Preliminary program updated 15.12.24 – subject to change

THURSDAY, MARCH 20th		
08:00-09:40	**Neuroimmunology**	**HALL A**
Chairs:	**Angela Vincent**, UK, **Brian Weinshenker**, USA	
08:00-08:50	**Is MOGAD due to anti-MOG Abs?**	
	Capsule: Myelin oligodendrocyte glycoprotein-IgG is a biomarker of a specific neuroimmune disease characterized by optic neuritis, myelitis, acute disseminated encephalomyelitis and occasionally cortical encephalitis. Rituximab, although effective, is less effective than for neuromyelitis optica spectrum disorder associated with aquaporin 4-IgG. It remains uncertain whether the disease is due to the direct effects of the antibody or whether the antibody is a marker of autoimmunity that may be mediated by other effectors	
08:00-08:10	Moderator: **Brian Weinshenker**, USA Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Patrick Waters,** UK	
08:25-08:40	No: **Thomas Berger,** Austria	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**Time to redefine generalised myasthenia gravis (gMG): are corticosteroids the backbone of the MG treatment?**	
	For decades, treatment of gMG consisted mainly of cholinesterase inhibitors, immunosuppresants and costicosteroids. Recently, monoclonal antibodies have been added, but have they changed the scene?	
08:50-09:00	Moderator: TBA Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Hakan Cetin**, Austria	
09:15-09:30	No**: Stojan Peric,** UK	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Opening Ceremony**	**Plenary Hall**
11:10-12:10	**Plenary Session:** **A Plan for Parkinsons,** Michael Okun**,** USA **The impact of climate changes on neurological diseases - Jacques Reis,** France	**Plenary Hall**
12:10-13:10	**Industry Sponsored Symposium**	**Plenary Hall**
13:10-14:10	**Lunch Break, Exhibition & ePosters Visits**	

THURSDAY, MARCH 20th , 2025		
14:10-15:50	**Neuroimmunology (continued)**	**HALL A**
Chairs:		
14:10-15:00	**All patients with PML should be treated with pembrolizumab**	
	Capsule:	
14:10-14:20	Moderator: **Avi Gadoth**, Israel Introduction and Pre-Debate Voting	
14:20-14:35	Yes: **Uros Rot,** Slovenia	
14:35:14:50	No: **Michel Toledano**, USA	
14:50:15:00	Discussion, Rebuttals and Post-Debate Voting	
15:00-15:50	**Is CAR-T cell therapy appropriate for development fro NMOSD?**	
	Capsule: Chimeric antigen receptor (CAR)-T cells are autologous T cells engineered to target a variety of antigens. Potential advantages of this form of treatment include the tissue distribution properties of T cells and self replication. CAR-T cells have revolutionized treatment of B-cell malignancies and have recently been applied to autoimmune disease. There are a number of toxicities including cytokine release syndrome. Does CAR T cell therapy offer unique advantages for NMOSD that justify its cost and toxicity?	
15:00-15:10	Moderator: **Tjalf Ziemssen**, Germany Introduction and Pre-Debate Voting	
15:10-15:25	Yes: **Brian Weinshenker,** USA	
15:25-15:40	No: **Petra Nytrova**, Czech Republic	
15:40-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:20	**Coffee Break, Exhibition & ePosters Visits**	
16:20-18:00	**Neuroimmunology (continued)**	
Chairs:		
16:20-17:10	**Can primary CNS vasculitis be diagnosed without biopsy?**	
	Capsule:	
16:20-16:30	Moderator: **Michel Toledano**, USA Introduction and Pre-Debate Voting	
16:30-16:45	Yes: **Sarlota Mesaros,** Serbia	
16:45-17:00	No: **Joab Chapman**, Israel	
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting	

THURSDAY, MARCH 20th , 2025		
	Neuroimmunology (continued)	**HALL A**
17:10-18:00	**Narcolepsy is an autoimmune disorder**	
	Capsule: The current body of literature supports that narcolepsy is an autoimmune disorder. However, the role of autoantibodies has yet to be established. Moreover, reports of using immunotherapies in narcolepsy patients remain limited and inconsistent. Nonetheless, narcolepsy has been strongly linked to specific HLA alleles and T-cell receptor polymorphisms. More recently, it has been argued that alterations in cytokine levels, gut microbiota, and microglial activation may indicate a neuro-inflammation in the disease's development, and during this debate we will discuss current evidence pro and against the immune theory, as well as address the potential role for epigenetic silencing.	
17:10-17:20	Moderator: **Ivana Rosenzweig**, UK Introduction and Pre-Debate Voting	
17:20-17:35	Yes**: Roland Liblau,** France	
17:35-17:50	No: **Mehdi Tafti,** Switzerland	
17:50-18:00	Discussion, Rebuttals and Post-Debate Voting	
18:00	**Networking Reception**	

THURSDAY, MARCH 20th , 2025		
08:00-09:40	**Alzheimer's Disease (AD) & Dementia**	**HALL B**
Chairs:	**Claire Sexton**, USA	
08:00-08:50	Alzheimer's Association debate: **Individuals with atypical AD should be included in clinical trials**	
	Capsule: AD is typically perceived as a memory-predominant neurodegenerative condition. However, in ~10% of individuals non-amnestic features such as disturbances in processing of visual information, language impairment and/or behavorial/personality changes represent the core cognitive complaint. Due to their atypical clinical presentation (and associated biomarker profiles and progression rates), these individuals do not meet eligibility criteria for clinical trials and are therefore systematically excluded from promising investigational interventions with disease modifying drugs. Here, we will discuss the pros and cons of including individuals with atypical forms of AD in clinical trials.	
08:00-08:10	Moderator: **Rik Ossenkoppele,** Netherlands Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Keir Yong**, UK	
08:25-08:40	No: **Rosaleena Mohanty**, Sweden	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**Are the new anti-amyloid drugs cost-effective?**	
	Capsule: The cost-effectiveness of lecanemab and donanemab is being closely examined. Regulators and payors in the US, Europe, Great Britain and other jurisdictions have come to different conclusions. The usual price-point of $100,000/QALY has been exceeded for lecanemab, and details for donanemab are not yet available. The advent of subcutaneous formulations and stopping/maintenance rules will have to be taken into account. Competition between current manufacturers, next generation antibodies and increased efficacy with longer term administration (3-5 years) at earlier stages of AD will also change the calculations	
08:50-09:00	Moderator: **Colin L. Masters**, Australia Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Jakub Hlavka,** Czech Republic	
09:15-09:30	No: **Stanislav Sutovsky**, Slovakia	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Opening Ceremony**	**Plenary Hall**
11:10-12:10	**Plenary Session:** **A Plan for Parkinson, Michael Okun,** USA **The impact of climate changes on neurological diseases - Jacques Reis,** France	**Plenary Hall**
12:10-13:10	**Industry Sponsored Symposium**	**Plenary Hall**

13:10-14:10	**Lunch Break, Exhibition & ePosters Visits**	
14:10-16:20	**Alzheimer's Disease (AD) & Dementia (continued)**	**HALL B**
Chairs:	**Odelia Elkana,** Israel	
14:10-15:00	**Should MCI patients be immunized against zoster?**	
	Capsule: Retrospective studies have suggested that immunization against herpes zoster reduces the incidence of dementia. Can this also be of therapeutic value, i.e. should AD patients be immunized in order to ameliorate the disease?	
14:10-14:20	Moderator: **Stanislav Sutovsky**, Slovakia Introduction and Pre-Debate Voting	
14:20-14:35	Yes: **Lukasz Rzepiński**, Poland	
14:35-14:50	No: **Dorota Religa**, Sweden	
14:50-15:00	Discussion, Rebuttals and Post-Debate Voting	
15:00-15:50	**Is AD a disease?**	
	Capsule: The definition of AD has changed several times over the years and still lacks an agreed one. Lacking understanding of the causes and mechanisms of the condition, it is still arguable whether it should be considered a disease or a syndrome	
15:00-15:10	Moderator: **Michael Okun**, USA Introduction and Pre-Debate Voting	
15:10-15:25	Yes**: Colin L. Masters**, Australia	
15:25-15:40	No: **Amos Korczyn**, Israel	
15:40-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:20	**Coffee Break, Exhibition & ePosters Visits**	
16:20-18:00	**Alzheimer's Disease (AD) & Dementia (continued)**	**HALL B**
Chairs:	**Yvonne Freund-Levi,** Sweden	
16:20-17:10	**Monoclonal antibodies or natural products for prevention of dementia?**	
	Capsule: Monoclonal antibodies and natural products are both being explored for the prevention of dementia. Monoclonal antibodies target, for example, amyloid plaques in the brain, which are a hallmark of AD, and have been shown consistently to have positive effects on reducing amyloid levels and slowing cognitive decline. However, their high cost and potential side effects are concerns. On the other hand, natural products like dietary supplements, omega-3 fatty acids, and antioxidants may support brain health and delay cognitive decline. Both approaches have potential, but further studies are essential to determine their long-term benefits and practicality.	
16:20-16:30	Moderator: **Robert Perneczky**, Germany Introduction and Pre-Debate Voting	
16:30-16:45	Natural products: **Magda Tsolaki**, Greece	

16:45-17:00	Monoclonal antibodies: **Jakub Hort,** Czech Republic
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting
17:10-18:00	**Do lifestyle factors protect against dementia by affecting amyloid metabolism?**
	Capsule: *Lifestyle factors, such as physical activity, diet, and cognitive engagement, may protect against dementia by influencing amyloid metabolism. Exercise is associated with reduced amyloid plaque accumulation and improved cognitive function. Diets like the Mediterranean diet link to lower amyloid levels and slower cognitive decline. Cognitive engagement through activities like reading and puzzles can delay dementia onset by reducing amyloid pathology. However, genetic predispositions and the complex nature of lifestyle adherence can limit these benefits. While promising, the relationship between lifestyle factors and amyloid metabolism is not fully understood, and this debate will discuss the pros and cons of the existing* evidence.
17:10-17:20	Moderator: **Robert Perneczky**, Germany Introduction and Pre-Debate Voting
17:20-17:35	Yes**: Laura Bonanni**, Italy
17:35-17:50	No: **Giancarlo Logroscino**, Italy
17:50-18:00	Discussion, Rebuttals and Post-Debate Voting
18:00	**Networking Reception**

THURSDAY, MARCH 20th , 2025		
08:00-09:40	**Parkinson's Disease (PD) I**	**HALL C**
Chairs:		
08:00-08:50	**Are we ready to classify PD based on biological information?**	
	Capsule: Jean-Martin Charcot refined the original description of James Parkinson as disorder with characteristic motor features that form the basis of the current clinical definition of Parkinson's disease (PD). However, we have evolved tremendously in terms of our understanding of genetic factors, pathogenic mechanisms, imaging modalities, and biomarkers, supporting the vast heterogeneity observed in disease manifestation and progression. While it will be essential to continue to investigate the biological underpinnings of PD, and to develop better biomarkers and imaging approaches, we are now in a position to debate whether the existing knowledge is ready for aiding researchers classify patients in order to aid patient selection for clinical trials, in the hope that this will increase our chance of success in developing novel therapeutic strategies for a disease that is actually a syndrome and not a single homogeneous entity.	
08:00-08:10	Moderator: **Michael Okun, USA** Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Tiago Outeiro**, Germany	
08:25-08:40	No: **Angelo Antonini, Italy**	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**The first treatment of RLS should be dopamine agonists vs gabapentin and pregabalin**	
	Capsule: RLS is a common neurological disorder among adult patients that often disrupts sleep and can impact activities of daily living. Diagnostic criteria include an urge to move the legs or other body parts that begins or worsens during rest or inactivity. The urge to move is typically worse in the evening or nighttime hours and is relieved by movement. RLS remains under-diagnosed, and many patients are not treated appropriately. The first treatment of RLS is debated.	
08:50-09:00	Moderator: Introduction and Pre-Debate Voting	
09:00:09:15	Dopamine agonists: **Vladmira Vuletic**, Croatia	
09:15-09:30	Gabapentin / pregabalin: **Jarosław Slawek**, Poland	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Opening Ceremony**	**Plenary Hall**
11:10-12:10	**Plenary Session:** **A Plan for Parkinsion – Michael Okun, USA** **The impact of climate changes on neurological diseases - Jacques Reis, France**	**Plenary Hall**
12:10-13:10	**Industry Sponsored Symposium**	**Plenary Hall**
13:10-14:10	**Lunch Break, Exhibition & ePosters Visits**	

14:10-15:50	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:		
14:10-15:00	**The MRI will replace molecular imaging to support the diagnosis of PD**	
	Capsule: modern MRI technology with 3T allows detection of the so-called swallow tail sign. So far, the specificity and the sensitivity seem to be lower than using molecular imaging with PET or SPECT technology which are propagated in the new biological definitions of Parkinson's disease. The debate will discuss whether this can be changed.	
14:10-14:20	Moderator: **Heinz Reichmann**, Germany Introduction and Pre-Debate Voting	
14:20-14:35	Yes: **Irena Rektorova**, Czech Republic	
14:35-14:50	No: **Nicola Pavese**, UK	
14:50-15:00	Discussion, Rebuttals and Post-Debate Voting	
15:00-15:50	**GLP-1 agonists are disease modifying for PD and should be used in all patients**	
	Capsule: The recent New England Journal of Medicine paper showed that GLP-1 agonists may possibly be disease modifying and this has sparked a debate in the field. Should we be giving them? What is the risk benefit ratio? Will weight loss or GI symptoms impact the decision? What other studies are needed.	
15:00-15:10	Moderator: **Michael Okun,** USA Introduction and Pre-Debate Voting	
15:10-15:25	Yes: **Sharon Hassin-Baer**, Israel	
15:25:15:40	No: **Peter LeWitt**, USA	
15:40-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:20	**Coffee Break, Exhibition & ePosters Visits**	
16:20-18:00	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:	**Weidong Le,** China	
16:20-17:10	**Essential tremor plus (ET+) is a clinically useful concept**	
	Capsule: the concept of ET+ suggests that cases of essential tremor (ET) with additional neurological symptoms form a distinct category. ET+ includes signs like dystonia, cognitive changes, or gait abnormalities, broadening the understanding of tremor disorders. Proponents argue that ET+ acknowledges the complexity of tremor presentations, yet critics point to the term's ambiguity and risk of diagnostic overlap. The lack of clear criteria and variable clinical relevance challenge ET+'s utility. The classification remains controversial, and this debate will explore the strengths and limitations of the concept.	
16:20-16:30	Moderator: **Sharon Hassin-Baer**, Israel Introduction and Pre-Debate Voting	
16:30-16:45	Yes: **Matej Skorvanek**, Slovakia	
16:45-17:00	No: **Evzen Ruzicka**, Czech Republic	

17:00-17:10	Discussion, Rebuttals and Post-Debate Voting
17:10-18:00	**Focused ultrasound thalamotomy becomes the first choice treatment for medically refractory essential tremor**
	Capsule: Medication refractory Essential tremor was in the past treated with deep brain stimulation. With the emergence of MRI guided focused ultrasound thalamotomy, a non-invasive therapy that offers tremor relief, patients are referred for focused ultrasound instead of DBS. Should focused ultrasound thalamotomy become the first choice of therapy in medication refractory Essential tremor?
17:10-17:20	Moderator: **Evzen Ruzicka**, Czech Republic Introduction and Pre-Debate Voting
17:20-17:35	Yes: **Ilana Schlesinger**, Israel
17:35-17:50	No: **Michael Okun,** USA
17:50-18:00	Discussion, Rebuttals and Post-Debate Voting
18:00	**Networking Reception**

FRIDAY, MARCH 21ST, 2025		
08:00-09:40	**Multiple Sclerosis (MS)**	**HALL A**
Chairs:		
08:00-08:50	European Charcot Foundation Symposium: **Assessment of treatment response in progressive MS** *The Symposium is dedicated to the memory of Prof. Giancarlo Comi*	
	Capsule:	
	Moderator: **Hans-Peter Hartung**, Germany Introduction	
	Clinical measures:	
	Neuroimaging:	
	Functional tests: **Letizia Leocani,** Italy	
08:40-08:50	Discussion	
08:50-09:40	**Epstein-Barr (EBV) virus is a therapeutic target in established MS**	
	Capsule: MS is caused by an interplay between environmental and genetic factors. Infection with EBV significantly increases the risk of MS indicating that EBV can be an important factor in development of MS. Molecular mimicry between Epstein-Barr nuclear antigen 1 (EBNA1) and brain GlialCAM is postulated. Could we also treat MS by vaccinating against EBV or use antiviral drugs ?	
08:50-09:00	Moderator: **Jacek Losy,** Poland Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Gavin Giovannoni, UK**	
09:15-09:30	No:	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Plenary Session:** **Neurology is psychiatry and vice versa Adam Zeman,** UK **What are late-onset neurodegenerative diseases? Amos Korczyn,** Israel	**Plenary Hall**
11:10-12:10	**Industry Sponsored Symposium**	**Plenary Hall**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 21ST , 2025		
13:10-14:50	**Multiple Sclerosis (continued)**	**HALL A**
Chairs:		
13:10-14:00	**Does prodromal MS exists?**	
	Capsule: Several studies have suggested that MS diagnosis can be preceded by unspecific prodromal symptoms, months or even years before classical manifestation of the disease. Although an evident prodromal phase is associated with (among many) Parkinson's disease, Alzheimer's, rheumatoid arthritis, and Crohn's disease, it is still debated whether MS is also associated with one, or whether unspecific prodromal symptoms could simply translate to early manifestations of the disease itself.	
	Moderator: **Gavin Giovannoni,** UK Introduction and Pre-Debate Voting	
	Yes: **Hans-Peter Hartung**, Germany	
	No: **Alicja Kalinowska,** Poland	
	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**All patients with radiologically isolated syndrom (RIS) should be treated with disease-modifying therapies (DMT)**	
14:00-14:10	*Capsule: RIS is often the first detectable manifestation of central nervous system (CNS) autoimmunity. In fact, ten years after the diagnosis of RIS, more than 50% of individuals will have progressed to a formal diagnosis of clinically isolated syndrome (CIS) or multiple sclerosis (MS). There are currently over 20 approved DMT for patients with CIS and MS available that are effective and relatively safe. For two of these agents, namely dimethyl fumarate and fingolimod, efficacy and safety were demonstrated in persons with RIS. Based on excellent biological plausibility, the early use of DMT is advocated in persons with MS to prevent the accumulation of neurological disability. There are emerging data to support this dogma. There is no reason to believe that a first demyelinating event in RIS would be biologically different from subsequent events that establish a diagnosis of CIS or MS. Thus, DMT should be offered to persons with RIS.*	
14:10:14:25	Moderator: **Joab Chapman**, Israel Introduction and Pre-Debate Voting	
14:25-14:40	Yes: **Olaf Stuve, USA**	
14:40-14:50	No: **Klaus Schmierer**, UK	
	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

15:20-17:00	**Multiple Sclerosis (continued)**	**HALL A**
Chairs:		
15:20-16:10	**Digital technology should replace neurological examination**	
	Capsule: The neurological examination remains an important piece of a patient's assessment, and its value has not been questioned by generation of medical students and neurology residents. A clinical provider can assess non-verbal cues, patient history, and subtle physical signs. However, the physical examination is highly subjective and relies on a clinician's experience, intuition, and ability to observe subtle changes in a patient's behavior, motor skills, speech, and cognitive abilities.Digital technology holds the promise that it may augment the neurological examination in numerous ways. Some of these technologies are already clinical reality, including advanced neuroimaging (like MRI or CT scans). Novel digital tests can track motor function, reflexes, and cognitive abilities. Artificial intelligence (AI) and machine learning can assist in analyzing patterns in large datasets, which can enhance the accuracy of diagnoses. *This debate will elucidate whether digital technology is capable of replacing the neurological examination all together by providing objective and reproducible data points.*	
	Moderator: **Olaf Stuve, USA** Introduction and Pre-Debate Voting	
	Yes: **Letizia Leocani,** Italy	
	No: **Tjalf Ziemssen**, Germany	
	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**PET scanning should be a regular part of the follow up routine in patients with progressive MS**	
	Capsule:	
	Moderator: **Letizia Leocani,** Italy Introduction and Pre-Debate Voting	
	Yes: **Friedemann Paul**, Germany	
	No: **Eva Havrdova**, Czech Republic	
	Discussion, Rebuttals and Post-Debate Voting	
17:00-18:00	**e-Posters Guided Tour**	

FRIDAY, MARCH 21ST, 2025		
08:00-09:40	**Stroke**	**HALL B**
Chairs:		
08:00-08:50	**POINT(S) and COMPASS(ES). Should stroke physicians use a combination of aspirin and low dose Rivaroxaban to reduce risk of recurrent in high risk people with large artery disease?**	
	Capsule: *The COMPASS trial demonstrated that people with stable atherosclerotic vascular disease who were treated with a combination of low dose rivaroxaban and aspirin had better cardiovascular outcomes but more bleeding than people treated with aspirin alone. Most of the participants were enrolled into the study due to a history of myocardial infarction or peripheral vascular disease and people with a recent stroke were excluded. However, we see many patients who suffer stroke despite being treated with antiplatelets. Is this a viable treatment option for people with stroke due to large artery disease, or would single or dual antiplatelet therapy be preferable?*	
08:00-08:10	Moderator: **Laszlo Csiba**, Hungary Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Robert Gabor Kiss**, Hungary	
08:25-08:40	No: **Jesse Dawson**, UK	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**Time to get the gout drugs out? Colchicine for prevention of stroke. Are you CONVINCED?**	
	Capsule: The use of colchicine to prevent cardiovascular events in people with atherosclerotic coronary heart disease was recently approved by the FDA. At least some of the benefit observed is due to a reduction in stroke. The CONVINCE and CHANCE-3 trials recently assessed this in people with recent ischaemic stroke. Should we now be using this in people with ischaemic stroke?	
08:50-09:00	Moderator: **Natan Bornstein,** Israel Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Ashfaq Shuaib,** Canada	
09:15-09:30	No: **Vida Demarin**, Croatia	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Plenary Session:** **Neurology is psychiatry and vice versa Adam Zeman,** UK **What are late-onset neurodegenerative diseases? Amos Korczyn,** Israel	**Plenary Hall**
11:10-12:10	**Industry Sponsored Symposium**	**Plenary Hall**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 21ST , 2025		
13:10-14:50	**Stroke (continued)**	**HALL B**
Chairs:	**Hen Hallevi,** Israel	
13:10-14:00	**Should we offer endovascular treatment (EVT) to patients with acute stroke and pre-stroke mRS of 3 or more?**	
	Capsule: Randomized trials with endovascular treatment (EVT) of acute stroke have excluded patients with pre-stroke modified Rankin scale (mRS) of more than "2". Despite lacking trial data, patients with higher mRS are offered EVT. Does the lack of trial data require additional studies in high mRS patients with LVO and acute stroke? Is the data from current trials sufficient to offer treatment regardless of the pre-stroke mRS?	
	Moderator: **Roni Eichel**, Israel Introduction and Pre-Debate Voting	
	Yes: **Ashfaq Shuaib,** Canada	
	No: **Roman Herzig,** Czech Republic	
	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**Computed tomography perfusion (CTP) is rarely needed for decision making in patients with ischemic stroke**	
	Capsule: Reason is that you do not know if there is large core until you have CTP. And CTP can offer other benefits beyond indication of mechanical thrombectomy (MT)	
	Moderator: **Robert Mikulik**, Czech Republic Introduction and Pre-Debate Voting	
	Yes: **Roni Eichel,** Israel	
	No: **Ashfaq Shuaib,** Canada	
	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	
15:20-17:00	**Stroke (continued)**	**HALL B**
Chairs:		
15:20-16:10	**There are sufficient data to use Andexanat alpha in people with intracerebral hemorrhage (ICH) associated with factor X inhibitor use**	
	Capsule: In people with ICH associated with the use of FXa inhibitors, treatment with andexanet alfa reduces anti-FXa activity and has good hemostatic efficacy. There are also reports that it is associated with lower mortality and better clinical outcomes. However, there may be an increased risk of thrombotic events so the risk benefit ratio may be hard to define. Are there sufficient data to support routine use?	
	Moderator: **Jesse Dawson,** UK Introduction and Pre-Debate Voting	
	Yes: **Mira Katan**, Switzerland	

	No: **Ales Tomek**, Czech Republic
	Discussion, Rebuttals and Post-Debate Voting
16:10-17:00	**Is AI a useful tool for making decisions in neurorehabilitation?**
	Capsule: AI is able to collect, assemble, and process huge amounts of data. This raises the question if AI tools can also be used to ease decision-making in neurorehabilitation, e.g., for planning and monitoring therapeutic interventions. This could increase the quality and speed of feeding information for processes in neurorehabilitation and help overcome problems with highly trained personnel, hence increasing the availability of intellectual resources. There are, however, problems with data security and uncertainties about whether AI is helpful for focalized decisions in the rehab process. In this debate, the pros and cons will be critically
	Moderator: **Abraham Ohry**, Israel Introduction and Pre-Debate Voting
	Yes: **Volker Hoemberg,** Germany
	No: **Dafin Muresanu,** Romania
	Discussion, Rebuttals and Post-Debate Voting
17:00-18:00	**e-Posters Guided Tour**

FRIDAY, MARCH 21ST, 2025		
08:00-09:40	**Parkinson's Disease (PD) II**	**HALL C**
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Plenary Session:** **Neurology is psychiatry and vice versa** **Adam Zeman**, UK **What are late-onset neurodegenerative diseases?** **Amos Korczyn**, Israel	**Plenary Hall**
11:10-12:10	**Industry Sponsored Symposium**	**Plenary Hall**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:50	**Parkinson's Disease (PD) II (continued)**	**HALL C**
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	
15:20-17:00	**Parkinson's Disease (PD) II continued)**	**HALL C**
17:00-18:00	**e-Posters Guided Tour**	

SATURDAY, MARCH 22ND, 2025		
07:30-08:30	e-Posters Guided Tour	
08:30-10:10	**Sleep**	**HALL A**
Chairs:	**Natan Gadoth**, Israel	
08:30-09:20	**Sleep enhances brain clearance of amyloid and other neurotoxic substances**	
	Capsule:	
	Moderator: **Claudio Bassetti**, Switzerland Introduction and Pre-Debate Voting	
	Yes: **Lea Grinberg**, Brazil/USA	
	No: **Ivana Rosenzweig**, UK	
	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	**Is sleep assessment essential in general neurology practice**?	
	Capsule:	
	Moderator: **Ivana Rosenzweig, UK** Introduction and Pre-Debate Voting	
	Yes: **Claudio Bassetti,** Switzerland	
	No:	
	Discussion, Rebuttals and Post-Debate Voting	
10:10-10:40	**Coffee Break, Exhibition & ePosters Visits**	
10:40-11:40	**Plenary Session:** **What can neuropathology teach us in the era of biomarkers**- **Lea Grinberg,** Brazil/USA **The contributions of Czech physicians and authors to humanity and medicine: A historical perspective** **Abraham Ohry,** Israel	**Plenary Hall**
11:40-12:40	**Industry Sponsored Symposium**	**Plenary Hall**
12:40-13:40	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 22ND, 2025		
13:40-15:20	**ALS**	**HALL A**
Chairs		
13:40-14:30	**Physiological stress, as derived from smoking and extreme exercise as a risk factor for Amyotrophic Lateral Sclerosis (ALS)**	
	Capsule: *Extreme physical activity and smoking have been linked to an increased risk of developing ALS. Physiological stress, when ongoing, extreme or uncontrolled, may thus result in neurodegeneration, particularly with ALS*	
	Moderator: **Pamela Shaw**, UK Introduction and Pre-Debate Voting	
	Yes: **Amir Dori**, Israel	
	No: **Osman Sinanovic**, Bosnia and Herzegovina	
	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:20	**For neuroprotection in ALS - targetted therapies represent a better approach than therapeutic cocktails**	
	Capsule: Function of the nervous system is largely dependent on energy supply, provided by oxygen, glucose and lipids. Interventions can target such less specific factors (and others), but can also interfere with specific factors, such as disease-causing genes. Recently, specific treatment strategies – represented by tofersen and nusinersen – were shown to be extremely successful, should these or non-specific cocktails be preferred?	
	Moderator: **Peter Jenner, UK** Introduction and Pre-Debate Voting	
	Yes: **Pamela Shaw**, UK	
	No: **Albert Ludolph**, Germany	
	Discussion, Rebuttals and Post-Debate Voting	
15:20-15:50	**Coffee Break, Exhibition & ePosters Visits**	
15:50-17:30	**Neurodegenerative Diseases**	**HALL A**
Chairs	**Ornit Chiba-Falek**, USA	
15:50-16:40	**The age-dependent decrease of brain clearing mechanisms is responsible for late-onset neurodegenerative diseases**	
	Capsule:	
	Moderator: **Vladimira Vuletic**, Croatia Introduction and Pre-Debate Voting	
	Yes: **Bogdan Popescu**, Romania	
	No: **Laura Bonanni**, Italy	
	Discussion, Rebuttals and Post-Debate Voting	

SATURDAY, MARCH 22ND, 2025		
	Neurodegenerative Diseases (continued)	**HALL A**
16:40-17:30	**Palliative care should be discussed with people with progressive neurological disease early in the disease progression**	
	Capsule:	
	Moderator: **Peter LeWitt**, USA Introduction and Pre-Debate Voting	
	Yes: **Robert Rusina**, Czech Republic	
	No: **Vladimira Vuletic**, Croatia	
	Discussion, Rebuttals and Post-Debate Voting	
17:50	Closing ceremony	

SATURDAY, MARCH 22ND, 2025		
07:30-08:30	**e-Posters Guided Tour**	
08:30-10:10	**Epilepsy**	**HALL B**
Chairs:	**Nandan Yardi,** India**; Ivan Rektor,** Czech Republic	
08:30-09:20	**Are the newest drugs for epilepsy, cenobamate and fenfluramine better than the older drugs?**	
	Capsule: Drugs introduced to treat epilepsy in the 1990's and 2000's did not produce seizure freedom at greater rates than older drugs. Are the newest drugs better?	
	Moderator: **Zeljka Petelin Gadze, Croatia** Introduction and Pre-Debate Voting	
	Yes: **Michael Sperling**, USA	
	No: **Zeljka Petelin Gadze, Croatia**	
	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	**Should we still use therapeutic drug monitoring when treating our patients with epilepsy?**	
	Capsule: Does therapeutic drug monitoring really lead to better outcomes and seizure control or is management using clinical parameters adequate?	
	Moderator: **Ruta Mameniskiene**, Lithuania Introduction and Pre-Debate Voting	
	Yes: **Ilan Blatt,** Israel	
	No: **Manjari Tripathi**, India	
	Discussion, Rebuttals and Post-Debate Voting	
10:10-10:40	**Coffee Break, Exhibition & ePosters Visits**	
10:40-11:40	**Plenary Session:** **What can neuropathology teach us in the era of biomarkers**- **Lea Grinberg,** Brazil/USA **The contributions of Czech physicians and authors to humanity and medicine: A historical perspective** **Abraham Ohry,** Israel	**Plenary Hall**
11:40-12:40	**Industry Sponsored Symposium**	**Plenary Hall**
12:40-13:40	**Lunch Break, Exhibition & ePosters Visits**	

13:40-15:20	**Epilepsy (continued)**	**HALL B**
Chairs:	**Andriy Dubenko,** Ukraine	
13:40-14:30	**Should we use add-on therapy or substitution therapy for epilepsy when the first drug does not work?**	
	Capsule: For most patients, is add-on and substitution of a new drug best when the first drug fails to control seizures? What is the evidence?	
	Moderator: **Elinor Ben Menachem**, Sweden Introduction and Pre-Debate Voting	
	Add on: **Alla Guekht,** Russia	
	Substitution: **Andreas Schulze-Bonhage**, Germany	
	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:20	Case studies.**Michael Sperling**, USA	
14:30-15:10	Case Discussion: intractable epilepsy and seizure clusters. Established and novel therapies, and administration methods, including trans-nasal. **Michael Sperling**, USA	
15:10-15:20	Discussion	
15:20-15:50	**Coffee Break, Exhibition & ePosters Visits**	
15:50-17:30	**Epilepsy (continued)**	**HALL B**
Chairs:	**Andreja Bujan Kovač**, Croatia	
15:50-16:40	**Should we be targeting nuclei for deep brain stimulation other than the anterior thalamic nucleus for drug-resistant focal epilepsy?**	
	Capsule: Stimulation of the anterior nucleus of the thalamus has been shown to reduce seizure frequency in a randomized controlled trial. Multiple subocortical thalamicnuclei, including pulvinar and centromedian, are being now stimulated instead in clinical practice. Is this justified?	
	Moderator: Introduction and Pre-Debate Voting	
	Yes: **Elinor Ben-Menachem**, Sweden	
	No: **Martin Holtkamp**, Germany	
	Discussion, Rebuttals and Post-Debate Voting	
16:40-17:30	**Should we treat seizures that we see in the subclinical electrographic seizures in EEG in status epilepticus when clinical seizures have stopped?**	
	Capsule: It is common to see electrographic seizures after cessation of status epilepticus in the intensive care unit. Can we justify treating these with continued aggressive therapy? Is there evidence to support improved outcome with or without treatment?	
	Moderator: **Vladimir Komarek**, Czech Republic	

	Introduction and Pre-Debate Voting
	Yes: **Ilan Blatt,** Israel
	No: **Petr Marusic**, Czech Republic
	Discussion, Rebuttals and Post-Debate Voting
17:50	Closing ceremony

SATURDAY, MARCH 22ND, 2025		
07:30-08:30	**e-Posters Guided Tour**	
08:30-10:10	**Headache**	**HALL C**
Chairs	**Laszlo Vecsei,** Hungary	
08:30-09:20	**anti-CGRP therapies should be first line for migraine prevention**	
	Capsule: Insurance companies in the US and elsewhere make physicians use older preventive medications, in spite of poor efficacy and significant adverse effects. New guidelines state that the anti- CGRP medications are effectve and safer that older medications and should be used first line, even though they are more expensive.	
	Moderator: **Tomas Nezadal,** Czech Republic Introduction and Pre-Debate Voting	
	Yes: **Antoinette Maassen van den Brink**, The Netherlands	
	No: **Gisela M. Terwindt**, The Netherlands	
	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	**There is a need for a newer botulinum neurotoxins for prevention of chronic migraine**	
	Capsule: OnabotulinumtoxinA is well esteblished as a preventive treatment for chronic migraine. Is there a need for other similar biologics to be available for migraine prevention ehich are more efficacious and act longer?	
	Moderator: **Alan Rapoport**, USA Introduction and Pre-Debate Voting	
	Yes: **Peter McAllister**, USA	
	No: **Christian Lampl**, Austria	
	Discussion, Rebuttals and Post-Debate Voting	
10:10-10:40	**Coffee Break, Exhibition & ePosters Visits**	
10:40-11:40	**Plenary Session:** **What can neuropathology teach us in the era of biomarkers- Lea Grinberg,** Brazil/USA **The contributions of Czech physicians and authors to humanity and medicine: A historical perspective** **Abraham Ohry,** Israel	**Plenary Hall**
11:40-12:40	**Industry Sponsored Symposium**	**Plenary Hall**
12:40-13:40	**Lunch Break, Exhibition & ePosters Visits**	
13:40-15:20	**Headache (continued)**	**HALL C**
Chairs:		
13:40-14:30	**Psychedelics such as psilocybin and ketamine are reasonable treatment choices for both migraine and cluster headache**	

	Capsule: Psychodelic drugs such as psilocybin and ketamine are resonably effective treatments for migraine and cluster headache in spite of strong adverse events. Should they be approved by the FDA and European authorities for these indications?
	Moderator: Introduction and Pre-Debate Voting
	Yes: **Peter McAllister,** USA
	No: **Lars Edvinsson**, Sweden
	Discussion, Rebuttals and Post-Debate Voting
14:30-15:20	**Neurostimulation/modulation is as effective as pharmacotherapy for acute and preventive migraine treatment**
	Capsule: Several electrical stimulation devices have been cleared by the FDA, as they appear to be effective and safe for migraine therapy. One is cleared for the acute and preventive treatment of cluster headache. Do they work as well as medications, are they safe and should they be used more often?
	Moderator: Tomas Nezadal, Czech Republic Introduction and Pre-Debate Voting
	Yes: **Miguel Lainez,** Spain
	No: **Licia Grazzi,** Italy
	Discussion, Rebuttals and Post-Debate Voting
15:20-15:50	**Coffee Break, Exhibition & ePosters Visits**
15:50-17:30	**Headache (continued)** **HALL C**
Chairs:	**Marcin Kopka,** Poland
15:50-16:40	**A migraine attack begins to develop several days before the onset of symptoms, so treatment during the prologue/aura is not an effective strategy**
	Capsule: Migraine pathophysiology may begin several hours or days before the pain and disability start. Is it appropriate to treat patients during the prodrome stage in order to prevent the subsequent painful headache and disability?
	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting
	Yes: **Dimos D. Mitsikostas**, Greece
	No: **Gisela M. Terwindt**, The Netherlands
	Discussion, Rebuttals and Post-Debate Voting
16:40:17:30	**Medication underuse headache is a helpful concept which can prevent chronification and MOH**
	Capsule:Medication underuse headache is defined as a headache which begins when patients witth severe and frequent attacks of migraine do not get started on effective migraine preventives when they are elligible to do so and also not taking a rapid acting and effective medications to stop a migraine attack, resulting in the medication underuse headache causes medication overuse headache (MOH), with significant consequences..

	Moderator: **Alan Rapoport**, USA Introduction and Pre-Debate Voting
	Yes: **Wanakorn Rattanawong**, Thailand
	No: **Dimos D. Mitsikostas**, Greece
	Discussion, Rebuttals and Post-Debate Voting
17:50	Closing ceremony