family history needs to be done more than once. In addition to anticipation, the cause of death is more often attributed to CLL rather than other associated medical conditions of the aged. Prolymphoid transformation and the occurrence of second primmary neoplasms are thought to be more frequent in familial CLL.[14] Recently several groups have detected a B cell monoclonal lymphocytosis (BCML) or expansion in environmental studies, blood bank donors and aging individuals.[17-20] and BCML as a precursor state can be used as a surrogate marker in first degree relatives in familial CLL.[21,22] Although there are some ethical considerations about what to tell patients who have BCML, this can be problematic when it occurs in an unaffected HLA matched sibling. Regardless, BCML in the setting of familial MCL, CLL or LPD offers not only the potential for early detection but also the opportunity to study early molecular events in the pathogenesis of these disorders.

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Expansion of cord blood hematopoietic stem cells for clinical application

Umbilical cord blood is a realistic alternative to mobilized peripheral blood or bone marrow transplantation in children.[1] The use of umbilical cord blood for allogeneic transplantation has been hindered in adults by the concern that a single collection may contain insufficient numbers of hematopoietic stem cells. Several paper on cord blood hematopoietic stem cells have appeared in this journal in the last two years.[2-10] In this issue Zhai and co-workers[11] describe a short-term *ex vivo* expansion protocol that sustains the homing-related properties of umbilical cord blood hematopoietic stem and progenitors cells. In *This Month in Haematologica* section (see page 257), Carmela Calés illustrates the interest of this Chinese study.

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International Committee of Medical Journal Editors (ICMJE): Uniform Requirements for Manuscripts Submitted to Biomedical Journals: writing and editing for biomedical publication

A small group of editors of general medical journals met informally in Vancouver, British Columbia, in 1978 to establish guidelines for the format of manuscripts submitted to their journals. The group became known as the Vancouver Group. Its requirements for manuscripts, including formats for bibliographic references developed by the National Library of Medicine, were first published in 1979. The Vancouver Group expanded and evolved into the International Committee of Medical Journal Editors (ICMJE), which meets annually. The ICMJE gradually has broadened its concerns to include ethical principles related to publication in biomedical journals.

The ICJME has produced multiple editions of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Over the years, issues have arisen that go beyond manuscript preparation, resulting in the development of a number of Separate Statements on editorial policy. The entire Uniform Requirements document was revised in 1997; sections were updated in May 1999 and May 2000. In May 2001, the ICMJE revised the sections related to potential conflict of interest. For the last revision (2003), the committee revised and reorganized the entire document and incorporated the Separate Statements into the text.

The Editorial Board of Haematologica invites all authors to visit the ICJME web site (http://www.icmje.org/) and carefully read the following sections before submitting a manuscript:

a) ethical considerations in the conduct and reporting of research;

b) publishing and editorial issues related to publication in biomedical journals;

c) manuscript preparation and submission.