



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

FRIDAY, MARCH 22, 2024		
08:30-11:00	HEADACHE : Migraine and cluster headache	HALL C
Chair:	Vlasta Vukovic Cvetkovic , Denmark ; Ruta Mameniskiene , Lithuania	
08:30-09:20	Are anti-CGRP mAbs effective in prevention of cluster headache?	
	<i>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. Should CGRP mAbs be used in people with episodic cluster headache?</i>	
08:30-08:40	Moderator: Dimos Mitsikostas , Greece Introduction and Pre-Debate Voting	
08:40-08:55	YES: Giorgio Lambriu , UK	
08:55-09:10	NO: Patricia Pozo-Rosich , Spain	
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	
	<i>Capsule: Premonitory symptoms in migraine and cluster headache involve activation of the central parts of the trigeminovascular system (TVS). 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.</i>	
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: Haakan Ashina , Denmark	
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting	

10:10-11:00	Is central 5-HT _{1F} agonism essential for ditans to be effective?
	<i>Capsule: 5-HT_{1F} receptors have been identified in both peripheral and central parts of the TVS. Ditans penetrating the blood brain barrier and activating 5-HT_{1F} receptors in both parts of the TVS, also induce adverse effects that limit their use. Is central 5-HT_{1F} agonism essential for ditans to be effective, or is the peripheral action enough, like with all other migraine-specific and mechanism based symptomatic treatments?</i>
10:00-10:20	Moderator: <u>Dimos Mitsikostas</u> , Greece Introduction and Pre-Debate Voting
10:20-10:35	Yes: <u>Anna Andreou</u> , UK
10:35-10:50	No: <u>Antoinette Maassen van den Brink</u> , The Netherlands
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting

14:30-16:10	HEADACHE : Ditans and Gepants	HALL C
Chairs:	<u>Marjan Zaletel</u> , Slovenia ; <u>Tomas Nezadal</u> , 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	
	<i>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</i>	
14:30-14:40	Moderator: <u>Messoud Ashina</u> , Denmark Introduction and Pre-Debate Voting	
14:40-14:55	Yes: <u>Cristina Tassorelli</u> , Italy	
14:55-15:10	No: <u>Gisela Terwindt</u> , 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?	
	<i>Capsule: Preclinical studies showed that CGRP is a potent vasoactive neuropeptide, yet activation of 5-HT_{1F} 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-HT_{1F} receptor, e.g., the ditans, in people with migraine and vascular risk factors?</i>	
15:20-15:30	Moderator: <u>Messoud Ashina</u> , Denmark Introduction and Pre-Debate Voting	
15:30-15:45	Yes: <u>Jose Miguel Lainez</u> , Italy	
15:45-16:00	No: <u>Gisela Terwindt</u> , The Netherlands	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	

16:30-18:10	Medication overuse headache and artificial intelligence	HALL C
Chair:	<u>Licia Grazzi</u> , Italy	
16:30-17:20	Is Artificial Intelligence (AI) ready for inclusion in headache management?	
	<i>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?</i>	
16:30-16:40	Moderator: <u>Alan Rapoport</u> , USA Introduction and Pre-Debate Voting	
16:40-16:55	Yes: <u>Robert Cowan</u> , USA	
16:55-17:10	No: <u>Morris Levin</u> , 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?	
	<i>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.</i>	
17:20-17:30	Moderator: <u>Cristina Tassorelli</u> , Italy Introduction and Pre-Debate Voting	
17:30-17:45	Yes: <u>Morris Levin</u> , USA	
17:45-18:00	No: <u>Alan Rapoport</u> , USA	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	