

# GPP2: What's new?

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# This is all about

- Differences between GPP1 and GPP2
- Critiques and comments
- Hearing what you've got to say

# GPP2

- Big consultation (116)
- Born of GPP1<sup>1</sup> and more (Table 1)
- Practical (and long)
- Checklists (2 plus 1)
- Prominent publication<sup>2</sup> → debate → evolution

1. Wager E et al. Good publication practice for pharmaceutical companies. CMRO 2003;19:149-54

2. Graf C et al. The GPP2 guidelines. BMJ 2009;339:b4330

# The differences

The background features a stylized, abstract design. It consists of several overlapping, curved, organic shapes in shades of green, orange, and blue. The green shape is at the top left, the orange shape is in the middle, and the blue shape is at the bottom. The blue shape has a hexagonal pattern, resembling a honeycomb or a molecular structure. The overall effect is a vibrant, modern, and somewhat futuristic aesthetic.

# Public regardless of outcome

- GPP1: endeavour to publish the results from all of their clinical trials of marketed products<sup>1</sup>
- GPP2: register, post all applicable clinical trials according to legislation, guidelines
- GPP2 recommends “Making public or publishing results regardless of outcome”

# Full access to data

- GPP1: All authors ... should have access to the statistical reports and tables supporting each publication

# Full access to data

- GPP2: Authors and contributors should have full access to study data ... before writing begins
- Protocols, statistical plans and reports, data tables, clinical study reports, even study database

# Reimbursement

- GPP2: It may be appropriate to reimburse reasonable out of pocket expenses
- No 'honorarium' simply for putting name on a paper



# Primary, secondary papers

- GPP2: articles should indicate whether they are primary articles
- Secondary articles must avoid duplicate publication
- One or more authors of primary article should contribute to secondary articles from the same study

# Review articles

- GPP2: Comprehensive, methods stated
- Discussions founded on opinion identified
- Appropriate description of contributions
- BMJ's "Who prompted this submission?"

# BMJ's questions

- Has anyone (particularly a company or PR agency) prompted or paid you to write this article?
- Did a professional writer contribute to the article, and to what extent?
- Would the BMJ article be original?

# Adopt contributorship

- GPP1: Some journals have adopted a system of listing contributors rather than authors
- GPP2 recommends adopting contributorship ... with acknowledgements to describe role performed by each author and contributor, and the sponsor

# About steering committees

- GPP1: Formation of a writing committee involving the medical writer may facilitate the process
- GPP2: It may be useful to form a publication steering committee of authors and contributors to oversee and produce articles from a research study

# About steering committees

- GPP2: Members of the study steering committee, protocol development team
- Investigators, individuals who have expertise and who are willing
- Employees of the sponsor involved in the study (clinicians, statisticians, professional medical writers)

# About steering committees

- GPP2: Publication steering committee should be formed early
- All study investigators are informed of the committee's membership, responsibilities
- Authors, contributors agree to their roles before writing begins

# Professional medical writers

- GPP2: Writers directed by the lead author
- Authors may delegate administrative tasks
- All authors aware of writer's involvement
- Medical writers may qualify for authorship



# Conflicts of interest

- GPP2: Disclose financial relationships and non-financial relationships that could inappropriately influence or appear to influence professional judgment

# Critiques and comments

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# BMJ editorial

- “although the ICMJE authorship criteria and [GPP2] are useful...
- ... they currently focus too much on the manuscript rather than the underlying data”

# BMJ.com 'Rapid Response'

- Do the GPP2 authors agree that it is still important to publish the results of all trials?

# In reply

- Particularly for clinical trials GPP2 recommends “Making public or publishing results regardless of outcome”
- Sponsors should endeavour to publish

# BMJ.com 'Rapid Response'

- Do the GPP2 authors agree that it is important to ensure that sponsor employees should either be named authors of a paper or, if they are not named authors, should have no influence on the content of the publication?

# In reply

- GPP2 requires “Honest attribution of authorship”
- Who did the work?
- All those who have had “influence” (i.e. made a significant contribution) should be listed, including those employed by the sponsor

# BMJ.com 'Rapid Response'

- Who appoints the guarantor? Who is responsible for the integrity prior to his or her appointment? When a trial generates more than one manuscript, would they necessarily have the same guarantor? If not, who would ultimately be responsible, and how would disagreements be resolved?



# In reply

- One of the PIs would likely be guarantor on at least the primary publication(s)
- “One or more authors of primary article should contribute to secondary articles from the same study”
- “Honest scientific debate as the means to resolve scientific differences”

# BMJ.com 'Rapid Response'

- Seem to condone ghost authorship
- Only if willing to “take public responsibility” then [a professional writer] may be in a position to meet the ICMJE criteria
- Would allow a professional writer to simply be unwilling to take such responsibility in order to avoid being listed as an author

# In reply

- Guest and ghost authors are unacceptable
- Again, GPP2 requires “Honest attribution of authorship”
- Being “unwilling to take such responsibility in order to avoid being listed as an author” is simply being dishonest

# An editor

- GPP2 will do little unless accompanied by registration and reporting of all clinical trial results
- The concept of a guarantor is interesting... I am not sure anyone will take this seriously

# An editor

- Poses on Health Care Renewal Blog makes some good points

<http://hcrenewal.blogspot.com/2009/11/how-industry-views-research-it-sponsors.html>

- However, for Pharma research there is usually no one “PI” that can take responsibility as with academic research

# An editor

- A blog reader added this comment:

“[Poses] is confusing the person responsible to complete a publication with the role of an investigator – of course the investigator is involved in the collection of trial data – but they are not always interested, or so inclined to participate in the development of publications”

# An editor

- The blog reader was being charitable...
- The investigator may not be an academic (and they usually are not), and have NO skills necessary to understand the statistical plan, much less interpret and write

# I like these

- “the guidelines contain much good advice that should help to promote high ethical standards”<sup>1</sup>
- “We urge all contributors ... to familiarize themselves with and adhere to [GPP2]”<sup>2</sup>

1. From EMWA by Jacobs, Baldwin. [http://www.bmj.com/cgi/eletters/339/nov27\\_1/b4330#227612](http://www.bmj.com/cgi/eletters/339/nov27_1/b4330#227612)  
2. From AMWA by Gegeny T et al. [http://www.bmj.com/cgi/eletters/339/nov27\\_1/b4330#227162](http://www.bmj.com/cgi/eletters/339/nov27_1/b4330#227162)