The Lancet **is an international general medical journal that will consider any original contribution that advances or illuminates medical science or practice, or that educates or entertains the journal's readers. Whatever you have written, remember that it is the general reader whom you are trying to reach. One way to find out if you have succeeded is to show your draft to colleagues in other specialties. If they do not understand, neither, very probably, will *The Lancet*'s staff or readers. Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal.**

For randomised controlled trials or research papers judged to warrant fast dissemination, *The Lancet* will publish a peer-reviewed manuscript within 4 weeks of receipt (see Swift+ and Fast-track publication). If you wish to discuss your proposed fast-track submission with an editor, please call one of the editorial offices in London (+44 [0] 20 7424 4950), New York (+1 212 633 3667), or Beijing (+86 10 852 08872).

The Lancet **is a signatory journal to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. We follow COPE's guidelines.**

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

If your question is not addressed on these pages then the journal's editorial staff in London (+44 [0] 20 7424 4950), New York (+1 212 633 3810), or Beijing (+86 10 852 08872) will be pleased to help (email editorial@lancet.com).

How to submit your paper or correspondence

Manuscript submission

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

- Simply log on to EM and follow the onscreen instructions for all submissions
- If you have not used EM before, you will need to register first. In EM, the corresponding author is the person who enters the manuscript details and uploads the submission files
- Inclusion of illustrations (eg, photographs, graphs, diagrams) is a prerequisite for many publication types. Submission of original and editable artwork files is encouraged. Digital photography files should have a resolution of at least 300 dpi and be at least 107 mm wide. Before and after images should be taken with the same intensity, direction, and colour of light.
- In almost all cases, if you have a finished manuscript, you should submit it, rather than contacting *The Lancet* to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including Correspondence
- If you have any technical problems or questions, please contact our dedicated customer support:
  For the Americas: +1 888 8347287 (09:00 to 17:00 central standard time)
  For Asia and Pacific: +81 3 55615032 (09:30 to 17:30 Japan standard time)
  For Europe and rest of the world: +44 1865 843577 (08:30 to 17:00 GMT)
  For Chinese-speaking customers: +86 10 85208780 (9:00 to 17:30 China standard time)
  For Spanish-speaking customers: +34 932 406176 (09:00 to 17:00 GMT)
  For French-speaking customers: +33 171 165608 (09:00 to 17:00 GMT)
  Email: editorial@lancet.com

First submissions to *The Lancet* should include:

1. Covering letter
2. Manuscript including tables and panels
3. Figures
4. Authors statement form (see next section)
5. Declaration of interests and source of funding statements (see next section)
6. In-press papers—one copy of each with acceptance letters
7. Protocols and CONSORT details for randomised controlled trials (see Articles)
8. We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals
9. Research in context panel, for all primary research Articles

Covering letter

- You should upload your covering letter at the "Enter Comments" stage of the online submission process
- 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 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

ICMJE Recommendations
http://www.icmje.org

- 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
- In addition, please include written consent of any cited individual(s) noted in acknowledgments or personal communications
- If a collaborator or study group has been used and they wish to be indexed on PubMed, please provide a separate word document including a table of first initials and surnames of all members

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

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. 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
- The corresponding author should confirm that he or she had full access to all the data in the study and had final responsibility for the decision to submit for publication

Role of medical writer or editor

- If a medical writer or editor was involved in the creation of your manuscript, we need a signed statement from the corresponding author to include their name and information about funding of this person
- This information should be added to the Acknowledgments and/or Contributors section
- We require signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section

Patient and other consents

- Appropriate written consents, permissions, and releases must be obtained where you wish to include any case details, personal information, and/or images of patients or other individuals in *The Lancet* journals in order to comply with all applicable laws and regulations concerning privacy and/or security of personal information. Studies on patients or volunteers need approval from an ethics committee and informed consent from participants. These should be documented in your paper.
- Do not use "blackout" bars or similar devices to anonymise patients in clinical images: if you have taken consent appropriately masking is not needed.

- Since the consent form needs to comply with the relevant legal requirements of your particular jurisdiction, we do not provide sample forms; this is your responsibility. Your affiliated institution should be able to provide an appropriate form.
- For the purposes of publishing in *The Lancet* journals, a consent, permission, or release should include, without limitation, publication in all formats (including print, electronic, and websites), in sublicensed and reprinted versions (including translations), and in other works and products.
- To respect your patient's and any other individual's privacy, please do not send signed forms to *The Lancet*. Please instead complete the patient consent section of the Author statements while retaining copies of the signed forms in the event they should be needed.
- If consent, permission, or release is made subject to any conditions, *The Lancet* must be made aware in writing of all such conditions before publication.
- For more information about our policy, please visit https://www.elsevier.com/about/our-business/policies/patient-consent.

Types of article and manuscript requirements

Please ensure that anything you submit to *The Lancet* follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our **Formatting guidelines**

Red section (Articles and Clinical pictures)

Articles

- *The Lancet* prioritises reports of original research that are likely to change clinical practice or thinking about a disease (*Lancet* 2000; **356:** 2–4)
- We offer fast-track peer review and publication of randomised controlled trials (see **Swift+** and **Fast-track publication**)
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4 (see *Lancet* 2006; **368:** 827–28). For phase 1 trials, we especially encourage those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action
- Systematic reviews of randomised trials about diseases that have a major effect on human health also might warrant rapid peer review and publication
- Global public-health and health-policy research are other areas of interest to *The Lancet*
- We require the registration of all interventional trials, whether early or late phase, in a primary register that participates in WHO's International Clinical Trial Registry Platform (see *Lancet* 2007; **369:** 1909–11) or in ClinicalTrials.gov, in accord with ICMJE recommendations. We also encourage full public disclosure of the minimum 21-item trial registration dataset at the time of registration and before recruitment of the first participant (see *Lancet* 2006; **367:** 1631–35). The registry must be independent of for-profit interest
- Reports of trials must conform to CONSORT 2010 guidelines, and should be submitted with their protocols
- All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section. Please refer to *The Lancet*'s formatting guidelines for randomised trials.
- Cluster-randomised trials must be reported according to CONSORT extended guidelines
- Randomised trials that report harms must be described according to extended CONSORT guidelines
- Studies of diagnostic accuracy must be reported according to STARD guidelines
- Observational studies (cohort, case–control, or cross-sectional designs) must be reported according to the STROBE statement, and should be submitted with their protocols
- We encourage the registration of all observational studies on a WHO-compliant registry (see *Lancet* 2010; **375:** 348)
- Genetic association studies must be reported according to 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)
- To find reporting guidelines see: http://www.equator-network.org

All Articles should, as relevant:

- Be up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only)
- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 300 words. Our electronic submission system will ask you to copy and paste this section at the "Submit Abstract" stage
- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see *Lancet* 2008; **371:** 281–83)
- When reporting Kaplan-Meier survival data, at each timepoint, authors must include numbers at risk, and are encouraged to include the number of censored patients.
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Secondary outcomes can be included as long as they are clearly marked as secondary and all such outcomes are reported
- Use the SI system of units and 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)

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/

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

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

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

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.nlm.nih.gov/geo

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

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

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

- We encourage researchers to enrol women and ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race
- For all study types, we encourage correct use of the terms sex (when reporting biological factors) and gender (when reporting identity, psychosocial, or cultural factors). Where possible, report the sex and/or gender of study participants, and describe the methods used to determine sex and gender. Separate reporting of data by demographic variables, such as age and sex, facilitates pooling of data for subgroups across studies and should be routine, unless inappropriate. Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate, and the limitations of the data.

Putting research into context

- All research papers (including systematic reviews/meta-analyses) submitted to any journal in *The Lancet* family must include a panel putting their research into context with previous work in the format outlined below (see *Lancet* 2014; **384**: 2176–77, for the original rationale). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy
- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

MENDELEY data
https://data.mendeley.com

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.

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

Data sharing

From July 1, 2018, all submitted reports of clinical trials must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must indicate:

- 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. For reports of research other than clinical trials, data sharing statements are encouraged but not required. 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

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

contents and published online; a selection are also published in print.

Blue section (Comment, World Report, Perspectives, Correspondence, etc)

Editorial

Editorials are the voice of *The Lancet*, and are written in-house by the journal's editorial-writing team and signed "The Lancet"

Comment

- Most Comments are commissioned, but spontaneous Comments are welcome on a paper or other report or event within the past month or so, or in the near future
- Comments should be about 700 words and ten references
- The place to respond to something we have published is in our **Correspondence** section
- See **Conflict of Interest** guidelines for Comments

World Report

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

Perspectives

- Reviews of books and other media, Lifelines, and art of medicine pieces are often commissioned, but suggestions for contributions are welcome via editorial@lancet.com

Obituaries

- Obituaries are written by our team of professional journalists, but we invite suggestions from readers for people whom we should feature—remarkable individuals who are internationally renowned for their contributions to medicine
- Please submit such suggestions within 3 weeks of an individual's death via editorial@lancet.com

Correspondence

- We welcome correspondence on content published in *The Lancet* or on other topics of interest to our readers
- Letters for publication in the print journal must reach us within 2 weeks of publication of the original item and should be no longer than 250 words
- Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
- Correspondence letters are not usually peer reviewed (we rarely publish original research in this section), but the journal might invite replies from the authors of the original publication, or pass on letters to these authors
- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited, and proofs will be sent out to authors before publication
- Some letters might be chosen for online-only publication

Adverse drug reactions

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

Department of Error

- Any substantial error in any article published in *The Lancet* should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight
- *The Lancet* journals have a policy for types of errors that we do and do not correct. We will always correct any error affecting a non-proprietary drug name, dose, or unit, any numerical error in the results, or any factual error in interpretation of results

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:

Search strategy and selection criteria

Data for this Review were identified by searches of MEDLINE, Current Contents, PubMed, and references from relevant articles using the search terms "sentinel node", "breast cancer", and "axilla". Abstracts and reports from meetings were included only when they related directly to previously published work. Only articles published in English between 1995 and 2019 were included.

- Seminars should be no more than 5000 words with a maximum of 140 references, and Reviews should be no more than 4500 words, with a maximum of 100 references. Therapeutics

papers should be 3500-4500 words, with 5-6 figures, tables, or panels, and a maximum of 80 references. A 150-word unstructured summary should be included. These papers should include about five illustrations to aid the reader

Hypotheses

- A hypothesis paper describes a substantial jump in thinking that is testable but not so easily testable that readers will wonder why you have not already done it. New data are not part of a hypothesis, but you must include a section on how to test your idea
- Sharing a new idea takes courage and concision. If you cannot express your line of thought in 1500 words, 20 references, and a 150-word unstructured summary, it is not a hypothesis

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

Other departments

- Much of *The Lancet's* role in encouraging debate and opinion takes place in sections such as Public Health, Viewpoint, Essay, Reportage, and the Departments of Medical History, Ethics, Medicine and Art, and Literature and Medicine. 1500 words and 20 references are our general guidelines for papers in these sections

Commissions

- Topics for *The Lancet* Commissions are selected by our editors, who work with academic partners to identify the most pressing issues in science, medicine, and global health with the aim of producing recommendations to change public policy or improve practice. Projects usually last 2–3 years, and author groups will represent a broad range of international expertise. All *Lancet* Commissions are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. *The Lancet* does not provide direct financial support to Commissioners for the research or writing of the reports. Funding is sought directly by authors, with oversight from our editors.

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

Formatting guidelines

Language

- Manuscripts should be submitted in English. Authors writing in Chinese, Portuguese, or Spanish may wish to use the Webshop (http://webshop.elsevier.com/languageservices) to provide an English translation of their manuscript for submission.

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
- We use a comma before the final "and" or "or" in a list of items
- Type decimal points midline (ie, 23·4, not 23.4). To create a midline decimal on a PC: hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9
- Numbers one to ten are written out in words unless they are used as a unit of measurement, except in figures and tables
- Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph
- Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Please use page numbering
- Guidelines on formatting tables are available in the artwork guidelines

References

- Cite references in the text sequentially in the Vancouver numbering style, as a superscripted number after any punctuation mark. For example:
  "...as reported by Saito and colleagues.[15]"
- Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range with an en rule. To create an en rule on a PC: hold down CTRL key and minus sign on the number pad, or on a Mac: ALT hyphen
- References in tables, figures, and panels should be in numerical order according to where the item is cited in the text
- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or "long" hyphen):
  "...15[tab]Saito N, Ebara S, Ohotsuka K, Kumeta J, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. *Lancet* 1998; **351:** 1687–[en rule]92."
- 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 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
- Do not put references in the Summary

Figures

Our in-house illustrators redraw most figures into *Lancet* style. The quality of the files we receive from authors has a direct effect on the accuracy and time taken to prepare figures that are suitable for publication.

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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References

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