

Thursday April 04, 2019		Madrid Marriot Auditorium Hotel & Conference Center
<b>09:00-10:30</b>	<b>SESSION 1   OPENING SESSION</b>	
09:00-09:30	Welcome remarks: <b>Amos D. Korczyn</b> , Israel & <b>Exuperio Diez Tejedor</b> , Spain	
09:30-10:00	The role of fungi in the etiology of multiple sclerosis: <b>Julian Benito-Leon</b> , Spain	
10:00-10:30	Immune checkpoint inhibitors and neurological disease: <b>Marinos Dalakas</b> , USA/Greece	
<b>10:30-11:00</b>	<b>Coffee Break</b>	
<b>11:00-13:00</b>	<b>SESSION 2   PLENARY LECTURES</b>	
Chairpersons:	<b>XiaoPing Wang</b> , China	
11:00-11:30	Is imagination a distinct metacognitive process with its own neurobiological substrate? <b>Daniel Drubach</b> , USA	
11:30-12:00	<b>Alon Chen</b> , Israel	
12:00-12:30	The secrets of FXTAS: <b>Sharon Hassin</b> , Israel	
12:30-13:00	The new world of focused ultrasound to treat neurodegenerative diseases: <b>Jose Obeso</b> , Spain	
<b>13:00-13:45</b>	<b>Lunch Break</b>	
<b>13:45-15:15</b>	<b>SESSION 3   PLENARY LECTURES: EPILEPSY</b>	
Chairpersons:	<b>Fenny Yudiarto</b> , Indonesia, <b>Mar Carreno</b> , Spain	
13:45-14:15	Epilepsy genetics and precision therapies – trials and tribulations: <b>Samuel Berkovic</b> , Australia	
14:15-14:45	Gene therapy in epilepsy: <b>Matthew Walker</b> , UK	
14:45-15:15	How will new devices impact the diagnosis and treatment of seizures? <b>Michael Sperling</b> , USA	
<b>15:15-15:30</b>	<b>Coffee Break</b>	
<b>15:30-18:00</b>	<b>SESSION 4   PLENARY LECTURES: DEMENTIA</b>	
Chairpersons:	<b>George Perry</b> , USA & <b>Alberto Rabano</b> , Spain	
15:30-16:00	Combination treatment in Alzheimer's disease (AD): lessons from other common diseases: <b>Lefkos Middleton</b> , UK	
16:00-16:30	Tau seeding and disease progression in Alzheimer's disease: <b>Isidro Ferrer</b> , Spain	
16:30-17:00	Neuropathological basis of sleep disorders in neurodegenerative diseases: <b>Lea Grinberg</b> , USA/Brazil	
17:00-18:00	<p><b>Preclinical AD is a useful term.</b></p> <p><i>Capsule: The diagnosis of AD has traditionally required both cognitive deterioration and certain pathological features, amyloid plaques and neurofibrillary tangles. However, the tissue changes appear decades before the clinical symptoms. Recently it has been suggested to term this stage as "preclinical AD", is this a useful term?</i></p> <p>Host: <b>Jaime Kulisevsky</b>, Spain</p> <p>Pro: <b>David Knopman</b>, USA</p> <p>Con: <b>Amos Korczyn</b>, Israel</p>	
<b>18:00-18:30</b>	<b>OPENING CEREMONY</b>	
Chairpersons:	<b>Laszlo Vecsei</b> , Hungary	

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18:00-18:30	Cajal, the neuron theory and the golden era for artistic creativity in neuroscience: <b>Javier DeFelipe</b> , Spain
	Musical Interlude: <b>Sharon Hassin &amp; Joab Chapman</b>
<b>18:30</b>	<b><i>Welcome Reception</i></b>

<b>Friday April 05, 2019</b>		<b>Hall A</b>
<b>07:30-08:30</b>	<b>Meet the Experts Session – Merck, MS</b>	
<b>08:30-10:10</b>	<b>SESSION 5   MULTIPLE SCLEROSIS (MS): DIAGNOSIS</b>	
Chairpersons:	<b>Anastasios Orologas</b> , Greece & <b>Manuel Seijo-Martinez</b> , Spain	
<b>08:30-09:20</b>	<b>Will neurofilament (NF) serum levels be the gold standard for monitoring MS progression, replacing MRI?</b>	
08:30-08:40	Host: <b>Laszlo Vecsei</b> , Hungary	
08:40-08:55	Yes: <b>David Leppert</b> , Switzerland	
08:55-09:10	No: <b>Friedemann Paul</b> , Germany	
09:10-09:20	Discussions and rebuttals	
<b>09:20-10:10</b>	<b>Evoked potentials still have a role in diagnosing MS and monitoring disease progression.</b>	
	<i>Capsule:</i>	
09:20-09:30	Host: <b>Jera Kruja</b> , Albania	
09:30-09:45	Pro: <b>Letizia Leocani</b> , Italy	
09:45-10:00	Con: <b>Bianca Weinstock-Guttman</b> , USA	
10:00-10:10	Discussion and rebuttals	
<b>10:10-10:25</b>	<b><i>Coffee Break</i></b>	
<b>10:25-12:05</b>	<b>SESSION 6   MS IN AGING AND PATHOGENESIS</b>	
Chairpersons:	<b>Mario Habek</b> , Croatia, <b>Oded Abramsky</b> , Israel, <b>Emilio de la Concha</b> , Spain	
<b>10:25-11:15</b>	<b>Is immunosenescence a factor to be considered in treating patients older than 50?</b>	
10:25-10:35	Host: <b>Heinz Wiendl</b> , Germany	
10:35-10:50	Yes: <b>Mark Freedman</b> , Canada	
10:50-11:05	No: <b>Joab Chapman</b> , Israel	
11:05-11:15	Discussions and rebuttals	
<b>11:15-12:05</b>	<b>Does primary progressive MS have the same immunopathogenesis as RR/SPMS?</b>	
11:15-11:25	Host: <b>Ralf Linker</b> , Germany	
11:25-11:40	Yes: <b>Dimitrios Karussis</b> , Israel	
11:40-11:55	No: <b>Jacek Losy</b> , Poland	

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11:55-12:05	Discussions and rebuttals
<b>12:05-13:05</b>	<b>Industry Sponsored Symposium (Not for CME)</b>
<b>13:05-14:05</b>	<b><i>Lunch Break</i></b>
<b>14:05-15:45</b>	<b>SESSION 7   MS: THERAPY 1</b>
Chairpersons:	<b>Maria Inmaculada Dominguez-Mozo, Spain</b>
<b>14:05-14:55</b>	<b>Should therapy be initiated in clinically isolated syndrome (CIS) cases not having oligoclonal bands (OCB)?</b>
14:05-14:15	Host: <b>Larysa Sokolova, Ukraine</b>
14:15-14:30	Yes: <b>David Leppert, Switzerland</b>
14:30-14:45	No: <b>Marcin Mycko, Poland</b>
14:45-14:55	Discussions and rebuttals
<b>14:55-15:45</b>	<b>Is the switch from brand-name to generic drugs in MS safe and justified?</b>
14:55-15:05	Host: <b>Jorge Villacura, Chile</b>
15:05-15:20	Yes:
15:20-15:35	No: <b>Klaus Schmierer, UK</b>
15:35-15:45	Discussion and rebuttals
<b>15:45-16:00</b>	<b>Coffee Break</b>

<b>16:00-19:00</b>	<b>SESSION 8   MS: THERAPY 2</b>
Chairpersons:	<b>Melchor Rodrigo, Argentina &amp; Sara Llufriu, Spain</b>
<b>16:00-16:50</b>	
16:00-16:10	Host:
16:10-16:25	Pro:
16:25-16:40	Con:
16:40-16:50	Discussions and rebuttals
<b>16:50-17:40</b>	<b>Cognitive dysfunction is not amenable to MS specific DMD.</b>
16:50-17:00	Host: <b>Anastasios Orologas, Greece</b>
17:00-17:15	Pro: <b>Friedemann Paul, Germany</b>
17:15-17:30	Con: <b>Bianca Weinstock Guttman, USA</b>
17:30-17:40	Discussions and rebuttals
<b>17:40-19:00</b>	<b>Round table: The reasons of MS misdiagnosis.</b>
	Host: <b>Olaf Stuve, USA &amp; Elena Martinez-Lapiscine, Spain</b>
	Speakers: <b>Bianca Weinstock Guttman, USA; Ralf Linker, Germany; Ron Milo, Israel; Mark</b>

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END OF FRIDAY HALL A

Friday April 05, 2019		Hall B
<b>08:30-10:10</b>	<b>SESSION 9   IMMUNE THERAPY; NON EPILEPTIC SEIZURES: PSYCHOGENIC OR NOT?</b>	
Chairpersons:	Chelsea Trengrove, USA & Nandan Yardi, India & Juan José Poza, Spain	
<b>08:30-09:20</b>	<b>Should we routinely prescribe immune modulatory therapy for patients with refractory adult-onset epilepsy who also develop psychiatric or cognitive impairment?</b>	
	<i>Capsule: Autoimmune epilepsy is often accompanied by cognitive, behavioral, psychiatric or motor symptoms. However, such symptoms are often present in epilepsy without an autoimmune cause. Diagnosis of an autoimmune disease may be challenging, particularly since many autoantibodies presumably remain undiscovered. Should autoimmune treatment be initiated in people without known antibodies who have accompanying symptoms?</i>	
08:30-08:40	Host: <b>Dana Ekstein</b> , Israel	
08:40-08:55	Pro: <b>William Theodore</b> , USA	
08:55-09:10	Con: <b>Martin Holtkamp</b> , Germany	
09:10-09:20	Discussion and rebuttals	
<b>09:20-10:10</b>	<b>Are non-epileptic seizures really psychogenic?</b>	
	<i>Capsule: A variety of non-epileptic behaviors may be misdiagnosed as epileptic seizures. Many are deemed psychogenic in nature, particularly when co-existing psychiatric morbidity is present. Is the presumption of a psychogenic cause supported by evidence?</i>	
09:20-09:30	Host: <b>Alla Guekht</b> , Russia	
09:30-09:45	Pro: <b>Curt W LaFrance</b> , USA	
09:45-10:00	Con: <b>Amos Korczyn</b> , Israel	
10:00-10:10	Discussion and rebuttals	
<b>10:10-10:25</b>	<b>Coffee Break</b>	
<b>10:25-12:05</b>	<b>SESSION 10   EPILEPSY: TREATMENT OF RESISTANT SEIZURES</b>	
Chairpersons:	Arie Weinstock, USA & Nana Tatishvili, Georgia	
<b>10:25-11:15</b>	<b>Should antiepileptic drugs be pushed to high doses and levels before switching to or adding a new drug?</b>	
	<i>Capsule: Traditional practice has been to raise doses of antiepileptic medication to achieve relatively high levels before switching to or adding another agent. Is this practice appropriate, or is failure at low dose indicative of treatment failure?</i>	
10:25-10:35	Host: <b>Manuel Toledo</b> , Spain	
10:35-10:50	Pro: <b>Elinor Ben-Menachem</b> , Sweden	
10:50-11:05	Con: <b>Martin Brodie</b> , UK	
11:05-11:15	Discussion and rebuttals	

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11:15-12:05	<p><b>Should vagus nerve stimulation (VNS) be recommended early in the course of illness when seizures fail to respond to medication and cause falling or generalize?</b></p> <p><i>Capsule: VNS has the potential to moderately reduce seizure frequency. Should early use be advised primarily for patients whose seizures may cause injury, or should VNS be more broadly applied? What benefits would be expected in either situation – do patients with non-injurious seizures gain sufficiently to warrant treatment?</i></p>
11:15-11:25	Host: <b>Zeljka Petelin Gadze</b> , Croatia
11:25-11:40	Pro: <b>Antonio Gil-Nagel</b> , Spain
11:40-11:55	Con: <b>Ivan Rektor</b> , Czech Republic
11:55-12:05	Discussion and rebuttals
<b>13:05-14:05</b>	<b><i>Lunch Break</i></b>
<b>13:05-14:05</b>	<b>Meet the Expert – Bial, Epilepsy</b>
<b>14:05-15:45</b>	<b>SESSION 11   LACTATION IN EPILEPSY; CANNABIS?</b>
Chairpersons:	<b>Andry Dubenko</b> , Ukraine & <b>Jaime Parra</b> , Spain
<b>14:05-14:55</b>	<p><b>Should women breastfeed if they take anticonvulsant medication?</b></p> <p><i>Capsule: Breastfeeding is generally recommended as a healthy practice. However, antiepileptic drugs are delivered to babies via breast milk. Is breastfeeding a sensible and safe practice for a baby whose mother takes an antiepileptic drug?</i></p>
14:05-14:15	Host: <b>Ilan Blatt</b> , Israel
14:15-14:30	Yes: <b>Martin Brodie</b> , UK
14:30-14:45	No: <b>Alla Guekht</b> , Russia
14:45-14:55	Discussion and rebuttals
<b>14:55-15:45</b>	<p><b>Should we prescribe medical marijuana for adult patients with drug-resistant epilepsy?</b></p> <p><i>Capsule: Some chemical constituents of marijuana may have anti-seizure effects, and Dravet’s and Lennox-Gastaut syndromes respond to cannibadiol. Do we know enough about medical marijuana to advise its use in adults with refractory epilepsy?</i></p>
14:55-15:05	Host: <b>Martin Holtkamp</b> , Germany
15:05-15:20	Yes: <b>Elson So</b> , USA
15:20-15:35	No: <b>Ilan Blatt</b> , Israel
15:35-15:45	Discussion and rebuttals
<b>15:45-16:00</b>	<b><i>Coffee Break</i></b>
<b>16:00-17:40</b>	<b>SESSION 12   EPILEPSY: ADVANCED MRI; GENETICS</b>
Chairpersons:	<b>Tetyana Litovchenko</b> Ukraine & <b>Andrzej Rysz</b> , Poland
<b>16:00-16:50</b>	<p><b>Are genetic data likely to be of major importance in the personalized treatment of epilepsy patients?</b></p> <p><i>Capsule: In addition to being causative in some rare epilepsies, genetic variants may play a role in susceptibility to more common types of epilepsy. Can these genetic features be used to guide management in individual patients?</i></p>

**Accepted**

16:00-16:10	Host: <b>William Theodore, USA</b>
16:10-16:25	Likely: <b>Samuel Berkovic</b> , Australia
16:25-16:40	Unlikely:
16:40-16:50	Discussion and rebuttals
<b>16:50-17:40</b>	<b>Should MRI scans undergo routinely post-processing if visual inspection is normal in people with epilepsy?</b>  <i>Capsule: A variety of sophisticated computer techniques can be employed in the analysis of MRI scans. When visual inspection fails to reveal an abnormality, do these techniques improve diagnosis, and is their use worthwhile?</i>
16:50-17:00	Host: <b>Manuel Toledo</b> , Spain
17:00-17:15	Yes: <b>Matthias Koeppe</b> , UK
17:15-17:30	No: <b>Elson So</b> , USA
17:30-17:40	Discussion and rebuttals
17:40-19:00	<b>Epilepsy Cases, Michael Sperling</b> , USA, and Faculty  <i>Capsule: Challenging cases will be presented to participants for discussion</i>
<b>END OF FRIDAY HALL B</b>	

<b>Friday April 05, 2019</b>		<b>Hall C</b>
<b>08:30-10:10</b>	<b>SESSION 13   STROKE: PREVENTION</b>	
Chairpersons:	<b>Yvonne Schwammenthal</b> , Israel	
<b>08:30-09:20</b>	<b>Is pollution a major contributor to acute stroke on a global scale?</b>  <i>Capsule: Air pollution contributes to increased morbidity and mortality from pulmonary and circulatory disorders. The role of particulate exposure and the risk of stroke is not fully defined but may be important. The debate will focus on whether there is sufficient clinical evidence implicating pollution as a major modifiable risk factor for stroke and if there is evidence that the risk can be reduced with preventative measures.</i>	
08:30-08:40	Host: <b>David Spence</b> ,	
08:40-08:55	Pro: <b>Karl Matz</b> , Austria	
08:55-09:10	Con: <b>Vida Demarin</b> , Croatia	
09:10-09:20	Discussions and Rebuttals	
<b>09:20-10:10</b>	<b>Is the polypill a valid concept for prevention of stroke?</b>  <i>Capsule: Most patients with stroke require treatment of multiple modifiable vascular risk factors. For optimal benefits and prevention of stroke, patients often require antithrombotic drugs, anti-hypertensive, and cholesterol-reducing drugs. Compliances to treatment may decrease when an increasing number of medications are prescribed. This may be especially important in elderly stroke patients. Does the development of a "polypill" that contain antithrombotic, antihypertensive and cholesterol-reducing drugs</i>	

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	improve compliance to treatment and are such pills as effective as the individual drugs? This debate will focus on the most recent evidence for and against the concept of polypill in stroke prevention.
09:20-09:30	Host: <b>Ashfaq Shuaib</b> , Canada or <b>Hugh Markus</b>
09:30-09:45	Pro: <b>Karl Matz</b> , Austria
09:45-10:00	Con: <b>Laszlo Csiba</b> , Hungary
10:00-10:10	Discussions and Rebuttals
<b>10:10-10:25</b>	<b>Coffee Break</b>
<b>10:25-12:05</b>	<b>SESSION 14   ACUTE STROKE</b>
Chairpersons:	<b>Vitalii Goldobin</b> , Russia & <b>J. Marti-Fabregas</b> , Spain
<b>10:25-11:15</b>	<b>Collateral enhancement: Is there sufficient evidence to offer to patients with acute stroke?</b>
10:25-10:35	Host: <b>Natan Bornstein</b> , Israel
10:35-10:50	Yes: <b>Ashfaq Shuaib</b> , Canada
10:50-11:05	No: <b>Georgios Tsivgoulis</b> , Greece
11:05-11:15	Discussions and Rebuttals
<b>11:15-12:05</b>	<b>What is the best prevention strategy following acute stroke for patients with ESUS: DOACs or anti-platelet medications?</b>
	<i>Capsule: Two large recent trials with DOACs in patients with recent embolic stroke of unknown source (ESUS) were negative showing no superiority of DOACs over aspirin. Do the results from NAVIGATE-ESUS and RESPECT-ESUS suggest that there is no place for DOACs in ESUS patients? The debate will focus on whether patients with ESUS and suspected cardiac embolic source should be treated with long-term DOACs to prevent further embolic events.</i>
11:15-11:25	Host: <b>Hugh Markus</b> , UK
11:25-11:40	DOACs: <b>Georgios Tsivgoulis</b> , Greece
11:40-11:55	Antiplatelet: <b>Jonathan Streifler</b> , Israel
11:55-12:05	Discussions and Rebuttals
<b>13:05-14:05</b>	<b>Lunch Break</b>
<b>14:05-15:45</b>	<b>SESSION 15   STROKE THERAPY</b>
Chairpersons:	<b>Maia Beridze</b> , Georgia & <b>Xabier Urrea</b> , Spain
<b>14:05-14:55</b>	<b>Is the demonstration of a high number of cerebral microbleeds (CMBs) a contraindication to anticoagulant treatment?</b>
	<i>Capsule: ICH occurs in patients with atrial fibrillation and other conditions that require long term anticoagulation. This risk may be higher in patients in whom CMBs are identified on MRI. The higher risk of ICH may be related to the number and location of the CMBs. The best management of anticoagulant treatment in patients with high CMB score is not clear.</i> <i>This debate will focus on the use of anticoagulation in patients with high-risk of embolic stroke in whom anticoagulation therapy is indicated but in whom MRI shows CMBs.</i>

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14:05-14:15	Host: <b>Laszlo Csiba</b> , Hungary
14:15-14:30	Yes: <b>David Werring</b> , UK
14:30 -14:45	No: <b>Mahmut Edip Gurol</b> , USA
14:45-14:55	Discussions and Rebuttals
<b>14:55-15:45</b>	<b>Is there sufficient evidence for closure of patent foramen ovale (PFOs) in ALL patients after TIAs and acute stroke?</b>  <i>Capsule: PFO is a frequent finding on echocardiography done as part of acute stroke investigation. However, it is likely that not all strokes are due to its existence and other mechanisms should be looked for. Therefore, although recent studies have provided evidence that PFO closure is superior to medical therapy alone, it is debatable whether closure should be recommended to all patients with demonstrated PFO.</i>
14:55-15:05	Host: <b>George Chrysant</b> , USA
15:05-15:20	Yes: <b>Krassen Nedeltchev</b> , Switzerland
15:20-15:35	No: <b>Jonathan Streifler</b> , Israel
15:35-15:45	Discussions and Rebuttals
<b>15:45-16:00</b>	<b>Coffee Break</b>
<b>16:00-19:00</b>	<b>SESSION 16   STROKE</b>
Chairpersons:	<b>Zdravka Poljakovic</b> , Croatia & <b>Exuperio Diez Tejedor</b> , Spain
<b>16:00-16:50</b>	<b>Acute stroke patients with suspected large vessel occlusion: Should the patient be transferred directly to a comprehensive stroke center (CSC) or initial assessment at primary stroke center (PSC)</b>  <i>Capsule: Endovascular treatment (EVT) for acute ischemic stroke patients with LVO in the anterior circulation is a safe and effective treatment not only in the first 6 hours after symptom onset (SO) but also for selective patients up to 24 hours, but the major factor for improved outcome is rapid treatment. For those arriving up to 4.5 hours from SO and undergoing urgent CT, IV tpa is still recommended. However, the impact of tpa is questionable. This can have a major impact on where we decide to transfer patients, first to the nearest PSC for IV tpa treatment and then to the CSC or directly to CSC.</i>
16:00-16:10	Host: <b>Antonio Davalos</b> , Spain
16:10-16:25	Direct: <b>Natalia Perez de la Ossa</b> , Spain
16:25-16:40	PSC first: <b>Roni Eichel</b> , Israel
16:40-16:50	Discussions and Rebuttals
<b>16:50-17:40</b>	<b>Should thrombectomy be performed on extremes (mild stroke &lt;5 NIHSS or low infarct volume)</b>  <i>Capsule: Endovascular treatment (EVT) for acute ischemic stroke patients with LVO in the anterior circulation is safe and has been shown to be most effective when performed on patients with moderate and severe strokes and CT image assessment of minor ischemic change (ASPECT score &gt;6). Patient with acute LVO and low NIHSS at admission have a high chance of worsening in the first 48 hours. Little is known about the safety and efficacy of EVT in those patients with mild stroke (&gt;5 NIHSS) or moderate to severe ischemic changes in the admission CT.</i>
16:50-17:00	Host: <b>Roni Eichel</b> , Israel
17:00-17:15	Pro: <b>Marc Ribo</b> , Spain



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17:15-17:30	Con: <b>Ashfaq Shuaib</b> , Canada
17:30-17:40	Discussions and Rebuttals
<b>17:40-18:30</b>	
17:40-17:50	
17:50-18:05	
18:05-18:20	
18:20-18:30	

**END OF FRIDAY HALL C**

<b>Friday April 05, 2019</b>		<b>Hall D</b>
<b>07:40-10:10</b>	<b>SESSION 17   ALZHEIMER'S DISEASE (AD)</b>	
Chairpersons:	<b>Nataliya Pryankova</b> , Ukraine & <b>Teodoro Del Ser</b> , Spain, <b>Francesca Giampieri</b> , Italy	
<b>07:40-08:30</b>	<p><b>Is the evidence sufficient to recommend dietary interventions to reduce the risk of AD progression?</b>  <i>Capsule: Extensive epidemiologic evidence implicated modifiable metabolic and dietary factors in increasing the risk of dementia, including AD. Tenable, hypothetical mechanisms lend credence to the observational data, and several interventions have shown promise in early trials, such as PREDIMED, FINGER, VITACOG and even LipiDiDiet. Definitiev RCTs involving nutritional interventions to prevent dementia are eagerly awaited, otherwise this debate would be moot. But if experience is any guide, it will be many years until such definitive data becomes available, if at all.</i></p>	
07:40-07:50	Host: <b>Yvonne Freund</b> , Sweden	
07:50-08:05	Yes: <b>Aron Troen</b> , Israel	
08:05-08:20	No: <b>Tobias Hartmann</b> , Germany	
08:20-08:30	Discussions and Rebuttals	
<b>08:30-09:20</b>	<b>Have we got it all wrong? Amyloid cascade is not the key etiological factor in AD.</b>	
08:30-08:40	Host: <b>Gennaro Pagano</b> , UK	
08:40-08:55	Pro: <b>Ezio Giacobini</b> , Switzerland	
08:55-09:10	Con: <b>Clive Ballard</b> , UK or <b>Craig Ritchie</b> , UK	
09:10-09:20	Discussion and rebuttals	
<b>09:20-10:10</b>	<b>Is suspected non-amyloid pathology (SNAP) a pre-clinical state of AD?</b>	
09:20-09:30	Host: <b>Kurt Jellinger</b> , Austria	
09:30-09:45	Pro: <b>Giancarlo Logroscino</b> , Italy	
09:45-10:00	Con: <b>Lea Grinberg</b> , USA/Brazil	
10:00-10:10	Discussion and rebuttals	

<b>10:10-10:25</b>	<b>Coffee Break</b>
<b>10:25-12:05</b>	<b>SESSION 18   RISK FACTORS FOR AD</b>
Chairpersons:	<b>Mee Young Park</b> , South Korea & <b>Latchezar Traykov</b> , Bulgaria, <b>Mun Seong Choi</b> , Korea
<b>10:25-11:15</b>	<p><b>Microglial activation is a non-specific reaction in AD and should not be a therapeutic target.</b></p> <p><i>Capsule: Microglia activation and other innate immune responses seem to be associated with most neurodegenerative conditions, including AD. Is microglia activation merely a non-specific response to AD pathology or should it be considered a new potential therapeutic target?</i></p>
10:25-10:35	Host: <b>Robert Perneczky</b> , Germany
10:35-10:50	Pro: <b>Jesus Avila</b> , Spain
10:50-11:05	Con: <b>Roger Bullock</b> , UK
11:05-11:15	Discussion and rebuttals
<b>11:15-12:05</b>	<p><b>Is APOE4 really toxic in AD?</b></p> <p><i>Capsule: The <math>\epsilon 4</math> allele of apolipoprotein E (APOE) is the major genetic risk factor for AD. Many studies suggests that the differential effects of apoE isoforms on <math>A\beta</math> aggregation and clearance play the major role in AD pathogenesis. Inconsistent results among studies have made it difficult to define whether the APOE <math>\epsilon 4</math> allele represents a gain of toxic function, a loss of neuroprotective function, or both.</i></p>
11:15-11:25	Host: <b>David Knopman</b> , USA
11:25-11:40	Pro: <b>Danny Michaelson</b> , Israel
11:40-11:55	Con: <b>Illiya Lefterov</b> , USA
11:55-12:05	Discussion and rebuttals
<b>13:05-14:05</b>	<b>Lunch Break</b>
<b>14:05-15:45</b>	<b>SESSION 19   MIXED DEMENTIA</b>
Chairpersons:	<b>Paulus Anam Ong</b> , Indonesia & <b>Judith Aharon</b> , Israel
<b>14:05-14:55</b>	<p><b>Vascular risk factor in AD - real or fake?</b></p> <p><i>Capsule: Aging is associated with a large increase in the prevalence and incidence of degenerative and vascular dementia. Several vascular risk factors have been found to be associated with vascular dementia but also AD. Vascular risk factors and their treatments are a promising avenue of research for prevention of dementia, but do they really affect AD?</i></p>
14:05-14:15	Host: <b>Sara Garcia-Ptacek</b> , Sweden
14:15-14:30	Real: <b>Albert Ludolph</b> , Germany
14:30 -14:45	Fake: <b>Giancarlo Logroscino</b> , Italy
14:45-14:55	Discussion and rebuttals
<b>14:55-15:45</b>	<p><b>There is no need to define dementia sub-types in older patients, as the majority have mixed pathologies anyway.</b></p> <p><i>Capsule: In a person with mixed dementia, it may not be clear how many of the symptoms are due to AD or another disease. Researchers who examined older adults' brains after death found that most had two or more pathologies. AD was the most common pathology but rarely occurred alone. So, if the majority of</i></p>

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14:55-15:05	<i>older patients have mixed dementia, is it worthwhile to attempt to make a diagnosis?</i> Host: <b>Pierre Krolak-Salmon</b> , France
15:05-15:20	Pro: <b>Ben Underwood</b> , UK or <b>Pasquale Calabrese</b> , Switzerland
15:20-15:35	Con: <b>Lefkos Middleton</b> , UK
15:35-15:45	Discussion and rebuttals
<b>15:45-16:00</b>	<b>Coffee Break</b>
<b>16:00-19:00</b>	<b>SESSION 20   DEMENTIA CAUSES</b>
Chairpersons:	<b>Homa Ebrahimi</b> , Iran & <b>Nina Sofilkanych</b> , Ukraine
<b>16:00-16:50</b>	<b>The recent reduction of dementia incidence can be ascribed mainly to better management of hypertension, dyslipidemia and diabetes.</b> <i>Capsule: The prevalence of dementia is expected to soar as the average life expectancy increases, but recent epidemiological results suggest that the age-specific incidence of dementia is declining. We are going to discuss these results: is prevention possible?</i>
16:00-16:10	Host: <b>Carol Brayne</b> , UK
16:10-16:25	Yes: <b>Pablo Martinez Lage</b> , Spain
16:25-16:40	No: <b>Roger Bullock</b> , UK
16:40-16:50	Discussion and rebuttals
<b>16:50-17:40</b>	<b>Is herpes virus infection a risk factor for AD?</b> <i>Capsule: Herpes simplex virus type 1 (HSV1), when present in the brain of carriers of APOE4, has been implicated as a major factor in AD. It is proposed that virus is normally latent in many elderly brains but reactivates periodically. Implicating HSV1 further in AD is the discovery that HSV1 DNA is specifically localized in amyloid plaques in AD. Can we implicate HSV in AD pathogenesis?</i>
16:50-17:00	Host: <b>Magda Tsolaki</b> , Greece
17:00-17:15	Yes: <b>Ruth Itzhaki</b> , UK
17:15-17:30	No: <b>Israel Steiner</b> , Israel
17:30-17:40	Discussion and rebuttals
17:40-18:30	<b>Is non-invasive brain stimulation (NIBS) useful for modulation of cognition in healthy seniors and MCI subjects?</b>
17:40-17:50	Host: <b>Alvaro Pascual-Leone</b> , USA or <b>Asli Demirtas-Tatlidede</b> , Turkey
17:50-18:05	Pro: <b>Irena Rektorova</b> , Czech Republic
18:05-18:20	Con: <b>Friedhelm Hummel</b> , Germany
18:20-18:30	Discussion and rebuttals
<b>END OF FRIDAY HALL D</b>	

**Saturday April 06, 2019**

**Hall A**

**07:00-09:00**

**E-Poster Presentations- Amir Dori free communications  
Michael Ugrumov**

**Accepted**

<b>08:10-10:40</b>	<b>SESSION 21   ORTHOSTATIC HYPOTENSION IN PD: IMAGING</b>
Chairpersons:	<b>Fermin Segovia</b> , Spain, <b>G. Linazaroso</b> , Spain
<b>08:10-09:00</b>	<b>Neurogenic orthostatic hypotension is a major cause of disability in PD</b> <i>Capsule:</i>
08:10-08:20	Host: <b>Tatyana Slobodin</b> , Ukraine
08:20-08:35	Pro: <b>David Goldstein</b> , USA
08:35-08:50	Con:
08:50-09:00	Discussion and rebuttals
Chairpersons:	<b>B. Tijero</b> , Spain
<b>09:00-09:50</b>	<b>FDG and amyloid PET in diagnosing dementia subtypes: which one to choose?</b> <i>Capsule:</i>
09:00-09:10	Host: <b>Nestor Galvez</b> , USA
09:10-09:25	Pro FDG: <b>Joseph Masdeu</b> , USA
09:25-09:40	Pro amyloid PET: <b>Pablo Martinez Lage</b> , Spain
09:40-09:50	Discussion and rebuttals
<b>09:50-10:40</b>	<b>DAT imaging with SPECT or PET in parkinsonism: which one to choose?</b>
09:50-10:00	Host: <b>Javier Arbizu</b> , Spain
10:00-10:15	Pro SPECT: <b>Pierre Payoux</b> , France
10:15-10:30	Pro PET: <b>Andrea Varrone</b> , Switzerland
10:30-10:40	Discussion and rebuttals
<b>10:40-10:55</b>	<b>Coffee Break</b>
<b>10:55-12:35</b>	<b>SESSION 22   PD; PSYCHOSIS AND MOTOR FLUCTUATIONS</b>
Chairpersons:	<b>Victoria Gryb</b> , Ukraine, <b>Ruth de Diego-Balaguer</b> , Spain, <b>Javier Blesa</b> , Spain
<b>10:55-11:45</b>	<b>Treating PD psychosis early improves long-term outcomes</b>
10:55-11:05	Host: <b>Nestor Galvez</b> , USA
11:05-11:20	Pro: <b>Daniel Kremens</b> , USA
11:20-11:35	Con: <b>Jaime Kulisevsky</b> , Spain
11:35-11:45	Discussion and rebuttals
<b>11:45-12:35</b>	<b>Gastrointestinal dysmotility is the major cause of motor fluctuations.</b> <i>Capsule: Parkinson's disease is a whole body disease, according to our recent understanding. Heiko Braak predicted that in most cases the gastrointestinal apparatus is the first affected. We know that the neuroenteric system has an alpha-synuclein aggregation pathology burden in most cases. Impaired</i>

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11:45-11:55	<i>gastric emptying is certainly one cause for fluctuations in advanced patients. However, dopaminergic neurons depletion and limited levodopa storage is the classical cause. Then should we treat brain or should we treat stomach and gut in PD?</i>
11:55-12:10	Host: <b>Mark Lew</b> , USA
12:10-12:25	Pro: <b>Bogdan Popescu</b> , Romania
12:25-12:35	Con: <b>Esther Cubo</b> , Spain
	Discussion and rebuttals
<b>12:35-13:35</b>	<b>Industry Sponsored Symposium (Not for CME)</b>
<b>13:35-14:35</b>	<b><i>Lunch Break</i></b>
<b>14:35-16:15</b>	<b>SESSION 23   DYSKINESIAS</b>
Chairpersons:	
<b>14:35-15:25</b>	<b>Medical treatment of dyskinesia is as effective as deep brain stimulation (DBS).</b>
14:35-14:45	Host: <b>Fiona Gupta</b> , USA
14:45-15:00	Pro: <b>Vladimira Vuletic</b> , Croatia
15:00-15:15	Con: <b>Angela Deutschlaender</b> , USA
15:15-15:25	Discussion and rebuttals
<b>15:25-16:15</b>	<b>Tardive dyskinesia remains a common consequence of conventional antipsychotics.</b>
15:25-15:35	Host: <b>Pedro Garcia Ruiz Espiga</b> , Spain
15:35-15:50	Pro: <b>Laxman Bahroo</b> , USA
15:50-16:05	Con: <b>Cristian Falup-Pecurariu</b> , Romania
16:05-16:15	Discussion and rebuttals
<b>16:15-16:30</b>	<b><i>Coffee Break</i></b>
<b>16:30-19:00</b>	<b>SESSION 24   ADVANCED DOPAMINERGIC THERAPIES IN PD</b>
Chairpersons:	
<b>16:30-17:20</b>	<b>Off time will disappear with longer acting levodopa formulations.</b>
	<i>Capsule:</i>
16:30-16:40	Host: <b>Georgia Xiromerisiou</b> , Greece
16:40-16:55	Pro: <b>Diego Santos Garcia</b> , Spain
16:55-17:10	Con: <b>Jaroslav Slawek</b> , Poland
17:10-17:20	Discussion and rebuttals
<b>17:20-18:10</b>	<b>Subcutaneous apomorphine infusion should be used before other advanced therapies.</b>
17:20-17:30	Host: <b>Irena Rektorova</b> , Czech Republic

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17:30-17:45	Pro: <b>Pedro Garcia Ruiz Espiga</b> , Spain
17:45-18:00	Con: <b>Juan Carlos Martinez Castrillo</b> , Spain
18:00-18:10	Discussion and rebuttals
<b>18:10-19:00</b>	<b>Development of non-dopaminergic therapies is a greater unmet need than dopaminergic treatments.</b>
18:10-18:20	Host: <b>Gennaro Pagano</b> , UK
18:20-18:35	Pro: <b>Abdelhamid Benazzouz</b> , France
18:35-18:50	Con: <b>Maria Rodriguez-Oroz</b> , Spain
18:50-19:00	Discussion and rebuttals
<b>END OF SATURDAY HALL A</b>	

<b>Saturday April 06, 2019</b>		<b>Hall B</b>
<b>07:00-09:00</b>	<b>E-Poster Presentations</b>	
<b>09:00-10:40</b>	<b>SESSION 25   HEADACHE: CONCEPT AND MECHANISMS</b>	
Chairpersons:	<b>Krystyna Mitosek-Szewczyk</b> , Poland & <b>Gabriela Mihăilescu</b> , Romania	
<b>09:00-09:50</b>	<b>Migraine with aura and migraine without aura are the same disease.</b>	
	<i>Capsule: It is often debated whether migraine with aura and migraine without aura are etiologically distinct disorders. Do they share common pathophysiological pathways, such as cortical spreading depression, blood flow changes, and genotype?</i>	
09:00-09:10	Host: <b>Dimos Mitsikostas</b> , Greece	
09:10-09:25	Yes: <b>Isabel Pavao Martins</b> , Portugal	
09:25-09:40	No: <b>Margarita Sanchez-del-Rio</b> , Spain	
09:40-09:50	Discussion and rebuttals	
<b>09:50-10:40</b>	<b>Does the blood brain barrier (BBB) open during a migraine attack?</b>	
	<i>Capsule: Disruption of the BBB and inflammation are important contributors to the pathogenesis of neurological disorders. Although inflammation has been implicated in migraine pathogenesis, it is not known whether barrier integrity is compromised during attacks.</i>	
09:50-10:00	Host: <b>Jose Miguel Lainez</b> , Spain	
10:00-10:15	Yes: <b>Pablo Irimia Sieria</b> , Spain	
10:15-10:30	No: <b>Messoud Ashina</b> , Denmark	
10:30-10:40	Discussion and rebuttals	
<b>10:40-10:55</b>	<b>Coffee Break</b>	
<b>10:55-12:35</b>	<b>SESSION 26   NON-PHARMACOLOGICAL TREATMENT FOR HEADACHE</b>	
Chairpersons:	<b>Judit Afra</b> , Hungary, <b>Maria Magdalena Wysocka-Bakowska</b> , Poland	

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10:55-11:45	<p><b>Electrical stimulation will replace medications for the treatment of cluster headache.</b></p> <p><i>Capsule: Neurostimulation is a rapidly growing field in headache disorders and provides an alternative therapeutic option particularly for cluster headache.</i></p> <p>10:55-11:05 Host: <b>Jack Schim</b>, USA</p> <p>11:05-11:20 Yes:</p> <p>11:20-11:35 No: <b>Giorgio Lambro</b>, UK</p> <p>11:35-11:45 Discussion and rebuttals</p>
Chairpersons:	<b>Ruta Mameniskiene</b> , Lithuania & <b>Elliot Gross</b> , USA
11:45-12:10	<b>Update on monoclonal antibody therapies and CGRP receptor antagonists in primary headache-</b> <b>Messoud Ashina</b> , Denmark
12:10-12:35	<b>Pipeline in headache treatment-</b> <b>Alan Rapoport</b> , USA
13:35-14:35	<b>Lunch Break</b>
14:35-16:15	<b>SESSION 27   HEADACHE THERAPY</b>
Chairpersons:	<b>Angel Guerrero</b> , Spain & <b>George Chakhava</b> , Georgia, & <b>Jesus Porta-Etessam</b> , Spain
14:35-15:25	<p><b>Cognitive-behavioral therapy and biofeedback training are as effective as preventive medication in some patients.</b></p> <p><i>Capsule: Medication and psychological intervention are often used in primary headache disorders. Can cognitive-behavioral therapy and biofeedback training replace preventive medication including CGRP blockers?</i></p> <p>14:35-14:45 Host: <b>Robert Shapiro</b>, USA</p> <p>14:45-15:00 Yes: <b>Steve Baskin</b>, USA</p> <p>15:00-15:15 No: <b>Mark Braschinsky</b>, Estonia</p> <p>15:15-15:25 Discussion and rebuttals</p>
15:25-16:15	<p><b>Monoclonal antibodies to CGRP will become first line treatment not only for migraine but also for episodic cluster headache</b></p> <p><i>Capsule: CGRP plays a crucial role in migraine pathophysiology. Monoclonal antibodies to CGRP or its receptor are promising new therapies for the treatment of other types of headache as well.</i></p> <p>15:25-15:35 Host: <b>Christian Lampl</b>, Austria</p> <p>15:35-15:50 Yes: <b>Lars Edvinsson</b>, Sweden</p> <p>15:50-16:05 No: <b>Jose Miguel Lainez</b>, Spain</p> <p>16:05-16:15 Discussion and rebuttals</p>
16:15-16:30	<b>Coffee Break</b>
16:30-19:00	<b>SESSION 28   HEADACHE DIAGNOSIS</b>
Chairpersons:	<b>Parisa Gazerani</b> , Denmark & <b>Ermal Kurmaku</b> , Albania
16:30-17:20	<b>Computers can diagnose cluster headache better than the average doctor</b>

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	<i>Capsule: Personalized medicine (patient and doctor in the same room) is rapidly being replaced by modern e-techniques and information technology tools</i>
16:30-16:40	Host: <b>Min Kyung Chu</b> , South Korea
16:40-16:55	Yes: <b>Robert Cowan</b> , USA
16:55-17:10	No: <b>Giorgio Lambu</b> , UK
17:10-17:20	Discussion and rebuttals
<b>17:20-18:10</b>	<b>Thunderclap headache: Do we need more than head CT and lumbar puncture?</b>
	<i>Capsule: Thunderclap headache is often but not exclusively caused by subarachnoid hemorrhage. CT and lumbar puncture are indicated when patients present with thunderclap headache, but do we need more than that?</i>
17:20-17:30	Host: <b>Robert Cowan</b> , USA
17:30-17:45	Yes: <b>Christian Lampl</b> , Austria
17:45-18:00	No: <b>Julio Pascual</b> , Spain
18:00-18:10	Discussion and rebuttals
Chairpersons:	<b>Theodoros Constantinidis</b> , Greece,
<b>18:10-19:00</b>	<b>Medical cannabis is effective in chronic headache</b>
	<i>Capsule: The use of medical cannabis in patients with chronic headache varies widely, with contradicting data regarding its efficacy in chronic cluster headache, chronic migraine and chronic tension type headache.</i>
18:10-18:20	Host: <b>Manjit Matharu</b> , UK
18:20-18:35	Yes: <b>Brian McGeeney</b> , USA
18:35-18:50	No: <b>Dimos Mitsikostas</b> , Greece
18:50-19:00	Discussion and rebuttals
<b>END OF SATURDAY HALL B</b>	

<b>Saturday April 06, 2019</b>		<b>Hall C</b>
<b>07:00-09:00</b>	<b>E-Poster Presentations</b>	
<b>09:00-10:40</b>	<b>SESSION 29   NEUROIMMUNOLOGY</b>	
Chairpersons:		
<b>09:00-09:50</b>	<b>The future of NMO treatment is immune tolerance, not immunosuppression</b>	
09:00-09:10	Host: <b>Anu Jakob</b> , UK	
09:10-09:25	Pro: <b>Brian Weinshenker</b> , USA	
09:25-09:40	Con: <b>Romain Marignier</b> , France	
09:40-09:50	Discussion and rebuttals	
<b>09:50-10:40</b>	<b>CIDP; Ig therapy</b>	
	<i>Capsule: IVIg is the most commonly applied and effective therapy in patients with CIDP based on the</i>	



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	<i>landmark ICE study. Subcutaneous IgG (SCIg) was recently shown to be also effective for maintenance therapy. What is however the preferred means of giving IgG (intravenously or subcutaneously) and which of the two routes of administration is the most effective in inducing remission, most preferable by the patients and less costly?</i>
09:50-10:00	Host: <b>Francesc Graus</b> , Spain
10:00-10:15	Start with subcutaneous IgG or transition as soon as possible from IVIg to subcutaneous: <b>Ivo N. Van Schaik</b> , The Netherlands
10:15-10:30	Start with IVIg and stay on IVIg as maintenance; switch to subcutaneous IgG only in certain circumstances: <b>Marinos Dalakas</b> , Greece/USA
10:30-10:40	Discussion and rebuttals
<b>10:40-10:55</b>	<b>Coffee Break</b>
<b>10:55-12:35</b>	<b>SESSION 30   NEUROIMMUNOLOGY: MYASTHENIA GRAVIS (MG) AND APLA SYNDROME</b>
Chairpersons:	<b>Reinhard Horowski</b> , Germany
<b>10:55-11:45</b>	<b>Treatment of refractory MG</b> <i>Capsule: Although MG is an overall success story in neurologic therapeutics, about 10% of the patients remain symptomatic despite treatments. Recently, Eculizumab , a monoclonal antibody against complement C5, was FDA-approved for treating refractory MG. The benefit from Eculizumab was however modest. Is such a clinical benefit sufficient to justify its use considering its excessive cost of at least \$500,000 per year?</i>
10:55-11:05	Host: <b>Bruno Gran</b> , UK
11:05-11:20	Start: Eculizumab, the newly FDA-approved drug for refractory MG: <b>Renato Mantegazza</b> , Italy
11:20-11:35	Use Eculizumab only when all immunotherapies and biologics, including rituximab, have failed; stop eculizumab quickly if response is inadequate: <b>Marinos Dalakas</b> , Greece/USA
11:35-11:45	Discussion and rebuttals
<b>11:45-12:35</b>	<b>Should immunotherapy be part of first line treatment in APLA syndrome?</b>
11:45-11:55	Host: <b>Abhijit Chaudhuri</b> , UK
11:55-12:10	Pro: <b>Joab Chapman</b> , Israel
12:10-12:25	Con: <b>Francesc Graus</b> , Spain
12:25-12:35	Discussion and rebuttals
<b>13:35-14:35</b>	<b>Lunch Break</b>
<b>14:35-16:00</b>	<b>SESSION 31   NEUROMYELITIS OPTICA (NMO): WHEN TO STOP TREATMENT</b>
Chairpersons:	<b>Nana Kvirkvelia</b> , Georgia & <b>Rina Aharoni</b> , Israel
<b>14:35-15:10</b>	<b>NMO immunosuppression should be withheld in pregnant patients</b>
14:35-14:45	Host:
14:45-15:00	Pro: <b>Abhijit Chaudhuri</b> , UK

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15:00-15:15	Con: <b>Brian Weinschenker</b> , USA
15:15-15:10	Discussion and rebuttals
<b>15:10-16:00</b>	<b>Immune suppression treatments can be withheld in NMO patients who have prolonged stability.</b>
15:10-15:20	Host: <b>Brian Weinschenker</b> , USA
15:20-15:35	Pro: <b>Orhan Aktas</b> , Germany
15:35-15:50	Con: <b>Andrzej d</b> , Poland
15:50-16:00	Discussion and rebuttals
<b>16:00-16:15</b>	<b>Coffee Break</b>
<b>16:15-17:55</b>	<b>SESSION 32   NEUROIMMUNOLOGY</b>
Chairpersons:	<b>Vesna Brinar</b> , Croatia
<b>16:15-17:05</b>	<b>Immunosuppressive/immunomodulating treatment in autoimmune limbic encephalities - when to stop? Based on clinical status or based on lab data?</b>
16:15-16:25	Host: <b>Friedemann Paul</b> , Germany
16:25-16:40	Clinical state: <b>Jacek Losy</b> , Poland
16:40-16:55	Lab data: <b>Angela Vincent</b> , UK
16:55-17:05	Discussion and rebuttals
<b>17:05-17:55</b>	
17:05-17:15	
17:15-17:30	Pro:
17:30-17:45	Con:
17:45-17:55	Discussion and rebuttals
<b>END OF SATURDAY HALL C</b>	

<b>Saturday April 06, 2019</b>		<b>Hall D</b>
<b>07:00-09:00</b>	<b>E-Poster Presentations</b>	
<b>08:30-10:40</b>	<b>SESSION 33   NEUROREHABILITATION OF COGNITIVE FUNCTION</b>	
Chairpersons:		
<b>08:30-09:00</b>	<b>Advances in neurorehabilitation science: the role of biomarkers as prognostic factors. Dafin Muresanu</b> , Romania	
<b>09:00-09:50</b>	<b>Paving the way to a successful neurorehabilitation after stroke</b>	
09:00-09:10	Host: <b>Dafin Muresanu</b> , Romania	
09:10-09:25	Could thrombolysis/thrombectomy effects be	

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	amplified when associated with multimodal pharmacological agents? <b>Michael Chopp</b> , USA
09:25-09:40	Thrombolysis/thrombectomy are enough as prerequisites for stroke neurorehabilitation: <b>TBD</b>
09:40-09:50	Discussion and rebuttals
<b>09:50-10:40</b>	<b>Spinal Cord Injury: immediate spinal decompression surgery or comprehensive conservative approach?</b>
	<i>Capsule: Spinal cord injuries have a tremendous medical, social, and economical impact on individuals, families and society. Clinical controversies in the acute management include the necessity of surgical decompression, corticosteroid administration, and others. The most controversial issue is the surgical versus conservative treatment immediately after the trauma.</i>
09:50-10:00	Host: <b>Dafin Muresanu</b> , Romania
10:00-10:15	Pro Conservative: <b>Avi Ohry</b> , Israel
10:15-10:30	Con Surgical: <b>Natacha Leon</b> , Spain
10:30-10:40	Discussion and Rebuttals
<b>10:40-10:55</b>	<b>Coffee Break</b>
<b>10:55-12:35</b>	<b>SESSION 34   NEUROREHABILITATION OF COGNITIVE FUNCTION</b>
Chairpersons:	
<b>10:55-11:45</b>	<b>Should we prefer a personalized cognitive home-based rehabilitation therapy for the brain damaged, over the traditional hospital-based comprehensive integrative approach?</b>
	<i>Capsule: Shortage of qualified personnel, constant increase in health care expenses and a steady increase in surviving people with disabilities, push the authorities to find other rehabilitative therapies than the traditional hospital-based model, such as home-based-rehabilitation.</i>
10:55-11:05	Host: <b>Dafin Muresanu</b> , Romania
11:05-11:20	Yes: <b>José M. Cogollor</b> , Spain
11:20-11:35	No: <b>Avi Ohry</b> , Israel
11:35-11:45	Discussion and Rebuttals
<b>11:45-12:35</b>	<b>What is the best strategy for cognitive rehabilitation after stroke?</b>
11:45-11:55	Host: <b>Jose Leon-Carrion</b> , Spain
11:55-12:10	Classical techniques based on patient-therapist direct interaction: <b>Jozef Opara</b> , Poland
12:10-12:25	E-Health information and communication technology: <b>Jose Cogollor</b> , Spain
12:25-12:35	Discussion and rebuttals
<b>13:35-14:20</b>	<b>Lunch Break</b>
<b>14:20-16:00</b>	<b>SESSION 35   NEURODEGENERATIVE DISEASES</b>
Chairpersons:	<b>Andrzej Bogucki</b> , Poland <b>Andrzej Friedman</b> , Poland, <b>Juan Fortea</b> , Spain
<b>14:20-15:10</b>	<b>Are cortico-basal degeneration and PSP (4-repeat tau) interchangeable terms?</b>
	<i>Capsule:</i>

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14:20-14:30	Host: <b>Isidro Ferrer</b> , Spain
14:30-14:45	Pro: <b>Lea Grinberg</b> , USA/Brazil
14:45-15:00	Con: <b>Tamas Revesz</b> , UK
15:00-15:10	Discussions and rebuttals
<b>15:10-16:00</b>	<b>Neurofilament low (NF-L) is a reflection of neurodegeneration, and is a non specific diagnostic marker.</b>
	<i>Capsule:</i>
15:10-15:20	Host: <b>Albert Lleo</b> , Spain
15:20-15:35	Pro: <b>David Leppert</b> , Switzerland
15:35-15:50	Con: <b>Axel Petzold</b> , Netherlands/UK
15:50-16:00	Discussions and rebuttals
<b>16:00-16:15</b>	
<b>16:15-19:00</b>	<b>SESSION 36   NEURODEGENERATIVE DISEASES</b>
Chairpersons:	<b>Beom Jeon</b> , Korea, <b>Francesca Pistollato</b> , Spain
<b>16:15-17:05</b>	<b>Can stress and anxiety cause neurodegeneration?</b>
	<i>Capsule:</i>
16:15-16:25	Host: <b>David Bartres-Faz</b> , Spain or <b>Luis Aguera</b> , Spain
16:25-16:40	Yes: <b>Maria del Sagrario Manzano Palomo</b> , Spain
16:40-16:55	No: <b>Albert Llleo</b> , Spain
16:55-17:05	Discussion and rebuttals
<b>17:05-17:55</b>	<b>Are microbiota reasonable targets in the therapy of neurodegenerative diseases?</b>
	<i>Capsule:</i>
17:05-17:15	Host: <b>Carmen Antunez</b> , Spain or <b>Maria Carmen Cenit</b> , Spain
17:15-17:30	Yes: <b>Bogdan Popescu</b> , Romania
17:30-17:45	No: <b>Peter Jenner</b> , UK
17:45-17:55	Discussion and rebuttals
<b>17:55-18:55</b>	<b>Round table discussion: Glia are centrally involved in the pathogenic process of degenerative diseases and should be a therapeutic target</b>
	Speakers: <b>Antonio Federico</b> , Italy, <b>Peter Jenner</b> , UK , <b>Roger Bullock</b> , UK, <b>Rafael Franco</b> , Spain; <b>Fernando de Castro</b> , Spain; <b>Lea Grinberg</b> , USA/Brazil
<b>END OF SATURDAY HALL D</b>	

<b>Sunday April 07, 2019</b>		<b>Hall A</b>
<b>07:00-08:00</b>	<b>E-Poster Presentations</b>	
<b>08:00-10:00</b>	<b>SESSION 37   COPPADIS MEETING</b>	

**Accepted**

Chairpersons:	<b>Juan Carlos Martínez Castrillo</b> , Spain & <b>Jaime Kulisevsky</b> , Spain
08:00-08:30	COPPADIS-2015. Justification, objective and general aspects of the Project: <b>Diego Santos Garcia</b> , Spain
08:30-08:50	Non-motor symptoms in PD: frequency, types and correlated factors. <b>Lluís Planellas Gine</b> , Spain
08:50-09:10	Depression (BDI-II) in PD: prevalence, types, and variables. <b>Miguel Aguilar Barberá</b> , Spain
09:10-09:30	Impulse control disorders and compulsive behaviours in PD. <b>Silvia Jesús Maestre</b> , Spain
09:30-09:50	Factors affecting quality of life in patients with Parkinson´s disease: motor vs non-motor symptoms. Results from the COPPADIS Study Cohort: <b>Pablo Martínez Martín</b> , Spain
09:50-10:00	Conclusion and future directions: <b>Diego Santos Garcia</b> , Spain, <b>Juan Carlos Martínez Castrillo</b> , Spain & <b>Jaime Kulisevsky</b> , Spain
<b>10:00-10:15</b>	<b>Coffee Break</b>
<b>10:15-11:05</b>	<b>SESSION 38  </b>
Chairpersons:	<b>Carme Junque</b> , Spain, <b>Lydia Vela</b> , Spain
<b>10:15-11:05</b>	<b>Wearable technology devices will replace clinical PD motor assessments.</b>
	<i>Capsule:</i>
10:15-10:25	Host: <b>Raj Pahwa</b> , USA
10:25-10:40	Pro: <b>Esther Cubo</b> , Spain
10:40-10:55	Con: <b>Pablo Martinez-Martin</b> , Spain
10:55-11:05	Discussion and rebuttals
<b>11:05-13:00</b>	<b>SESSION 39  </b>
Chairpersons:	<b>Xiana Rodríguez Osorio</b> , Spain
<b>11:05-13:00</b>	<b>Vascular parkinsonism is a useful clinical entity.</b>
	<i>Capsule:</i>
11:05-11:15	Host: <b>Fatta Nahab</b> , USA
11:15-11:30	Pro: <b>Ivan Rektor</b> , Czech Republic
11:30-11:45	Con: <b>Oleg Levin</b> , Russia
11:45-11:55	Discussion and rebuttals
<b>11:55-13:00</b>	<b>Round table discussion: What is 'advanced PD' and how to select the best advanced treatment (apomorphine vs duodopa vs DBS)?</b>
	Host: <b>Mike Samuel</b> , UK
	Participants: <b>Sharon Hassin</b> , Israel; <b>Mihaela Simu</b> , Romania; <b>Jaroslav Slawek</b> , Poland, <b>Mónica M Kurtis</b> , Spain
<b>13:00-13:15</b>	<b>CLOSING CEREMONY:</b>
	Invitation to CONy 2020
	Poster Awards

**Accepted**

<b>07:00-8:00</b>	<b>E-Poster Presentations Free Communications PME</b>
<b>08:00-10:00</b>	<b>SESSION 40   PROGRESSIVE MYOCLONUS EPILEPSIES (PME)</b>
Chairpersons:	<b>Zaid Afawi</b> , Israel, <b>Rimma Gamirova</b> , Russia
08:00-8:30	Welcome, introduction, learning objectives: <b>Jose Serratosa</b> , Spain
08:30-09:00	PMEs: Clinical diagnosis, new forms and epilepsies on the borderland: <b>Samuel Berkovic</b> , Australia
09:00-09:30	Progressive myoclonic ataxias and PMEs: <b>David Copeland</b> , USA
09:30-10:00	Molecular genetic diagnosis and unsolved cases: <b>Anna-Elina Lehesjoki</b> , Finland
<b>10:00-10:15</b>	<b>Coffee Break</b>
<b>10:15-11:15</b>	<b>Meet the Expert Sessions</b>
<b>11:15-13:00</b>	<b>SESSION 41   PME: NEUROBIOLOGY AND TREATMENT</b>
Chairpersons:	<b>Eva Andermann</b> , Canada
11:15-11:35	Symptomatic treatment: role of new antiepileptic drugs: <b>Mar Carreno</b> , Spain
11:35-11:55	Lafora disease: Neurobiology and new therapeutic strategies: <b>Jose Serratosa</b> , Spain
11:55-12:15	Enzyme replacement therapy for CLN2: <b>Marina Trivisano</b> , Italy
12:15-12:35	Management of MERRF patients including myoclonic epilepsy: <b>Josef Finsterer</b> , Austria
12:35-13:00	Free Communications PME

<b>Sunday April 07, 2019</b>		<b>Hall C</b>
<b>07:00-08:00</b>	<b>E-Poster Presentations</b>	
<b>08:00-10:00</b>	<b>SESSION 42   AMYOTROPHIC LATERAL SCLEROSIS (ALS)</b>	
Chairpersons:	<b>Nana Kvirkvelia</b> , Georgia, <b>Juan Francisco Vazquez-Costa</b> , Spain	
<b>08:00-08:50</b>	<b>Is the incidence of ALS increasing?</b>	
08:00-08:10	Host: <b>Javier Riancho</b> , Spain	
08:10-08:25	Pro: <b>Ammar Al-Chalabi</b> , UK	
08:25-08:40	Con: <b>Ettore Beghi</b> , Italy	
08:40-08:50	Discussion and rebuttals	
<b>08:50-10:00</b>	<b>Should we offer a genetic test to all ALS patients?</b>	
08:50-09:00	Host: <b>Benedicte Paus</b> , Norway	
09:00-09:15	Yes: <b>Magdalini Polymenidou</b> , Switzerland	
09:15-09:30	No: <b>Vivian Drory</b> , Israel	
09:30-09:40	Discussion and rebuttals	

**Accepted**

<b>10:00-10:15</b>	<b><i>Coffee Break</i></b>
<b>10:15-11:05</b>	<b>Is fronto-temporal dementia a nosologic entity distinct from ALS?</b>
10:15-10:25	Host: <b>Daniel Drubach</b> , USA
10:25-10:40	Yes: <b>Lea Grinberg</b> , USA/Brazil
10:40-10:55	No: <b>Vivian Drory</b> , Israel
10:55-11:05	Discussion and rebuttals
<b>11:05-12:45</b>	<b>SESSION 43   ALS</b>
Chairperson:	<b>Jesus Mora</b> , Spain
<b>11:05-11:55</b>	<b>Is statistical significance sufficient for recommending the use of a drug for ALS patients?</b>
11:05-11:15	Host: <b>Lucie Bruijn</b> , USA
11:15-11:30	Yes: <b>Albert Ludolph</b> , Germany
11:30-11:45	No: <b>Michael Swash</b> , UK/Portugal
11:45-11:55	Discussion and rebuttals
<b>11:55-12:45</b>	<b>Is heavy physical exercise a risk factor for ALS?</b>
11:55-12:05	Host: <b>Ettore Beghi</b> , Italy
12:05-12:20	Pro: <b>Philippe Couratier</b> , France
12:20-12:35	Con: <b>Orla Hardiman</b> , Ireland
12:35-12:45	Discussion and rebuttals