

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).

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.

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

How to submit your paper

Manuscript submission

Manuscript submission to all *Lancet* journals is free. Manuscripts should be submitted online via the *The Lancet Child & Adolescent Health's* online submission and peer review website (known as EM) at www.editorialmanager.com/thelancetchildadol

- Simply log on to EM and follow the onscreen 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 Child & Adolescent Health* to enquire whether an unseen manuscript is likely to be accepted
- Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including correspondence
- If you have any technical problems or questions, please contact our dedicated journal office inbox at editorial@lancet.com, the editor at child-adolescent@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 Child & Adolescent Health* 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

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

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

paper can be reviewed and a shorter version published; a table or figure, details of a DNA sequence, or further references, for example, can be published on our website or made available from the authors

Statements, permissions, and signatures

Authors and contributors

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the manuscript
- 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.

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

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

- 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
- *The Lancet Child & Adolescent Health* will not publish any paper unless we have the signatures of all authors
- We suggest you use the [author statement form](#) and upload the signed copy with your submission
- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications
- These forms should only be supplied if your paper is selected for peer review. You will receive instruction from the editorial team when to send these documents
- 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).

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

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

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>

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>

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.

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

- [Authors' contributions](#)
- [Conflicts of interest statements](#) (ICMJE forms)
- Statements of role, if any, of medical writer or editor
- Acknowledgments—written consent of cited individual
- Personal communications—written consent of cited individual
- Use of copyright-protected material—signed permission statements from author and publisher

These statements can be scanned and submitted electronically with your submission. Please note that *The Lancet* journals will accept hand-signed and electronic (typewritten) signatures.

Declaration of interests

A conflict of interest exists when professional judgement concerning a primary interest (such as patients' welfare or validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to the Editor of all relationships is a requisite. Purposeful failure to disclose conflicts is a form of misconduct and might lead to publication of a correction or even to retraction. All submissions to *The Lancet Child & Adolescent Health* must include disclosure of all relationships in which there is a potential or actual conflict of interest, even if it not directly relevant to the submitted work. The Editor may use such information as a basis for editorial decisions, and will publish all disclosures that authors declare on their conflict of interests form. It is the corresponding author's responsibility to check that all declarations made by authors on their conflicts of interest 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 any Review or Viewpoint, *The Lancet Child & Adolescent Health* will not publish the manuscript if an author, within the past 3 years, and with a relevant company or competitor, has any stocks or shares, equity, a contract of employment, or a named position on a company board; or has been asked by any organisation other than *The Lancet Child & Adolescent Health* to write, be named on, or to submit the paper (see *Lancet* 2004; 363: 2–3)
- For any Review or Viewpoint, the use of medical writers is not permitted unless they have been paid and instructed directly by an author, or their institution, and their role is purely technical (eg, editing a first draft for language and grammar). If you are

contemplating use of a medical writer, please contact the journal immediately to ensure it complies with our policies

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

- All sources of funding should be declared as an acknowledgment at the end of the text
- At the end of the Methods section, under a subheading "Role of the funding source", authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication
- If there is no Methods section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should so state

Role of medical writer or editor

- If a medical writer or editor was involved in the creation of your manuscript, we need a signed statement from the corresponding author to include their name and information about funding of this person
- This information should be added to the Acknowledgments and/or Contributors section
- We require signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section

Patient and other consents

- Appropriate written consents, permissions, and releases must be obtained where you wish to include any case details, personal information, and/or images of patients or other individuals in *The Lancet Child & Adolescent Health* in order to comply with all applicable laws and regulations concerning privacy and/or security of personal information. Studies on patients or volunteers need approval from an ethics committee and informed consent from participants. These should be documented in your paper.
- Do not use "blackout" bars or similar devices to anonymise patients in clinical images: if you have taken consent appropriately masking is not needed.
- Since the consent form needs to comply with the relevant legal requirements of your particular jurisdiction, we do not provide sample forms; this is your responsibility. Your affiliated institution should be able to provide an appropriate form.
- For the purposes of publishing in *The Lancet Child & Adolescent Health*, a [consent](#), permission, or release should include, without limitation, publication in all formats (including print, electronic, and websites), in sublicensed and reprinted versions (including translations), and in other works and products.
- To respect your patient's and any other individual's privacy, please do not send signed forms to *The Lancet Child & Adolescent Health*. Please instead complete the patient consent section of the [Author Statements](#) while retaining copies of the signed forms in the event they should be needed.
- If consent, permission, or release is made subject to any conditions, *The Lancet Child & Adolescent Health* must be made aware in writing of all such conditions before publication.

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

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

To find reporting guidelines, see
<http://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>

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.equator-network.org/reporting-guidelines/stard/>

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

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

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

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

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

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

MIAME guidelines
<http://figed.org/projects/miame/>

Array and GEO
<http://www.ebi.ac.uk/microarray-as/ae/>
<http://www.ncbi.nlm.nih.gov/geo>

- For more information about our policy, please visit <http://www.elsevier.com/about/company-information/policies/patient-consent>.

Types of article and manuscript requirements

Please ensure that anything you submit to *The Lancet Child & Adolescent Health* follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our **Formatting guidelines**. Please note *The Lancet Child & Adolescent Health* does not publish case reports in any format.

Red section (Articles and Meta-analyses)

Articles

- The Lancet Child & Adolescent Health* prioritises reports of original research that are likely to change clinical practice or thinking about paediatrics, or child or adolescent health and wellbeing
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4 (see *Lancet* 2006; **368**: 827–28). For phase 1 trials, we especially encourage those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action
- We require registration of all interventional trials, whether early or late phase, in a primary register that participates in WHO's International Clinical Trial Registry Platform (see *Lancet* 2007; **369**: 1909–11) or in ClinicalTrials.gov, in accord with ICMJE recommendations. We also 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](#)
- 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 [SPRIT-AI Extension guidelines](#)

- To find reporting guidelines see <http://www.equator-network.org>
- Please be aware it is *The Lancet Child & Adolescent Health's* standard practice to commission an independent Comment to accompany all published Articles and Meta-analyses to add context and insight
- 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 up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only)
- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 300 words. Our electronic submission system will ask you to copy and paste this section at the "Submit Abstract" stage
- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see *Lancet* 2008; **371**: 281–83)
- When reporting Kaplan-Meier survival data, at each timepoint, authors must include numbers at risk, and are encouraged to include the number of censored patients.
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Secondary outcomes can be included as long as they are clearly marked as secondary and all such outcomes are reported
- Use the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct
- Use gene names approved by the [Human Gene Organisation](#). Novel gene sequences should be deposited in a public database (GenBank, EMBL, or DDBJ), and the accession number provided. Authors of microarray papers should include in their submission the information recommended by the [MIAME guidelines](#). Authors should also submit their experimental details to one of the publicly available databases: [ArrayExpress](#) or [GEO](#)
- Include any necessary additional data as part of your EM submission
- All accepted Articles should include a link to the full study protocol published on the authors' institutional website (see *Lancet* 2009; **373**: 992 and *Lancet* 2010; **375**: 348).
- We encourage researchers to enrol women and ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race

Putting research into context

- All research papers (including systematic reviews/meta-analyses) submitted to any journal in *The Lancet* family must

include a panel putting their research into context with previous work in the format outlined below (see *Lancet* 2014; 384: 2176–77, for the original rationale). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy.

- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

Research in context

Evidence before this study

This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should briefly state: the sources (databases, journal or book reference lists, etc) searched; the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.

Added value of this study

Authors should describe here how their findings add value to the existing evidence.

Implications of all the available evidence

Authors should state the implications for practice or policy and future research of their study combined with existing evidence.

Research in context panels should not contain references; key studies mentioned here should be referenced in the main text.

Data sharing

From September 21, 2020, all submitted research Articles must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must include:

- Whether data collected for the study, including individual participant data and a data dictionary defining each field in the set, will be made available to others ("undecided" is not an acceptable answer);
- What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
- Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);
- When these data will be available (beginning and end date, or "with publication", as applicable);
- Where the data will be made available (including complete URLs or email addresses if relevant);
- By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – eg, with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

See [table](#) for examples. Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial's registration. If the data sharing plan changes after registration, this

should be reflected in the statement submitted and published, and updated in the registry record. [Mendeley Data](#) is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

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

Meta-analyses

- In general, these should follow the [PRISMA guidelines](#). Please refer to *The Lancet's* [formatting guidelines for systematic reviews and meta-analyses](#).
- Manuscripts should be structured around five sections: Summary, Introduction, Methods, Results, and Discussion
- Aim for a maximum length of about 3000 words and 75 references
- Meta-analyses should also contain a semistructured summary as described previously for Articles

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

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

Blue section (Comment, Correspondence, Reflections, etc)

Editorial

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

Comment

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

Correspondence

- We welcome correspondence on content published in *The Lancet Child & Adolescent Health* or on other topics of interest to our readers
- Letters for publication in the print journal must reach us within 8 weeks of publication of the original item and should be no longer than 400 words
- Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
- Correspondence letters are not usually peer reviewed, but we might invite replies from the authors of the original publication, or pass on letters to these authors
- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited, and proofs will be sent out to authors before publication

Reflections

- *The Lancet Child & Adolescent Health* will consider submitted Essays for this section. These should be up to 1500 words in descriptive prose, with no references, and can be on any topic related to child and adolescent health and wellbeing. If you are a young person or a health professional working in this area, this is your opportunity to shine light on a neglected area, highlight an inspirational experience, or share your reflections. Please contact the Editor before submitting to ensure the proposed topic is suitable.
- Features, Profiles, and other content in this section are commissioned by the journal's editors

Corrections

- Any substantial error in any article published in *The Lancet Child & Adolescent Health* should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight
- *The Lancet* journals have a [policy](#) for types of errors that we do and do not correct. We will always correct any error affecting a non-proprietary drug name, dose, or unit, any numerical error in the results, or any factual error in interpretation of results. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.
- Other corrections are at the Editor's discretion

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

Green section (Reviews, Viewpoints, 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](#)

- Reviews should be either a definitive overview of a major topic connected with pediatrics, or child or adolescent health or an update of knowledge in a somewhat narrower field of current interest
- Manuscripts will be assessed in-house and those judged suitable will be peer reviewed before an editorial decision is made
- Reviews should be no more than 4500 words, with a maximum of 75 references
- References selected for publication should be chosen for their importance, ease of access, and for the “further reading” opportunities they provide; citations to papers published in non-peer-reviewed supplements are discouraged. In addition to references, authors should consider supplying a short list of useful websites where readers can find further information on the subject
- A 150 word unstructured summary should be included. Use of up to 5–6 illustrations is encouraged to aid the reader
- Complete transparency about the choice of material included is important to any Review paper. Therefore, all Reviews should include a brief section entitled “Search strategy and selection criteria” stating the sources (including databases, MeSH and free text search terms and filters, and reference lists from journals or books) of the material covered, and the criteria used to include or exclude studies. Citations to papers

published in non-peer-reviewed supplements are discouraged. Since these papers should be comprehensive, we encourage citation of publications in non-English languages. An example is shown below:

Search strategy and selection criteria

References for this Review were identified through searches of PubMed with the search terms “young onset”, “early onset”, “presenile”, and “dementia” from 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

Health Policy

- Manuscripts considered for this section are narrative reviews (sometimes with a descriptive study) and should follow the same guidelines as a Review
- These papers should cover developments in child & adolescent health related to policy, treatment guideline development, health systems, or economics. Other related topics will be considered. Please contact the Editor before submitting to ensure the proposed topic is suitable.

Commissions

- Topics for *The Lancet 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 Commissioners for the research or writing of the reports. Funding is sought directly by authors, with oversight from our editors.

Series

- Commissioned by our editors, *Lancet* Series include two or more Reviews that take an in depth look at a topic of special interest to explore new thinking and advance a particular field.

Online System
www.editorialmanager.com/thelancetchildadol

These evidence reviews are always externally peer reviewed.

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 along with email and telephone details

Formatting of text

- Type a single space at the end of each sentence
- Do not use bold face for emphasis within text
- Do not worry about type of font or point size
- We use a comma before the final "and" or "or" in a list of items
- Type decimal points midline (ie, 23.4, not 23.4). To create a midline decimal on a PC: hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9
- Numbers one to ten are written out in words unless they are used as a unit of measurement, except in figures and tables
- Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph
- Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Please use page numbering
- 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.¹⁵"
- Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range with an en rule. To create an en rule on a PC: hold down CTRL key and minus sign on the number pad, or on a Mac: ALT hyphen
- References in tables, figures, and panels should be in numerical order according to where the item is cited in the text
- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or "long" hyphen):
"...15[tab]Saito N, Ebara S, Ohotsuka K, Kumeta J, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. *Lancet* 1998; **351**: 1687-[en rule]92."
- Give any subpart to the title of the article. Journal names are abbreviated in their standard form as in [Index Medicus](#)
- If there are six authors or fewer, give all six in the form: [surname] [initials]...

- If there are seven or more give the first three in the same way, followed by et al
- For a book, give any editors and the publisher, the city of publication, and year of publication
- For a chapter or section of a book, also give the authors and title of the section, and the page numbers
- For online material, please cite the URL, together with the date you accessed the website
- Online journal articles can be cited using the DOI number
- 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](#)

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

Formatting guidelines for text, tables, and figures

Guidelines on formatting of text, tables, and figures can be found at <https://www.thelancet.com/pb/assets/raw/Lancet/authors/artwork-guidelines.pdf>

[Index Medicus](http://www.nlm.nih.gov)
<http://www.nlm.nih.gov>

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

Guidelines for supplementary material

All material should be submitted as one PDF (with 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.

Text

- Main heading for the web extra material should be in 12 point Times New Roman font BOLD
- Text should be in 10 point Times New Roman font, single spaced
- Headings should be in 10 point BOLD

Tables

- Main table heading should be in 10 point Times New Roman font BOLD
- Legends should be in 10 point, single spaced
- Tables should be in 8 point Times New Roman font, single spaced
- Headings within tables should be in 8 point BOLD

Data

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

Drug names

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

References

- Vancouver style—eg,
—Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09.
—Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine.

London: Elsevier, 2008: 230–47.

- Numbered in order of mention in Webappendix and numbered separately from references in the full paper

Figures

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

Audio/video material

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

Audio

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

Video

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

Disclosure of results before publication

- Presentation of data at a scientific meeting, as a poster, abstract, orally, on a CD, or as an abstract on the web, or on a preprint server does not conflict with submission to the *Lancet* journals. As a member journal of the International Committee for Medical Journal Editors, *The Lancet Child & Adolescent Health* does not regard results that are posted in the same clinical trials registry in which primary registration resides as a previous publication, if the results are presented in the form of a brief structured abstract or table
- The *Lancet* journals operate an embargo system, whereby journalists are given access to papers and press releases ahead of publication, allowing them a protected window to develop their stories. We believe that this window can help encourage balanced and accurate coverage of peer-reviewed scientific and medical research to inform public debate. As such, we ask that authors and their institutions refrain from actively seeking media attention for articles that have been submitted to *The Lancet Child & Adolescent Health* or that are available as a

Audio
<http://www.thelancet.com/audio>

Drug names

For more on neuroscience-based nomenclature see
[http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(17\)30098-6.pdf](http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(17)30098-6.pdf)

preprint. The important steps of thorough peer review and experienced editorial scrutiny and guidance, together with putting research findings into a wider context and highlighting implications for clinical practice, will make the final published paper in *The Lancet Child & Adolescent Health* very different to the submitted or preprint version. Coverage that results from pre-publication communication can impact media interest at the time of publication and our ability to support responsible journalism

- For more information on Preprints with *The Lancet*, please see www.thelancet.com/preprints. For additional questions regarding media, please contact pressrelease@lancet.com

Fast-track publication

- All Articles judged eligible by the journal's staff for expedited review will be peer-reviewed within 3–5 days and, if accepted, published in 10 weeks from submission
- A majority of accepted fast-track Articles are published online (Online First) before appearing in a print journal
- The online article does not differ from the version subsequently published in print and is citable by the DOI assigned at the time of online publication
- All other manuscripts will be peer-reviewed via our standard process

Online First publication

- *The Lancet Child & Adolescent Health* publishes most articles online ahead of print publication. You will be informed at least a week in advance of the Online First publication date
- The online article is identical to the version subsequently published in the print journal, and is citable by the DOI assigned at the time of online publication

How *The Lancet Child & Adolescent Health* handles your paper

Acknowledgment

- Receipt of your paper will be acknowledged by an email containing a reference number, which should be used in all future communications

Checking for plagiarism, duplicate publication, and text recycling

- All Reviews, Viewpoints, and Comments, and other non-research material that we are interested in publishing will be checked by editors using CrossCheck (see [Lancet 2011; 377: 281–82](#)). We expect that such papers are written in a way that offers new thinking without recycling previously published text

Peer review

- *The Lancet Child & Adolescent Health* operates a single-anonymised review process
- Every Article, Review, or Viewpoint published in *The Lancet Child & Adolescent Health* has been peer reviewed. Other contributions (eg, commentaries) may be peer-reviewed; decisions are made on a case-by-case basis
- On submission to *The Lancet Child & Adolescent Health*, your

report will first be read by one or more of the journal's staff of physicians and scientists. This is an important feature of our selection process that many papers are turned away on the basis of in-house assessment alone. That decision will be communicated quickly

- Research papers and most other types of paper that receive positive in-house reviews are followed by peer review by at least three reviewers. You will receive notification of which editor is handling the peer review of your paper

Decision

- Submissions that survive in-house assessment and peer review might be referred back to authors for revision. This is an invitation to present the best possible paper for further scrutiny by the journal; it is not an acceptance
- Authors should give priority to such revisions; the journal will reciprocate by making a final decision quickly
- Two copies of the revised version should be sent back, one of which should be highlighted to show where changes have been made. Detailed responses to reviewers' comments, in a covering letter, are also necessary

The *Lancet* journals and other Elsevier journals

- If your paper is rejected by *The Lancet Child & Adolescent Health*, we might judge it suitable to pass it on to other editors in the *Lancet*-group for consideration, or to editors of other relevant journals within Elsevier's portfolio

Appeals

- Sometimes editors make mistakes. When we do, we like to hear about them. If an author believes that an editor has made an error in declining a paper, we welcome an appeal. In your appeal letter, which should be sent to the Editor, please state why you think the decision is mistaken and set out your specific responses to any peer reviewers' comments if those seem to have been the main cause of rejection
- At least two editors will decide whether to invite a revised manuscript and whether re-review or another course of action is appropriate (see [Lancet 2003; 361: 1926](#) for more details on our appeals process)

Proofs

- The *Lancet* journals employ highly skilled Assistant Editors, and it is likely that your paper will be substantially edited after acceptance to ensure that it is accurate, clear, and understandable to a wide readership
- All figures will be redrawn into *The Lancet* style by our in-house illustrators
- You will receive a proof from an Assistant Editor. The proof should be corrected and returned within 48 h

Editorial research

- We are keen to better understand and improve editorial conduct, decision making, and issues related to peer review. Therefore, we occasionally take part in or conduct editorial research. Your submitted paper might be used in such research. If you do not want your paper entered into such a study, please

let us know in your covering letter. Your decision to take part or not will have no effect on the editorial decision on your paper

For further details on
The Lancet's ombudsperson see
[https://www.thelancet.com/
ombudsperson](https://www.thelancet.com/ombudsperson)

For further details on The Lancet's
media relations team see
[http://www.thelancet.com/
press-room](http://www.thelancet.com/press-room)

Open access
[https://www.thelancet.com/
open-access](https://www.thelancet.com/open-access)

Audio
[http://www.thelancet.com/
audio](http://www.thelancet.com/audio)

Open access and funding

Open access

- *The Lancet Child & Adolescent Health* is committed to support authors in making their research publicly and freely available. The editors encourage all authors to post their peer-reviewed, accepted article on their personal or institutional websites any time after publication in print or online. Your document should indicate the article's citation and a link to the published article on *The Lancet* website.
- *The Lancet Child & Adolescent Health* is a hybrid journal. In this journal, we offer authors of research Articles with funding that requires open access publication either a gold open access or a subscription green open access solution for their submission. Open access publication in our hybrid journals is available for authors whose research is funded by specific funders. Find out more about open access at <https://www.thelancet.com/open-access>.
- For the gold open access solution, we offer a choice of creative commons licences (CC BY or CC BY-NC-ND). Please check with your funder whether a specific creative commons license is preferred. Information on the article processing charge (APC) for *The Lancet Child & Adolescent Health* can be found at <https://www.thelancet.com/open-access>
- For the green open access solution, authors can deposit the final accepted version of their paper in any repository they choose 6 months after publication. Additionally, for authors who choose the green open access solution we will also make the published paper free to access on our websites 6 months after publication. See below for copyright and reuse information.
- In general, open access options cannot be applied retrospectively, unless as part of the terms of your open access agreement.
- The decision to accept or reject a paper at The Lancet Group is made by Editors after peer review and is not related to the ability to pay. Editors do not have access to payment information upon submission, and payments post-acceptance are handled by a separate department.
- We will always make it possible to publish accepted papers and offer support through discounts and waivers. To find out more, please see <https://www.thelancet.com/open-access>. For any questions, please contact our team openaccess@lancet.com.

NIH Public Access Policy

- To allow authors to comply with the National Institutes of Health (NIH) Public Access Policy, we will deposit accepted articles (final peer-reviewed but unedited version) reporting research that is directly funded by NIH to PubMed Central no later than 12 months after publication. For authors who are NIH employees (but not for those with just NIH funding), any peer-reviewed accepted article of any type will be deposited by us in PubMed Central in its unedited format no later than 12 months after publication.

Click [here](#) for Elsevier's agreements with funding bodies.

Ombudsperson

For information about what our ombudsperson can and cannot investigate, articles about past ombudspersons, and how to contact the current ombudsperson see <https://www.thelancet.com/ombudsperson>.

What happens after publication?

Press release

- Press releases are issued by *The Lancet* journals' press office for selected content published in our journals. You will be advised in advance if your paper has been selected for press release. *The Lancet* journals' media relations team will contact you with detailed instructions about the embargo for your paper, and will provide a draft press release for your comments ahead of the publication date. If your institute or funder are planning to press release your paper, please let your Assistant Editor know in the first instance, and they will provide you with details on *The Lancet*'s press release policy, embargo dates, and how to receive finalised PDFs of your paper to share with journalists.

Author interview

- Your paper may be selected for a podcast or video. If so, the Web Editor will contact you to arrange a pre-recorded interview to discuss your paper. For more information, see **Audio**.

Offprints and Reprints

Following publication in an issue, the corresponding author will receive, at no cost, a customised Share Link providing 50 days free access to the final published version of an Article, Review, or Viewpoint on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media, for personal use. Corresponding authors who have published their article gold open access do not receive a Share Link because their final published version of the article is available as an open access article on ScienceDirect and at www.thelancet.com and can be shared through the article DOI link. Commercial use of Share Links is not allowed under the following situations:

- For commercial gain without a formal agreement with Elsevier. For example, reuse of the full-text of the article, with or without association with bespoke advertising, by providing hosting services to other repositories or to other organisations (including where an otherwise non-commercial site or repository provides a service to other organisations or agencies) or charging fees for document delivery or access
- As an alternative for services already provided directly by *The Lancet* or by Elsevier. For example, article aggregation, systematic distribution of articles via emails lists or share buttons, posting, indexing, or linking for promotional or marketing activities, by commercial companies for use by their customers or the intended target audiences of such companies (such as, pharmaceutical companies, or health-care professionals or physician-prescribers)

All requests for reprints should be addressed to the Reprints Department in the Oxford office: + 44 [0]1865 843845, email m.cariou-keen@elsevier.com.

Data storage

- Authors may be required to provide the raw data for research papers when they are under review and up to 10 years after publication in *The Lancet Child & Adolescent Health*.

Copyright and reuse

- Authors will be asked to sign a transfer of copyright agreement, which recognises the common interest that both journal and author(s) have in the protection of copyright. We accept that some authors (eg, government employees in some countries) are unable to transfer copyright.
- Gold open access articles are published under Creative Commons licensing, which enables authors to retain copyright while allowing others to copy, distribute, and make some uses of their work, provided full credit is given to them as originators. Authors will be offered a choice of two licences (CC BY or CC BY-NC-ND) depending on whether or not they wish to allow others to make commercial reuse of their work and/or alter their work in the course of its reuse. Authors will

be asked to sign an exclusive publishing agreement with Elsevier to publish the work or, if the article is to be published under a CC BY license or for some government employees, a non-exclusive publishing agreement.

- For Creative Commons licensing see <http://creativecommons.org/licenses/>.
- All requests to reproduce or make available anything in the journal—in whole or in part, in electronic or in any other form, including translation—should be made through Elsevier. For more information, please visit <https://www.elsevier.com/about/policies/copyright/permissions>.
- For general permissions queries please visit the Permissions Helpdesk Support Center.

For Creative Commons licensing see <http://creativecommons.org/licenses/>

Permission guidelines
<https://www.elsevier.com/about/policies/copyright/permissions>

For Permissions Helpdesk Support Center see
<http://service.elsevier.com/app/contact/supporthub/permissions-helpdesk/>

Responsible sharing

The Lancet supports responsible sharing. We recognise that authors want to share their papers and we encourage this. Find out how you can share your paper [here](#).

Responsible sharing
www.elsevier.com/sharing-articles