Thursday April 04, 2019	Madrid Marriot Auditorium Hotel & Conference Center
09:00-10:30	**SESSION 1 | OPENING SESSION**
09:00-09:30	Welcome remarks: **Amos D. Korczyn,** Israel & **Exuperio Diez Tejedor,** Spain
09:30-10:00	The role of fungi in the etiology of multiple sclerosis: **Julian Benito-Leon,** Spain
10:00-10:30	Immune checkpoint inhibitors and neurological disease: **Olaf Stuve,** USA
10:30-11:00	***Coffee Break***
11:00-13:00	**SESSION 2 | PLENARY LECTURES**
Chairpersons:	**XiaoPing Wang**, China
11:00-11:30	Is imagination a distinct metacognitive process with its own neurobiological substrate? **Daniel Drubach,** USA
11:30-12:00	
12:00-12:30	The secrets of FXTAS: **Sharon Hassin-Baer,** Israel
12:30-13:00	The new world of focused ultrasound to treat neurodegenerative diseases: **Jose Obeso,** Spain
13:00-13:45	***Lunch Break***
13:45-15:15	**SESSION 3 | PLENARY LECTURES: EPILEPSY**
Chairpersons:	**Fenny Yudiarto,** Indonesia, **Mar Carreno**, Spain
13:45-14:15	Epilepsy genetics and precision therapies – trials and tribulations: **Samuel Berkovic,** Australia
14:15-14:45	Gene therapy in epilepsy: **Matthew Walker,** UK
14:45-15:15	How will new devices impact the diagnosis and treatment of seizures? **Michael Sperling,** USA
15:15-15:30	***Coffee Break***
15:30-18:00	**SESSION 4 | PLENARY LECTURES: ALZHEIMER'S DISEASE (AD)**
Chairpersons:	**George Perry**, USA & **Alberto Rabano,** Spain
15:30-16:00	
16:00-16:30	Tau seeding and disease progression in AD: **Isidro Ferrer**, Spain
16:30-17:00	Neuropathological basis of sleep disorders in neurodegenerative diseases: **Lea Grinberg,** USA/Brazil
17:00-18:00	**Preclinical AD is a useful term.** *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?* Host: **Giulio Maria Pasinetti,** USA Pro: **David Knopman,** USA Con: **Amos Korczyn**, Israel
18:00-18:30	**OPENING CEREMONY**
Chairpersons:	**Laszlo Vecsei**, Hungary, **Esteban Garcia-Albea**, Spain
18:00-18:30	Cajal, the neuron theory and the golden era for artistic creativity in neuroscience: **Javier DeFelipe,** Spain

	Musical Interlude: **Sharon Hassin-Baer,** Israel & **Joab Chapman**, Israel
18:30	***Welcome Reception***

Friday April 05, 2019	**Hall A**
07:30-08:30	**Meet the Experts Session – Merck, MS**
08:30-10:10	**SESSION 5 | MULTIPLE SCLEROSIS (MS): DIAGNOSIS**
Chairpersons:	**Anastasios Orologas,** Greece & **Manuel Seijo-Martinez,** Spain
08:30-09:20	**Will neurofilament (NF) serum levels be the gold standard for monitoring MS progression, replacing MRI?** *Capsule: Neurofilaments (NFLs) belong to the intermediate filament proteins family and are the major components of the cytoskeleton of neurons. Recent data suggest that NFL may be used as a prognostic factor to monitor disease progression, disease activity and treatment efficacy.*
08:30-08:40	Host: **Laszlo Vecsei**, Hungary
08:40-08:55	Yes: **Georgina Arrambide,** Spain
08:55-09:10	No: **Friedemann Paul**. Germany
09:10-09:20	Discussions and rebuttals
09:20-10:10	**Evoked potentials still have a role in diagnosing MS and monitoring disease progression.** *Capsule: Evoked potentials (EP's) are measures of central signal conduction and have been used for long time as electrophysiological surrogates primarily as diagnostic biomarkers for multiple sclerosis (MS) diagnosis (supporting dysfunction) but also recently considered beneficial as biomarkers for monitoring disease course & progression. However, MRI's are still considered more sensitive surrogate measures than EP's for diagnosis and monitoring MS. Newer interventions on remyelination showed primary benefit on EP's outcomes but did not support a clear improvement as measured with standard clinical outcomes. Should EP's be considered as surrogate measures for diagnosis and monitoring MS disease course?*
09:20-09:30	Host: **Jera Kruja,** Albania
09:30-09:45	Pro: **Letizia Leocani,** Italy
09:45-10:00	Con: **Bianca Weinstock-Guttman,** USA
10:00-10:10	Discussion and rebuttals
10:10-10:25	***Coffee Break***
10:25-12:05	**SESSION 6 | MS IN AGING: MS PATHOGENESIS**
Chairpersons:	**Oded Abramsky,** Israel, **& Ranko Raicevic,** Serbia
10:25-11:15	**Is immunosenescence a factor to be considered in treating patients older than 50?**
10:25-10:35	Host: **Heinz Wiendl**, Germany
10:35-10:50	Yes: **Mark Freedman**, Canada
10:50-11:05	No: **Joab Chapman**, Israel
11:05-11:15	Discussions and rebuttals

11:15-12:05	**Does primary progressive MS have the same immunopathogenesis as RR/SPMS?**
11:15-11:25	Host: **Ralf Linker,** Germany
11:25-11:40	Yes: **Dimitrios Karussis,** Israel
11:40-11:55	No: **Jacek Losy,** Poland
11:55-12:05	Discussions and rebuttals
12:05-13:05	**Industry Sponsored Symposium (Not for CME)**
13:05-14:05	***Lunch Break***
14:05-15:45	**SESSION 7 | MS THERAPY 1**
Chairpersons:	**Maria Inmaculada Dominguez-Mozo**, Spain & **M. Comabella**, Spain **& Anas Jouhar,** Syria
14:05-14:55	**Should therapy be initiated in clinically isolated syndrome (CIS) cases not having oligoclonal bands (OCB)?**
14:05-14:15	Host: **Larysa Sokolova,** Ukraine
14:15-14:30	Yes: **Klaus Schmierer,** UK
14:30-14:45	No: **Marcin Mycko,** Poland
14:45:14:55	Discussions and rebuttals
14:55-15:45	**Is the switch from brand-name to generic drugs in MS safe and justified?**
14:55-15:05	Host: **Ron Milo,** Israel
15:05-15:20	Yes: **Ovidiu Bajenaru,** Romania
15:20-15:35	No: **Klaus Schmierer,** UK
15:35-15:45	Discussion and rebuttals
15:45-16:00	Coffee Break

16:00-19:00	**SESSION 8 | MS THERAPY 2**
Chairpersons:	**Melchor Rodrigo,** Argentina
16:00-16:50	**CSF is still important in the diagnosis of MS.**
16:00-16:10	Host: **Uros Rot,** Slovenia
16:10-16:25	Pro: **Konrad Rejdak,** Poland
16:25-16:40	Con: **Brian Weinshenker**, USA
16:40-16:50	Discussions and rebuttals
16:50-17:40	**Cognitive dysfunction is not amenable to MS specific DMD.**
16:50-17:00	Host: **Anastasios Orologas,** Greece
17:00-17:15	Pro: **Friedemann Paul,** Germany
17:15-17:30	Con: **Bianca Weinstock Guttman**, USA
17:30-17:40	Discussions and rebuttals

17:40-19:00	**Round table: The reasons of MS misdiagnosis**. Host: **Olaf Stuve**, USA Speakers: **Bianca Weinstock Guttman,** USA; **Ralf Linker,** Germany; **Ron Milo**, Israel; **Mark Freedman**, Canada
END OF FRIDAY HALL A	

Friday April 05, 2019	**Hall B**
08:30-10:10	**SESSION 9 | IMMUNE THERAPY; NON EPILEPTIC SEIZURES: PSYCHOGENIC OR NOT?**
Chairpersons:	**Nandan Yardi,** India & **Juan José Poza**, Spain
08:30-09:20	**Should we routinely prescribe immune modulatory therapy for patients with refractory adult-onset epilepsy who also develop psychiatric or cognitive impairment?** *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?*
08:30-08:40	Host: **Dana Ekstein,** Israel
08:40-08:55	Pro: **William Theodore,** USA
08:55-09:10	Con: **Martin Holtkamp,** Germany
09:10-09:20	Discussion and rebuttals
09:20-10:10	**Are non-epileptic seizures really psychogenic?** *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?*
09:20-09:30	Host: **Alla Guekht,** Russia
09:30-09:45	Pro: **Curt W LaFrance,** USA
09:45-10:00	Con: **Amos Korczyn,** Israel
10:00-10:10	Discussion and rebuttals
10:10-10:25	***Coffee Break***
10:25-12:05	**SESSION 10 | EPILEPSY: TREATMENT OF RESISTANT SEIZURES**
Chairpersons:	**Arie Weinstock**, USA & **Nana Tatishvili,** Georgia
10:25-11:15	**Should antiepileptic drugs be pushed to high doses and levels before switching to or adding a new drug?** *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?*
10:25-10:35	Host: **Manuel Toledo,** Spain
10:35-10:50	Pro: **Elinor Ben-Menachem,** Sweden
10:50-11:05	Con: **Martin Brodie,** UK

11:05-11:15	Discussion and rebuttals
11:15-12:05	**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?** *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?*
11:15-11:25	Host: **Zeljka Petelin Gadze**, Croatia
11:25-11:40	Pro: **Antonio Gil-Nagel**, Spain
11:40-11:55	Con: **Ivan Rektor**, Czech Republic
11:55-12:05	Discussion and rebuttals
13:05-14:05	***Lunch Break***
13:05-14:05	**Meet the Expert – Bial, Epilepsy** **Spotlight on the antiepileptic drug eslicarbazepine acetate: sharing experience from clinical practice: Vicente Villanueva,** Spain
14:05-15:45	**SESSION 11 | LACTATION IN EPILEPSY; CANNABIS?**
Chairpersons:	**Andry Dubenko,** Ukraine & **Chelsea Trengrove,** USA
14:05-14:55	**Should women breastfeed if they take anticonvulsant medication?** *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?*
14:05-14:15	Host: **Ilan Blatt,** Israel
14:15-14:30	Yes: **Martin Brodie,** UK
14:30-14:45	No: **Alla Guekht,** Russia
14:45-14:55	Discussion and rebuttals
14:55-15:45	**Should we prescribe medical marijuana for adult patients with drug-resistant epilepsy?** *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?*
14:55-15:05	Host: **Martin Holtkamp,** Germany
15:05-15:20	Yes: **Elson So,** USA
15:20-15:35	No: **Ilan Blatt,** Israel
15:35-15:45	Discussion and rebuttals
15:45-16:00	***Coffee Break***
16:00-17:40	**SESSION 12 | EPILEPSY: ADVANCED MRI; GENETICS**
Chairpersons:	**Tetyana Litovchenko** Ukraine & **Andrzej Rysz**, Poland
16:00-16:50	**Are genetic data likely to be of major importance in the personalized treatment of epilepsy patients?** *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?
16:00-16:10	Host: **Michael Sperling,** USA
16:10-16:25	Likely: **Samuel Berkovic,** Australia
16:25-16:40	Unlikely: **William Theodore,** USA
16:40-16:50	Discussion and rebuttals
16:50-17:40	**Should MRI scans undergo routinely post-processing if visual inspection is normal in people with epilepsy?**
	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?
16:50-17:00	Host: **Manuel Toledo,** Spain
17:00-17:15	Yes: **Matthias Koepp,** UK
17:15-17:30	No: **Elson So,** USA
17:30-17:40	Discussion and rebuttals
17:40-19:00	**Epilepsy Cases, Michael Sperling,** USA, and Faculty
	Capsule: Challenging cases will be presented to participants for discussion
END OF FRIDAY HALL B	

Friday April 05, 2019	**Hall C**
08:30-10:10	**SESSION 13 | STROKE: PREVENTION**
Chairpersons:	**Yvonne Schwammenthal**, Israel
08:30-09:20	**Is pollution a major contributor to acute stroke on a global scale?**
	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. Is there sufficient clinical evidence implicating pollution as a major modifiable risk factor for stroke and can it be reduced with preventative measures?
08:30-08:40	Host:
08:40-08:55	Pro: **Karl Matz,** Austria
08:55-09:10	Con: **Vida Demarin**, Croatia
09:10-09:20	Discussions and Rebuttals
09:20-10:10	**Is the polypill a valid concept for prevention of stroke?**
	Capsule: Most patients with stroke require treatment of multiple modifiable vascular risk factors. Does the development of a "polypill" that contains antithrombotic, antihypertensive and cholesterol-reducing drugs improve compliance to treatment and are such pills as effective as the individual drugs?
09:20-09:30	Host:

09:30-09:45	Pro: **Karl Matz,** Austria
09:45-10:00	Con: **Laszlo Csiba**, Hungary
10:00-10:10	Discussions and Rebuttals
10:10-10:25	***Coffee Break***
10:25-12:05	**SESSION 14 | ACUTE STROKE**
Chairpersons:	**Vitalii Goldobin**, Russia
10:25-11:15	**Collateral enhancement: Is there sufficient evidence to offer to patients with acute stroke?** *Capsule: The speed with which irreversible injury develops following an acute stroke is variable. The presence of good pial collateral arteries is perhaps the most important factor associated with slow progression of injury following an acute stroke. But is there sufficient evidence that collateral enhancement can improve stroke outcome and if can we apply such therapies in routine patient care.*
10:25-10:35	Host: **Natan Bornstein,** Israel
10:35-10:50	Yes: **Ashfaq Shuaib**, Canada
10:50-11:05	No: **Georgios Tsivgoulis**, Greece
11:05-11:15	Discussions and Rebuttals
11:15-12:05	**What is the best prevention strategy following acute stroke for patients with embolic strokes of undetermined source (ESUS): direct acting oral anticoagulants (DOACs) or anti-platelet medications?** *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.*
11:15-11:25	Host: **George Chrysant**
11:25-11:40	DOACs: **Georgios Tsivgoulis,** Greece
11:40-11:55	Antiplatelet: **Jonathan Streifler,** Israel
11:55-12:05	Discussions and Rebuttals
13:05-14:05	***Lunch Break***
14:05-15:45	**SESSION 15 | STROKE THERAPY**
Chairpersons:	**Maia Beridze,** Georgia
14:05-14:55	**Is the demonstration of a high number of cerebral microbleeds (CMBs) a contraindication to anticoagulant treatment?** *Capsule: Intracerebral hemorrhage (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 in not clear.* *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.*
14:05-14:15	Host: **Laszlo Csiba**, Hungary

14:15-14:30	Yes: **David Werring**, UK
14:30 -14:45	No: **Mahmut Edip Gurol**, USA
14:45-14:55	Discussions and Rebuttals
14:55-15:45	**Is there sufficient evidence for closure of patent foramen ovale (PFO) in ALL patients after TIAs and acute stroke?** *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.*
14:55-15:05	Host: **George Chrysant,** USA
15:05-15:20	Yes: **Krassen Nedeltchev**, Switzerland
15:20-15:35	No: **Jonathan Streifler,** Israel
15:35-15:45	Discussions and Rebuttals
15:45-16:00	***Coffee Break***
16:00-19:00	**SESSION 16 | STROKE**
Chairpersons:	**Zdravka Poljakovic,** Croatia & **Exuperio Diez Tejedor,** Spain
16:00-16:50	**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)** *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.*
16:00-16:10	Host: **Antonio Davalos**, Spain
16:10-16:25	Direct: **Natalia Perez de la Ossa**, Spain
16:25-16:40	PSC first: **Roni Eichel**, Israel
16:40-16:50	Discussions and Rebuttals
16:50-17:40	**Should thrombectomy be performed on extremes (mild stroke or low infarct volume).** *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 >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 (<5 NIHSS) or moderate to severe ischemic changes in the admission CT.*
16:50-17:00	Host: **Roni Eichel**, Israel
17:00-17:15	Pro: **Marc Ribo**, Spain
17:15-17:30	Con: **Ashfaq Shuaib,** Canada
17:30-17:40	Discussions and Rebuttals

17:40-18:30	**Should Secondary Stroke prevention include NOACs in addition to aspirin? (COMPASS)**
17:40-17:50	Host: **Natan Bornstein,** Israel
17:50-18:05	Pro: **Laszlo Csiba,** Hungary
18:05-18:20	Con:
18:20-18:30	Discussions and rebuttals
END OF FRIDAY HALL C	

Friday April 05, 2019	**Hall D**
07:40-10:10	**SESSION 17 | ALZHEIMER'S DISEASE (AD)**
Chairpersons:	**Nataliya Pryankova,** Ukraine & **Teodoro Del Ser,** Spain, **Francesca Giampieri**, Italy, **Latchezar Traykov**, Bulgaria **Mun Seong Choi**, Korea
07:40-08:30	**Is the evidence sufficient to recommend dietary interventions to reduce the risk of AD progression?** *Capsule: Extensive epidemiologic evidence implicated modifiable metabolic and dietary factors in increasing the risk of dementia, including AD, and several interventions have shown promise in early trials. Definitiev RCTs involving nurtritional interventions to prevent dementia are eagerly awaited, but what do we need to do meanwhile?*
07:40-07:50	Host: **Yvonne Freund-Levi,** Sweden
07:50-08:05	Yes: **Aron Troen,** Israel
08:05-08:20	No: **Tobias Hartmann,** Germany
08:20-08:30	Discussions and Rebuttals
08:30-09:20	**Have we got it all wrong? Amyloid cascade is not the key etiological factor in AD.**
08:30-08:40	Host: **Pasinetti**
08:40-08:55	Pro: **Ezio Giacobini**, Switzerland
08:55-09:10	Con: **Craig Ritchie**, UK
09:10-09:20	Discussion and rebuttals
09:20-10:10	**Is suspected non-amyloid pathology (SNAP) a pre-clinical state of AD?**
09:20-09:30	Host: **Tamas Revesz**
09:30-09:45	Pro: **Giancarlo Logroscino,** Italy
09:45-10:00	Con: **Lea Grinberg,** USA/Brazil
10:00-10:10	Discussion and rebuttals
10:10-10:25	***Coffee Break***
10:25-12:05	**SESSION 18 | RISK FACTORS FOR AD**
Chairpersons:	**Mee Young Park**, South Korea & **Latchezar Traykov**, Bulgaria
10:25-11:15	**Microglial activation is a non-specific reaction in AD and should not be a therapeutic target.**

	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?
10:25-10:35	Host: **Robert Perneczky**, Germany
10:35-10:50	Pro: **M. Llorens-Martin**, Spain
10:50-11:05	Con: **Roger Bullock**, UK
11:05-11:15	Discussion and rebuttals
11:15-12:05	**Is APOE4 really toxic in AD?**
	Capsule: The ε4 allele of apolipoprotein E (APOE) is the major genetic risk factor for AD. Many studies suggests that the differential effects of apoE isoforms on Aβ aggregation and clearance play the major role in AD pathogenesis. Inconsistent results among studies have made it difficult to define whether the APOE ε4 allele represents a gain of toxic function, a loss of neuroprotective function, or both.
11:15-11:25	Host: **David Knopman,** USA
11:25-11:40	Pro: **Danny Michaelson**, Israel
11:40-11:55	Con: **Illiya Lefterov**, USA
11:55-12:05	Discussion and rebuttals
13:05-14:05	***Lunch Break***
14:05-15:45	**SESSION 19 | MIXED DEMENTIA**
Chairpersons:	**Paulus Anam Ong**, Indonesia & **Judith Aharon**, Israel
14:05-14:55	**Vascular risk factor in AD - real or fake?**
	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?
14:05-14:15	Host: **Roger Bullock**
14:15-14:30	Real: **Jan Kassubek**, Germany
14:30 -14:45	Fake: **Giancarlo Logroscino**, Italy
14:45-14:55	Discussion and rebuttals
14:55-15:45	**There is no need to define dementia sub-types in older patients, as the majority have mixed pathologies anyway.**
	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 older patients have mixed dementia, is it worthwhile to attempt to make a diagnosis?
14:55-15:05	Host: **Pierre Krolak-Salmon,** France
15:05-15:20	Pro: **Pasquale Calabrese,** Switzerland
15:20-15:35	Con: **Michael Ewers,** Germany
15:35-15:45	Discussion and rebuttals
15:45-16:00	***Coffee Break***

16:00-19:00	**SESSION 20 | DEMENTIA CAUSES**
Chairpersons:	**Homa Ebrahimi,** Iran & **Nina Sofilkanych**, Ukraine
16:00-16:50	**The recent reduction of dementia incidence can be ascribed mainly to better management of hypertension, dyslipidemia and diabetes.** *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?*
16:00-16:10	Host: **Michael Ewers, Germany**
16:10-16:25	Yes: **Pablo Martinez Lage,** Spain
16:25-16:40	No: **Roger Bullock**, UK
16:40-16:50	Discussion and rebuttals
16:50-17:40	**Is herpes virus infection a risk factor for AD?** *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 implicated HSV in AD pathogenesis?*
16:50-17:00	Host: **Magda Tsolaki, Greece**
17:00-17:15	Yes: **Ruth Itzhaki,** UK
17:15-17:30	No: **Israel Steiner**, Israel
17:30-17:40	Discussion and rebuttals
17:40-18:30	**Is non-invasive brain stimulation (NIBS) useful for modulation of cognition in healthy seniors and MCI subjects?** *Capsule: Non-invasive brain stimulation (NIBS) techniques include particularly repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS) although other techniques of electrical stimulation can also be applied. While NIBS (and rTMS in particular) have been mostly used to treat pharmaco-resistant depression (FDA approved treatment), effects of NIBS on other neuropsychiatric symptoms including mild cognitive impairment have also been reported. Since NIBS techniques are rather safe, modulation of cognitive performance by NIBS has also been studied with some promising results in healthy seniors. The left dorsolateral prefrontal cortex is the most common target while stimulation of other brain areas is less studied despite potential distinct effects. Stimulation protocols tend to get intensified and studies combining NIBS with brain imaging and EEG may help to find an optimal candidate for NIBS, as well as an optimal stimulation target and stimulation protocol in an individual subject. However, the question remains: Is NIBS really useful for modulation of cognition in MCI and/or aged healthy subjects?*
17:40-17:50	Host: **Jack de la Torre,** Spain
17:50-18:05	Pro: **Irena Rektorova**, Czech Republic
18:05-18:20	Con: **Friedhelm Hummel,** Switzerland
18:20-18:30	Discussion and rebuttals
END OF FRIDAY HALL D	

07:00-09:00	**E-Poster Presentations- Amir Dori free communications** **Michael Ugryumov, Denis Pokhabov**
08:10-10:40	**SESSION 21 | ORTHOSTATIC HYPOTENSION IN PD: IMAGING**
Chairpersons:	**Fermin Segovia,** Spain, **G. Linazaroso**, Spain
08:10-09:00	**Neurogenic orthostatic hypotension is a major cause of disability in PD***.*
	Capsule:
08:10-08:20	Host: **Tatyana Slobodin**, Ukraine
08:20-08:35	Pro: **David Goldstein,** USA
08:35-08:50	Con: **Mike Samuel**
08:50-09:00	Discussion and rebuttals
Chairpersons:	**Mihaela Simu,** Romania
09:00-09:50	**Should cognitive disorders in older age be studied with FDG and Amyloid PET or with MRI and CSF evaluation?**
	Capsule:
09:00-09:10	Host: **Maria Sagrario Manzano,** Spain
09:10-09:25	Pro FDG: **Joseph Masdeu**, USA
09:25-09:40	Pro amyloid PET: **Pablo Martinez Lage,** Spain
09:40-09:50	Discussion and rebuttals
09:50-10:40	**DAT imaging with SPECT or PET in parkinsonism: which one to choose?**
09:50-10:00	Host: **Javier Arbizu,** Spain
10:00-10:15	Pro SPECT: **Pierre Payoux**, France
10:15-10:30	Pro PET: **Andrea Varrone**, Switzerland
10:30-10:40	Discussion and rebuttals
10:40-10:55	***Coffee Break***
10:55-12:35	**SESSION 22 | PD; PSYCHOSIS AND MOTOR FLUCTUATIONS**
Chairpersons:	**Victoria Gryb,** Ukraine, **Ruth de Diego-Balaguer**, Spain, **Javier Blesa**, Spain
10:55-11:45	**Treating PD psychosis early improves long-term outcomes.** *Capsule: Psychosis is commonly observed as a consequence of PD therapy. However the type of perceptual disturbance or thought content varies from patient to patient. The co-occurrence of depression, psychosis and dementia in patients with PD may indicate a more widespread pathological process affecting many neurotransmitter systems. Would early treatment of psychosis improve long-term outcomes?*
10:55-11:05	Host: **Nestor Galvez,** USA
11:05-11:20	Pro: **Daniel Kremens,** USA
11:20-11:35	Con: **Jaime Kulisevsky,** Spain
11:35-11:45	Discussion and rebuttals

11:45-12:35	**Gastrointestinal dysmotility is the major cause of motor fluctuations in PD.** *Capsule: Heiko Braak predicted that in most cases the gastrointestinal apparatus is first affected in PD. Impaired gastric emptying is certainly one cause for fluctuations in advanced disease. However, dopaminergic neurons depletion and limited levodopa storage are the classical causes of fluctuations. Then should we treat brain or should we treat stomach and gut in PD?*
11:45-11:55	Host: **Mark Lew,** USA
11:55-12:10	Pro: **Bogdan Popescu**, Romania
12:10-12:25	Con: **Esther Cubo**, Spain
12:25-12:35	Discussion and rebuttals
12:35-13:35	**Industry Sponsored Symposium (Not for CME)**
13:35-14:35	***Lunch Break***
13:35-14:20	**MTE: Insightec (PD/MD)**
14:35-16:15	**SESSION 23 | DYSKINESIAS**
Chairpersons:	**Mario Habek**, Croatia
14:35-15:25	**Medical treatment of dyskinesia is as effective as deep brain stimulation (DBS).** *Capsule: Dyskinesias affect a significant proportion of patients with PD, and is mostly observed after disease durations of several years. Levodopa-induced dyskinesias can be severe and disabling. Treatment approaches include deep brain stimulation and medical treatment. The presence of severe motor fluctuations and dyskinesias is one of the most important reason for clinicians to recommend deep brain stimulation in PD. Can medical treatment achieve a reduction of dyskinesias which is comparable to the effectiveness of deep brain stimulation?*
14:35-14:45	Host: **Fiona Gupta**, USA
14:45-15:00	Pro: **Vladimira Vuletic,** Croatia
15:00-15:15	Con: **Angela Deutschlaender,** USA
15:15-15:25	Discussion and rebuttals
15:25-16:15	**Tardive dyskinesia remains a common consequence of conventional antipsychotics.**
15:25-15:35	Host: **Pedro Garcia Ruiz Espiga**, Spain
15:35-15:50	Pro:
15:50-16:05	Con: **Cristian Falup-Pecurariu**, Romania
16:05-16:15	Discussion and rebuttals
16:15-16:30	***Coffee Break***
16:30-19:00	**SESSION 24 | ADVANCED DOPAMINERGIC THERAPIES IN PD**
Chairpersons:	
16:30-17:20	**Off time will disappear with longer acting levodopa formulations.** *Capsule: The so called "Honey Moon" period of good response to levodopa (LD) in PD disappears after 5-7 years. It has been suggested that, long-acting medications should prolong the good response, but of controlled-release LD formulations did not prolong the smooth response. The mechanisms responsible for the loss of smooth response are complex and include gastric emptying as well as pharmacokinetic and*

	pharmacodynamic factors. Could a better LD formulation solve the problem?
16:30-16:40	Host: **Georgia Xiromerisiou,** Greece
16:40-16:55	Pro: **Diego Santos Garcia,** Spain
16:55-17:10	Con: **Jaroslaw Slawek,** Poland
17:10-17:20	Discussion and rebuttals
17:20-18:10	**Subcutaneous apomorphine infusion should be used before other advanced therapies.** *Capsule: Subcutaneous apomorphine infusion is one of the most frequently used advanced therapies of motor symptoms of PD besides intrajejunal levodopa infusions and PD surgery (deep brain stimulation, DBS). In addition to motor symptoms some non-motor symptoms of PD can also be improved by this treatment, particularly depression. Unlike DBS, apomorphine and levodopa infusions may be indicated event in patients with mild cognitive impairment. Because of distinct side effects of each of the treatment procedures, the individual PD symptoms profile should be carefully assessed and the choice of treatment should be discussed with the patient and family in order to choose an optimal treatment option for each advanced therapy candidate. Subcutaneous application of apomorphine is the least invasive option that can be introduced and stopped easily. Should we use apomorphine infusions prior to introducing DBS surgery or intrajejunal levodopa infusions?*
17:20-17:30	Host: **Irena Rektorova**, Czech Republic
17:30-17:45	Pro: **Pedro Garcia Ruiz Espiga**, Spain
17:45-18:00	Con: **Juan Carlos Martinez Castrillo**, Spain
18:00-18:10	Discussion and rebuttals
18:10-19:00	**Development of non-dopaminergic therapies is a greater unmet need than dopaminergic treatments.**
18:10-18:20	Host: **Gennaro Pagano**, UK
18:20-18:35	Pro: **Abdelhamid Benazzouz,** France
18:35-18:50	Con: **Maria Rodriguez-Oroz**, Spain
18:50-19:00	Discussion and rebuttals
END OF SATURDAY HALL A	

Saturday April 06, 2019	**Hall B**
07:00-09:00	**E-Poster Presentations**
09:00-10:40	**SESSION 25 | HEADACHE: CONCEPT AND MECHANISMS**
Chairpersons:	**Krystyna Mitosek-Szewczyk,** Poland & **Gabriela Mihăilescu,** Romania
09:00-09:50	**Migraine with aura and migraine without aura are the same disease.** *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?*
09:00-09:10	Host: **Dimos Mitsikostas,** Greece
09:10-09:25	Yes: **Isabel Pavao Martins,** Portugal
09:25-09:40	No: **Margarita Sanchez-del-Rio**, Spain

09:40-09:50	Discussion and rebuttals
09:50-10:40	**Does the blood brain barrier (BBB) open during a migraine attack?** *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.*
09:50-10:00	Host: **Jose Miguel Lainez,** Spain
10:00-10:15	Yes: **Pablo Irimia Sieria,** Spain
10:15-10:30	No: **Messoud Ashina,** Denmark
10:30-10:40	Discussion and rebuttals
10:40-10:55	***Coffee Break***
10:55-12:35	**SESSION 26 | NON-PHARMACOLOGICAL TREATMENT FOR HEADACHE**
Chairpersons:	**Judit Afra,** Hungary**, Maria Magdalena, Wysocka-Bakowsa,** Poland
10:55-11:45	**Electrical stimulation will replace medications for the treatment of cluster headache.** *Capsule: Neurostimulation is a rapidly growing field in headache disorders and provides an alternative therapeutic option particularly for cluster headache.*
10:55-11:05	Host: **Jack Schim,** USA
11:05-11:20	Yes: **Licia Grazzi,** Italy
11:20-11:35	No: **Giorgio Lambru,** UK
11:35-11:45	Discussion and rebuttals
Chairpersons:	**Ruta Mameniskiene**, Lithuania & **Elliot Gross,** USA
11:45-12:10	**Update on monoclonal antibody therapies and CGRP receptor antagonists in primary headache- Messoud Ashina,** Denmark
12:10-12:35	**Pipeline in headache treatment- Alan Rapoport,** USA
13:35-14:35	***Lunch Break***
14:35-16:15	**SESSION 27 | HEADACHE THERAPY**
Chairpersons:	**Angel Guerrero,** Spain & **George Chakhava**, Georgia, & **Jesus Porta-Etessam**, Spain
14:35-15:25	**Cognitive-behavioral therapy and biofeedback training are as effective as preventive medication in some patients.** *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?*
14:35-14:45	Host: **Robert Shapiro,** USA
14:45-15:00	Yes: **Steve Baskin,** USA
15:00-15:15	No: **Mark Braschinsky,** Estonia
15:15-15:25	Discussion and rebuttals

15:25-16:15	**Monoclonal antibodies to CGRP will become first line treatment not only for migraine but also for episodic cluster headache**
	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.
15:25-15:35	Host: **Christian Lampl,** Austria
15:35-15:50	Yes: **Lars Edvinsson,** Sweden
15:50-16:05	No: **Jose Miguel Lainez.** Spain
16:05-16:15	Discussion and rebuttals
16:15-16:30	***Coffee Break***
16:30-19:00	**SESSION 28 | HEADACHE DIAGNOSIS**
Chairpersons:	**Parisa Gazerani,** Denmark & **Ermal Kurmaku**, Albania
16:30-17:20	**Computers can diagnose cluster headache better than the average doctor**
	Capsule: Personalized medicine (patient and doctor in the same room) is rapidly being replaced by modern e-techniques and information technology tools
16:30-16:40	Host: **Min Kyung Chu,** South Korea
16:40-16:55	Yes: **Robert Cowan,** USA
16:55-17:10	No: **Giorgio Lambru,** UK
17:10-17:20	Discussion and rebuttals
17:20-18:10	**Thunderclap headache: Do we need more than head CT and lumbar puncture?**
	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?
17:20-17:30	Host: **Robert Cowan,** USA
17:30-17:45	Yes: **Christian Lampl,** Austria
17:45-18:00	No: **Julio Pascual,** Spain
18:00-18:10	Discussion and rebuttals
Chairpersons:	**Theodoros Constantinidis,** Greece, **Elsa Parreira,** Portugal
18:10-19:00	**Medical cannabis is effective in chronic headache**
	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.
18:10-18:20	Host: **Manjit Matharu,** UK
18:20-18:35	Yes: **Brian McGeeney,** USA
18:35-18:50	No: **Dimos Mitsikostas,** Greece
18:50-19:00	Discussion and rebuttals
END OF SATURDAY HALL B	

07:00-09:00	**E-Poster Presentations**
09:00-10:40	**SESSION 29 | NEUROIMMUNOLOGY: MYASTHENIA GRAVIS (MG) AND APLA SYNDROME**
Chairpersons:	**Nana Kvirkvelia**, Georgia & **Rina Aharoni**, Israel
09:00-09:50	**Treatment of refractory MG.** *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 in refractory MG considering its excessive cost of at least $500,000 per year?*
09:00-09:10	Host: **Bruno Gran,** UK
09:10-09:25	Yes: **Renato Mantegazza,** Italy
09:25-09:40	Use Eculizumab only when all immunotherapies and biologics, including rituximab, have failed; stop eculizumab quickly if response is inadequate:
09:40-09:50	Discussion and rebuttals
09:50-10:40	**Should immunotherapy be part of first line treatment in APLA syndrome?**
09:50-10:00	Host**: Abhijit Chaudhuri**, UK
10:00-10:15	Pro: **Joab Chapman,** Israel
10:15-10:30	Con: **Francesc Graus,** Spain
10:30-10:40	Discussion and rebuttals
10:40-10:55	***Coffee Break***
10:55-12:35	**SESSION 30 | NEUROIMMUNOLOGY**
Chairpersons:	
10:55-11:45	**Immunosuppresive/immunomodulating treatment in autoimmune limbic encephalities - when to stop? Based on clinical status or based on lab data?**
10:55-11:05	Host: **Friedemann Paul,** Germany
11:05-11:20	Clinical state: **Jacek Losy,** Poland
11:20-11:35	Lab data: **Angela Vincent,** UK
11:35-11:45	Discussion and rebuttals
11:45-12:35	
11:45-11:55	
11:55-12:10	
12:10-12:25	
12:25-12:35	
13:35-14:35	***Lunch Break***
14:35-16:00	**SESSION 31 | NEUROMYELITIS OPTICA (NMO): WHEN TO STOP TREATMENT**

Chairpersons:	
14:35-15:10	**The future of NMO treatment is immune tolerance, not immunosuppression.**
14:35-14:45	Host: **Anu Jakob,** UK
14:45-15:00	Pro: **Brian Weinshenker**, USA
15:00-15:15	Con: **Hans Peter Hartung**
15:15-15:10	Discussion and rebuttals
15:10-16:00	**Should non-steriodal immunosuppression should be used in pregnant patients with NMO?**
15:10-15:20	Host: **Daniel Benitez-Ribas,** Spain
15:20-15:35	No: **Abhijit Chaudhuri**, UK
15:35-15:50	Yes: **Brian Weinshenker,** USA
15:50-16:00	Discussion and rebuttals
16:00-16:15	***Coffee Break***
16:15-17:55	**SESSION 32 | NEUROMYELITIS OPTICA (NMO): WHEN TO STOP TREATMENT**
Chairpersons:	
16:15-17:05	**Immune suppression treatments can be withheld in NMO patients who have prolonged stability.**
16:15-16:25	Host: **Brian Weinshenker,** USA
16:25-16:40	Pro: **Hans Peter Hartung, Germany**
16:40-16:55	Con: **Andrzej Glabinski**, Poland
16:55-17:05	Discussion and rebuttals
17:05-17:55	
17:05-17:15	
17:15-17:30	
17:30-17:45	
17:45-17:55	
END OF SATURDAY HALL C	

Saturday April 06, 2019	**Hall D**
07:00-09:00	**E-Poster Presentations**
08:30-10:40	**SESSION 33 | NEUROREHABILITATION OF COGNITIVE FUNCTION**
Chairpersons:	
08:30-09:00	**Advances in neurorehabilitation science: the role of biomarkers as prognostic factors. Dafin Muresanu,** Romania

09:00-09:50	**Paving the way to successful neurorehabilitation after stroke: is thromolysis enough?**
09:00-09:10	Host: **Dafin Muresanu,** Romania
09:10-09:25	No: Thrombolysis/thrombectomy therapy for acute ischemic stroke may be enhanced when employed in combination with multi-modal therapeutic agents. **Michael Chopp**, USA
09:25-09:40	Yes: **Ovidiu Bajenaru,** Romania
09:40-09:50	Discussion and rebuttals
09:50-10:40	**Spinal Cord Injury: immediate spinal decompression surgery or comprehensive conservative approach?** *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 treatmen immediately after the trauma.*
09:50-10:00	Host: **Dafin Muresanu,** Romania
10:00-10:15	Pro Conservative: **Avi Ohry,** Israel
10:15-10:30	Con Surgical: **Natacha Leon,** Spain
10:30-10:40	Discussion and Rebuttals
10:40-10:55	**Coffee Break**
10:55-12:35	**SESSION 34 | NEUROREHABILITATION OF COGNITIVE FUNCTION**
Chairpersons:	
10:55-11:45	**Should we prefer a personalized cognitive home-based rehabilitation therapy for the brain damaged, over the traditional hospital-based comprehensive integrative approach?** *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.*
10:55-11:05	Host: **Dafin Muresanu,** Romania
11:05-11:20	Yes: **José M. Cogollor,** Spain
11:20-11:35	No: **Avi Ohry,** Israel
11:35-11:45	Discussion and Rebuttals
11:45-12:35	**What is the best strategy for cognitive rehabilitation after stroke?**
11:45-11:55	Host: **Jose Leon-Carrion**, Spain- ASK NATACHA LEON HIS CONTACT DETAILS
11:55-12:10	Classical techniques based on patient-therapist direct interaction: **Jozef Opara**, Poland
12:10-12:25	E-Health information and communication technology: **Jose Cogollor**, Spain
12:25-12:35	Discussion and rebuttals
13:35-14:20	**Lunch Break**
14:20-16:00	**SESSION 35 | NEURODEGENERATIVE DISEASES**
Chairpersons:	**Andrzej Bogucki,** Poland**, Juan Fortea**, Spain
14:20-15:10	**As corticobasal degeneration (CBD) and progressive supranuclear palsy (PSP) are both 4-repeat**

	tauopathies, are CBD and PSP interchangeable terms?
	Capsule: CBD and PSP are tauopathies with rather heterogenous clinical presentations, in which the characteristic neuronal and glial inclusions are composed of 4-repeat tau isoforms. Although there are significant similarities in the biochemical and neuropathological features of these two conditions, the differences are distinct, which underpins the notion that CBD and PSP are different diseases rather two manifestations of a spectrum disorder. This may have implications for designing future disease-modifying therapies.
14:20-14:30	Host: **Isidro Ferrer,** Spain
14:30-14:45	Pro: **Lea Grinberg**, USA/Brazil
14:45-15:00	Con: **Tamas Revesz**, UK
15:00-15:10	Discussions and rebuttals
15:10-16:00	**Neurofilament low (NF-L) is a reflection of neurodegeneration, and is a non specific diagnostic marker.**
	Capsule:
15:10-15:20	Host:
15:20-15:35	Pro: **David Leppert,** Switzerland
15:35-15:50	Con: **Axel Petzold,** Netherlands/UK
15:50-16:00	Discussions and rebuttals
16:00-16:15	
16:15-19:00	**SESSION 36 | NEURODEGENERATIVE DISEASES**
Chairpersons:	**Francesca Pistollato,** Spain
16:15-17:05	**Can stress and anxiety cause neurodegeneration?**
	Capsule:
16:15-16:25	Host:
16:25-16:40	Yes:
16:40-16:55	No:
16:55-17:05	Discussion and rebuttals
17:05-17:55	**Are microbiota reasonable targets in the therapy of neurodegenerative diseases?**
	Capsule: The human microbiome consists of trillions of commensal microbes, including bacteria, fungi, and viruses, which naturally reside within the human body and have been documented to affect epigenetic mechanisims, metabolic activity, and immune system function. Is there enough evidence to implicate the microbiome in neurodegenerative diseases?
17:05-17:15	Host: **Maria Carmen Cenit**, Spain
17:15-17:30	Yes: **Bogdan Popescu,** Romania
17:30-17:45	No: **Peter Jenner,** UK
17:45-17:50	Discussion and rebuttals
17:50-19:00	**Round table discussion: Glia are centrally involved in the pathogenic process of degenerative diseases and should be a therapeutic target**
	Speakers: **Antonio Federico,** Italy**, Peter Jenner,** UK **, Roger Bullock,** UK**, Rafael Franco,** Spain; **Fernando de Castro**, Spain; **Lea Grinberg**, USA/Brazil

END OF SATURDAY HALL D	

Sunday April 07, 2019	**Hall A**
07:00-08:00	**E-Poster Presentations**
08:00-10:00	**SESSION 37 | COPPADIS MEETING**
Chairpersons:	**Juan Carlos Martínez Castrillo,** Spain & **Jaime Kulisevsky**, Spain
08:00-08:30	COPPADIS-2015. Justification, objective and general aspects of the Project: **Diego Santos Garcia,** Spain
08:30-08:50	Non-motor symptoms in PD: frequency, types and correlated factors. **Lluis Planellas Gine,** Spain
08:50-09:10	Depression (BDI-II) in PD: prevalence, types, and variables. **Miguel Aguilar Barberá**, Spain
09:10-09:30	Impulse control disorders and compulsive behaviours in PD. **Silvia Jesús Maestre**, Spain
09:30-09:50	Factors affecting quality of life in patients with Parkinson´s disease: motor vs non-motor symptoms. **Pablo Martínez Martín**, Spain
09:50-10:00	Conclusion and future directions: **Diego Santos Garcia,** Spain, **Juan Carlos Martínez Castrillo,** Spain & **Jaime Kulisevsky**, Spain
10:00-10:15	***Coffee Break***
10:15-11:05	**SESSION 38 |**
Chairpersons:	**Carme Junque**, Spain, **Lydia Vela,** Spain
10:15-11:05	**Wearable technology devices will replace clinical PD motor assessments.**
	Capsule:
10:15-10:25	Host: **Rajesh Pahwa,** USA
10:25-10:40	Pro: **Esther Cubo,** Spain
10:40-10:55	Con: **Pablo Martinez-Martin,** Spain
10:55-11:05	Discussion and rebuttals
11:05-13:00	**SESSION 39 | PD**
Chairpersons:	**Xiana Rodríguez Osorio**, Spain
11:05-13:00	**Vascular parkinsonism is a useful clinical entity.**
	Capusle:
11:05-11:15	Host**: Fatta Nahab,** USA
11:15-11:30	Pro: **Ivan Rektor,** Czech Republic
11:30-11:45	Con: **Oleg Levin,** Russia
11:45-11:55	Discussion and rebuttals
11:55-13:00	**Round table discussion: What is 'advanced PD' and how to select the best advanced treatment (apomorphine vs duodopa vs DBS)?**
	Host: **Mike Samuel,** UK
	Participants: **Sharon Hassin-Baer,** Israel; **Mihaela Simu,** Romania; **Jaroslaw Slawek**, Poland, **Mónica M Kurtis,** Spain

13:00-13:15	**CLOSING CEREMONY:** Invitation to CONy 2020 Poster Awards

Sunday April 07, 2019	**Hall B**
07:00-8:00	**E-Poster Presentations** **Free Communications PME**
08:00-10:00	**SESSION 40 | PROGRESSIVE MYOCLONUS EPILEPSIES (PME)**
Chairpersons:	**Zaid Afawi,** Israel, **Rimma Gamirova**, Russia
08:00-8:30	Welcome, introduction, learning objectives: **Jose Serratosa**, Spain
08:30-09:00	PMEs: Clinical diagnosis, new forms and epilepsies on the borderland: **Samuel Berkovic**, Australia
09:00-09:30	Lafora disease: Neurobiology and new therapeutic strategies: **Jose Serratosa**, Spain Enzyme replacement therapy for CLN2: **Marina Trivisano,** Italy
09:30-10:00	Management of MERRF patients including myoclonic epilepsy: **Josef Finsterer,** Austria
10:00-10:15	***Coffee Break***
10:15-11:15	**Meet the Expert Sessions**
11:15-13:00	**SESSION 41 | PME: NEUROBIOLOGY AND TREATMENT**
Chairpersons:	**Eva Andermann**, Canada
	Emerging drugs for the treatment of PME: **Pasqual Striano** Free Communications PME

Sunday April 07, 2019	**Hall C**
07:00-08:00	**E-Poster Presentations**
08:00-10:00	**SESSION 42 | AMYOTROPHIC LATERAL SCLEROSIS (ALS)**
Chairpersons:	**Nana Kvirkvelia**, Georgia, **Juan Francisco Vazquez-Costa,** Spain
08:00-08:50	**Is the incidence of ALS increasing?**
08:00-08:10	Host: **Javier Riancho,** Spain
08:10-08:25	Pro**: Ammar Al-Chalabi,** UK
08:25-08:40	Con: **Ettore Beghi,** Italy
08:40-08:50	Discussion and rebuttals
08:50-10:00	**Should we offer a genetic test to all ALS patients?**
08:50-09:00	Host: **Benedicte Paus,** Norway

09:00-09:15	Yes:
09:15-09:30	No: **Vivian Drory,** Israel
09:30-09:40	Discussion and rebuttals
10:00-10:15	***Coffee Break***
10:15-11:05	**SESSION 43**
Chairperson:	
10:15-11:05	**Is fronto-temporal dementia a nosologic entity distinct from ALS?**
10:15-10:25	Host: **Daniel Drubach,** USA
10:25-10:40	Yes: **Lea Grinberg,** USA/Brazil
10:40-10:55	No: **Vivian Drory,** Israel
10:55-11:05	Discussion and rebuttals
11:05-12:45	**SESSION 44 | ALS**
Chairperson:	**Jesus Mora,** Spain
11:05-11:55	**Is statistical significance sufficient for recommending the use of a drug for ALS patients?**
11:05-11:15	Host: **Lucie Bruijn**, USA (been calling no answer 1 7274120234)
11:15-11:30	Yes: **Albert Ludolph**, Germany
11:30-11:45	No:
11:45-11:55	Discussion and rebuttals
11:55-12:45	**Is heavy physical exercise a risk factor for ALS?**
11:55-12:05	Host: **Ettore Beghi,** Italy
12:05-12:20	Pro: **Philippe Couratier**, France
12:20-12:35	Con: **Orla Hardiman,** Ireland
12:35-12:45	Discussion and rebuttals