

**Neurology requires full author access to all data for clinical trials**

*“Without these written assurances, we will not consider the paper for review.”*

The Editor-in-Chief of *Neurology* joins 12 other neurology journal editors in an editorial that institutes a policy of requiring authors reporting clinical trials to “have access to all data, authority to publish it, and the right to publish any and all data.” Authors must submit a statement with their manuscript (see Information for Authors at [www.neurology.org](http://www.neurology.org)).

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**The minimally conscious state (MCS)**

Giacino et al., for the multispecialty Aspen Work Group, present a definition and diagnostic criteria for the MCS. Controversy delayed the publication of this AAN “recommended reading” (not approved) position paper.

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*The accompanying editorial by Bernat reflects on some of the questions that the MCS raised, including the concerns of Shewmon and of Coleman, which appear in the Correspondence section. Further commentary on the topic is expected and welcome in our Post-Publication Peer-Review section ([www.neurology.org](http://www.neurology.org)).*

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**PCR evaluation of CSF in primary CNS lymphoma patients**

Gleissner et al. used PCR to study the monoclonality of immunoglobulin CDR III in CSF specimens of 76 patients with primary CNS lymphoma (PCNSL). CDR III PCR consistently revealed monoclonal products in eight patients with PCNSL. The apparent low incidence of leptomeningeal involvement may have reflected the fact that patients received corticosteroids prior to testing.

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*The accompanying editorial by DeAngelis and Cairncross considers the sensitivity and specificity of diagnostic methods for detecting meningeal malignancy. CSF cytology is 100% specific, but even with three LPs misses at least 10% of cases. The Gleisser et al. PCR method has promise (still unvalidated) for detecting 100% of leptomeningeal lymphoma.*

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## Parkinson's disease, dopaminergic treatments, and sleepiness

An editorial by Rye and Jankovic accompanies four papers and reviews how the recent realization that dopaminomimetic agents and the dopamine deficit of PD causes abnormal sleepiness has informed thinking about control of behavioral state—sleep vs walking.

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## Case-control study of somnolence in PD

In a case-control study, Tan et al. found a significantly higher prevalence of daytime somnolence in PD patients compared to age- and sex-matched healthy controls. PD patients had a seven-times-higher prevalence of “sleep attacks.”

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## Ropinirole and sleep onset

Antiparkinsonian medications may induce abnormal daytime sleepiness. Using the multiple sleep latency test, Ferreira et al. showed that the dopamine agonist ropinirole significantly reduced time to sleep onset vs placebo in healthy volunteers.

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## Sleep attacks resembling narcolepsy in PD

Ulivelli et al. report a case showing EEG evidence that the diurnal sleep attacks due to dopamine agonists in PD closely resemble narcolepsy.

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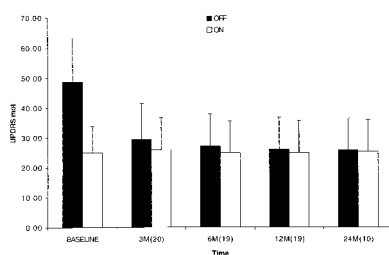
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## Normal hypocretin-1 levels in PD patients with excessive daytime sleepiness

Narcolepsy is associated with low CSF hypocretin-1 levels. Overeem et al. estimated CSF hypocretin-1 in PD patients with excessive daytime sleepiness induced by dopamine agonists. Although the sleep complaints resembled symptoms seen in narcolepsy, all PD patients had normal levels.

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Months after starting subthalamic DBS

## Subthalamic nucleus (STN) DBS replaces levodopa in PD

Vingerhoets et al. studied 20 PD patients with STN DBS. Postoperative medications were reintroduced only if needed. Motor complications disappeared in all 10 patients without medication, and persisted in four others despite medication reduction. Use of STN DBS is of greatest benefit when combined with maximal medication reduction.

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