

INVITED COMMENTARY

Preface to the special issue on: “Preclinical common data elements for epilepsy research part II of the TASK3 group of the ILAE/AES Joint Translational Task Force”

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In 2018, the TASK3 working group of the International League Against Epilepsy (ILAE)/American Epilepsy Society (AES) Joint Translational Task Force published the first set of preclinical epilepsy common data elements (CDEs) to be used in preclinical research studies in epilepsy research. These included core CDEs,¹ as well as CDEs for behavioral studies,² physiological data,³ EEG and seizure scoring,⁴ studies using animal models of seizures and epilepsy.⁵ The initiative to generate preclinical CDEs was driven by the wish to encourage the use of best practices when designing preclinical studies, and the adoption of similar data terms and types in preclinical epilepsy-related research studies when collecting and reporting preclinical data. This approach would facilitate easier comparisons of studies across different laboratories and would promote more effective collaborations and data sharing among investigators. Some of these CDEs have been converted to electronic case report forms (EPICDE) which have been deposited at the International League Against Epilepsy (ILAE) website and are freely available for download (<https://www.ilae.org/about-ilae/structure-and-working-groups/commissions-and-sections/commission-on-neurobiology/custom>).

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This special issue includes the second set of preclinical epilepsy CDEs created by the second cycle of the ILAE/AES Joint Translational Task Force. These include preclinical CDEs on neuropathology,⁶ neuroimaging studies on animal models,⁷ pediatric models of epilepsy,⁸ genetic models of epilepsy,⁹ genomics, transcriptomics, and epigenomics,¹⁰ proteomics, lipidomics, metabolomics,¹¹ phenotyping seizures in rodent models,¹² as well as CDEs for studies on pharmacokinetics, tolerability, and drug administration.¹³ An additional report proposing CDEs to capture elements of rigor, reproducibility, and transparency is also included. Each companion paper explains the importance of the various CDEs and their utilization within the case report forms. The supplementary material sections include the case report forms (CRF) in word document forms and the CDE charts with the characteristics of each data element.

Most importantly, I would like to thank the leadership of the ILAE and AES for supporting this initiative,

all the volunteers who participated in TASK3 of the ILAE/AES Joint Translational Task Force, my co-chairs Terry O'Brien, Greg Worrell, and Matthew Walker, and especially Dr. Lauren Harte-Hargrove and her associate Victoria A. Marciniak from Cardinal Gibbons High School in Raleigh, North Carolina, for converting the CRFs to the CDE spreadsheet. It is hoped that these tools will be valuable for investigators in their work and for future groups which will update and expand these CDEs.

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CONFLICT OF INTEREST STATEMENT

A.S. Galanopoulou was the Editor-in-Chief of *Epilepsia Open* until August 2024, is an associate editor of *Neurobiology of Disease*, and receives royalties from Elsevier (publications, journal editorial board participation), Wolters Kluwer Publishing (publications), and Medlink (publications). She is a consultant for Synergy Medical Solutions. I confirm that I have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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