

*The Lancet Respiratory Medicine* considers any original research contribution that advocates change in or illuminates clinical practice and informative reviews on any topic connected with respiratory medicine and critical care. Because the journal has an international readership from a wide range of specialties, it is vital that articles should be written clearly and should not assume a level of knowledge above that of, say, a reasonably well-read, junior doctor. One way to find out if your article is understandable to those reading outside their immediate field of interest is to show the manuscript to colleagues in other specialties. If they find it difficult to follow, so will a good proportion of the readership of *The Lancet Respiratory Medicine*. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. Further details on the different sections of *The Lancet Respiratory Medicine*, 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 [respiratorymedicine@lancet.com](mailto:respiratorymedicine@lancet.com)).

All original research judged eligible for fast-track publication by the journal's editors will be peer-reviewed within 3–5 days and, if accepted, published within 10 weeks from submission. A majority of accepted fast-track Articles are published online first before appearing in a print journal.

Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. *The Lancet* journals are signatories of the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. We follow [COPE's guidelines](#).

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

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

## How to submit your paper

### Manuscript submission

Manuscript submission to all *Lancet* journals is free. Manuscripts should be submitted online via the *The Lancet Respiratory Medicine's* online submission and peer review website (known as EM) at [www.editorialmanager.com/thelancetrm](http://www.editorialmanager.com/thelancetrm)

- 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 Respiratory Medicine* to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including Correspondence
- If you have any technical problems or questions, please contact our dedicated journal office inbox at [editorial@lancet.com](mailto:editorial@lancet.com), the editor at [respiratorymedicine@lancet.com](mailto:respiratorymedicine@lancet.com), or visit our [Support Center](#) for further assistance

### Covering letter

- You should upload your covering letter at the "Enter Comments" stage of the online submission process
- Use the covering letter to explain why your paper should be published in *The Lancet Respiratory Medicine* rather than elsewhere and state if you wish for it to be considered for fast-track publication
- It is helpful to indicate what could shorten your paper—the full

### First submissions to *The Lancet Respiratory Medicine* should include:

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

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

## Statements, permissions, and signatures

### Authors and contributors

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text
- We require that more than one author has directly accessed and verified the underlying data reported in the manuscript. For research articles that are the result of an academic and commercial partnership, at least one of the authors named as having accessed and verified data must be from the academic team. The contributors statement should state who those authors are.
- All authors should confirm that they had full access to all the data in the study and accept responsibility to submit for publication
- We encourage collaboration and coauthorship with colleagues

[ICMJE Recommendations](#)  
<http://www.icmje.org>

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 Respiratory Medicine* 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).

### Author statement form

<https://www.thelancet.com/for-authors/forms?section=tlrm-author-sig>

### Elsevier's author guide

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

### Sex and Gender Equity Research

(SAGER) Guidelines  
<https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6>

### SAGER guidelines checklist

<https://ese.arphahub.com/article/86910/>

### ICMJE COI form

<https://www.thelancet.com/for-authors/forms?section=icmje-coi>

### Joint ICMJE statement

<https://www.thelancet.com/for-authors/forms?section=icmje-statement>

## Reporting sex-based and gender-based analyses

### Reporting guidance

For research involving or pertaining to humans, animals, model organisms, or eukaryotic cells, investigators should integrate sex-based and gender-based analyses into their research design according to evolving funder/sponsor requirements and best practices within a field. Authors should address their research's sex and/or gender dimensions in their manuscript. In cases where they cannot, they should discuss this as a limitation to their research's generalisability. With research involving cells and model organisms, researchers should use the term "sex". With research involving humans, researchers should consider which terms best describe their data (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research \(SAGER\) Guidelines](#) and the [SAGER guidelines checklist](#). They offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting, and research interpretation. However, there is no single, universally agreed-upon set of guidelines for defining sex and gender or reporting sex-based and gender-based analyses.

### Definitions

In human research, the term "sex" carries multiple definitions. It often refers to an umbrella term for a set of biological attributes associated with physical and physiological features (eg, chromosomal genotype, hormonal levels, internal and external anatomy). It can also signify a sex categorisation, most often designated at birth ("sex assigned at birth") based on a newborn's visible external anatomy. The term "gender" generally refers to socially constructed roles, behaviours, and identities of women, men, and gender-diverse people that occur in a historical and cultural context, and might vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact, and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man), concordant, and static. However, these constructs exist along a spectrum that includes additional sex categorisations and gender identities, such as people who are intersex/have differences of sex development (DSD), or identify as non-binary.

In any given person, sex and gender might not align, and both can change. Sex and gender are not entirely discrete concepts and their definitions continue to evolve. Biology and society influence both, and many languages do not distinguish between them. Since the terms "sex" and "gender" can be ambiguous, authors should describe the methods they use to gather and report sex-related and/or gender-related data (eg, self-report or physician-report, specific biological attributes, current sex/gender, sex assigned at birth, etc) and discuss the potential limitations of those methods. This will enhance the research's precision, rigor, and reproducibility, and avoid ambiguity or conflation of terms and the constructs to which they refer. Authors should use the term "sex assigned at birth" rather than "biological sex", "birth sex" or "natal sex" as it is more accurate and inclusive. When ascertaining gender and sex, researchers should use a two-step process: (1) ask for gender identity allowing for multiple options and (2) if relevant to the research question, ask for sex assigned at birth. In addition to this defining guidance and the SAGER guidelines, you can find further information about reporting sex and gender in research studies on Elsevier's diversity, equity, and inclusion in the publishing author guide available [here](#).

## The use of AI and AI-assisted technologies in scientific writing

Where authors use AI and AI-assisted technologies in the writing process, these technologies should only be used to improve readability and language of the work and not used to replace researcher tasks such as producing scientific insights, analysing and interpreting data, or drawing scientific conclusions. Applying these technologies should only be done with human oversight and control, and authors should carefully review and edit the result because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased. Authors should not list AI and AI-assisted technologies as an author or co-author, nor cite AI as an author. Authors are ultimately responsible and accountable for the originality, accuracy, and integrity of the work; and should disclose the use of AI and AI-assisted technologies in a statement at the end of the article.

## Forms and signatures

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

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

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

## Declaration of interests

A conflict of interest exists when professional judgement concerning a primary interest (such as patients' welfare or validity of research) may

be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to the Editor of all relationships is a requisite. Purposeful failure to disclose conflicts is a form of misconduct and might lead to publication of a correction or even to retraction. All submissions to *The Lancet Respiratory Medicine* 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 Comments, Personal Views, and Reviews, *The Lancet Respiratory Medicine* 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 Respiratory Medicine* to write, be named on, or to submit the paper (see *Lancet* 2004; **363**: 2–3)

### 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

### 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

- Studies on patients or volunteers need approval from an ethics committee and informed consent from participants. These should be documented in your paper
- If there is an unavoidable risk of breach of privacy—eg, in a clinical photograph or in case details—the patient's written consent to publication, or that of the next of kin, must be obtained using *The Lancet Respiratory Medicine* [patient consent form](#). Do not use "blackout" bars or similar devices to anonymise patients in clinical images: if you have taken consent appropriately masking is not needed
- To respect your patient's privacy, please do not send the consent form to us. Instead, we require you to complete the patient consent section of the [author statement form](#)
- US authors should ensure HIPAA compliance

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

### Types of article and manuscript requirements

Please ensure that anything you submit to *The Lancet Respiratory Medicine* 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 Respiratory Medicine* prioritises reports of original research that are likely to change clinical practice or thinking
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4. 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 require full public disclosure of the minimum 24-item trial registration dataset at the time of registration and before recruitment of the first participant (see *Lancet* 2006; **367**: 1631–35). The registry must be independent of for-profit interest
- Reports of trials must conform to [CONSORT 2010 guidelines](#) and should be submitted with their protocols
- All reports of randomised trials should include 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](#)

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

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

**ICMJE recommendations**  
<http://icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

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

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

**CONSORT extended guidelines**  
<http://www.consort-statement.org/extensions/extensions/>

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## 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/>

## 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)

## SPRIT-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>

## 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>

- 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 [SPRIT-AI Extension guidelines](#)
- To find reporting guidelines see: <http://www.equator-network.org>
- When using a study group, collaborator group, or Consortia instead of authors' names, please be aware that individuals' names will not explicitly appear when your published Article is uploaded to MEDLINE/PubMed. Your Article will still be discoverable via a search for a specific named author, but only the collective name given to the study will appear on that platform. If you need more information, please contact us.

## All Articles should, as relevant:

- Be up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only)
- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 250 words. Our electronic submission system will ask you to copy and paste this section at the "Submit Abstract" stage
- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see [Lancet 2008; 371: 281–83](#))
- When reporting Kaplan-Meier survival data, at each timepoint, authors must include numbers at risk, and are encouraged to include the number of censored patients.
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Secondary outcomes can be included as long as they are clearly marked as secondary and all such outcomes are reported
- Use the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct
- Use gene names approved by the [Human Gene Organisation](#). Novel gene sequences should be deposited in a public database (GenBank, EMBL, or DDBJ), and the accession number provided. Authors of microarray papers should include in their submission

the information recommended by the [MIAME guidelines](#). Authors should also submit their experimental details to one of the publicly available databases: [ArrayExpress](#) or [GEO](#)

- Include any necessary additional data as part of your EM submission
- All accepted Articles should include a link to the full study protocol published on the authors' institutional website (see [Lancet 2009; 373: 992](#) and [Lancet 2010; 375: 348](#))
- We encourage researchers to enrol women and ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race

## Putting research into context

- All research papers (including systematic reviews/meta-analyses) submitted to any journal in *The Lancet* family must include a panel putting their research into context with previous work in the format outlined below (see [Lancet 2014; 384: 2176–77](#), for the original rationale). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy
- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

## Research in context

### Evidence before this study

This section should 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.*

## Data sharing

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

- Whether data collected for the study, including individual participant data and a data dictionary defining each field in the set, will be made available to others ("undecided" is not an acceptable answer);

- What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
- Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);
- When these data will be available (beginning and end date, or “with publication”, as applicable);
- Where the data will be made available (including complete URLs or email addresses if relevant);
- By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – eg, with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

See [table](#) for examples. Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial’s registration. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published, and updated in the registry record. [Mendeley Data](#) is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

## Blue section (Comment, Correspondence, News, Media Watch, Spotlight)

### Editorial

- Editorials are the voice of *The Lancet Respiratory Medicine*, and are written in-house by the journal’s editorial-writing team and signed “*The Lancet Respiratory Medicine*”

### Comment

- This section contains commentaries that accompany papers published in *The Lancet Respiratory Medicine* or on issues of wide-reaching concern in respiratory medicine and critical care. Comments linked to policy decisions are welcomed. Most commentaries are commissioned, but unsolicited commentaries (no more than 750 words, ten references, and one figure, panel, or small table) are also welcome. Commentaries may be peer reviewed
- At the Editor’s discretion, commentaries may be shortened in the interests of space
- The place to respond to something we have published is in our **Correspondence** section
- See **Conflicts of Interest** guidelines for comments

### Correspondence

- Letters should be written in response to previous content published in *The Lancet Respiratory Medicine*
- Letters for publication in the journal online must reach us within 4 weeks of publication of the original item and should be no longer than 400 words
- Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
- Correspondence letters are not usually peer reviewed, but we might invite replies from the authors of the original publication, or pass on letters to these authors

- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited, and may be shortened in the interest of space. Proofs will be sent out to authors before publication

### News

- Most of the writers of News articles are professional journalists, but an important event in your country that might be of wider interest can be brought to the attention of our News editors via [respiratorymedicine@lancet.com](mailto:respiratorymedicine@lancet.com)

### Spotlight

- Readers with an interest in contributing book, film, TV, exhibition, or web reviews should contact the Editor via [respiratorymedicine@lancet.com](mailto:respiratorymedicine@lancet.com). In general, these submissions should be between 350 and 400 words.
- *The Lancet Respiratory Medicine* also encourages the submission of feature pieces for this section. These should be up to 1000 words and can be on any topic related to respiratory medicine or critical care. This section is used to shine a light on a neglected area or highlight and discuss crucial issues in respiratory medicine and healthcare

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

### Corrections

- Any substantial error in any article published in *The Lancet Respiratory Medicine* 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 the interpretation of results. Authorship format changes after publication to facilitate a different visualisation in MEDLINE/PubMed will not be done.

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

## Green section (Reviews, Personal Views, Commissions)

### Reviews

- Reviews may be commissioned or submitted unsolicited, although in the latter case it would be wise to send the Editor a one-page outline first ([respiratorymedicine@lancet.com](mailto:respiratorymedicine@lancet.com)) to ensure that a review on the same subject has not already been commissioned. If you have already written the paper, please submit it for consideration via our online system
- 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:

## 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

References for this review were identified through searches of PubMed for articles published from January, 1971, to June, 2019, by use of the terms “COPD”, “hyperinflation”, “exacerbation”, and “phenotype”. Relevant articles published between 1918 and 1920 were identified through searches in the authors’ personal files, in Google Scholar, and Springer Online Archives Collection. Articles resulting from these searches and relevant references cited in those articles were reviewed. Articles published in English, French, and German were included.

- Reviews should be 4500 words, with a maximum of 75 references. A 150 word unstructured summary should be included. These papers should include about five illustrations, tables, and figures to aid the reader

## Personal Views

- These should be up to 4500 words, with a maximum of 75 references
- These opinion pieces may reflect an individual perspective and must be prepared in a similar way to a Review article
- Unsolicited contributions are welcome, but please contact the Editor ([respiratorymedicine@lancet.com](mailto:respiratorymedicine@lancet.com)) before submission to ensure that the proposed topic is suitable for the journal

## Viewpoints

- Viewpoints should be up to 2500 words, with a maximum of 30 references.
- These opinion pieces may reflect an individual perception, involvement, or contribution to respiratory medicine, and should be prepared in a similar way to a narrative Review.

## Commissions

- Topics for *The Lancet Respiratory Medicine* Commissions are selected by our editors, who work with academic partners to identify the most pressing issues in science, medicine, and global health with the aim of producing recommendations to change public policy or improve practice. Projects usually last 2–3 years, and author groups will represent a broad range of international expertise. All *The Lancet Respiratory Medicine* Commissions are academic publications and are subject to the same rigorous peer review process as all other research papers published in our journals. *The Lancet Respiratory Medicine* does not provide direct financial support to Commissioners for the research or writing of the reports. Funding is sought directly by authors, with oversight from our editors.

## 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
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“...as reported by Saito and colleagues.<sup>15</sup>”
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#### References

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Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09.  
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#### Drug names

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