

EDITORIAL

The Potentially predatory function of multicentre studies – HYPPPO study.

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ABSTRACT

Over the last two decades multicentre trials have been becoming increasingly common in medical research due to their many advantages. However, the successful conduct of multicentre, prospective studies requires careful organization, coordination, motivated staff in the centres taking part, and an experienced centre. Publication of the results of studies is the most important and most complex product of multicentre studies. Collaborators must be aware from the outset of the principles that are applied in determining authorship. If authorship is not regulated, then multicentre studies may have a predatory function.

Keywords: multicentric study, authorship, coordination.

Introduction

Over the last two decades multicentre trials have been becoming increasingly common in medical research due to their many advantages. However, they are much more complex to conduct than individual studies¹. The reason for their increasing use is the possibility of accelerating the process of data collection and covering a wider population².

Other major advantages of multicentre trials include the fact that they are highly generalizable, less prone

to confounding or bias related to idiosyncratic local practices, and capable of recruiting participants quickly and a potentially larger sample size.³

However, the successful conduct of multicentre, prospective studies requires careful organization, coordination, motivated staff in the centres taking part, and an experienced centre⁴.

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Management of multicentre studies

Multicentre studies demand close collaboration between the components of the multicentre study, field sites, a coordination centre, resource centres and study committees. With the introduction of various internet platforms, software and applications, such as Zoom conferences, this process has become easier.

Coordinating centres are often based at universities or government agencies, or they are run by commercial organizations for clinical research⁵.

The most common types of multicentre studies are: a single study of a single disease, multiple studies of a single disease, and multiple studies of multiple diseases.

Publication of multicentre studies and authorship

Publication of the results of studies is the most important and most complex product of multicentre studies⁶, where the question of authorship also arises. The practical and ethical issues related to multicentre studies are also very significant⁷. The International Committee of Medical Journal Editors (ICMJE) requires all authors, including all members of the group of authors, to be active contributors to the study, included in the development of the manuscript, to approve the final content, and accept responsibility for its publication.

In order to ensure transparency and fairness, studies with a large number of associates must have authorship guidelines that are explicit from the outset of the trial⁶. Therefore, it is very useful to draw up an authorship agreement between the participants in a multicentre study.

There are various models for determining group authorship: the DI Giusto points system, The Center for Healthy Communities authorship scale, the National Psychosis Research Framework guidelines, Ranking method by Bhopal et al., Authorship guidelines by Erlen et al., Rennnie-Yank Emanuel descriptive system, Canchild author guidelines, Heart Failure: A controlled trial investigating Outcomes of Exercise

Training (HF-Action) scoring system. These different models demonstrate the complexity of determining authorship.

The corporate model of authorship is one in which an organization or group is responsible for authorship rather than an individual. Therefore, no authors are mentioned apart from the organization or corporation. This model is not good because it conceals the true contribution of each individual, who will not receive true credit for their work. It is an unfair model, especially when the collaborators are not members of the corporation, because in that case there is no stimulation for collaborators in the trial, who only collect data for the corporation or organization. Collaborators may contribute only once before they see the predatory characteristics of the project.

Collaborators must be aware from the outset of the principles that are applied in determining authorship. However, if none of these models are used, and authorship is not regulated, then multicentre studies may have a predatory function, consuming their collaborators, who merely collect data for the coordinating centre, as in the corporate model.

The HIPPO Project

An example of this predatory behaviour is a project by the University of Birmingham, Global Health. Although the corporate model of authorship was mentioned, even participation in writing articles did not lead to recognition of authorship, but results and publications were blatantly appropriated. The project even stated: "All collaborators will be listed as PubMed-citable collaborators", this did not happen. However, members of the corporation are listed as authors, which in a true corporate model of authorship cannot be the case.

Why would individuals in developing countries work and send data to the University of Birmingham and participate in the HIPPO Project? This conduct is reminiscent of the neo-colonial approach, where none of the results from collaborators in developing countries have their authorship recognized. The responsible body is a corporation, a University in the United Kingdom,

or rather one of its institutes, hiding behind the hypocritical title Global Health, and the articles produced serve its PhD students to graduate, whilst surgeons from developing countries around the world collect data for them.

For this reason, surgeons from Bosnia and Herzegovina have decided to discontinue their collaboration in the Global Health project.

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