

**DUTCH PROSTATE CANCER  
GROUP (DPCaG)  
code of conduct**

V1. JUNE 2024

## Aim

DPCaG aims to improve the diagnostic, prognostic and treatment outcomes of prostate cancer patients through collaboration of high volume prostate cancer networks across the Netherlands by:

- Reporting and improving the quality and availability of prostate cancer diagnostics
- Reporting on practice, approaches, and outcomes of managing locally confined, locally advanced, recurrent and metastatic prostate cancer,
- To create a network of surgeons and teams whose common goal is to improve surgical technique and outcomes for patients undergoing prostate cancer surgery, (salvage) radiotherapy and treatment of metastatic and recurrent disease,
- **Set up Prospective Nationwide (Randomized) Clinical trials**
- **Set up a prospective DPCaG database**

## Endorsement

Contacts have been endorsed with the 'Prostaatkanker stichting (PKS)'

## The DPCaG principles

### *Part 1. Membership/steering-committee*

1. Membership of DPCaG is voluntary, free-of-cost and free-of-obligation, and withdrawal from the consortium can occur at any time.
2. Membership of DPCaG is limited to centres performing 100 radical prostatectomy or more per year. Membership by units performing treatment of prostate cancer or recurrent prostate cancer after initial curative treatment takes place by the steering committee.
3. The DPCaG steering committee consist of 1-2 urologists per centre.
4. The DPCaG steering committee will meet at least 2 times per year, it is anticipated that each member centre attends at least one meeting per year.
5. The chair of the steering committee is derived from one of the DPCaG members and circulates once in every 2 years.

## **Part 2.Data registry**

6. A central online fully certified registry (CASTOR™) 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.
7. In 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
8. Data will remain the property of each centre that has contributed it, the centre has continuous password-secured access to the online registry.
9. The members of the DPCaG steering committee must obtain approval from their colleagues if the whole teams data is shared with the DPCaG registry. The DPCaG steering group do not require sight of this approval and assume that such approval has been sought and given if such data is provided.
10. 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 DPCaG.

## **Part 3 Study proposals/authorship**

11. New study proposals can be presented at these meetings by any DPCaG member center. DPCaG aims to perform 2-3 studies per year during the first years. The aim is that the initiation of new studies will rotate among DPCaG member centers, so that each center regularly has the opportunity to initiate and coordinate a study.
12. New studies will be presented using the *Format of Study Proposals* of the DPCaG
13. New expected budget of studies will be presented using the *Format of Study Budget* of the DPCaG
14. 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 maximum of 2 co-authorships. Each centers 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.*

15. Any publications/presentations arising from data analysed from the registry will be presented with after the author list “for the Dutch Prostate Cancer Group (DPCaG)”.
16. 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. Shared first authorship is offered for the PhD- DPCaG project coordinators.

#### ***Part 4. Presentations/PowerPoint***

17. Presentations with data from DPCaG will be presented on a white PowerPoint presentation with only the DPCaG logo in the right upper corner. After the last slide the logos of all participating centers are shown
18. 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
19. DPCaG 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.
20. DPCaG teams will work towards prospective data collection and collaborative randomized trials