Information for Authors

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 email editorial@lancet.com and our journal’s editorial staff will be able to help.

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.

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

• 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.
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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 directly accessed and verified the underlying data reported in the manuscript. For research articles that are the result of an academic and commercial partnership, at least one of the authors named as having accessed and verified data must be from the academic team. The contributors statement should state who those authors are.
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• 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.

**Reporting sex-based and gender-based analyses**

**Reporting guidance**

For research involving or pertaining to humans, animals, model organisms, or eukaryotic cells, investigators should integrate sex-based and gender-based analyses into their research design according to evolving funder/sponsor requirements and best practices within a field. Authors should address their research’s sex and/or gender dimensions in their manuscript. In cases where they cannot, they should discuss this as a limitation to their research’s generalisability.

With research involving cells and model organisms, researchers should use the term “sex”. With research involving humans, researchers should consider which terms best describe their data (see Definitions section below). Authors can refer to the Sex and Gender in Research (SAGER) Guidelines and the SAGER guidelines checklist. They offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting, and research interpretation. However, there is no single, universally agreed-upon set of guidelines for defining sex and gender or reporting sex-based and gender-based analyses.

**Definitions**

In human research, the term “sex” carries multiple definitions. It often refers to an umbrella term for a set of biological attributes associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). It can also signify a sex categorisation, most often designated at birth (“sex assigned at birth”) based on a newborn’s visible external anatomy. The term “gender” generally refers to socially constructed roles, behaviours, and identities of women, men, and gender-diverse people that occur in a historical and cultural context, and might vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact, and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man), concordant, and static. However, these constructs exist along a spectrum that includes additional sex categorisations and gender identities, such as people who are intersex/have differences of sex development (DSD), or identify as non-binary.

In any given person, sex and gender might not align, and both can change. Sex and gender are not entirely discrete concepts and their definitions continue to evolve. Biology and society influence both, and many languages do not distinguish between them. Since the terms “sex” and “gender” can be ambiguous, authors should describe the methods they use to gather and report sex-related and/or gender-related data (e.g., self-report or physician-report, specific biological attributes, current sex/gender, sex assigned at birth, etc) and discuss the potential limitations of those methods. This will enhance the research’s precision, rigor, and reproducibility, and avoid ambiguity or conflation of terms and the constructs to which they refer. Authors should use the term “sex assigned at birth” rather than “biological sex”, “birth sex” or “natal sex” as it is more accurate and inclusive. When ascertaining gender and sex, researchers should use a two-step process: (1) ask for gender identity allowing for multiple options and (2) if relevant to the research question, ask for sex assigned at birth. In addition to this defining guidance and the SAGER guidelines, you can find further information about reporting sex and gender in research studies on Elsevier’s diversity, equity, and inclusion in the publishing author guide available here.

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**Forms and signatures**

For Reviews, Viewpoints, Therapeutics papers, Comments, and Correspondence, we require you to upload your forms at submission. For original research (Articles), we will request these forms after peer review. The following signed statements are required:

- **Authors’ contributions**
- **Conflicts of interest statements**
- **Statements of role, if any, of medical writer or editor**
- **Acknowledgments—written consent of cited individual**
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- 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/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 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.

### 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.

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- 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.
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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 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 the WHO’s International Clinical Trial Registry Platform (see Lancet 2007; 369: 1909–11) or in ClinicalTrials.gov, in accord with ICMJE recommendations. We also require full public disclosure of the minimum 24-item trial registration dataset at the time of registration.

#### Clinical trials

- Clinical trials: http://clinicaltrials.gov
Information for Authors

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

Formatting guidelines for randomised trials
https://www.thelancet.com/forms?action=ext

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

STARD guidelines
http://www.equator-network.org/reporting-guidelines/stard/

STROBE statement
http://www.thelancet.com/abstracts/strobe-strega/

PRISMA guidelines
http://www.prismastatement.org/

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

GATHER statement
http://www.equator-network.org/reporting-guidelines/gather/

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

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

GATHER statement
http://www.thelancet.com/journals/lancet/article/PiHS0140-6736(16)30388-9/fulltext

CONSORT-AI Extension guidelines
https://doi.org/10.1016/S2589-7500(20)30219-3

SPRIT-AI Extension guidelines
https://doi.org/10.1016/S2589-7500(20)30218-1

To find reporting guidelines, see
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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.

**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.
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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 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)**

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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

**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
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- 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
Information for Authors

• 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
• Reports of adverse drug reactions are peer reviewed and published in the Correspondence section.
• Length must exceed 800 words, with only one table or figure, and no more than five references. No more than five authors are permitted.

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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:
• 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.

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.

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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• 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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• A brief title, author name(s), preferred degree (one only), affiliation(s), and full address(es) of the authors must be
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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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We have different criteria for photographic and illustrative files, the following notes are a summary of our ideal requirements, but a detailed description is in the artwork guidelines:
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- For trial profiles, study profiles, and CONSORT diagrams, please supply as an editable flow diagram in Word (.doc) or PowerPoint (.ppt) file.
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- 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.
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Audio material submitted as an mp3 file, no larger than 50 Mb

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• All video files can be submitted alongside your article in EM

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Swift+

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References

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  • Numbered in order of mention in Webappendix and numbered separately from references in the full paper

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• All images must have a minimum resolution of 300 dpi, width 107 mm

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• 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 supplied at submission

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• Numbers in text and tables should always be provided if % is shown

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• 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

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