



MULTIPLE SCLEROSIS

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 <i>The Symposium is dedicated to the Memory of Prof. Giancarlo Comi</i>		
	Capsule: <i>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.</i>		
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		



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08:50-09:40	Epstein-Barr virus (EBV) is a therapeutic target in established MS
	<i>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 ?</i>
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



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13:10-14:50	Multiple Sclerosis (continued)	HALL A
Chairs:	Krzysztof Selmaj , Poland; Jacek Losy , Poland	
13:10-14:00	Does prodromal MS exist?	
	<i>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.</i>	
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	



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14:00-14:50	All patients with radiologically isolated syndrome (RIS) should be treated with disease-modifying therapies (DMT)
14:00-14:10	Capsule: <i>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.</i>
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



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15:20-17:00	Multiple Sclerosis (continued)	
Chairs:	Andrijana Bogoje , Croatia; Larysa Sokolova , Ukraine	
15:20-16:10	Digital technology should replace neurological examination	
	<p>Capsule: <i>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.</i></p>	
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	



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16:10-17:00	PET scanning should be a regular part of the follow up routine in patients with progressive MS Capsule: TBA
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