FRIDAY, MARCH 22, 2024		
08:30-11:00	***Parkinson's Disease 2**	**HALL A**
08:30-08:45	Co-Chair Session Introduction: 2024 Overview: Advances in PD Diagnosis and Treatment	
Chairs:	**Stuart Isaacson**, USA ; **Hana Brozova,** Czech Republic	
08:45-09:30	Panel Crossfire Discussion: Are antipsychotics safe to use as first-line therapy for PDP?	
	Capsule: The use of antipsychotics to treat the common nonmotor symptom of hallucinations and delusions in PD Psychosis has been controversial. Only two have regulatory approval (clozapine in EU, pimavanserin in US). Are these antipsychotics safe to use as first-line therapy?	
08:45-08:50	Moderator: **Rajesh Pahwa**, USA Introduction and Pre-Debate Voting	
08:50-09:05	Safety: **Daniel Weintraub**, USA	
09:05-09:20	Panelists: **Daniel Kremens,** USA; **Stuart Isaacson**, USA	
09:20-09:30	Discussion and Post-Panel Voting	
09:30-10:15	Should botulinum toxin always be added to speech therapy as first-line treatment for sialorrhea?	
	Capsule: Sialorrhea is a common but underrecognized nonmotor symptom of PD. Chronic sialorrhea has physical consequences, psychosocial stigma, and significant morbidity. Speech therapy is often prescribed initially, but cholinergic denervation in salivary glands with botulinum toxin is a readily available, evidence-based, approved treatment for sialorrhea. Should first-line therapy include botulinum toxin treatment?	
09:30-09:35	Moderator: **Daniel Kremens,** USA Introduction and Pre-Debate Voting	
09:35-09:50	YES: **Fiona Gupta,** USA	
09:50-10:05	NO: **Salima Brillman,** USA	
10:05-10:15	Discussion, Rebuttals and Post-Debate Voting	

10:15-11:00	Nondopaminergic adenosine receptor mechanisms should be prioritized when OFF fluctuations persist with levodopa adjustment	
	Capsule: Despite increasing levodopa and adjunctive dopaminergic therapies, OFF time often persists. This may indicate the limitations of presynaptic dopaminergic pathways to fully resolve OFF episodes. Striatal adenosine receptors are overactive in PD, and impact direct and/or indirect pathway activity. Should nondopaminergic adenosine receptor antagonists be added to levodopa as soon as motor fluctuations emerge?	
10:15-10:20	Moderator: **Fiona Gupta,** USA Introduction and Pre-Debate Voting	
10:20-10:35	Yes: **Sagari Betté,** USA	
10:35-10:50	No: **Rajesh Pahwa**, USA	
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting	
11:00-11:30	**Coffee Break, Exhibition & e-Posters Visit**	
11:30-13:30	**Plenary Session**	
13:30-14:30	**Lunch Break, Exhibition & e-Posters Visit**	
14:30-18:30	***Parkinson's Disease (PD) 2**	**HALL A**
Co-chairs:	**Ziv Gan-Or**, Canada; **K.Ray Chaudhuri** ,UK	
14:30-15:15	Wearables + AI will be superior to specialist evaluation in identifying suboptimally treated PD	
	Capsule: Clinical recognition of OFF fluctuations and dyskinesia can be difficult in routine practice. The emergence of wearables holds promise to passively record and report these motor states, and combined with emerging AI will continue to improve recognition. Will wearales + AI surpass specialist evaluation?	
14:30-14:35	Moderator: **Stuart Isaacson**, USA Introduction and Pre-Debate Voting	
14:35-14:50	Yes: **Rajesh Pahwa**, USA	
14:50-15:05	No: **Daniel Weintraub**, USA	
15:05-15:15	Discussion, Rebuttals and Post-Debate Voting	

14:30-18:30	***Parkinson's Disease (PD) 2**	**HALL A**
15:15-16:05	Dopamine agonists remain an important therapeutic option for PD	
	Capsule: Dopamine agonists emerged in the early levodopa era and were an important treatment option for decades. More recently, D2-family predominant dopamine agonist side effects has led to decline in their clinical use. However some dopamine agonists with dopamine-like receptor activity (i.e. apomorphine) and emerging D1-specific dopamine agonists (i.e. tavapadon) do not have D2-family predominant receptor side effects. Should dopamine agonists remain part of the therapeutic armamentarium?	
15:15-15:25	Moderator: **Daniel Weintraub,** USA Introduction and Pre-Debate Voting	
15:25-15:40	Yes: **Stuart Isaacson**, USA	
15:40-15:55	No: **Daniel Kremens**, USA	
15:55-16:05	Discussion, Rebuttals and Post-Debate Voting	
16:05-16:50	Long acting COMT inhibitors should be added to immediate-release CD/LD before switching to extended-release CD/LD	
	Capsule: COMT inhibitors prolong the availability of peripheral levodopa, reduce plasma levodopa fluctuations, and prolong the therapeutic duration of benefit of each levodopa dose. COMT inhibitors are clinically used when OFF fluctuations emerge. Should long acting COMT inhibitors be used as soon as levodopa therapy is initiated?	
16:05-16:10	Moderator: **Lucia Batzu,** UK Introduction and Pre-Debate Voting	
16:10-16:25	Yes: **Salima Brillman**, USA	
16:25-16:40	No: **Sagari Betté**, USA	
16:40-16:50	Discussion, Rebuttals and Post-Debate Voting	

14:30-18:30	***Parkinson's Disease (PD) 2**	**HALL A**
16:50-17:35	Continuous subcutaneous apomorphine infusion should be used when oral levodopa no longer provides continuous good-ON	
	Capsule: Apomorphine has dopamine-like postsynaptic receptor activity and dopamine-like robust efficacy. Conversion of exogenous levodopa to dopamine, and its subsequent release from presynaptic striatal nerve terminals is compromised with progression of PD neurodegeneration. Should continuous subcutaneous apomorphine infusion be added as soon as levodopa fails to maintain good-ON time?	
16:50-16:55	Moderator: **Sagari Betté,** USA Introduction and Pre-Debate Voting	
16:55-17:10	Yes: **Daniel Kremens,** USA	
17:10-17:25	No: **Fiona Gupta**, USA	
17:25-17:35	Discussion, Rebuttals and Post-Debate Voting	

17:35-18:20	Dyskinesia remains an important treatment goal
	Capsule: Dyskinesia is a frequent complication in levodopa treatment for PD. Dyskinesia may be unrecognized by patients and its impact overlooked by clinicians. Is dyskinesia still an important treatment goal?
17:35-17:40	Moderator: **K. Ray Chaudhuri**, UK Introduction and Pre-Debate Voting
17:40-17:55	Yes: **Karolina Poplawska-Domaszewicz**, Poland
17:55-18:10	No: **Prashanth Reddy**, UK
18:10-18:20	Discussion, Rebuttals and Post-Debate Voting
18:20-18:30	**Recap of Parkinson's Disease II and Closing Remarks** **Karolina Poplawska-Domaszewicz**, Poland ; **Stuart Isaacson**, USA

*Non CME sessions