

European Child & Adolescent Psychopharmacology Network (ECAPN)

Bylaw

ARTICLE I PURPOSE

The European Child & Adolescent Psychopharmacology Network (ECAPN) has been established by members of the European Child & Adolescent Network of the European College of Neuropsychopharmacology (ECNP; <https://www.ecnp.eu/projects-initiatives/ECNP-networks/List-ECNP-Networks/Child-and-Adolescent-Neuropsychopharmacology.aspx>).

The ECAPN purpose is to foster, facilitate, and conduct high-quality translational and clinical research in the field of child and adolescent psychopharmacology. Activities of the ECAPN members within the network follow the ECNP Code of Conduct (<https://www.ecnp.eu/about-ecnp/Code-of-Conduct.aspx>).

ARTICLE II MEMBERSHIP

Centres: The ECAPN is composed of clinical centres that actively engage in the diagnosis and management of children and adolescents with psychiatric disorders. New centres that wish to become members apply via to the Chairman of the Network. The applicant centre is considered probationary until successful performance is evidenced in at least one ECAPN study. Following this, the centre is considered to be in good standing. Any centre may resign by sending a written resignation to the Network co-ordinator. The General Assembly, by affirmative vote of two-thirds of all of the members of the Network, may suspend or expel any member for cause after an appropriate hearing, and terminate the membership of any member who becomes ineligible (i.e. no participation for more than five years in the activities of the Network).

Physicians: Each centre must have a designated Centre Director who is a physician with documented experience in child and adolescent psychopharmacology. Centres also may have additional child and adolescent psychopharmacology or child and adolescent specialist mental health professionals (co-workers) who participate actively in ECAPN studies, with the approval and supervision of the Centre Director.

Consortium: All the centres that are a member of ECAPN form the consortium.

ARTICLE III CO-ORDINATORS, STEERING COMMITTEE AND GENERAL ASSEMBLY

Network Co-ordinator and Deputy-Co-ordinator: The Network Co-ordinator supervises and co-ordinates the Network scientific and research activities and acts as the intermediary to any third party; he/she shall report and be accountable to the Steering Committee (which shall in turn report and be accountable to the General Assembly). The Network Co-ordinator remains in office for three years and can be re-elected at the end of each mandate.

The Deputy-Co-ordinator may chair any Consortium meeting and Steering Committee meeting in the absence of the Network Co-ordinator. The Deputy-Co-ordinator has to be the chair or co-chair of the ECNP Child and Adolescent Network and remains in office for three years and can be re-elected at the end of each mandate.

Steering Committee (SC)

The chief functions of the SC are to provide scientific guidance for the ECAPN in the following areas: identification and facilitation of research areas most likely to be successful and clinically or scientifically useful; seeking funded support for the groups research efforts; managing and providing quality assurance of

its scientific studies, statistical analyses, databases generation, and publications. The SC is comprised of the Network Co-ordinator, the Deputy-Co-ordinator, and three elected representatives among the members. The Steering Committee is in charge of monitoring all activities towards the objective of the Network in order to plan the Network activities and deliver as promised, in due time and within the budget. The SC shall report and be accountable to the General Assembly. The Co-ordinator, Deputy-Co-ordinator and the other three Members of the SC have to be from different countries.

General Assembly (GA)

It consists of one representative of each Member with authority to vote and all other non-voting researchers and graduate students participating in the Network. The GA elects the Network Co-ordinator and Deputy-Co-ordinator and the other three members of the SC. All voting representatives must be specialist child and adolescent (neuro)-psychiatrists, currently active in mental health. Decisions of the General Assembly will be valid when approved by the majority of the members, with the exception of the amendment of the bylaw (5/8 majority), or expulsion of the member (2/3 majority).

Election to the SC: The election process for the SC will occur every three years, with the newly elected (or re-elected) member's term commencing the following January 1st: the Network Co-ordinator and the other three members of the SC elected by majority vote by the members of the GA (one member one vote.); the Deputy-Co-ordinator has to be the chair or co-chair of the ECNP Child and Adolescent Network

International Advisory Committee (IAC)

The International Advisory Committee is comprised of three scientific and psychiatric experts in the different fields of child and adolescent psychopharmacology; the IAC will ensure a high standard of research and monitor the activity of the Network by taking part in the annual General Assembly's meetings. Whenever appropriate, it will consult the Network and make recommendations to the General Assembly as to improve the network performance.

ARTICLE IV ORGANISATION

Steering Committee & International Co-ordinating Centre (ICC): The SC has the function to: facilitate the logistical and scientific details necessary to design, launch and manage a multi-centred, multi-national, collaborative clinical trial. The SC may appoint an **International Co-ordinating Centre** for specific studies or clinical trials. The ICC could assist the Principal Investigator (PI) in the design of the protocol, statistical analysis and generation of the final report and of the manuscript. Access to the electronic database: each member has direct access to the data of his own centre. The complete database will be provided to members and non-members after proper request by letter to the Chairman, and approval by the SC.

National Co-ordinating Centres (NCC): The function of each NCC is to: facilitate the participation of the greatest number of individual ECAPN members, disseminate the information about on-going trials in the local national setting, provide the translation of all the forms to be completed by the parents/patients, or the physician if not familiar with the English language (official language used by the ECAPN group). The NCCs, with a proven record of active collaboration in ECAPN studies, are chosen within the borders of each country by the centres belonging to ECAPN. Every three years the previous NCC should obtain confirmation of his/her position by the majority of ECAPN members of the country. The NCC can have direct access to the data of his own country.

ECNP will support the activities of the Network with an operational grant and manage the Network's financial administration. Funding derived from the trials, either proposed by the members (academic studies) or by non-members (i.e. by companies: see article V) will be managed at the level of the specific centres (i.e. not centralised by the Network).

ARTICLE V STUDY ACTIVATION

Any member of the ECAPN in good standing may submit a protocol to the SC for approval. Protocols may be submitted in either one of two forms: a complete protocol, or an idea protocol.

Complete Protocol. If a member of the ECAPN has written a complete protocol for the conduct of a study (either a clinical or basic science study) and needs assistance in recruiting patients or could benefit from the other resources of the ECAPN such as computational assistance, the protocol is submitted to the *Chairman* for approval to the IAC. If approved, the investigator submitting the protocol will serve as PI for that study. The IAC can decide to assist the PI in obtaining funding for the study if not already secured.

Idea Protocol. If a member of the group has an idea for a study, but lacks the time or expertise to develop a full protocol, an idea protocol can be submitted by the member to the *Chairman* for approval to the IAC. If approved, the Chairman and the *Senior Scientist* and other appropriate resources within the group will assist the member in the development of the full protocol. In this case, the IAC will designate one person to serve as PI and the member who proposed the idea as co-PI.

Proposal by non-member. Idea and complete protocols for clinical trials may also be proposed by non-members (i.e. companies, other academic or non-member health organisations): the protocol is submitted to the *Chairman* for approval by the SC and the IAC. The SC and IAC will disseminate the information to the Network members and may support the proponent in designing the trials, in proposing the clinical centres to be involved, and in the identification of the PI and the national co-ordinator for the trials. The involvement of the Network in an industry-sponsored clinical trial must be formally approved by SC.

ARTICLE VI AUTHORSHIP

Primary Results of an ECAPN Study: In most cases, the lead authorship of a journal article that reports the primary results of a ECAPN study will be the PI of that study. Additionally, several other individuals who played key roles in the study's development, conduct, or analysis may be included as co-authors. Following the named authors, the statement "for the European Child & Adolescent Psychopharmacology Network (ECAPN)" will be included. The cover page or the list of the paper's contributor will list the names of all members of the ECAPN who participated actively in the study being reported. Authorship for industry-sponsored trials will be negotiated by the IAC before formal SC approval of the network involvement in the study.

Secondary Results of an ECACP Study: Articles reporting results of studies that use data from any ECACP database will have as the lead author the person most responsible for the design, analysis and reporting of the results. This person may or may not have been the PI of the original study. Other authors will be included as deemed appropriate by the ECAPN SC. Following the named Authors the statement "on behalf of the European Child & Adolescent Psychopharmacology Network (ECAPN)" should be included.

The Steering Committee may appoint a Publication Board for a specific study: the board composition MUST be approved by members participating to the study (5/8 of the members). The Publication Board will determine prior to beginning a study a minimum number of patients that must be enrolled in each centre. If the minimum number of qualified patients is enrolled at one centre, then a single investigator will be included from that centre as an author/contributor on the subsequent publication reporting the primary results of the study. A centre that enrolls patients, but does not meet the minimum number as set forth by the Publication Board, will be recognised in the cover page of the paper. Centres not listed in the primary publications will be listed in secondary publications that might arise from the same project. A minimum set of additional subjects to be enrolled may also be established for the inclusion of an additional co-author from a clinical centre.

In any case, to meet all of the **criteria for authorship**, every author of the manuscript must have made substantial contributions to **ALL** of the following aspects of the work:

- Conception and planning of the work that led to the manuscript or acquisition, analysis and interpretation of the data, or both;
AND
- Drafting and/or critical revision of the manuscript for important intellectual content;
AND
- Approval of the final submitted version of the manuscript.

All persons who have made substantial contributions to the work reported in the manuscript (e.g. data collection, data analysis, or writing or editing assistance) but who do not satisfy the authorship criteria **MUST** be named with their specific contributions in the acknowledgments section of the manuscript. Groups of persons who have contributed may be listed under a heading such as '*Clinical investigators*' and their function describer. Because readers may infer their endorsement of the manuscript, all persons named in the acknowledgments section **MUST** give the authors their written permission to be named in the manuscript.

ARTICLE VII LIAISON TO OTHER ORGANIZATIONS

The IAC can appoint official liaisons to other groups as deemed appropriate.

ARTICLE VIII AMENDMENTS

These bylaws may be amended by a majority vote (5/8) of the General Assembly.
The current version of the bylaws have been approved / amended by the GA on xx 2016

Current ECAPN structure

Network Coordinator: Alessandro Zuddas, MD, Cagliari, Italy
Network Deputy Coordinator: Carmen Moreno, MD, Madrid, Spain

Steering committee

Alessandro Zuddas, MD, Cagliari, Italy
Carmen Moreno, MD, Madrid, Spain
Diane Purper Ouakil, MD, Montpellier, France,
Veit Roessner, MD, Dresden, Germany
Pieter Hoekstra, MD, Groningen, The Netherlands

International Advisory Committee

Eric Taylor MD (London, United Kingdom),
Benedetto Vitiello, MD (NIMH, Bethesda, MD, USA)
Christopher Correll, MD (New York, NY, USA)

Current Centres

University of Cagliari UNICA	University Hospital	Italy	Paeditrci Hospital "A. Cao", "G.Brotzu" Hosptal Trust, Child & Adolescent Neuropsychiatry, Cagliari	Alessandro Zuddas
Instituto de Investigación Sanitaria Gregorio Marañón iiSGM	University Hospital	Spain	Hospital General Universitario Gregorio Marañón, Madrid, Department of Psychiatry, Adolescent Unit Madrid	Celso Arango Mara Parellada Carmen Moreno
Université Pierre & Marie Curie, Paris Assistance Publique – Hopitaux de Paris	University Hospital	France	Pitié Salpêtrière Hospital Department of Child and Adolescent Psychiatry Paris	David Cohen
Université de Montpellier UoM	University Hospital	France	Service MPEA Hôpital Saint Eloi , Montpellier I	Diane Purper Ouakil
Central Institute of Mental Health Mannheim / University of Heidelberg CIMH	University Hospital	Germany	Department of Child and Adolescent Psychiatry and Psychotherapy Mannheim	Tobias Banaschewski
University of Ulm UULM	University Hospital	Germany	Department of Child and Adolescent Psychiatry/Psychotherapy Ulm	Jöerg M. Fegert
Universitätsklinikum Carl Gustav Carus. Dresden UNIDRE	University Hospital	Germany		Veit Roessner
University of Messina UNIME	University Hospital	Italy	"Gaetano Martino" University Hospital Child & Adolescent Neuropsychiatry Unit Messina	Antonio Persico
Consorci Institut D'Investigacions Biomèdiques August Pi i Sunyer IDIBAPS	University Hospital	Spain	Department of Child and Adolescent Psychiatry and Psychology. Neurosciences Institute. Hospital Clínic I Provincial de Barcelona- Barcelona	Josefina Castro-Fornieles
Radboud University Nijmegen Medical Centre, RUNMC	University Hospital	The Netherlands	Department of Cognitive Neuroscience Nijmegen	Jan Buitelaar
University Medical Centre Groningen UMCG	University Hospital	The Netherlands	Department of Psychiatry & Accare Child and Adolescent Psychiatry University Center Groningen	Pieter Hoekstra
Royal Children's Hospital, University of Melbourne UNIMELB	University Hospital	Australia	Department of Mental Health Royal Children's Hospital, Melbourne	David Coghill