This is a plea to the headache community to be an active part in the finalization of the third version of the International Classification of Headache Disorders 3rd Edition (ICHD-3). The first version of the ICHD published in 1988 was to a very large extent based on the opinion of experts. The second edition published in 2004 was based on better scientific data as support but many changes were still made based on the unanimous consensus of experts. For ICHD-3 beta, more evidence was available but still not enough. That was one of the reasons why we published a beta version in the hope that many gaps in our knowledge could be filled and that important sets of diagnostic criteria would be formally field tested prior to publication of the final ICHD-3. Another reason was that we wanted to coordinate ICHD-3 with the forthcoming International Classification of Diseases 11th edition (ICD-11) of the World Health Organization. It now seems that ICD-11 will be ready in 2017 or at the latest 2018. It will be almost perfectly congruent with ICHD-3 but simpler and it will not contain our diagnostic criteria. Further, there will be a new chapter on chronic pain within the ICD-11 that will also include the chronic headache disorders. Thus, ICHD-3 will be very useful because it will be more detailed than ICD-11, including diagnostic criteria and also it shall bring ICD-11 code numbers together with ICHD-3 code number. The latter are used in routine coding and for reimbursement. With regard to field testing it also looks as if our plans are coming to fruition. There have been a good number of high quality studies testing important diagnostic criteria and such studies continue to appear.

There are several possibilities for your active participation in finalizing ICHD-3. First, we need to be informed about and have access to all published evidence. Second, if you have a study in progress, hurry to get it published and, third, if you do not manage that before the deadlines given below, then send the submitted manuscript. Fourth and finally, we also treasure opinions but only if they are very focused, pointing to obvious mistakes or omissions in ICHD-3beta. What we do not treasure are lengthy philosophical considerations or theories.

The last touch that will convert ICHD-3beta into ICHD-3 must be based on data. We, therefore, extend a plea to everybody with an interest in headache classification throughout the world to submit one or more of the above mentioned types of evidence. You must not send the data to me as chairman of the whole classification committee but to the chairpersons of the relevant chapter in the classification. They are:

Jes Olesen: Migraine
Lars Bendtsen: Tension-type headache
Peter J Goadsby: Trigeminal autonomic cephalalgias
Shuu-Jiun Wang: Other primary headache disorders
Todd Schwedt: Headache attributed to trauma or injury to the head and/or neck
Anne Ducros: Headache attributed to cranial of cervical vascular disorder
David Dodick: Headache attributed to non-vascular intracranial disorder
Michael B Russell: Headache attributed to a substance or its withdrawal
Cristina Tassorelli: Headache attributed to infection
Julio Pasqual: Headache attributed to disorder of homeostasis
Morris Levin: Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structure
Maurice Vincent: Headache attributed to psychiatric disorder
Zaza Katsarava: Painful cranial neuropathies and other facial pains
Gisela M Terwindt: Appendix classification.

You can either send an email or submit your comments and your material via the IHS website at
www.ihs-headache.org. We shall spend the first half of 2016 collecting information. Each chapter chair presides over a working group, usually consisting of 5–10 members. In the first half of 2016, each chair shall involve their working group and collect their opinions. The main classification committee shall convene on the occasion of the European Headache Migraine Trust International Congress in Glasgow in September 2016. If needed, there shall be another meeting in the first half of 2017 to make the absolute final changes. Following this, desk editing is necessary and ideally ICHD-3 shall be printed as the first issue of *Cephalalgia* in 2018, 30 years after the publication of the first edition of the International Headache Classification.

In conclusion, we sincerely hope that as many headache experts as possible will contribute to the finalization of ICHD-3 with data or very strong arguments. I can hardly imagine an opinion that has not been given over these many years of headache classification. Therefore, opinions must be substantiated by strong data. The ICHD-3 should be our final step into the age of evidence-based disease classification leaving behind all old fashioned terms and diagnostic entities without scientific support.

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