

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. For detailed guidance on preparing and submitting your manuscript to *The Lancet Rheumatology*, please visit [TheLancet.com for authors](https://www.thelancet.com/for-authors), which provides information, forms, and details to support your experience and assist with the submission process

[TheLancet.com for Authors](https://www.thelancet.com/for-authors)
<https://www.thelancet.com/for-authors>

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 on a fast-track basis. For accepted Articles, we aim to publish within 4-8 weeks from editorial acceptance. 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](#). *The Lancet's* editorial policies evolve in line with best practice in the sector as well as the changing nature of scientific research and scholarly publishing. When relevant, *Lancet* editors may publish updates to our policies, which may go beyond the requirements of the ICMJE. We are committed to ensuring that our editorial processes meet our [standards of excellence](#).

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

[COPE Core Practices](https://publicationethics.org/core-practices)
<https://publicationethics.org/core-practices>

Publishing your work with *The Lancet Rheumatology* means partnering with an editorially independent journal committed to improving lives, increasing the social impact of science, and maintaining the highest standards of medical science. Each submission is treated individually, but most research papers follow a [similar path](#) of submission, review, revision, editing, production, and publication.

[Journey of a paper](https://www.thelancet.com/journey-paper)
<https://www.thelancet.com/journey-paper>

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 EM) at www.editorialmanager.com/tlrheu

- Simply log on to EM and follow the on-screen instructions for all submissions
- If you have not used EM before, you will need to register first. In EM, the corresponding author is the person who enters the manuscript details and uploads the submission files
- Inclusion of illustrations (eg, photographs, graphs, diagrams) is a prerequisite for many publication types. Submission of original and editable artwork files is encouraged. Digital photography files should have a resolution of at least 300 dpi and be at least 107 mm wide. Before and after images should be taken with the same intensity, direction, and colour of light
- In almost all cases, if you have a finished manuscript, you should submit it, rather than contacting *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
- If you have any technical problems or questions, please contact our dedicated customer support:
 - For the Americas: +1 888 8347287 (09:00 to 17:00 central standard time)
 - For Asia and Pacific: +81 3 55615032 (09:30 to 17:30

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

Japan standard time)

For Europe and rest of the world: +44 1865 843577 (08:30 to 17:00 GMT)

For Chinese-speaking customers: +86 10 85208780 (9:00 to 17:30 China standard time)

For Spanish-speaking customers: +34 932 406176 (09:00 to 17:00 GMT)

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

Statements, permissions, and signatures

Authors and contributors

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text
- We require that more than one author has verified the underlying data. The contributors statement should state who those authors are.
- 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 Rheumatology* will not publish any paper unless we have the signatures of all authors
- We suggest you use the [author statement form](#) and upload the signed copy with your submission
- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications
- For author groups of more than 30 members, we encourage use of a collaborator or study group for any additional authors. For this collaborator or study group, if they wish to be indexed to the 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).

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

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

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.

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

Declaration of interests

A conflict of interest exists when professional judgement concerning a primary interest (such as patients' welfare or validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to the Editor of all relationships is a requisite. Purposeful failure to disclose conflicts is a form of misconduct and might lead to publication of a correction or even to retraction. All submissions to *The Lancet Rheumatology* 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, 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.

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 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
- 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

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.
- For the purposes of publishing in *The Lancet Rheumatology*, 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 Rheumatology*. 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 Rheumatology* 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/policies/patient-consent>

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**.

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; **388**: e19–23)
- Clinical trials that report interventions using artificial intelligence must be described according to the **CONSORT-AI Extension guidelines** and their protocols must be described according to the **SPIRIT-AI Extension guidelines**
- To find reporting guidelines see: <http://www.equator-network.org>
- 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.
- When using a study group, collaborator group, or Consortia

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/>

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

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

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

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

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

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>

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 (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 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
- For all study types, we encourage correct use of the terms sex (when reporting biological factors) and gender (when reporting identity, psychosocial, or cultural factors). Where possible, report the sex and/or gender of study participants, and describe the methods used to determine sex and gender. Separate reporting of data by demographic variables, such as age and sex, facilitates pooling of data for subgroups across studies and should be routine, unless inappropriate. Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate, and the limitations of the data.

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.

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

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

Human Gene Organisation
<http://www.genenames.org/>
MIAME guidelines
<http://fged.org/projects/miame/>
Array and GEO
<http://www.ebi.ac.uk/microarray-as/ae/>
<http://www.ncbi.nlm.nih.gov/geo>

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.

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". Editorials (and other short opinion pieces such as Comment or Correspondence) written by in-house editors are critiqued and revised by the editorial team. They are not subject to external peer review.

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.

- All accepted letters are edited, and proofs will be sent out to authors before publication.

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. 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.

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:

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

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>

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, 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.

Index Medicus

<http://www.nlm.nih.gov/>

Formatting guidelines

Language

- Manuscripts should be submitted in English. Authors writing in Chinese, Portuguese, or Spanish may wish to use the Webshop (<http://webshop.elsevier.com/languageservices>) to provide an English translation of their manuscript for submission.

Title page

- A brief title, author name(s), preferred degree (one only), affiliation(s), and full address(es) of the authors must be included. The name and address of the corresponding author should be separately and clearly indicated with email and telephone details.

Formatting of text

- Type a single space at the end of each sentence
- Do not use bold face for emphasis within text
- We use a comma before the final “and” or “or” in a list of items
- Type decimal points midline (ie, 23.4, not 23.4). To create a midline decimal on a PC: hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9
- Numbers one to ten are written out in words unless they are used as a unit of measurement, except in figures and tables
- Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph.
- Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Please use page numbering.
- 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:
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References

- Vancouver style—eg, Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09. Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine. London: Elsevier, 2008: 230–47.
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