The ‘Upper GI International Robotic Association’ (UGIRA)

§1 Establishment of the UGIRA
Date, place: November 8\textsuperscript{th} 2017, Utrecht, The Netherlands

First president: Richard van Hillegersberg
Co-founders: Asif Chaudry
Philip Chiu
Peter Grimminger
James Luketich
§ 2 Aims of the UGIRA

The primary aim of the UGIRA is to establish an international cooperation for the effective implementation and advancement of esophagogastric robotic surgery. To achieve this, various initiatives will be executed:

1. **To form effective training programs that involve proctoring by experienced surgeons.**
   In order to safely implement esophageal and gastric robotic surgery, training pathways that involve proctoring should be followed. The society will serve as the core platform to establish these training pathways and to appoint proctors in all continents. Completion of the training pathway will result in credentialing from the society.

2. **To initiate international studies by establishing a web-based registry.**
   An international registry was created to enable international collaboration on research. Data collection especially focuses on the robotic elements of esophageal and gastric surgery.

3. **To establish standardized guidelines for robotic esophageal and gastric surgical procedures.**
   The approach to robotic esophageal and gastric surgical procedures should be standardized by formulating step-by-step guidelines. These guidelines will encompass robotic surgery for both benign (i.e. hiatal hernia, fundoplication) and malignant disease (i.e. esophageal and gastric cancer), with the exception of bariatric procedures.

§ 3 Membership of the UGIRA

During the initial phase, UGIRA membership will principally be invitation-based. Surgeons who are just starting to perform robotic esophagogastric surgery can become a training member and follow the UGIRA training pathway for robotic esophageal and/or gastric surgery. Full UGIRA membership can be acquired in case the following conditions are met:

- Completion of a UGIRA endorsed robotic training pathway.
- Registration of at least 50 malignant cases in the UGIRA Registry.
- Provision of a 20-minute surgical video to be evaluated by the UGIRA faculty.
§4 Data Ownership for Data entered in the Registry

Data within the registry will be anonymized and remain the property of the center that was responsible for inclusion. The first publication of registry data will be a descriptive study after inclusion of 500 cases. After that, participating centers can initiate studies with data from the registry by submitting a study proposal that will be reviewed by the scientific committee*. Once the scientific committee has given consent to the study idea, all participating centers will be notified and offered the possibility to withdraw their data for the intended study. Data that are provided in this fashion will not be retraceable to the participating centers. Ensuing articles will be published according to the authorship agreements in §3.

* For the first 2 years, the founding members of the society will constitute the scientific committee. After this initial period of 2 years, the scientific committee will be elected by their predecessors for time periods of 1 year. The founding members of the UGIRA will become honorary members of the scientific committee after the initial 2 years.

§5 Authorship Agreements for Article Publication

The suggested authorship rules for studies that are performed with data from the registry are provided below.

I. In general
   a. To qualify for the agreements in II and III, a participating center needs to be responsible for the inclusion of at least 10 cases at the time of article submission.

II. UGIRA Study Group
   a. Each article that used registry data will be published on behalf of the UGIRA Study Group, which consists of the principal investigator (P.I.) of the registry and a maximum of 2 investigators per center.
   b. The names in the authors list will be divided according to the agreements III.

III. Author Names
   a. The 1st and 2nd name in the authors list are for the investigators that were responsible for data analysis and writing of the manuscript.
   b. A study can be led by 1 or 2 centers:
      - In case of 1 center, this center will provide the last name in the authors list.
      - In case of 2 centers, these centers will provide the last and before last names in the authors list.
   c. The P.I. of the registry will one of the co-authors.
   d. In addition to the previous points, the remaining author names will be appointed according to the number of inclusions per center. At first, 1 author per center will be appointed. This will continue until the maximum number of authors is reached, which varies amongst journals.