The Lancet Diabetes & Endocrinology considers any original research contribution that advocates change in or illuminates clinical practice, and informative reviews on any topic connected with diabetes, diabetes-related non-communicable diseases, endocrinology, and metabolism. We are also interested in studies on these topics of public and global health importance. All papers should be written to be clearly understandable to the journal’s readers in a wide range of specialties and countries. 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 Diabetes & Endocrinology, 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 diabetes-endocrinology@lancet.com).

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

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 Diabetes & Endocrinology’s online submission and peer review website (known as EM) at www.editorialmanager.com/thelancetde

- 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 Diabetes & Endocrinology to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including Correspondence
- If you have any technical problems or questions, please contact our dedicated journal office inbox at editorial@lancet.com, the editor at diabetes-endocrinology@lancet.com, or visit our Support Center for further assistance

Covering letter

- You should upload your covering letter at the “Enter Comments” stage of the online submission process
- Use the covering letter to explain why your paper should be published in The Lancet Diabetes & Endocrinology rather than elsewhere and state if you wish for it to be considered for fast-track publication
- It is helpful to indicate what could shorten your paper—the full paper can be reviewed and a shorter version published; a table or figure, details of a DNA sequence, or further references, for example, can be published on our website or made available from the authors

First submissions to The Lancet Diabetes & Endocrinology 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

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 directly accessed and verified the underlying data reported in the manuscript. For research articles that are the result of an academic and commercial partnership, at least one of the authors named as having accessed and verified data must be from the academic team. The contributors statement should state who those authors are.
- All authors should confirm that they had full access to all the data in the study and accept responsibility to submit for publication
- We encourage collaboration and coauthorship with colleagues in the locations where the research is conducted
- The Lancet Group takes a neutral position with respect to territorial claims in institutional affiliations
- When choosing coauthors, we ask lead authors to be mindful of the benefits of diversity in authorship and to consider inviting coauthors who reflect diversity in every sense, including (but not limited to) background, career-stage, gender, geography, and race

ICMJE Recommendations
http://www.icmje.org

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

Recommendaions for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals
http://www.icmje.org
The Lancet Diabetes & Endocrinology will not publish any paper unless we have the signatures of all authors. Please use the author statement form and upload the signed copy with your submission. Please include written consent of any cited individual(s) noted in acknowledgments or personal communications.

For author groups of more than 30 members, we encourage use of a collaborator or study group for any additional authors. For this collaborator or study group, if they wish to be indexed to the paper, please provide a separate document with a table of first names and surnames of all members of the group (this is to ensure that PubMed and similar databases encode the names correctly).

**Forms and signatures**
For Reviews, Personal Views, Comments, and Correspondence, we require you to upload your forms at submission. For original research (Articles), we will request these forms after peer review. The following signed statements are required:

- **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**
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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, Personal Views, and Reviews, The Lancet Diabetes & Endocrinology 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 Diabetes & Endocrinology to write, be named on, or to submit the paper (see Lancet 2004; 363: 2–3).

For Comments, Personal Views, and Reviews, 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**
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.

**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 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.
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• If consent, permission, or release is made subject to any conditions, The Lancet Diabetes & Endocrinology must be made aware in writing of all such conditions before publication.
• For more information about our policy, please visit https://www.thelancet.com/about/our-business/policies/patient-consent.

Types of article and manuscript requirements
Please ensure that anything you submit to The Lancet Diabetes & Endocrinology 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 Diabetes & Endocrinology prioritises reports of original research that are likely to change clinical practice or thinking about the journal’s areas of interest.
• All research papers submitted to The Lancet Diabetes & Endocrinology that are selected for peer review are considered via our fast-track process.

Clinical trials
• We invite submission of all clinical trials, whether phase 1, 2, 3, or 4. For phase 1 trials, we consider 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 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.
• Randomised trials that report harms must be described according to extended CONSORT guidelines.
• Please refer to The Lancet’s formatting guidelines for randomised trials.

Other study types
We also welcome reports of studies of any other type that bring novel information to the journal’s areas of interest.
• 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: https://www.equator-network.org
• Please be aware it is The Lancet Diabetes & Endocrinology’s standard practice to commission an independent Comment to accompany all published Articles to add context and insight.
• When using a study group, collaborator group, or Consortium instead of authors’ names, please be aware that individuals’ names will not explicitly appear when your published Article is uploaded to MEDLINE/PubMed. Your Article will still be discoverable via a search for a specific named author, but only the collective name given to the study will appear on that platform. If you need more information, please contact us.

All Articles should, as relevant:
• Be up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only).
• Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 250 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.

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

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

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

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

STREGA guidelines http://www.equator-network.org/reporting-guidelines/strope-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 https://www.thelancet.com/journals/lancet/article/PII:S2589-7500(20)30218-1/fulltext

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

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

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

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

CONSORT extended guidelines http://www.consort-statement.org/extensions/extensions/
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 in the main paper only the figures and tables that are essential, with supporting data in an appendix.

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; 372: 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 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.

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);
- Where 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.

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.

Blue section (Comment, Correspondence, News, In Focus)

Editorial

- Editorials are the voice of The Lancet Diabetes & Endocrinology, and are written in-house by the journal’s editorial-writing team and signed “The Lancet Diabetes & Endocrinology”

Comment

- This section contains commentaries on papers published in The Lancet Diabetes & Endocrinology and on issues of wide-reaching concern in diabetes, endocrinology and metabolism. Most Comments are commissioned, but unsolicited Comments are also considered. Comments linked to policy decisions are welcome. Comments may be peer reviewed.
• Comments should be no more than 750 words, with a strict maximum of ten references, and one small figure, panel, or table (optional).
• At the Editor’s discretion, Comments 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 Diabetes & Endocrinology or on other topics of interest to our readers.
• Letters linked to items published in the journal must reach us within 8 weeks of publication of the original item (for items published Online First, this means within 8 weeks of its online publication)
• Letters should be no longer than 400 words
• Letters should have a no more than five references, one small table or figure (optional), and five authors
• 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
• All accepted letters are edited, and may be shortened in the interest of space. Proofs will be sent out to authors before publication

In Focus
• Readers with an interest in contributing news features, country profiles, or book, film, TV, exhibition, or other reviews should contact the Editor via diabetes-endocrinology@lancet.com.
• Research digest, Research in brief, and Profiles are generally commissioned by the journal’s editors

Corrections
• Any substantial error in any article published in The Lancet Diabetes & Endocrinology 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 the interpretation of results. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.

Green section (Reviews, Personal Views, Commissions)
Reviews
• Reviews should be either definitive overviews of a major topic in diabetes, endocrinology, or metabolism, or an update of knowledge in a narrower field of current interest
• Most Reviews are commissioned, but unsolicited one-page outlines, consisting of a synopsis and a list of recent references, can be directed to the Editor at diabetes-endocrinology@lancet.com. If you have already written the paper, please submit it for consideration via our online system
• Complete transparency about the choice of material included is important 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 for articles published from January, 1971, to June, 2019, by use of the terms “bariatric”, “gastric bypass”, “gastric band”, “gastric sleeve”, “sleeve gastrectomy”, “biliopancreatic diversion”, and “duodenal switch” in combination with the term “diabetes”. Relevant articles published between 1918 and 1920 were identified through searches in the authors’ personal files, in Google Scholar, and Springer Online Archives Collection. Articles resulting from these searches and relevant references cited in those articles were reviewed. Articles published in English, French, and German were included.

• Reviews should be 4500 words, with a maximum of 100 references. A 150 word unstructured summary should be included. These papers should include about five illustrations, tables, and figures to aid the reader
• Relevant guidelines, consensus statements, and position papers will also be considered

Personal Views
• These should be up to 4500 words, with a maximum of 75 references
• These opinion pieces may reflect an individual perspective and must be prepared in a similar way to a Review article
• Unsolicited contributions are welcome, but please contact the Editor (diabetes-endocrinology@lancet.com) before submission to ensure that the proposed topic is suitable for the journal

TimeCapsule
• These should be around 3000 words in length, with a maximum of 75 references
• These are historical perspective pieces commemorate landmark occasions or events and must be prepared in a similar way to a Review article
• Unsolicited contributions are welcome, but please contact the Editor (diabetes-endocrinology@lancet.com) before submission to ensure that the proposed topic is suitable for the journal

Commissions
• Topics for The Lancet Diabetes & Endocrinology 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 Diabetes & Endocrinology Commissions

www.thelancet.com October 2022
are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. The Lancet Diabetes & Endocrinology 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.

Clinical Picture

• 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 Diabetes & Endocrinology 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. The images should be cited as a single figure (if multiple images, these should be labelled A, B, C, etc). The figure should also have a title can also have a legend of about 30 words. High-resolution images are needed for all figure parts (at least 300 dpi).

• 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. Please see examples online.

• The authors must have been involved in the care of the patient.

• Authors must obtain signed, informed patient consent. Do not use “blackout” bars or similar devices to anonymise patients: if consent has been taken appropriately, masking is not necessary. Written consent should be kept in your institution records, but should not be submitted to the journal. A statement that written consent was obtained and that which author(s) have been involved in the care of the patient must be included in the manuscript.

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!”

• 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[Saito N, Ebara S, Ohtsuka K, Kumeta J, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. Lancet 1998; 351: 1687–92.]”

• 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 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

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

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

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

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

**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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