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For randomised controlled trials or research papers judged to warrant fast dissemination, The Lancet will publish a peer-reviewed manuscript within 4 weeks of receipt (see Swift+ and Fast-track publication). If you wish to discuss your proposed fast-track submission with an editor, please call one of the editorial offices in London (+44 [0] 20 7424 4950), New York (+1 212 633 3667), or Beijing (+86 10 852 08872).

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If your question is not addressed on these pages then the journal’s editorial staff in London (+44 [0] 20 7424 4950), New York (+1 212 633 3810), or Beijing (+86 10 852 08872) will be pleased to help (email editorial@lancet.com).

How to submit your paper or correspondence

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- 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.
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1. Covering letter
2. Manuscript including tables and panels
3. Figures
4. Authors 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 Articles)
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 Articles

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- You should upload your covering letter at the “Enter Comments” stage of the online submission process
- Use the covering letter to explain why your paper should be published in The Lancet—a leading international general medical journal—rather than elsewhere (eg, a specialty journal)
- It is helpful to indicate what could shorten your paper—the full paper can be reviewed and a shorter version published; a table or figure, details of a DNA sequence, or further references, for example, can be published on our website or made available from the authors.

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All sources of funding should be declared as an acknowledgment at the end of the text.

- At the end of the Methods section, under a subheading “Role of the funding source”, 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.
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- To respect your patient’s and any other individual’s privacy, please do not send signed forms to The Lancet. 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.

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Types of article and manuscript requirements

Please ensure that anything you submit to The Lancet 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.

Red section (Articles and Clinical pictures)

Articles

- The Lancet prioritises reports of original research that are likely to change clinical practice or thinking about a disease (Lancet 2000; 356: 2–4).
- We offer fast-track peer review and publication of randomised controlled trials (see Swift+ and Fast-track publication).
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4 (see Lancet 2006; 368: 827–28). For phase 1 trials, we especially encourage those of a novel substance for a novel indication, if a novel mechanism of action.
- Systematic reviews and meta-analyses must be reported according to STROBE guidelines.
- Reports of studies of global health estimates should be reported according to the GATHER statement (see Lancet 2016; 388: e19–23).
- To find reporting guidelines see: http://www.equator-network.org

All Articles should, as relevant:
- Be up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only).
- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 300 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 SI system of units and the recommended international non-proprietary name (iNNI) 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.
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- 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 CONSORT extended guidelines

- We encourage those of a novel substance for a novel indication, if a novel mechanism of action.
- Systematic reviews and meta-analyses must be reported according to STROBE guidelines.
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- To find reporting guidelines see: http://www.equator-network.org

Human Gene Organisation http://www.genenames.org/

MIAME guidelines http://fged.org/projects/miame/


Clinical Trials http://clinicaltrials.gov


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

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Putting research into context

- All research papers (including systematic reviews/meta-analyses) submitted to any journal in The Lancet family 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 July 1, 2018, all submitted reports of clinical trials must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must indicate:
- 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. For reports of research other than clinical trials, data sharing statements are encouraged but not required. 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.

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- The ideal Clinical Picture provides visual information that will be useful to other clinicians. The Lancet rarely publishes pictures that just illustrate an extreme example of a medical condition.
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- Authors must obtain signed informed consent for publication in print and electronically (see Patient and other consents). Do not use “blackout” bars or similar devices to anonymise patients: if you have taken consent appropriately, masking is not necessary.
- Use no more than 300 words, with no references or figures. The text should include a brief patient history and put the high quality image in context, explaining what the image shows, why it is of interest to the general reader, and the outcome of the patient.
- The authors must have been involved in the care of the patient.
- Clinical Pictures will be prioritised around the 136 diseases included in The Lancet’s table of Disease data and clinical need.
- Please also write a short single best answer question of approximately 20 words with four short answers to create an accompanying Picture Quiz. These questions should be appropriate for a non-specialist medical doctor within the first five years of practice. Clinical Pictures chosen for publication will be peer-reviewed, receive a DOI, and be submitted to the National Library of Medicine for PubMed listing. All Clinical Pictures are included in The Lancet’s table of
Blue section (Comment, World Report, Perspectives, Correspondence, etc)

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Comment
• Most Comments are commissioned, but spontaneous Comments are welcome on a paper or other report or event within the past month or so, or in the near future
• Comments should be about 700 words and ten references
• The place to respond to something we have published is in our Correspondence section
• See Conflict of Interest guidelines for Comments

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Perspectives
• Reviews of books and other media, Lifelines, and art of medicine pieces are often commissioned, but suggestions for contributions are welcome via editorial@lancet.com

Obituaries
• Obituaries are written by our team of professional journalists, but we invite suggestions from readers for people whom we should feature—remarkable individuals who are internationally renowned for their contributions to medicine
• Please submit such suggestions within 3 weeks of an individual's death via editorial@lancet.com

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• We welcome correspondence on content published in The Lancet or on other topics of interest to our readers
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• Only one table or figure is permitted, and there should be no more than five references and five authors
• All accepted letters are edited, and proofs will be sent out to authors before publication
• Some letters might be chosen for online-only publication

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Green section (Seminars, Reviews, Therapeutics, Series, Viewpoints, etc)
Commissioned Seminars, Reviews, Therapeutics, and Series
• Seminars are disease-oriented clinically focused overviews for the generalist, covering epidemiology, pathophysiology, diagnosis, management, and prevention; whereas Reviews have a narrower remit for a more specialised audience. We aim to provide comprehensive balanced Review papers for clinicians and researchers on topics that we judge to be of widespread interest
• Therapeutics papers are up-to-date evidence-based reviews for clinicians on new and up-and-coming therapeutic options for diseases. The primary focus is on new drugs in a specific disease, but broad-based reviews on a drug class or on new non-pharmacological options will be commissioned; see Lancet 2019; 394: 360
• Complete transparency about the choice of material included is important to any Review paper. Therefore, all Seminars and Reviews, Therapeutics papers, and some Series, should include a brief section entitled “Search strategy and selection criteria” stating the sources (including databases, MeSH and free text search terms and filters, and reference lists from journals or books) of the material covered, and the criteria used to include or exclude studies. Citations to papers published in non-peer-reviewed supplements are discouraged. Since these papers should be comprehensive, we encourage citation of publications in non-English languages. An example is shown below:

Search strategy and selection criteria
Data for this Review were identified by searches of MEDLINE, Current Contents, PubMed, and references from relevant articles using the search terms “sentinel node”, “breast cancer”, and “axilla”. Abstracts and reports from meetings were included only when they related directly to previously published work. Only articles published in English between 1995 and 2019 were included.

• Seminars should be no more than 5000 words with a maximum of 140 references, and Reviews should be no more than 4500 words, with a maximum of 100 references. Therapeutics...
papers should be 3500-4500 words, with 5-6 figures, tables, or panels, and a maximum of 80 references. A 150-word unstructured summary should be included. These papers should include about five illustrations to aid the reader.

Hypotheses

- A hypothesis paper describes a substantial jump in thinking that is testable but not so easily testable that readers will wonder why you have not already done it. New data are not part of a hypothesis, but you must include a section on how to test your idea.
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Other departments

- Much of The Lancet’s role in encouraging debate and opinion takes place in sections such as Public Health, Viewpoint, Essay, Reportage, and the Departments of Medical History, Ethics, Medicine and Art, and Literature and Medicine. 1500 words and 20 references are our general guidelines for papers in these sections.

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Formatting guidelines

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- Type a single space at the end of each sentence.
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- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or “long” hyphen):
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- If there are six authors or fewer, give all six in the form: surname space initials comma.
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- For a chapter or section of a book, also give the authors and title of the section, and the page numbers.
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- Numbered in order of mention in Webappendix and numbered separately from references in the full paper

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**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

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**Drug names**

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

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