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).

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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.

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|------------------------|
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• 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.
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• 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.
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• 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.

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• 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 aware in writing of all such conditions before publication.

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Please ensure that anything you submit to The Lancet Child & Adolescent Health follows the guidelines provided for each article type. For instructions 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 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.

• 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/reporting-guidelines/strobe-strega.

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

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

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

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CONSORT-AI Extension guidelines https://doi.org/10.1016/S2589-7500(20)30194-X

SPIRIT-AI Extension guidelines https://doi.org/10.1016/S2589-7500(20)30194-3

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

Clinical trials http://clinicaltrials.gov

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• 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.

• For intervention studies, the abstract should include the number of censored patients.

• When reporting Kaplan-Meier survival data, at each timepoint, 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.

• For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see Lancet 2008; 371: 281–83)

• Manuscripts should be structured around five sections: study design and objectives; methods; results; discussion; and references.

• When these data will be available (beginning and end date, or extensions: abstracts (see Lancet 2008; 371: 281–83)

• Whether additional, related documents will be available (eg, 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);

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• 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).

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);

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• Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);

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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.

Meta-analyses

• In general, these should follow the PRISMA guidelines. Please refer to The Lancet’s formatting guidelines for systematic reviews and meta-analyses.

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Information for Authors

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
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• See Conflicts of Interest guidelines for comments

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Green section (Reviews, Viewpoints, Clinical Pictures, Commissions)
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
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• 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 1995 until April, 2019. 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 up to 2500 words, with a maximum of 30 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
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.
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- 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.

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- Topics for The Lancet Child & Adolescent 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 Child & Adolescent Health Commissions are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. The Lancet Child & Adolescent Health does not provide direct financial support to Commissions for the research or writing of the reports. Funding is sought directly by authors, with oversight from our editors.

Formatting guidelines

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- Type a single space at the end of each sentence.
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- 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.
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- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or “long” hyphen):

  “…Saito N, Ebara S, Ohotsuka 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.
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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 JPEG.
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- 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 of 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.
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All material should be submitted as one PDF (with a table of contents and numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of The Lancet journals’ editors. For clinical trials, we encourage authors to include a copy of the study protocol. All material should be provided in English.

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- 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.

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- 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 Webappendix and numbered separately from references in the full paper.

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