The Lancet is an international general medical journal that will consider any original contribution that advances or illuminates medical science or practice, or that educates or entertains the journal's readers. Whatever you have written, remember that it is the general reader whom you are trying to reach. One way to find out if you have succeeded is to show your draft to colleagues in other specialties. If they do not understand, neither, very probably, will The Lancet's staff or readers. 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.

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).

The Lancet is a signatory journal to 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.

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

**Manuscript submission**

Manuscript submission to all Lancet journals is free. Manuscripts (including correspondence letters) should be submitted online via the The Lancet’s online submission and peer review website (known as EM) at [www.editorialmanager.com/thelancet](http://www.editorialmanager.com/thelancet)

- Simply log on to EM and follow the onscreen 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 The Lancet 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, including Correspondence
- 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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**Covering letter**

- 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.

**Statements, permissions, and signatures**

**Authors and contributors**

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- We ask all authors, and all contributors (including medical writers and editors), to 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.
- We encourage collaboration and coauthorship with colleagues.
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• In addition, please include written consent of any cited individual(s) noted in acknowledgments or personal communications

Forms and signatures
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• Authors’ contributions
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• Personal communications—written consent of cited individual
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• 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-statement. 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 Comment, Seminars, Reviews, Therapeutics, and Series, The Lancet 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 The Lancet 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
• 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
• If there is no Methods section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should so state
• All authors should confirm that they had full access to all the data in the study and accept responsibility to submit for publication

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 and/or Contributors section
• We require signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments 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.

- Do not use “blackout” bars or similar devices to anonymise patients in clinical images: if you have taken consent appropriately masking is not needed.

- 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 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.

- If consent, permission, or release is made subject to any conditions, The Lancet 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 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 there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action.

- Systematic reviews of randomised trials about diseases that have a major effect on human health also might warrant rapid peer review and publication.

- Global public-health and health-policy research are other areas of interest to The Lancet.

- 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 PRISMA 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.

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 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

CONSORT extended guidelines
http://www.consort-statement.org/extension/extensions/STARD-guidelines
http://www.equator-network.org/reporting-guidelines/stard/STROBE statement
http://www.strobe-statement.org/

Patient Consent form

PRISMA guidelines
http://www.prisma-statement.org/PRISMA guidelines

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

SPRIT-AI Extension guidelines
http://www.equator-network.org/reporting-guidelines/spirt-ai/

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

CONSORT-AI Extension guidelines
https://doi.org/10.1016/S2559-7500(20)30218-1

SPIRIT-AI Extension guidelines
https://doi.org/10.1016/S2559-7500(20)30219-3

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

WHO’s International Clinical Trial Registry Platform

Clinical trials
http://clinicaltrials.gov

ICMJE recommendations

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

Formatting guidelines for randomised trials
https://www.thelancet.com/-for-authors/forms?section=meta-analysis

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

MIAME guidelines
http://sfgd.org/projects/miametypes
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) 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

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 (e.g., 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.

Clinical Pictures

- 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.
- Clinical Pictures should be interesting, educational, and respectful of the patient.
- 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 336 diseases included in The Lancet Clinic, which is based on Global Burden 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 contents and published online; a selection are also published in print.

Blue section (Comment, World Report, Perspectives, Correspondence, etc)
Editorial
Editorials are the voice of The Lancet, and are written in-house by the journal’s editorial-writing team and signed “The Lancet”

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

World Report
• The Lancet has a function as an international newspaper covering news about science, medicine, policy issues, and people
• Most of the writers of World Report articles are professional journalists, but an important event in your country that might be of wider interest can be brought to the attention of our World Report editors via editorial@lancet.com

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

Correspondence
• We welcome correspondence on content published in The Lancet or on other topics of interest to our readers
• Letters for publication in the print journal must reach us within 2 weeks of publication of the original item and should be no longer than 250 words
• Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
• Correspondence letters are not usually peer reviewed (we rarely publish original research in this section), but the journal 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, and proofs will be sent out to authors before publication
• Some letters might be chosen for online-only publication

Adverse drug reactions
• Reports of adverse drug reactions are peer reviewed and those we accept are published in the Correspondence section
• Length must not exceed 800 words, with only one table or figure, and no more than five references. No more than five authors are permitted

Department of Error
• Any substantial error in any article published in The Lancet 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 interpretation of results
• Other errors will be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight

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
• Sharing a new idea takes courage and concision. If you cannot express your line of thought in 1500 words, 20 references, and a 150-word unstructured summary, it is not a hypothesis

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

Commissions
• Topics for The Lancet Commissions are selected by our editors, who work with academic partners to identify the most pressing issues in science, medicine, and global health with the aim of producing recommendations to change public policy or improve practice. Projects usually last 2–3 years, and author groups will represent a broad range of international expertise. All Lancet Commissions are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. The Lancet does not provide direct financial support to Commissioners for the research or writing of the reports. Funding is sought directly by authors, with oversight from our editors.
that is no less than 300 dpi when set at its final printed size. Ideal file formats are TIF or JPEG

- For trial profiles, study profiles, and CONSORT diagrams, please supply as an editable flow diagram in Word (.doc) or PowerPoint (.ppt) file
- For illustrations (all non-photographic line-work and general drawing) we require editable vector files that contain selectable geometry and fonts (editable text). The editability of files depends on the package they were created in, but as a rule we would prefer to receive any of the following: Adobe Illustrator (.ai) file; Adobe Illustrator or generic .eps files exported from a graphics program; vector-based PDF, PowerPoint, or Word file; or SVG file. If authors are unable to supply files in any these formats, our in-house illustrators can offer guidance on whether it is more economical to export or convert the file into another format, or to redraw from scratch. When files are exported to eps files, we would prefer text to be exported “as text” rather than “as objects”, which is especially crucial for files such as forest plots in which there is a lot of text

- If your figures are annotated, please supply two copies of each of these figures as separate files (one annotated copy and one non-annotated and editable copy). Our in-house illustrators will annotate according to journal style using the annotated figures as a guide. For multi-part figures, please supply the individual parts as well as a combined version to be used as a guide for our illustrators to recreate the files
- Images that have been published previously should be accompanied by a statement indicating permission to reproduce the image. If required, further assistance can be obtained from the editorial team. If you have used previously published images, you must obtain permission from the copyright holder of the paper, which might be the authors or the publisher. If all the figures are your own and have not been published before, then this requirement does not apply

Guidelines for supplementary material

All material should be submitted as one PDF (with 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,
- Numbered in order of mention in Webappendix and numbered separately from references in the full paper

Figures

- 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

Audio/video material

- The paper to which the audio or video clip relates should be mentioned in the recording
- Audio clip and video files should be accompanied with brief text explaining the content of the audio, names of interviewees/interviewees, date of recording, and place of recording if relevant
- Written consent from all parties must be supplied at submission

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

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

For more on neuroscience-based nomenclature see http://www.thelancet.com/pdfs/journals/lanpsy/PBS2215-0366(17)30098-6.pdf

www.thelancet.com March 2021
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