PRELIMINARY SCIENTIFIC PROGRAM (Subject to changes – as of Febuary 11, 2024)

THURSDAY, MARCH 21, 2024		
08:10 – 10:50	**Alzheimer's disease (AD): Biomarkers**	**HALL B**
Chair:	**Marina Janelidze,** Georgia	
08:10-09:00	Biomarkers are useful in subjective cognitive complaints and should be tested in each patient	
	Capsule: Patients with SCC are at increased risk to develop dementia . it is important to identify who is at risk. Are there any biomarkers which van help?	
08:10-08:20	Moderator: **Tom Neylan,** USA Introduction and Pre-Debate Voting	
08:20-08:35	Yes: **Paul Edison,** UK	
08:35-08:50	No: **Zvezdan Pirtosek**, Slovenia	
08:50-09:00	Discussion, Rebuttals and Post-Debate Voting	
09:00-09:50	Are serum markers such as phospho-tau useful in diagnosing AD ?	
	Capsule: *In a chronic medical condition, early diagnosis becomes important when treatment is available that can alter its course. Regarding AD , there is hope that drugs or prevention strategies will have the capacity of slowing down the neurodegeneration. Such treatments may provide greatest benefit to early stage since higher levels of functioning, independence, and quality of life will be maintained. Blood-based biomarkers would be critical in making early diagnosis accessible in routine clinical care. This debate will focus on the central question whether AD can (and should) be diagnosed early based on biomarkers measured in blood.*	
09:00-09:10	Moderator**: Xiaoping Wang**, People's Republic of China Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Robert Perneczky**, Germany	
09:25-09:40	No: **Arfan Ikram**, The Netherlands	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	

09:50-10:50	**Sleep, Alzheimer's and Dementia – *session in cooperation with Alzheimer's Association***	
09:50-09:55	Moderators: **Claire Sexton**, USA; **Lea Grinberg,** USA	
09:55-10:10	Sleep as risk factor - evidence and interventions: **Sharon Naismith**, Australia	
10:10-10:25	Neuropathology and neuroimaging of sleep: **Neus Falgas,** Spain	
10:25-10:40	Sleep in clinical populations: **Tom Neylan**, USA	
10:40-10:50	Panel Discussion	
15:00-16:40	**AD: Therapy**	**HALL B**
Chairs:	**Panteleimon Giannakopoulos**, Switzerland ; **Yvonne Freund-Levi**, Sweden	
15:00-15:50	Obstructive sleep apnea is detrimental in patients with dementia and should always be treated	
	Capsule: An overwhelming body of work suggests that obstructive sleep apnea is more prevalent in patients with dementia and may be one of the risks for development of dementia. Whilst the exact mechanics of this bidirectional relationship are not fully understood, several studies advocate that early diagnosis, and early treatment of sleep apnea in patients with dementia may improve their quality of life, and possibly also decelerate the neurodegenerative process. In this debate the major limitations and/or potential contraindications, as well as the most promising aspects of OSA-treatment approach will be discussed.	
15:00-15:10	Moderator: **Michael D. Geschwind**, USA Introduction and Pre-Debate Voting	
15:10-15:25	Yes: **Ivana Rosenzweig,** UK	
15:25-15:40	No: **Sharon Naismith**, Australia	
15:40-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:40	Is cognitive reserve a useful term?	
	*Capsule: The concept of reserve was established to account for the observation that a given degree of neurodegenerative pathology may result in varying severities in different individuals. There is a large amount of evidence on epidemiological risk and protective factors for neurodegenerative diseases and dementia, yet the biological mechanisms that underpin the protective effects of certain lifestyle and physiological variables remain poorly understood, limiting the development of more effective preventive and treatment strategies. Additionally, different definitions and concepts of reserve exist, which hampers the coordination of research and comparison of results across studies. Is cognitive reserve just another buzz word or is the phenomenon supported by enough scientific evidence***?***	
15:50-16:00	Moderator: **Robert Perneczky**, Germany Introduction and Pre-Debate Voting	
16:00-16:15	Yes: **Yaakov Stern** , USA	
16:15-16:30	No: **Amos Korczyn** , Israel	
16:30-16:40	Discussion, Rebuttals and Post-Debate Voting	

17:00-18:40	AD 3	HALL B
Chairs:	**Judith Aharon**, Israel; **Milica G. Kramberger**, Slovenia	
17:00-17:50	Antiamyloid drugs have only a very limited effect and will not be clinically useful for most patients	
	Capsule: Several large clinical trials have demonstrated potential utility of amyloid-targeting approaches in slowing the progression of AD. These treatments may change the course of the disease in some people in the early stages, giving them more time to participate in daily life. However, while promising, these treatments have also been shown to have significant side effects and high cost. In this debate the major limitations as well as the most promising aspects of amyloid-targeting approach will be discussed.	
17:00-17:10	Moderator: **John Hardy, UK** Introduction and Pre-Debate Voting	
17:10-17:25	Yes: **Dorota Religa** ,Sweden	
17:25-17:40	No: **Paul Edison,** UK	
17:40-17:50	Discussion, Rebuttals and Post-Debate Voting	
17:50-18:40	Should lecanemab use be extended beyond 18 months?	
	Capsule: There is only one phase 3 randomized trial of lecanemab and one of donanemab. Both were undertaken to support FDA marketing approval; and both have uncontrolled, long-term extended treatment options provided for participants who completed the 18 month trials and wished to continue treatment. As the clinical effects of these antibodies are small and dropouts and adverse events fairly common a question arises about whether treatment should be continued beyond the length of the trials and whether any clinical benefit might become apparent over the long-term. Only a few hundred clinical trials patients have been exposed to these antibodies beyond 18 months; and no regular clinic patient in the USA or Japan could have been exposed to lecanemab for more than 8 months. Thus this issue is ripe for debate as evidence is sparse or absent. This debate might highlight what needs to be considered for better understanding of treatment.	
17:50-18:00	Moderator: **Zvezdan Pirtosek,** Slovenia	
18:00-18:15	Yes: **Dorota Religa**, Sweden	
18:15-18:30	No: **Lon Schneider** , USA	
18:30-18:40	Discussion, Rebuttals and Post-Debate Voting	