

Publishing with ***The Lancet Primary Care***

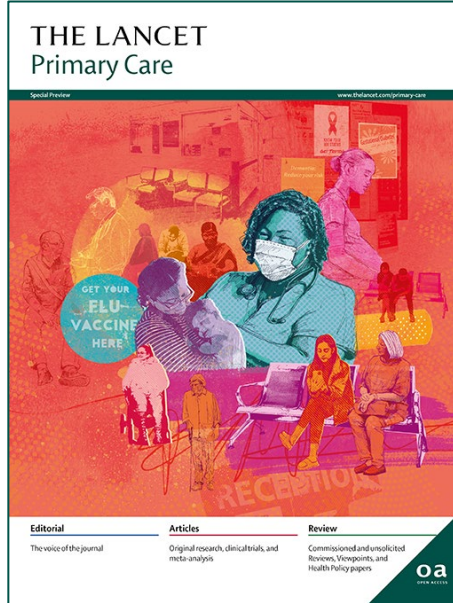
Agenda

- Journal information (processing, team, aims and scope)
- Essentials for preparing your manuscript
- Writing tips
- Editorial processes (Editor roles, peer review)
- Post-acceptance

About the journal

The Lancet Primary Care

www.thelancet.com/lanprc/about



A **gold open access** journal, providing a solution for authors of original research with funding that requires OA publication while they retain their copyright.

We publish content **Online First**, subsequently incorporated into monthly online issues.

Fast-track publication allows for quick and efficient publication of papers of immediate public health or clinical importance.

Our Editorial Team

www.thelancet.com/lanprc/about



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Our International Advisory Board



Representative of the community

Aiming for inclusivity

- CHWs, nurses, and midwives
- GPs at the intersection of primary care and other specialties
- Pharmacists and ophthalmologists, encompassing broad aspects of primary care

Reasons to publish with us

www.thelancet.com/why-publish



Expert guidance

No matter which *Lancet* journal you choose to submit to, there are several pathways to publication, which are supported by our collaborative, expert editorial teams.



Personal support and service

You get the support you need from our international team of editors and publishing professionals throughout peer review and the full journey of your paper.



Global reach, high impact

Papers are amplified to a truly international audience, reaching millions of readers, and triggering actions to protect and promote health.



Improving lives

Our authors are a global community concerned with advancing the health and wellbeing of people worldwide.

Aims and scope

www.thelancet.com/primary-care



WHO's primary health care vision

Primary care and public health integration

Community care and empowerment

Engagement with political and allied society organisations

Aims and scope



Clinical decision making

Beyond family medicine and general practice

Research into nurse-led and CHW-led interventions

Community health interventions (eg, schools, rural areas, etc)

Collaboration between different professionals (eg, nurses, midwives, CHWs, nutritionists, psychologists) in primary care

Aims and scope



Care delivery

Person-centred care to address complex health needs
(eg, multimorbidity or chronic disease)

Patient-provider experience

Continuity of care, values-based care, collaborations,
and referrals

Digital health integration (eg, eConsults, AI)

Equity (eg, key at-risk populations)

Aims and scope



Health services research

Collaboration between primary and secondary or tertiary services

Workforce and workload issues

Primary care reform and financing

Quality indicators

Future health systems, resilience, and adaptability

Advancing equity, diversity, and inclusion

Advocating equity and valuing diversity and inclusion is part of our mission.

We commit to tracking and reporting publicly how the Journal is doing in terms of reflecting the global community we serve (ie, in terms of the gender, ethnicity, geographical base, etc) of our authors, reviewers, and advisors.

www.thelancet.com/equity-diversity-inclusion



Content priorities

www.thelancet.com/what-we-publish

- High priority:**
- Interventional RCTs
 - Observational studies (prospective and retrospective)
 - Implementation and mixed-methods research
 - Meta-analyses

- Open to:**
- Post-hoc studies
 - Qualitative research

- Out of scope:**
- Methodological studies
 - Trial protocols

Essentials for preparing your manuscript

Preparing your manuscript

www.thelancet.com/preparing-your-manuscript

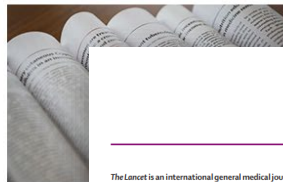
FOR AUTHORS

Preparing your manuscript

Thank you for choosing The Lancet Group for publication of your manuscript. We recognise you have options, and we never take your contributions or time for granted.

To begin your journey, we recommend you prepare your manuscript and related forms before submitting. This will save you precious time and ensure your experience is as seamless as possible.

Here is a pre-submission checklist to assist you with the process, learn more about our commitment to publishing excellence, and follow the journey of a paper at the *Lancet* journals.



Information for Authors

The Lancet is an international general medical journal that will consider any original contribution that advances or illuminates medical science or practice, or that educates or entertains the journal's readers. Whatever you have written, remember that it is the general reader whom you are trying to reach. One way to find out if you have succeeded is to show your draft to colleagues in other specialties. If they do not understand, neither, very probably, will The Lancet's staff or readers. 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.

For randomised controlled trials or research papers judged to warrant fast dissemination, The Lancet will publish a peer-reviewed manuscript within 4 weeks of receipt (see [Swift*](#) and [Fast-track publication](#)). If you wish to discuss your proposed fast-track submission with an editor, please call one of the editorial offices in London (+44 (0) 20 7424 4950), New York (+1 212 633 3667), or Beijing (+86 10 852 08872).

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 then the journal's editorial staff in London (+44 (0) 20 7424 4950), New York (+1 212 633 3810), or Beijing (+86 10 852 08872) will be pleased to help (email editorial@lancet.com).

How to submit your paper or correspondence

Manuscript submission

Manuscript submission to all Lancet journals is free. Manuscripts (including correspondence letters) should be submitted online via the The Lancet's online submission and peer review website (known as EE5) at <http://www.elsevier.com/thelancet>

First submissions to The Lancet should include:

- 1 Covering letter
- 2 Manuscript including tables and panels
- 3 Figures
- 4 Authors statement form (see next section)
- 5 Declaration of interests and source of funding statements

[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>

What we look for: positives

Relevance to the journal's scope and readership

Novelty

- Importance of the question you're addressing
- Treatment or prevention technique
- Population
- Knowledge of disease distribution
- Strong support for conclusions

Other considerations

- Policy relevance
- Societal and clinical relevance

Robust methodology

- Study design (controls, validation, assumptions)
- Sample size (statistical power)
- Use of appropriate guidelines (eg, CONSORT)
- Transparent data and reporting

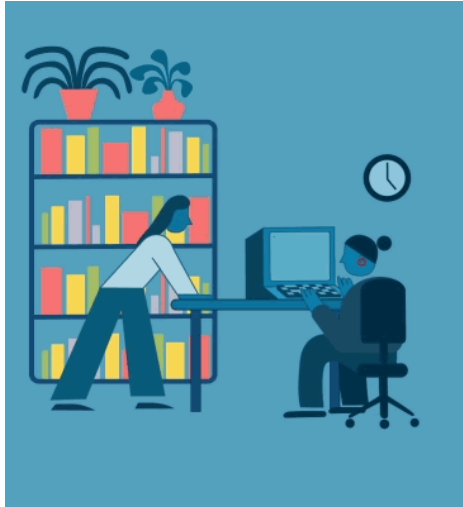


What we look for: negatives

- Poor question selection/inappropriate patient group or endpoint
- Lack of comparator group
- Underpowered—too few participants to be conclusive
- Over-reliance on ad-hoc or exploratory analyses
- For trials, lack of protocol, unplanned post-hoc analysis (not signposted), or lack of trial registration
- For predictive tools or risk stratification studies, lack of validation in an independent cohort
- Plagiarism
- Salami slicing

Submission – writing tip #1

Use the cover letter wisely



- Describe the clinical relevance of the findings
- Don't oversell findings
- Why this journal?
- Please also mention if you discussed the work with us before
- If this work has been or will be presented at a conference
- If you would like to align publication with a specific event or conference, etc

Submission – writing tip #2

Title: non-declamatory, accessible, informative, with study descriptor

Tell a story, contextualise for non-specialists

Articles

Combined mind-body physical exercise, cognitive training, and nurse-led risk factor modification to enhance cognition among older adults with mild cognitive impairment in primary care: a three-arm randomised controlled trial



Zijun Xu, Dexing Zhang, Benjamin Hon-Kei Yip, Eric Kam-Pui Lee, Paul Kwok-Ming Poon, Ruth Peters, Zuyao Yang, Allen Ting-Chun Lee, Maria Kwan-Wa Leung, Eliza Lai-Yi Wong, Vincent Chung-Tong Mok, Linda Chiu-Wa Lam, Samuel Yeung-Shan Wong



Summary
Background Mild cognitive impairment is a cognitive state that is worse than that of healthy older adults but less severe than dementia. The effectiveness of a nurse-led risk factor modification (RFM) intervention for older adults with mild cognitive impairment is unclear. The study aimed to compare the effects of: (1) a multi-component intervention: combined cognitive training, mind-body physical exercise, and nurse-led RFM (CPR), (2) nurse-led RFM alone, and (3) health advice alone on cognitive function among older adults with mild cognitive impairment in primary care.

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Published Online April 25, 2025
<https://doi.org/10.1016/j.lanhl.2025.100706>

Lancet Healthy Longevity 2025; 6:
100706

Submission – writing tip #3

Abstract: Provide key methodological details and results, following appropriate reporting guidelines

- Study aims and background
- Methods: Study setting and population criteria, key procedures, primary outcome and analyses, study registration details
- Findings: study dates and population details, primary outcome results, safety results
- Interpretation: appropriate in light of study findings, implications for clinical practice or policy

www.thelancet.com/submission-guidelines

Summary

Background Mild cognitive impairment is a cognitive state that is worse than that of healthy older adults but less severe than dementia. The effectiveness of a nurse-led risk factor modification (RFM) intervention for older adults with mild cognitive impairment is unclear. The study aimed to compare the effects of: (1) a multi-component intervention: combined cognitive training, mind-body physical exercise, and nurse-led RFM (CPR), (2) nurse-led RFM alone, and (3) health advice alone on cognitive function among older adults with mild cognitive impairment in primary care.

Methods We did a 15-month, three-arm, open-label, blinded-endpoint, randomised controlled trial in older adults with mild cognitive impairment at a university-affiliated research and training clinic of the Lek Yuen Health Centre in Hong Kong. Inclusion criteria were age 60–80 years, a Hong Kong Montreal Cognitive Assessment score of 19–25 (defined as mild cognitive impairment), and a physically stable condition. Participants were randomly assigned (1:1:1) via computer-generated allocation sequencing to receive either CPR, RFM, or health advice. Assessors and data analysts were masked to group allocation. Participants randomly assigned to the CPR and RFM groups met the nurse quarterly and the primary care physician every 6 months. The CPR group also received Tai Chi and cognitive training three times a week for 3 months. The health advice group received booklets with general health advice. Assessments were conducted at baseline, 6 months, 12 months, and 15 months. The primary outcome was the Alzheimer's Disease Assessment Scale-Cognitive section (ADAS-Cog) Z score at 15 months. The analysis followed the modified intention-to-treat principle that included participants completing at least one follow-up assessment. A linear mixed model was used for the analysis, with adjustments for multiple comparisons made using Bonferroni's correction. The trial was preregistered at the Chinese Clinical Trial Registry (ChiCTR 1900026857), and is completed.

Findings Between Oct 28, 2019, and Dec 1, 2022, 3122 registrations were received, 1104 were excluded (declined to participate, duplicate registrations, or unable to be contacted), and 2018 were assessed for eligibility. A further 1562 participants were excluded, and 456 participants were randomly assigned to an intervention. 152 participants were assigned to the CPR group, 152 to the RFM group, and 152 to the health advice group. 423 participants who completed at least one follow-up assessment were included in the analysis (139 in the CPR group, 144 in the RFM group, and 140 in the health advice group). 118 (28%) participants were male and 305 (72%) were female. The mean age of participants was 70.1 years (SD 4.9). No significant difference between the three groups in ADAS-Cog was found at the primary endpoint at 15 months (CPR vs health advice, $\beta = -0.04$ [95% CI -0.34 to 0.26]; RFM vs health advice, $\beta = -0.14$ [-0.44 to 0.15]; CPR vs RFM, $\beta = 0.10$ [-0.19 to 0.40]) nor at the 6-month and 12-month follow-ups.

Interpretation New interventions for patients with mild cognitive impairment on top of health advice should be recommended only when they have been refined and evaluated to be effective by future trials.

Funding Health and Medical Research Fund.

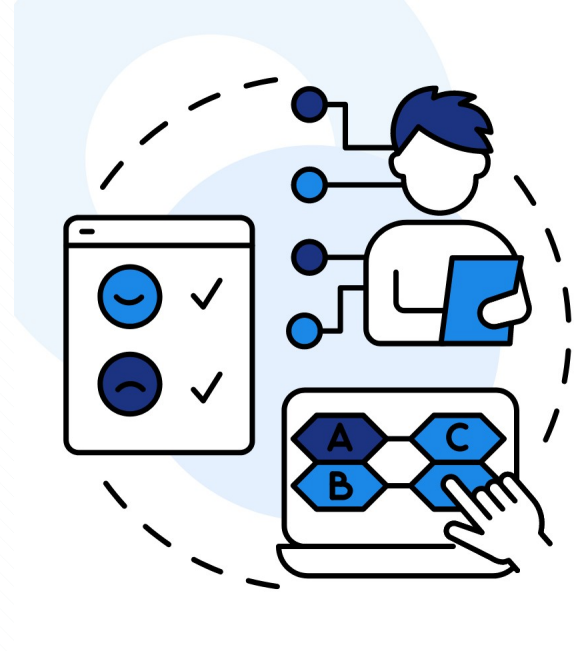
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Lancet Healthy Longevity 2025; 6:
100706

Submission – writing tip #4

Methods, methods, methods

- Be clear and provide enough detail
- What type of study is it?
- What study population are you investigating?
- Ethical approval and patient consent
- Intervention procedures or methods of observation
- Outcome measures and methods of assessment
- Statistical analysis
- Any protocol deviations
- Role of the funding source



Submission – writing tip #5

Reporting: honest and transparent, follow guidelines

Report as specified by protocol

Include protocol, SAP, trial registration

Complete reporting of all outcomes – don't cherry pick/gloss over

Adherence to guidelines



CRISP CONSENSUS REPORTING ITEMS FOR STUDIES IN PRIMARY CARE

WHAT IS CRISP?

CRISP is an evidence-based effort to improve the reporting of primary care research. Better research reports are more readable, useful, and applicable. They can empower better appraisal, synthesis, and application of research findings and ultimately lead to better practice, care, and outcomes for patients and populations.

WHO IS CRISP?

CRISP is an international, interprofessional, interdisciplinary initiative that includes a range of primary care and research experts, including practitioners, patients, and community members. CRISP is led by an international Working Group.

WHO CAN USE CRISP?

The CRISP Checklist aims to help investigators and authors improve their reports of primary care research, including:

- Research done by primary care researchers and teams.
- Studies involving primary care patients, clinicians, care settings, or data.
- Research conducted by others or in other settings with the intention that study findings and recommendations will be implemented in primary care.

Submission – writing tip #6

Discussion: limitations and implications

- Briefly recap the key findings
- Don't over-interpret or 'spin' the results
- Be critical and open about limitations
- Contextualise the findings. What are the implications?
- What are the next steps for the field?

Editorial processes

Editors' core tasks

- Selection of manuscripts for review process
- Reviewer selection and overseeing the review process
- Final decision on manuscripts
- Various article quality and journal policy checks
- Support achieving the impact published papers deserve
- Extras!

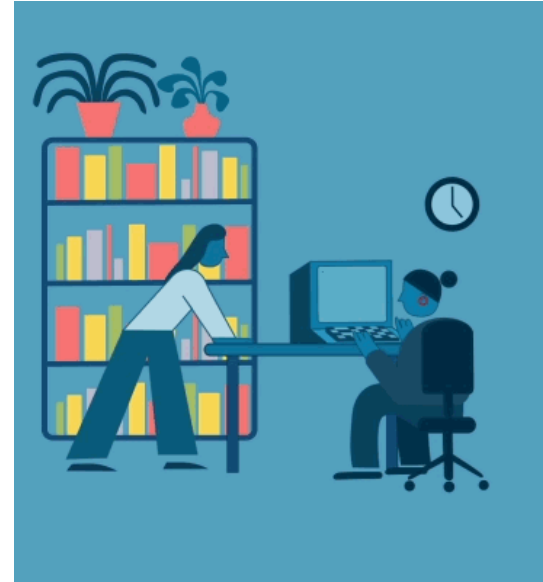
Editorial assessment and peer review

Editorial assessment:

- **Conceptual novelty** and importance of a result in its own field
- **General interest**, wider importance (eg, policy making)

Also:

- Strong logical support for conclusions
- Work that will inspire further research



Editorial assessment and peer review

Peer review at *The Lancet*

Single blind (anonymous referees)

3 clinical reviewers + 1 statistical reviewer

- Specialist: modelling, health economists, qualitative research methods...
- Diversity: gender, geography, seniority...
- Local knowledge, especially when databases are used
- Lived experience (eg, community health workers or patients)



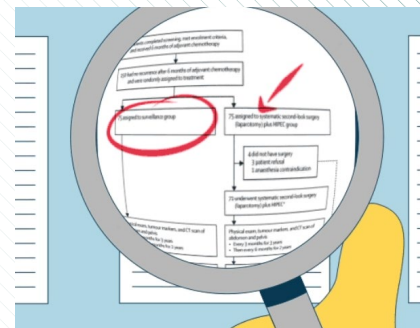
Post-acceptance



Post-acceptance

Accepted Articles are:

- Checked for technical elements
- Sub-edited for grammar and clarity of scientific meaning
- Formatted to our house style using specialised publishing software to create a version of the intended print page
- Reviewed by illustrators to ensure illustrations, tables, and graphs adhere to journal style and convey appropriate meaning and interpretation



Post-publication: global reach, high impact



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