The Lancet Neurology considers any original research contribution that advocates change in, or illuminates, neurological clinical practice, and publishes interesting and informative reviews on any topic connected with neurology. 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.

All original research judged eligible for fast-track publication by the journal’s editors will be peer-reviewed within 3–5 days and, if accepted, published within 10 weeks from submission. A majority of accepted fast-track Articles are published online first before appearing in a print journal.

The Lancet journals are signatories of the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. We follow COPE’s guidelines.

If your question is not addressed on these pages then please email the editor at neurology@lancet.com.

How to submit your paper

Manuscript submission

Manuscript submission to all Lancet journals is free. Manuscripts should be submitted online via the The Lancet Neurology’s online submission and peer review website (known as EM) at www.editorialmanager.com/thelancetneurology

- 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 Neurology 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 journal office inbox at editorial@lancet.com, the editor at neurology@lancet.com, or visit our Support Center for further assistance

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 Neurology—a leading international neurology journal—rather than elsewhere (eg, a subspecialty journal published in a print journal—rather than elsewhere (eg, a subspecialty journal published in a print journal)

Statements, permissions, and signatures

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- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text
- We require that more than one author has 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.
- All authors should confirm that they had full access to all the data in the study and accept responsibility to submit for publication
- We encourage collaboration and coauthorship with colleagues in the locations where the research is conducted
- The Lancet Group takes a neutral position with respect to territorial claims in institutional affiliations
- When choosing coauthors, we ask lead authors to be mindful of the benefits of diversity in authorship and to consider inviting coauthors who reflect diversity in every sense, including (but not limited to) background, career-stage, gender, geography, and race
- The Lancet Neurology will not publish any paper unless we have the signatures of all authors
- You should use the author statement form and upload the signed copy with your submission
- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications
- For author groups of more than 30 members, we encourage use of a collaborator or study group for any additional authors. For this collaborator or study group, if they wish to be indexed to the paper, please provide a separate document with a table of first names and surnames of all members of the group (this is to ensure that PubMed and similar databases encode the names correctly).
Sex and Gender Equity Research (SAGER) Guidelines


SAGER guidelines checklist
https://esse.aphahub.com/article/86910/

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

Join ICMJE statement
https://www.thelancet.com/for-authors/forms?section=icmje-statement

Information for Authors

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 Equity 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 (eg, 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 (eg, 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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Where authors use AI and AI-assisted technologies in the writing process, these technologies should only be used to improve readability and language of the work and not used to replace researcher tasks such as producing scientific insights, analysing and interpreting data, or drawing scientific conclusions. Applying these technologies should only be done with human oversight and control, and authors should carefully review and edit the result because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased. Authors should not list AI and AI-assisted technologies as an author or co-author, nor cite AI as an author. Authors are ultimately responsible and accountable for the originality, accuracy, and integrity of the work; and should disclose the use of AI and AI-assisted technologies in a statement at the end of the article.

Forms and signatures

For Reviews, Personal Views, 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:

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- Statements of role, if any, of medical writer or editor
- Acknowledgments—written consent of cited individual
- Personal communications—written consent of cited individual
- Use of copyright-protected material—signed permission statements from author and publisher

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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.

• 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.

• All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section.

• 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 all works and products.

• To respect your patient’s and any other individual’s privacy, please do not send signed forms to The Lancet Neurology. 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.

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

• Where applicable, 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 Acknowledgements section.

• All original research Articles judged eligible for consideration by the Lancet Neurology must be independent of for-profit interest.

• All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section.

Types of article and manuscript requirements

Please ensure that anything you submit to The Lancet Neurology 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)

Articles

• The Lancet Neurology prioritises reports of original research that are likely to change clinical practice or thinking about neurology.

• All original research Articles judged eligible for consideration by the journal’s editors will undergo fast-track peer review and, if accepted, published within 8 weeks of submission. All accepted papers will be published online (Online First) before appearing in the print journal.

• We invite submission of all clinical trials, whether early or late phase, in a primary register that participates in WHO’s International Clinical Trial Registry Platform (see The 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 and before recruitment of the first participant. (see The Lancet 2006; 367: 1631–35). The registry must be independent of for-profit interest.

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

• 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 The 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 and before recruitment of the first participant. (see The Lancet 2006; 367: 1631–35). The registry must be independent of for-profit interest.

• All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section.
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 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

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 description of the context. Authors should either report their own, up-to-date systematic review or cite a recent systematic review and put their study into context of the review

Research in context

Evidence before this study

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

Added value of this study

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

Implications of all the available evidence

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

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

Data sharing

From September 21, 2020, all submitted research Articles must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must include:
- Whether data collected for the study, including individual
participant data and a data dictionary defining each field in the set, will be made available to others ("undecided" is not an acceptable answer);
• What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
• Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);
• When these data will be available (beginning and end date, or "with publication", as applicable);
• Where the data will be made available (including complete URLs or email addresses if relevant);
• By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – eg, with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

See table for examples. Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial’s registration. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published, and updated in the registry record. Mendeley Data is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

Blue section (Comment, In Context, Correspondence, etc)

Editorial
• Editorials are the voice of The Lancet Neurology, and are written in-house by the journal’s editorial-writing team and signed "The Lancet Neurology"

Comment
• Commentaries may discuss Articles in The Lancet Neurology or in other journals. Most commentaries are commissioned, but spontaneous commentaries are also welcome on a paper or other report or event within the past month or so, or in the near future. Unsolicited commentaries may be peer reviewed
• Comments should be about 750 words and ten references
• The place to respond to something we have published is in our Correspondence section

In Context
• Features, profiles, reviews of books and other media, and lifelines are often commissioned, but suggestions for contributions are welcome via neurology@lancet.com
• Most of the writers of feature articles are professional journalists, but an important event in your country that might be of wider interest can be brought to the attention of the editors via neurology@lancet.com

Correspondence
• We welcome correspondence on content published in The Lancet Neurology or on other topics of interest to our readers
• Letters for publication in the print journal must reach us within 8 weeks of publication of the original item and should be no longer than 300 words
• Letters of general interest, unlinked to items published in the journal, can be up to 300 words long
• Correspondence letters are not usually peer reviewed, but we might invite replies from the authors of the original publication, or pass on letters to these authors
• 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

Corrections
• Any substantial error in any article published in The Lancet Neurology 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. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.

Green section (Reviews, Rapid Reviews, Personal Views, Commissions)

Reviews
• Reviews should be either definitive overviews of a major topic in neurology or an update of knowledge in a narrower field of current interest
• Most Reviews are commissioned, but unsolicited one-page outlines, consisting of a synopsis and a list of recent references, can be directed to the Editor at neurology@lancet.com. If you have already written the paper, please submit it for consideration via our online system
• Complete transparency about the choice of material included is important. Therefore, all Reviews 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. As these papers should be comprehensive, we encourage citation of publications in non-English languages. An example is shown below:

Search strategy and selection criteria
References for this Review were identified by searches of PubMed between 1969 and May 2019, and references from relevant articles. The search terms “leukoencephalopathy”, “MLC”, “MLC1”, “HEPACAM”, “GlialCAM”, “ClC-2”, and “CLCN2” were used. There were no language restrictions. The final reference list was generated on the basis of relevance to the topics covered in this Review.
• The word count should be no more than 4500 words, with a maximum of 100 references. Citations to papers published in supplements that are not peer reviewed are discouraged. A 150 word unstructured summary should be included. These papers should include about five illustrations to aid the reader.

Rapid Review
• These short reviews aim to put research findings published in the preceding 6–12 months into context.
• An abstract of up to 400 words should include text under the headings Background, Recent developments, and Where next?
• The word count should be no more than 3000 words (not including the summary panel), with a maximum of 75 references and two tables or figures.

Personal View
• The aim of a Personal View is to present a new way of thinking about research findings, a new interpretation of data, or a new scientific model. Although an opinion piece, the arguments should be presented in the context of a balanced review and discussion of the literature. Papers in this category should be forward looking and provide a platform for debate and an opportunity to challenge current thinking.
• Personal Views should include a search strategy and selection criteria panel, as for Reviews. Please note that we do not consider Hypothesis papers.
• The word count should be up to 3000 words, with a maximum of 75 references and 2–3 illustrations. A 150 word unstructured summary should also be included.

Position Paper
• Position Papers should follow the same guidelines as a Review (no more than 4500 words, with a maximum of 100 references, and a 150-word unstructured Summary).
• The aim of these pieces is to represent a consensus put forward by a large group of experts that is likely to signify a major turning point in a field. They are generally commissioned by the editors, but suggestions are welcome by email.

Policy View
• Policy Views are narrative reviews, sometimes with a descriptive study, of a particular topic relevant to policy makers. They should be no more than 3000 words, with up to 75 references and a 150-word unstructured Summary.
• They are generally commissioned by the editors, but suggestions are welcome by email.

Commissions
• Topics for The Lancet Neurology 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 The Lancet Neurology 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 Neurology 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.

Series
• Series are collections of papers (usually between three and five) on a broad topic within the neurology field. They are generally commissioned by the editors, but suggestions are welcome by email.

Formatting guidelines
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Title page
• A brief title, author name(s), preferred degree (one only), affiliation(s), and full address(es) of the authors must be included. The name and address of the corresponding author should be separately and clearly indicated with email and telephone details.

Formatting of text
• Type a single space at the end of each sentence.
• Do not use bold face for emphasis within text.
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• Give any subpart to the title of the article. Journal names are abbreviated in their standard form as in Index Medicus

• 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 the title of the book, any editors and the publisher, the city of publication, and year of publication

• For a chapter or section of a book, also give the authors and title of the section, and the page numbers

• For online material, please cite the URL, together with the date you accessed the website

• Online journal articles can be cited using the DOI number

• References that are in press can be cited in the reference list with “(in press)” added after the journal name

• For personal communications and unpublished work, please cite in-text rather than in the reference list in the format “(unpublished)” or “(Jones E, institution, personal communication)” if it is someone else’s observation

• Do not put references in the Summary or Research in context and Search strategy and selection criteria panels

• If preprints are central to your work or cover crucial developments in the topic(s) covered in your paper, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including [preprint] before the reference, and specifically referred to as a preprint in the main text. Where a preprint has subsequently become available as a peer-reviewed article, the formal publication should be used as the reference.

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

Text
• Main heading for the web extra material should be in 12 point Times New Roman font BOLD

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• Headings should be in 10 point BOLD

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• 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 appendix and numbered separately from references in the full paper

Figures
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- Audio material submitted as an mp3 file, no larger than 50mb

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- A majority of accepted fast-track Articles are published online first before appearing in a print journal
- The online article does not differ from the version subsequently published in print and is citable by the DOI assigned at the time of online publication
- All other manuscripts will be peer-reviewed via our standard process

Online First publication
- The Lancet Neurology usually publishes articles online ahead of print publication. You will be informed at least a week in advance of the Online First publication date
- The online article is identical to the version subsequently published in the print journal, and is citable by the DOI assigned at the time of online publication

How The Lancet Neurology handles your paper

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

Checking for plagiarism, duplicate publication, and text recycling
- All Reviews, Rapid Reviews, Personal Views, and other non-research material that we are interested in publishing will be checked by editors using CrossCheck (see Lancet 2011; 377: 281-82). We expect that such papers are written in a way that offers new thinking without recycling previously published text

Peer review
- The Lancet Neurology operates a single-anonymised review process
- Every Article, Review, Rapid Review, and Personal View published in The Lancet Neurology has been peer reviewed
- On submission to The Lancet Neurology, your report will first be read by one or more of the journal’s editors. Most of our Reviews
are commissioned, which means that we have to turn down many of the spontaneous submissions we receive. Our acceptance rate for original research is about 5% and it is an important feature of our selection process that many papers are turned away on the basis of in-house assessment alone. That decision will be communicated quickly.

- Research papers and most other types of paper that receive positive in-house reviews are followed by peer review by at least three reviewers. You will receive notification of which editor is handling the peer review of your paper.

Revisions
- Submissions that survive in-house and peer review might be referred back to authors for revision. This is an invitation to present the best possible paper for further scrutiny by the journal; it is not an acceptance.
- Authors should give priority to such revisions; the journal will reciprocate by making a final decision quickly.
- Two copies of the revised version should be sent back, one of which should be highlighted to show where changes have been made. Detailed responses to reviewers’ comments, in a covering letter, are also necessary.

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