Auditoriun Thursday March 22, 2018 POLIN Museum	
09:00-10:30	OPENING SESSION
Chairpersons:	Amos Korczyn, Israel & Jaroslaw Slawek, Poland
09:00-09:25	Welcome remarks: Jaroslaw Slawek, Poland & Amos Korczyn, Israel
09:25-09:30	Welcome remarks: Urszula Fiszer, Poland
09:30-10:00	Pale Rider: Laura Spinney, France
10:00-10:30	Is free will only an illusion? <b>Daniel Drubach</b> , USA
10:30-11:00	Coffee Break
11:00-13:00	PLENARY LECTURES - ALZHEIMER'S DISEASE (AD)
Chairpersons:	Gregorz Kozera, Poland & Weidong Le, China
11:00-11:30	How robotic technology can help in long term care of patients?: Konrad Rejdak, Poland
11:30-12:00	Transmission of human AD: Virginia M. Y. Lee, USA
12:00-12:30	Pharmacological treatment of AD in the year 2028: Ezio Giacobini, Switzerland
12:30-13:00	Why have we failed to cure AD? Amos Korczyn, Israel
13:00-13:45	Lunch Break
13:45-16:15	PLENARY LECTURES - GENETICS
Chairpersons:	Grzegorz Opala, Poland, & Vladimir Donath, Slovakia
13:45-14:15	The roads to decode the genetic architecture of neurodegenerative diseases: Ornit Chiba-Falek, USA
14:15-14:45	Are tau strains significant in human disease? John Trojanowski, USA
14:45-15:15	Clinical genetics of tauopathies, <b>Zbigniew Wszolek</b> , USA
15:15-15:45	Insights from genomic analysis of neurodegeneration: John Hardy, UK
15:45-16:15	Gene therapy in neurological diseases, Krystof Bankiewicz, USA
16:15-16:35	Coffee Break
16:35-17:35	PLENARY LECTURES – THE CHALLENGES
Chairpersons:	Alenka Horvat, Slovenia & Eugene Tarnow, USA
16:35-17:05	Challenges for neurology in the informatics era: Richard Frackowiak, France
17:05-17:35	Freedom for the prisoners of research journals: Vitek Tracz, UK
17:35-18:30	OPENING CEREMONY
Chairpersons:	Ewa Stelmasiak, Poland & Andrzej Friedman, Poland
17:40-18:10	Genesis of the POLIN museum: Marian Turski, Poland
18:10-18:30	Musical pieces by Frederic Chopin: Joab Chapman, Israel
18:30	Welcome Reception

Friday March	Friday March 23, 2018 Hall A	
08:00-08:45	Meet the Expert Sessions	
08:45-10:55	MULTIPLE SCLEROSIS (MS): PATHOGENESIS AND DIAGNOSIS	
Chairpersons:	Zbigniew Stelmasiak, Poland & Robert Lederman, Israel	
08:45-09:50	MS is primarily an inflammatory disease with secondary neurodegeneration.	
	Capsule: There is overwhelming evidence to support an inflammatory component of the pathogenesis of MS. Also, all disease-modifying therapies are anti-inflammatory. However, axonal loss can also be detected in tissue of MS patients, and from the very early stages of the disease. There is an ongoing debate about the sequence of events: Is inflammation triggering neurodegeneration? Does neurodegeneration lead to a secondary inflammatory response?	
08:45-08:55	Host: Joab Chapman, Israel	
08:55-09:15	Pro: <b>Heinz Wiendl</b> , Germany	
09:15-09:35	Con: Alicja Kalinowska, Poland	
09:35-09:50	Discussions and Rebuttals	
09:50-10:55	In patients with clinical evidence of MS-like disease and a confirmatory MRI, CSF examination calbe avoided in most cases.	
	Capsule: The 2010 McDonald criteria were mainly based on clinical and magnetic resonance imaging (MRI) data. However, misinterpretation of non specific white matter abnormalities is the most common reason for misdiagnosis of MS. Therefore, the new 2017 McDonald criteria again include CSF examination. Which patients should have CSF examination? Does the absence of oligoclonal bands in CSF exclude the diagnosis of MS?	
09:50-10:00	Host: Ralf Linker, Germany	
10:00-10:20	Pro: Jacek Losy, Poland	
10:20-10:40	Con: Uros Rot, Slovenia	
10:40-10:55	Discussion and Rebuttals	
10:55-11:10	Coffee Break	
11:10-13:20	MULTIPLE SCLEROSIS: DISEASE COURSE MODIFYING DRUGS	
Chairpersons:	Jerzy Kotowicz, Poland, Melchor Rodrigo, Argentina	
11:10-12:15	Cognitive dysfunction in MS is improved by disease modifying drugs (DMD)	
	Capsule: Cognitive dysfunction is reported in up to 70% of MS patients. Insights into effects of DMD on cognition mainly stem from open-label studies. Thus, there is an ongoing debate whether DMD influence cognitive dysfunction. Should the occurrence or worsening of cognitive decline lead to a switch in DMD and which compound is best suited?  Host: Friedemann Paul, Germany	
11.10 11.20	LOOSE ENGUGUIA CONTRACTOR CONTRAC	
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11:10-11:20 11:20-11:40 11:40-12:00	Pro: Dimitrios Karusis, Israel Con: Joao Jose Araujo Cerqeuira, Spain	

12:15-13:20	Progressive forms of MS respond to agents used for relapsing forms of the disease.
	Capsule: Most DMD do not show efficacy in progressive MS (PMS), and progressing disability is the biggest problem in these patients. Only a few drugs are effective in the treatment of PMS and mainly in patients with superimposed relapses.
12:15-12:25	Host: David Leppert, Switzerland
12:25-12:45	Pro: Ron Milo, Israel
12:45-13:05	Con: Robert Zivadinov, USA
13:05-13:20	Discussion and Rebuttals
13:20-14:20	Plenary Industry Sponsored Symposium (Not for CME)
14:20-15:05	Lunch Break & Meet the Expert sessions
15:05-16:55	MULTIPLE SCLEROSIS: THERAPY OF AGGRESSIVE DISEASE
Chairpersons:	Robert Bonek, Poland & Elena Chorbadzhieva, Bulgaria
15:05-16:00	Second line therapies should be first line in patients with aggressive MS.
	Capsule: In case of breakthrough replapses on first line therapy, second-line therapy with natalizumab, fingolimod or alemtuzumab should be chosen based on benefit-risk stratification. These drugs are also used in highly active RR MS. Some data based on clinical trials (including subgroup analysis) support this approach. But do we have enough evidence for that? What about alternative treatment with cladribine or mitoxantrone?
15:05-15:15	Host: Patrick Vermersch, France
15:15-15:30	Pro: Jacek Losy, Poland
15:30 -15:45	Con: Thomas Müller, Germany
15:45-16:00	Discussion and Rebuttals
16:00-16:55	Bone marrow transplantation is the ultimate treatment in aggressive disease.
	Capsule: Aberrant adaptive immune responses are critical pathogenic events in MS. The adaptive immune system generates memory, both within the B cell and the T cell compartments. Only the elimination of miseducated B and T cells can lead to sustained disease remission. Autologous hematopoietic stem cell transplantation (aHSCT) is the most aggressive form of leukocyte depletion. Even if it offers the highest probability of eradicating autoreactive memory clones, do potential side effects of aHSCT limit its use?
16:00-16:10	Host: <b>Krzystof Selmaj</b> , Poland
16:10-16:25	Pro: Mark Freedman, Canada
16:25-16:40	Con: Brian Weinshenker, USA
16:40-16:55	Discussion and Rebuttals
16:55-17:10	Coffee Break

17:10-19:00	MULTIPLE SCLEROSIS: TREATMENT ISSUES
Chairpersons:	Anastasios Orologas, Greece
17:10-18:05	Should treatment be stopped in MS patients who had an apparently inactive diseases for 5 years?
	Capsule: Numerous DMD are approved for relapsing-remitting MS (RRMS). However, all these agents have potential severe side effects. In addition, the cost of MS medications is extremely high and rising.

	Also, most patients with RRMS will eventually convert to secondary-progressive MS (SPMS), which does not respond to many of these agents. Is it ethical and safe to test whether patients will be stable off therapy?
17:10-17:20	Host: David Leppert, Switzerland
17:20-17:35	Pro: Adam Czaplinski, Switzerland
17:35-17:50	Con: Hans-Peter Hartung, Germany
17:50-18:05	Discussion and Rebuttals
18:05-19:00	Is the switch from ethical to generic MS drugs safe and justified?
	Capsule: Currently approved DMD are expensive and difficult to afford for many patients. As some DMD are losing patent protection, generic versions of them and bio-similar drugs become available. Do generic agents and bio-similar drugs possess the same efficacy and safety as the originally approved agents? Should patients that are doing well on an original DMD be switched to new generic forms, which are cheaper?
18:05-18:15	Host: Aiden Haghikia, Germany
18:15-18:30	Pro: <b>Olaf Stuve</b> , USA
18:30-18:45	Con: Ron Milo, Israel

Friday March 23, 2018 Hall B	
Meet the Expert Sessions	
HEADACHE THERAPY	
Elliott Gross, USA & Kristina Mitosek-Szewczyk, Poland	
Medication overuse headache (MOH) can be treated with preventive medications without detoxification.	
Capsule: MOH is usually treated with detoxification from the offending agent first. There is evidence that preventive medications work regardless of detoxification.	
Host: Alan Rapoport, USA	
Pro: Jack Schim, USA	
Con: Robert Shapiro, USA	
Discussion and Rebuttals	
The criteria for the diagnosis of trigeminal neuralgia should be changed to allow sensory loss in the trigeminal distribution.	
Capsule: The diagnosis of TN is based primarily upon paroxysms of pain in thedistribution of the trigeminal nerve, but sensory loss may not be an acceptable finding Is this concept true?	
Host: Lars Edvinsson, Sweden	
Pro: <b>Joanna Zakrzewska,</b> UK	
Con: Stine Maabjerg, Denmark	

10:20-10:35	Discussion and Rebuttals
10:35-10:55	Lecture: Noninvasive vagus nerve stimulation in primary headaches: Oved Daniel, Israel
10:55-11:10	Coffee Break
11:10-13:20	NON-PHAMACOLOGICAL TREATMENT FOR HEADACHE
Chairpersons:	Angel Guerrero, Spain & George Chakhava, Georgia
11:10-12:05	Nutraceuticals are safe and effective as migraine treatments.
	Capsule: People who suffer from headache often prefer nutraceutical treatment over traditional pharmacological approaches, due to fear of possible side effects, drug dependence or addiction. Widespread skepticism persists among doctors about the effectiveness of these treatments.
11:10-11:20	Host: Dimos Mitsikostas, Greece
11:20-11:35	Pro: Jose Miguel Lainez, Spain
11:35-11:50	Con: Maria-Magdalena Wysocka-Bąkowska, Poland
11:50-12:05	Discussion and Rebuttals
12:05-13:00	Behavioral therapy is more effective, better tolerated and safer than preventive medications for migraine.
	Capsule: Medication and psychological intervention are often used in primary headache disorders. Are both necessary?
12:05-12:15	Host: Robert Shapiro, USA
12:15-12:30	Pro: Steve Baskin, USA
12:30-12:45	Con: Hans Hamburger, The Netherlands
12:45-13:00	Discussion and Rebuttals
13:00-13:20	Lecture: Pipeline in headache treatment: Alan Rapoport, USA
13:20-14:20	Sponsored Symposium (Not for CME) – HALL A
14:20-15:05	Lunch Break & Meet the Expert sessions
15:05-16:55	HEADACHE THERAPY, OLD AND NEW
Chairpersons:	Ruta Mameniskie, Lithuania
15:05-16:00	Medical cannabis is effective in chronic headache.
	Capsule: The use of medical cannabis in patients with chronic headache varies widely, with contradicting data regarding its efficacy in chronic headache subtypes.
15:05-15:15	Host: <b>Messoud Ashina</b> , Denmark
15:15-15:30	Pro: Arieh Kuritzky, Israel
15:30-15:45	Con: Dimos Mitsikostas, Greece
15:45-16:00	Discussion and Rebuttals
16:00-16:55	Monoclonal antibodies to CGRP will not become first line treatment for the prevention of migraine.

	Capsule: CGRP plays a crucial role in migraine pathophysiology. Monoclonal antibodies against CGRP or
	its receptor are promising new therapies for the treatment of migraine.
16:00-16:10	Host: Hartmut Goebel, Germany
16:10-16:25	Pro: Christian Lampl, Austria
16:25-16:40	Con: Lars Edvinsson, Sweden
16:40-16:55	Discussion and Rebuttals
16:55-17:10	Coffee Break
17:10-19:00	MIGRAINE, CAUSES AND MANIFESTATIONS
Chairpersons:	Janusz Wendorff, Poland
17:10-18:05	Head injury can precipitate the onset of migraine.
	Capsule: Post-traumatic headache may be nonspecific in character. May patients have a symptom pattern indistinguishable from migraine with or without aura?
17:10-17:20	Host: Min Kyung Chu, South Korea
17:20-17:35	Pro: Oved Daniel, Israel
17:35-17:50	Con: Messoud Ashina, Denmark
17:50-18:05	Discussion and Rebuttals
18:05-19:00	Episodic vertigo can be a manifestation of migraine, at times, unaccompanied by headache.
	Capsule: Vestibular migraine is a term used to describe episodic vertigo in migraine patients, but is it a distinct diagnosis, or simply a sensory manifestation of migraine?
18:05-18:15	Host: Maria-Magdalena Wysocka-Bąkowska, Poland
18:15-18:30	Pro: Christian Lampl, Austria
18:30-18:45	Con: Jose Miguel Lainez, Spain
18:45-19:00	Discussion and Rebuttals
END OF FRIDA	AY HALL B

Friday March 23, 2018 Hall C	
08:00-08:45	Meet the Expert Sessions
08:45-10:55	ATRIAL FIBRILLATION (AFIB) AND PATENT FORAMEN OVALE (PFO)
Chairpersons:	Nataliia Chemer, Ukraine, & Dalius Jatuzis, Lithuania
08:45-09:50	Should we perform left atrial appendage closure in patients with high risk of stroke and atrial fibrillation who cannot take oral anticoagulants?
	Capsule: Percutaneous left atrial appendage closure (LAAC) has been proven to be a safe alternative to warfarin therapy. For patients with a high CHADS-VASc score as well as a high HAS-BLED score or previous bleeding on warfarin, should this procedure be routinely performed in an effort to reduce the risk of stroke?
08:45-08:55	Host: George Chrysant, USA
08:55-09:15	Pro: Marek Grygier, Poland

09:15-09:35	Con: Daniel Bereczki, Hungary
09:35-09:50	Discussion and Rebuttals
09:50-10:55	Should closure of PFO be the standard of care in patients with embolic stroke of undetermined origin (ESUS)?
	Capsule: There have been several RCTs comparing closure of PFO vs. medical treatment in patients with cryptogenic stroke. So far, closure of PFO with endovascular procedure, is not recommended. However, very recently the results of 2 RCTs (CLOSE and Reduce) and the long-term follow-up of RESPECT were published that may change the current recommendation. This important issue will be the scope of this debate.
09:50-10:00	Host: <b>Heinrich Mattle</b> , Switzerland
10:00-10:20	Pro: Wolf-Dieter Heiss, Germany
10:20-10:40	Con: David Spence, Canada
10:40-10:55	Discussion and Rebuttals
10:55-11:10	Coffee Break
44-40-40-00	CTROVE CARTOIR CTENOSIS AND IMAGINO
11:10-13:20	STROKE - CARTOID STENOSIS AND IMAGING
Chairpersons:	Joanna Wojczal, Poland & Eduardo Gonzalez-Toledo, USA
11:10-12:15	Does carotid stenosis cause cognitive decline?
	Capsule: There is a notion that asymptomatic carotid stenosis (ACAS) if severe enough, might be responsible for cognitive decline due to chronic cerebral hypoperfusion. Some even recommend to operate on ACAS in order to prevent or improve cognitive impairment. This debate will discuss this controversial issue.
11:10-11:20	Host: Natan Bornstein, Israel
11:20-11:40	Pro: Milija Mijajlovic, Serbia
11:40-12:00	Con: Jonathan Streifler, Israel
12:00-12:15	Discussion and Rebuttals
12:15-13:20	What should be the optimal imaging to select patients for thrombectomey beyond 3 hours: Is CTA enough or should CTP be added?
	Capsule: Thrombectomy in large vessel occlusion (LVO) was proven to be beneficial if performed within 6 hours after acute stroke (current guidelines). However, there is still an open question whether to use a "pathophysiology clock" instead of "chronological clock", in order to identify the penumbra even when the onset of the symptoms is unknown. CTangio (CTA) and CTperfusion (CTP) have been suggested. What is the best neuroimaging method to determine the penumbra in this group of patients? The debaters will discuss this issue in the light of the recent DAWN study.
12:15-12:25	Host: Danuta Ryglewicz, Poland
12:25-12:45	CTA is sufficient: <b>Ashfaq Shuaib</b> , Canada
12:45-13:05	CTA + CTP are required: Roni Eichel, Israel
13:05-13:20	Discussion and Rebuttals
13:20-14:20	Industry Sponsored Symposium (Not for CME) – HALL A
14:20-15:05	Lunch Break & Meet the Expert sessions
	STROKE PREVENTION

Chairpersons:	Sergei V. Lobzin, Russia
15:05-16:00	Should secondary stroke prevention include new oral anticoagulants (NOACs) in addition to aspirin?
	Capsule: Dual antiplatelet (DAPT) is not recommended for long-term secondary stroke prevention, mainly due to increased risk of major bleeding. Recently the results of the COMPASS study were published raising the question whether low dose of NOACs plus aspirin in high-risk patients will be superior to aspirin alone for stroke prevention in patients with non-AF strokes.
15:05-15:15	Host: Natan Bornstein, Israel
15:15-15:30	Yes: Laszlo Csiba, Hungary
15:30 -15:45	No: Jonathan Streifler, Israel
15:45-16:00	Discussion and Rebuttals
16:00-16:55	Is the identification of rare/short AF (atrial fibrillation) episodes sufficient to prescribe anticoagulants?
	Capsule: It is generally accepted that patients with Embolic Stroke of Unknown Source (ESUS) should go on long-term cardiac monitoring in order to detect sub-clinical AF. However, it is still unknown what is the burden of AF that is clinically relevant to trigger treatment with anticoagulants. This debate will highlight the various opinions: "rare/short vs. extensive/long" this dilemma will be discussed.
16:00-16:10	Host: Laszlo Csiba, Hungary
16:10-16:25	Pro: <b>Agneiszka Slowik</b> , Poland
16:25-16:40	Con: Ashfaq Shuaib, Canada
16:40-16:55	Discussion and Rebuttals
16:55-17:10	Coffee Break
17:10-19:00	STROKE - ROLE OF SURGERY
Chairpersons:	Gregorz Kozera, Poland & Tomasz Zdrojewski, Poland
17:10-18:05	Small asymptomatic intracranial aneurysm - to intervene or not?
	Concular Cuidalines on approach to committee introcrepial angur on ware published. Noverthalass
	Capsule: Guidelines on approach to asymptomatic intracranial aneurysm were published. Nevertheless, the management of incidental finding of small intracranial aneurysms is still unclear. The question of intervention or leaving it untouched will be discussed in this debate.
17:10-17:20	the management of incidental finding of small intracranial aneurysms is still unclear. The question of
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17:20-17:35 17:35-17:50 17:50-18:05	the management of incidental finding of small intracranial aneurysms is still unclear. The question of intervention or leaving it untouched will be discussed in this debate.  Host: Heinrich Mattle, Switzerland  Pro: Adam Kobayashi, Poland  Con: Vida Demarin, Croatia  Discussion and Rebuttals  Can diet prevent stroke?  Capsule: Most guidelines recommend lifestyle modification and adopting certain diets, like the Mediterranean diet or the DASH diet for stroke prevention. Although logical, the main question is whether
17:20-17:35 17:35-17:50 17:50-18:05 18:05-19:00	the management of incidental finding of small intracranial aneurysms is still unclear. The question of intervention or leaving it untouched will be discussed in this debate.  Host: Heinrich Mattle, Switzerland  Pro: Adam Kobayashi, Poland  Con: Vida Demarin, Croatia  Discussion and Rebuttals  Can diet prevent stroke?  Capsule: Most guidelines recommend lifestyle modification and adopting certain diets, like the Mediterranean diet or the DASH diet for stroke prevention. Although logical, the main question is whether or not it is really proven.
17:20-17:35 17:35-17:50 17:50-18:05 <b>18:05-19:00</b>	the management of incidental finding of small intracranial aneurysms is still unclear. The question of intervention or leaving it untouched will be discussed in this debate.  Host: Heinrich Mattle, Switzerland  Pro: Adam Kobayashi, Poland  Con: Vida Demarin, Croatia  Discussion and Rebuttals  Can diet prevent stroke?  Capsule: Most guidelines recommend lifestyle modification and adopting certain diets, like the Mediterranean diet or the DASH diet for stroke prevention. Although logical, the main question is whether or not it is really proven.  Host: Halina Sienkiewicz-Jarosz, Poland

## **END OF FRIDAY HALL C**

Friday March 2	Friday March 23, 2018 Hall D	
08:00-08:45	Meet the Expert Sessions	
08:45-10:55	DEMENTIA: RISK FACTORS	
Chairpersons:	Nataliya Pryanykova, Ukraine & Ricardo Nitrini, Brazil	
08:45-09:50	Does general anesthesia increase the risk of dementia?	
	Capsule: Anecdotal evidence and limited case series report exacerbation of cognition following surgery under general anesthetics. Is this observation correct and should elderly individuals be warned against it?	
08:45-08:55	Host: Isabel Santana, Portugal	
08:55-09:15	Pro: Magda Tsolaki, Greece	
09:15-09:35	Con: Lawrence Honig, USA	
09:35-09:50	Discussion and Rebuttals	
09:50-10:35	Is obstructive sleep apnea (OSA) an important risk factor for dementia?	
	Capsule: OSA causes brain anoxia, which theoretically can exacerbate damage to the vulnerable brain. Is this of practical importance and should patients be screened for OSA?	
09:50-10:00	Host: Luiza Spiru, Romania	
10:00-10:20	Pro: Giancarlo Logroscino, Italy	
10:20-10:40	Con: Lawrence Honig, USA	
10:40-10:55	Discussion and Rebuttals	
10:55-11:10	Coffee Break	
11:10-13:20	ALZHEIMER'S DISEASE (AD): DIAGNOSIS AND THERAPY	
Chairpersons:	Homa Ebrahimi, Iran	
11:10-12:15	Can the diagnosis of AD be made solely on biomarker evidence?	
	Capsule: Is the presence of CSF and/or imaging evidence of abnormal brain load of amyloid and tau sufficient for the diagnosis of AD, even in the absence of cognitive decline?	
11:10-11:20	Host: David Knopman, USA	
11:20-11:40	Pro: Giancarlo Logroscino, Italy	
11:40-12:00	Con: Lefkos Middleton, UK	
12:00-12:15	Discussion and Rebuttals	
12:15-13:20	Should agitation in AD be treated with antipsychotics?	
12.10	Capsule: Agitation in AD patients is an ominous sign, frequently leading to nursing home placement. Is it justified to treat patients with neuroleptic drugs in spite of their significant adverse effects?	
12:15-12:25	Host: Tomasz Gabryelewicz, Poland	
12:25-12:45	Pro: <b>Daniel Drubach</b> , USA	

12:45-13:05	Con: Pasquale Calabrese, Switzerland
13:05-13:20	Discussion and Rebuttals
13:20-14:20	Industry Sponsored Symposium (Not for CME) – HALL A
14:20-15:05	Lunch Break & Meet the Expert sessions
14:20-15:05	TRANSTHYREIN (TTR) NEUROPATHY (NOT FOR CME)
Chairnaraana	Mirela Draghici, Romania & Chin-Hsiao Tseng, Taiwan
Chairpersons: 14:20-14:40	Clinical phenomenology of TTR neuropathy: <b>Josef Finsteter</b> , Austria
14:40-15:00	TTR neuropathy therapy: Amir Dori, Israel
15:00-15:05	Discussion
15:05-16:55	AD: CONCEPTS
Chairpersons:	Mee Young Park, South Korea & Mirek Brys, USA
15:05-16:00	Is amyloid deposition a non-specific manifestation of aging?
	Capsule: Beta amyloid deposition is required for a pathological diagnosis of AD. Yet, many elderly people have such deposits but are cognitively normal. Can amyloid be simply a manifestation of aging, like baldness or skin wrinkles?
15:05-15:15	Host: Lefkos Middleton, UK
15:15-15:30	Pro: <b>Panteleimon Giannakopoulos</b> , Switzerland
15:30 -15:45	Con: Marios Politis, UK
15:45-16:00	Discussion and Rebuttals
16:00-16:55	The term "Alzheimer's disease" should be dropped as it is impeding future research.
	Capsule: For 50 years, the term AD was reserved for cases with presenile dementia only, but the term has been expanded to replace the term "senile dementia". Is this terminology shift helpful?
16:00-16:10	Host: Robert Perneczky, UK
16:10-16:25	Pro: Amos Korczyn, Israel
16:25-16:40	Con: David Knopman, USA
16:40-16:55	Discussion and Rebuttals
16:55-17:10	Coffee Break
17:10-19:00	DEMENTIA – SUGGESTED TREATMENTS
Chairpersons:	Judith Aharon, Israel
17:10-18:05	Does cognitive stimulation have value in the treatment of mild cognitive impairment (MCI) and early dementia?
	Capsule: Cognitive stimulation has been suggested as an important disease modifying strategy in people with early cognitive decline including engagement in crossword puzzles, bridge playing, and computer-based exercises. But are these really effective? What is the evidence?
17:10-17:20	Host: Dorota Religa, Sweden
17:20-17:35	Pro: Michael Geschwind, USA
17:35-17:50	Con: Roger Bullock, UK

17:50-18:05	Discussion and Rebuttals
18:05-19:00	Is inflammation a valid target for intervention in AD?
	Capsule: Inflammatory processes occur in any damaged tissue, and are seen in AD brains as activated microglia and astrocytes, as well as elevated cytokine and chemokine levels. Are these detrimental and should they be manipulated?
18:05-18:15	Host: Maria Barcikowska, Poland
18:15-18:30	Pro: Agneta Nordberg, Sweden
18:30-18:45	Con: Panteleimon Giannakopoulos, Switzerland
18:45-19:00	Discussion and Rebuttals
END OF FRID	AY HALL D

Saturday March 24, 2018 Hall A	
07:00-08:00	E-Poster Presentations
08:00-09:50	PARKINSON'S DISEASE (PD): ROLE OF GENETICS
Chairpersons:	Jesse Cedarbaum, USA & Michael Ugryumov, Russia
08:00-08:55	The etiology of PD is predominantly genetic.
	Capsule: In recent years, many genetic risk factors have been identified mainly using GWAS, and more are to be expected, but each with a minor role. But since other risk factors are few, should we conclude that sporadic PD is primarily genetic?
08:00-08:10	Host: Andrzej Friedman , Poland
08:10-08:25	Pro: <b>Zbigniew Wszolek</b> , USA
08:25-08:40	Con: David Goldstein, USA
08:40-08:55	Discussion and Rebuttals
08:55-09:50	PD associated with lysosome dysfunction and PD associated with mitochondrial dysfunction are different diseases.
	Capsule: Several of the mutations identified in PD families are associated with lysosomal dysfunctions while others are related to mitochondrial changes. Does this mean that PD is not a single disease?
08:55-09:05	Host: Nestor Galvez-Jimenez, USA
09:05-09:20	Yes: <b>John Hardy,</b> UK
09:20-09:35	No: Bogdan Popescu, Romania
09:35-09:50	Discussion and Rebuttals
09:50-10:10	Coffee Break
10:10-12:10	PD: UNDERLYING MECHANISMS
Chairpersons:	Viktoria Gryb, Ukraine
10:10-11:10	Neuroimaging diagnostic workup in parkinsonian syndromes: always DAT SPECT first?

	Capsule: Imaging dopamine transporter (DAT) availability in the striatum using SPECT is an established method to differentiate neurodegenerative from non-neurodegenerative parkinsonism. However, other
	imaging methods such as FDG PET also show value in differentiating parkinsonisms. Which imaging method should be used first and in which cases?
	This session is jointly organised with the European Association of Nuclear Medicine (EANM).
10:10-10:20	Host: Javier Arbizu, Spain
10:20-10:35	Pro: Elsmarieke Van De Giessen, The Netherlands
10:35-10:50	Con: Silvia Morbelli, Italy
10:50-11:10	Discussion and Rebuttals
11:10-12:10	REM sleep behavior disorder (RBD) should be considered as a precursor and marker for alpha synucleinopathies and promote therapeutic intervention.
	Capsule: RBD is not an uncommon manifestation in otherwise normal adults, and its underlying pathology is not completely known. Several reports exist of history of RBD. Is this association strong enough and does it have therapeutic implications?
11:10-11:20	Host: Irena Rektorova, Czech Republic
11:20-11:35	Pro: Tanya Gurevich, Israel
11:35-11:50	Con: Laszlo Vecsei, Hungary
11:50-12:10	Discussion and Rebuttals
12:10-13:10	Industry Sponsored Symposium (Not for CME)
13:10-13:55	Lunch Break & Meet the Expert sessions
13:55-15:55	PD: PATHOGENESIS AND MODELS
13:55-15:55 Chairpersons:	PD: PATHOGENESIS AND MODELS  Erdem Tamguney, Germany & Urszula Fiszer, Poland
Chairpersons:	Erdem Tamguney, Germany & Urszula Fiszer, Poland
Chairpersons: 13:55-14:55	Erdem Tamguney, Germany & Urszula Fiszer, Poland Is PD a prion disease?
Chairpersons: 13:55-14:55 13:55-14:05	Erdem Tamguney, Germany & Urszula Fiszer, Poland  Is PD a prion disease?  Host: Daniel Kremens, USA
Chairpersons: 13:55-14:55 13:55-14:05 14:05-14:20	Erdem Tamguney, Germany & Urszula Fiszer, Poland  Is PD a prion disease?  Host: Daniel Kremens, USA  Pro: Erwan Bezard, France
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Chairpersons:  13:55-14:55  13:55-14:05  14:05-14:20  14:20-14:35  14:35-14:55  14:55-15:55  14:55-15:05  15:05-15:20  15:20-15:35	Erdem Tamguney, Germany & Urszula Fiszer, Poland  Is PD a prion disease?  Host: Daniel Kremens, USA  Pro: Erwan Bezard, France  Con: Amos Korczyn, Israel  Discussion and Rebuttals  Animal models are useful in understanding PD pathogenesis.  Capsule: Several animal models of PD have been developed over the years, and these are commonly used in searching for drugs. Can they tell us something about the pathogenesis of the disease?  Host: Laszlo Vecsei, Hungary  Pro: Bogdan Popescu, Romania  Con: David Goldstein, USA
Chairpersons:  13:55-14:55  13:55-14:05  14:05-14:20  14:20-14:35  14:35-14:55  14:55-15:55  14:55-15:05  15:05-15:20  15:20-15:35  15:35-15:55	Erdem Tamguney, Germany & Urszula Fiszer, Poland  Is PD a prion disease?  Host: Daniel Kremens, USA  Pro: Erwan Bezard, France  Con: Amos Korczyn, Israel  Discussion and Rebuttals  Animal models are useful in understanding PD pathogenesis.  Capsule: Several animal models of PD have been developed over the years, and these are commonly used in searching for drugs. Can they tell us something about the pathogenesis of the disease?  Host: Laszlo Vecsei, Hungary  Pro: Bogdan Popescu, Romania  Con: David Goldstein, USA  Discussion and Rebuttals
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16:15-17:10	Is Braak staging true for all PD?
	Capsule: Many studies have confirmed Braak's suggestion that the first changes in PD take place in the olfactory bulb and the dorsal motor nucleaus of the vagus nervce. But there are also reports of cases in which this is not the case. Do these people have another pathology or another disease?
16:15-16:25	Host: Kurt Jellinger, Austria
16:25-16:40	Yes: Abdelhamid Benazzouz, France
16:40-16:55	No: Marios Politis, UK
16:55-17:10	Discussion and Rebuttals
17:10-18:05	Is vagotomy protective against PD?
	Capsule: Some data suggests that the first changes in PD occur in the gastrointestinal tract, including the stomach, and are then transmitted to the brain through the vagus nerves. Will vagotomy prevent PD and should it be proposed to those who are at high risk?
17:10-17:20	Host: Mark Lew, USA
17:20-17:35	Yes: Irena Rektorova, Czech Republic
17:35-17:50	No: Abdelhamid Benazzouz, France
17:50-18:05	Discussion and Rebuttals
18:05-19:00	Is Tai-Chi effective in the management of PD?
	Capsule: Traditional Chinese Quigong excercises include Tai Chi which is considered safe and has been suggested to anneliorate PD symptoms. Should this approach be promoted?
18:05-18:15	Host: <b>Dafin Muresanu</b> , Romania
18:15-18:30	Yes: <b>Agata Milert,</b> Poland
18:30-18:45	No: Jozef Opara, Poland
18:45-19:00	Discussion and Rebuttals
END OF SATU	RDAY HALL A

Saturday March 24, 2018 Hall B	
07:00-07:50	E-Poster Presentations
08:00-09:50	EPILEPSY: DIAGNOSIS
Chairpersons:	Eva Andermann, Canada
08:00-08:55	Can psychogenic seizures be reliably diagnosed just by observing behavior or should continuous EEG always be required?
	Capsule: Are the behaviors of psychogenic seizures sufficiently well understood such that the diagnosis can be made with a high degree of confidence based solely on behavioral manifestations? Given the expense and limited availability of video-EEG monitoring, and the widespread availability of video technology (e.g. through smartphones), can video criteria be designated sufficient to diagnose psychogenic seizures?
08:00-08:10	Host: Joanna Jedrzejczak, Poland
08:10-08:25	Pro: <b>Manjari Triapathi</b> , India

08:25-08:40	Con: Ettore Beghi, Italy
08:40-08:55	Discussion and Rebuttals
08:55-09:50	Can we rely upon fMRI to localize verbal memory when planning epilepsy surgery?
	Capsule: The Wada test has been used to assess risk of memory deficit when temporal lobe resection is planned. However, this test is semi-invasive and poses risk. Advanced fMRI techniques are widely used to define hemisphere dominance for language. Can it be used to identify areas responsible for long-term memory so that Wada may become obsolete?
08:55-09:05	Host: Manjari Tripathi, India
09:05-09:20	Pro: William Theodore, USA
09:20-09:35	Con: Ilan Blatt, Israel
09:35-09:50	Discussion and Rebuttals
09:50-10:10	Coffee Break
10:10-12:10	EPILEPSY - THERAPY AND MANAGEMENT
Chairpersons:	Stanislaw Jerzy Czuczwar, Poland & Andrij Dubenko, Ukraine
10:10-11:10	When using combination antiepileptic drug therapy (AED), should we preferentially prescribe drugs with different mechanisms of action, or is the mechanism of action irrelevant to outcome?
	Capsule: AEDs have different mechanisms of action. For example, they may alter sodium channel conductance, affect GABA receptors, synaptic vesicle proteins, AMPA receptors, etc. Does the mechanism matter – should we modulate neuronal firing by targeting multiple mechanisms, or does this not matter when considering seizure control?
10:10-10:20	Host: Alla Guekht, Russia
10:20-10:35	Pro: <b>Martin Brodie</b> , UK
10:35-10:50	Con: Martin Holtkamp, Germany
10:50-11:10	Discussion and Rebuttals
11:10-11:40	Lecture: Drug Therapy for epilepsy in the elderly: Elinor Ben Menachem, Sweden
	Capsule: What are the special issues that should be considered when treating elderly individuals with epilepsy? Are there age-related differences in sensitivity to medication, side effect, and efficacy? Do we really know?
11:40-12:10	Case Studies: Michael Sperling, USA
	Panelists: Manuel Toledo, Spain, Joanna Jedrzejczak, Poland, Thanos Covanis, Greece, Nandan Yardi, India
12:10-13:10	Industry Sponsored Symposium (Not for CME) – Hall A
13:10-13:55	Lunch Break & Meet the Expert sessions
13:55-15:55	EPILEPSY: TREATMENT ISSUES
Chairpersons:	Ewa Nagańska, Poland & Mira Rakacolli, Albania
13:55-14:55	Is there an advantage to continue trying new AED indefinitely in refractory patients?
	Capsule: Once pharmacoresistance is demonstrated, new drugs are highly unlikely to produce sustained seizure relief. However, might a new drug convey other advantages or do potential adverse effects negate any benefit? Are there subsets of patients for whom new drug trials might help?

13:55-14:05	Host: Michael Sperling, USA	
14:05-14:20	Pro: Martin Brodie, UK	
14:20-14:35	Con: Elinor Ben Menachem, Sweden	
14:35-14:55	Discussion and Rebuttals	
14:55-15:55	Do AED increase the risk of depression or suicidality?	
	Capsule: People with epilepsy have increased rates of depression and suicide, and one FDA study raised possibility that drugs can increase the risk of suicide. Do drugs really increase risk of depression and suicide, and if so, which agents?	
14:55-15:05	Host: Martin Holtkamp, Germany	
15:05-15:20	Pro: Ilan Blatt, Israel	
15:20-15:35	Con: Alla Guekht, Russia	
15:35-15:55	Discussion and Rebuttals	
15:55-16:15	Coffee Break	
16:15-19:00	EPILEPSY: VAGAL NERVE STIMULATION (VNS); CASE STUDIES	
Chairpersons:	Andrezj Rysz, Poland & Tetyana Litovchenko, Ukraine	
16:15-17:10	Should we preferentially use VNS early in patients with both seizures and depression?	
	Capsule: VNS has been approved for both psychiatric and epilepsy indications. There is significant comorbidity of these conditions. Should VNS be used early in the course of illness in patients with both conditions?	
16:15-16:25	Host: Zeljka Petelin Gadze, Croatia	
16:25-16:40	Pro: Michael Sperling, USA	
16:40-16:55	Con: Ivan Rektor, Czech Republic	
16:55-17:10	Discussion and Rebuttals	
17:10-19:00	Case Studies: Michael Sperling, USA	
	Panelists: Manuel Toledo, Spain, Joanna Jedrzejczak, Poland, Thanos Covanis, Greece, Nandan Yardi, India	
END OF SATU	END OF SATURDAY HALL B	

Saturday March 24, 2018 Hall C	
07:00-07:50	E-Poster Presentations
08:00-09:50	NEUROIMMUNOLOGY: MS, LUPUS, AND NMO
Chairpersons:	Maciej Jurynczyk, UK
08:00-08:55	Can multiple sclerosis (MS) be reliably differentiated from isolated CNS lupus?
	Capsule: Systemic lupus erythematosus is a name indicating, a system disease, the manifestations of which are very heterogeneous. In some cases, the disease appears to be limited to the central nervous system in a presentation similar to that of MS, but requiring different therapies. Can the two be differentiated clinically?

YOUNG INVESTIGATOR SCHOLARSHIP WINNERS  Targeting key signaling factors as a way to control microglial activation and induction of neuroinflammation: Bogna Badyra, Poland  Characteristics of multiple sclerosis relapses and factors affecting relapses frequency in patients with immunomodulatory therapy: Myroslav Bozhenko, Ukraine  Progressive multiple sclerosis patients have a higher burden of autonomic dysfunction compared to relapsing remitting phenotype: Luka Crnosija, Croatia  Hydrodynamic hypothesis as an attempt to explain the Uhthoff's phenomenon mechanism: Piotr Nogal, Poland  Industry Sponsored Symposium (Not for CME) – Hall A
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YOUNG INVESTIGATOR SCHOLARSHIP WINNERS
Discussion and Rebuttals
Con: Friedemann Paul, Germany
Pro: Brian Weinshenker, USA
Host: Hans-Peter Hartung, Germany
Capsule: NMO relapses are thought to involve AQP4-IgG binding to its target, (AQP4), followed by complement activation. In vitro, elimination of complement markedly abrogates pathology and drugs that reduce complement activity are clinically effective. However, other pathologies are now being described in NMO, some of which are not characterized by evidence of complement activation. Is complement activation key to NMO pathology and what gains can be expected from complement inhibitors?
All pathology in NMO is AQP4-IgG and complement dependent.
Andrzej Glabinski, Poland & Vitalie Lisnic, Moldova
NEUROMYELITIS OPTICA (NMO)
Coffee Break
Discussion and Rebuttals
Con: Cris Constantinescu, UK
Pro: Robert Zivadinov, USA
Capsule: MRI is a pivotal tool for the early and accurate diagnosis of MS. Yet, the current MRI criteria still lack perfect specialty and sensitivity. Recently, the CVS has been proposed as a new MRI marker which may improve the accuracy of diagnosing MS. However, the predictive value of the CVS for the development of clinical MS in patients at risk is still not clear.  Host: Mark Freedman, Canada
Is the central vein sign (CVS) really helpful in differentiating MS from other white-matter diseases?
Discussion and Rebuttals
No: Joab Chapman, Israel
Yes: Alicja Kalinowska, Poland

Chairpersons:	Diego Santos Garcia, Spain & Larysa Sokolova, Ukraine
13:55-14:55	Should we consider immune reconstitution for patients with active MS?
	Capsule: Immune treatment of MS is not fully effective and better approaches for managing patients are needed. Immune reconstitution therapy is given as a short course, i.e. intermittently and not continuously It may offer the ability to induce long-term remission and even the possibility of a cure. Which therapies actually offer the option of immune reconstitution in MS? Which patients should we offer the option of this therapy?
13:55-14:05	Host: Jacek Losy, Poland
14:05-14:20	Pro: Patrick Vermersch, France
14:20-14:35	Con: Cris Constantinescu, UK
14:35-14:55	Discussion and Rebuttals
14:55-15:55	Are MS therapies safe and effective in the elderly?
	Capsule: Elderly patients represent a growing minority among all patients with MS. The existing guidelines for MS treatment are established for younger patients. Is the treatment of elderly patients enough safe and effective, considering age-related changes in renal and hepatic functions and coexistence of co-morbidities?
14:55-15:05	Host: <b>Jera Kruja</b> , Albania
15:05-15:20	Pro: Bianca Weinstock-Guttman, USA
15:20-15:35	Con: Olaf Stuve, USA
15:35-15:55	Discussion and Rebuttals
15:55-16:15	Coffee Break
16:15-17:00	NEW PLAYERS ON THE BLOCK (Not for CME)
16:15-16:30	CIDP - Subcutaneous Ig after IVIG treatment: The PATH trial  Konrad Rejdak, Austria
16:30-16:45	A novel, safer and effective way for immune reconstitution in MS - cladribine tablets
16:45-17:00	Dimitrios Karussis, Israel Citicoline as potential neuroprotective compound in neurological diseases Konrad Rejdak, Austria
17:00-19:00	IMMUNOTHERAPY IN MS AND NMO
Chairpersons:	Jorge Villacura, Chile & Marcin Mycko, Poland
17:00-18:00	NMO immunosuppression should be withheld in pregnant patients.
	Capsule: Immunosuppression is always a problem in pregnant women. This is the standard treatment for NMO but no data esist to its realative benefits in NMO during pregnancy. Should it be avoided in order to protect the baby, and thus risking the pregnant mother?
17:00-17:10	Host: <b>Halina Bartosik-Psujek</b> , Poland
17:10-17:30	Pro: Friedemann Paul, Germany
17:30-17:50	Con: Brian Weinshenker, USA
17:50-18:00	Discussion and Rebuttals
18:00-19:00	The only certain measure of the effectiveness of MS therapy is serum neurofilament (NF) levels.
	Capsule: Neurodegeneration is the pathology underlying permanent disability in MS, but identification biomarkers reflecting neurodegenerative aspects remains an unmet need. NF protein subunits are potenti

	biomarkers for axonal injury. In particular, the NF light chains may reflect acute axonal damage and were shown to have prognostic value for conversion from clinically isolated syndrome to definite MS. Recent studies revealed serum NF levels to be altered upon immunomodulatory treatment. What is the predictive value of serum NF in MS? Is there added value of analyzing NF beyond MR imaging?
18:00-18:10	Host: David Leppert, Switzerland
18:10-18:30	Pro: <b>Jens Kuhle</b> , Switzerland
18:30-18:50	Con: Georgina Arrambide, Spain
18:50-19:00	Discussion and Rebuttals
END OF SATI	IRDAY HALL C

Saturday Marc	th 24, 2018 Hall D
07:00-07:50	E-Poster Presentations
08:00-09:50	WILSON'S DISEASE (WD): HISTORY, PRESENT, AND FUTURE
Chairpersons:	Adam Przybylkowski, Poland
08:00-08:20	Kinnier Wilson and Wilson's disease: Emmanuel Broussolle, France
08:20-08:40	The new Wilson's like disease: treatable manganese metabolism disorders causing parkinsonism and dystonia: <b>Antonio Federico</b> , Italy
08:40-09:00	Acquired copper deficiency in patients with and without WD: Fabienne Ory Magne, France
09:00-09:20	China's experience: Clinic of WD: Xiaoping Wang, China
09:20-09:30	Brain atrophy and neurological impairment in WD: Lukasz Smolinski, Poland
09:30-09:40	Transcranial brain parenchyma sonography in WD and healthy controls: quantification and correlations with clinical parameters: <b>Gotthard Tribl</b> , Brazil
09:40-09:50	Determination of copper poisoning in WD and other metal dysbalances using laser ablation inductively coupled plasma spectrometry: <b>Ralf Weiskirchen</b> , Germany
09:50-10:10	Coffee Break
10:10-12:10	WD: PATHOGENESIS, EPIDEMIOLOGY, THERAPY
Chairpersons:	Carl Bjartmar, Sweden & Ermal Kurmaku, Albania
10:10-10:15	Homeage to Anna Czlonkowska: Oliver Bandmann, UK
10:15-10:30	Introduction - how important is proper management of WD : Anna Czlonkowska, Poland
	Pathogenesis & Epidemiology
10:30-10:50	WD: pathogenesis, genetic and epigenetic factors: Valentina Medici, USA
10:50-11:10	Epidemiology – disease still underdiagnosed: Oliver Bandmann, UK
	Clinical manifestations- great variability
11:10-11:30	The hepatic manifestations: Piotr Socha, Poland
11:30-11:50	The neurological manifestations: <b>Petr Dusek</b> , Czech Republic

11:50-12:10	Other organs: Karolina Dziezyc, Poland
12:10-13:10	Industry Sponsored Symposium (Not for CME) – Hall A
13:10-13:55	Lunch Break & Meet the Expert sessions
13:55-15:15	WD: TREATMENT
Chairpersons:	Małgorzata Wiszniewska, Poland
13:55-14:15	Current anti-copper therapy: Tomasz Litwin, Poland
14:15-14:35	We need more options: Karl Heinz Weiss, Germany
14:35-14:55	Is liver transplantation a reasonable alternative in patients resistant to chelators? Aurélia Poujois, France
14:55-15:15	Role of botulinum toxin type A in the complex treatment in WD patients: Sergey Lobzin, Russia
15:55-16:15	Coffee Break
16:15-19:00	PARKINSON'S DISEASE (PD) - COMPLICATIONS AND TREATMENT (Not for CME)
Chairpersons:	Dimitrios Adamis, Ireland
16:15-17:05	Should dyskinesia be treated with non-dopaminergic strategies?
16:15-16:25	Host: Rajesh Pahwa, USA
16:25-16:40	Yes: <b>Stuart Isaacson,</b> USA
16:40-16:55	No: Daniel Kremens, USA
16:55-17:10	Discussion and Rebuttals
17:10-18:05	Should PD psychosis be treated early with antipsychotics?
17:10-17:20	Host: <b>Mark Lew,</b> USA
17:20-17:35	Yes: Daniel Kremens, USA
17:35-17:50	No: <b>Tanya Simuni</b> , USA
17:50-18:05	Discussion and Rebuttals
18:05-19:00	Neurogenic orthostatic hypotension is under recognized and undertreated in PD.
18:05-18:15	Host: Fiona Gupta, USA
18:15-18:30	Yes: <b>Rajesh Pahwa</b> , USA
18:30-18:45	No: Mark Lew, USA
18:45-19:00	Discussions and Rebuttals
END OF SATU	RDAY HALL D

Sunday March	25, 2018 Hall B
07:00-07:50	E-Poster Presentations
08:00-10:40	MOVEMENT DISORDERS
Chairpersons:	Cristian Falup-Pecurariu, Romania & Amos Korczyn, Israel

08:00-08:30	Presentation of the CONy "Excellence in Neurology" Award
	To be presented by <b>Jaroslaw Slawek</b> , Poland
	Awardee: <b>Zbigniew Wszolek</b> , USA
08:30-09:35	Is Parkinson's disease (PD) more common in patients with essential tremor?
08:30-08:40	Host: Rajesh Pahwa, USA
08:40-09:00	Pro: Jaroslaw Slawek, Poland
09:00-09:20	Con: Dariusz Koziorowski, Poland
09:20-09:35	Discussion and Rebuttals
09:35-10:40	With the use of atypical neuroleptics, tardive syndromes have practically disappeared.
09:35-09:45	Host: <b>Pedro J Garcia Ruiz</b> , Spain
09:45-10:05	Yes: Jaime Kulisevsky, Spain
10:05-10:25	No: <b>Stuart Isaacson</b> , USA
10:25-10:40	Discussion and Rebuttals
10:40-11:00	Coffee Break
11:00-11:45	Meet the Expert Sessions
11:00-13:00	PARKINSON'S DISEASE (PD) – THERAPY (Not for CME)
Chairpersons:	Yuri Takeuchi, Colombia
11:00-12:00	Non-oral therapies should be used before DBS in treating advanced motor fluctuations.
11:00-11:10	Host: Stuart Isaacson, USA
11:10-11:25	Yes: TBD
11:25-11:40	No: <b>Fiona Gupta</b> , USA
11:40-12:00	Discussion and Rebuttals
12:00-13:00	Is there a role for evaluating non motor symptoms in recognizing OFF periods in the clinic visit?
12:00-12:10	Host: Daniel Kremens, USA
12:10-12:25	Yes: Mark Lew, USA
12:25-12:40	No: <b>Rajesh Pahwa,</b> USA
12:40-13:00	Discussion and Rebuttals
13:00-13:15	CLOSING CEREMONY: Amos Korczyn, Israel & Jaroslaw Slawek, Poland
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	Invitation to CONy 2019: Jaime Kulisevsky, Spain
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Sunday March	25, 2018 Hall C
07:00-07:50	E-Poster Presentations

08:30-10:40	NEURODEGENERATIVE DISEASES & STROKE
Chairpersons:	Przemysław Nowacki, Poland & Vladimir Korostiy, Ukraine
08:30-08:50	The role of sleep disturbances in neurodenerative diseases: Weidong Le, China
08:50-09:10	Neuroinflammation and neurodegeneration: Jerzy Leszek, Poland
09:10-09:30	Current and upgraded methodology for the development of preclinical diagnosis of neurodegenerative diseases: <b>Michael Ugryumov</b> , Russia
09:30-09:50	The role of the brain microcirculation in acute stroke: Ovidiu Bajenaru, Romania
09:50-10:10	The role of phagocytes in brain repair after cerebrovascular crisis: Jaroslaw Aronowski, USA
10:10-10:30	Neurobiology to evidence-based medicine concepts in neurorehabilitation: Dafin Muresanu, Romania
10:30-10:50	A clinical trial or a statistical chance: the role of MMSE in AD clinical trials: Eugene Tarnow, USA
10:50-11:10	Coffee Break
11:10-13:00	HISTORY OF NEUROLOGY IN POLAND
	Capsule: The influences of the founding father of modern Polish neurology, Edward Flatau [1869-1932], were spread over (at least) three countries: Germany, Russia and Poland. Flatau was also influential in establishing Polish medical periodicals "Neurologia Polska" and "Warszawskie Czasopismo Lekarskie". Presentations on other Polish neurologists: Teofil Simchowicz (1879-1957) Jakub Mackiewicz (1887-1966), Kazimierz Orzechowski (1878-1942), Lucja Frey-Gottesman (1889-1942?), Maksymilian Rose (1883-1937), Jerzy Choróbski (1902-1986) Irena Hausmanowa-Petrusewicz (1917-2015) and others will be included.
Chairpersons:	Gabriel Vainstein, Israel
11:10-11:30	Scientific and clinical input of Edward Flatau: Dariusz Koziorowski, Poland
11:30-11:50	To Warsaw from Lwów-Orzechowski, Frey, Rose, Choróbski: Jacek Bojakowski, Poland
11:50-12:10	Edward Flatau's circles: Avi Ohry, Israel
12:10-12:30	Irena Hausmanowa-Petrusewicz and the Polish school of neurology: Andrzej Friedman, Poland
12:30-12:50	Polish neuropsychiatrists in the Russian Empire: Boleslav Lichterman, Russia
12:50-13:00	Discussion
	CLOSING CEREMONY: Amos Korczyn, Israel & Jaroslaw Slawek, Poland (HALL B)
13:00-13:15	Invitation to CONy 2019: Jaime Kulisevsky, Spain
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Sunday March	25, 2018 Hall D
07:00-07:50	E-Poster Presentations
08:30-10:40	REHABILITATION
Chairpersons:	Sadagat Huseynova, Azerbaijan, & Puneet Kumar, India
08:30-09:35	Biomarkers are more precise as the outcome measure in neurorehabilitation soon after stroke than clinical parameters.

	Capsule: Biochemical markers of brain damage, e.g. stroke, should reflect the volume of irreversibly damaged brain parenchyma and the clinical outcome in order to allow estimation of prognosis at an early
	stage. Serum biomarkers related to the cascade of inflammatory, hemostatic, glial and neuronal perturbations have been identified to diagnose and characterize intracerebral hemorrhage and cerebral ischemia. There is an ongoing debate about the best outcome measure in neurorehabilitation after stroke: Main question to discuss is: what is more precise in the outcome measure in neurorehabilitation: Biochemical markers or clinical parameters?
08:30-08:40	Host: <b>Dafin Muresanu</b> , Romania
08:40-09:00	Biochemical: Jozef Opara, Poland
09:00-09:20	Clinical: Iwona Sarzyńska-Długosz, Poland
09:20-09:35	Discussion and Rebuttals
09:35-10:40	Is physiotherapy helpful in functional motor disorders?
	Capsule: Disabled people who experienced traumatic events resulting in various disabilities are admitted usually to a rehabilitation facility. However, some of them are later diagnosed as having conversion disorder. Is their participation in active regular and integrative rehabilitation process beneficial?
09:35-09:45	Host: Nestor Galvez- Jimenez, USA
09:45-10:05	Yes: Avi Ohry, Israel
10:05-10:25	No: <b>Tanya Simuni</b> , USA
10:25-10:40	Discussion and Rebuttals
10:40-11:00	Coffee Break
11:00-13:00	SESSION 44   DEMENTIA
Chairpersons:	Michal Prendecki, Poland
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11:00-11:55	Is traumatic brain injury a risk factor for dementia?
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