SCIENTIFIC PROGRAM

Subject to changes – as of March 22, 2023

THURSDAY, MARCH 23, 2023		
09:00-10:00	**OPENING CEREMONY**	**HALL A**
Chairs:	**Vida Demarin**, Croatia; **Natan Bornstein**, Israel	
09:00-09:10	Opening Remarks	
09:10-09:15	Mayor of Dubrovnik: **Mato Frankovic**, Croatia	
09:15-09:20	State Secretary of Health: **Silvio Bašić**, Croatia	
09:20-09:40	Neuroplasticity in health and disease: **Vida Demarin**, Croatia	
09:40-10:00	The application of technology to diagnosis and treatment of epileptic seizures **Michael Sperling**, USA	
10:00-10:20	**Best E-Posters Awards**	**HALL A**
10:20-10:40	Coffee Break, Visit the Exhibition and E-Posters	
10:40-12:20	**Headache 1**	**HALL A**
Chairs:	**Dimos Mitsikostas**, Greece ; **Hakan Ashina**, Denmark	
10:40-11:30	**Does surgical intervention improve the outcomes of people living with idiopathic intracranial hypertension (IIH)?**	
	Capsule: Treatment of pseudotumor cerebri remains disputable. There are two main surgical procedures (optic nerve sheath fenestration and cerebrospinal fluid shunting) and one alternative (cerebral venous sinus stenting). On the other hand, medical treatments include limiting fluids or salt in the diet, diuretics, and spinal taps to remove fluid. But which approach is more effective and safer remain unanswered, the surgical or the medical?	
10:40-10:50	Moderator: **Licia Grazzi**, Italy Introduction and Pre-Debate Voting	
10:50-11:05	Surgical: **Aleksandra Radojicic**, Serbia	
11:05-11:20	Medical: **Giorgio Lambru**, UK	
11:20-11:30	Discussion, Rebuttals and Post-Debate Voting	

10:40-12:20	**Headache 1**	**HALL A**
11:30-12:20	**Medication Overuse Headache (MOH) is largely overdiagnosed**	
	Capsule: MOH is a common and severe headache syndrome. However it occurs in people who use analgetics excessively because of severe headache to start with, and thus it is not a separate entity from chronic severe, drug-resistant headache, that requires frequent use of symptomatic medications	
11:30-11:40	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting	
11:40-11:55	YES: **Licia Grazzi,** Italy	
11:55-12:10	NO: **Vlasta Vukovic Cvetković**, Denmark	
12:10-12:20	Discussion, Rebuttals and Post-Debate Voting	
12:20-13:00	Lunch Break, Visit the Exhibition and E-Posters	
13:00-14:00	Industry Sponsored Session	
14:00-16:30	**Headache 2**	**HALL A**
Chair:	**Arijana Lovrencic Huzjan** , Croatia; **Dimos Mitsikostas,** Greece	
14:00-14:50	**Head trauma can precipitate the onset of migraine**	
	Capsule: Post-trauma headache may occur in several phenotypes. Can a patient develop real migraine, with or without aura, due to head trauma? This question has clinical and legal implications	
14:00-14:10	Moderator: **Abraham Ashkenazi**, Israel Introduction and Pre-Debate Voting	
14:10-14:25	YES: **Hakan Ashina**, Denmark	
14:25-14:40	NO: **Mark Obermann**, Germany	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	

14:00-16:30	**Headache 2**	**HALL A**
14:50-15:40	**The definition of vestibular migraine needs to be changed**	
	Capsule: Whether episodes of dizziness and/or vertigo, with or without headache fall into the brainstem aura spectrum or consist of a separate entity remains unclear, raising debates about the definition of vestibular migraine. What is the evidence for the current definition and how helpful for the practitioners is it?	
14:50-15:00	Moderator: **Abraham Ashkenazi**, Israel Introduction and Pre-Debate Voting	
15:00-15:15	YES: **Mark Obermann**, Germany	
15:15:15:30	NO: **Bianca Raffaelli,** Germany	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	
15:40-16:30	**Psychological interventions are effective for adults with migraine**?	
	Capsule: The comorbidity of mood disorders with migraine, chronic migraine in particular, is high. Managing migraine with psychological interventions exclusively is effective occasionally, and in some specific populations is recommended as monotherapy. What is the evidence and what quality does it have?	
15:40-15:50	Moderator: **Dimos D. Mitsikostas**, Greece Introduction and Pre-Debate Voting	
15:50-16:05	YES: **Jose Miguel Lainez**, Spain	
16:05-16:20	NO: **Giorgio Lambru**, UK	
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting	
16:30-16:50	Coffee Break, Visit the Exhibition and E-Posters	

16:50-19:20	**Headache 3**	**HALL A**
Chair:	**Ruta Mameniskiene**, Lithuania; **Abraham Ashkenazi**, Israel	
16:50-17:40	**CGRP blockade should be avoided in patients with vascular risks factors**	
	Capsule: Because CGRP is a most potent vasodilator peptide in humans, considerations for the use of anti-CGRP treatments in migraineurs with vascular risks is theoretically problematic. However, the evidence is poor.	
16:50-17:00	Moderator: **Dimos D. Mitsikostas**, Greece Introduction and Pre-Debate Voting	
17:00-17:15	YES: **Hakan Ashina**, Denmark	
17:15-17:30	NO: **Vlasta Vukovic Cvetković,** Denmark	
17:30-17:40	Discussion, Rebuttals and Post-Debate Voting	
17:40-18:30	**Oral anti-CGRP medications are as effective and better tolerated than anti-CGRP mAbs for migraine prevention**	
	Capsule: Whether direct targeting CGRP pathways within the central nervous system, as the oral anti-CGRP medication does, or indirectly modulating them from the peripheral nervous system, as the anti-CGRP mAbs do, is more effective and safer, remains unclear. In the absence of direct comparisons, what is the evidence and what the rationale favoring one or the other drug class? Do oral anti-CGRP have the same efficacy and tolerability as anti-CGRP mAbs in the prophylaxis of migraine?	
17:40-17:50	Moderator: **Bianca Raffaelli,** Germany Introduction and Pre-Debate Voting	
17:50-18:05	YES: **Jose Miguel Lainez**, Spain	
18:05-18:20	NO: **Messoud Ashina**, Denmark	
18:20-18:30	Discussion, Rebuttals and Post-Debate Voting	

18:30-19:20	**Are CGRP antagonists effective also in cluster headache?**
	Capsule: Cluster headache is probably the most severe idiopathic pain condition, yet its current medical management remains poor. Recent data from randomized trials with monoclonal antibodies targeting CGRP are controversial, although its role in the pathogenesis of the condition is more established.
18:30-18:40	Moderator: **Hrvoje Budincevic,** Croatia Introduction and Pre-Debate Voting
18:40-18:55	YES: **Bojana Zvan,** Slovenia
18:55-19:10	NO : **Marjan Zaletel**, Slovenia
19:10-19:20	Discussion, Rebuttals and Post-Debate Voting
19:30	**Networking Reception Exhibition area**

THURSDAY, MARCH 23, 2023		
10:40-12:20	**Epilepsy 1**	**HALL B**
Chairs:	**Zeljka Petelin Gadze**, Croatia; **Tetyana Litovchenko**, Ukraine	
10:40-11:30	**Levetiracetam should be the drug of choice for newly diagnosed focal epilepsy**	
	Capsule: Levetiracetam is among the commonly prescribed medications and has many advantages. Do these characteristics warrant routine prescription of levetiracetam for nearly all patients with newly diagnosed focal epilepsy?	
10:40-10:50	Moderator: **Michael Sperling** USA Introduction and Pre-Debate Voting	
10:50-11:05	YES: **Elinor Ben– Menachem** , Sweden	
11:05-11:20	NO: **Zeljka Petelin Gadze**, Croatia	
11:20-11:30	Discussion, Rebuttals and Post-Debate Voting	

11:30-12:20	**Do antiseizure medications increase the risk of depression and suicide?**
	Capsule: *The FDA labels all newly approved antiseizure medications as increasing risk for suicide, based on an FDA analysis in 2008 which found increased of suicidality in people prescribed antiseizure medications. Was the analysis appropriate for epilepsy and do medications approved after that date warrant the same warning?*
11:30-11:40	Moderator: **Michael Sperling** USA Introduction and Pre-Debate Voting
11:40-11:55	YES: **W. Curt LaFrance Jr.**, USA
11:55-12:10	NO: **William Theodore**, USA
12:10-12:20	Discussion, Rebuttals and Post-Debate Voting
12:20-13:00	Lunch Break, Visit the Exhibition and E-Posters

13:00-14:00	Industry Sponsored Symposium

14:00-16:30	**Epilepsy 2**	**HALL B**
Chair:	**Alla Guekht**, Russia; **Irma Khachidze**, Georgia	
14:00-14:50	**Should new antiseizure medication studies aim at achieving a minimum reduction in seizure frequency of 80%?**	
	Capsule: Many medications are now available to treat epilepsy, and it is rare for a new drug to afford substantially better seizure relief than those in the existing therapeutic armamentarium. Should we have higher standards for drug approval moving forward, so that only drugs with substantial advantages in seizure control are approved in the future?	
14:00-14:10	Moderator: **Alla Guekht**, Russia Introduction and Pre-Debate Voting	
14:10-14:25	YES: **Martin Holtkamp**, Germany	
14:25-14:40	NO: **Ilan Blatt**, Israel	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:40	Case studies in epilepsy: **Michael Sperling** and faculty	
	Capsule: Challenging cases will be presented to participants for discussion	
15:40-16:30	**Intracranial EEG is unneeded and inappropriate in most patients with lesional epilepsy**	
	Capsule: At many institutions, patients with well-defined lesions undergo surgical implantation of electrodes (SEEG) or other intracranial monitoring techniques in the course of planning epilepsy surgery. Is this practice appropriate, inasmuch as some published papers suggest that lesion removal affords the best chance of postoperative seizure relief?	
15:40-15:50	Moderator: **Aleksandar Ristic**, Serbia Introduction and Pre-Debate Voting	
15:50-16:05	YES: **Manjari Tripathi**, India	
16:05-16:20	NO: **Andreas Schulze-Bonhage**, Germany	
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting	

16:30-16:50	Coffee Break, Visit the Exhibition and E-Posters	
16:50-19:20	**Epilepsy 3**	**HALL B**
Chair:	**Andriy Dubenko**, Ukraine ; **Natasa Pejanović Škobić,** Bosnia and Herzegovina	
16:50-17:40	**Should patients with lesional epilepsy be referred for surgery when epilepsy is first diagnosed, provided the lesions can be safely removed, rather than waiting for drug resistance?**	
	Capsule: Excision of an epileptogenic lesion may result in cure and elimination of seizures. Many patients, however, may respond fully to medication. Is it better to remove the lesion early, when epilepsy is diagnosed, to avoid long-term drug therapy, or better to utilize surgery only for patients who prove refractory to medical therapy?	
16:50-17:00	Moderator: **Lilach Goldstein**, Israel Introduction and Pre-Debate Voting	
17:00-17:15	YES: **William Theodore**, USA	
17:15-17:30	NO: **Martin Holtkamp**, Germany	
17:30-17:40	Discussion, Rebuttals and Post-Debate Voting	
17:40-18:30	**Is it useful to diagnose non-convulsive seizures in the intensive care unit? Is long-term EEG worthwhile?**	
	Capsule: *Some patients in the hospital, especially those with critical illness, experience non-convulsive seizures. Long-term EEG monitoring is often needed to diagnose and treat these seizures. Is treatment of non-convulsive seizures worthwhile? Does it reduce morbidity and mortality? And is long-term EEG worthwhile?*	
17:40-17:50	Moderator: **Andreas Schulze-Bonhage**, Germany Introduction and Pre-Debate Voting	
17:50-18:05	YES: **Ilan Blatt**, Israel	
18:05-18:20	NO: **W. Curt LaFrance Jr.**, USA	
18:20-18:30	Discussion, Rebuttals and Post-Debate Voting	

18:30-19:20	**Do seizures beget seizures?**
	Capsule: Studies have not found that early treatment alters the course of epilepsy. A recent study, in contrast, noted that use of rescue medication to abort seizure clusters was associated with increased intervals between clusters with the passage of time. Does treatment modify the course of illness?
18:30-18:40	Moderator*:* **Lilach Goldstein** , Israel Introduction and Pre-Debate Voting
18:40-18:55	YES: **Manjari Tripathi**, India
18:55-19:10	NO: **Elinor Ben– Menachem** , Sweden
19:10-19:20	Discussion, Rebuttals and Post-Debate Voting

THURSDAY, MARCH 23, 2023		
10:40-12:20	**Stroke 1**	**HALL C**
Chairs:	**Milija Mijajlovic**, Serbia; **Hrvoje Budincevic,** Croatia	
10:40-11:30	**Should reversal agents be used to allow IV tPA to be given to people with acute ischemic stroke who are taking a direct oral anticoagulants (DOAC)?**	
	Capsule: Although DOACs are very effective in preventing stroke in people with atrial fibrillation (AF), ischemic strokes still occur. Typically, IV tPA is contraindicated in people who are anticoagulated. Rapidly acting reversal agents are now available for DOACs which raises the possibility that these could be used to allow IV tPA to be given. However, this could increase the risk of further ischemic events and may not be necessary where thrombectomy is available.	
10:40-10:50	Moderator: **Natan Bornstein**, Israel Introduction and Pre-Debate Voting	
10:50-11:05	YES: **Senta Frol**, Slovenia	
11:05-11:20	NO: **Laszlo Csiba,** Hungary	
11:20-11:30	Discussion, Rebuttals and Post-Debate Voting	

11:30-12:20	**Should intraarterial tPA be routinely administered after mechanical thrombectomy?**
	Capsule: Recent studies suggest that intra-arterial thrombolysis can increase reperfusion rates following failed mechanical thrombectomy for large vessel occlusion. It may also reduce the risk of distal embolization and microvascular occlusion during mechanical thrombectomy. Should this now be considered as a routine treatment option?
11:30-11:40	Moderator: **Zdravka Poljaković**, Croatia Introduction and Pre-Debate Voting
11:40-11:55	YES: **Natan Bornstein,** Israel
11:55-12:10	NO: **Ashfaq Shuaib**, Canada
12:10-12:20	Discussion, Rebuttals and Post-Debate Voting
12:20-13:00	Lunch Break, Visit the Exhibition and E-Posters
13:00-14:00	Industry Sponsored Symposium

14:00-16:30	**Stroke 2**	**HALL C**
Chairs:	**Marina Roje,** Croatia; **Derk Krieger,** UAE	
14:00-14:50	**Should we aggressively lower serum cholesterol in people with non-atherosclerotic stroke?**	
	Capsule: There is clear evidence that aggressive cholesterol lowering improves outcome in people with coronary artery disease and in people with stroke who have evidence of atherosclerosis. However, there are some concerns about increased risk of cerebral hemorrhage and there is less certainty regarding the benefit of aggressive cholesterol reduction in people with cardioembolic stroke and small vessel disease.	
14:00-14:10	Moderator: **Jesse Dawson,** UK Introduction and Pre-Debate Voting	
14:10-14:25	YES: **Hrvoje Budincevic,** Croatia	
14:25-14:40	NO: **Christine Kremer,** Sweden	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	

14:50-15:40	**Do women get the same access to stroke care as men?**
	Capsule: Differences in incidence, outcome, delivery of treatment and response to treatments have been reported between men and women. Further, there is concerning evidence that some treatments are underused in women and there are some differences in the relative effectiveness of some treatments between men and women. Some recent data suggest there is a smaller difference in treatment use between men and women but is this still a significant problem?
14:50-15:00	Moderator: **Anita Arsovska,** North Macedonia Introduction and Pre-Debate Voting
15:00-15:15	YES: **Valeria Caso,** Italy
15:15-15:30	NO: **Christine Kremer,** Sweden
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting

15:40-16:30	**Can authorized alternative nicotine delivery systems be conducive in the effort of risk mitigation for smokers in high-risk patients?**
	Capsule: Smoking is an important risk factor for multiple pathologies including atherosclerosis and stroke,. Whether heavy smokers can benefit by switching from combustible tobacco smoking to alternative nicotine consumption is a promising approach for such patients.
15:40-15:50	Moderator: **Reuven Zimlichman**, Israel Introduction and Pre-Debate Voting
15:50-16:05	YES: **Natan Bornstein**, Israel
16:05-16:20	NO: **Milija Mijajlovic**, Serbia
16:20:16:30	Discussion, Rebuttals and Post-Debate Voting
16:30-16:50	Coffee Break, Visit the Exhibition and E-Posters

16:50-19:20	**Stroke 3**	**HALL C**
Chair:	**Dalius Jatuzis,** Lithuania ; **Dmytro Lebedynets;** Ukraine	
16:50-17:40	**Every patient with ischemic stroke requires cardiac monitoring**	
	Capsule: Cardiac monitoring to detect paroxysmal AF is an important step to identify people who would benefit from anticoagulation. There is now an increasing emphasis on longer monitoring which can detect a greater number of people with AF. However, whether this should be done in all patients, or whether there is any need to monitor people who have another definite cause of stroke is unclear. In addition, there are now numerous biomarkers that can help stratify probability of somebody being found to have AF on cardiac monitoring. So can we identify people who don't require any cardiac monitoring?	
16:50-17:00	Moderator: **Valeria Caso,** Italy Introduction and Pre-Debate Voting	
17:00-17:15	YES: **Hrvoje Budincevic**, Croatia	
17:15-17:30	NO: **Derk Krieger,** UAE	
17:30-17:40	Discussion, Rebuttals and Post-Debate Voting	
17:40-18:30	**Could we individualize the therapy in intracerebral hemorrhage (ICH) patients measuring the hyper- or hypocoagulability status?**	
	Capsule: Non-traumatic ICH constitutes 10-15% of acute strokes and has the highest case fatality among all strokes. Patients with hemorrhagic stroke have significantly higher risk of in-hospital venous thromboembolism (VTE) than patients with ischemic strokes. Although in-hospital VTE is independently associated with poor outcomes, decision-making on anticoagulation evokes debate among clinicians, because of the concern that anticoagulants may increase the risk of recurrent ICH and hematoma expansion. Uncertainty still exists regarding optimal anticoagulants, the timing of initiation, and dosage. The main focus of this debate is the question whether monitoring hypo-or hypercoagulability status in ICH patients could be useful in personalizing anti-thrombotic management and could aid clinical decision making.	
17:40-17:50	Moderator: **Laszlo Csiba,** Hungary Introduction and Pre-Debate Voting	
17:50-18:05	YES: **Zsuzsa Bagoly,** Hungary	
18:05-18:20	NO: **Senta Frol**, Slovenia	

18:20-18:30	Discussion, Rebuttals and Post-Debate Voting
18:30-19:20	**Should thrombolysis always be offered to patients eligible for mechanical thrombectomy?**
	Capsule: Recent randomised trials have explored whether patients who have immediate access to mechanical thrombectomy can be managed without intravenous thrombolysis. Even though some studies failed to demonstrate non inferiority, outcomes appeared similar in others. Can we identify people in whom intravenous thrombolysis is not needed before mechanical thrombectomy?
18:30-18:40	Moderator: **Ashfaq Shuaib**, Canada Introduction and Pre-Debate Voting
18:40-18:55	YES: **Anita Arsovska,** North Macedonia
18:55-19:10	NO: **Derk Krieger,** UAE
19:10-19:20	Discussion, Rebuttals and Post-Debate Voting

FRIDAY, MARCH 24, 2023		
07:30-08:30	**E-Poster Guided Tour**	
08:30-09:30	**Plenary Lectures**	**HALL A**
Chairs:	**Weidong Le,** China; **Ruta Mameniskiene**, Lithuania	
08:30-09:00	Non invasive brain stimulation as a treatment for brain recovery and plasticity. **Jesse Dawson,** UK	
09:00-09:30	Is Alzheimer's disease a disease? **Amos Korczyn**, Israel	
FRIDAY, MARCH 24, 2023		
09:30-11:10	**Neuroimmunology 1**	**HALL A**
Chairs:	**Brian G. Weinshenker**, USA; **Uroš Rot**, Slovenia	
09:30-10:20	**MOG antibody disease (MOGAD): Maintenance treatment to prevent future attacks is necessary after the first episode of a demyelinating illness**	
	Capsule: MOGAD is a newly discovered autoimmune demyelinating diseases of the central nervous system which sometimes has similar clinical characteristics as multiple sclerosis or neuromyelitis optica. Accumulation of disability in MOGAD is primarily relapse related but a substantial proportion of patients have monophasic disease. Is maintenance treatment to prevent future attacks therefore necessary after the first episode of MOGAD?	
09:30-09:40	Moderator: **Uros Rot**, Slovenia Introduction and Pre-Debate Voting	
09:40-09:55	YES: **Ming Lim,** UK	
09:55-10:10	NO: **Eoin Flanagan,** USA	
10:10-10:20	Discussion, Rebuttals and Post-Debate Voting	

10:20-11:10	**TNF-α inhibition is usually associated with monophasic demyelination, and ongoing disease modifying therapy is unnecessary after a single episode. In a patient receiving such treatments all that is required is discontinuation of the TNF-α inhibitor**	
	Capsule: Symptomatic CNS demyelination associated with TNF-α inhibitors is usually monophasic and/or clinically isolated. However, some cases will evolve into clinically definite MS. The mechanism for precipitation of CNS demyelination by TNF-α inhibitors is uncertain. Therefore, it is questionable whether prompt disease modifying therapy should be advised, or if the mechanism is non-T cell dependent toxic demyelination, where no therapy is necessary.	
10:20-10:30	Moderator: **Divyanshu Dubey**, USA Introduction and Pre-Debate Voting	
10:30-10:45	YES: **Alicja Kalinowska,** Poland	
10:45-11:00	NO: **Jacek Losy**, Poland	
11:00-11:10	Discussion, Rebuttals and Post-Debate Voting	
11:10-11:40	Coffee Break, Visit the Exhibition and E-Posters	
11:40-12:40	Industry Sponsored Symposium	
12:40-13:40	Industry Sponsored Symposium	
13:40-14:40	Meet the experts session	MTE 1
13:40-14:40	Lunch Break, Visit the Exhibition and E-Posters	

14:40-17:10	**Neuroimmunology 2**	**HALL A**
Chair:	**Klaudia Duka Glavor,** Croatia**; Ljiljana Radulovic** , Montenegro	
14:40-15:30	**Serum biomarkers, including sGFAP and sNfL titers, are helpful and should be used in NMOSD treatment monitoring**	

	Capsule: Traditionally in NMOSD, patients have been monitored clinically for new relapses and this dictated treatment decisions. However, recent NMOSD studies have evaluated the utility of biomarkers of astrocytic (GFAP) and neuronal (NfL) damage for monitoring disease activity and guiding changes in treatment. Are these biomarkers useful and ready to be applied to NMOSD patients in clinical practice for treatment monitoring?
14:40-14:50	Moderator: **Celia Oreja-Guevara,** Spain Introduction and Pre-Debate Voting
14:50-15:05	YES: **Friedemann Paul**, Germany
15:05-15:20	NO: **Eoin Flanagan**, USA
15:20-15:30	Discussion, Rebuttals and Post-Debate Voting
15:30-16:20	**Testing for anti-neurofascin and other antibodies is indicated and helpful in chronic inflammatory demyelinating neuropathy (CIDP).**
	Capsule: Over the last decade, after many years of searching for antibodies that might be strongly associated with inflammatory demyelinating neuropathies, a series of antibodies to cell-surface proteins at the nodes of Ranvier, particularly Neurofascin, have been discovered in patients with nodopathies. These antibodies are mostly IgG4 and the conditions respond well to rituximab, but are not common in large cohorts of CIDP patients, therefore the question is whether these antibodies, so far only available in specialist laboratories, should be tested in patients with typical CIDP as well as those with atypical features.
15:30-15:40	Moderator: **Angela Vincent**, UK Introduction and Pre-Debate Voting
15:40-15:55	YES: **Helmar C. Lehmann**, Germany
15:55-16:10	NO: **Divyanshu Dubey**, USA
16:10-16:20	Discussion, Rebuttals and Post-Debate Voting
16:20-17:10	**IL-6 receptor antagonists should be uniformly coadministered with corticosteroids to patients with temporal arteritis to reduce the risk of relapse when corticosteroids are tapered/stopped**

	Capsule: Patients with temporal arteritis are standardly treated with high dose corticosteroids. Patients may relapse following treatment. Recently, tocilizumab, an IL6 receptor antagonist, was proven effective in reducing the risk of relapse when co-administered with corticosteroids. Are the benefits sufficient to warrant the costs and risks of treatment to all patients with temporal arteritis?	
16:20-16:30	Moderator: **Bruno Gran**, UK Introduction and Pre-Debate Voting	
16:30-16:45	YES: **Brian G. Weinshenker,** USA	
16:45-17:00	NO: **Ming Lim ,**UK	
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting	
17:10-17:30	Coffee Break, Visit the Exhibition and E-Posters	
17:30-19:10	**Neuroimmunology 3**	**HALL A**
Chair:	**Friedemann Paul**, Germany**; Slobodan Vojinovic**, Serbia	
17:30-18:20	**Anti-FcRn monoclonal antibodies are the preferred treatments for patients with myasthenia gravis (MG)**	
	Capsule: There are many approaches to treating patients with MG. Blocking FcRn with a monoclonal antibody leads to a relatively rapid fall in IgG (and therefore specific AChR or MuSK) antibodies, and may provide a less invasive therapy than plasma exchange. However, it would need to be continued and immunosupressive therapies would be required for a long-lasting beneficial effect in the majority of patients.	
17:30-17:40	Moderator: **Stojan Peric,** Serbia Introduction and Pre-Debate Voting	
17:40-17:55	YES: **Angela Vincent,** UK	
17:55-18:10	NO: **Helmar C. Lehmann**, Germany	
18:10-18:20	Discussion, Rebuttals and Post-Debate Voting	

18:20-19:10	**Should titers of anti-acetylcholine receptor antibody influence the therapy of MG?**
	Capsule: New, effective, and expensive treatments have increased the need for personalized therapy in MG. Biomarkers are much wanted to help in treatment decisions. What is the optimal use of muscle antibody data in myasthenia gravis? Should repeated measurements of acetylcholine receptor antibody concentrations be performed as a routine to help in deciding optimal therapy?
18:20-18:30	Moderator:**Ljiljana Radulovic** , Montenegro
18:30-18:45	YES: **Nils Erik Gilhus ,**Norway
18:45-19:00	NO: **Uros Rot**, Slovenia
19:00-19:10	Discussion, Rebuttals and Post-Debate Voting

FRIDAY, MARCH 24, 2023		
09:30-11:10	**Parkinson's Disease (PD) I: 1**	**HALL B**
Chairs:	**Vladimira Vuletić**, Croatia ;	
09:30-10:20	**Is there a need to redefine PD?**	
	Capsule: *The entity "Parkinson's disease" (PD) is based on clinical criteria, and there are no agreed imaging or biochemical findings which are required. Genetic and pathological data confirm the heterogeneity of PD. Should we change the term to Parkinson's syndrome, or perhaps talk about Parkinson's diseases, in plural?*	
09:30-09:40	Moderator: **Cristian Falup-Pecurariu**, Romania Introduction and Pre-Debate Voting	
09:40-09:55	YES: **Amos Korczyn**, Israel	
09:55-10:10	NO: **Nestor Galvez** , USA	
10:10-10:20	Discussion, Rebuttals and Post-Debate Voting	

10:20-11:10	**Glucocerebrosidase (GCase) as a target for intervention in PD: increase or decrease enzymatic activity?**	
	Capsule: Mutations in GC have been identified in a subgroup of PD patients, yet the exact mechanism in which the enzyme dysfunction is pathogenetically related to the development of the disease is unclear. Should the enzyme activity be manipulated, and how?	
10:20-10:30	Moderator: **Vladimira Vuletić**, Croatia Introduction and Pre-Debate Voting	
10:30-10:45	Increase: **Outeiro Tiago**, Germany	
10:45-11:00	Decrease: **Alberto Albanese**, Italy	
11:00-11:10	Discussion, Rebuttals and Post-Debate Voting	
11:10-11:40	Coffee Break, Visit the Exhibition and E-Posters	
11:40-12:40	Industry Sponsored Symposium	
12:40-13:40	Industry Sponsored Symposium	
13:40-14:40	Meet the expert	MTE 1
13:40-14:40	Lunch Break, Visit the Exhibition and E-Posters	

14:40-17:10	**Parkinson's Disease (PD) I: 2**	**HALL B**
Chair:	**Abdelhamid Benazzouz,** France; **Denis Pokhabov**, Russia	
14:40-15:30	**Patients with tremor dominant PD should be treated with focused ultrasound for tremor instead of starting levodopa.**	
	Capsule: Levodopa is the ultimate therapy for PD, yet it has significant adverse effects. Focused ultrasound lesioning of the VM nucleus of the thalamus is an effective therapy, yet it only abolishes tremor. Should it be offered to PD patients in whom tremor is the predominant symptom?	
14:40-14:50	Moderator: **Cristian Falup-Pecurariu**, Romania Introduction and Pre-Debate Voting	
14:50-15:05	**YES: Ilana Schlesinger,** Israel	
15:05-15:20	**NO: Nestor Galvez**, USA	
15:20-15:30	Discussion, Rebuttals and Post-Debate Voting	

15:30-16:20	**Is α-synuclein toxicity the core element of PD?**
	Capsule: Deposition of α-synuclein characterizes the pathological changes in PD, yet it does not occur in all patients and its pathogenic role has never been proven. Is it just a marker of the disease or is α-synuclein really toxic?
15:30-15:40	Moderator**: Ilana Schlesinger,** Israel Introduction and Pre-Debate Voting
15:40-15:55	Yes: **Outeiro Tiago**, Germany
15:55-16:10	No: **Weidong Le,** China
16:10-16:20	Discussion, Rebuttals and Post-Debate Voting
16:20-17:10	**Can biomarkers help in the early diagnosis of PD?**
	Capsule: The evolution of PD is insidious and frequently preceded by non-motor symptoms. Once disease-modifying therapies are developed, it will be important to be able to diagnose PD early. Can biomarkers be found?
16:20-16:30	Moderator: **Michael Ugrumov**, Russia Introduction and Pre-Debate Voting
16:30-16:45	YES: **Irena Rektorová**, Czech Republic
16:45-17:00	NO: **Tanya Simuni**, USA
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting
17:10-17:30	Coffee Break, Visit the Exhibition and E-Posters

17:30-19:10	**Parkinson's Disease (PD) I: 3**	**HALL B**
Chairs:	**Valentino Rački,** Croatia; **Outeiro Tiago**, Germany	
17:30-18:20	**incidental REM sleep behavior disorder (iRBD) patients should be informed about potential PD development although there still is no disease modifying therapy (DMT) ?**	
	Capsule: Undisputed evidence proves that iRBD patients will eventually develop a synucleinopathy, but clinical symptoms may develop only after a few decades, and no DMT is available. It is an ethical and practical question on what should iRBD patients be told.	
17:30-17:40	Moderator: **Irena Rektorová**, Czech Republic Introduction and Pre-Debate Voting	
17:40-17:55	YES: **Tanya Simuni**, USA	
17:55-18:10	NO: **Michael Ugrumov**, Russia	
18:10-18:20	Discussion, Rebuttals and Post-Debate Voting	
18:20-19:10	**All young onset PD patients should undergo genetic testing**	
	Capsule: Several genetic mutations have been identified in PD patients including sporadic cases, particularly younger ones. Should all early-onset PD patients, including those with a negative family history, undergo genetic screening?	
18:20-18:30	Moderator**: Sharon Hassin-Baer**, Israel Introduction and Pre-Debate Voting	
18:30-18:45	YES: **Vladimira Vuletić**, Croatia	
18:45-19:00	NO: **Alberto Albanese**, Italy	
19:00-19:10	Discussion, Rebuttals and Post-Debate Voting	

FRIDAY, MARCH 24, 2023		
09:30-11:10	**Amyotrophic Lateral Sclerosis (ALS) and Neurodegenerative Diseases 1**	**HALL C**
Chair:	**Osman Sinanovic**, Bosnia and Herzegovina	
09:30-10:20	**TDP43 is the key target for ALS/FTD therapeutics**	
	Capsule: A defect in the TDP43 gene is associated with a substantial number of ALS as well as FTD cases. But can manipulation of this protein have a significant effect?	
09:30-09:40	Moderator: **Peter Jenner**, UK Introduction and Pre-Debate Voting	
09:40-09:55	YES: **Dan Frenkel**, Israel	
09:55-10:10	NO: **Valentino Rački,** Croatia	
10:10-10:20	Discussion, Rebuttals and Post-Debate Voting	
10:20-11:10	**Genetic testing should become routine in the diagnostic work-up of neurodegenerative diseases. Patients as well as carriers should be informed of the results**	
	Capsule: The increased availability of modern genetic methods allowed the demonstration of rare changes even in sporadic cases. Some of the changes are of unproven significance (UUS),which may create uncertainties in patients and relatives	
10:20-10:30	Moderator:**Osman Sinanovic**, Bosnia and Herzegovina Introduction and Pre-Debate Voting	
10:30-10:45	YES: **Pamela J Shaw,** UK	
10:45-11:00	NO: **Robert Bowser**, USA	
11:00-11:10	Discussion, Rebuttals and Post-Debate Voting	
11:10-11:40	Coffee Break, Visit the Exhibition and E-Posters	
11:40-12:40	Industry Sponsored Symposium	
12:40-13:40	Industry Sponsored Symposium	

13:40-14:40	Meet the expert	MTE 1
13:40-14:40	Lunch Break, Visit the Exhibition and E-Posters	

14:40-17:10	**ALS and Neurodegenerative Diseases 2**	**HALL C**
Chair:	**Ervin Jancic,** Croatia; **Ivica Bilic**, Croatia	
14:40-15:30	**Does exercise/athleticism predispose to ALS?**	
	Capsule: *ALS is thought to be caused by a complex interaction between genes and environment. One suggested environmental factor is excessive physical exercise. Is it relevant to ALS?*	
14:40-14:50	Moderator: **Peter Jenner**, UK Introduction and Pre-Debate Voting	
14:50-15:05	YES: **Pamela J Shaw**, UK	
15:05-15:20	NO: **Osman Sinanovic**, Bosnia and Herzegovina	
15:20-15:30	Discussion, Rebuttals and Post-Debate Voting	
15:30-16:20	**Neuroinflammation: A key target or bye-player in neurodegenerative diseases?**	
	Capsule: Neuroinflammatory markers as glia activation are reported in neurodegenerative diseases. Nevertheless, anti-inflammatory therapeutic approach failed in diseases such as AD and PD. Should neuroinflammation be considered as a key target in neurodegenerative diseases?	
15:30-15:40	Moderator: **Xiao-Ping WANG, Republic of China** Introduction and Pre-Debate Voting	
15:40-15:55	A key target: **Ivana Munitic**, Croatia	
15:55-16:10	Bye player: **Dan Frenkel**, Israel	
16:10-16:20	Discussion, Rebuttals and Post-Debate Voting	

16:20-17:10	**Results of biomarker testing should be revealed to mild cognitively impaired individuals who participate in AD studies**	
	Capsule: Several large clinical trials are underway to discover therapies to delay or prevent the onset of dementia caused by AD. A common feature of these trials is that they are testing therapies in people with preclinical or early clinical disease. When these trials eventually succeed, it is reasonable to expect the widespread adoption of biomarker testing into clinical practice in the future. At the moment biomarkers are still in the research domain; therefore it is debatable if biomarker results should be shared with trials participants also considering the low prediction accuracy indicated by most of the studies.	
16:20-16:30	Moderator: **Osman Sinanovic**, Bosnia and Herzegovina Introduction and Pre-Debate Voting	
16:30-16:45	YES: **Vida Demarin**, Croatia	
16:45-17:00	NO: **Robert Bowser**, USA	
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting	
17:10-17:30	Coffee Break, Visit the Exhibition and E-Posters	
17:30-18:20	**ALS and Neurodegenerative Diseases** 3	**HALL C**
Chair:	**Pamela J Shaw**, UK ; **Dan Frenkel**, Israel	
17:30-18:20	**Regulatory agencies should not license drugs before proven efficacy in phase 3 trials**	
	Capsule: Breaking news results spread quickly, and hopeful patients cling to them, particularly in severe diseases. Many times this leads to disappointments, sometimes in spite of the huge expenses. Should accesses to new therapies be limited till final confirmation of efficacy and safety?	
17:30-17:40	Moderator: **Osman Sinanovic**, Bosnia and Herzegovina Introduction and Pre-Debate Voting	
17:40-17:55	YES: **Vida Demarin**, Croatia	
17:55-18:10	NO: **Xiao-Ping WANG, Republic of China**	
18:10-18:20	Discussion, Rebuttals and Post-Debate Voting	

SATURDAY, MARCH 25, 2023		
07:10-08:10	E-Poster Guided Tour	
08:10-09:10	**Plenary Lectures**	**HALL A**
Chairs:	**Jelena Drulovic**, Serbia; **Klaus Schmierer,** UK	
	WHO Intersectorial Global Action Plan on epilepsy and other neurological disorders **Alla Guekht,** Russia	
	Does COVID-19 increase the risk for neurodegeneration? **Gabriela Novotni**, Northern Macedonia	
09:10-11:00	**Parkinson's Disease 2**	**HALL A**
Chair:	**Daniel Weintraub,** USA;**Alberto Albanese**, Italy	
09:10-10:10	**Olfactory loss is helpful in diagnosing PD**	
	Capsule: PD patients frequently, but not always, develop anosmia, even prior to appearance of motor dysfunction Yet olfactory loss is common in the elderly. Is olfactory loss helpful in making the diagnosis of PD or may it be misleading?	
09:10-09:20	Moderator: **Stuart Isaacson**, USA Introduction and Pre-Debate Voting	
09:20-09:35	YES: **Sharon Hassin-Baer**, Israel	
09:35-09:50	NO: **Jarosław Slawek**, Poland	
09:50-10:10	Discussion, Rebuttals and Post-Debate Voting	

10:10-11:00	**COMT inhibition: Early or late?**	
	Capsule: COMT inhibitors prolong the action of dopamine and thus reduce its fluctuations, which is particularly important in advanced PD. Should these inhibitors be added to levodopa treatment as soon as it is started, or only later, once fluctuations occur?	
10:10-10:20	Moderator : **Vladimira Vuletić**, Croatia Introduction and Pre-Debate Voting	
10:20-10:35	Early: **Yildiz Degirmenci**, Turkey	
10:35-10:50	LATE: **Sharon Hassin-Baer**, Israel	
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting	
11:00-11:30	Coffe Break, Visit the Exhibition and E-Posters	
11:30-12:30	Industry Sponsored Symposium	
12:30-13:30	Lunch Break, Visit the Exhibition and E-Posters	
12:30-13:30	Meet the experts session	MTE 1
12:30-13:30	Meet the experts session	MTE 2

SATURDAY, MARCH 25, 2023		
13:30-18:00	**Parkinson's Disease 2**	**HALL A**

13:30-14:10	**Botulinum Toxin for Sialorrhea in PD: First-line therapy?**
	Capsule: Sialorrhea is one of the most common PD nonmotor symptoms. Until the approval incobotulinumtoxinA (EU, USA) and rimabotulinumtoxinB (USA), treatment had been avoided due to systemic side effects of off label anticholinergics. These toxins now have established base of safety, tolerability, efficacy, and ease of use (anatomical landmarks or ultrasound guidance). Should treatment with approved toxins be routinely offered first-line to PD patients with sialorrhea?
13:30-13:35	Moderator: **Stuart Isaacson**, USA

	Introduction and Pre-Debate Voting
13:35-13:45	YES: **Rajesh Pahwa,** USA
13:45-13:55	NO: **TBA**
13:55-14:10	Discussion, Rebuttals and Post-Debate Voting

14:10-14:50	**Antipsychotics for PDP: Are antipsychotics safe to be added first-line for PD psychosis?**
	Capsule: The use of antipsychotics to treat the relatively common nonmotor symptoms of hallucinations and delusions in PD Psychosis has been controversial. Only two have regulatory approval (clozapine in EU, pimavanserin in US). Are these antipsychotics safe to use as first-line therapy?
14:10-14:15	Moderator: **Stuart Isaacson**, USA Introduction and Pre-Debate Voting
14:15-14:25	YES: **Daniel Weintraub,** USA
14:25-14:35	NO: **Stuart Isaacson**, USA
14:35-14:50	Discussion, Rebuttals and Post-Debate Voting

14:50-15:30	**Therapeutic strategies for motor complications: what to do when OFF and dyskinesia both occur?**
	Capsule: As PD progresses, the clinical therapeutic window narrows. Continuous dopaminergic stimulation (CDS) to maintain within the narrowing window can be accomplished with fractionating oral levodopa and infusional therapies. Glutamatergic antagonism provides a nondopaminergic strategy that can potentially widen the therapeutic window. Which strategy is preferred?
14:50-14:55	Moderator: **Rajesh Pahwa,** USA Introduction and Pre-Debate Voting
14:55-15:05	CDS: **Stuart Isaacson,** USA
15:05-15:15	Glutamatergic: **Rajesh Pahwa,** USA
15:15-15:30	Discussion, Rebuttals and Post-Debate Voting

15:30-16:10	**Are all dopamine agonists for PD the same? Or are D1-specific dopamine agonists different?**
	Capsule: The use of dopamine agonists for the initial and adjunctive treatment of PD has become controversial, largely due to D2/D3 related adverse effects, including impulse control disorders and hallucinations. However more D1-specific dopamine agonists may have less risk of these side effects. Should dopamine agonists be avoided in PD or should more D1-specific dopamine agonists be developed?
15:30-15:35	Moderator: **Rajesh Pahwa,** USA Introduction and Pre-Debate Voting
15:35-15:45	YES, avoid dopamine agonists: **Daniel Weintraub, USA**
15:45-15:55	NO, D1-dopamine agonists are different: **Stuart Isaacson, USA**
15:55-16:10	Discussion, Rebuttals and Post-Debate Voting
16:10-16:20	Coffe Break, Visit the Exhibition and E-Posters

16:20-18:00	**Parkinson's Disease 3**
16:20-17:00	**Adenosine antagonists should be added before levodopa is increased for OFF**
	Capsule: Despite increasing dopaminergic replacement, OFF time persists. The role of nondopaminergic strategies to modulate striatal outflow pathways is increasingly being recognized as a therapeutic strategy. Adenosine 2a receptors are overactive and act as a “brake” increasing OFF time. Should specific adenosine 2a antagonists be added to the therapeutic regimen prior to increasing levodopa when OFF persists?
16:20-16:25	Moderator: **Stuart Isaacson,** USA Introduction and Pre-Debate Voting
16:25-16:35	YES: **Rajesh Pahwa, USA**
16:35-16:45	NO: **TBA**
16:45-17:00	Discussion, Rebuttals and Post-Debate Voting

17:00-17:40	**Huntington Disease: Should evaluation and treatment for Chorea or Psychiatric symptoms be prioritized?**
	Capsule: Huntington Disease causes early and progressive chorea, in addition to psychiatric symptoms of depression, psychosis, and cognitive impairment. In the past, while clinical impact of nonmotor symptoms has been highlighted, the impact of chorea has been less recognized. Now that newer VMAT2 inhibitors (deutetrabenazine, valbenazine) with established efficacy and demonstrated tolerability have become available, should the impact of chorea be routinely evaluated and treatment considered earlier in the disease course?
17:00-17:05	Moderator: **Stuart Isaacson**, USA Introduction and Pre-Debate Voting
17:05-17:15	Yes, prioritize chorea: **TBA**
17:15-17:25	No, prioritize psychiatric symptoms: **Daniel Weintraub,** USA
17:25-17:40	Discussion, Rebuttals and Post-Debate Voting
17:40-18:00	Panel discussion and closing remarks

SATURDAY, MARCH 25, 2023		
09:10-10:10	**Multiple Sclerosis (MS) 1**	**HALL B**
Chairs:	***Giancarlo Comi***, Italy*;* ***Hans Lassmann***, Austria	
	Epstein-Barr virus and MS: An old and new story	
	Epidemiology – ***Ingrid Kockum***, Sweden *Pathology* – ***Hans Lassmann***, Austria *Immunopathogenesis* – ***Francesca Aloisi***, Italy *Possible interventions* – ***Gavin Giovannoni***, UK	
Chair:	**Larysa Sokolova**, Ukraine **; Slobodan Vojinovic**, Serbia	
10:10-11:00	**What dictates MS progression: PIRA vs Relapses?**	
	Capsule: MS is a neurodegenerative dieses, with recurrent inflammatory relapses. What is most responsible for the accumulating disability? Is it the relapses with incomplete remission or an underlying progressive process, independent of relapses activity (RIPA)?	
10:10-10:20	Moderator**: Joab Chapman**, Israel Introduction and Pre-Debate Voting	
10:20-10:35	Relapses: **Giancarlo Comi**, Italy	
10:35-10:50	PIRA: **Gavin Giovannoni**, UK	
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting	
11:30-12:30	Industry Sponsored Symposium	
12:30-13:30	Lunch Break, Visit the Exhibition and E-Posters	
12:30-13:30	Meet the experts	MTE 1
12:30-13:30	Meet the experts	MTE 2

13:30-16:00	**Multiple Sclerosis (MS) 2**	**HALL B**
Chair:	**David Bonifacic**, Croatia**; Yildiz Degirmenci**, Turkey	
13:30-14:20	**There is no dependable measure to assess whether disease modifying therapies (DMT) work in chronic progressive MS**	
	Capsule : Only a proportion of patients with primary and secondary progressive multiple sclerosis respond to recently approved DMTs. The early assessment whether the DMT works is of the utmost importance because risks may overcome benefits. Clinical and paraclinical measures used to assess treatment response in relapsing remitting multiple sclerosis have a marginal role in progressive multiple sclerosis. How can we assess treatment failure in progressive patients?	
13:30-13:40	Moderator**: Joab Chapman**, Israel Introduction and Pre-Debate Voting	
13:40-13:55	YES: **Brian Weinshenker**, USA	
13:55-14:10	NO: **Gavin Giovannoni**, UK	
14:10-14:20	Discussion, Rebuttals and Post-Debate Voting	
14:20-15:10	**Digital technology is valuable to characterise and monitor MS**	
	Capsule: Digital technology is invading all the aspects of medicine providing physician an important support in decision making processes. Of particular potential value is the remote monitoring with wearable devices and smartphones because of the objective, frequent, and sensitive assessment of disease outside of the clinic environment. Are the existing data in MS sufficient to claim for a widespread introduction of these techniques in clinical practice?	
14:20-14:30	**Moderator: Konrad Rejdak,** Poland Introduction and Pre-Debate Voting	
14:30-14:45	YES: **László Vécsei,** Hungary	
14:45-15:00	NO: **Leticia Leocani,** Italy	
15:00-15:10	Discussion, Rebuttals and Post-Debate Voting	

15:10-16:00	**Artificial intelligence (AI) allows more accurate prediction of disease prognosis than conventional measures**	
	Capsule: Artificial intelligence (AI), from machine learning to deep learning, are increasingly used in medicine. AI techniques are especially useful in rapid processing and interpreting numerous data sets that are gathered in the context of individual patients (such as from neuroimaging) or in medical records derived from large populations (big data). Although helpful in saving time and assisting medical professionals in diagnosing, predicting risks and treatment response, they are still burdened with a number of challenges, including too small of a sample size, lack of generalizability or lack of validation in clinical practice.	
15:10-15:20	Moderator: **Alicja Kalinowska,** Poland Introduction and Pre-Debate Voting	
15:20-15:35	YES: **Klaus Schmierer**, UK	
15:35-15:50	NO: **Robert Zivadinov**, USA	
15:50-16:00	Discussion, Rebuttals and Post-Debate Voting	
16:00-16:20	Coffee Break, Visit the Exhibition and E-Posters	
16:20-18:00	**Multiple Sclerosis (MS) 3**	**HALL B**
Chair:	**Andrijana Bogoje Raspopovic**, Croatia ; **Maro Vodopic** , Croatia	
16:20-17:10	**Vaccinations trigger MS activity and may worsen outcomes**	
	Capsule: The issue of whether vaccinations can trigger the appearance of the first episode of MS or the appearance of relapses has been debated before, yet has resurfaced with COVID-19 immunization. Should MS patients be immunized?	
16:20-16:30	Moderator: **Klaus Schmierer**, UK Introduction and Pre-Debate Voting	
16:30-16:45	YES: **Olaf Stuve**, USA	
16:45-17:00	NO: **Ron Milo,** Israel	
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting	

17:10-18:00	**The optic nerve should become the fifth site in the new diagnostic criteria of MS**
	Capsule: Optic neuritis is the presenting clinical manifestation of MS in one patient out of five. The combination of magnetic resonance imaging, visual evoked potentials and optical coherence tomography may reveal subclinical involvement of optic nerve in about 15% of patients at onset. But despite this, in the last version of the McDonald diagnostic criteria the optic nerve is not included among the anatomic sites that contribute to the demonstration of spatial dissemination of the disease. Are the advances of structural and functional techniques and the new evidence of epidemiological studies sufficient to include the optic nerve as the fifth site in the new diagnostic criteria?
17:10-17:20	Moderator: **Jelena Drulovic,** Serbia Introduction and Pre-Debate Voting
17:20-17:35	YES: **Giancarlo Comi**, Italy
17:35-17:50	NO: **Ron Milo,** Israel
17:50-18:00	Discussion, Rebuttals and Post-Debate Voting

	SATURDAY, MARCH 25, 2023	
09:10-11:00	**Alzheimer's disease (AD) and dementia**	**HALL C**
Chairs:	**Zvezdan Pirtošek**, Slovenia; **Robert Perneczky**, Germany	
09:10-10:10	**Should AD biomarker results be disclosed to research participants**	
	Capsule: Several large clinical trials are underway to discover therapies to delay or prevent the onset of dementia associated with AD. A common feature of these trials is that they are testing therapies in people with preclinical or early clinical disease with a biologically defined risk of developing dementia caused by AD. When these trials eventually succeed, it is reasonable to expect the widespread adoption of biomarker testing into clinical practice. But it is less clear, whether biomarker results should be shared with trials participants, which will be discussed in this debate.	
09:10-09:20	Moderator: **Rema Raman**, USA	

	Introduction and Pre-Debate Voting	
09:20-09:35	YES: **Magda Tsolaki**, Greece	
09:35-09:50	NO: **Giancarlo Logroscino,** Italy	
09:50-10:10	Discussion, Rebuttals and Post-Debate Voting	
10:10-11:00	**Does the existing evidence support the potential effectiveness of anti-tau immunotherapies in AD?**	
	Capsule: The microtubule-associated, axonal tau protein accumulates both in the intra- and the extracellular space in AD and other tauopathies. So far, all clinical studies focusing on tau have failed. The present debate will focus on the question if available data support the effectiveness of anti-tau treatments.	
10:10-10:20	Moderator: **Rik Ossenkoppele**, The Netherlands Introduction and Pre-Debate Voting	
10:20-10:35	YES: **Panteleimon Giannakopoulos**, Switzerland	
10:35-10:50	NO: **Robert Perneczky**, Germany	
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting	
11:00-11:30	Coffee Break, Visit the Exhibition and E-Posters	
11:30-12:30	Industry Sponsored Symposium	
12:30-13:30	Lunch Break, Visit the Exhibition and E-Posters	
12:30-13:30	Meet the experts 1	MTE 1
12:30-13:30	Meet the experts 2	MTE 2
13:30-16:00	**Alzheimer's disease (AD) and dementia**	**HALL C**
Chairs:	**Panteleimon Giannakopoulos**, Switzerland ; **Hahn Young Kim,** South Korea	
13:30-14:20	**Are gene therapies targeting APOE ε4 promising future treatments in dementia?**	
	Capsule: The Apolipoprotein E (APOE) ε4 allele is the strongest known genetic susceptibility factor of sporadic, late-onset AD. APOE ε4 contributes to AD pathogenesis through multiple pathways including amyloid-β deposition, increased tangle formation, synaptic	

	dysfunction, exacerbated neuroinflammation and cerebrovascular disease. Since APOE modulates multiple biological processes through its corresponding protein, gene therapies targeting APOE may be promising against AD development, which will be discussed in the present debate.
13:30-13:40	Moderator: **Zvezdan Pirtosek**, Slovenia Introduction and Pre-Debate Voting
13:40-13:55	YES: **Magda Tsolaki**, Greece
13:55-14:10	NO: **Gabriela Novotni,** Northern Macedonia
14:10-14:20	Discussion, Rebuttals and Post-Debate Voting
14:20-15:10	**Stopping clinical therapy trials because of futility should be allowed**
	Capsule: An approach utilized increasingly in clinical trials is to allow a study to be stopped early when it seems unlikely to achieve its primary efficacy objectives. This is commonly referred to as stopping for futility and can be motivated by financial and/or ethical considerations. Several methods for addressing futility have been adopted in different trials, including rules based upon conditional power or predictive probability, for example. Futility stopping should provide an objective sensible balance between risks of incorrect decisions (e.g., stopping trials which should continue, and continuing trials which should stop), and this debate will cover the ethics related to futility decisions.
14:20-14:30	Moderator: **Zvezdan Pirtosek,** Slovenia Introduction and Pre-Debate Voting
14:30-14:45	YES: **Rema Raman**, USA
14:45-15:00	NO: **Amos Korczyn**, Israel
15:00-15:10	Discussion, Rebuttals and Post-Debate Voting
15:10-16:00	**Are existing blood amyloid and tau biomarkers sensitive enough to detect early AD stages?**
	Capsule: In a chronic medical condition, early diagnosis becomes an issue when treatment is available that can alter its course. Regarding AD, there is hope that novel disease-modifying drugs or prevention strategies will have the capacity of slowing down the

	neurodegeneration and the associated clinical decline. This optimistic prospect is often coupled with the expectation that such treatments may provide greatest benefit to patients at the stage of absent or minor cognitive impairment since higher levels of functioning, independence, and quality of life will be maintained. This debate will focus on the central question whether AD can (and should) be diagnosed based on blood biomarker results.	
15:10-15:20	Moderator: **Robert Perneczky**, Germany Introduction and Pre-Debate Voting	
15:20-15:35	YES: **Panteleimon Giannakopoulos**, Switzerland	
15:35-15:50	NO: **Rik Ossenkoppele,** The Netherlands	
15:50-16:00	Discussion, Rebuttals and Post-Debate Voting	
16:00-16:20	Coffee Break, Visit the Exhibition and E-Posters	
16:20-18:00	**Alzheimer's disease (AD) and dementia 3**	**HALL C**
Chairs:	**Marina Boban**, Croatia; **Robert Perneczky**, Germany	
16:20-17:10	**Does an atypical dementia syndrome always predict mixed pathology at autopsy?**	
	Capsule: Epidemiological, clinical, and pathological evidence suggest a considerable overlap between cerebrovascular lesions and AD pathology. Both pathologies could have additive and/or synergistic effects on cognitive decline and dementia. Cerebral amyloid angiopathy and small vessel disease are the most frequent vascular pathologies in older age and AD. However, there is an ongoing debate about the correlation of clinical symptoms and findings at autopsy, which will be discussed in the present debate.	
16:20-16:30	Moderator: **Giancarlo Logroscino**, Italy Introduction and Pre-Debate Voting	
16:30-16:45	YES**: Luiza Spiru,** Romania	
16:45-17:00	NO: **Milica G Kramberger**, Slovenia	
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting	

17:10-18:00	**Is long COVID likely to affect the prevalence of AD**
	Capsule: Infectious etiology of AD has been postulated for decades. It remains unknown whether the SARS-CoV-2 viral infection is associated with increased risk for Alzheimer's disease. Focused research to understand the underlying mechanisms and for continuous surveillance of long-term impacts of COVID-19 on AD are continuing
17:10-17:20	Moderator: **Milica G Kramberger**, Slovenia Introduction and Pre-Debate Voting
17:20-17:35	YES**:** **Luiza Spiru,** Romania
17:35-17:50	NO: **Zvezdan Pirtosek,** Slovenia
17:50-18:00	Discussion, Rebuttals and Post-Debate Voting
18:00	Closing Ceremony Hall A

SESSIONS SUPPORTED BY UNRESTRICTED EDUCATIONAL GRANTS

Acadia has provided an unrestricted educational grant in support of the Parkinson diseases program

Alora has provided an unrestricted educational grant in support of the Parkinson diseases program

Cerevel Therapeutics, LLC has provided an unrestricted educational grant in support of the Parkinson diseases program

Kyowa Kirin has provided an unrestricted educational grant in support of the Parkinson diseases program

Lundbeck has provided an unrestricted educational grant in support of the Headache program

Merz Therapeutics has provided an unrestricted educational grant in support of the Parkinson diseases program

Neurocrine Biosciences has provided an unrestricted educational grant in support of the Parkinson diseases program

Prevail has provided an unrestricted educational grant in support of the Parkinson diseases program

Prevail has provided an unrestricted educational grant in support of the ALS program

Sanofi has provided an unrestricted educational grant in support of the Multiple Sclerosis program

Sanofi has provided an unrestricted educational grant in support of the ALS and Neurodegenerative Diseases program

Supernus has provided an unrestricted educational grant in support of the Parkinson diseases program

Teva has provided an unrestricted educational grant in support of the Headache program