The Lancet Rheumatology considers any original research contribution that illuminates or influences clinical practice, directly informs future clinical trials, or substantively improves our understanding of disease processes. The Lancet Rheumatology also publishes interesting and informative reviews on any topic within the spectrum of rheumatology. 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. All papers should be written to be clearly understandable to the journal’s readers in a wide range of specialties and countries.

The journal publishes a range of article types that encompass all aspects of rheumatology: Comment, Correspondence, News, Article, Review, Health Policy, and Viewpoint.

All original research judged eligible for consideration by the journal’s editors will be peer-reviewed within 72 h, and, if accepted, published within 4-8 weeks from submission. Most accepted Articles will be published online first before appearing in an issue of the journal.

The Lancet is a signatory journal to 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.

If your question is not addressed on these pages, please email the Editorial staff at rheumatology@lancet.com.

How to submit your paper

Manuscript submission

Manuscript submission to all Lancet journals is free. Manuscripts should be submitted online via the The Lancet Rheumatology’s online submission and peer review website (known as EES) at https://ees.elsevier.com/tlrheu

- Simply log on to EES and follow the on-screen instructions for all submissions
- If you have not used EES before, you will need to register first. In EES, 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 Rheumatology 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
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First submissions to The Lancet Rheumatology 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

For French-speaking customers: +33 171 165608 (09:00 to 17:00 GMT)
- Editorial queries can be sent to the Editor, Heather Van Epps, at h.vanepps@lancet.com

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 Rheumatology rather than elsewhere
- It is helpful to indicate what could shorten your paper—the full 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

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- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
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Information for Authors

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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:
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Declaration of interests
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• For any Review, Health Policy, or Viewpoint, The Lancet Rheumatology 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 Rheumatology to write, be named on, or to submit the paper (see Lancet 2004; 363: 2–3)
• For any Review, Health Policy, 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.

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• All sources of funding should be declared as an acknowledgment at the end of the text
• At the end of the Methods section, under a subheading “Role of the funding source”, authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication
• 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
• The corresponding author should confirm that he or she had full access to all the data in the study and had final responsibility for the decision to submit for publication

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Patients’ consent and permission to publish
• 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 Rheumatology, 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.
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**Types of article and manuscript requirements**

Please ensure that anything you submit to The Lancet Rheumatology 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 Rheumatology does not publish case reports in any format.

**Red section (Articles and Meta-analyses)**

**Articles**

- The Lancet Rheumatology prioritises reports of original research that are likely to change clinical practice or thinking about rheumatic and musculoskeletal diseases.
- 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 consider those of a novel treatment for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action.
- 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) or in ClinicalTrials.gov, in accord with ICMJE recommendations. We also encourage full public disclosure of the minimum 21-item trial registration dataset at the time of registration and before recruitment of the first participant (see Lancet 2006; 367: 1631–35). The registry must be independent of for-profit interest.
- Reports of trials must conform to CONSORT 2010 guidelines and should be submitted with their protocols.
- All reports of randomised trials should include sections entitled Randomisation and masking and Outcomes, 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 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; published online June 28. http://dx.doi.org/10.1016/S0140-6736(16)30388-9).
- To find reporting guidelines see: http://www.equator-network.org
- Please be aware it is The Lancet Rheumatology’s standard practice to commission an independent Comment to accompany all published Articles and Meta-analyses 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 (semi-structured 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 SI system of units and the recommended international nonproprietary name (INN) 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.

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

**Clinical trials** http://clinicaltrials.gov

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Information for Authors

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.

Research in context

Evidence before this study

This section should briefly 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.

- 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

From July 1, 2018, all submitted reports of clinical trials must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must indicate:

- 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. For reports of research other than clinical trials, data sharing statements are encouraged but not required. Mendeley Data is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

Meta-analysis

- 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 semi-structured summary as described previously for Articles.

Blue section (Comment, Correspondence, etc)

Editorial

- Editorials are the voice of The Lancet Rheumatology, and are written in-house by the journal’s editorial-writing team and signed “The Lancet Rheumatology”
Comment
• This section includes commentaries that accompany research papers published in *The Lancet Rheumatology* or on issues of wide-reaching concern or debate in the field. Most Comments are commissioned and are linked to specific research articles to add context; however, unsolicited Comments (800 words, ten references, and one figure, panel, or small table) are also welcome. Unsolicited 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
• We welcome correspondence on content published in *The Lancet Rheumatology* or on other topics of interest to our readers.
• Letters linked to items published in the journal must reach us within 8 weeks of publication of the original item.
• Letters should be no longer than 400 words.
• Only one table or figure is permitted, and there should be no more than five references and five authors.
• 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.
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 Corrections
• Any substantial error in any article published in *The Lancet Rheumatology* 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.
• Other corrections are at the Editor’s discretion.

Green section (Reviews, Health Policy, Viewpoints, etc)

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 rheumatology 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.
• A 150-word unstructured summary should be included. Use of up to 5–6 illustrations is encouraged to aid the reader.
• 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.
• 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.
• 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
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 “arthritis” 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.

Viewpoint
• Viewpoints 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 rheumatology, and should be prepared in a similar way to a narrative 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 (not original research) and should follow the same guidelines as a Review.
• These papers should cover developments in rheumatology 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.

Clinical Picture
• The ideal Clinical Picture provides visual information that will be useful to other clinicians. Clinical Pictures should be interesting,
Index Medicus
http://www.nlm.nih.gov/

Formatting guidelines for revised manuscripts
Guidelines on format for text and figures can be found at http://www.thelancet.com/for-authors/formatartwork

Formatting guidelines for randomised trials
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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

Drug names
For more on neuroscience-based nomenclature see http://www.thelancet.com/pdfs/journals/langpsy/PBS2215-0366(17)30098-6.pdf

Educational, and respectful of the patient. The Lancet Rheumatology is less interested in pictures that simply illustrate an extreme example of a medical condition, a unique response, or first use of a new intervention.

- Each Clinical Picture must be accompanied by text that puts the image in context. This text should include a brief patient history and should explain what the Clinical Picture shows and why it is of interest to the general reader. Maximum text length is 300 words, with no references.

- All Clinical Picture submissions must be accompanied with a challenging clinical question related to the case along with four possible answers. This quiz will be peer-reviewed and will be used on the journal’s website to encourage users to read the underlying article.

- Authors must obtain signed, informed patient consent. Do not use “blackout” bars or similar devices to anonymise patients: if you have taken consent appropriately, masking is not necessary.

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
- 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.”
- 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 ALT key and type 0183 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
- 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 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
- Do not put references in the Abstract

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 JPEG
- For illustrations (all non-photographic line-work and general drawing) we require editable vector files that contain selectable geometry and fonts (editable text). The editability of files depends on the package they were created in, but as a rule we would prefer to receive any of the following: Adobe Illustrator (.ai) file; Adobe Illustrator or generic .eps files exported from a graphics program; vector-based PDF, PowerPoint, or Word file; or SVG file. If authors are unable to supply files in any of these formats, our in-house illustrators can offer guidance on whether it is more economical to export or convert the file into another format, or to redraw from scratch. When files are exported to eps files, we would prefer text to be exported “as text” rather than “as objects”, which is especially crucial for files such as forest plots in which there is a lot of text
- 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 numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of The Lancet journals’ editors. 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
- Main table heading should be in 10 point Times New Roman font BOLD
- Legends should be in 10 point, single spaced

**Tables**
- Tables should be in 8 point Times New Roman font, single spaced
- Headings within tables should be in 8 point BOLD

**Data**
- SI units are required
- Numbers in text and tables should always be provided if % is shown. % (n/N); n/N (%)
- 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.
- Numbered in order of mention in appendix 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
- 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 interviewees/ interviewees, date of recording, and place of recording if relevant.
- Written consent from all parties must be supplied at submission.

**Audio**
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