eClinicalMedicine **is a gold open access clinical journal that publishes original research to help frontline health professionals navigate the complex and rapid health transitions facing societies worldwide. *eClinicalMedicine* helps practitioners solve the problems and challenges of health care across all communities. From diagnosis to treatment, prevention to health promotion and protection, it integrates disciplines across all specialties and across the life course with the ultimate goal of strengthening health systems as core institutions in our societies. It is a journal that has the courage and vision to rethink and reframe the future of health and health care.**

Manuscript preparation must adhere to relevant reporting standards on EQUATOR network website (Enhancing the Quality and Transparency of Health Research). Further details on the different sections of *eClinicalMedicine*, 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 (eclinm@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.

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

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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 later). Manuscripts should be submitted online via the *eClinicalMedicine*'s online submission and peer review website (known as EM) at www.editorialmanager.com/eclinm

- 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 *eClinicalMedicine* 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
- If you have any technical problems or questions, please contact our dedicated journal office inbox at editorial@lancet.com, the editor at eclinm@lancet.com, or visit our Support Center for further assistance

First submissions to *eClinicalMedicine* should include:

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

Covering letter

- You should upload your covering letter at the "Enter Comments" stage of the online submission process
- Use the covering letter to explain why your paper should be published in *eClinicalMedicine* 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 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
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- 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
- *eClinicalMedicine* 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
- 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

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

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)

Elsevier's author guide
https://beta.elsevier.com/about/policies-and-standards/author/dei?trial=true

Reporting sex-based and gender-based analyses

Reporting guidance

For research involving or pertaining to humans, animals, model organisms, or eukaryotic cells, investigators should integrate sex-based and gender-based analyses into their research design according to evolving funder/sponsor requirements and best practices within a field. Authors should address their research's sex and/or gender dimensions in their manuscript. In cases where they cannot, they should discuss this as a limitation to their research's generalisability. With research involving cells and model organisms, researchers should use the term "sex". With research involving humans, researchers should consider which terms best describe their data (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) Guidelines and the SAGER guidelines checklist. They offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting, and research interpretation. However, there is no single, universally agreed-upon set of guidelines for defining sex and gender or reporting sex-based and gender-based analyses.

Sex and Gender Equity Research (SAGER) Guidelines
https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6

SAGER guidelines checklist
https://ese.arphahub.com/article/86910/

Definitions

In human research, the term "sex" carries multiple definitions. It often refers to an umbrella term for a set of biological attributes associated with physical and physiological features (eg, chromosomal genotype, hormonal levels, internal and external anatomy). It can also signify a sex categorisation, most often designated at birth ("sex assigned at birth") based on a newborn's visible external anatomy. The term "gender" generally refers to socially constructed roles, behaviours, and identities of women, men, and gender-diverse people that occur in a historical and cultural context, and might vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact, and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man), concordant, and static. However, these constructs exist along a spectrum that includes additional sex categorisations and gender identities, such as people who are intersex/have differences of sex development (DSD), or identify as non-binary. In any given person, sex and gender might not align, and both can change. Sex and gender are not entirely discrete concepts and their definitions continue to evolve. Biology and society influence both, and many languages do not distinguish between them. Since the terms "sex" and "gender" can be ambiguous, authors should describe the methods they use to gather and report sex-related and/or gender-related data (eg, self-report or physician-report, specific biological attributes, current sex/gender, sex assigned at birth, etc) and discuss the potential limitations of those methods. This will enhance the research's precision, rigor, and reproducibility, and avoid ambiguity or conflation of terms and the constructs to which they refer. Authors should use the term "sex assigned at birth" rather than "biological sex", "birth sex" or "natal sex" as it is more accurate and inclusive. When ascertaining gender and sex, researchers should use a two-step process: (1) ask for gender identity allowing for multiple options and (2) if relevant to the research question, ask for sex assigned at birth. In addition to this defining guidance and the SAGER guidelines, you can find further information about reporting sex and gender in research studies on Elsevier's diversity, equity, and inclusion in the publishing author guide available here.

The use of AI and AI-assisted technologies in scientific writing

Where authors use AI and AI-assisted technologies in the writing process, these technologies should only be used to improve readability and language of the work and not used to replace researcher tasks such as producing scientific insights, analysing and interpreting data, or drawing scientific conclusions. Applying these technologies should only be done with human oversight and control, and authors should carefully review and edit the result because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased. Authors should not list AI and AI-assisted technologies as an author or co-author, nor cite AI as an author. Authors are ultimately responsible and accountable for the originality, accuracy, and integrity of the work; and should disclose the use of AI and AI-assisted technologies in a statement at the end of the article.

Forms and signatures

For all article types, we require you to upload your forms at submission. The following signed statements are required:

- Authors' contributions
- Conflicts of interest statements (ICJME 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.

ICMJE COI form
https://www.thelancet.com/for-authors/forms?section=icmje-coi

Joint ICMJE statement
https://www.thelancet.com/for-authors/forms?section=icmje-statement

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 *eClinicalMedicine* must include disclosure of all relationships in which there is a potential or actual conflict of interest, even if it is 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. It is the corresponding author's responsibility to check that all declarations made by authors on their conflict of interests form are included at the end of the manuscript. Agreements between authors and study sponsors that interfere with authors' access to all of a study's data, or that interfere with their ability to analyse and interpret the data and to prepare and publish manuscripts independently, may represent conflicts of interest,

and should be avoided. 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 and Reviews, *eClinicalMedicine* 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 *eClinicalMedicine* to write, be named on, or to submit the paper (see *Lancet* 2004; **363:** 2–3)

Role of the funding source

- All sources of funding should be declared as an acknowledgment at the end of the text
- In the Role of the funding source section at the end of the Methods, 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 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

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.
- 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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- To respect your patient's and any other individual's privacy, please do not send signed forms to *eClinicalMedicine*. 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, *eClinicalMedicine* 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.

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

Types of article and manuscript requirements

Please ensure that anything you submit to *eClinicalMedicine* 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.**

Articles

- *eClinicalMedicine* 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. 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 require full public disclosure of the minimum 24-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

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

Clinical trials
http://clinicaltrials.gov

ICMJE recommendations
http://icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html

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

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

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

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

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

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

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

Formatting guidelines for meta-analyses
https://www.thelancet.com/for-authors/forms?section=meta-analysis

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

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

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

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

Human Gene Organisation
http://www.genenames.org/

MIAME guidelines
http://fged.org/projects/miame/

Array and GEO
http://www.ebi.ac.uk/microarray-as/ae/

http://www.ncbi.nlm.nih.gov/geo

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
- When using a study group, collaborator group, or Consortia 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 around 3500–5000 words 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), around 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
- 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 different ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race

Putting research into context

- All research papers (including systematic reviews/meta-analyses) submitted to *eClinicalMedicine* 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 Sept 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.

MENDELEY data
https://data.mendeley.com

Editorial

Editorials are the voice of *eClinicalMedicine*, and are written in-house by the journal's editorial-writing team. Editorials written by in-house editors are critiqued and revised by the editorial team. They are not subject to external peer review.

Comment

- This section contains commentaries that accompany papers published in *eClinicalMedicine*, or to issues of wide-reaching concern in medical research and health policy. Most commentaries are commissioned, but unsolicited commentaries are also welcome. Commentaries may be peer reviewed
- Commentaries should be no more than 750 words, 10 references, and one figure, panel, or small table
- See **Conflicts of Interest** guidelines for comments

Correspondence

- Letters should be written in response to previous content published in *eClinicalMedicine*
- Letters for publication must reach us within 4 weeks of publication of the original item and should be no longer than 250 words and 5 references
- 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 we might invite replies from the authors of the original publication, or pass on letters to these authors
- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited. Proofs will be sent out to authors before publication

Corrections

- Any substantial error in any article published in *eClinicalMedicine* 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. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.

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

Review

Most reviews are commissioned, but unsolicited reviews 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 regional health or an update of knowledge in a somewhat narrower field of current interest
- Manuscripts will be assessed in-house and those judged suitable will be peer reviewed before an editorial decision is made
- Reviews should be around 3500–4000 words, with a maximum of 75 references
- References selected for publication should be chosen for their importance, ease of access, and for the "further reading" opportunities they provide; citations to papers published in non-peer-reviewed supplements are discouraged. In addition to references, authors should consider supplying a short list of useful websites where readers can find further information on the subject
- A 150-word unstructured summary should be included. Use of up to 5 items comprising figures, tables, or panels 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.

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

- No more than 75 references, with particular emphasis on literature published in the past 5 years. Citations and reference format should be in Vancouver referencing style.

Commissions

Topics for *eClinicalMedicine* Commissions are generally 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 *eClinicalMedicine* Commissions are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. *eClinicalMedicine* 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.

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 clinical medicine related to policy, treatment, guideline development, health systems, or economics. Other related topics will be considered.

Viewpoint

- 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 clinical medicine, and should be prepared in a similar way to a Review. Unsolicited contributions are welcome.

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

Formatting guidelines for text, tables, and figures
Guidelines on formatting of text, tables, and figures can be found at **https://www.thelancet.com/for-authors/forms?section=artwork**

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
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  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
- 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
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- 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.
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