

## Introducing the International Women in Multiple Sclerosis network

In recent years there has been a conscious global commitment to address challenges related to gender parity across many industries and working environments. Within the field of neuroscience, neuroimmunology, and neurology, efforts are ongoing to promote diversity and foster innovation, both in the clinical arena and in academic venues. The International Women in Multiple Sclerosis (iWiMS) network has spearheaded meaningful change by creating a supportive and inspirational community for women and minorities working in the area of multiple sclerosis and related disorders. In 12 short months, iWiMS has grown into a group of over 250 members, representing 25 countries around the world. The iWiMS community branches across a wide spectrum of interests, drawing members from basic science through to clinical research communities, from medical and scientific trainees to specialist consultant-neurologists and senior principal investigators, as well as members working in allied health.

Our purpose is to create mentorship opportunities and foster international research collaboration, with a focus on supporting young investigators and emerging leaders. We aim to connect academics and clinicians from around the world, enabling them to share and learn from each other's scientific and clinical experience. iWiMS strives to improve overall parity and enhance the visibility of women and minorities in our field, to help them achieve leadership positions in scientific organisations and health-care settings. We also encourage participation in scientific programmes through award nominations, speakers' invitations, and journal editorships, and provide opportunities to participate in grant panels and peer review processes.

We have already made headway on a number of our goals, by establishing an executive committee that coordinates the multifaceted efforts of the group, and by creating a website that serves to communicate our objectives and activities. Moreover, the iWiMS mentorship programme was launched in February, 2019, bringing together 100 members, connecting mentors, mentees and peer supports from around the globe. We have organised our first, globally accessible, web-based epidemiology conference, allowing for all to attend without incurring costs, compromising family time, or increasing our carbon footprint. We have created a number of clinical and research-specific interest groups designed specifically to allow new clinical and academic collaborations to emerge within our global community. We have established a nomination committee tasked with identifying award opportunities and nominating candidates for these. We are proud that two iWiMS members were recently awarded major accolades including the Barancik Prize for Innovation in Multiple Sclerosis Research, and the John Dystel Prize. Furthermore, we have reached out to a number of scientific organisations to partner with them to increase the number of women on executive committees and speakers' panels, thereby starting to address gender parity, diversity, and visibility.

We encourage the entire MS community to join us in this supportive and inclusive endeavour. We believe that the iWiMS model could be easily exported to other scientific fields.

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## First report the findings: genuine balance when reporting CTE

William Stewart and colleagues<sup>1</sup> (March 1, p 231–33) offer an asymmetric “call for balance”<sup>1</sup> when reporting the relationship between repeated head trauma and chronic traumatic encephalopathy (CTE). They misconstrue the term “first, do no harm” as a call for inaction and the one-sided reporting of important uncertainties. By contrast, public health professionals and, we hope, most physicians understand that the scientific and ethical imperative is to reduce net harm to patients and to society, and that demands concern for the consequences of both harmful reassurances and harmful actions.<sup>2</sup> Gauging the net harm of any clinical communication or policy action regarding the risk of CTE in retired American football players requires consideration of the dangers of needless worry, but balanced against the potential harm of failing to provide patients with a complete appraisal of the likely cause of their symptoms and of the possible consequences of repeated head trauma.

For current players, the dilemma of choosing between cutting short a successful career versus sustaining additional dangerous exposures and perhaps raising their risks of a neurological disease might be an even more poignant balancing act. For society

For more on the **International Women in Multiple Sclerosis network** see <https://iwims.world/>