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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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First submissions to The Lancet should include:
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

Covering letter

• You should upload your covering letter at the “Enter Comments” stage of the online submission process
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• 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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For Reviews, Viewpoints, Therapeutics papers, Comments, and Correspondence, you are required to upload your forms at submission. For original research (Articles), we will request these forms after peer review. The following signed statements are required:

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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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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 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 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.

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 differences). 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

Consent form

- ICMJE recommendations

- Recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html

- CONSORT 2010 guidelines

- Formatting guidelines for randomised trials

- Human Gene Organisation

- http://www.gene-names.org/
Information for Authors

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 used in 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
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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.

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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.
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• Please also write a short single best answer question of approximately 20 words with four short answers to create an...
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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
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• Only one table or figure is permitted, and there should be no more than five references and five authors
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• Some letters might be chosen for online-only publication

Adverse drug reactions

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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
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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.
Information for Authors

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Guidelines on formatting of text, tables, and figures can be found at https://www.thelancet.com/plb/assets/raw/Lancet/authors/artwork-guidelines.pdf

Index Medicus
http://www.nlm.nih.gov/

- 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.

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.

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- 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."

- 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
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- 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.
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• p values should be given to two significant figures, unless p<0.0001

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

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