

Manuscripts

Form.

1.

Editorials and Perspectives.

These should run to no more than 4 printed pages in length. (Please note that half a printed page corresponds approximately to one double-spaced A4 sheet). There is no need to follow any specific text format but these articles should not be divided into sections under subheadings (e.g. “Background”, “Results”, etc.). “Haematologica” has a wide international readership both in the field of hematology and in other sectors of the medical profession. Its aim is to reach also those without specialized knowledge and Authors are, therefore, asked to use simple, straightforward language to promote the understanding of all readers.

2.

Original Articles.

These should run to no longer than 8-9 printed pages in length and are to be divided into sections under the following subheadings:

Abstract	maximum 250 words under subheadings of:
	Background
	Design and Methods
	Results
	Conclusions

Introduction

Design and Methods

Results

Discussion

References

The names of no more than 20 authors can be presented.

A total of no more than 6 tables and/or figures can be used to illustrate content.

3.

Review articles should not simply go over or summarize general information which is already known. They should be introduced by a general summary of content in the form of an Abstract of no more than 250 words. A similar Abstract should be used to introduce Decision Making and Problem Solving and Progress in Hematology papers which should consist of meta-analyses and/or guidelines carried out and prepared by scientific societies.

Reviews, Decision Making and Problem Solving and Progress in Hematology articles do not have to follow any specific text form but should not run to more than 9-10 printed pages.

4.

Brief Reports.

These articles must not run to more than 4-5 printed pages and should be divided under first-level headings as follows:

Abstract	maximum 150 words long
Main text	maximum 1,500 words
Tables and/or figures	3 in total
References	maximum 24

The names of no more than 10 authors can be presented.

5.

Letters to the Editor.

These should not run to more than 2 printed pages with a maximum 750 words (please confirm a word count at the end of the text).

Tables and/or figures	1 or 2 if required
References	maximum 12 essential references

The names of no more than 6 authors can be presented.

6.

Correspondence.

The journal welcomes correspondence concerning articles which have appeared in previous issues of "Haematologica" but these can only be made available online.

7.

General information.

Save your file in .doc format. Do not submit .docx files.

Abbreviations or acronyms should not be used in the texts of Abstracts.

e.g. use "acute myeloid leukemia"
instead of AML and "myelodysplastic syndromes"
instead of MDS. Abbreviations such as "RT-PCR"
are acceptable.

The use of commercial names of drugs should be avoided. Drugs should only be referred to under their generic names unless different products are being compared, e.g.

Use deferiprone, not Ferriprox.

7.1.

American English.

Only American English spellings should be used, e.g.

randomized
harboring
labeled

Style

Title Page

1. Title

should consist of a phrase or a sentence. Question forms should be avoided. The title may be made up of one sentence or one sentence with a subclause using a colon or semi-colon, e.g.

The Italian AICE-Genetics hemophilia A database: results and correlation with clinical phenotype

or two sentences e.g.

Follow-up of healthy donors receiving granulocyte colony-stimulating factor for peripheral blood progenitor cell mobilization and collection. Results of the Spanish Donor Registry

In titles please capitalize the first letter of the sentence only, e.g.

An update on multiple myeloma
Not: An Update on Multiple Myeloma

Use of abbreviations

this is to be avoided in titles, headings and subheadings, e.g. use “acute myeloid leukemia” instead of AML and “myelodysplastic syndromes” instead of MDS. Abbreviations such as “RT-PCR” are acceptable.

Study group names

these may be presented in the title, however, all members’ names should be listed in an appendix and presented at the end of the main text, e.g.

A complete list of the members of the European Prospective Investigation into Cancer and Nutrition Group appears in the "Appendix."

Acronyms as EBMT, GOELAMS, GEIL, are acceptable

Commercial names

Remember that the use of commercial names of drugs should be avoided. Drugs should only be referred to under their generic names unless different products are being compared, e.g.

Use deferiprone, not Ferriprox.

2. Names of Authors

These should be presented as full first name, initial of middle name (if applicable) and full surname. Use a comma between each author but use “and” before the final author. Number authors’ affiliation in superscript, e.g.

Isabelle Berthaut,¹ Geoffroy Guignedoux,¹ Frederique Kirsch-Noir,² Vanina de Larouziere,¹ Celia Ravel,¹ Dora Bachir,³ Frederic Galacteros,³ Pierre-Yves Ancel,⁴ Jean-Marie Kunstmann,⁵ Laurence Levy,¹ Pierre Jouannet,⁵ Robert Girot,⁶ and Jacqueline Mandelbaum¹

Richard J. Bende, Febe van Maldegem, Carel J.M. van Noesel

Do not include professional titles or abbreviations of qualifications or positions held. Do not use a final full stop.

3. Affiliations

Authors’ affiliations should be confirmed on a new line immediately after the authors’ names. Authors’ affiliations should be presented immediately after and in the order of the superscript number related to each author (do not leave a space). Postal addresses should not be included although US and Canadian provincial codes should be specified. Use a semi-colon (“;”) between each institution but do not use a final full stop, e.g.

Cancer risks in Fanconi anemia: findings from the German Fanconi Anemia Registry
Philip S. Rosenberg,¹ Blanche P. Alter,² Wolfram Ebell³
¹Biostatistics Branch, Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Department of Health and Human Services, Rockville, MD, USA;
²Clinical Genetics Branch, Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Department of Health and Human Services, Rockville, MD, USA;
and ³Department of Pediatrics, Charité Medical School, Berlin, Germany

4. Contact information for correspondence

Contact information for correspondence should confirm the name and postal address of the corresponding author. This should include telephone and fax numbers, and e-mail address (please always use lower case letters for email address). Academic titles

and positions held should not be included. Contact information for 2 authors can be provided if considered appropriate, e.g.

Correspondence: Cristina Legnani, Department of Angiology and Blood Coagulation "Marino Golinelli", University Hospital S. Orsola-Malpighi, via Albertoni 15, 40138 Bologna, Italy. E-mail: cristina.legnani@aosp.bo.it and Mette Kjær Killie, Department of Immunology and Transfusion Medicine, University Hospital of North Norway, 9038 Tromsø, Norway. E-mail: mette.kjaer.killie@unn.no

5. Acknowledgments

These should refer to secretarial and editorial assistance, technical and intellectual input and advice, funding, and fellowships and grants. The form to be used is “The authors would like to thank...” e.g.

The authors would like to thank Berit Aune, Pål Øian and Lauritz B. Dahl, University Hospital of North Norway; Jouko Pirhonen, Leif Svenningsen, Håkon Wergeland and Rolf Lindeman, Ullevål University Hospital; Henrik Husby, Guttorm Haugen and Morten Grønn, Rikshospitalet - Radiumhospitalet Medical Center for the follow-up of the women and/or neonates who participated in the study. We would also like to thank Helene Pedersen, University Hospital of North Norway; Geir Tomter, Elzbieta Golebiowska, Ingrid Randen and Reidun Hauge Ullevål University Hospital for technical assistance, and John Torgils Waage, Rikshospitalet - Radiumhospitalet Medical Center for resolving problems associated with HLADR^{B3}*0101 typing in some of the women.

The authors would like to thank Prof. G. Mori for his efforts in setting up the Italian Hemophilia A mutation database. Without his help, this work would never have been accomplished.

6. Dedication.

Use the form “This article is dedicated to...” e.g.

This article is dedicated to Edoardo Storti on the occasion of the Centennial of his birth.

7. Statement of equal authors' contribution

In cases in which authors share equal responsibility for the manuscript production and content this should be stated here. Use authors' initials rather than full names, e.g.

GGH and FS contributed equally to this manuscript.

8. Trial registration

Confirmation and details of trial registration should be given at the very end of the Abstract; please use the following form:

(clinicaltrials.gov identifier: NCT00514969).

9. Funding

This should include names of institutions and/or persons who received direct funding and/ or financial support of any kind. Use the form “**This work was supported by...**”, e.g.

This work was supported by a grant from the Ministry of Education and Science of Spain (BFU2006-01813/BMC), by the Multiple Myeloma Research Foundation, and by the RTICC (Red Temática de Investigación Cooperativa en Cáncer, RD06/0020/0041). Our Cancer Research Institute, and the work carried out at our laboratory, received support from the European Community through the regional development funding program (FEDER). JCM was supported by the Scientific Foundation of the Spanish Association Against Cancer (AECC).

Main text

Headings

Headings should be presented on a separate line and should consist of a sentence without the use of abbreviations or acronyms (i.e. do not use CLL, PMF, GvHD, etc.).

Articles should have first-level headings for each section as follows:

Original articles

Introduction
Design and Methods
Results
Discussion
Authorship and Disclosures

Brief reports

Introduction
Design and Methods
Results and Discussion
Authorship and Disclosures

Subheadings

The principal sections of text can be subdivided under subheadings in the form which the authors consider to be the most appropriate. These will be presented on a separate line.

Second- and third-level headings

These will also be presented on a separate line, however, fourth-level headings will consist of the first sentence of the related paragraph followed by a full stop. The next sentence of the paragraph will follow on immediately after a space.

Authorship and Disclosures

This information should be presented after the main text and Appendix (if applicable). Use authors' initials rather than full names, e.g.

JM was the principal investigator and takes primary responsibility for the paper. FKN, DB, FG, and RG recruited the patients. IB, VDL, CR, JMK, LL, and PJ performed the laboratory work for this study. PYA participated in the statistical analysis, IB, GG, and JM co-ordinated the research. IB, JM, and RG wrote the paper. The authors reported no potential conflicts of interest.

Running heads

In the case in which the manuscript is the work of 3 or more authors, the first author (initial of first name, full stop, a space, full surname) should be presented as a left running head followed by "et al.", e.g.

E. Molina et al.

In the case in which the manuscript is the work of just 2 authors both authors' names should be presented (initial of first name, full stop, a space, full surname) and joined by "and", e.g.

J. Wainscoat and M. Perry

A shortened title should be presented as a right running head, e.g.

Deregulated miRNA in polycythemia vera

It is advisable to keep the running title as short as possible: you can use acronyms and abbreviations, e.g.

An update on treatment of PTT

Appendices

All appendices should be presented immediately after the end of the main text. For example, names of all members of a study group must be confirmed in a list presented as an Appendix.

Tables and Figures

The presentation of Tables and Figures (please do not use abbreviations such as “Fig.” or “Tab.”) should always follow the same order in which they are presented in the main text. All references to Tables and Figures should be presented in brackets and should only specify “Table” or “Figure” and the relevant identification number. Table and Figure titles and legends should not be used. Only include other information when absolutely essential, e.g.

(Figure 1)
(see Table 1 for a description of the process)

When reference is made to more than one Table or more than one Figure, please separate the identification numbers with a hyphen and use “and” to present Tables or Figures that are not consecutive. Please pay particular attention to spacing, e.g.

Figures 1-2
Tables 1 and 3
Figures 2-4 and 6
Tables 2, 4, and 6

References referring to Figure panels and subpanels should be presented by adding a capital letter in alphabetic order immediately after the identification number, e.g.

Figure 1A
Figure 1B

When reference is made to more than one Figure panel or subpanel, please separate the capital letters with a hyphen and use a comma followed by a space to separate capital letters that are not consecutive, e.g.

Figure 2 B-C
Figure 3 B, D

Lists

Structure

Presentation of lists of items:

Less than 5 items: insert into main text. If a list presented in the main text is made up of sentences it should be presented as run-in text, but numbered with lower case Roman numerals in brackets, separated by a semi-colon, e.g.

(i) IVIG (black IgGs) and 7E3 (white IgGs) are taken into the cell by pinocytosis; (ii) at physiologic pH, IgG has low affinity for the FcRn receptor; (iii) bound IgG molecules are protected from release into the lysosome.

Lists of 5 or more items can be inserted into the main text or presented as a table.

Supplementary data

The main manuscript can be supported by additional Supplementary data which, if approved by the Editorial Board, will be made available only in the online edition of the journal. The availability of such Supplementary data will be confirmed on the title page of the printed article, e.g.

"The online version of this article contains a supplementary appendix."

Figures

Image size and layout

Image layout should be simple, clear and precise. Layout form should be that most appropriate to the data to be presented. Please remember that in order to promote good management of the space available images must take up the least space possible without compromising clarity.

Figures one column width (8.0 cm)
or
2 column widths (16,5 cm)

Digital figure resolution color (saved as CMYK) - minimum 300 dpi
black and white/grays - minimum 600 dpi

Please ensure that different parts of the image are all in proportion to each other, e.g. axis scales and labels, internal descriptive text.

Figures can present related data in the form of a small internal table. Data which has no graphic significance to any part of the figure content and form should be presented as a separate table.

Figure legends

Figures should be numbered consecutively in the order in which they are presented in the main text, e.g. Figure 3, followed by a short description of figure content, e.g.

Figure 3. Transcript levels of putative targets of deregulated miRNA in myeloproliferative disorder peripheral blood cells. Putative miRNA targets were predicted by TargetScan 4.0 and PicTar software and transcript levels of selected genes were tested by qRT-PCR in myeloproliferative disorder granulocytes and polycythemia vera reticulocytes. Relative fold changes of expression were calculated by the DDCT method and the values are expressed as $2^{-DD Ct}$. Data are presented as the mean plus standard error. The statistical significance between miRNA expression of controls and patients was calculated by Student's t-test. PV: polycythemia vera, PMF: primary myelofibrosis, ET: essential thrombocythemia, $Dp=0.06$, $*p<0.05$, $**p<0.01$.

Combined figures

If the figure contains different panels or subpanels their content should be identified and described in the order in which they are presented. Please ensure that a description is provided for all parts of the figure.

Please remember that in order to promote good management of the space available figures made up of different parts must take up the least space possible while ensuring a clear presentation of all data.

N.B. The following panel labeling systems do not apply to lanes of blot test panels.

Capital letters

The different panels of figures made up of more than one part should be labeled with capital letters. The description of each panel should be identified in the figure legend by the related capital letter presented in brackets. Descriptions of different panels should be separated by a full stop, e.g.

Figure 1. (A) Integral view of chromosome 5 in all patients with the 5q- syndrome and del(5q) MDS. Deletion of 5q was detected in all samples. Green lines under the chromosome indicate the deleted regions in each case. The rectangle shows the commonly deleted region (CDR). (B) Non-contiguous 5q deletion. In the upper histogram the red dots represent the log₂ intensity ratio for each SNP locus and the blue line below it shows the averaged log₂ values. The corresponding chromosome ideogram and location of heterozygous SNP calls (small green vertical bars) are shown. The blue bar below the ideogram indicates regions of LOH.

Symbols and text labels

Symbols and text can be used to highlight specific data details as long as these do not overburden the space available or compromise clarity. Care must be taken to ensure that such symbols and text are not to be confused with figure identification labels. All symbols and abbreviations used must be presented and defined in the figure legend, e.g.

Comparison between levels of bioluminescence (O) and free-light-chain (FLC) (black triangle) concentrations recorded at several time points during MM (U266) growth. FLC were measured in the urine. The gray area at the bottom of the graphs represents the mean photon emission count from an identical sized control region in the same image over the 15 weeks.

An appropriately sized figure legend, defining the symbols and abbreviations used, could be accommodated within the figure image itself as long as the presentation is clear and the space available is well managed.

Insets

Content of any insets should be described in the figure legend.

Color figures

Essential color

If required, figures may be presented in color to present specific related data. If authors use color figures, it is usual for these figures to be published in color although there may be cases in which such data can be clearly and appropriately presented in black and white and/or grays. Once a manuscript containing color figures has been accepted for publication these figures will usually be published in color. Essential color may be specified by reviewers and these specifications demand that once a manuscript containing color figures has been reviewed as such it should be published in color. N.B. payment of a separate fee will be required for the publication of color figures.

Staining

If staining is used in color photomicrographs in a figure, the figure legend should identify each and every staining used.

Patterns and shading

Different patterns and shadings may be used to identify the different information available in black and white figures, e.g. bar charts. These include patterns and shading. However, no more than 2 shades of gray should be used. Reviewers' specifications may mean that a figure presented in color will be approved for publication in black and white. In these cases the author is requested to provide a black and white version of the figure which guarantees a clear presentation of all data. Please remember to modify the figure legend, removing any color referencing and providing a clear description of the patterns and shading used to identify content.

Image acquisition and manipulation

The following information should be provided for each micrograph who undergone to manipulation. This should be presented in the "Design and Methods" section or in the figure legend:

1. model of microscope used
2. adopted magnification
3. temperature
4. imaging medium
5. acquisition software
6. image processing software if used

E.g.

(A) Diffuse large B-cell lymphoma with immunoblastic features. Tumor cells contain abundant, deeply basophilic cytoplasm, with plasmacytoid differentiation; round, oval, or ovoid nuclei show a solitary, prominent, central nucleolus (hematoxylin-eosin stain, Nikon 2532, magnification x400). (B) Primary central nervous system lymphoma (case 19). Large tumor cells are located close to small vessels (hematoxylin-eosin stain, Nikon 2532, magnification x400, colors corrected after acquisition with Adobe Photoshop).

Reproductions and adaptations

The author must obtain written permission for the reproduction and adaptation of material which has already been published. Permission should be obtained from the copyright holder or publisher. Before a manuscript goes into print, Haematologica will need to receive a copy of the written permission. It is advisable, therefore, to provide the requested documentation as soon as possible so as to avoid any delay in publication. All material presented from other sources should be identified and should be accompanied by a specific reference in the legend confirming that permission for its use had been obtained, e.g.

Adapted from Berger et al. *Leukemia* 2003, 17, 1820-1826; with permission.

Tables

Title A short descriptive title should be provided for each table, e.g.

Table 1. Distribution of IGHV families in HIV-NHL.

Structure Tables should consist of a minimum three columns and three rows. These may include row headings.

Headings**Column headings**

- each column should have a single column heading.
- all columns must have a heading on the first row although presentation of a column heading in the first column containing row headings is at the discretion of the author.
- if used, the column heading in the first column should be flush. All other column headings should be centered.
- column headings which span two or more column headings should be in the form of a brief title and are not to be grammatically linked to the related subheadings.

Row headings

- row headings should remain within the space provided in the first column.
- all row headings should remain within the space allocated for each row.
- row subheadings should be indented under the relative row heading.

All column and row headings should specify the units used in that column or row using brackets, e.g.

Age at diagnosis (years) or WBC ($\times 10^9/L$) or Hematocrit (%)

Brackets should also be used to define specific data items, e.g.

Number of patients alive at last follow-up, n (%)

Please check the grammatical accuracy of all column and row headings and that they are appropriate to the data being presented. Particular attention should be given to singular and plural agreement.

N.B. the “*p*” of *p* values should be presented in lower case italics, e.g.

****p<0.05, **p<0.01***

Data field

Tables should be clear and well organized. Whenever possible, all cells should carry data. Keep the number of columns to a minimum by the use of row subheadings. If all cells in a column or row contain the same identical data these columns or rows should be removed and the information presented as a footnote.

Percentages, if required, should be clearly identified by a percentage sign in headings or footnotes and not following the number concerned.

Where possible, all items consisting of a single average, total or subtotal should be presented as a footnote. Otherwise these items should be presented in separate rows under an appropriate row heading, e.g. “Average” or “Total”, etc.. In cases where a row heading indicates a single average, total or subtotal and there are no data presented under a column heading which should present numerical data the cell should remain empty and a dash should be used (“-”).

Use of capital letters

Please use capital letters for the first letter of the first word in table titles, column and row headings, and sentence style data text items.

Abbreviations and arithmetic symbols

In order to appropriately manage the space available in column and row headings and in cell data presentation, abbreviations should be used whenever possible. Any abbreviations and symbols which have not been clarified in the main text should be defined in the table footnotes. Symbols should not be used in table legends and table titles, e.g.

Less than 400 mg (not < 400 mg)
Older than 30 years (not > 30 years)
Platelet count no higher than $100 \times 10^9/L$ (not Platelet count
< $100 \times 10^9/L$)

However, such symbols may be presented in brackets or as part of cell data presentation.

Units and measurements

The SI system should be used for all scientific units. Please refer to http://www.bloodindex.com/normal_laboratory_values.php for hematological measures. Authors can also refer to http://www.unc.edu/~rowlett/units/scales/clinical_data.html for conversions from conventional units to SI units.

Please adopt standardized abbreviations and define full forms in footnotes, e.g.

NA (not applicable)

ND (not determined)

Footnotes

Footnotes should be presented according to the following order:

1. footnotes concerning general information
2. footnotes concerning abbreviations
3. footnotes with callouts

The full definition of all abbreviations used should be explained in the order in which they appear in the table:

1. column headings – left to right
2. row headings – top to bottom
3. cell data items – left to right from top to bottom

If the same abbreviations are later used in other tables, footnotes should carry a reference to the footnotes of the table in which the abbreviations concerned are first used, e.g.

Abbreviations are explained in Table 2.

Always use superscripted numbers for callouts of general, column, row or cell data. Capitalize first word of sentence and first word after a full stop.

¹Representing all patients within each agents clinical trials; ²possibly resulting from ventricular repolarization.

References

Authors' responsibility

The accuracy of bibliographical references presented in the manuscript are the responsibility of the authors. Please pay particular attention to journal data (correct spelling of all the complete title, volume and page numbers: always use the standard abbreviation of a journal's name according to the Medline List of Journal Titles, see ftp://ftp.ncbi.nih.gov/pubmed/J_Medline.txt). All references presented in the online journal carry links to the Medline archives and other material available online. These archives and records can only be accessed if the information provided in the manuscript's "References" section is correct.

Please use the Vancouver style (<http://www.icmje.org>) for the formulation of the references; e.g.

Kyle RA, Gertz MA. Primary systemic amyloidosis: clinical and laboratory features in 474 cases. *Semin Hematol* 1995;32:45-59.

van Gasteren II, Hazenberg BP, Bijzet J, van Rijswijk MH. Diagnostic accuracy of subcutaneous abdominal fat tissue aspiration for detecting systemic amyloidosis and its utility in clinical practice. *Arthritis Rheum* 2006;54:2012-21.

Hazenberg BP, Bijzet J, Limburg PC, Skinner M, Hawkins PN, Butrimiene I, et al. Diagnostic performance of amyloid A protein quantification in fat tissue of patients with clinical AA amyloidosis. *Amyloid* 2007;14:133-40.

Katzmann JA, Clark RJ, Abraham RS, Bryant S, Lymp JF, Bradwell AR, et al. Serum reference intervals and diagnostic ranges for free kappa and free lambda immunoglobulin light chains: relative sensitivity for detection of monoclonal light chains. *Clin Chem* 2002;48:1437-44.

Bradwell AR, Carr-Smith HD, Mead GP, Tang LX, Showell PJ, Drayson MT, et al. Highly sensitive, automated immunoassay for immunoglobulin free light chains in serum and urine. *Clin Chem* 2001;47:673-80.

List only resources available in print or online which can be referred to. References should not be made to manuscripts that have not been accepted for publication.

All article and book titles must be presented in exactly the same format in which they were published.

- References: are only to be presented in the main text, Table and Figure legends (Abstracts, Tables and Figures should not include references)
- should be made available in a list at the end of the manuscript.
- should be numbered according to the order in which they are presented in the main text.
- should be revised carefully if the manuscript is shortened or modified in any way during the peer review process. Please check that references which are no longer relevant are removed and that the numbering and presentation of the remaining articles pertinent to the manuscript are modified accordingly.

Form

Articles published ahead of print

Those articles which have already been accepted for publication and which have been published ahead of print should follow the same reference format as a journal article, using the date on which the article was published ahead of print, e.g.

Bonci D, Musumeci M, Coppola V, Addario A, Conticello C, Hahne M, Gulisano M, Grignani F, De Maria R. Blocking the APRIL circuit enhances acute myeloid leukemia cell chemosensitivity. *Haematologica* 2008 Oct 6. [Epub ahead of print]

Personal communications

Authors should specify the name of the person concerned, the affiliation, whether the reference concerns an oral or a written communication, and the date on which the communication was made. Written permission for the reference to be made must be obtained from the person concerned, a copy of which may be requested by the journal.

Unpublished observations, data, or procedures

Authors should provide the names of all persons responsible for the resource, a short description, and the relevant date, e.g.

Not all the protein in the standards binds to the well (J. Marcos et al, unpublished data, 2007).

Ongoing manuscripts under preparation

Authors should provide the names of all persons responsible for the resource and its title. Authors of the manuscript under review may be identified with their initials, other authors by the initial(s) of their first name(s) and full surname, e.g.

TAL1, TAL2, TLX1, and TLX3 are truly ectopically expressed in T-ALL subtypes. LYL1, LMO1, and LMO2 expression are truly oncogenic in the more mature T-ALL subsets, but in the most immature T-ALL subtypes probably reflect a normal thymic developmental program (WA Dik and AW Langerak, in preparation).