



The 18th World Congress on CONTROVERSIES IN NEUROLOGY

March 21-23, 2024 | London, UK

PRELIMINARY SCIENTIFIC PROGRAM
Subject to changes – as of November 5, 2023

FRIDAY, MARCH 22, 2024			
08:30-11:00	Stroke 1	HALL	A
Chairs:	TBA		
08:30-09:20	In people with intracerebral hemorrhage (ICH) minimally invasive neurosurgery should be routinely discussed		
	Capsule: to asked Dawson		
08:30-08:40	Moderator: Robert Mikulik , Czech republic Introduction and Pre-Debate Voting		
08:40-08:55	Yes: David Werring , UK		
08:55-09:10	No: Laszlo Csiba , Hungary		
09:10-09:20	Discussion, Rebuttals and Post-Debate Voting		
09:20-10:10	Should we actively treat asymptomatic small vessels disease (SVD)?		
	<i>Capsule: Asymptomatic SVD is perhaps the most common abnormality noted on CT and MR imaging in the elderly population. The presence of SVD increases the risk of symptomatic stroke, dementia, falls, and early mortality. Thus far no definite treatments have been shown to slow the progression of SVD. Should patients with SVD be treated actively with antiplatelet medications or is risk factor management sufficient to manage patients in whom SVD is present on brain imaging?</i>		
09:20-09:30	Moderator: Ashfaq Shuaib , Canada Introduction and Pre-Debate Voting		
09:30-09:45	Yes: Christine Kremer , Sweden		
09:45-10:00	No: Alan Cameron , UK		
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting		



The 18th World Congress on CONTROVERSIES IN NEUROLOGY

March 21-23, 2024 | London, UK

10:10-11:00	Is there an added value to use virtual reality in rehabilitation after stroke?
	<p><i>Capsule: Within the last 10 years there is growing interest in possible applications of advanced technologies such as virtual or augmented reality in medicine. First steps have been made to use these techniques in motor, cognitive and emotional therapies in rehabilitation after stroke. It is however controversial if this will offer additional value for patients or may even be counterproductive taking away resources which could be used better. The question remains if virtual reality offers additional value in stroke rehabilitation .</i></p>
10:00-10:20	Moderator: Nirmal Surya , India Introduction and Pre-Debate Voting
10:20-10:35	Yes: Volker Hömberg , Germany
10:35-10:50	No: Dafin Muresanu , Romania
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting
11:00-11:30	Coffee Break, Exhibition & e-Posters Visit
11:30-12:30	Plenary Session (Hall A) Chair: Lea Grinberg USA, Brazil The use of AI in neurology. Sanjay Budheo , UK Sleep disorders and brain health Claudio Bassetti , Switzerland
	Industry Sponsored Symposium (Hall A)
	MTE
	Lunch Break, Exhibition & e-Posters Visit



The 18th World Congress on CONTROVERSIES IN NEUROLOGY

March 21-23, 2024 | London, UK

14:30-16:10	Stroke	HALL A
Chairs:	Christine Kremer , Sweden	
14:30-15:20	Mechanical Thrombectomy (MT) for large core infarcts is a worthwhile use of health care resources	
	<i>Capsule: Patients with large infarct core on baseline imaging were excluded from MT studies due to their assumed poor outcome. It is still unclear whether reperfusion therapies are safe and beneficial in this group of patients. The debate will try to answer the open questions: What is the best imaging modality to diagnose the large infarct core? Can analysis of risk-benefit balance justify MT for this group of patients? How can the risk of complications be reduced?</i>	
14:30-14:40	Moderator: Laszlo Csiba , Hungary Introduction and Pre-Debate Voting	
14:40-14:55	Yes: Ashfaq Shuaib , Canada	
14:55-15:10	No: Phil White , UK	
15:10-15:20	Discussion, Rebuttals and Post-Debate Voting	
15:20-16:10	TBA	
	Capsule:	
15:20-15:30	Moderator: Natan Bornstein , Israel Introduction and Pre-Debate Voting	
15:30-15:45	Yes : TBA	
15:45-16:00	No : TBA	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-16:30	Coffee Break, Exhibition & e-Posters Visit	



The 18th World Congress on CONTROVERSIES IN NEUROLOGY

March 21-23, 2024 | London, UK

16:10-18:10	STROKE 3	HALL A
Chairs:	TBA	
16:30-17:20	Can GLP-1 agonists be used to reduce recurrence stroke risk in non-diabetic obese individuals?	
	<i>Capsule: There is evidence from studies in diabetes that GLT-1 receptor agonist treatment may reduce cardiovascular events, including stroke. A recent large study in obese people with no evidence of diabetes reveals that GLP1 receptor agonists may also be effective in the reduction of stroke in such non-diabetic individuals. Should GLT-1 receptor agonists be used in obese non-diabetic individuals for stroke prevention?</i>	
16:30-16:40	Moderator: Vida Demarin , Croatia Introduction and Pre-Debate Voting	
16:40-16:55	Yes: Natan Bornstein , Israel	
16:55-17:10	No: Jesse Dawson , UK	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	
17:20-18:10	Should patients with mild non-disabling stroke admitted within 4.5h be considered for thrombolysis?	
	<i>Capsule: The role of thrombolysis in treatment of patients with AIS with low National Institutes of Health Stroke Scale (NIHSS) scores is not well understood. The use of intravenous thrombolysis in patients with low NIHSS has increased. However, in the absence of definitive evidence, practice pattern is widely variable. Here we debate the thrombolysis of non-disabling strokes in view of the most recent evidence.</i>	
17:20-17:30	Moderator: Natan Bornstein	
17:30-17:45	Yes: Derk Krieger , UAE	
17:45-18:00	NO: Jesse Dawson , UK	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	