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| (OFFICE USE ONLY) | |
| Manuscript Number |  |
| Date manuscript submitted for review |  |

**Colon Cancer Family Registry (CCFR)**

**Manuscript Review Checklist**

**Section I: To be Completed by the Corresponding Author**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name of manuscript: |  | | |
| 2. Related CFR Application ID: | |  | |
| 3. Related CFR Application Title: | |  | |
| 4. Intended journal: | |  | |
| 5. First and senior authors | | Name | Email |
| First author | |  |  |
| Senior author | |  |  |

6. Which CCFR centers’ data were used in the manuscript (check all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 11-Ontario | 12-CedarsSinai | 13-Australia | 14-Hawaii | 15-Mayo | 16-Seattle | 17-UCSF |
|  |  |  |  |  |  |  |
| Cedars-Sinai Consortium is the former USC Consortium center; UCSF is the former CPIC center. | | | | | | |

7. Which GWAS data set(s) will be used, if any  None  Individual level  Summary level only

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GWAS PI: | G Casey | G Casey | S Gruber | S Gruber | G Casey | Le Marchand |
| Data set | Set-1 | Set-2 | Set-3 | Set-4 | Set-5 | Minority |
| Platform | Illumina  1M/1M-Duo | Illumina  Omni1 | Affymetrix  Axiom | Illumina  OncoArray | Infinium  OncoArray | Illumina  1M |
| CFR Centers\* | A O S | All but U | A C M O S | ALL but U | ALL | C H S U |
| Check box(es) |  |  |  |  |  |  |
| \*A-Australia; C-Cedars-Sinai/USC; H-Hawaii; M-Mayo; O-Ontario; S-Seattle; U-UCSF/CPIC | | | | | |  |

8. Authorship:

|  |  |
| --- | --- |
| Colon CFR Site | CCFR investigators who requested authorship |
| Australasian |  |
| Hawaii |  |
| Mayo Clinic |  |
| Ontario |  |
| Seattle |  |
| Cedars-Sinai & Cleveland Clinic (formerly USC) |  |
| UCSF (formerly CPIC) |  |

#### 9. Author review checklist:

|  |  |  |  |
| --- | --- | --- | --- |
| If you check “no” to any item please comment below | No | Yes | NA |
| 1. Have you submitted a Manuscript Registration Form to the CCFR? |  |  |  |
| 1. Are the NCI/CFR acknowledgement(s) & respective grant number(s) present?   (See CCFR Policy for Publications at www.coloncfr.org/publications) |  |  |  |
| 1. Have all CCFR authors approved this manuscript for journal submission? |  |  |  |

*Continued*

|  |  |
| --- | --- |
| Comments: |  |

**Section I continued [To be completed by the corresponding author]**

10. Publication Requirements: Check boxes indicating your agreement to meet these requirements.

|  |  |
| --- | --- |
|  | I will circulate all substantive correspondence with journal to the CCFR co-authors. |
|  | Upon notification of acceptance by a journal, I will circulate journal proofs to the authors. |
|  | Upon publication, I will send a copy of published manuscript, tables and figures to the CCFR Coordinator. |
|  | Following publication, I will ensure the manuscript is compliant with the NIH Public Access Policy and is submitted to the PubMed Central (PMC) if: 1) it is a peer-reviewed journal manuscript AND 2) it is accepted for publication in a journal.  Information about the NIH Pubic Access Policy can be found at: <http://publicaccess.nih.gov/>.  A list of journals that automatically deposit published manuscripts to PMC can be found at: <http://publicaccess.nih.gov/submit_process_journals.htm>.  Instructions for manually depositing manuscripts submitted to journals that do not automatically submit to PMC can be found at: <http://publicaccess.nih.gov/select_deposit_publishers.htm> |
|  | [If applicable] I will return all genotyping data generated from CCFR biospecimens to the CCFR Informatics Center within 6 months of publication. |

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| --- | --- | --- | --- |
| Name of person  completing this form |  | Date  submitted |  |

Author: Forward this form with Section I completed along with a copy of the manuscript to the

Colon CFR Program Manager, Allyson Templeton ([atemplet@fredhutch.org](mailto:atemplet@fredhutch.org)).

**Section II: To be Completed by the CFR Program Manager or assigned reviewer:**

11. Project category for manuscript under review (see Policy):

|  |  |  |  |
| --- | --- | --- | --- |
|  | CFR  Investigators | Institutional Collaborators | External  Collaborators |
| Pilot Project |  |  |  |
| Core Project |  |  |  |
| New Project New (investigator-initiated) Project |  |  |  |
| Methods/Protocol Development Project |  |  |  |
|  | | | |

12. CFR administrative review checklist:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | No | Yes | NA |
| 1. Are NCI and the Colon CFR funding appropriately acknowledged? | | |  |  |  |
| 1. Are the CFR protocols and data descriptions present and adequate? | | |  |  |  |
| Comments: |  | | | |
|  | | | | |

13. Are modifications required?

No, manuscript is acceptable as is.

Yes, modifications are required (see above); a subsequent review by the PWG is not required.

Yes, modifications are required (see above); a subsequent review by the PWG is required.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reviewer: |  | Date  completed |  | / |  | / |  |

Forward a copy of the completed Colon CFR Publications Review Checklist to the author.

Forward completed form with manuscript to Colon CFR PWG Chair.