The *International Journal of MS Care* editorial team wishes all of our readers a Happy New Year. The year 2016 confirmed the continued growth of the journal, with our highest annual number of submissions ever! The IJMSC was accepted as a member of the Committee on Publication Ethics (COPE), a forum for editors and publishers of peer-reviewed journals with over 10,000 members worldwide. The membership in COPE highlights our dedication to the highest standards of publication ethics.

In this issue, we are pleased to offer CME and CNE credits for the article from Newsome and colleagues, which reports on the outcome from a meeting of the Framework Taskforce, a multidisciplinary work group convened by the CMSC to evaluate the models of care in MS. This is a complement to the article published in our November/December 2016 issue, with a specific focus on symptom management and rehabilitation.

Assessing the safety of disease-modifying therapies (DMTs) for MS is an ongoing process, as new concerns can emerge when more individuals are exposed to the medication for a longer time. Sørensen and colleagues report on pooled analyses of safety data from two phase 3 trials of laquinimod (ALLEGRO and BRAVO), which essentially confirm findings from the phase 2 study. In particular, there was no increased risk of malignancy over the 2-year period of observation, a concern raised in preclinical studies.

While early initiation of DMTs is uniformly recommended, there is currently no consensus on the optimal timing for DMT discontinuation later in the course of the disease. Birnbaum presents experience from his clinical practice, suggesting that older individuals with no evidence of acute MS activity for at least 2 years have a low likelihood of developing recurrent disease activity after treatment discontinuation. Continued monitoring is warranted, however, as there are no identified predictors of who will develop new acute central nervous system inflammation after treatment discontinuation.

Cognitive impairment is a known consequence of MS affecting a large number of individuals. Yet,

screening for and monitoring cognitive deficits remains a challenge in the context of clinical practice. Based on the results of a study involving 100 MS patients, Kim and colleagues conclude that the Symbol Digit Modalities Test is the best predictor of cognitive impairment (assessed using a validated neuropsychological test battery). As previously reported, self-report measures of cognitive concerns were less accurate screening instruments. Exploratory analyses suggest that some self-report measures may be significant predictors of cognitive impairment, even after adjustment for depression.

There is a strong interest among members of the MS community in therapies considered “alternative,” such as yoga, but clinicians have difficulty making recommendations because of a lack of evidence. Cohen and colleagues report positive preliminary findings on the feasibility and efficacy of an 8-week yoga program from an uncontrolled study, paving the way for future studies to gradually fill this evidence gap.

It is important to remember that innovative clinical practice can be a great starting point for quality of care improvement, and to generate questions and hypotheses for clinical research. In their letter to the editor, Fjeldstad and Pardo report immediate improvement of gait speed with the use of a service dog in 44 MS patients without prior experience or training. Miletta and colleagues present a case report on the outcomes of multidisciplinary management of sexual dysfunction, perineal pain, and elimination dysfunction in a woman with MS, with an emphasis on the role of physical therapy.

You will also find in this issue a list of abstracts from the Fifth Conference of the International Multiple Sclerosis Cognition Society (IMSCOGS), which took place at the New York Academy of Sciences in New York City on June 23–24, 2016. The full abstracts are available online at ijmsc.org.

May this brand new year be filled with positive experiences, at the personal and professional levels.

—Francois Bethoux, MD
Editor in Chief