



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## Call for papers: Sex and gender in rheumatology



We are pleased to invite submission of abstracts for oral and poster presentation at The Lancet Summit: Sex and gender in rheumatology, a virtual meeting to be held on Sept 22–23, 2022. In conjunction with the Summit, we will publish a special issue of *The Lancet Rheumatology* dedicated to the meeting theme, and we welcome submissions of original research on any topic related to sex and gender in rheumatology via our online submission system.

Sex and gender are critical determinants of human health. In recent years, there has been an increasing focus on understanding the myriad influences of biological sex and gender on the manifestation of clinical diseases, access to and provision of high-quality health care, and inequalities in professional development. In rheumatology, biological sex affects the incidence, clinical manifestations, and progression of many rheumatic diseases, but our understanding of the mechanisms underpinning these sex-based differences is far from complete. We understand even less about the impact of sex and gender on the efficacy of therapeutic agents and their associated adverse event profiles, despite a long-standing awareness that pharmacokinetics and pharmacodynamics differ between sexes.

Intertwined with biology and physiology are the various and multidimensional social, environmental, and psychosocial aspects of sex and gender that influence health outcomes at all levels—from access to and utilisation of health care to prescribing patterns and clinical trial participation. There is also a well documented paucity of women in top-level rheumatology positions, disparities in career trajectories and funding, and imbalances in the representation of women authors in the clinical and scientific literature—issues pertinent to all areas of clinical medicine and research.

There is an urgent need to address the impact of sex and gender across all aspects of rheumatology to

advance clinical care, resolve inequities, and improve the health of patients across the globe. We must also strive to understand and rectify disparities in educational opportunities and professional development, and to improve how we design and report clinical research to achieve meaningful outcomes.

Our aim for this Lancet Summit is to provide a platform for the presentation and discussion of studies that address these issues, and to inspire discourse, debate, and collaboration. To facilitate this, we invite submission of research abstracts for oral or poster presentation at the meeting on any topic related to sex and gender in rheumatology, including clinical and implementation research that will help to guide practice and policy, and hypothesis-generating studies that identify key research questions or help to inform future study design. Abstracts accepted for presentation will be published in a supplement of *The Lancet Rheumatology*. For submission of Articles for the dedicated issue of *The Lancet Rheumatology*, please submit via our online submission site and refer to this call for papers in your covering letter. The deadline for abstract submission is April 8; the deadline for Article submission is April 30.

A-MH-V reports grants from Actelion Pharma, Arxx Therapeutics, Bayer, Boehringer Ingelheim, Lilly, Medscape, Merck Sharp & Dohme, and Roche; and personal fees from Actelion, Arxx Therapeutics, Boehringer Ingelheim, Janssen, Lilly, Medscape Merck Sharp & Dohme, and Roche receiving personal fees. OD reports receiving personal fees from AbbVie, Acceleron Pharma, Alcedin, Amgen, AnaMar, Arxx Therapeutics, AstraZeneca, Baecon Discovery, Blade Therapeutics, Bayer, Boehringer Ingelheim, Corbus, CSL Behring, 4P Science, Galapagos NV, Glenmark, Horizon, Inventiva, Janssen, Kymera Therapeutics, Lupin Pharmaceuticals, Medscape, Merck Sharp & Dohme, Miltenyi Biotec, Mitsubishi Tanabe, Novartis, Prometheus Biosciences, Roivant Sciences, Sanofi, and Topadur, in the past three years; and grants from Boehringer Ingelheim, Kymera Therapeutics, and Mitsubishi Tanabe. All other authors declare no competing interests.

**Heather Van Epps, Anna Clark, Anna-Maria Hoffmann-Vold, Oliver Distler**  
**rheumatology@lancet.com**

*The Lancet Rheumatology* (HVE, AC); Department of Rheumatology, Oslo University Hospital, Oslo, Norway (A-MH-V); Department of Rheumatology, University Hospital Zurich, University of Zurich, Switzerland (OD)



## Thank you to our peer reviewers in 2021

2021 was a turbulent year. By the end of 2021, the COVID-19 pandemic had claimed nearly 6 million lives globally and continued to exert extraordinary pressure on every facet of society in every part of the world, not

the least of which was felt by individuals in health care and science. It was a year of great achievements, with huge advances in our understanding of the biology of SARS-CoV-2 and its transmission, risk factors and

treatments for severe COVID-19, the roll-out of life-saving vaccines, and the development of effective post-exposure COVID-19 therapies. But it was also a year of staggering setbacks, with initial COVID-19 vaccine efforts focused on high-income countries, leaving much of the world unvaccinated and vulnerable, devastating losses in children's education, and a deepening public health crisis due to record attrition of health care workers from exhaustion and burnout—to name just a few.

But from adversity comes strength, and the scientific achievements of 2021 illustrate the incredible resilience of clinicians and researchers worldwide. Looking back on 2021, we are proud of the contributions to science that graced the pages of *The Lancet Rheumatology*, none of which would have been possible without the dedication and commitment of our peer reviewers. We are extremely grateful to the 267 individuals who delivered thoughtful, constructive, and rapid feedback on submitted manuscripts, thereby ensuring the timely publication of vital research at a time of utmost need. The names of everyone who reviewed for the journal in 2021 are listed in the appendix; those who reviewed five or more submissions (\*) and ten or more submissions (\*\*) are indicated.

Building on the commitment of the Lancet group to promote equity and diversity and to help advance women in science, medicine, and global health, we have begun to track self-reported gender among our peer reviewers, and we continually strive to improve the representation of women and overall diversity of our reviewer pool. In 2021, 32% of invited clinical peer reviewers self-identified as men and 23% as women (44% did not respond and

1% preferred not to say). This represents a modest improvement from 2020, during which 33% of invited reviewers were men and 18% were women (48% did not respond and 2% preferred not to say). Of those who completed at least one review in 2021, 59% self-identified as men, 37% as women, and 3% preferred not to say (1% did not respond). Once again, this represents an improvement over 2020 (63% men, 32% women, 3% preferred not to say, and 2% no response), but it also highlights that there is more work to be done.

As we strive to achieve gender parity among our peer reviewers, we are mindful to avoid overburdening women in the name of improving statistics, acknowledging that although women make up nearly half of the rheumatology workforce in many countries, they are less likely than men to hold senior leadership positions. As such, we are continually seeking out new reviewers among both established and early-career clinicians and researchers, and we encourage reviewers in senior positions to involve trainees in the peer review process (and to formally acknowledge these contributions in their reviews). And, as always, we welcome and encourage feedback and suggestions from authors, reviewers, and contributors as we endeavour to improve the depth and diversity of our reviewer pool and to achieve the highest standard of quality, accuracy, and transparency of the science we communicate.

To all of *The Lancet Rheumatology's* 2021 reviewers, a sincere and heartfelt thank you.

*The Editors of The Lancet Rheumatology*  
**rheumatology@lancet.com**

The Lancet Rheumatology, London EC2Y 5AS, UK



For more on the **Lancet group commitment to women in science**, see <https://www.thelancet.com/lancet-women>

See Online for appendix