

Canadian Consortium on Neurodegeneration in Aging

Publications Policy

Version 1.0 approved by the CCNA Research Executive Committee (REC) on December 15, 2025

This document outlines CCNA’s Publications Policy, which was previously part of the combined *Publications and Data Access Committee (PDAC) Policy*. For information specific to data access, please refer to the [Data Access Committee Policy](#). *Note:* There may be some overlap in content across Policies.

Questions regarding the Publications Policy can be directed to CCNA Central Administration: ccna.central@gmail.com

1. Principles

- 1.1. This document outlines the guiding principles and rules of engagement for the Publications Policy (“the Policy”) developed by the Canadian Consortium on Neurodegeneration in Aging (CCNA). It delineates how the Policy will be operationalized to ensure the appropriate use and dissemination of CCNA data and appropriate credit for said use and dissemination;
- 1.2. The Policy is necessary to protect the reputations, interests and work undertaken by all CCNA members, their institutions, the Canadian Institutes of Health Research (CIHR) and other CCNA funding partners, and to foster and maintain trust between CCNA members and research participants;
- 1.3. The Policy aims to be fair, transparent and explicit, while enabling decisions and publications in a timely manner. Based on input from the leaders of CCNA Themes, Teams, Platforms and the Dementia Research Support Hub (“Hub”), it will anticipate the majority of publication types and common publication scenarios, but the CCNA Research Executive Committee (REC) will retain the right to make decisions, after consultation with CCNA Central Administration (“CCNA Central”), for unforeseen publication scenarios;
- 1.4. CCNA Central will develop and oversee the implementation of the Policy. As a condition of CCNA membership, all researcher and trainee members must adhere to the Policy. Intended publications reporting on CCNA-related projects, any work that utilizes CCNA resources, as well as work done as part of a CCNA Team, Platform or Hub (even if not directly funded by CCNA or if co-funded with another source of funding), including data acquired by CCNA, COMPASS-ND, and CAN-THUMBS UP or authored by a trainee supported with CCNA funding (“Publication(s)”), must be reviewed under the publications process;
- 1.5. CCNA members will be encouraged to collaborate with other CCNA researchers in the use and analysis of CCNA-acquired data, including COMPASS-ND and/or CAN-THUMBS UP data, unless the relevant expertise is not available within the CCNA research community; and
- 1.6. The REC will have final approval of the Publications Policy.

2. Aims

- 2.1. The Policy is intended to maximize the impact and publicity for CCNA and to publish in a way that recognizes individual efforts throughout the length of the study; and
- 2.2. The Policy also provides a mechanism by which the CCNA REC and CCNA Central can maintain a record of research outputs which is required for reporting to CIHR and other funding partners.

3. Expectations

- 3.1. It is anticipated that one to two major, high profile CCNA Publications that summarize the overall findings of the study will be written by CCNA PIs, under the oversight of the CCNA Named Principal Applicant (NPA) and the REC. These major Publications will be highly integrative with a broad authorship in accordance with the authorship criteria of the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/recommendations/>);
- 3.2. It is also anticipated that each Team, under the direction of respective Theme, Platform, and Hub Leaders, will write two to five major CCNA Publications reporting the Team/Platform/Hub findings;
- 3.3. CCNA members may also wish to take the lead on more detailed and specific scientific papers in selected Teams and Platforms. There may be multiple levels of other Publications authored by some/all CCNA members on subsets of data, imaging and fluid biomarker correlations and more detailed analysis of the individual assessments. This will be the opportunity for CCNA PIs to conduct more detailed analyses, and for some members and CCNA trainees to have the opportunity to take lead roles or to work as part of a writing team. CCNA also wants to acknowledge the hard work of junior CCNA researchers, who should have the opportunity to author CCNA-related Publications. However, subsidiary papers must not undermine the impact or content of the major CCNA papers; and
- 3.4. All submitted manuscripts are reviewed for sex and gender considerations by the Lead of the Sex and Gender Hub (formerly the Women, Sex, Gender and Dementia program), or a researcher designated by the Hub Lead, based on the guidelines below. It is anticipated that all CCNA Publications will be in line with the CIHR, NIH, and European Association of Science Editors guidelines for reporting on sex differences in human participants, cell lines, and experimental animals and where appropriate, gender differences (identity and/or norms). Briefly, these guidelines include the following recommendations:
 - 3.4.1. Exercise care in the terminology used to describe research methods and explain results clearly distinguishing the use of the terms sex and gender;
 - 3.4.2. If only one sex is included in the study, the title as well as the abstract should specify

the sex of animals or any cells, tissues, and other material derived from these, and the sex of human participants;

- 3.4.3. Where appropriate, it should be reported if sex and/or gender differences are expected;
- 3.4.4. How sex and gender were taken into account in the design of the study should be clearly stated, including reporting the representation of males and females/women and men;
- 3.4.5. Data should be routinely presented disaggregated by sex. For animal studies, the numbers of animals from each sex must be indicated. For human studies, the number and percentage of men and women who participated in the research study should be reported;
- 3.4.6. Where appropriate, meaningful sex/gender-based analyses should be reported regardless of positive or negative outcomes; and
- 3.4.7. The reasons for lack of any sex or gender considerations should be discussed and if there is no strong scientific rationale for the exclusion of one sex, this should be covered as a limitation.

3.5. To align with CIHR's 2021-2031 Strategic plan, Priority E "Integrate Evidence in Health Decisions" which stipulates that in the upcoming years "CIHR will improve the health literacy of Canadians and empower them to take charge of their own health", and as part of CCNA's knowledge mobilization mandate, manuscript authors are required to describe four aspects of their study using plain language (see 3.5.2). These questions will be used to compose the plain language summary of the paper. The Knowledge Mobilization (KM) program will review the answers and send suggested edits to the authors. Once the plain language text is finalized, it will be saved and marked as complete in a final report, drafted by CCNA Central.

- 3.5.1. The goal of the plain language summary is to communicate the study findings and their meaning to relevant knowledge users, including the general public. This plain language summary will be placed on CCNA's website when the final manuscript is published and may also be used for progress reporting.
- 3.5.2. Authors are required to consider and describe the following in 2-3 sentences:
 - 3.5.2.1. The question we studied;
 - 3.5.2.2. How we studied it;
 - 3.5.2.3. What we found; and
 - 3.5.2.4. Why it matters.

4. Revisions of the CCNA Publications Policy

4.1. The Policy will be formally reviewed every three (3) years by CCNA Central to confirm alignment

with CCNA's overall mission, objectives, policies and procedures; and

4.2. The Policy will be reviewed and may be revised by CCNA Central at any other time, for approval by the REC.

5. Data Use and Analysis

5.1. A distinction is made between publication and data analysis. Please refer to the [Data Access Policy](#) for more information.

5.1.1. The Policy does not in itself restrict analysis of CCNA data, which might be with a view to Publication, but which might also be for training purposes, quality control, exploratory analysis, methods development or other reasons; and

5.1.2. Where data relate to the specific COMPASS-ND and/or CAN-THUMBS UP study protocols or overall aims of CCNA, Publications may not be made independent of CCNA or be outside of the Policy.

6. Indigenous Publication and Data Access

6.1. Manuscripts or other reports that include Indigenous identifiers or research related and relevant to Indigenous communities must undergo a [supplemental review](#), as part of the submission process, by a designated Indigenous Publication and Data Access (IPDA) review committee. This committee is to be convened by the Indigenous Cognitive Health (ICH) program; and

6.2. Manuscripts or other reports that include Indigenous identifiers or research related and relevant to Indigenous communities must involve Indigenous Peoples as part of the research team to ensure that the analysis and interpretation of CCNA, COMPASS-ND, and CAN-THUMBS UP acquired data are respectful, reflect Indigenous understandings and knowledge, and focus on community priorities.

7. Publication and Authorship

7.1. Manuscript publication

7.1.1. **All CCNA-acknowledged manuscripts must be reviewed by CCNA Central prior to journal submission.** Authors are required to submit a **penultimate draft** of their manuscript (i.e., at least **four weeks** prior to intended journal submission) via the [Submission Form](#) found on CCNA's website;

7.1.1.1. *Note:* A penultimate draft is considered the next-to-last version of a document, with a final draft being submitted for publication following review by CCNA Central and the proposed revisions incorporated. The penultimate draft will not vary substantially in its use of data, principal analyses, or

theoretical content from the final submitted version (i.e., the final version should be easily recognized from the penultimate draft, while permitting authors to correct, clarify, and amend the paper in its final stages).

- 7.1.1.2. *Note:* Authors are welcome to submit for publication on a pre-print server (e.g., MedRxiv) prior to submission for peer review. When doing so, all aspects of the Policy must be followed except that submission for CCNA Central review and approval prior to pre-print publication is *not* required. If hosted on a pre-print server prior to CCNA Central review and approval, a disclaimer must be included in the methods (e.g., "*This publication has not yet been reviewed by the Canadian Consortium on Neurodegeneration in Aging (CCNA) for consistency with the Publication Policy*"). Studies published in pre-print form must be subsequently reviewed by CCNA Central prior to submission for peer-reviewed publication.
- 7.1.2. This review will ensure that confidentiality is protected, that the Publication will not bring the study into disrepute, and that the Publication is a fair representation of CCNA and of the contribution of investigators. It will also provide advice and feedback to authors where it may be helpful;
- 7.1.3. The review of all such material will be completed within **three (3) weeks** of receipt, and CCNA Central will convey approval to submit for publication to the lead author(s), subject to any necessary amendments. *Note:* The turnaround for review of manuscripts that include or report on Indigenous data is approximately **thirty (30) days;**
 - 7.1.3.1. Any delays beyond the outlined timeframes will be communicated to the lead author(s) and mitigation strategies will be implemented.
 - 7.1.3.2. It will be the responsibility of the lead author(s) to: (i) notify CCNA Central of the acceptance of any manuscript and forward a copy of the final version, together with details of the name of the journal where the manuscript has been accepted; and (ii) to ensure that all conditions with respect to publication have been met and appropriate acknowledgements are included.
- 7.1.4. CCNA will not review or veto non-CCNA publications, but the non-CCNA PI should describe the nature and scope of the data and analysis, to satisfy that the non-CCNA publication is not a duplication of the aims and methods of CCNA-funded research; and
- 7.1.5. Publications will be "freely accessible through the Publisher's website or an online repository within 12 months of publication", in accordance with the Tri-Agency Open Access Policy on Publications (<https://cihr-irsc.gc.ca/e/32005.html>).

7.2. Authorship requirements and formats

- 7.2.1. It is anticipated that one to two major, high profile CCNA Publications that summarize

the overall findings of the study will be written by CCNA PIs under the lead of the CCNA NPA and REC. It is also anticipated that each Team, under the direction of respective Theme, Platform, and Hub Leaders, will write two to five major CCNA Publications reporting the Team/Platform/Hub findings. These major papers will be highly integrative with a broad authorship;

- 7.2.2. Where journals permit, these papers will list as authors all PIs and all other researchers who have made a scientific and/or clinical contribution, sufficient to justify authorship under the ICMJE criteria. The principles underlying authorship order will be in approximate distribution by centre balancing contribution to different stages of investigation, analysis, writing and otherwise alphabetical order except first and last author; and
- 7.2.3. Some journals limit the number of authors. In this case, the authorship will be decided by the CCNA PIs most responsible for the work under the oversight of the CCNA REC to include the individual(s) who have contributed most to writing the manuscript, the PIs representing each participating centre, and a limited number of other authors by nomination and discussion with CCNA Central. In this instance, a final corporate author reflecting the CCNA collaboration will be considered (e.g., “and the CCNA study group”).

7.3. Subsidiary publications

- 7.3.1. CCNA members may also wish to lead on more detailed scientific Publications on selected data groups. There may be many Publications authored by some/all CCNA co-investigators on subgroups of data, imaging correlations and more detailed analysis of individual assessments;
- 7.3.2. This will be the opportunity for local PIs to do more detailed analyses, and to enable several people to take lead roles or to work as part of a writing team;
- 7.3.3. Junior research staff and trainees across several sites should also have the opportunity to author papers;
- 7.3.4. For subsidiary Publications/presentations, the lead author(s) will identify those individuals who have made a significant contribution and propose the order in which their names should appear in the authorship list;
- 7.3.5. Subsidiary Publications must not undermine the impact or content of the principal Publications;
- 7.3.6. No advance approval is required for authorship list for conference presentations, but the principles of authorship and recognition for contributions to Publications should be upheld;
- 7.3.7. The developers of new methods that underpin CCNA should be named authors on either the first three Publications that use the method, or on all Publications that benefit from

the method within three years of the method's first use, unless an argument can be made against this guideline; and

- 7.3.8. The developer(s) is(are) strongly encouraged to publish the method soon after its development. This will be subject to the same publication process as above.

8. Acknowledgements

All CCNA Manuscripts

8.1. The public web address for CCNA may be given as www.ccna-ccnv.ca;

8.2. Statements and acknowledgements to be included in Publications:

8.2.1. Funding of the CCNA by CIHR and other funding partners must be acknowledged;

8.2.2. Exact wording may vary depending on the journals and the type of Publication, but a default statement is: *Name X is a member of Team (or Platform or Hub) Y which is a part of the Canadian Consortium on Neurodegeneration in Aging (CCNA). The Canadian Consortium on Neurodegeneration in Aging is supported by a grant from the Canadian Institutes of Health Research (grant #) with funding from several partners.* If your Team, Hub or Platform receives funding from a specific partner, your acknowledgements should read as: *The Canadian Consortium on Neurodegeneration in Aging (CCNA) is supported by a grant from the Canadian Institutes of Health Research (grant #) with funding from several partners, including X.*

8.2.2.1. Note that CCNA is **not** a funding organization, and statements such as "This project was funded by CCNA..." should be avoided;

8.2.2.2. The CIHR grant # for CCNA Phase I (2014-2019) is CNA-137794

8.2.2.3. The CIHR grant # for CCNA Phase II (2019-2024) is CNA-163902

8.2.2.4. The CIHR grant # for CCNA Phase III (2024-2029) is CND-193575

8.2.2.5. The CIHR grant # for the BRAIN grant (2016-2021) is BDO-148341

8.3. A statement of ethical approval should be included in all papers (e.g., *This study received local approval from the participating centre(s)' Research Ethics Committee or Institutional Review Board*);

8.4. Other acknowledgements may refer to local or national bodies that have significantly funded or contributed to the research or the funding agencies for PIs in the case of additional CCNA leveraged grants, e.g., from private foundations;

8.5. Some journals request an author note to outline the contributions of all the authors. The wording of such as statement should be drafted by the lead authors, discussed and agreed by all co-authors, with oversight and arbitration where necessary by CCNA Central; and

8.6. Some journals do not include a section on acknowledgements. In such cases, the authors should contact CCNA Central prior to submitting to discuss alternative methods of acknowledgement.

COMPASS-ND Related Acknowledgements

8.7. For the publication of COMPASS-ND-related abstracts:

- 8.7.1. Authors will cite COMPASS-ND as the source of data and CCNA funding sources in the abstract, as space allows; and
- 8.7.2. Acknowledgement of COMPASS-ND is not required in the authorship line of the abstract.

8.8. For the publication of COMPASS-ND-related manuscripts:

- 8.8.1. On the by-line of the manuscript, after the named authors, authors will include the phrase the **CCNA COMPASS-ND group***, with the asterisk referring to the following statement and list of names:

* *Data used in preparation of this article were obtained from the Comprehensive Assessment on Neurodegeneration and Dementia (COMPASS-ND) study, available in the LORIS database. COMPASS-ND is the clinical cohort study of the Canadian Consortium on Neurodegeneration in Aging (CCNA) and as such, a subset of CCNA investigators and staff have contributed to the design and implementation of COMPASS-ND and/or provided data but did not participate in the analysis or writing of this report. A complete listing of COMPASS-ND investigators and contributors will be available on CCNA's [COMPASS-ND webpage](#).*

8.9. Authors will cite the following papers in the methods section of their manuscripts:

- 8.9.1. To describe the COMPASS-ND study, the following paper must be cited: Chertkow, H., Borrie, M., Whitehead, V., Black, S.E., Feldman, H.H., Gauthier, S., Hogan, D.B., Masellis, M., McGilton, K., Rockwood, K., Tierney, M.C., Andrew, M., Hsiung, G.R., Camicioli, R., Smith, E.E., Fogarty, J., Lindsay, J., Best, S., Evans, A., Das, S., Mohaddes, Z., Pilon, R., Poirier, J., Phillips, N.A., MacNamara, E., Dixon, R.A., Duchesne, S., MacKenzie, I., & Rylett, R.J. (2019). The Comprehensive Assessment of Neurodegeneration and Dementia: Canadian Cohort Study. *The Canadian Journal of Neurological Sciences*, 46(5), 499-511. DOI: 10.1017/cjn.2019.27. PMID: 31309917.
- 8.9.2. To describe the data management system, LORIS, used to host the data: Mohaddes, Z., Das, S., Abou-Haidar, R., Safi-Harab, M., Blader, D., Callegaro, J., Henri-Bellemare, C., Tunteng, J.F., Evans, L., Campbell, T., Lo, D., Morin, P.E., Whitehead, V., Chertkow, H., & Evans, A.C. (2018). National Neuroinformatics Framework for Canadian Consortium on Neurodegeneration in Aging (CCNA). *Frontiers in Neuroinformatics*, 12, 85. DOI: 10.3389/fninf.2018.00085. PMID: 30622468; PMCID: PMC6308193.

- 8.9.3. When referring to the harmonization process of the multisite imaging data: Duchesne, S., Chouinard, I., Potvin, O., Fonov, V.S., Khademi, A., Bartha, R., Bellec, P., Collins, D.L., Descoteaux, M., Hoge, R., McCreary, C.R., Ramirez, J., Scott, C.J., Smith, E.E., Strother, S.C., Black, S.E., for the CIMA-Q group and the CCNA group. (2019). The Canadian Dementia Imaging Protocol: Harmonizing National Cohorts. *Journal of Magnetic Resonance Imaging*, 49(2), 456-465. DOI: 10.1002/jmri.26197. PMID: 30635988.
- 8.9.4. To describe the vascular diagnostic evaluation: Smith, E.E., Duchesne, S., Gao, F., Saad, F., Whitehead, V., McCreary, C.R., Frayne, R., Gauthier, S., Camicioli, R., Borrie, M., & Black, S.E. (2021). Vascular contributions to neurodegeneration: Protocol of the COMPASS-ND study. *The Canadian Journal of Neurological Sciences*, 48(6), 799-806. DOI: 10.1017/cjn.2021.19. PMID: 33504400.
- 8.9.5. To describe the neuropsychology research tests: Phillips, N. A., Fogarty, J., Pilon, R., Whitehead, V., Best, S., DiProspero, C., Fouquet, C., Beuk, J., Mohades, Z., Das, S., Beaudoin, C., Henri-Bellmare, C., Anderson, N., Belleville, S., Brambati, S., Einstein, G., McLaughlin, P., Chertkow, H., & Borrie, M. (2025). The Comprehensive Assessment of Neurodegeneration and Dementia (COMPASS-ND) Study Neuropsychology Battery of the Canadian Consortium on Neurodegeneration in Aging (CCNA): Battery development and description. *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, 1-11. DOI: 10.1017/S0714980825100330. PMID: 41277695.

CAN-THUMBS UP Related Acknowledgements

- 8.10. When presenting, in an article or a conference, analyses of data from the CAN-THUMBS UP study, the following paper will be cited to describe the study: Feldman, H. H., Belleville, S., Nygaard, H. B., Montero-Odasso, M., Durant, J., Lupo, J. L., Revta, C., Chan, S., Cuesta, M., Slack, P. J., Winer, S., Brewster, P. W. H., Hofer, S. M., Lim, A., Centen, A., Jacobs, D. M., Anderson, N. D., Walker, J. D., Speechley, M. R., Zou, G. Y., ... Chertkow, H. (2023). Protocol for the Brain Health Support Program Study of the Canadian Therapeutic Platform Trial for Multidomain Interventions to Prevent Dementia (CAN-THUMBS UP): A Prospective 12-Month Intervention Study. *The Journal of Prevention of Alzheimer's Disease*, 10(4), 875-885. <https://doi.org/10.14283/jpad.2023.65>. PMID: 37874110.
- 8.11. CTU co-investigators have the opportunity to be on all papers. An authorship block, named **CCNA CAN-THUMBS UP Study Group**, will be used to involve and acknowledge all investigators who contributed to CTU. The CTU authorship block can be access here: <https://ccna-ccnv.ca/can-thumbs-up-block-authorship/>

