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

THURSDAY, MARCH 21, 2024		
08:10 – 10:50	**Parkinson's disease (PD)**	**HALL C**
Chairs:	**Cristian Falup-Pecurariu**, Romania; **Hana Brozova**, Czech Republic	
08:10-09:00	Has the DLB vs. PD(D) distinction outlived its usefulness?	
	Capsule: The timing of dementia relative to parkinsonism is the major clinical distinction between DLB and PD. There is evidence of overlap of clinical, neuropsychological, and neuropathological features of DLB and PD, remarkably convergent neuropathologic changes at autopsy. These can be a reason to believe that PD and DLB are different phenotypic expressions of the same underlying process and therefore, maybe it is time to consider that the DLB vs. PD(D) distinction outlived its usefulness?	
08:10-08:20	Moderator: **Nestor Galvez** , USA Introduction and Pre-Debate Voting	
08:20-08:35	Yes: **Lea Grinberg** , USA	
08:35-08:50	No: **Vladimira Vuletic**, Croatia	
08:50-09:00	Discussion, Rebuttals and Post-Debate Voting	
09:00-09:50	With the limitation of dopamine-based therapy, should therapy in PD be directed in other directions?	
	Capsule: PD is not only a disease with a shortage of dopamine but is a multi-transmitter disease. Should other options than simply dopamine replacement be discussed, or does levodopa still have untapped potential?	
09:00-09:10	Moderator: **Michael Ugrumov** Russia Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Jaroslaw Slawek**, Poland	
09:25-09:40	No: **Heinz Reichmann**, Germany	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	

08:10 – 10:50	**Parkinson's disease (PD)**	**HALL C**
09:50-10:50	Is it possible to modify the disease course in PD?	
	Capsule: As we may soon get options to diagnose PD in its prodromal phase, disease-modifying therapies may get a second chance.	
09:50-10:00	Moderator: **Avner Thaler**, Israel Introduction and Pre-Debate Voting	
10:00-10:15	Yes: **Vladimira Vuletic**, Croatia	
10:15-10:30	No: **Jaroslaw Slawek** ,Poland	
10:30-10:50	Discussion, Rebuttals and Post-Debate Voting	
15:00-16:40	**Precision therapies in PD**	**HALL C**
Chairs:	**Gilad Yahalom,** Israel; **Weidong Le,** China	
15:00-15:50	Are we ready for precision medicine in PD?	
	Capsule: Developments in -omic technologies as well as deep phenotyping support the heterogeneity of PD risk and progression. However, this has not yet translated into "personalized medicine" outside of the research environment. Are we ready yet to tailor disease prevention and/or treatment according to different disease profiles?	
15:00-15:10	Moderator: **Yoav Ben-Shlomo**, UK Introduction and Pre-Debate Voting	
15:10-15:25	Yes: **K. Ray Chaudhuri,** UK	
15:25-15:40	No: **Evzen Ruzicka**, Czech Republic	
15:40-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:40	GBA targeted therapies are a waste of money	
	Capsule: Genetic variants of the GBA1 gene are the commonest genetic risk factor for PD. They result in a number of specific biochemical alterations including lysosomal and mitochondrial dysfunction and accumulation of alpha-synuclein. Is the GBA1 gene and its product (glucocerebrosidase) a reasonable target for therapies to modify the course of PD?	
15:50-16:00	Moderator: **Ziv Gan-Or**, Canada Introduction and Pre-Debate Voting	
16:00-16:15	Yes: **Avner Thaler**, Israel	
16:15-16:30	No : **Anthony Schapira**, UK	
16:30-16:40	Discussion, Rebuttals and Post-Debate Voting	

17:00-18:40	PD 3	HALL C
Chair:	**Yehonatan Sharabi**, Israel; **Ilana Schlesinger** , Israel	
17:00-17:50	Telemedicine is valuable for PD patients care and will become the predominant method	
	Capsule: The COVID-19 pandemia forced many of us to start applying telemedicine. It is also known for many years that the registration of movement during a whole day gives a better insight than taking the history from the patient. Thus, telemedicine may be an option for many PD patients.	
17:00-17:10	Moderator: **Yoav Ben-Shlomo**, UK Introduction and Pre-Debate Voting	
17:10-17:25	Yes: **Heinz Reichmann**, Germany	
17:25-17:40	No: **Anthony Schapira,** UK	
17:40-17:50	Discussion, Rebuttals and Post-Debate Voting	
17:50-18:40	Should idiopathic REM-sleep behavior disorder (iRBD) patients be informed about potential PD prognosis as long as there is no disease modifying therapy (DMT) ?	
	Capsule: iRBD is linked with an increased risk of PD and other alpha-synucleinopathies, but presently there is no consensus about disclosure of this risk to patients.. However, presently, there is no proven neuroprotective strategy, or DMT , to prevent the development of neurological deficits and there are only very limited data concerning counselling of iRBD patients. What are the potential ethical and clinical conundrums in prognostic counselling of iRBD?	
17:50-18:00	Moderator: **K. Ray Chaudhuri,** UK	
18:00-18:15	Yes: **Ivana Rosenzweig**, UK	
18:15-18:30	No: **Danielle Wasserman Berk,** Israel	
18:30-18:40	Discussion, Rebuttals and Post-Debate Voting	