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1 Covering letter (see next section)
2 Manuscript including tables and panels
3 Figures
4 Authors’ contributions statement (see next section)
5 Conflict of interest 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)
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**Comment**

Most Comments are commissioned, but spontaneous Comments (about 700 words and 10 or so references) are welcome on a paper or other report or event within the past month or so, or in the near future. The place to comment on something we have published is in our Correspondence section. See Conflict of Interest Guidelines for Comments.

**World Report**

*The Lancet* has a function as an international newspaper covering news about science, medicine, policy issues, and people. Most of the writers are professional journalists, but an important event in your country that might be of wider interest can be brought to the attention of our World Report editors via editorial@lancet.com.

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Reviews of books and other media, Lifelines, and On Reflection are often commissioned, but suggestions for contributions are welcome via editorial@lancet.com.

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We welcome correspondence on content published in *The Lancet* or on other topics of interest to our readers. Letters for publication in the print journal must reach us within 2 weeks of publication of the original item and should be no longer than 250 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 (we rarely publish original research or Case Reports in this section), but the journal 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.

**Adverse drug reactions**

Reports of adverse drug reactions are peer reviewed and those we accept are published in the Correspondence section. Length must not exceed 800 words, with only one table or figure, and no more than five references. No more than five authors are permitted.

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Any substantial error in any article published in *The Lancet* should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight.

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*The Lancet* prioritises reports of original research that are likely to change clinical practice or thinking about a disease (*Lancet* 2000; 356: 2–4). We offer fast-track peer review and publication of randomised controlled trials that we judge of importance to practice or research (see Fast-track publication). We invite submission of all clinical trials, whether phase I, II, or III (see *Lancet* 2006; 368: 827–28). For phase I 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. Systematic reviews of randomised trials about diseases that have a major effect on human health also might warrant rapid peer review and publication. Global public-health and health-policy research are other areas of interest to *The Lancet*. We encourage 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). We also encourage full public disclosure of the minimum 20-item trial registration dataset at the time of registration and before recruitment of the first participant (see *Lancet* 2006; 367: 1631–35 and http://www.who.int/ictrp/data_set/en/index1.html). The registry must be independent of for-profit interest. Reports of randomised trials must conform to revised CONSORT guidelines, and should be submitted with their protocols. All reports of clinical trials must include a summary of previous research findings, and explain how this trial contributes to the sum of knowledge. The relation between existing and new evidence should be shown by direct reference to an existing systematic review and meta-analysis; if neither exists, authors are encouraged to do their own, or to describe the qualitative association between their research and previous findings (see *Lancet* 2005; 366: 107). All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section.

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- Include any necessary additional data as part of your EES submission.
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From July 1, 2010, authors are invited to submit their research papers with a section in the Discussion that puts the results into context with previous work (see *Lancet* 2010; 376: 10–11). Authors should provide a Panel explaining in brief how they arrived at their bottom line message:

**Panel: Research in context**

**Systematic Review**

This section should include a description of how authors searched for all the evidence. Authors should also say how they assessed the quality of that evidence—ie, how they selected and how they combined the evidence.

**Interpretation**

Authors should state here what their study adds to the totality of evidence when their study is added to previous work.

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.

### Seminars, Reviews, and Series

Seminars are disease-oriented clinically focused overviews for the generalist, covering epidemiology, pathophysiology, diagnosis, management, and prevention; whereas Reviews have a narrower remit for a more specialised audience. Most Seminars and Reviews are commissioned, but unsolicited one-page outlines directed to The Editor at editorial@lancet.com, are welcome. If you have already written the paper, please submit it for consideration via our online system. Ideas are also welcomed for our Series, which are commissioned to run over consecutive weeks. We aim to provide comprehensive balanced review papers for clinicians and researchers on topics that we judge to be of widespread interest.

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Information for Authors

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