



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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- 18 Collins S, Gunja M, Aboulafia G. US health insurance coverage in 2020: a looming crisis in affordability. *The Commonwealth Fund*, 2020. 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial> (accessed Aug 25, 2020).
- 19 Trump rejects Obamacare special enrollment period amid pandemic. *Politico*, March 31, 2020. <https://www.politico.com/news/2020/03/31/trump-obamacare-coronavirus-157788> (accessed Aug 25, 2020).
- 20 Kaiser Family Foundation. Health care and the 2020 presidential election. Kaiser Family Foundation. Aug 25, 2020. <https://www.kff.org/slideshow/health-care-and-the-2020-presidential-election/> (accessed Aug 31, 2020).
- 21 2020 Democratic Party Platform. Democratic National Committee, 2020. <https://www.demconvention.com/wp-content/uploads/2020/08/2020-07-31-Democratic-Party-Platform-For-Distribution.pdf> (accessed Aug 25, 2020).
- 22 Moon M, Uccello CE. Lowering the Medicare eligibility age—simple approach, complex decisions. *JAMA Health Forum* 2020; published online June 29. <https://doi.org/10.1001/jamahealthforum.2020.0780>.
- 23 Republican Party Platform. Republican National Committee. 2020. https://prod-cdn-static.gop.com/media/documents/RESOLUTION_REGARDING_THE_REPUBLICAN_PARTY_PLATFORM.pdf?_ga=2.109560193.504857691.1598219603-2087748323.1598219603 (accessed Aug 25, 2020).
- 24 Miller B, Moffit R. Choice, competition, and flexibility, part I: post-ACA consumer challenges. *Health Aff Blog*, Aug 19, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200813.191190/full/> (accessed Aug 24, 2020).
- 25 UN. Sustainable Development Goals. 2016. <https://www.un.org/sustainabledevelopment/sustainable-development-goals/> (accessed Aug 23, 2020).

Preprints with *The Lancet* are here to stay



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We started our collaboration with the freely accessible preprint platform SSRN in June, 2018.¹ From then on, we asked all authors of research papers across *Lancet* journals at submission stage whether they would like to post their paper as a preprint. We started this as a trial to learn more about uptake and the perceptions of the medical and health community, particularly as a latecomer to the preprint concept.

About 30% of all research paper authors who submitted to the *Lancet* Group journals have opted in at submission and we currently have more than 6000 preprints posted on the site. Of those who opted in, however, only two-thirds had all the required information (ethics approval if needed, declaration of interests, funding statement, and prospective registration for randomised controlled trials). Some authors wanted their preprint taken down once the paper had been rejected by a *Lancet* journal, either perhaps not understanding what they had opted in for or that posting as a preprint is entirely independent from the decision made by our journals, or were concerned that subsequent submissions to other journals are jeopardised by an existing preprint. We have taken these papers down when requested to do so and over the trial period have strengthened our information about preprints.

Preprints have been put under a spotlight during the COVID-19 pandemic with both negative and positive consequences.² They allow quick sharing and scrutiny

of research, which led to a number of preprints being taken down when concerns were raised.³ However, preprints also allowed other researchers to quickly build on early results, potentially speeding up research efforts in a public health emergency. Preprints have also been cited widely in the press to audiences that might not understand these are preliminary reports of research, which have not undergone editorial and peer-review scrutiny. To add appropriate caution when citing such research or including it in systematic reviews is particularly important in a public health crisis. In the near future, we will apply a more obvious watermark stating that these are preprints and not peer reviewed.

We believe with the appropriate checks and cautions there is a role for preprints in the wider context of open science and knowledge exchange; we have therefore decided to continue our collaboration with SSRN and make Preprints with *The Lancet* a permanent offering.

We declare no competing interests.

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- 1 Kleinert S, Horton R. Preprints with *The Lancet*: joining online research discussion platforms. *Lancet* 2018; **391**: 2482–83.
- 2 Sadler K. The COVID-19 outbreak highlights the potential of preprints. *Times Higher Education*, March 2, 2020. <https://www.timeshighereducation.com/opinion/covid-19-outbreak-highlights-potential-preprints> (accessed Sept 9, 2020).
- 3 Retraction Watch. Retracted coronavirus (COVID-19) papers. Retraction Watch. 2020. <https://retractionwatch.com/retracted-coronavirus-covid-19-papers/> (accessed Sept 7, 2020).

For information about Preprints with *The Lancet* see <https://www.thelancet.com/preprint-faq>