SATURDAY, MARCH 23, 2024		
08:20-11:00	Multiple sclerosis: drug therapy	HALL C
Chairs:	**Jacek Losy,** Poland**;**	
08:20-09:10	**Radiologically isolated syndrome (RIS): Disease modifying therapies (DMT) should only be started when symptoms have occurred**	
	Capsule: RIS is considered a possible early indicator of MS or "pre-MS", but since no clinical symptoms have occurred, it is unknown how long one can have RIS without actually ever developing MS. With studies showing that more than half of RIS patients still remain symptom-free 5years+, there may not be a clear indication for starting therapy in everyone	
08:20-08:30	Moderator: **Alicia Kalinowska**, Poland Introduction and Pre-Debate Voting	
08:30-08:45	Yes: **Agne Straukiene**, UK	
08:45-09:00	No: **Mark S. Freedman**; Canada	
09:00-09:10	Discussion, Rebuttals and Post-Debate Voting	
09:10-10:00	**DMT could be discontinued after prolonged stability**	
	Capsule: There is a sense that in some patients, MS "burns out" and patients no longer have relapses or new MRI lesions. Since all DMT are directed at reducing MS activity (relapse and MRI), it is perhaps reasonable to stop the therapy after a period of time when no MS activity has been perceived.	
09:10-09:20	Moderator: **Mark S. Freedman** , Canada Introduction and Pre-Debate Voting	
09:20-09:35	Yes: **Per Soelberg Soerensen,** Denmark	
09:35-09:50	No: **Klaus Schmierer**, UK	
09:50-10:00	Discussion, Rebuttals and Post-Debate Voting	

10:00-11:00	**The central vein sign should be used as a diagnostic criterion**
	Capsule: The central vein sign (CVS) adds an "in vivo histology" marker to the pattern approach of the McDonald criteria, largely based on lesion distribution in space and time. Through its apparent specificity for MS lesions, the CVS may enable a more accurate diagnosis, departing from the McDonald-proviso of "no better explanation". However, is the evidence sufficiently strong, and MRI-technology available widely enough, to include the CVS in the standard set of criteria?
10:00-10:10	Moderator: **Konrad Rejdak**, Poland Introduction and Pre-Debate Voting
10:10-11:25	Yes: **Declan Chard,** UK
10:25-10:45	No : **Daniel Salo Reich,** USA
10:45-11:00	Discussion, Rebuttals and Post-Debate Voting
11:00-11:30	Coffee Break, Exhibition & e-Posters Visit
11:30-12:30 11:30-12:00 12:00-12:20	Plenary Session (Hall A) Chair: **George Chakhava**, Georgia **Aphantasia – when all is dark in the mind's eye' ? Adam Zeman,** UK The impossible pricing of anti-amyloid medication. A global challenge. **Paola Barbarino, UK**
12:30-13:30	Industry Sponsored Symposium (Hall A)
13:30-14:30	MTE
13:30-14:30	Lunch Break, Exhibition & e-Posters Visit

14:30-16:10	Multiple sclerosis 2	HALL C
Chairs:	**David Bonifacic**, Croatia	
14:30-15:20	**Epstein-Barr virus (EBV) is a driver of ongoing MS disease activity**	
	Capsule: EBV is an accepted risk factor for the development of MS. However, does EBV re-activation play an important role even after the disease has been triggered? Recent evidence suggest that MS patients display aberrant EBV gene expression and regulation of both viral and cellular genes in B cells and dysregulated EBV latency. Antiviral treatments can ameliorate EBV replication, viral loads, lytic gene expression, and EBV-mediated inflammation suggesting that dysregulation of EBV latency drives MS activity. But is the evidence robust enough, and what are the counter arguments?	
14:30-14:40	Moderator: **Laszlo Vecsei**, Hungary Introduction and Pre-Debate Voting	
14:40-14:55	Yes: **Francesca Aloisi** , Italy	
14:55-15:10	No : **Gavin Giovannoni**, UK	
15:10-15:20	Discussion, Rebuttals and Post-Debate Voting	
15:20-16:10	**Multiple Sclerosis is progressive from onset**	
	Capsule: The classical vision of MS characterized in more than 90% of cases by two sequential phases, an initial relapsing remitting course followed by a secondary progressive course is now challenged by the recent observation that a progression independent from relapse activity (PIRA) can be seen very early in the disease. So is MS always progressive from the beginning?	
15:20-15:30	Moderator: **Per Soelberg Sorensen,** Denmark Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Floriana De Angelis**, UK	
15:45-16:00	No: **Giancarlo Comi** , Italy	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	

16:10-16:30	Coffee Break, Exhibition & e-Posters Visit
16:30- 18:10	*MS :* **Diagnosis and pathogenesis**
Chairs:	
16:30-17:20	**Microglia are the main drivers of progressive MS**
	Capsule:
16:30-16:40	Moderator: **Ron Milo**, Israel Introduction and Pre-Debate Voting
16:40-16:55	Yes: **Alicja Kalinowska,** Poland
16:55-17:10	No: **Gavin Giovannoni**, UK
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting
17:20-18:10	Enhancing recovery in MS (ECF)
	Chairman: **Giancarlo Comi** (Italy) *Capsule: Early and aggressive disease modifying treatments have positively changed the natural history of MS. On the contrary, very little advances have been achieved in enhancing recovery. The symposium will explore recent developments on remyelination, new strategies for rehabilitation and the potentiation of brain plasticity with neuromodulation.* Strategies to promote remyelination: **Hans Peter Hartung**, Germany Advances in neurorehabilitation: **Peter Feys**, Belgium Role of neuromodulation in enhancing recovery: **Letizia Leocani**, Italy