Information for Authors

The Lancet Digital Health publishes high-quality original research, commentary, and correspondence on the following subjects: artificial intelligence and machine learning technologies in healthcare; telemedicine; virtual healthcare; computational medicine; biomedical analytics; healthcare systems engineering; data management, storage, and security in healthcare; clinical engineering; digital clinical trials; wearable technology; mHealth; precision medicine; high-definition medicine; regenerative medicine; clinical genomics; disease diagnostics, prognostics, prediction and classification; biomedical sensors; bionics; biosignal processing; medical robotics; micro- and nanobiotechnology; health economics; and digital therapeutics. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. We also welcome videos. Further details on the different sections of *The Lancet Digital 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 digitalhealth@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. Payment of article processing fees is made after acceptance (see Open Access policy). Manuscripts should be submitted online via the *The Lancet Digital Health's* online submission and peer review website (known as EM) at www.editorialmanager.com/tldigitalhealth

- Simply log on to EM and follow the on-screen 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 Digital 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:

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  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: digitalhealth@lancet.com

First submissions to *The Lancet Digital Health* should include:
1. Covering letter
2. Manuscript including tables and panels
3. Figures
4. Research in context panel, for all primary research Articles
5. Author statement form (see next section)
6. Declaration of interests and source of funding statements (see next section)
7. In-press papers—one copy of each with acceptance letters
8. If appropriate, protocols and CONSORT details for randomised controlled trials should be provided and we encourage a statistical analysis plan (see Articles)
9. We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals

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 Digital Health* rather than elsewhere

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 text
- We require that more than one author has verified the underlying data. The contributors statement should state who those authors are.
- 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

Information for Authors

- *The Lancet Digital Health* will not publish any paper unless we have the signatures of all authors
- We suggest you use the author statement form and upload the signed copy with your submission (this will have to be signed before acceptance of the manuscript).
- 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

Forms and signatures

For 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 correction or even to retraction. All submissions to *The Lancet Digital Health* 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 Comments linked to Articles, *The Lancet Digital Health* 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 Digital Health* to write, be named on, or to submit the paper (see *Lancet* 2004; **363:** 2–3). For Comments not linked to published articles, we will consider those with company affiliations, at the discretion of the Editor.

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 state this
- All authors should confirm that they had full access to all the data in the study and accept responsibility 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 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 Digital 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.
- 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.
- Do not use "blackout" bars or similar devices to anonymise patients in clinical images: if you have taken consent appropriately masking is not needed.

- For the purposes of publishing identifiable images or information in *The Lancet Digital 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.
- To respect your patient's and any other individual's privacy, please do not send signed forms to *The Lancet Digital 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 Digital Health* 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 Digital 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.**

Red section (Articles)
Articles

- *The Lancet Digital Health* prioritises reports of original research that are likely to change practice or thinking
- We invite submission of all trials, whether phase 1, 2, 3, or 4.
- 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)
- 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
- *The Lancet Digital Health* commissions independent Comments to accompany published Articles and Meta-Analysis 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.
- 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
- 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

Research in context
Evidence before this study
This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should briefly state: the sources (databases, journal or book reference lists, etc) searched; the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.
Added value of this study
Authors should describe here how their findings add value to the existing evidence.
Implications of all the available evidence
Authors should state the implications for practice or policy and future research of their study combined with existing evidence.
Research in context panels should not contain references; key studies mentioned here should be referenced in the main text.

Data sharing

From September 21, 2020, all submitted research Articles must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must include:
- Whether data collected for the study, including individual participant data and a data dictionary defining each field in the set, will be made available to others ("undecided" is not an acceptable answer);
- What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
- Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);

- When these data will be available (beginning and end date, or "with publication", as applicable);
- Where the data will be made available (including complete URLs or email addresses if relevant);
- By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – eg, with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

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

Blue section (Comment, Correspondence)
Editorial
- Editorials are the voice of *The Lancet Digital Health*, and are written in-house by the journal's editorial-writing team and signed "*The Lancet Digital Health*"

Comment
- This section contains Commentaries that accompany papers published in *The Lancet Digital Health* or on issues of wide-reaching concern in digital health. Comments linked to policy decisions are welcomed. Most Comments are commissioned, but unsolicited Comments (no more than 750 words, ten references, and one figure, panel, or small table) are also welcome. Comments 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
- Letters should be written in response to previous content published in *The Lancet Digital Health*
- Letters for publication in response to previous published content 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 journal, can be up to 400 words long
- Correspondence letters are not usually peer reviewed, but they will be subject to editorial assessment before any decision to publish is made; we might consult authors of the original publication for advice; and occasionally invite formal replies from the authors of the original publication for inclusion alongside the submitted letter.
- Only one table or figure is permitted, and there should be no more than five references and five authors.
- All accepted letters are edited. Proofs will be sent out to authors before publication.

Corrections

- Any substantial error in any article published in *The Lancet Digital 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-proprietory drug name, dose, or unit, any numerical error in the results, or any factual error in the interpretation of results.
- Other corrections are at the Editor's discretion

Green section (Reviews, Health Policy, Commission, Viewpoint)

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 digital health. 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 peer-reviewed journals are preferred over non-peer-reviewed supplements. 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. 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 "radiomics", "deep learning", "artificial intelligence", and "cancer" from 2012 until April, 2020. 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.

Health Policy

Manuscripts considered for this section are narrative reviews (not original research) and should follow the same guidelines as a Review. These papers should cover developments in digital health topics related to policy, treatment guideline development, health systems, or economics. Other related topics will be considered. Please contact the Editor before submitting to ensure the proposed topic is suitable.

Commissions

Topics for *The Lancet Digital Health* Commissions are selected by our editors, who work with academic partners to identify the most pressing issues in science, medicine, and global health with the aim of producing recommendations to change public policy or improve practice. Projects usually last 2–3 years, and author groups will represent a broad range of international expertise. All *The Lancet Digital Health* Commissions are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. T*he Lancet Digital Health* 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.

Viewpoint

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 the field of digital 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.

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
- 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
- Guidelines on formatting tables are available in the artwork guidelines

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

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**

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
- 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

- For images (photographs or photographic images) that are used as part of illustration or image composite figures we require a file that is no less than 300 dpi when set at its final printed size. Ideal file formats are TIF or JPG
- For trial profiles, study profiles, and CONSORT diagrams, please supply as an editable flow diagram in Word (.doc) or PowerPoint (.ppt) file
- For illustrations (all non-photographic line-work and general drawing) we require editable vector files that contain selectable geometry and fonts (editable text). The editability of files depends on the package they were created in, but as a rule we would prefer to receive any of the following: Adobe Illustrator (.ai) file; Adobe Illustrator or generic .eps files exported from a graphics program; vector-based PDF, PowerPoint, or Word file; or SVG file. If authors are unable to supply files in any these formats, our in-house illustrators can offer guidance on whether it is more economical to export or convert the file into another format, or to redraw from scratch. When files are exported to eps

files, we would prefer text to be exported "as text" rather than "as objects", which is especially crucial for files such as forest plots in which there is a lot of text

- If your figures are annotated, please supply two copies of each of these figures as separate files (one annotated copy and one non-annotated and editable copy). Our in-house illustrators will annotate according to journal style using the annotated figures as a guide. For multi-part figures, please supply the individual parts as well as a combined version to be used as a guide for our illustrators to recreate the files
- Images that have been published previously should be accompanied by a statement indicating permission to reproduce the image. If required, further assistance can be obtained from the editorial team. If you have used previously published images, you must obtain permission from the copyright holder of the paper, which might be the authors or the publisher. If all the figures are your own and have not been published before, then this requirement does not apply

Guidelines for supplementary 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 Digital Health*'s editors. For clinical trials, we encourage authors to include a copy of the study protocol. All material should be provided in English.

Text

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

- Numbers in text and tables should always be provided if % is shown
- Means should be accompanied by SDs, and medians by IQR
- p values should be given to two significant figures, unless $p < 0.0001$

Drug names

- Recommended international non-proprietary name (rINN) is required
- We encourage use of neuroscience-based nomenclature for psychotropic drugs

References

- Vancouver style—eg,

    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 appendix 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 obtained and supplied at submission (see also the above section on **Patient and other consents**)

Audio

- Audio material submitted as an mp3 file, no larger than 50 Mb
- Your paper may be selected for a podcast. If so, the Web Editor will contact you to arrange a pre-recorded interview to discuss your paper. For more information, see Audio

Video

- Video material should be submitted in .mp4 format with aspect ratio of 16:9, and be no larger than 50 Mb
- We welcome your videos and invite you to submit any video material (reports, interviews, scans, imaging) for consideration in the online journal. Please ensure that all those featured in the video have given permission for publication (see also the previous section on **Patient and other consents**)
- All video files can be submitted alongside your article in EM

Disclosure of results before publication

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