Preliminary program updated 17.02.25 -- *subject to changes

THURSDAY, MARCH 20th,2025		
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?**	
	***Capsule**: 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: **Thomas Berger,** Austria Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Hakan Cetin**, Austria	
09:15-09:30	No**: Anna Kostera-Pruszczyk,** 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 and Best e-Poster awards**	**HALL A**
Chairs:	**Amos Korczyn**, Israel**; Petr Marusic,** Czech Republic	
10:15-10:20	**Irena Rektorova,** Czech Republic - Welcome address	
10:20-10:25	**Natan Bornstein,** Israel **-** Welcome address	
10:25-10:30	**Petr Marusic,** Czech Republic -Welcome address on behalf of the Czech Neurological Society	
10:30-10:45	The contribution of Oskar Fischer and Arnold Pick to the field of dementia - **Irena Rektorova**, Czech Republic	
10:45-10:50	CONy Excellence in Neurology Award to Prof. **Friedemann Paul**	
10:50-11:10	NMOSD - an emerging spectrum - **Friedemann Paul,** Germany	

THURSDAY, MARCH 20th,2025		
11:10-12:10	**Plenary Session**	**HALL A**
Chairs:	**George Chakhava,** Georgia; **Viktoriia Gryb,** Ukraine	
11:10-11:40 11:40-12:10	**A Plan for Parkinson - Michael Okun,** USA **The impact of climate changes on neurological diseases - Jacques Reis,** France	
12:10-13:10	**Industry Sponsored Symposium**	**HALL A**
13:10-14:10	**Lunch Break, Exhibition & ePosters Visits**	
14:10-15:50	**Neuroimmunology (continued)**	**HALL A**
Chairs:	**Klaudia Duka Glavor,** Croatia**; Ali Hasnain,** Ireland	
14:10-15:00	**All patients with PML should be treated with pembrolizumab**	
	***Capsule**: Progressive multifocal leukoencephalopathy (PML) is a devastating condition caused by JC virus reactivation observed mainly in immunocompromised patients but also in patients with inflammatory diseases treated with various immunosuppressants. Disability and mortality of PML can also be caused by immune reconstitution (IRIS) which is sometimes seen after the diagnosis, especially after stopping immunosuppressants. Should therefore all patients with PML receive immune check-point inhibitors such as pembrolizumab?*	
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 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 the 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: **Joab Chapman,** Israel 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**	

THURSDAY, MARCH 20th , 2025		
16:20-18:00	**Neuroimmunology (continued)**	**HALL A**
Chairs:	**Boleslav Lichterman,** Russia	
16:20-17:10	**Can primary CNS vasculitis be diagnosed without biopsy?**	
	***Capsule**: Primary central nervous system vasculitis (CNSV) is a challenging diagnosis due to its rarity and clinical variability. Traditionally, brain biopsy has been recognized as a gold standard to establish definitive diagnosis. However, its invasive nature and limited sensitivity, despite being relatively high, raises the question: Can primary CNSV be diagnosed without a biopsy? In this debate we will consider alternative diagnostic methods, and their reliability compared to biopsy.*	
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	
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:	**Marina Janelidze**, Georgia; **Judith Aharon Peretz**, Israel	
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,** The 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 and Best e-Poster awards**	**HALL A**
Chairs:	**Amos Korczyn**, Israel**; Petr Marusic,** Czech Republic	
10:15-10:20	**Irena Rektorova,** Czech Republic - Welcome address	
10:20-10:25	**Natan Bornstein,** Israel - Welcome address	
10:25-10:30	**Petr Marusic,** Czech Republic -Welcome address on behalf of the Czech Neurological Society	
10:30-10:45	The contribution of Oskar Fischer and Arnold Pick to the field of dementia - **Irena Rektorova**, Czech Republic	

THURSDAY, MARCH 20th , 2025		
10:45-10:50	CONy Excellence in Neurology Award to **Prof. Friedemann Paul**	**HALL A**
10:50-11:10	NMOSD - an emerging spectrum - **Friedemann Paul**, Germany	
11:10-12:10	**Plenary Session**	**HALL A**
Chairs	**George Chakhava,** Georgia; **Viktoriia Gryb,** Ukraine	
11:10-11:40 11:40-12:10	**A Plan for Parkinson - Michael Okun,** USA **The impact of climate changes on neurological diseases - Jacques Reis,** France	
12:10-13:10	**Industry Sponsored** Symposium	**HALL A**
13:10-14:10	**Lunch Break, Exhibition & ePosters Visits**	
14:10-15:50	**Alzheimer's Disease (AD) & Dementia (continued)**	**HALL B**
Chairs:	**Odelia Elkana,** Israel; **Xiao Ping Wang,** China	
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 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: **Lon Schneider**, 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**	

THURSDAY, MARCH 20th , 2025		
16:20-18:00	**Alzheimer's Disease (AD) & Dementia (continued)**	**HALL B**
Chairs:	**Yvonne Freund-Levi,** Sweden; **Milica G. Kramberger**, Slovenia	
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:	**Leontino Battistin**, Italy; **Nestor Galvez-Jimenez**, USA	
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 Restless legs syndrome (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: **Jesse Cedarbaum**, USA Introduction and Pre-Debate Voting	
09:00:09:15	**Dopamine agonists**: **Vladimira 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 and Best e-Poster awards**	**HALL A**
Chairs:	**Amos Korczyn**, Israel; **Petr Marusic**, Czech Republic	
10:15-10:20	**Irena Rektorova**, Czech Republic - Welcome address	
10:20-10:25	**Natan Bornstein**, Israel - Welcome address	
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THURSDAY, MARCH 20th , 2025		
10:30-10:45	The contribution of Oskar Fischer and Arnold Pick to the field of dementia - **Irena Rektorova**, Czech Republic	**HALL A**
10:45-10:50	CONy Excellence in Neurology Award to Prof. **Friedemann Paul**	
10:50-11:10	NMOSD - an emerging spectrum - **Friedemann Paul,** Germany	
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Chairs:	**George Chakhava,** Georgia; **Viktoriia Gryb,** Ukraine	
11:10-11:40	**A Plan for Parkinson - Michael Okun,** USA	
11:40-12:10	**The impact of climate changes on neurological diseases - Jacques Reis,** France	
12:10-13:10	**Industry Sponsored Symposium**	**HALL A**
13:10-14:10	**Lunch Break, Exhibition & ePosters Visits**	
14:10-15:50	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:	**Cristian Falup-Pecurariu,** Romania; **Magdalena Kwasniak-Butowska,** Poland	
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	

THURSDAY, MARCH 20th , 2025		
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; **Nana Kvirkvelia,** Georgia	
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:	**Konrad Rejdak**, Poland; **Jera Kruja**, Albania	
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**: Defining disability progression in MS remains a challenge. Universally agree upon criteria are missing. More recently the introduction of PIRA, progression independent of relapse activity, has complicated matters. Disability not related to failed recovery from relapses may conceptually allow definition with more stringency. However, it remains demanding to capture the entirety of disease activity with high granularity. Here we would like to shed light on this issue from various perspectives and discuss the use of different approaches: clinical measures, neuroimaging and functional tests. In all areas significant progress has been made over recent years. This will be critically assessed.*	
08:00-08:10	Moderator: **Hans-Peter Hartung**, Germany Introduction	
08:10-08:20	**Clinical measures**: **Maria Trojano**, Italy	
08:20:08:30	**Neuroimaging**: **Mike Wattjes**, Germany	
08:30-08:40	**Functional tests: Letizia Leocani,** Italy	
08:40-08:50	Discussion	
08:50-09:40	**Epstein-Barr virus (EBV) 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: **Ron Milo,** Israel	
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**	**HALL A**
Chairs:	**Max J. HILZ,** USA**; Natan Bornstein,** Israel	
10:10-10:40 10:40-11:10	**Neurology is psychiatry and vice versa - Adam Zeman,** UK **Apraxia - Amos Korczyn,** Israel	

FRIDAY, MARCH 21ST , 2025		
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:50	**Multiple Sclerosis (continued)**	**HALL A**
Chairs:	**Krzysztof Selmaj,** Poland	
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.*	
13:10-13:20	Moderator: **Gavin Giovannoni,** UK Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Hans-Peter Hartung**, Germany	
13:35-13:50	No: **Alicja Kalinowska,** Poland	
13:50-14:00	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**	

FRIDAY, MARCH 21ST , 2025		
15:20-17:00	**Multiple Sclerosis (continued)**	**HALL A**
Chairs:	**Andrijana Bogoje,** Croatia**; Larysa Sokolova,** Ukraine	
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.*	
15:20-15:30	Moderator: **Olaf Stuve,** USA Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Letizia Leocani,** Italy	
15:45-16:00	No: **Tjalf Ziemssen**, Germany	
16:00-16:10	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*:*	
16:10-16:20	Moderator: **Letizia Leocani,** Italy Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Friedemann Paul**, Germany	
16:35-16:50	No: **Eva Havrdova**, Czech Republic	
16:50-17:00	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:	**Roni Eichel**, Israel; **Sadagat Huseynova**, Azerbaijan	
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	**Is AI a useful tool for making decisions in neurorehabilitation?**	
	Capsule*: AI can 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*	
08:50-09:00	Moderator: **Abraham Ohry**, Israel Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Volker Hoemberg,** Germany	
09:15-09:30	No: **Dafin Muresanu,** Romania	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 21ST , 2025		
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:	**Max J. HILZ,** USA**; Natan Bornstein,** Israel	
10:10-10:40	**Neurology is psychiatry and vice versa - Adam Zeman,** UK	
10:40-11:10	**Apraxia - Amos Korczyn,** Israel	
11:10-12:10	**Industry Sponsored Symposium**	**HALL A**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10:14:50	**Stroke (continued)**	**HALL B**
Chairs:	**Dalius Jatuzis,** Lithuania; **Peter Klivenyi,** Hungary	
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?*	
13:10-13:20	Moderator: **Milija Mijajlovic**, Serbia Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Ashfaq Shuaib,** Canada	
13:35-13:50	No: **Roman Herzig,** Czech Republic	
13:50-14:00	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*)	
14:00-14:10	Moderator: **Robert Mikulik**, Czech Republic Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Roni Eichel,** Israel	
14:25-14:40	No: **Ashfaq Shuaib,** Canada	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 21ST , 2025		
15:20-17:00	**Stroke (continued)**	**HALL B**
Chairs:	**Zuzana Gdovinová,** Slovakia**; Michal Bar,** Czech Republic	
15:20-16:10	**There are sufficient data to use Andexanet 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?*	
15:20-15:30	Moderator: **Jesse Dawson,** UK Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Mira Katan**, Switzerland	
15:45-16:00	No: **Ales Tomek**, Czech Republic	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**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 benefits observed are 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?*	
16:10-16:20	Moderator: **Marina Roje Bedeković,** Croatia Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Ashfaq Shuaib,** Canada	
16:35-16:50	No: **Vida Demarin**, Croatia	
16:50-17:00	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 - Consensus and Controversy in PD Therapeutics**	**HALL C**
Chairs:	**Stuart Isaacson**, USA; **Rajesh Pahwa**, USA	
08:05-08:20	**Co-pathologies in neurodegenerative diseases** **Radoslav Matej,** Czech Republic	
08:20-09:00	**Should sialorrhea be treated first-line with botulinum toxin?**	
	***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?*	
08:20-08:25	Moderator: Introduction and Pre-Debate Voting	
08:25-08:40	Yes: **Richard Dewey,** USA	
08:40-08:55	No: **Daniel Kremens,** USA	
08:55-09:00	Discussion, Rebuttals and Post-Debate Voting	
09:00-09:40	**VMAT2 inhibitors should be used first line for hyperkinetic movements in HD and TD**	
	***Capsule**: Chorea in HD significantly impacts quality of life, morbidity, and caregiver burden. TD is increasingly common with increasingly prevalent use of antipsychotics in expanding regulatory indications. Second generation VMAT2 inhibitors valbenazine and deutetrabenazine have established efficacy and demonstrated tolerability. Should they be used first-line when these movements impact daily life?*	
09:00-09:05	Moderator: **TBA** Introduction and Pre-Debate Voting	
09:05-09:20	Yes: **TBA**	
09:20-09:35	No:	
09:35-09:40	Discussion, Rebuttals and Post-Debate Voting	

FRIDAY, MARCH 21ST, 2025		
09:40-10:10	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
09:40-10:10	**Coffee Break (Hall C)**	
09:40-10:10	*Panel Discussion*: **Should antipsychotics be used as soon as symptoms of PDP emerge?** Moderator: **Rajesh Pahwa**, USA	
	Capsule: *Antiosychotics have established efficacy in psychosis, but D2 antagonism and of target adverse effects can limit their clinical utility. Pimavanserin in the IS and Clozapine on the EU have regulatory approval for PDP. Should they be prescribed for early hallucinations and/or delusions emerge?* Discussion: **Daniel Kremens**, USA; **TBA**	
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:	**Max J. HILZ**, USA; **Natan Bornstein**, Israel	
10:10-10:40 10:40-11:10	**Neurology is psychiatry and vice versa - Adam Zeman**, UK **Apraxia - Amos Korczyn**, Israel	
11:10-12:10	**Industry Sponsored Symposium**	**HALL A**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-15:10	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:	**Stuart Isaacson**, USA	
13:10-13:50	**Nondopaminergic mechanisms should routinely be added to levodopa when OFF fluctuations occur**	
	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 receptor antagonists be added to levodopa as soon as OFF fluctuations emerge?*	
13:10-13:15	Moderator: **Fiona Gupta**, USA Introduction and Pre-Debate Voting	
13:15-13:30	Yes: **TBA**	
13:30-13:45	No: **TBA**	
13:45-13:50	Discussion, Rebuttals and Post-Debate Voting	

FRIDAY, MARCH 21ST, 2025		
13:50-15:50	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
13:50-14:30	**Troublesome Dyskinesia should always be treated**	
	***Capsule**: Dyskinesia is a frequent complication in levodopa treatment for PD. Even when impacting daily life and activities, dyskinesia may be unrecognized by patients and its impact overlooked by clinicians. Should dyskinesia always be treated when troublesome?*	
13:50-13:55	Moderator: **Richard Dewey,** USA Introduction and Pre-Debate Voting	
13:55-14:10	Yes: **Daniel Kremens**, USA	
14:10-14:25	No:	
14:25-14:30	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:10	**Optimal PD clinical care should always include Wearables + AI**	
	***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. Should wearable be used routinely in patients, or only when history or examination is unclear?*	
14:30-14:35	Moderator: **TBA** Introduction and Pre-Debate Voting	
14:35-14:50	Yes: **Rajesh Pahwa**, USA	
14:50-15:05	No: **Fiona Gupta**, USA	
15:05-15:10	Discussion, Rebuttals and Post-Debate Voting	
15:10-15:50	**Coffee Break (Hall C)**	

FRIDAY, MARCH 21ST, 2025		
15:10-18:00	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:	**Ghassan Balousha**, Palestinian Authority; **Avner Thaler**, Israel	
15:10-15:50	**Dopamine agonists therapy on PD should avoid predominant D2-family receptor affinity**	
	***Capsule**: Dopamine agonists emerged in the early levodopa era and were an important treatment option for decades. These included D2-family predominant dopamine agonists. Their use has been associated with D2 associated side effects. Other dopamine agonists have D1- and D2-family ("dopamine-like") receptor activity (i.e. apomorphine) or selective D1-family dopamine agonists (i.e. tavapadon) and avoid D2-family predominant side effects. Should D2-family dopamine agonists be avoided?*	
15:10-15:15	Moderator: **TBA** Introduction and Pre-Debate Voting	
15:15-15:30	Yes: **Stuart Isaacson**, USA	
15:30-15:45	No: **Daniel Kremens**, USA	
15:45-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:30	**Immediate-release CD/LD should always be replaced with extended-release CD/LD whenever OFF fluctuations emerge**	
	***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?*	
15:50-15:55	Moderator: **Martin Bareš,** Czech Republic Introduction and Pre-Debate Voting	
15:55-16:10	Yes: **Daniel Kremens**, USA	
16:10-16:25	No: **TBA**	
16:25-16:30	Discussion, Rebuttals and Post-Debate Voting	

FRIDAY, MARCH 21ST, 2025		
16:30-18:00	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
16:30-17:10	**Adjunctive continuous subcutaneous apomorphine infusion should be considered as an early add-on therapy to baseline oral/transdermal therapies in all patients with OFF fluctuations**	
	***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?*	
16:30-16:35	Moderator: **Rajesh Pahwa,** USA Introduction and Pre-Debate Voting	
16:35-16:50	Yes: **TBA**	
16:50-17:05	No: **Avner Thaler**, Israel	
17:05-17:10	Discussion, Rebuttals and Post-Debate Voting	
17:10-17:50	**Subcutaneous delivery replacement of oral levodopa should always be used before surgical options when motor fluctuations persist despite optimized oral therapy**	
	***Capsule**: New treatments have recently emerged to treat PD, such as subcutaneous infusion of foslevodopa-foscarbidopa. Subcutaneous delivery replacement of oral levodopa has been demonstrated to improve motor fluctuations, dyskinesia, morning and nocturnal akinesia, sleep, and quality of life in PD patients. Since these therapies are minimally invasive and easy to implement, should they be considered as the first option before surgical options?*	
17:10-17:15	Moderator: **Diego Santos-Garcia,** Spain Introduction and Pre-Debate Voting	
17:15-17:30	Yes: **Rajesh Pahwa**, USA	
17:30-17:45	No: **Fiona Gupta,** USA	
17:45-17:50	Discussion, Rebuttals and Post-Debate Voting	
17:50-18:00	*Recap of Parkinson's Disease 2 and Closing Remarks* **Rajesh Pahwa,** USA; **Stuart Isaacson**, USA	

SATURDAY, MARCH 22ND, 2025		
08:00-09:00	**e-Posters Guided Tour**	
09:00-10:40	**Headache**	**HALL A**
Chairs:	**Magdalena Wysocka-Bakowska**, Poland; **Elsa Parreira**, Portugal	
09:00-09:50	**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.*	
09:00-09:10	Moderator: **Tomas Nezadal,** Czech Republic Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Antoinette Maassen van den Brink**, The Netherlands	
09:25-09:40	No: **Gisela M. Terwindt**, The Netherlands	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	
09:50-10:40	**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?*	
09:50-10:00	Moderator: **Alan Rapoport**, USA Introduction and Pre-Debate Voting	
10:00-10:15	Yes: **Peter McAllister**, USA	
10:15-10:30	No: **Christian Lampl**, Austria	
10:30-10:40	Discussion, Rebuttals and Post-Debate Voting	
10:40-11:10	**Coffee Break, Exhibition & ePosters Visits**	
11:10-12:10	**Plenary session**	**HALL A**
Chairs:	**Zvezdan Pirtošek**, Slovenia, **Andriy Dubenko**, Ukraine	
11:10-11:40 11:40-12:10	**What can neuropathology teach us in the era of biomarkers - Lea Grinberg,** Brazil/USA **Czech physicians and authors: their gifts to world medicine and culture - Abraham Ohry,** Israel	
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 22ND , 2025		
13:10-14:50	**Headache (continued)**	**HALL A**
Chairs	**Ivan Milanov,** Bulgaria**; Natan Bornstein**, Israel	
13:10-14:00	**Psychedelics such as psilocybin and ketamine are reasonable treatment choices for both migraine and cluster headache**	
	Capsule*: Psychedelic 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?*	
13:10-13:20	Moderator: **Licia Grazzi,** Italy Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Peter McAllister,** USA	
13:35-13:50	No: **Christian Lampl**, Austria	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**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?*	
14:00-14:10	Moderator: **Tomas Nezadal**, Czech Republic Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Miguel Lainez,** Spain	
14:25-14:40	No: **Licia Grazzi,** Italy	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 22ND , 2025		
15:20-17:00	**Headache (continued)**	**HALL A**
Chairs	**Vlasta Vukovic Cvetkovic,** Croatia**; Marcin Kopka,** Poland	
15:20-17:00	**Even though migraine pathophysiology begins several days before symptom onset, treating acutely during prodrome/aura can be 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 to prevent subsequent painful headaches and disability?*	
15:20-15:30	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Gisela M. Terwindt**, The Netherlands	
15:45-16:00	No: **Dimos D. Mitsikostas**, Greece	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**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 with severe and frequent attacks of migraine do not get started on effective migraine preventives when they are eligible to do so and also do not take a rapid acting and effective medications as soon as the headache begins to stop a migraine attack quickly. This results in medication underuse headache and causes both chronification and medication overuse headache (MOH), with significant consequences.*	
16:10-16:20	Moderator: **Alan Rapoport**, USA Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Wanakorn Rattanawong**, Thailand	
16:35-16:50	No: **Dimos D. Mitsikostas**, Greece	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00	Closing ceremony	

SATURDAY, MARCH 22ND, 2025		
08:00-09:00	e-Posters Guided Tour	
09:00-10:40	**Epilepsy**	**HALL B**
Chairs:	**Lilach Goldstein**, Israel; **Ivan Rektor,** Czech Republic	
09:00-09:50	**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?*	
09:00-09:10	Moderator: **Maria Mazurkievicz**, Poland Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Michael Sperling**, USA	
09:25-09:40	No: **Zeljka Petelin Gadze, Croatia**	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	
09:50-10:40	**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?*	
09:50-10:00	Moderator: **Ruta Mameniskiene**, Lithuania Introduction and Pre-Debate Voting	
10:00-10:15	Yes: **Ilan Blatt,** Israel	
10:15-10:30	No: **Manjari Tripathi**, India	
10:30-10:40	Discussion, Rebuttals and Post-Debate Voting	
10:40-11:10	**Coffee Break, Exhibition & ePosters Visits**	
11:10-12:10	**Plenary session**	
Chairs:	**Zvezdan Pirtošek**, Slovenia, **Andriy Dubenko**, Ukraine	**HALL A**
11:10-11:40 11:40-12:10	**What can neuropathology teach us in the era of biomarkers - Lea Grinberg,** Brazil/USA **Czech physicians and authors: their gifts to world medicine and culture - Abraham Ohry,** Israel	
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 22ND , 2025		
13:10-14:50	**Epilepsy (continued)**	**HALL B**
Chairs	**Hadassa Goldberg-Stern,** Israel**; Nandan Yardi,** India	
13:10-14:00	**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?*	
13:10-13:20	Moderator: **Elinor Ben Menachem**, Sweden Introduction and Pre-Debate Voting	
13:20-13:35	Add on: **Alla Guekht,** Russia	
13:35-13:50	Substitution: **Andreas Schulze-Bonhage**, Germany	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	*Case studies*. **Michael Sperling**, USA	
14:00-14:40	*Case Discussion*: intractable epilepsy and seizure clusters. Established and novel therapies, and administration methods, including trans-nasal. **Michael Sperling**, USA & **Faculty**	
14:40-14:50	Discussion	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 22nd , 2025		
15:20-17:00	**Epilepsy (continued)**	**HALL B**
Chairs	**Andreja Bujan Kovač**, Croatia; **Tetyana Litovchenko**, Ukraine	
15:20-17:00	**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?*	
15:20-15:30	Moderator: **Irena Dolezalova**, Czech Republic Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Elinor Ben-Menachem**, Sweden	
15:45-16:00	No: **Martin Holtkamp**, Germany	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**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?*	
16:10-16:20	Moderator: **Vladimir Komarek**, Czech Republic Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Ilan Blatt**, Israel	
16:35-16:50	No: **Irena Dolezalova**, Czech Republic	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00	Closing ceremony	

SATURDAY, MARCH 22nd , 2025		
08:00-09:00	e-Posters Guided Tour	
09:00-10:40	**Sleep**	**HALL C**
Chairs:	**Natan Bornstein**, Israel	
09:00-09:50	**Sleep enhances brain clearance of amyloid and other neurotoxic substances**	
	***Capsule**: The hypothesis that sleep facilitates brain clearance of amyloid-β, tau, and other neurotoxic waste via the glymphatic system has gained significant traction over the last decade. Several preclinical studies demonstrated that slow-wave sleep may promote cerebrospinal fluid influx, enhancing perivascular clearance of metabolic byproducts; perhaps in keeping, other studies showed and that sleep deprivation may accelerate Aβ deposition. These findings have been taken to support sleep-based interventions as a potential neuroprotective strategy against AD. Nonetheless, direct clinical support for this process is still limited. Recent experimental observations have challenged the initial observations. To-date neither the glymphatic hypothesis nor the earlier classical hypothesis adequately explain how solutes and fluid move into, through and out of the brain parenchyma. We will revisit all the current evidence of mechanisms for extravascular transport into and out of the brain of hydrophilic solutes unable to cross the blood–brain barrier.*	
09:00-09:10	Moderator: **Claudio Bassetti**, Switzerland Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Lea Grinberg**, Brazil/USA	
09:25-09:40	No: **Ivana Rosenzweig**, UK	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	
09:50-10:40	**Is sleep assessment essential in general neurology practice**?	
	***Capsule**: Sleep is essential for brain, mental, physical and societal health. Brain integrity is on the other hand essential for a normal sleep-wake-circadian cycle. Although the bidirectional relationship between sleep and neurological health and disorders is undeniable, sleep-wake circadian disturbances are often overlooked in neurology.Emerging evidence suggests that sleep loss/disturbances are not only a consequence but can also be a risk factor as well as a modulator of neurological disorders. Insomnia, sleepiness/hypersomnia, sleep disordered breathing and parasomnias are prevalent in conditions such as stroke, dementia, epilepsy, movement disorders, MS, and headache syndromes, yet sleep history is rarely incorporated into standard neurological practice. As a consequence, integrating sleep-wake-circadian assessments may have a tremendous impact on the overall care of neurological patients, while ignoring then can have negative effects such as increasing the risk of seizure or stroke recurrence, cognitive decline and mortality. Integrating sleep-wake circadian assessment in general neurology practice is challenging because tools are not always validated and diagnostic approaches, such as polysomnography, can be resource-intensive and still not readily available in all settings.We challenge the audience to consider whether (and how) sleep-wake circadian assessment could become a standard component of neurological evaluation or remain a specialized field for dedicated sleep medicine experts.*	
09:50-10:00	Moderator: **Diego García-Borreguero**, Spain Introduction and Pre-Debate Voting	
10:00-10:15	Yes: **Claudio Bassetti,** Switzerland	
10:15-10:30	No: **Ivana Rosenzweig,** UK	

SATURDAY, MARCH 22nd , 2025		
10:30-10:40	Discussion, Rebuttals and Post-Debate Voting	
10:40-11:10	**Coffee Break, Exhibition & ePosters Visits**	
11:10-12:10	**Plenary session**	**HALL A**
Chairs:	**Zvezdan Pirtošek**, Slovenia, **Andriy Dubenko**, Ukraine	
11:10-11:40 11:40-12:10	**What can neuropathology teach us in the era of biomarkers - Lea Grinberg,** Brazil/USA **Czech physicians and authors: their gifts to world medicine and culture - Abraham Ohry,** Israel	
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:50	**ALS**	**HALL C**
Chairs	**Ervin Jancic**, Croatia	
13:10-14:00	**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*	
13:10-13:20	Moderator: **Pamela Shaw**, UK Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Amir Dori**, Israel	
13:35-13:50	No: **Osman Sinanovic**, Bosnia and Herzegovina	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**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?	
14:00-14:10	Moderator: **Peter Jenner, UK** Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Pamela Shaw**, UK	
14:25-14:40	No: **Albert Ludolph**, Germany	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 22ND, 2025		
15:20-17:00	**Neurodegenerative Diseases**	**HALL C**
Chairs	**Ornit Chiba-Falek**, USA; **Radoslav Matej,** Czech Republic	
15:20-16:10	**The age-dependent decrease of brain clearing mechanisms is responsible for late-onset neurodegenerative diseases**	
	***Capsule**: One of the main common features of neurodegenerative disorders is abnormal protein aggregation. This so-called 'proteinopathy' triggers different pathogenic events, such as alteration of axonal transport, loss of synapses and eventually cell loss in the brain. At the cellular and tissular levels, the brain possesses molecular debris clearing mechanisms. Is age-dependent decay of these clearing mechanisms responsible for proteinopathy in late-onset neurodegenerative diseases?*	
15:20-15:30	Moderator: **Johannes Attems**, UK Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Bogdan Popescu**, Romania	
15:45-16:00	No: **Laura Bonanni**, Italy	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**Palliative care should be discussed with people with progressive neurological disease early in the disease progression**	
	***Capsule**: Unfortunately, there still are neurological disorders which cannot be healed or slowed down in their progression, such as those with a genetic or neurodegenerative pathogenic background. Once diagnosed, the prognosis is estimated, including a time frame of neurological function deterioration. For these devastating conditions, is it important to inform patients about palliative care options and procedures in the early disease progression phase?*	
16:10-16:20	Moderator: **Peter LeWitt**, USA Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Robert Rusina**, Czech Republic	
16:35-16:50	No: **Vladimira Vuletic**, Croatia	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00	Closing ceremony	