access to the online registry.
8. The members of the E-CAPS steering committee must obtain approval from their colleagues if the whole teams data is shared with the E-CAPS registry. The E-CAPS steering group do not require sight of this approval and assume that such approval has been sought and given if such data is provided.
9. Each centre must keep a record locally of which patients have been shared with the registry and importantly, they must be able to link the local patient ID with the registry ID. This is essential for data governance where data quality of the registry data can be checked. Local patient identifying data will never be shared with the E-CAPS

Part 3. Study proposals/authorship

10. New study proposals can be presented at these meetings by any E-CAPS member center. E-CAPS aims to perform 2-3 studies per year during the first years.
11. If there is support for the presented study proposal, a protocol is circulated. Any center can opt-out of participation. This protocol includes a detailed paragraph on authorship criteria: *The ICMJE criteria for authorship are followed. Each center that includes patients has a minimum of 2 co-authorships. Each center decides themselves who these co-authors are as long as they fulfil the ICMJE criteria. Centers with large inclusions (specified per protocol as x patients included) can provide 3 co-authors. Per center that includes patients, 2 collaborator positions are available, the collaborators have contributed to the study but not sufficient to justify co-authorship. The journal is asked to list the collaborators in PubMed with the final publication.*
12. Any publications/presentations arising from data analysed from the registry will be presented with after the author list “for the European Consortium on Advanced Pancreatic Surgery (E-CAPS)”.
13. First (first-first) and senior (last-last) authorship will be awarded to the local team that has proposed and conducted the study/data analysis and write up. All other authors are listed in in alphabetical order. Shared senior authorship is offered for the steering committee coordinators MGB, KR, SB. Shared first authorship is offered for the PhD E-CAPS project coordinators (2024: LL and SPB)

Part 4. Presentations/powerpoint

14. Presentations with data from E-CAPS will be presented on a white powerpoint presentation with only the E-CAPS logo in the right upper corner. After the last slide the logos of all participating centers are shown.
15. Any publication and abstract arising from data held in the registry will be permitted only after permission is given from each centre. If permission is not given, data from the relevant centre will be excluded from analysis.
16. E-CAPS will work towards a core central dataset so that there is a common data dictionary which will harmonise and standardise the reporting of data within the registry. This will improve data quality.
17. E-CAPS teams will work towards prospective data collection and collaborative randomized trials