



The 19th World Congress on
CONTROVERSIES IN NEUROLOGY

20-22.3.2025 ▶ Prague, Czech Republic



NEUROIMMUNOLOGY SESSION

THURSDAY, MARCH 20th, 2025

THURSDAY, MARCH 20 th , 2025		HALL A
08:00-09:40	Neuroimmunology	
Chairs:	Angela Vincent, UK, Brian Weinshenker, USA	
08:00-08:50	Is MOGAD due to anti-MOG Abs?	
	<i>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</i>	
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?	
	<i>Capsule: For decades, treatment of gMG consisted mainly of cholinesterase inhibitors, immunosuppressants and corticosteroids. Recently, monoclonal antibodies have been added, but have they changed the scene?</i>	
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	
10:50-11:10	NMOSD - an emerging spectrum - Friedemann Paul, Germany	



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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	
	<i>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?</i>	
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?	
	<i>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?</i>	
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	



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16:20-18:00	Neuroimmunology (continued)	HALL A
Chairs:	Boleslav Lichterman , Russia; Petra Nytrova , Czech Republic	
16:20-17:10	Can primary CNS vasculitis be diagnosed without biopsy? <i>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.</i>	
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 <i>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.</i>	
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	