

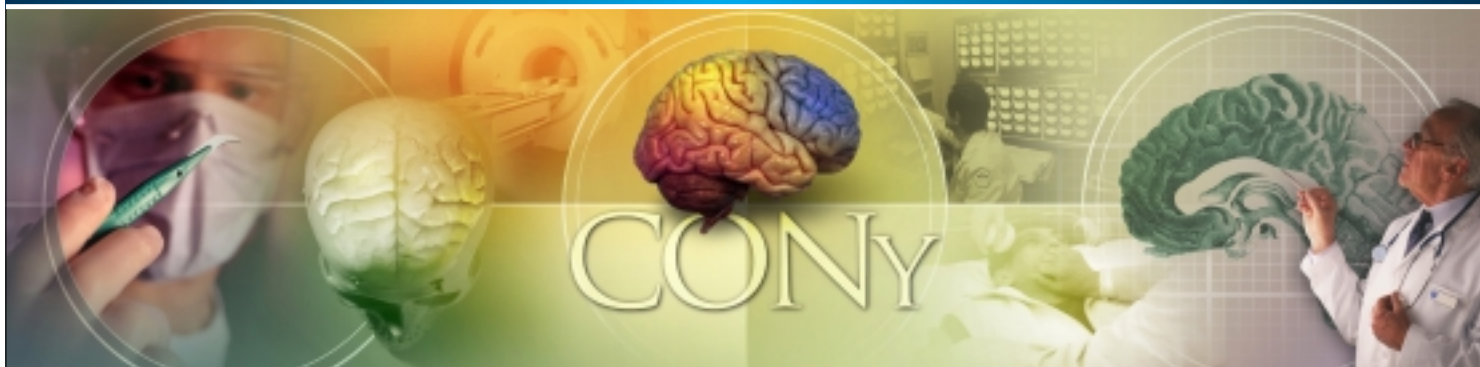
The Academy for Clinical Debates & Controversies in Medicine announces:



**CONY**

1<sup>st</sup> World Congress on

# CONTROVERSIES IN NEUROLOGY



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

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**K. Einhaeupl**, *Germany*

## MS SECTION HEAD

**A. Miller**, *Israel*

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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.

A COMPREHENSIVE CONGRESS FULLY DEVOTED TO CLINICAL DEBATES AND CONTROVERSIAL ISSUES IN A WIDE SPECTRUM OF NEUROLOGICAL CONDITIONS

[www.comtecmed.com/cony](http://www.comtecmed.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

**Debate:** **Is MS a central or peripheral disease?**

**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:** **Early PD**  
*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 CBD 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)**

## PRELIMINARY PROGRAM

### NEUROPROTECTION AND NEUROPLASTICITY

- Session:** **Neuroprotection and neuroplasticity**
- The role of the blood brain barrier in neuroprotection and neuroregeneration
- Debate: "Neuroprotection and neuroplasticity - a dualistic vision of a continuous process"**

### EPILEPSY

- Session:** **Vagal Nerve Stimulation (VNS)**  
*Capsule:* *VNS has been confirmed as effective therapy in resistant epilepsy*
- Should VNS precede temporal lobectomy?
  - Is VNS effective in resistant epilepsy?
  - Other indications for VNS
- Session:** **What to do after failure of 2 AED's?**
- Try a third drug
  - Implant VNS
  - Proceed to surgery
- Debate:** **Monotherapy drug trials are unethical and should not be performed**  
*Capsule:* *Many are being done, yet the ethics are often questioned*
- Debate:** **Benign Rolandic epilepsy of childhood is not a benign condition**  
*Capsule:* *Some data suggests occasional serious complications, yet many do not treat patients with this condition*

### DEMENTIA

- Session:** **Mild Cognitive Impairment (MCI)**  
*Capsule:* *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.*
- Debate: Is MCI a useful concept?**
- Session:** **A Cure for AD**  
*Capsule:* *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.*
- Debate: Immunization will cure AD**
- BACE inhibition is the solution
- Debate:** **Treatment of dementia with ChEIs is appropriate**
- Debate:** **"Vascular cognitive impairment" is a misleading concept**
- Session:** **Autoimmune dementia**  
*Capsule:* *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?*
- Hashimoto (dysthyroid) encephalopathy
  - Potassium channel antibody encephalopathy
  - Anticardiolipin antibodies

### PSYCHOGENIC DISORDERS

- Session:** **Psychogenic neurological disorders**  
*Capsule:* *Clinicians are still facing frequent difficulties in differentiating "organic" from "functional" disorders.*
- Is psychogenic dystonia a valid diagnosis?
  - Vertigo as a psychogenic disorder
  - Is Regional Sympathetic Dystrophy (RSD)-dystonia an organic disease?
  - Psychogenic non-epileptic seizures – can they be diagnosed by any neurologist?
  - Can they be treated by neurologists?

### PAIN

- Session:** **Headache**  
*Capsule:* *Migraine and tension headache are the most common types of headache, and probably the most common neurological disorders. None has a biomarker.*
- Is the distinction between these two entities justified?
  - Are all triptans similar?
  - Is botulinum toxin effective in headache?
  - Whether PFO is important to close in migraine
- Session:** **Neurostimulation**  
*Capsule:* *Deep brain stimulation is a useful treatment for movement disorders, its use for other indications is not established.*
- Debate: DBS can be helpful in other disorders, such as chronic pain, epilepsy and depression**

### AUTOIMMUNE DISEASES

- Session:** **Myasthenia Gravis**  
*Capsule:* *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.*
- The spectrum of anti-musk antibodies
- Debate: Thymectomy should be offered in late-onset MG**
- Session:** **Restless Legs Syndrome (RLS)**  
*Capsule:* *RLS is one of the most common neurological disorders affecting quality of life.*
- Is RLS very common?
  - When to suspect RLS?
  - Which treatments are most effective for RLS?
  - Are PLMS and RLS the same disorder?
  - Which treatment best avoids augmentation?
- Session:** **Cognitive training**  
*Capsule:* *Several studies demonstrate that education and involvement in intellectually demanding activities protect against dementia.*
- Debate: Cognitive training is useful in older people with memory impairment**



## 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

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

**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](mailto:cony@comtecmed.com)

### PAYMENT AND CANCELLATION POLICY

For method of payment, liability and cancellation please check our website at: [www.comtecmed.com/cony](http://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:

HOTEL	CATEGORY	SINGLE ROOM	DOUBLE ROOM
<b>InterContinental</b>	*****		
Deluxe King room		€224	€244
Superior King room		€199	€219
<b>Crowne Plaza Hotel</b>	****	€187	€207

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.



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