Updates 30.112025

THURSDAY, MARCH 26th,2026		
08:00-09:40	**MS**	**HALL A**
Chairs:		
08:00-08:50	**Sun exposure should be recommended to MS patients**	
	***Capsule**: While observational studies suggest that increased sun exposure, particularly during childhood and before MS onset, may lower both the risk of developing MS, the issue remains unresolved. Critics caution that heat from solar radiation may exacerbate neurological symptoms via Uhthoff's phenomenon, and that prolonged UV exposure elevates the risk of skin cancer, making supplementation or safer interventions potentially preferable. Balancing potential immunological benefits with thermal and carcinogenic hazards continues to fuel discussion among the MS community*	
08:00-08:10	Moderator: **Klaus Schmierer**, UK Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Marcin Mycko**, Poland	
08:25-08:40	No: **Anat Achiron**, Israel	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**Cell-based therapies (AHST, CAR-T) outperform the leading MS therapies**	
	***Capsule**: Based on neuropathological, neuroimmunological and clinical knowledge gain disease modifying therapies have increasingly changed the therapeutic landscape for MS over the past 30 years. The target (and mode of action) of currently approved therapies is the inflammatory process of MS. Given the scientific advances in deeper understanding of key cellular inflammatory players, but also by substantial methodological/technical developments, new therapeutic strategies and options are to be expected (and even mandatory). In addition, the current practice and need to continue treatment over many years or even decades, awake the desire for short-term or even single-term effective treatment regimen that intend to reverse autoimmunity in affected individuals. Are we there yet*	
08:50-09:00	Moderator: **Thomas Berger**, Austria Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Sven Meuth**, Germany	
09:15-09:30	No**: Celia Oreja-Guevara**, Spain	
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**; Alina Kulakowska,** Poland, **Natan Bornstein**, Israel	
10:10-10:15	Welcome to CONy 2026 - **Natan Bornstein**, Israel; **Amos Korczyn**, Israel	
10:15-10:20	Welcome address – **Konrad Rejdak**, Poland	
10:20-10:25	Best e-Poster Award - **Natan Bornstein**, Israel	
10:25-10:30	Welcome address on behalf of the Polish Neurological Society - **Alina Kulakowska,** Poland	

10:30-10:35	CONy Excellence in Neurology Award to Prof. **Amos Korczyn** - *presented by **Natan Bornstein**, Israel*	
10:35-11:10	**Amos Korczyn, Israel**	
THURSDAY, MARCH 26th,2026		
11:10-12:10	**Plenary Session**	**HALL A**
Chairs:		
11:10-11:40 11:40-12:10	Unraveling controversies of treatment and real-world care **Maria Carrillo Gray**, USA Polish contribution to neurology **Alina Kulakowska,** Poland	
12:10-13:10	**Industry Sponsored Symposium**	**HALL A**
13:10-14:20	**Lunch Break, Exhibition & ePosters Visits**	
14:20-16:00	**MS (continued)**	**HALL A**
Chairs:		
14:20-15:10	**LP is redundant for MS diagnosis**	
	***Capsule**: For many years, even when MRI was not available as a diagnostic tool, lumbar puncture (LP) has been the key test for diagnosing multiple sclerosis (MS). The presence of intrathecal oligoclonal bands production, as confirmed by parallel CSF and serum testing, is one of the most reliable biomarkers of the disease (lacking specificity, yet present in up to 90% of MS patients). With publication of the most recent 2024 McDonald diagnostic criteria for MS, the balance has been shifted towards novel MRI biomarkers (CVS, PRLs), which make it easier to diagnose MS in patients without performing LP. While it is emphasized that MRI is necessary for diagnosing MS, there is no such remark for CSF examination. On the other hand, KFLC (CSF and serum) were introduced for the first time into the criteria to be used interchangeably with Oligoclonal Bands. Although optional, LP may still be required if the clinical picture is atypical or a high number of red flags has been identified for a specific patient*	
14:20-14:30	Moderator: **Alicja Kalinowska,** Poland Introduction and Pre-Debate Voting	
14:30-14:45	Yes: **Nikos Evangelou**, UK	
14:45-15:00	No: **Thomas Berger**, Austria	
15:0015:10-	Discussion, Rebuttals and Post-Debate Voting	
15:10-:1600	**Visual evoked potentials are more valuable than OCT in detecting and monitoring optic nerve pathology in MS**	
	***Capsule**:*	
15:10-15:20	Moderator: **Anat Achiron**, Israel Introduction and Pre-Debate Voting	
15:20-15:35	Yes:	
15:35-15:50	No: **Letizia Leocani**, Italy	
15:50-16:00	Discussion, Rebuttals and Post-Debate Voting	
16:00-16:30	**Coffee Break, Exhibition & ePosters Visits**	

THURSDAY, MARCH 26th, 2026		
16:30-18:10	**MS (continued)**	**HALL A**
Chairs:		
16:30-17:20	**Treatment strategies are now available to mitigate diability progression in MS**	
	***Capsule**:*	
16:30-16:40	Moderator: **Celia Oreja-Guevara**, Spain Introduction and Pre-Debate Voting	
16:40-16:55	Yes: **Alicja Kalinowska,** Poland	
16:55-17:10	No: **Klaus Schmierer**, UK	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	
17:20-18:10	**Should low-field MRI, rather than high-field MRI, be the focus of future MS research developm?**	
	***Capsule**: Magnetic resonance imaging is indispensable in multiple sclerosis, yet the question of optimal field strength remains contentious. Proponents of low-field MRI emphasize accessibility, affordability, and potential for widespread adoption in routine care, while high-field MRI offers superior resolution and advanced techniques that drive research progress. However, most neurologists will never be directly exposed to either low- or high-field scanners in their daily practice, which makes the debate over field strength feel less immediately significant to patient management. Whether this discussion is truly relevant or not remains an open question—one that this debate aims to explore*	
17:20-17:30	Moderator: **Nikos Evangelou**, UK Introduction and Pre-Debate Voting	
17:30-17:45	Yes:	
17:45-18:00	No:	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	
18:10	**Networking Reception**	

THURSDAY, MARCH 26th, 2026		
08:00-09:40	**Alzheimer's Disease (AD) & Dementia**	**HALL B**
Chairs:		
08:00-08:50	**Alzheimer's Association debate: Immune processes in women accelerate alzheimer's disease differently than in men**	
	***Capsule**: There are differences between women and men in the prevalence, risk and disease processes for those living with Alzheimer's and other dementias. The reasons may vary, however, these differences may be based in biology, such as chromosomal or hormonal differences related to reproductive history (i.e., sex differences), or in how social and cultural factors are distributed among or are experienced by men and women (i.e., gender differences), or a combination of the two. Here, we will discuss whether women's immune processes accelerate Alzheimer's disease more than men's, or if there are no differences at all.*	
08:00-08:10	Moderator: **Malu Tansey,** USA Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Kaitlin Casaletto**, USA	
08:25-08:40	No: **Logan Dumitrescu**, USA	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**Should we treat preclinical alzheimer's based on biomarker evidence only?**	
	***Capsule**: Recent advances in Alzheimer's disease biomarkers—particularly blood-based tests—have enabled earlier detection of pathological changes before clinical symptoms emerge. While this opens the door to potential early interventions, it also raises significant ethical and clinical concerns. Biomarker positivity alone does not guarantee progression to dementia, and the psychological, social, and medical implications of treating asymptomatic individuals remain uncertain. Current guidelines emphasize that biomarker results should be interpreted within a comprehensive clinical context. Further research is needed to determine whether biomarker-based treatment in preclinical Alzheimer's offers meaningful benefit without undue harm.*	
08:50-09:00	Moderator: **Joanna Siuda,** Poland Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Giancarlo Logroscino**, Italy	
09:15-09:30	No: **Grinberg Lea**, USA	
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**; Alina Kulakowska,** Poland, **Natan Bornstein**, Israel	
10:10-10:15	Welcome to CONy 2026 - **Natan Bornstein**, Israel; **Amos Korczyn**, Israel	
10:15-10:20	Welcome address – **Konrad Rejdak**, Poland	
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10:25-10:30	Welcome address on behalf of the Polish Neurological Society - **Alina Kulakowska,** Poland	
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11:10-12:10	**Plenary Session**	**HALL A**
Chairs		
11:10-11:40 11:40-12:10	Unraveling controversies of treatment and real-world care **Maria Carrillo Gray**, USA Polish contribution to neurology **Alina Kulakowska,** Poland	
12:10-13:10	**Industry Sponsored** Symposium	**HALL A**
13:10-14:20	**Lunch Break, Exhibition & ePosters Visits**	
14:20-16:00	**Alzheimer's Disease (AD) & Dementia (continued)**	**HALL B**
Chairs:		
14:20-15:10	**Are plasma biomarkers ready to replace CSF in the diagnosis of alzheimer's disease?**	
	***Capsule**: Plasma biomarkers have emerged as promising, less invasive alternatives to cerebrospinal fluid (CSF) analysis for detecting Alzheimer's disease pathology. Recent studies show that plasma markers—particularly phosphorylated tau species like pTau217—demonstrate high diagnostic accuracy, with some achieving over 90% concordance with CSF and PET findings. However, challenges remain, including variability in assay performance, pre-analytical handling, and reduced sensitivity in older populations. While plasma biomarkers are poised to enhance screening and accessibility, CSF remains the gold standard for confirming amyloid and tau pathology. A hybrid diagnostic model incorporating both modalities may offer the most reliable approach in clinical practice, but blood biomarkers may also be ready to replace CSF.*	
14:20-14:30	Moderator: **Giancarlo Logroscino**, Italy Introduction and Pre-Debate Voting	
14:30-14:45	Yes: **Robert Perneczky**, Germany	
14:45-15:00	No: **Lon Schneider**, USA	
15:00-15:10	Discussion, Rebuttals and Post-Debate Voting	
15:10-16:00	**Is Alzheimer's disease a single entity or a spectrum of biologically distinct subtypes?**	
	***Capsule**: Emerging research increasingly supports the view that Alzheimer's disease (AD) is not a single, uniform disorder but a spectrum of biologically distinct subtypes. Recent proteomic and neuroimaging studies have identified multiple molecular and clinical variants of AD, each with unique genetic risk profiles, progression rates, and treatment responses. These subtypes include typical, limbic-predominant, hippocampal-sparing, and minimal atrophy forms, as well as newer classifications based on immune activation, synaptic dysfunction, and vascular pathology. Recognizing this heterogeneity is essential for advancing precision medicine, improving diagnostic accuracy, and tailoring therapeutic strategies to individual patients. Future research must continue to refine subtype definitions and explore their implications for clinical care and drug development.*	
15:10-15:20	Moderator: **Robert Perneczky**, Germany Introduction and Pre-Debate Voting	
15:20-15:35	Yes**: Lon Schneider**, USA	
15:35-15:50	No: **Magda Tsolaki**, Greece	
15:50-16:00	Discussion, Rebuttals and Post-Debate Voting	

16:00-16:30	**Coffee Break, Exhibition & ePosters Visits**
THURSDAY, MARCH 26th, 2026	
16:30-18:10	**Alzheimer's Disease (AD) & Dementia (continued)** — **HALL B**
Chairs:	
16:30-17:20	**Is the biological definition of alzheimer's disease ready for clinical practice?**
	***Capsule**: The biological definition of Alzheimer's disease, based on the AT(N) biomarker framework, marks a paradigm shift from symptom-based diagnosis to one grounded in measurable pathology. While this approach enhances diagnostic precision and supports early intervention strategies, its readiness for routine clinical use remains debated. Concerns include the psychological impact of diagnosing asymptomatic individuals, variability in biomarker interpretation, and limited longitudinal data on progression risk. Some experts recommend that biomarker-based definitions be used cautiously and primarily within research or specialized settings and argue that a combined clinical-biological construct may offer a more balanced and ethically sound approach for real-world practice. However, other experts favour biology over symptoms.*
16:30-16:40	Moderator: Malu Tansey, USA Introduction and Pre-Debate Voting
16:40-16:55	Yes:
16:55-17:10	No: **Joanna Siuda,** Poland
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting
17:20-18:10	**Are the Cholinesterase inhibitors obsolete**
	Capsule:
17:20-17:30	Moderator: Introduction and Pre-Debate Voting
17:30-17:45	Yes**:**
17:45-18:00	No: **Magda Tsolaki**, Greece
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting
18:10	**Networking Reception**

THURSDAY, MARCH 26th , 2026		
08:00-09:40	**Parkinson's Disease (PD) I**	**HALL C**
Chairs:		
08:00-08:50	**Is focused ultrasound (FUS) subthalamotomy a better treatment for parkinson's disease than deep brain stimulation?**	
	***Capsule**: Focused ultrasound has emerged as a non surgical alternative to deep brain stimulation (DBS) for treating Parkinson's disease. Advocates highlight its incisionless approach and immediate effects, while critics point to concerns about irreversibility, safety, and durability of benefit. DBS, in contrast, offers adjustability and long-term data but requires invasive surgery and hardware implantation. This session will debate whether focused ultrasound can rival or surpass DBS as the preferred intervention.*	
08:00-08:10	Moderator: **Avner Thaler**, Israel **Introduction** and Pre-Debate Voting	
08:10-08:25	Yes: **Ilana Schlesinger**, Israel	
08:25-08:40	No: **Michael Okun**, USA	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**When should we prescribe deep brain stimulation (DBS): Before or after the onset of motor fluctuations**	
	Capsule: *When is the optimal time to prescribe deep brain stimulation (DBS)? Should it be before or after the onset of motor fluctuations? This remains a point of active debate, with some advocating for earlier intervention to protect quality of life, while others raise concerns about durability, risks, and uncertainty in predicting progression. Current research highlights a major gap: there is no consensus on patient selection criteria or clear guidance on offering DBS before motor fluctuations emerge. This session will explore the evidence, controversies, and future directions in defining the best timing for DBS.*	
08:50-09:00	Moderator: **Michael Okun**, USA Introduction and Pre-Debate Voting	
09:00:09:15	Before: **Nicola Pavese**, UK	
09:15-09:30	After: **Angelo Antonini**, Italy	
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**
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Chairs:		
11:10-11:40 11:40-12:10	Unraveling controversies of treatment and real-world care **Maria Carrillo Gray**, USA Polish contribution to neurology **Alina Kulakowska**, Poland	
12:10-13:10	**Industry Sponsored Symposium**	**HALL A**
13:10-14:20	**Lunch Break, Exhibition & ePosters Visits**	
14:20-16:00	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:		
14:20-15:10	**The neuronal α-synuclein disease vs. the SynNeurGe staging system for PD**	
	***Capsule**: Two new frameworks, the Neuronal α-Synuclein Disease-Integrated Staging System (NSD-ISS) and the SynNeurGe research diagnostic criteria have been proposed to redefine Parkinson's disease progression. NSD-ISS emphasizes clinicopathological staging of α-synuclein pathology, while SynNeurGe aims to classify PD biologically across synuclein, neuronal, and genetic dimensions. Supporters consider this direction as essential for precision medicine, however critics question clinical utility and implementation. This session will debate the strengths, limitations, and future impact of each of these competing systems and which is the better long-term approach for the field of Parkinson's disease.*	
14:20-14:30	Moderator: **Angelo Antonini**, Italy Introduction and Pre-Debate Voting	
14:30-14:45	Yes:	
14:45-15:00	No:	
15:00-15:10	Discussion, Rebuttals and Post-Debate Voting	
15:10-16:00	**Should alpha-synuclein's be targetted for PD therapies or is it time to move on?**	
	***Capsule**:*	
15:10-15:20	Moderator: Introduction and Pre-Debate Voting	
15:20-15:35	Yes:	
15:35-15:50	No: **Sharon Hassin-Baer**, Israel	
15:50-16:00	Discussion, Rebuttals and Post-Debate Voting	

THURSDAY, MARCH 26th , 2026		
16:00-16:30	**Coffee Break, Exhibition & ePosters Visits**	
16:30-18:10	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:		
16:30-17:20	**Fecal microbiota transplantation for the gut-brain axis in PD**	
	***Capsule**: Fecal microbiota transplantation (FMT) has emerged as a potential way to probe the gut-brain axis in Parkinson's disease, where gastrointestinal changes have been documented in some cases to precede motor symptoms. While evidence supports a link between gut microbiota and early PD pathology, whether this relationship is causal remains uncertain. Critics caution that the gut-brain hypothesis may be overstated especially in the absence of robust longitudinal data. This session will explore the promise and pitfalls of FMT as a therapeutic and mechanistic tool for treatment of PD.*	
16:30-16:40	Moderator: **Jaroslaw Slawek**, Poland Introduction and Pre-Debate Voting	
16:40-16:55	Yes:	
16:55-17:10	No: **Nicola Pavese**, UK	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	
17:20-18:10	**Is parkinson's preventable by banning pesticides and chemicals from the environment**	
	***Capsule**: Capsule: Is Parkinson's disease preventable through stricter regulation or banning of pesticides and environmental chemicals? Strong evidence links exposures such as paraquat to increased PD risk, yet regulatory action has been slow and contested in some countries. Industry pushback and has fueled both legal battles and advocacy efforts. This session will examine the science, policy, and legal dimensions of environmental prevention in PD and ask the critical question, can we reduce Parkinson's disease by removing pesticides and chemicals from the environment?*	
17:20-17:30	Moderator: **Ilana Schlesinger**, Israel Introduction and Pre-Debate Voting	
17:30-17:45	Yes: **Avner Thaler**, Israel	
17:45-18:00	No: **Jaroslaw Slawek**, Poland	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	
18:00	**Networking Reception**	

FRIDAY, MARCH 27ST, 2026		
08:00-09:40	**Neuroimmunology**	**HALL A**
Chairs:		
08:00-08:50	**Future of NMOSD treatment is immune tolerance**	
	***Capsule**: Immune tolerance is a general strategy wherein treatments are applied that are more specific, even antigen-specific, and less destructive. Immune tolerance strives to achieve an environment that enhances immune regulation rather than suppression. Another goal is to achieve a more durable allowing for potential withdrawal of treatment. Although there are highly effective treatments for NMOSD, they require long term treatment, are not specific for the condition and in some cases lead to increased risk for infection. Will immune tolerance treatments currently in development or that might be developed in the future be the treatment of NMOSD in the future?*	
08:00-08:10	Moderator: **Friedemann Paul**, Germany Introduction and Pre-Debate Voting	
08:10-08:20	Yes:	
08:20:08:30	No:	
08:30-08:40		
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**There is a role for autoantibody testing in isolated small fiber neuropathy**	
	***Capsule**: Small fiber neuropathy is a syndrome characterized by autonomic dysfunction, neurogenic pain and impaired sensation associated with damage to autonomic nerves. It can occur in a variety of contexts and may be due to different causes. However, in many patients the cause is elusive and recent evidence suggest that up to a third of patients may have antibodies of varied degrees of specificity, including anti-fibroblast growth factor receptor 3 (FGFR3) and anti-trisulfataed heparan disaccharide (TS-HDS). Could detection of these antibodies assist with diagnosis and prediction of response to immunotherapy?*	
08:50-09:00	Moderator: Introduction and Pre-Debate Voting	
09:00:09:15	Yes:	
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**	**HALL A**
Chairs:		
10:10-10:40	**AI and the future of neurology Idan Segev, Israel**	
10:40-11:10	**Sex, Gender, and the Brain** Maria Teresa Ferretti, Switzerland	

FRIDAY, MARCH 27ST , 2026		
11:10-12:10	**Industry Sponsored Symposium**	**HALL A**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:50	**Neuroimmunology (continue)**	**HALL A**
Chairs:		
13:10-14:00	**Immunotherapy is effective in patients with IgLON5 disease**	
	***Capsule**:*	
13:10-13:20	Moderator: Introduction and Pre-Debate Voting	
13:20-13:35	Yes: Ilya Ayzenberg, Germany	
13:35-13:50	No:	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**Plasma exchange and IVIG have comparable efficacy and can be used interchangeably when treating autoimmune CNS and PNS diseases**	
	***Capsule**:*	
14:00-14:10	Moderator: Introduction and Pre-Debate Voting	
14:10:14:25	Yes: **Friedemann Paul**, Germany	
14:25-14:40	No: **Brian Weinshenker**, USA	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 27ST , 2026		
15:20-17:00	**Neuroimmunology (continue)**	**HALL A**
Chairs:		
15:20-16:10		
	All patients with CNS neurosarcoidosis should be treated upfront with TNFa inhibitors	
15:20-15:30	Moderator: Introduction and Pre-Debate Voting	
15:30-15:45	Yes:	
15:45-16:00	No:	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**Eculizumab is more effective than rituximab in NMOSD**	
	***Capsule**:*	
16:10-16:20	Moderator: Introduction and Pre-Debate Voting	
16:20-16:35	Yes:	
16:35-16:50	No:	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00-18:00	**e-Posters Guided Tour**	

FRIDAY, MARCH 27ST, 2026		
08:00-09:40	**Stroke**	**HALL B**
Chairs:		
08:00-08:50	**Direct oral anticoagulants should be started without delay in people with acute ischemic stroke and atrial fibrillation**	
	***Capsule**: Recent clinical trials have compared early versus guideline based timing of initiation of direct oral anticoagulants in people with acute ischemic stroke and atrial fibrillation. This has been shown to be safe and may be beneficial in terms of reducing the risk of recurrent ischemic stroke. However, there remains some uncertainty regarding how early these drugs can be started and whether there are any patient groups in whom this should be avoided.*	
08:00-08:10	Moderator: **Natan Bornstein**, Israel Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Jesse Dawson, UK**	
08:25-08:40	No: **Laszlo Csiba, Hungary**	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**People with ischaemic stroke and a low burden of atrial fibrillation detected on prolonged cardiac monitoring should be commenced on oral anticoagulation**	
	***Capsule**: Anticoagulation is of undoubted benefit for stroke prevention in most people with permanent atrial fibrillation or paroxysmal atrial fibrillation detected by a 12-lead ECG or an ambulatory ECG. However current clinical practice includes use of prolonged cardiac monitoring using devices such as an implantable loop recorder or an external loop recorder. These devices can be used for many years and therefore can detect isolated and short paroxysms of atrial fibrillation. There is uncertainty as to whether such low burdens of atrial fibrillation, which would not otherwise have been detected, convey the same risk.*	
08:50-09:00	Moderator: **Bartosz Karaszewski**, Poland Introduction and Pre-Debate Voting	
09:00:09:15	Yes:	
09:15-09:30	No:	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 27ST , 2026		
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:		
10:10-10:40	**AI and the future of neurology Idan Segev, Israel**	
10:40-11:10	**Sex, Gender, and the Brain** Maria Teresa Ferretti, Switzerland	
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:		
13:10-14:00	**The risk of adjunctive anti-thrombotic or thrombolytic therapy after mechanical thrombectomy will always outweigh the benefits.**	
	***Capsule**: Endovascular treatment (EVT) is the standard of care in eligible ischemic stroke patients with proximal intracranial arterial occlusion. While the treatment results in recanalization rates in ~80-90% of patients, good outcome (mRS of 0-2) is seen in ~50% of patients. Factors resulting in the lower rates of favorable outcome include incomplete recanalization or distal movements of fragments of the proximal thrombus. Intra-arterial thrombotic and fibrinolytic agents may improve outcome with acceptable risk. Recent randomized trials have shown variable results. The debate will focus on the routine use of intra-arterial agents post-EVT in patients with acute LVO ischemic stroke*	
13:10-13:20	Moderator: **Laszlo Csiba, Hungary** Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Roni Eichel, Israel**	
13:35-13:50	No: **Ashfak Shuaib**, Canada	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**Patients taking a DOAC should routinely be treated with intravenous thrombolysis +/- DOAC reversal if they are otherwise eligible.**	
	***Capsule**: Direct oral anticoagulants (DOAC) are commonly used in elderly subjects who are at an increased risk of stroke. It is therefore not uncommon for patients on DOAC to present with an acute ischemic stroke within the time window for thrombolysis. There is observational data that rt-PA or TNK can be offered with low risk of ICH in such patients. The debate will focus on whether such patients should have factor Xa levels checked or treated with reversal agent prior thrombolysis*	
14:00-14:10	Moderator: **Ashfak Shuaib**, Canada Introduction and Pre-Debate Voting	
14:10-14:25	Yes:	
14:25-14:40	No: **Bartosz Karaszewski**, Poland	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	

14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**

FRIDAY, MARCH 27ST , 2026		
15:20-17:00	**Stroke (continued)**	**HALL B**
Chairs:		
15:20-16:10	**GLP 1 antagonists are ready to be used routinely for post stroke prevention** **Agonist!!**	
	Capsule*: GLP-1 receptor agonists (GLP-1RAs) show promise for secondary stroke prevention, particularly in patients with type 2 diabetes or obesity. Cardiovascular outcome trials in people with diabetes and / or obesity show that stroke risk is likely reduced is the evidence sufficient to put it into clinical routines*	
15:20-15:30	Moderator: Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Natan Bornstein**, Israel	
15:45-16:00	No:	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
Chairs:		
16:10-17:00	**Is adding neurostimulation to standard therapy for post-stroke rehabilitation clinically relevant?**	
	Capsule*: Neuronal stimulation, encompassing both pharmacological interventions (e.g., neuromodulatory agents) and non-pharmacological techniques (e.g., non-invasive brain stimulation, vagus nerve stimulation, epidural stimulation), is increasingly investigated as an adjunct to standard rehabilitation. Advocates highlight its potential to enhance neuroplasticity, boost functional recovery, and extend therapeutic opportunities beyond conventional therapy alone. Skeptics note that clinical evidence is heterogeneous, and questions remain regarding patient selection and timing. This debate examines whether neuronal stimulation should be considered a clinically useful addition to rehabilitation.*	
16:10-16:20	Moderator: **Nirmal Surya,** India Introduction and Pre-Debate Voting	
16:20-16:35	Yes:	
16:35-16:50	No: **Dafin Muresanu**, Romania	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00-18:00	**e-Posters Guided Tour**	

FRIDAY, MARCH 27ST, 2026		
08:00-09:40	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics**	**HALL C**
Chairs:		
08:05-08:20		
08:20-09:00	**Title**	
	Capsule:	
08:20-08:25	Moderator: Introduction and Pre-Debate Voting	
08:25-08:40	Yes:	
08:40-08:55	No:	
08:55-09:00	Discussion, Rebuttals and Post-Debate Voting	
09:00-09:40		
09:00-09:05	Moderator: Introduction and Pre-Panel Voting	
09:05-09:35	***Capsule***: Discussion:	
09:35-09:40	Discussion, Rebuttals and Post-Panel Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:		
10:10-10:40 10:40-11:10	**AI and the future of neurology**	

FRIDAY, MARCH 27ST, 2026		
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:		
13:10-13:50	title	
	Capsule:	
13:10-13:15	Moderator: Introduction and Pre-Debate Voting	
13:15-13:30	Yes:	
13:30-13:45	No:	
13:45-13:50	Discussion, Rebuttals and Post-Debate Voting	
13:50-14:30	**title**	
	Capsule:	
13:50-13:55	Moderator: Introduction and Pre-Debate Voting	
13:55-14:10	Yes:	
14:10-14:25	No:	
14:25-14:30	Discussion, Rebuttals and Post-Debate Voting	

FRIDAY, MARCH 21ST, 2025		
14:30-15:10	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
14:30-15:10	**title**	
	***Capsule**:*	
14:30-14:35	Moderator: Introduction and Pre-Debate Voting	
14:35-14:50	Yes:	
14:50-15:05	No:	
15:05-15:10	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	*Coffee Break, Exhibition & ePosters Visits*	

15:10-17:15	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:		
15:10-15:50	**title**	
	Capsule	
15:10-15:15	Moderator: Introduction and Pre-Debate Voting	
15:15-15:30	Yes:	
15:30-15:45	No:	
15:45-15:50	Discussion, Rebuttals and Post-Debate Voting	

FRIDAY, MARCH 27ST, 2026		
15:50-17:15	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
15:50-16:30	**title**	
	***Capsule**:*	
15:50-15:55	Moderator: Introduction and Pre-Debate Voting	
15:55-16:10	Yes:	
16:10-16:25	No:	
16:25-16:30	Discussion, Rebuttals and Post-Debate Voting	
16:30-17:10	**title**	
	***Capsule**:*	
16:30-16:35	Moderator: Introduction and Pre-Debate Voting	
16:35-16:50	Yes:	
16:50-17:05	No:	
17:05-17:10	Discussion, Rebuttals and Post-Debate Voting	
17:10-17:15	*Recap of Parkinson's Disease (PD) II and Closing Remarks*	

SATURDAY, MARCH 28th , 2026		
08:00-09:00	**e-Posters Guided Tour**	
09:00-10:40	**Headache**	**HALL A**
Chairs:		
09:00-09:50	**Triptans should be available over-the-counter for the acute management of migraine**	
	***Capsule**: Triptans are effective migraine acute therapies, and over-the-counter access could empower patients, reduce delays in treatment, and improve outcomes. However, concerns persist regarding tolerability, contraindications and the risk of overuse or misdiagnosis in the absence of medical supervision*	
09:00-09:10	Moderator: **Alan M. Rapoport**, USA Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Piero Barbanti**, Italy	
09:25-09:40	No: **Theodoros Mavridis**, Ireland	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	
09:50-10:40	**Gepants should be first- line treatment of high frequency episodic migraine, especially when there is a risk of medication overuse headache.**	
	Capsule: *Gepants offer an effective dual-purpose therapy—both acute and preventive—without the apparent risk of medication-overuse headache, making them an appealing first-line option for high-frequency episodic migraine. However, questions remain about long-term tolerability and safety, real-world efficacy and cost-effectiveness compared to conventional therapies.*	
09:50-10:00	Moderator: **Peter McAllister**, USA Introduction and Pre-Debate Voting	
10:00-10:15	Yes: **Robert Cowan,** USA	
10:15-10:30	No: **Dimos D. Mitsikostas**, Greece	
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:		
11:10-11:40 11:40-12:10	Brain Health current status in future prospective **Alla Guekht, Russia** Built Environments and Brain Function: Evidence and Emerging Models **Natalia Olszewska**, Poland	
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th , 2026		
13:10-14:50	**Headache (continued)**	**HALL A**
Chairs		
13:10-14:00	**All new migraine preventive trials should include functional outcomes as primary or high-level secondary outcomes**	
	Capsule: *Functional outcomes such as return to normal functioning at various time points, productivity, level of physical activity, disability and quality of life, reflect true patient benefit and might better capture the clinical value of new therapies. However, these measures are inherently subjective and can obscure standard pharmacologic efficacy signals in trials*	
13:10-13:20	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Marta Waliszewska-Prosół**, Poland	
13:35-13:50	No: **Theodoros Mavridis**, Ireland	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**An AI on-line engine is more accurate at diagnosing a headache disorder than the average physician or nurse**	
	***Capsule**: AI is already more accurate at diagnosing headache disorder than the average physician or nurse. In 5 to 10 years, no doctor or nurse will take their own detailed history, write it down on the computer and put it in the electronic medical record with a diagnosis. The patient will access an AI portal, answer the critical number of questions and will be told the diagnosis and print the detailed history for the doctor to place in the medical record. The patient will then use an app for 3 minutes per day and receive along with the therapist reports and trends on treatment efficacy and tolerability. The therapist will make necessary treatment changes after checking the accuracy of the report with the patient*	
14:00-14:10	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Robert Cowan**, USA	
14:25-14:40	No: **Piero Barbanti**, Italy	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th, 2026		
15:20-17:00	**Headache (continued)**	**HALL A**
Chairs		
15:20-16:10	**Concussion-related headache is generally migraine and should be treated as such**	
	***Capsule**:*	
15:20-15:30	Moderator: **Marta Waliszewska-Prosół**, Poland Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Miguel Lainez**, Spain	
15:45-16:00	No: **Dimos D. Mitsikostas**, Greece	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**CGRP-targeted migraine therapies in patients with vascular risk factors or stroke**	
	***Capsule**: The introduction of anti-CGRP therapies has transformed migraine treatment. However, calcitonin gene-related peptide plays a role in cerebrovascular and cardiovascular systems, raising theoretical safety concerns. These concerns are especially pertinent for patients with vascular risk factors or a history of stroke. Clinicians must weigh the clear benefits in migraine control against uncertain vascular risks in this subgroup. This debate addresses the existing evidence, gaps in knowledge, and practical approaches to treatment decisions for these high-risk patients*	
16:10-16:20	Moderator: **Miguel Lainez**, Spain Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Bianca Raffaelli**, Germany	
16:35-16:50	No: **Magdalena Boczarska -Jedynak**, Poland	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00	Closing ceremony & Invitation to Krakow – Prof. Konrad Rejdak	

SATURDAY, MARCH 28th , 2026		
08:00-09:00	e-Posters Guided Tour	
09:00-10:40	**Epilepsy**	**HALL B**
Chairs:		
09:00-09:50	**Does neurostimulation provide a worthwhile benefit for people with intractable epilepsy?**	
	***Capsule**: Vagus nerve, deep brain, and responsive neurostimulation reduce seizure frequency in many patients with intractable epilepsy but rarely produce permanent seizure freedom. Is the benefit provided by stimulation clinically meaningful and is it superior to additional medication trials?*	
09:00-09:10	Moderator: **Alla Guekht**, Russia Introduction and Pre-Debate Voting	
09:10-09:25	Yes: **Manjari Tripathi**, India	
09:25-09:40	No: **Ilan Blatt**, Israel	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	
09:50-10:40	**Should epilepsy surgery be considered only if there is a high likelihood that it will result in seizure freedom?**	
	***Capsule**: Epilepsy surgery is usually deemed successful when patients become seizure-free. However, surgery reduces seizure severity and frequency in many patients without producing full remission. Should we consider those outcomes as success?*	
09:50-10:00	Moderator: **William Theodore**, USA Introduction and Pre-Debate Voting	
10:00-10:15	Yes: **Martin Holtkamp**, Germany	
10:15-10:30	No: **Michael Sperling**, USA	
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:		**HALL A**
11:10-11:40	Brain Health current status in future prospective **Alla Guekht, Russia**	
11:40-12:10	Built Environments and Brain Function: Evidence and Emerging Models **Natalia Olszewska**, Poland	
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th , 2026		
13:10-14:50	**Epilepsy (continued)**	**HALL B**
Chairs		
13:10-14:00	**When polypharmacy is employed, should we preferentially prescribe a medication with a different mechanism of action and avoid drugs with a similar mechanism of action as the first drug?**	
	***Capsule**: Antiseizure medications can act on different sites at the cellular level. Is polypharmacy more effective when drugs with different mechanisms of action (MOA) are combined or is it equally desirable to use two drugs that act at the same site?*	
13:10-13:20	Moderator: **Elinor Ben Menachem**, Sweden Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Alla Guekht**, Russia	
13:35-13:50	No: **William Theodore,** USA	
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*: Challenging cases from a diagnostic or treatment perspective will be discussed** **Michael Sperling**, USA & Faculty: **Zeljka Petelin-Gadzi**, **Alla Guekht**	
14:40-14:50	Discussion	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th , 2026		
15:20-17:00	**Epilepsy (continued)**	**HALL B**
Chairs		
15:20-16:10	**Should physicians advise that adults consider antiseizure medication discontinuation after experiencing seizure freedom for two to five years?**	
	***Capsule**: It has been customary to advise discontinuation of antiseizure medication after two to five years of seizure freedom. Is this appropriate, or are longer seizure-free periods advisable before suggesting medication discontinuation?*	
15:20-15:30	Moderator: **Željka Petelin Gadže**, Croatia Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Ilan Blatt**, Israel	
15:45-16:00	No: **Elinor Ben Menachem**, Sweden	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**Should people with drug-resistant epilepsy be routinely evaluated for autoimmune and genetic etiologies?**	
	***Capsule**: Autoimmunity and genetic mutations are increasingly recognized as causes of epilepsy and uncontrolled seizures. Should we routinely screen patients whose seizures do not promptly respond to therapy for an autoimmune or genetic etiology?*	
16:10-16:20	Moderator: Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Željka Petelin Gadže**, Croatia	
16:35-16:50	No: **Manjari Tripathi**, India	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00	Closing ceremony & Invitation to Krakow – Prof. Konrad Rejdak	

08:00-09:00	e-Posters Guided Tour	
09:00-10:40	**Sleep**	**HALL C**
Chairs:		
09:00-09:50	**title**	
	***Capsule**:*	
09:00-09:10	Moderator: Introduction and Pre-Debate Voting	
09:10-09:25	Yes:	
09:25-09:40	No:	
09:40-09:50	Discussion, Rebuttals and Post-Debate Voting	
09:50-10:40	**title**	
	Capsule:	
09:50-10:00	Moderator: Introduction and Pre-Debate Voting	
10:00-10:15	Yes:	
10:15-10:30	No:	

SATURDAY, MARCH 28th, 2026		
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:		
11:10-11:40	Brain Health current status in future prospective **Alla Guekht**, Russia	
11:40-12:10	Built Environments and Brain Function: Evidence and Emerging Models **Natalia Olszewska**, Poland	
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:50	**ALS**	**HALL C**
Chairs		
13:10-14:00	**title**	
	Capsule:	
13:10-13:20	Moderator: Introduction and Pre-Debate Voting	
13:20-13:35	Yes:	
13:35-13:50	No:	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**title**	
	Capsule:	
14:00-14:10	Moderator: Introduction and Pre-Debate Voting	
14:10-14:25	Yes:	
14:25-14:40	No:	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	
SATURDAY, MARCH 28th, 2026		

15:20-17:00	**Neurodegenerative Diseases**	**HALL C**
Chairs		
15:20-16:10	**Are new parkinsonian genes, RAB32 and PPM1M associated with alpha-synuclein pathology?**	
	***Capsule**: mutations in Parkinson disease (PD) genes can produce pleomorphic patholgy likely due to different pathways leading to neurodegeneration. There are already experimental trials recruiting exclusively patients with genetic forms of PD. Thus, it is of paramount importance to know what pathology is associated with these two new PD genes and through what pathway they lead to the disease.*	
15:20-15:30	Moderator: Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Zbigniew K. Wszolek**, USA	
15:45-16:00	No: **Grinberg Lea**, USA	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
16:10-17:00	**Is FND a successful repackaging of hysteria?**	
	***Capsule**:*	
16:10-16:20	Moderator: Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Valsamma Eapen**, Australia	
16:35-16:50	No: **Adith Mohan**, Australia	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00	Closing ceremony & Invitation to Budapest – **Prof. László Csiba**	