The Lancet Digital Health publishes high-quality original research, commentary, and correspondence on the following subjects: artificial intelligence and machine learning technologies in healthcare; teledmedicine; virtual healthcare; computational medicine; biomedical analytics; healthcare systems engineering; data management, storage, and security in healthcare; clinical engineering; digital clinical trials; wearable technology; mHealth; precision medicine; high-definition medicine; regenerative medicine; clinical genomics; disease diagnostics, prognostics, prediction and classification; biomedical sensors; bionics; biosignal processing; medical robotics; micro- and nanobiotechnology; health economics; and digital therapeutics. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. We also welcome videos. Further details on the different sections of The Lancet Digital 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 digitalhealth@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.

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First submissions to The Lancet Digital Health should include:
1. Covering letter
2. Manuscript including tables and panels
3. Figures
4. Research in context panel, for all primary research Articles
5. Author statement form (see next section)
6. Declaration of interests and source of funding statements (see next section)
7. In-press papers—one copy of each with acceptance letters
8. If appropriate, protocols and CONSORT details for randomised controlled trials should be provided and we encourage a statistical analysis plan (see Articles)
9. We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals

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- 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 Digital Health rather than elsewhere

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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
Information for Authors

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- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications.
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**Forms and signatures**

For 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:

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- For Comments linked to Articles, The Lancet Digital Health will not publish if an author, within the past 3 years, and with a relevant company or competitor, has any stocks or shares, equity, a contract of employment, or a named position on a company board; or has been asked by any organisation other than The Lancet Digital Health to write, be named on, or to submit the paper (see [Lancet 2004; 363:2–3](https://www.thelancet.com/for-authors/forms?section=icmje-coi)). For Comments not linked to published articles, we will consider those with company affiliations, at the discretion of the Editor.

**Role of the funding source**

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

**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.
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- If consent, permission, or release is made subject to any conditions, The Lancet Digital Health 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.

Types of article and manuscript requirements

Please ensure that anything you submit to The Lancet Digital 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.

Red section (Articles)

Articles

- The Lancet Digital Health priorities 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.
- We require the registration of all interventional trials, whether phase 1, 2, 3, or 4. 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
- The Lancet Digital Health commissions independent Comments to accompany published Articles and Meta-Analysis to add context and insight.

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
- We encourage the registration of all observational studies on a WHO-compliant registry (see Lancet 2010; 375: 348)
- Genetic association studies must be reported according to STREGA guidelines
- Systematic reviews and meta-analyses must be reported according to PRISMA guidelines. Please refer to The Lancet’s formatting guidelines for systematic reviews and meta-analyses.
- Reports of studies of global health estimates should be reported according to the GATHER statement (see Lancet 2016; 388: e19–23).
- Clinical trials that report interventions using artificial intelligence must be described according to the CONSORT-AI Extension guidelines and their protocols must be described according to the SPIRIT-AI Extension guidelines.
- For the purposes of publishing identifiable images or information in The Lancet Digital 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.

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

WHO’s International Clinical Trial Registry Platform

Clinical trials
http://clinicaltrials.gov

ICMJE recommendations

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

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

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

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

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

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

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

Array and GEO

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

- All research papers (including systematic reviews/meta-analyses) submitted to any journal in The Lancet family must include a panel putting their research into context with previous work in the format outlined below (see Lancet 2014; 384: 2176–77, for the original rationale). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy.

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

Data sharing

- 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.

Blue section (Comment, Correspondence)

Comment

- This section contains Commentaries that accompany papers published in The Lancet Digital Health or on issues of wide-reaching concern in digital health. Comments linked to policy decisions are welcomed. Most Comments are commissioned, but unsolicited Comments (no more than 750 words, ten references, and one figure, panel, or small table) are also welcome. Comments 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

- Letters should be written in response to previous content published in The Lancet Digital Health
- Letters for publication in response to previous published content must reach us within 8 weeks of publication of the original item and should be no longer than 400 words.
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- Other corrections are at the Editor’s discretion.

Green section (Reviews, Health Policy, Commission, Viewpoint)
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 digital health. 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 peer-reviewed journals are preferred over non-peer-reviewed supplements. 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. 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 “radiomics”, “deep learning”, “artificial intelligence”, and “cancer” from 2012 until April, 2020. 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.

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 digital health topics 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.

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These should be 2000–4000 words in length, with a maximum of 75 references. These opinion pieces may reflect an individual perception, involvement, or contribution to the field of digital 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.

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- Guidelines on formatting tables are available in the artwork guidelines.
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- References in tables, figures, and panels should be in numerical order according to where the item is cited in the text
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- Give any subpart to the title of the article
- If there are six authors or fewer, give all six in the form: 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
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- 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
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All material should be submitted as one PDF (with numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of The Lancet Digital Health’s editors. For clinical trials, we encourage authors to include a copy of the study protocol. All material should be provided in English.

Text

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- Text should be in 10 point Times New Roman font, single spaced
- Headings should be in 10 point BOLD

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- 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
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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,
372: 1201–09.
• Numbered in order of mention in appendix and numbered separately from references in the full paper

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• Research papers 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.

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• Authors should give priority to such revisions; the journal will reciprocate by making a final decision quickly
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