

The Lancet Child & Adolescent Health considers any original research contribution that advocates change in or illuminates clinical practice and informative reviews on any topic connected with the health or wellbeing of children and adolescents across the life course, covering the fetal period to young adulthood. The journal publishes a range of article types including Comments, Correspondence, Articles, Reviews, Viewpoints, and Clinical Pictures.

Because the journal has an international readership from a wide range of specialties, it is vital that articles should be written clearly and should not assume a level of knowledge above that of, say, a reasonably well read, recently qualified, doctor in training. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. Further details on the different sections of *The Lancet Child & Adolescent Health*, and how to submit to the journal, are provided below. If you require further clarification, the journal's editorial staff will be pleased to help (email child-adolescent@lancet.com).

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. *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.

How to submit your paper

Manuscript submission

Manuscript submission to all *Lancet* journals is free. Manuscripts should be submitted online via the *The Lancet Child & Adolescent Health's* online submission and peer review website (known as EES) at <http://ees.elsevier.com/thelancetchildadol>

- Simply log on to EES and follow the onscreen instructions for all submissions
- If you have not used EES before, you will need to register first. In EES, the corresponding author is the person who enters the manuscript details and uploads the submission files
- Inclusion of illustrations (photographs, graphs, diagrams, etc) is a prerequisite for publication. 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 Child & Adolescent Health* 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)

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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)

- Editorial queries can be sent to the editorial team at child-adolescent@lancet.com

Submissions to *The Lancet Child & Adolescent Health* should include:

- 1 Covering letter
- 2 Manuscript including tables and panels
- 3 Figures
- 4 Author 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 Child & Adolescent Health* rather than elsewhere
- 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
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the manuscript
- *The Lancet Child & Adolescent Health* will not publish any paper unless we have the signatures of all authors
- We suggest you use the [author statement form](#) and either upload the signed copy with your submission, or e-mail it to child-adolescent@lancet.com

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

COPE Code of Conduct
http://publicationethics.org/files/u2/New_Code.pdf

ICMJE Recommendations
<http://www.icmje.org>

Author statement form
<http://www.thelancet.com/for-authors/forms#author-sigs>

- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications
- These forms should only be supplied if your paper is selected for peer review. You will receive instruction from the editorial team when to send these documents
- 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 is the safest course. Failure to disclose conflicts might lead to publication of a correction or even to retraction. All submissions to *The Lancet Child & Adolescent Health* must include disclosure of all relationships that could be viewed as presenting a potential or actual conflict of interest (see *Lancet* 2001; 358: 854–56 and *Lancet* 2003; 361: 8–9). The Editor may use such information as a basis for editorial decisions, and will publish such disclosures if they are believed to be important to readers in judging 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.

- 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 that could inappropriately influence (bias) their 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 <http://www.thelancet.com/for-authors/forms#icmje-coi>. This form can be uploaded with the manuscript at submission or can be emailed to child-adolescent@lancet.com. 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 any Review or Viewpoint, *The Lancet Child & Adolescent Health* will not publish the manuscript 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 Child & Adolescent Health* to write, be named on, or to submit the paper (see *Lancet* 2004; 363: 2–3)
- For any Review or Viewpoint, the use of medical writers is not permitted unless they have been paid and instructed directly by

an author, or their institution, and their role is purely technical (eg, editing a first draft for language and grammar). If you are contemplating use of a medical writer, please contact the journal immediately to ensure it complies with our policies

Role of the funding source (to be included only with Articles)

- 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 Child & Adolescent Health* 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 Child & Adolescent Health*, 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.

ICMJE COI form
<http://www.thelancet.com/for-authors/forms#icmje-coi>

Joint ICMJE statement
<http://www.thelancet.com/for-authors/forms#icmje-statement>

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

- To respect your patient's and any other individual's privacy, please do not send signed forms to *The Lancet Child & Adolescent Health*. 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 Child & Adolescent Health* must be made aware in writing of all such conditions before publication.
- For more information about our policy, please visit <http://www.elsevier.com/about/company-information/policies/patient-consent>.

Signatures

At the external peer review stage you will need to send signed copies of the following statements.

- [Authors' contributions](#)
- [Conflicts of interest statements](#)
- 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 submitted electronically via our online submissions system or via email to child-adolescent@lancet.com. To minimise delays, we strongly advise that you prepare signed copies of these statements before you submit your manuscript.

Types of article and manuscript requirements

Please ensure that anything you submit to *The Lancet Child & Adolescent Health* 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](#). Please note *The Lancet Child & Adolescent Health* does not publish case reports in any format.

Red section (Articles and Meta-analyses)

Articles

- *The Lancet Child & Adolescent Health* prioritises reports of original research that are likely to change clinical practice or thinking about paediatrics, or child or adolescent health and wellbeing
- 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
- We require 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 20-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](#)
- Reports of studies of global health estimates should be reported according to the [GATHER statement](#) (see [Lancet 2016](#); published online June 28. [http://dx.doi.org/10.1016/S0140-6736\(16\)30388-9](http://dx.doi.org/10.1016/S0140-6736(16)30388-9))
- To find reporting guidelines see <http://www.equator-network.org>
- We encourage authors to share any additional data, preferably translated into English, that would facilitate the replication or further analysis of their work—eg, the raw numbers underlying their analysis or the code for any modelling. [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 a section entitled “Data sharing” at the end of the Methods section, ahead of “Role of the funding source”. If authors have already deposited their data in another repository, or have made other arrangements for data to be shared (eg, by means of an adjudication process or contacting the authors), they should use this section to elaborate.
- Please be aware it is *The Lancet Child & Adolescent Health's* standard practice to commission an independent Comment to accompany all published Articles and Meta-analyses to add context and insight

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.

Author statement form
<http://www.thelancet.com/for-authors/forms#author-signs>

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

STARD guidelines
<http://www.stard-statement.org/>

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

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

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

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

MENDELEY data
<https://data.mendeley.com>

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

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>

- 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](http://www.genenames.org/). 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](http://fged.org/projects/miame/). Authors should also submit their experimental details to one of the publicly available databases: [ArrayExpress](http://www.ebi.ac.uk/microarray-as/ae/) or [GEO](http://www.ncbi.nlm.nih.gov/geo/)
- Include any necessary additional data as part of your EES submission
- All accepted Articles should include a link to the full study protocol published on the authors' institutional website (see [Lancet 2009; 373: 992](#) and [Lancet 2010; 375: 348](#)).
- We encourage researchers to enrol women and ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race
- For all study types, we encourage correct use of the terms sex (when 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

Meta-analyses

- In general, these should follow the [PRISMA guidelines](#). Please refer to *The Lancet's* [formatting guidelines](#) for systematic

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.*

reviews and meta-analyses.

- Manuscripts should be structured around five sections: Summary, Introduction, Methods, Results, and Discussion
- Aim for a maximum length of about 3000 words and 75 references
- Meta-analyses should also contain a semistructured summary as described previously for Articles

Blue section (Comment, Correspondence, etc) Editorial

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

Comment

- This section contains commentaries that accompany papers published in *The Lancet Child & Adolescent Health* or on issues of wide-reaching concern in paediatric, or child or adolescent health. Most commentaries are commissioned, and linked to specific research Articles to add context, but unsolicited commentaries (no more than 750 words, ten references, and one figure, panel, or small table) are also welcome. Unsolicited commentaries may be peer reviewed
- At the Editor's discretion, commentaries may be shortened in the interests of space
- The place to respond to something we have published is in our **Correspondence** section
- See **Conflicts of Interest** guidelines for comments

Correspondence

- We welcome correspondence on content published in *The Lancet Child & Adolescent Health* 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 400 words
- Letters of general interest, unlinked to items published in the

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/>

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

Formatting guidelines
<http://www.thelancet.com/for-authors/forms#meta-analysis>

journal, can be up to 400 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
- 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

Corrections

- Any substantial error in any article published in *The Lancet Child & Adolescent Health* 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
- Other corrections are at the Editor's discretion

Green section (Reviews, Viewpoints, Clinical Pictures)

Reviews

Most reviews are commissioned, but unsolicited short outlines (300–400 words) can be directed to the Editor. If you have already written the paper, please submit it for consideration via our [online system](#)

- Reviews should be either a definitive overview of a major topic connected with pediatrics, or child or adolescent health or an update of knowledge in a somewhat narrower field of current interest
- Manuscripts will be assessed in-house and those judged suitable will be peer reviewed before an editorial decision is made
- Reviews should be no more than 4500 words, with a maximum of 75 references
- References selected for publication should be chosen for their importance, ease of access, and for the “further reading” opportunities they provide; citations to papers published in non-peer-reviewed supplements are discouraged. In addition to references, authors should consider supplying a short list of useful websites where readers can find further information on the subject
- A 150-word unstructured summary should be included. Use of up to 5–6 illustrations is encouraged to aid the reader
- Complete transparency about the choice of material included is important to any Review paper. 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. 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

References for this Review were identified through searches of PubMed with the search terms “young onset”, “early onset”, “presenile”, and “dementia” from 1990 until April, 2010. Articles were also identified through searches of the authors’ own files. Only papers published in English were reviewed. The final reference list was generated on the basis of originality and relevance to the broad scope of this Review

- Systematic reviews should be prepared according to the PRISMA guidelines

Viewpoints

- These should be 2000–4000 words in length, with a maximum of 75 references
- These opinion pieces may reflect an individual perception, involvement, or contribution to pediatrics, or child or adolescent health, and should be prepared in a similar way to a Review. Unsolicited contributions are welcome, although please contact the Editor before submission to ensure that the proposed topic is within the remit of the journal

For *The Lancet* journals’ policy on correction of errors see <http://www.thelancet.com/for-authors/forms#correction>

Clinical Pictures

- The ideal Clinical Picture provides visual information that will be useful to other clinicians. Clinical Pictures should be interesting, educational, and respectful of the patient. *The Lancet Child & Adolescent Health* is less interested in pictures that simply illustrate an extreme example of a medical condition, a unique response, or first use of a new intervention
- Each Clinical Picture must be accompanied by text that puts the image in context. This text should include a brief patient history, and should explain what the Clinical Picture shows and why it is of interest to the general reader. Maximum text length is 300 words, with no references
- All Clinical Picture submissions must be accompanied with a challenging clinical question related to the case along with four possible answers. This quiz will be peer-reviewed and will be used on the journal's website to encourage users to read the underlying article
- Authors must obtain signed, informed [patient consent](#). Do not use “blackout” bars or similar devices to anonymise patients: if you have taken consent appropriately, masking is not necessary

Online System
<http://ees.elsevier.com/thelancetchildadol>

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.

Formatting guidelines for randomised trials
<http://www.thelancet.com/for-authors/forms#rct>

Formatting guidelines for revised manuscripts
Guidelines on format for text and figures can be found at <http://www.thelancet.com/for-authors/forms#artwork>

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 along 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
- Do not worry about type of font or point size
- 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

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] [initials]...
- 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

Guidelines for web extra material

All material should be submitted as one PDF (with numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of *The Lancet* journals' editors. 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
- Text should be in 10 point Times New Roman font, single spaced
- Headings should be in 10 point BOLD

Tables

- 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

- SI units are required
- Numbers in text and tables should always be provided if % is shown
- Means should be accompanied by SDs, and medians by IQR
- Exact p values should be provided, 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,
—Smith A, Jones, B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09.
- Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine. London: Elsevier, 2008: 230–47.
- Numbered in order of mention in Webappendix and numbered separately from references in the full paper

Figures

- All images must have a minimum resolution of 300 dpi, width 107 mm
- Main figure heading should be in 10 point Times New Roman font BOLD
- Legends should be in 10 point, single spaced

Audio/video material

- The paper to which the audio or video clip relates should be mentioned in the recording
- Audio clip and video files should be accompanied with brief text explaining the content of the audio, names of interviewers/interviewees, date of recording, and place of recording if relevant
- Written consent from all parties must be supplied at submission

Audio

- Audio material submitted as an mp3 file, no larger than 50 Mb
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Drug names

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