

*EClinicalMedicine* is a new open access clinical journal that will publish original research to help frontline health professionals navigate the complex and rapid health transitions facing societies worldwide. *EClinicalMedicine* will help practitioners solve the problems and challenges of health care across all communities. From diagnosis to treatment, prevention to health promotion and protection, it will integrate disciplines across all specialties and across the life course with the ultimate goal of strengthening health systems as core institutions in our societies. It is a journal that has the courage and vision to rethink and reframe the future of health and health care.

Manuscript preparation must adhere to relevant reporting standards on EQUATOR network website ([Enhancing the Quality and Transparency of Health Research](#)). Further details on the different sections of *EClinicalMedicine*, and how to submit to the journal, are provided below. If you require further clarification, the journal's editorial staff will be pleased to help ([eclinm@lancet.com](mailto:eclinm@lancet.com)).

Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. *The Lancet* journals are signatories of the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. We follow [COPE's guidelines](#).

Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals  
<http://www.icmje.org>  
ICMJE Recommendations  
<http://www.icmje.org>  
COPE Core Practices  
<https://publicationethics.org/core-practices>

## How to submit your paper

### Manuscript submission

Manuscript submission to all *Lancet* journals is free. Payment of article processing fees is made after acceptance (see later). Manuscripts should be submitted online via the *EClinicalMedicine's* online submission and peer review website (known as EM) at [www.editorialmanager.com/eclinm](http://www.editorialmanager.com/eclinm)

- Simply log on to EM and follow the on-screen instructions for all submissions
- If you have not used EM before, you will need to register first. In EM, the corresponding author is the person who enters the manuscript details and uploads the submission files
- Inclusion of illustrations (eg, photographs, graphs, diagrams) is a prerequisite for many publication types. Submission of original and editable artwork files is encouraged. Digital photography files should have a resolution of at least 300 dpi and be at least 107 mm wide. Before and after images should be taken with the same intensity, direction, and colour of light
- In almost all cases, if you have a finished manuscript, you should submit it, rather than contacting *EClinicalMedicine* to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission
- If you have any technical problems or questions, please contact our dedicated customer support:

For the Americas: +1 888 8347287 (09:00 to 17:00 central standard time)

For Asia and Pacific: +81 3 55615032 (09:30 to 17:30 Japan standard time)

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Email: [eclinm@lancet.com](mailto:eclinm@lancet.com)

### Covering letter

- You should upload your covering letter at the "Enter Comments" stage of the online submission process

### First submissions to *EClinicalMedicine* should include:

- 1 Covering letter
- 2 Manuscript including tables and panels
- 3 Figures
- 4 Author statement form (see next section)
- 5 Declaration of interests and source of funding statements (see next section)
- 6 In-press papers—one copy of each with acceptance letters
- 7 Protocols and CONSORT details for randomised controlled trials (see Research papers)
- 8 We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals
- 9 Research in context panel, for all primary Research papers

- Use the covering letter to explain why your paper should be published in *EClinicalMedicine* rather than elsewhere

## Statements, permissions, and signatures

### Authors and contributors

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text
- We require that more than one author has verified the underlying data. The contributors statement should state who those authors are.
- All authors should confirm that they had full access to all the data in the study and accept responsibility to submit for publication
- We encourage collaboration and coauthorship with colleagues in the locations where the research is conducted
- The *Lancet* Group takes a neutral position with respect to territorial claims in institutional affiliations
- When choosing coauthors, we ask lead authors to be mindful of the benefits of diversity in authorship and to consider inviting coauthors who reflect diversity in every sense, including (but not limited to) background, career-stage, gender, geography, and race
- *EClinicalMedicine* will not publish any paper unless we have the signatures of all authors

### Author statement form

<https://www.thelancet.com/for-authors/forms?section=ecm-author-sig>

- We suggest you use the [author statement form](#) and upload the signed copy with your submission
- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications
- For author groups of more than 30 members, we encourage use of a collaborator or study group for any additional authors. For this collaborator or study group, if they wish to be indexed to the paper, please provide a separate document with a table of first names and surnames of all members of the group (this is to ensure that PubMed and similar databases encode the names correctly).
- In addition, please include written consent of any cited individual(s) noted in acknowledgments or personal communications

### Forms and signatures

For Commentaries and Letters, we require you to upload your forms at submission. For original Research papers, we will request these forms after peer review. The following signed statements are required:

- [Authors' contributions](#)
- [Conflicts of interest statements](#) (ICMJE forms)
- Statements of role, if any, of medical writer or editor
- Acknowledgments—written consent of cited individual
- Personal communications—written consent of cited individual
- Use of copyright-protected material—signed permission statements from author and publisher

These statements can be scanned and submitted electronically with your submission. Please note that *The Lancet* journals will accept hand-signed and electronic (typewritten) signatures.

### Declaration of interests

A conflict of interest exists when professional judgement concerning a primary interest (such as patients' welfare or validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to the Editor of all relationships is a requisite. Purposeful failure to disclose conflicts is a form of misconduct and might lead to publication of a correction or even to retraction. All submissions to *EClinical Medicine* must include disclosure of all relationships in which there is a potential or actual conflict of interest, even if it not directly relevant to the submitted work. The Editor may use such information as a basis for editorial decisions and will publish all disclosures that authors declare on their conflict of interests form. It is the corresponding author's responsibility to check that all declarations made by authors on their conflicts of interest form are included at the end of the manuscript. Agreements between authors and study sponsors that interfere with authors' access to all of a study's data, or that interfere with their ability to analyse and interpret the data and to prepare and publish manuscripts independently, may represent conflicts of interest, and should be avoided. Authors may be required to provide the journal with any such agreements in confidence.

- At the end of the text, under a subheading "Declaration of interests", all authors must disclose any financial and personal relationships with other people or organisations, even if it does not directly relate to the submitted work. Examples of financial conflicts include employment, consultancies, stock ownership, honoraria, paid expert testimony, patents or patent applications, and travel

grants, all within 3 years of beginning the work submitted. If there are no conflicts of interest, authors should state that none exist

- All authors are required to provide a Conflict of Interest Statement and should complete a standard form, which is available at <https://www.thelancet.com/for-authors/forms?section=icmje-coi>. The form has been modified by the ICMJE following consultation with authors and editors. Further information is available in a joint ICMJE statement published on July 1, 2010. For more information see *Lancet* 2009; **374**: 1395–96.
- For Commentary, *EClinicalMedicine* will not publish if an author, within the past 3 years, and with a relevant company or competitor, has any stocks or shares, equity, a contract of employment, or a named position on a company board; or has been asked by any organisation other than *EClinicalMedicine* to write, be named on, or to submit the paper (see *Lancet* 2004; **363**: 2–3)

### Role of the funding source

- All sources of funding should be declared as an acknowledgment at the end of the text
- Within that "Acknowledgements" section, authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication
- If the funding source had no such involvement, the authors should state this

### Role of medical writer or editor

- If a medical writer or editor was involved in the creation of your manuscript, we need a signed statement from the corresponding author to include their name and information about funding of this person
- This information should be added to the Acknowledgments or Contributors section

### Patient and other consents

- Appropriate written consents, permissions, and releases must be obtained where you wish to include any case details, personal information, and/or images of patients or other individuals in *The Lancet* journals in order to comply with all applicable laws and regulations concerning privacy and/or security of personal information. Studies on patients or volunteers need approval from an ethics committee and informed consent from participants. These should be documented in your paper.
- Since the consent form needs to comply with the relevant legal requirements of your particular jurisdiction, we do not provide sample forms; this is your responsibility. Your affiliated institution should be able to provide an appropriate form.
- For the purposes of publishing in *The Lancet* journals, a [consent](#), permission, or release should include, without limitation, publication in all formats (including print, electronic, and websites), in sublicensed and reprinted versions (including translations), and in other works and products.
- To respect your patient's and any other individual's privacy, please do not send signed forms to *EClinicalMedicine*. Please instead complete the patient consent section of the [Author statements](#) while retaining copies of the signed forms in the event they should be needed.

**ICMJE COI form**  
<https://www.thelancet.com/for-authors/forms?section=icmje-coi>

**Joint ICMJE statement**  
<https://www.thelancet.com/for-authors/forms?section=icmje-statement>

- If consent, permission, or release is made subject to any conditions, *EClinicalMedicine* must be made aware in writing of all such conditions before publication.
- For more information about our policy, please visit <https://www.elsevier.com/about/our-business/policies/patient-consent>.

### Types of article and manuscript requirements

Please ensure that anything you submit to *EClinicalMedicine* follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our [Formatting guidelines](#).

### Research papers

- *EClinicalMedicine* prioritises reports of original research that are likely to change practice or thinking
- We invite submission of all trials, whether phase 1, 2, 3, or 4. For phase 1 trials, we consider those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action
- We require the registration of all interventional trials, whether early or late phase, in a primary register that participates in [WHO's International Clinical Trial Registry Platform](#) (see *Lancet* 2007; 369: 1909–11) or in [ClinicalTrials.gov](#), in accord with [ICMJE recommendations](#). We also encourage full public disclosure of the minimum 21-item trial registration dataset at the time of registration and before recruitment of the first participant (see *Lancet* 2006; 367: 1631–35). The registry must be independent of for-profit interest
- Reports of trials must conform to [CONSORT 2010 guidelines](#) and should be submitted with their protocols
- All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section. Please refer to [The Lancet's formatting guidelines for randomised trials](#)
- Cluster-randomised trials must be reported according to [CONSORT extended guidelines](#)
- Randomised trials that report harms must be described according to [extended CONSORT guidelines](#)
- Studies of diagnostic accuracy must be reported according to [STARD guidelines](#)
- Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the [STROBE statement](#), and should be submitted with their protocols
- We encourage the registration of all observational studies on a WHO-compliant registry (see *Lancet* 2010; 375: 348)
- Genetic association studies must be reported according to [STREGA guidelines](#)
- Systematic reviews and meta-analyses must be reported according to [PRISMA guidelines](#). Please refer to [The Lancet's formatting guidelines for systematic reviews and meta-analyses](#).
- Reports of studies of global health estimates should be reported according to the [GATHER statement](#) (see *Lancet* 2016; 388: e19–23)
- Clinical trials that report interventions using artificial intelligence must be described according to the [CONSORT-AI Extension guidelines](#) and their protocols must be described according to the [SPIRIT-AI Extension guidelines](#)
- To find reporting guidelines see: <http://www.equator-network.org>
- When using a study group, collaborator group, or Consortia instead of authors' names, please be aware that individuals' names will not explicitly appear when your published Article is uploaded to MEDLINE/PubMed. Your Article will still be discoverable via a search for a specific named author, but only the collective name given to the study will appear on that platform. If you need more information, please contact us.

### All Research papers should, as relevant:

- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 250 words. Our electronic submission system will ask you to copy and paste this section at the "Submit Abstract" stage
- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see *Lancet* 2008; 371: 281–83)
- When reporting Kaplan-Meier survival data, at each timepoint, authors must include numbers at risk, and are encouraged to include the number of censored patients.
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Secondary outcomes can be included as long as they are clearly marked as secondary and all such outcomes are reported
- Use the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct
- Use gene names approved by the [Human Gene Organisation](#). Novel gene sequences should be deposited in a public database (GenBank, EMBL, or DDBJ), and the accession number provided. Authors of microarray papers should include in their submission the information recommended by the [MIAME guidelines](#). Authors should also submit their experimental details to one of the publicly available databases: [ArrayExpress](#) or [GEO](#)
- Include any necessary additional data as part of your EM submission
- All accepted Articles should include a link to the full study protocol published on the authors' institutional website (see *Lancet* 2009; 373: 992 and *Lancet* 2010; 375: 348)
- We encourage researchers to enrol women and ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race
- For all study types, we encourage correct use of the terms sex (when reporting biological factors) and gender (when reporting identity, psychosocial, or cultural factors). Where possible, report the sex and/or gender of study participants, and describe the methods used to determine sex and gender. Separate reporting of data by demographic variables, such as age and sex, facilitates pooling of data for subgroups across studies and should be routine, unless inappropriate. Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate, and the limitations of the data.

### Putting research into context

- All research papers (including systematic reviews/meta-analyses)

**Patient Consent form**  
<http://www.thelancet.com/pb/assets/raw/Lancet/authors/lancet-consent-form.pdf>

**Human Gene Organisation**  
<http://www.genenames.org/>

**WHO's International Clinical Trial Registry Platform**  
<http://www.who.int/ictrp/network/trds/en/index.html>

**Clinical trials**  
<http://clinicaltrials.gov>

**ICMJE recommendations**  
<http://icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

**CONSORT 2010 guidelines**  
<http://www.consort-statement.org/consort-2010>

**Formatting guidelines for randomised trials**  
<https://www.thelancet.com/for-authors/forms?section=rct>

**CONSORT extended guidelines**  
<http://www.consort-statement.org/extensions/extensions/>

**STARD guidelines**  
<http://www.stard-statement.org/>

**STROBE statement**  
<http://www.strobe-statement.org/>

**STREGA guidelines**  
<http://www.equator-network.org/reporting-guidelines/strobe-strega/>

**PRISMA guidelines**  
<http://www.prisma-statement.org/>

**Formatting guidelines for meta-analyses**  
<https://www.thelancet.com/for-authors/forms?section=meta-analysis>

**GATHER statement**  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30388-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30388-9/fulltext)

**CONSORT-AI Extension guidelines**  
[https://doi.org/10.1016/S2589-7500\(20\)30218-1](https://doi.org/10.1016/S2589-7500(20)30218-1)

**SPRIT-AI Extension guidelines**  
[https://doi.org/10.1016/S2589-7500\(20\)30219-3](https://doi.org/10.1016/S2589-7500(20)30219-3)

To find reporting guidelines, see <http://www.equator-network.org>

**MIAME guidelines**  
<http://fged.org/projects/miame/>

**Array and GEO**  
<http://www.ebi.ac.uk/microarray-as/ae/>  
<http://www.ncbi.nlm.nih.gov/geo>

MENDELEY data  
<https://data.mendeley.com>

submitted to *EClinicalMedicine* must include a panel putting their research into context with previous work in the format outlined below (see *Lancet* 2014; 384: 2176–77, for the original rationale). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy

- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

### Research in context

#### Evidence before this study

This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should briefly state: the sources (databases, journal or book reference lists, etc) searched; the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.

#### Added value of this study

Authors should describe here how their findings add value to the existing evidence.

#### Implications of all the available evidence

Authors should state the implications for practice or policy and future research of their study combined with existing evidence.

*Research in context panels should not contain references; key studies mentioned here should be referenced in the main text.*

### Data sharing

From September 21, 2020, all submitted research Articles must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must include:

- Whether data collected for the study, including individual participant data and a data dictionary defining each field in the set, will be made available to others (“undecided” is not an acceptable answer);
- What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
- Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);
- When these data will be available (beginning and end date, or “with publication”, as applicable);
- Where the data will be made available (including complete URLs or email addresses if relevant);
- By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – eg, with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

See [table](#) for examples. Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial’s

registration. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published, and updated in the registry record. [Mendeley Data](#) is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

### Commentary

- This section contains Commentaries that accompany papers published in *EClinicalMedicine*, or to issues of wide-reaching concern in medical research and health policy. Most Commentaries are commissioned, but unsolicited Commentaries are also welcome. Commentaries may be peer reviewed
- Commentaries should be no more than 750 words, 10 references, and one figure, panel, or small table
- See **Conflicts of Interest** guidelines for comments

### Letters

- Letters should be written in response to previous content published in *EClinicalMedicine*
- Letters for publication must reach us within 4 weeks of publication of the original item and should be no longer than 250 words and 5 references
- Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
- Letters are not usually peer reviewed, but we might invite replies from the authors of the original publication, or pass on letters to these authors
- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited. Proofs will be sent out to authors before publication

### Corrections

- Any substantial error in any article published in *EClinicalMedicine* should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight.
- The *Lancet* journals have a [policy](#) for types of errors that we do and do not correct. We will always correct any error affecting a non-proprietary drug name, dose, or unit, any numerical error in the results, or any factual error in the interpretation of results. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.

### Formatting guidelines

#### Language

- Manuscripts should be submitted in English. Authors writing in Chinese, Portuguese, or Spanish may wish to use the Webshop (<http://webshop.elsevier.com/languageservices>) to provide an English translation of their manuscript for submission.

#### Title page

- A brief title, author name(s), preferred degree (one only),

For The *Lancet* journals’ policy on corrections of errors see <https://www.thelancet.com/for-authors/forms?section=correction>

**Formatting guidelines for text, tables, and figures**  
Guidelines on formatting of text, tables, and figures can be found at <https://www.thelancet.com/for-authors/forms?section=artwork>

affiliation(s), and full address(es) of the authors must be included. The name and address of the corresponding author should be separately and clearly indicated with email and telephone details.

### Formatting of text

- Type a single space at the end of each sentence
- Do not use bold face for emphasis within text
- We use a comma before the final “and” or “or” in a list of items
- Type decimal points midline (ie, 23.4, not 23.4). To create a midline decimal on a PC: hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9
- Numbers one to ten are written out in words unless they are used as a unit of measurement, except in figures and tables
- Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph
- Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Please use page numbering

### References

- Cite references in the text sequentially in the Vancouver numbering style, as a superscripted number after any punctuation mark. For example:  
“...as reported by Saito and colleagues.<sup>15</sup>”
- Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range with an en rule. To create an en rule on a PC: hold down CTRL key and minus sign on the number pad, or on a Mac: ALT hyphen
- References in tables, figures, and panels should be in numerical order according to where the item is cited in the text
- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or “long” hyphen):  
“15[tab]Saito N, Ebara S, Ohotsuka K, Kumeta J, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. *Lancet* 1998; **351**: 1687-[en rule]92.”
- Give any subpart to the title of the article
- If there are six authors or fewer, give all six in the form: surname space initials comma
- If there are seven or more give the first three in the same way, followed by et al
- For a book, give any editors and the publisher, the city of publication, and year of publication
- For a chapter or section of a book, also give the authors and title of the section, and the page numbers
- For online material, please cite the URL, together with the date you accessed the website
- Online journal articles can be cited using the DOI number
- Do not put references in the Summary

### Guidelines for supplementary material

All material should be submitted as one PDF (with a table of contents and numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of *The Lancet* journals' editors. For clinical trials, we encourage authors to include a copy of the study protocol. All material should be provided in English.

### Text

- Main heading for the web extra material should be in 12 point Times New Roman font **BOLD**
- Text should be in 10 point Times New Roman font, single spaced
- Headings should be in 10 point **BOLD**

### Tables

- Main table heading should be in 10 point Times New Roman font **BOLD**
- Legends should be in 10 point, single spaced
- Tables should be in 8 point Times New Roman font, single spaced
- Headings within tables should be in 8 point **BOLD**

### Data

- Numbers in text and tables should always be provided if % is shown
- Means should be accompanied by SDs, and medians by IQR
- p values should be given to two significant figures, unless p<0.0001

### Drug names

- Recommended international non-proprietary name (rINN) is required
- We encourage use of neuroscience-based nomenclature for psychotropic drugs

### References

- Vancouver style—eg,  
Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09.  
Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine. London: Elsevier, 2008: 230–47.
- Numbered in order of mention in appendix and numbered separately from references in the full paper

### Figures

A detailed guide on [electronic artwork](#) is available.

- All images must have a minimum resolution of 300 dpi, width 107 mm
- Main figure heading should be in 10 point Times New Roman font **BOLD**
- Legends should be in 10 point, single spaced
- Be consistent with the font size throughout.
- Use lowercase font (a, b, c...) to denote individual panels in a composite figure.
- Do not add box outline to graphs.
- Do not use titles in the graph or artwork. Titles should appear at the beginning of the figure legend.
- Nomenclature and abbreviations should be consistent with the text.
- All figure panels must be on a single page (one figure per page, please)

### Audio/video material

- The paper to which the audio or video clip relates should be

### Drug names

For more on neuroscience-based nomenclature see [http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(17\)30098-6.pdf](http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(17)30098-6.pdf)

### Electronic artwork

<https://www.elsevier.com/authors/author-schemas/artwork-and-media-instructions>



mentioned in the recording

- Audio clip and video files should be accompanied with brief text explaining the content of the audio, names of interviewers/interviewees, date of recording, and place of recording if relevant
- Written consent from all parties must be obtained (see also the above section on **Patient and other consents**)

### Audio

- Audio material submitted as an mp3 file, no larger than 50 Mb
- Your paper may be selected for a podcast. If so, the Web Editor will contact you to arrange a pre-recorded interview to discuss your paper. For more information, see [Audio](#)

Audio

[http://www.thelancet.com/  
audio](http://www.thelancet.com/audio)

### Video

- Video material should be submitted in .mp4 format with aspect ratio of 16:9, and be no larger than 50 Mb
- We welcome your videos and invite you to submit any video material (reports, interviews, scans, imaging) for consideration in the online journal. Please ensure that all those featured in the video have given permission for publication (see also the previous section on **Patient and other consents**)
- All video files can be submitted alongside your article in EM

### Disclosure of results before publication

- Presentation of data at a scientific meeting, as a poster, abstract, orally, on a CD, or as an abstract on the web, or on a preprint server does not conflict with submission to the *Lancet* journals. As a member journal of the International Committee for Medical Journal Editors, *EClinicalMedicine* does not regard results that are posted in the same clinical trials registry in which primary registration resides as a previous publication, if the results are presented in the form of a brief structured abstract or table
- We ask that authors and their institutions refrain from actively seeking media attention for articles that have been submitted to *EClinicalMedicine* or that are available as a preprint. The important steps of thorough peer review and experienced editorial scrutiny and guidance, together with putting research findings into a wider context and highlighting implications for clinical practice, will make the final published paper in *EClinicalMedicine* very different to the submitted or preprint version. Coverage that results from pre-publication communication can impact media interest at the time of publication and our ability to support responsible journalism
- For more information on Preprints with *The Lancet*, please see [www.thelancet.com/preprints](http://www.thelancet.com/preprints).

### Online publication

- *EClinicalMedicine* aims to publish papers online in 2–3 weeks from acceptance

### How *EClinicalMedicine* handles your paper

#### Acknowledgment

- Receipt of your paper will be acknowledged by an email containing a reference number, which should be used in all

future communications

#### Peer review

- *EClinicalMedicine* operates a single blind review process
- Every Research article published by *EClinicalMedicine* has been peer reviewed. Occasional contributions (eg, Commentaries) are accepted without peer review
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