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.**

Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals
http://www.icmje.org

COPE Core Practices
https://publicationethics.org/core-practices

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
- If you have any technical problems or questions, please contact our dedicated journal office inbox at editorial@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*—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.

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

Statements, permissions, and signatures

Authors and contributors

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations

ICMJE Recommendations
http://www.icmje.org

- 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.
- 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* will not publish any articles unless we have the signatures of all authors
- We suggest you use the author statement form and upload the signed copy with your submission

Author statement form
https://www.thelancet.com/for-authors/forms?section=tl-author-sig

- 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

Elsevier's author guide
https://beta.elsevier.com/about/policies-and-standards/author/dei?trial=true

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.

Sex and Gender Equity Research (SAGER) Guidelines
https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6

SAGER guidelines checklist
https://ese.arphahub.com/article/86910/

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.

The use of AI and AI-assisted technologies in scientific writing

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, 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 (ICMJE forms)
- 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

These statements can be scanned and submitted electronically with your submission. Please note that *The Lancet* journals will accept hand-signed and electronic (typewritten) signatures.

Declaration of interests

A conflict of interest exists when professional judgement concerning a primary interest (such as patients' welfare or validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to the Editor of all relationships is a requisite. Purposeful failure to disclose conflicts is a form of misconduct and might lead to publication of a statement in our Department of Error or even to retraction. All submissions to *The Lancet* must include disclosure of all relationships in which there is a potential or actual conflict of interest, even if it not directly relevant to the submitted work. The Editor may use such information as a basis for editorial decisions, and will publish all disclosures that authors declare on their conflict of interests form. It is the corresponding

author's responsibility to check that all declarations made by authors on their conflicts of interest form are included at the end of the manuscript. Agreements between authors and study sponsors that interfere with authors' access to all of a study's data, or that interfere with their ability to analyse and interpret the data and to prepare and publish manuscripts independently, may represent conflicts of interest, and should be avoided. Authors may be required to provide the journal with any such agreements in confidence.

- 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/for-authors/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

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.

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

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

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 require full public disclosure of the minimum 24-item trial registration dataset at the time of

WHO's International Clinical Trial Registry Platform
http://www.who.int/ictrp/network/trds/en/index.html

Clinical trials
http://clinicaltrials.gov

ICMJE recommendations
http://icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html

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
- When using a study group, collaborator group, or Consortia instead of authors' names, please be aware that individuals' names will not explicitly appear when your published Article is uploaded to MEDLINE/PubMed. Your Article will still be discoverable via a search for a specific named author, but only the collective name given to the study will appear on that platform. If you need more information, please contact us.

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 full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

Research in context

Evidence before this study

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

Added value of this study

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

Implications of all the available evidence

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

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

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

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

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

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

STROBE statement
http://www.strobe-statement.org/

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

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

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

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

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

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

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

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

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

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

Array and GEO
http://www.ebi.ac.uk/microarray-as/ae/
http://www.ncbi.anlm.nih.gov/geo

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.
- 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 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.

Picture Quiz
http://www.thelancet.com/picture-quiz

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

MENDELEY data
https://data.mendeley.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

The Lancet Clinic
http://www.thelancet.com/clinical/diseases

- 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. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.

For *The Lancet* journals' policy on correction of errors see https://www.thelancet.com/for-authors/forms?section=correction

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
- 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

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References

- Vancouver style—eg,

  —Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372:** 1201–09.

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