The Academy for Clinical Debates & Controversies in Medicine announces:

1st World Congress on
CONTROVERSIES IN NEUROLOGY

InterContinental Hotel | Berlin, Germany | September 6-9, 2007

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This meeting is endorsed by the World Federation of Neurology. WFN members and all interested neurologists are encouraged to attend. The meeting is open to all neurologists regardless of citizenship.

www.comtecemed.com/cony
### PRELIMINARY PROGRAM

#### STROKE

**Session:** tPA in Stroke  
**Capsule:** tPA makes an important contribution to stroke therapy, but only a few benefit. How can we extend the value?  
- Intra-arterial tPA  
- Treatment beyond the 3 hours  
- Treatment of stroke in evolution  
- Newer agents

**Session:** Interventions in stroke prevention  
**Capsule:** Data on pharmacologic and interventional means to prevent recurrent strokes are meager and contradictory.  
- Does addition of dipyridamole and clopidogrel offer significant protection in patients who failed aspirin?  
- Debate: Testing for right-to-left cardiac shunt  
- Debate: Carotid endarterectomy is better than carotid stenting

#### MULTIPLE SCLEROSIS (MS)

**Session:** Multiple sclerosis (MS)  
**Capsule:** Many people believe that MS is a syndrome rather than a single nosologic entity. The role of auto-immune processes is also still problematic, and has important implications for therapy.  
- Debate: MS is a single nosologic entity due to an auto-immune mechanism  
  - Weak points in MS diagnosis

**Session:** Treatments strategies for MS  
**Capsule:** Many issues regarding when and how to start treatment and what are the future avenues are not clear?  
- When to start: CIS - To treat or not to treat?  
- How to start: Induction vs. Escalation.

**Session:** MS- Switching between treatments  
**Capsule:** When and based on what should we switch between treatments in MS patients?  
- Role of Clinical and MRI parameters  
- Role of Biomarkers and Neutralizing Antibodies  
- New players: The Natalizumab/Tysabri experience: Risk vs. benefit

**Session:** Symptomatic Therapy  
**Capsule:** While disease modifying therapies are widely encouraged, little evidence is available regarding symptomatic treatments.  
- Anti-spasticity drugs  
- Treatment of fatigue and cognitive impairment  
- Therapy of pseudobulbar symptoms

**Debate:** Stem cells-based therapy a realistic clinical option for MS patients?

#### PARKINSON’S DISEASE (PD)

**Session:** Pathogenesis of PD  
**Capsule:** In spite of much research, the pathogenesis of PD is still contested. Is there one cause that can be thought of as initiating the cascade?  
- PD is a mitochondrial dysfunction disease  
- PD is due to synuclein dysfunction  
- Is PD a ferrinopathy?  
- Olfactory dysfunction in early PD suggests that the disease is caused by a toxin

**Session:** PD: Motor aspects  
**Capsule:** How can we control the motor complications in PD?  
- DBS vs apomorphine infusions in complicated PD  
- Is DBS ready for early PD?  
- Spheramine–cell therapy for Parkinson’s disease

**Session:** PD: Motor aspects  
**Capsule:** Continuous dopaminergic stimulation in early PD may best prevent the development of motor complications  
- Is continuous dopaminergic therapy really important in the initial stages of PD?  
- L-Dopa + COMT inhibitors  
- Transdermal agonists  
- Are rasagiline and selegiline neuroprotective?  
- Is L-Dopa still allowed as initial therapy for PD?

**Session:** PD: non-motor aspects  
**Capsule:** Non dopaminergic symptoms may be more relevant than DA-responsive motor symptoms in PD  
- The treatment of depression in PD patients  
- Is dementia inevitable in PD?  
- Compulsive behaviour is the most significant adverse event due to dopaminergics  
- Daytime somnolence in PD – How to avoid and how to treat?

**Session:** Parkinsonian syndromes  
**Capsule:** Movement disorders with Parkinsonian features have been diagnosed using different methods, using different criteria, but the basic question remains of the nosologic entities underlying these neurodegenerative diseases.  
- SPECT imaging in the differential diagnosis of Parkinsonian syndromes  
- Debate: Are PSP and CBGD the same disease?

#### NEUROFIBROMATOSIS

**Session:** Neurofibromatosis 2  
**Capsule:** The relative benefits of radiosurgery and conventional operations is not yet clear  
- Debate: Stereotactic Radiosurgery in Neurofibromatosis Type 2 (NF2)
<table>
<thead>
<tr>
<th>Session</th>
<th>Neuroprotection and neuroplasticity</th>
<th></th>
<th>Session</th>
<th>Psychogenic disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsule</td>
<td>The role of the blood brain barrier in neuroprotection and neuroregeneration</td>
<td>Capsule</td>
<td>Psychogenic neurological disorders</td>
<td></td>
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<tr>
<td>Debate</td>
<td>“Neuroprotection and neuroplasticity - a dualistic vision of a continuous process”</td>
<td></td>
<td>Clinicians are still facing frequent difficulties in differentiating “organic” from “functional” disorders.</td>
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<tr>
<td>EPILEPSY</td>
<td>Session: Vagal Nerve Stimulation (VNS)</td>
<td></td>
<td>• Is psychogenic dystonia a valid diagnosis?</td>
<td></td>
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<tr>
<td>Capsule</td>
<td>VNS has been confirmed as effective therapy in resistant epilepsy</td>
<td></td>
<td>• Vertigo as a psychogenic disorder</td>
<td></td>
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<tr>
<td>• Should VNS precede temporal lobectomy?</td>
<td>• Is VNS effective in resistant epilepsy?</td>
<td></td>
<td>• Regional Sympathetic Dystrophy (RSD) – dystonia an organic disease?</td>
<td></td>
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<tr>
<td>• Is VNS effective in resistant epilepsy?</td>
<td>• Other indications for VNS</td>
<td></td>
<td>• Psychogenic non-epileptic seizures – can they be diagnosed by any neurologist?</td>
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<tr>
<td>Session: What to do after failure of 2 AED’s?</td>
<td>• Try a third drug</td>
<td>• Can they be treated by neurologists?</td>
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<tr>
<td>Capsule</td>
<td>Implant VNS</td>
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<td>• Proceed to surgery</td>
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<td>Debate: Monotherapy drug trials are unethical and should not be performed</td>
<td>Capsule</td>
<td>Many are being done, yet the ethics are often questioned</td>
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<tr>
<td>Capsule</td>
<td>Benign Rolandiic epilepsy of childhood is not a benign condition</td>
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<td>Capsule</td>
<td>Some data suggests occasional serious complications, yet many do not treat patients with this condition</td>
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<td>DEMENTIA</td>
<td>Session: Mild Cognitive Impairment (MCI)</td>
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<td>Capsule</td>
<td>The spectrum of anti-musk antibodies</td>
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<tr>
<td>Capsule</td>
<td>Dementia typically develops insidiously. An intermediate stage between normal aging and dementia termed mild cognitive impairment (MCI) is still not well understood nor generally accepted.</td>
<td></td>
<td>Debate: DBS can be helpful in other disorders, such as chronic pain, epilepsy and depression</td>
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<td>Debate: Is MCI a useful concept?</td>
<td>Session: A Cure for AD</td>
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<td>Capsule</td>
<td>Because beta-amyloid is a hallmark of Alzheimer disease, attempts are being made to eliminate this protein. One of the new methods to achieve this is through anti-amyloid immunization, while a competitive method is by inhibition of APP-cleaving enzymes.</td>
<td></td>
<td>Session: Myasthenia Gravis</td>
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<td>• BACE inhibition is the solution</td>
<td>Debate: Immunoization will cure AD</td>
<td>Capsule</td>
<td>The pathogenesis of “antibody-negative” myasthenia is still unclear. What is the role of antibodies against non-cholinergic targets? The role of thymectomy in the treatment of myasthenia is also still controversial.</td>
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<td>Debate: Treatment of dementia with ChEI’s is appropriate</td>
<td>Session: Restless Legs Syndrome (RLS)</td>
<td>Capsule</td>
<td>• The spectrum of anti-musk antibodies</td>
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<td>Debate: “Vascular cognitive impairment” is a misleading concept</td>
<td>Capsule</td>
<td>RLS is one of the most common neurological disorders affecting quality of life.</td>
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<td>Session: Autoimmune dementia</td>
<td>Session: Cognitive training</td>
<td>Capsule</td>
<td>• Is RLS very common?</td>
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<tr>
<td>Capsule</td>
<td>In addition to the common causes of dementia, some patients are thought to have an underlying autoimmune mechanism. When should these be considered and how should they be treated?</td>
<td>Capsule</td>
<td>• What are the typical signs and symptoms of RLS?</td>
<td></td>
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<tr>
<td>• Hashimoto (dysthyroid) encephalopathy</td>
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<td>• Which treatments are most effective for RLS?</td>
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<tr>
<td>• Potassium channel antibody encephalopathy</td>
<td></td>
<td></td>
<td>• Are PLMS and RLS the same disorder?</td>
<td></td>
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<tr>
<td>• Anticardiolipin antibodies</td>
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<td>• Which treatment best avoids augmentation?</td>
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<td></td>
<td></td>
<td></td>
<td>Debate: Cognitive training is useful in older people with memory impairment</td>
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GENERAL INFORMATION

LOCATION
InterContinental Hotel
Budapester Strasse 2, Berlin 10787, Germany
Tel: +49-30-26020
Fax: +49-30-26022600
www.berlin.intercontinental.com

LANGUAGE
English is the official language of the Congress

REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>Until June 1st, 2007</th>
<th>From June 1st, 2007</th>
<th>On Site from Sept 1st, 2007</th>
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</thead>
<tbody>
<tr>
<td>Participants - Physicians and scientists</td>
<td>€490</td>
<td>€540</td>
<td>€590</td>
</tr>
<tr>
<td>Residents, Nurses, Technicians</td>
<td>€380</td>
<td>€430</td>
<td>€470</td>
</tr>
<tr>
<td>Accompanying Persons</td>
<td></td>
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<td>€120</td>
</tr>
</tbody>
</table>

Registration fees include: Participation in scientific sessions, congress bag, program and abstract book, all printed material of the congress, invitation to the get-together reception, coffee breaks, lunch on Friday and Saturday.

For reduce registration fees in special cases please contact the secretariat at cony@comtecmed.com

PAYMENT AND CANCELLATION POLICY
For method of payment, liability and cancellation please check our website at: www.comtecmed.com/cony

ABSTRACTS SUBMISSION
• Participants who wish to give a presentation at the Congress, are requested to submit an abstract for review by the Scientific Committee.
• A limited number of abstracts will be scheduled for oral presentation.
• The Committee reserves the right to decide on the final form of presentation.

DEADLINE FOR ABSTRACTS SUBMISSION
Oral / Poster Presentation: June 1, 2007

ACCOMMODATION
Comtec is the official Travel Agent for the 1st World Congress on Controversies in Neurology and will be offering special reduced rates for accommodation at the Congress venue.

SPECIAL ACCOMMODATION RATES:

<table>
<thead>
<tr>
<th>HOTEL</th>
<th>CATEGORY</th>
<th>SINGLE ROOM</th>
<th>DOUBLE ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterContinental</td>
<td>*****</td>
<td></td>
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<tr>
<td>Deluxe King room</td>
<td></td>
<td>€224</td>
<td>€244</td>
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<tr>
<td>Superior King room</td>
<td></td>
<td>€199</td>
<td>€219</td>
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<tr>
<td>Crowne Plaza Hotel</td>
<td>****</td>
<td>€187</td>
<td>€207</td>
</tr>
</tbody>
</table>

The rates are per room and night inclusive of breakfast, service and VAT.

We strongly advise all participants to reserve their hotel accommodation as soon as possible.