SCIENTIFIC PROGRAM
As of January 11, 2024 – Subject to changes

FRIDAY, MARCH 22, 2024		
08:30-11:00	**HEADACHE : Migraine and cluster headache**	HALL C
Chairs:	**Vlasta Vukovic Cvetkovic**, Denmark**; Ruta Mameniskiene**, Lithuania	
08:30-09:20	Are anti-CGRP mAbs effective in prevention of cluster headache?	
	Capsule: Cluster headache is a serious medical condition that lacks disease-specific and mechanism-based treatments. There is some evidence that galcanezumab may be effective in reducing the frequency of cluster headache attacks, but the evidence is weak. Are anti-CGRP mAbs effective and should they be used in people with episodic cluster headache?	
08:30-08:40	Moderator: **Dimos Mitsikostas,** Greece Introduction and Pre-Debate Voting	
08:40-08:55	YES: **Giorgio Lambru**, UK	
08:55-09:10	NO: **Hakan Ashina**, Denmark	
09:10-09:20	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	Premonitory symptoms in migraine and cluster headache are important for treatment	
	Capsule: Premonitory symptoms in migraine and cluster headache involve the central parts of the trigeminovascular system (TVS) indicating its activation. Whether preventive migraine treatments acting on the peripheral parts of the TVS can reduce the incidence of premonitory symptoms, not just the incidence of headache attacks, in people with migraine and/or cluster headache, remains an attractive hypothesis.	
09:20-09:30	Moderator: **Cristina Tassorelli**, Italy Introduction and Pre-Debate Voting	
09:30-09:45	YES: **Anna Andreou**, UK	
09:45-10:00	NO: **Hakan Ashina**, Denmark	
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting	

10:10-11:00	Is central 5-HT1F agonism essential for ditans to be effective?
	Capsule: 5-HT1F receptors have been identified in both peripheral and central parts of the TVS. Ditans penetrating the blood brain barrier and activating 5-HT1F receptors in both parts of the TVS, also induce adverse effects that limit their use. Is central 5-HT1F agonism essential for ditans to be effective, or is the peripheral action enough, like with all other migraine-specific and mechanism based symptomatic treatments?
10:00-10:20	Moderator: **Dimos Mitsikostas**, Greece Introduction and Pre-Debate Voting
10:20-10:35	Yes: **Anna Andreou**, UK
10:35-10:50	No: **Antoinette Maassen van den Brink**, The Netherlands
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting
14:30-16:10	**HEADACHE : Ditans and Gepants**
Chairs:	**Marjan Zaletel,** Slovenia ; **Tomas Nezadal,** Czech republic
14:30-15:20	Addition of a gepant for the acute care of migraine attacks is safe and effective in patients on anti-CGRP mAbs
	Capsule: The consideration of using gepants for aborting migraine attacks remains a topic of debate when managing patients who are concurrently prescribed anti-CGRP mAbs as preventive therapy. Moreover, considering the safety aspects of combining two drugs that target CGRP signaling, it's important to discuss adding a gepant for immediate migraine relief in patients on anti-CGRP mAbs preventive treatment.
14:30-14:40	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting
14:40-14:55	Yes: **Cristina Tassorelli**, Italy
14:55-15:10	No**: Gisela Terwindt,** The Netherlands
15:10-15:20	Discussion, Rebuttals and Post-Debate Voting
15:20-16:10	Are gepants and ditans efficacious and safe for people with vascular risk factors?
	Capsule: Preclinical studies showed that CGRP is a potent vasoactive neuropeptide, yet activation of 5-HT1F receptors does not constrict coronary or cerebral arteries. Is there evidence supporting the use of treatments targeting either the CGRP neuropeptide, e.g., the gepants, or the 5-HT1F receptor, e.g., the ditans, in people with migraine and vascular risk factors?
15:20-15:30	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting
15:30-15:45	Yes: **Jose Miguel Lainez**, Italy
15:45-16:00	No: **Gisela Terwindt**, The Netherlands
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting
16:10-16:30	Coffee Break, Exhibition & e-Posters Visits

16:30-18:10	**Artificial intelligence, medication overuse headache**
Chair:	**Licia Grazzi,** Italy
16:30-17:20	Is Artificial Intelligence (AI) ready for inclusion in headache management?
	Capsule: AI systems have gotten our attention as they have emerged in all aspects of the working and education worlds. In medicine, AI was initially promoted as a way to improve the quality of diagnosis and treatment planning, as well as a way to deliver care more efficiently. But most would agree it has not lived up to its promise. Recently however, with increased power of operating systems and new designs for analyzing data, this may be about to change and it may revolutionize medicine including the care of patients with headache disorders. It the time now?
16:30-16:40	Moderator: **Alan Rapoport**, USA Introduction and Pre-Debate Voting
16:40-16:55	Yes: **Rob Cowan**, USA
16:55-17:10	No: **Morris Levin**, USA
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting
17:20-18:10	Is it necessary to detoxify most patients with Medication Overuse Headache (MOH) in order to achieve success?
	Capsule: Ever since the concept for MOH was promoted, a key tenet was that patients with this syndrome could not improve until the overused medication was removed. Only then, would preventive medications be effective in reversing the chronification of the primary headache disorder. Recent data calls this dogma into question, but there is still disagreement about the best way(s) to help patients.
17:20-17:30	Moderator: **Cristina Tassorelli**, Italy Introduction and Pre-Debate Voting
17:30-17:45	Yes: **Morris Levin**, USA
17:45-18:00	No: **Alan Rapoport**, USA
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting