Updated February 3, 2026 – V3

THURSDAY, MARCH 26th,2026		
08:00-09:40	**MS**	**HALL A**
Chairs:	**Andrijana Bogoje Raspopović**, Croatia	
08:00-08:50	**Sun exposure should be recommended to MS patients**	
	***Capsule**: While observational studies suggest that increased sun exposure, particularly during childhood and before MS onset, may lower both the risk of developing MS, the issue remains unresolved. Critics caution that heat from solar radiation may exacerbate neurological symptoms via Uhthoff's phenomenon, and that prolonged UV exposure elevates the risk of skin cancer, making supplementation or safer interventions potentially preferable. Balancing potential immunological benefits with thermal and carcinogenic hazards continues to fuel discussion among the MS community*	
08:00-08:10	Moderator: **Klaus Schmierer**, UK Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Marcin Mycko**, Poland	
08:25-08:40	No: **Maura Pugliatti**, Italy	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:00-08:50	**European Charcot Foundation (MS)**	**HALL D**
Chairs:	**Hans-Peter Hartung,** Germany	
08:00-08:10	**Engineering T cells to combat MS – new treatments on the horizon, Hans-Peter Hartung,** Germany	
08:10-08:25	**Mechanisms of neuronal degeneration in MS, Krzysztof W. Selmaj,** Poland	
08:25-08:35	**Targeting the master switch: Frexalimab in MS, Hans-Peter Hartung,** Germany	
08:35-08:50	**Cognition in MS, Maria Pia Amato,** Italy	
	MS	**HALL A**
08:50-09:40	**Cell-based therapies (AHST, CAR-T) outperform the leading MS therapies**	
	***Capsule**: Based on neuropathological, neuroimmunological and clinical knowledge gain disease modifying therapies have increasingly changed the therapeutic landscape for MS over the past 30 years. The target (and mode of action) of currently approved therapies is the inflammatory process of MS. Given the scientific advances in deeper understanding of key cellular inflammatory players, but also by substantial methodological/technical developments, new therapeutic strategies and options are to be expected (and even mandatory). In addition, the current practice and need to continue treatment over many years or even decades, awake the desire for short-term or even single-term effective treatment regimen that intend to reverse autoimmunity in affected individuals. Are we there yet*	
08:50-09:00	Moderator: **Thomas Berger**, Austria Introduction and Pre-Debate Voting	
09:00:09:15	Yes: TBD	
09:15-09:30	No**: Celia Oreja-Guevara**, Spain	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	

THURSDAY, MARCH 26th,2026		
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-10:45	**Opening Ceremony and Best e-Poster awards**	**HALL A**
Chairs:	**Amos Korczyn**, Israel**; Alina Kulakowska,** Poland, **Natan Bornstein**, Israel	
10:10-10:15	Welcome to CONy 2026 - **Natan Bornstein**, Israel; **Amos Korczyn**, Israel	
10:15-10:20	Welcome address – **Konrad Rejdak**, Poland	
10:20-10:25	Best e-Poster Award - **Natan Bornstein**, Israel	
10:25-10:45	CONy Excellence in Neurology - *presented by **Natan Bornstein**, Israel*	
10:45-11:45	**Plenary Session**	**HALL A**
Chairs:		
10:45-11:15 11:15-11:45	Unraveling controversies of treatment and real-world care **Maria Carrillo**, USA Polish Neurology – From its Origins to Today and Beyond **Alina Kulakowska,** Poland	
11:45-12:45	**Industry Sponsored Symposium**	**HALL A**
12:45-14:00	**Lunch Break, Exhibition & ePosters Visits**	
14:00-15:40	**MS (continued)**	**HALL A**
Chairs:	**Iwona Kurkowska-Jastrzębska**, Poland, **Mariusz Stasiołek**, Poland	
14:00-14:50	**LP is redundant for MS diagnosis**	
	***Capsule**: For many years, even when MRI was not available as a diagnostic tool, lumbar puncture (LP) has been the key test for diagnosing multiple sclerosis (MS). The presence of intrathecal olig Leocani oclonal bands production, as confirmed by parallel CSF and serum testing, is one of the most reliable biomarkers of the disease (lacking specificity, yet present in up to 90% of MS patients). With publication of the most recent 2024 McDonald diagnostic criteria for MS, the balance has been shifted towards novel MRI biomarkers (CVS, PRLs), which make it easier to diagnose MS in patients without performing LP. While it is emphasized that MRI is necessary for diagnosing MS, there is no such remark for CSF examination. On the other hand, KFLC (CSF and serum) were introduced for the first time into the criteria to be used interchangeably with Oligoclonal Bands. Although optional, LP may still be required if the clinical picture is atypical or a high number of red flags has been identified for a specific patient*	
14:00-14:10	Moderator: **Alicja Kalinowska,** Poland Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Nikos Evangelou**, UK	
14: 25-14:40	No: **Thomas Berger**, Austria	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	

THURSDAY, MARCH 26th,2026		
14:50-15:40	**Visual evoked potentials are more valuable than OCT in detecting and monitoring optic nerve pathology in MS**	
	***Capsule**: Optic neuritis (ON) is a common clinical manifestation at onset (up to 35%) and during disease course of multiple sclerosis (MS). However, apart from its common occurrence in and by MS, ON may be caused by a plethora of other differential diagnoses, thus, careful and expertised examinations are mandatory to establish the correct diagnosis. The 2024 revised McDonald diagnostic MS criteria yet recognized both, frequency and diagnostics of ON, and included the optic nerve as fifth anatomical location to demonstrate dissemination in time and recommended three diagnostic options (MRI, VEP, OCT) to proof evidence of optic nerve pathology. The following debate will discuss the values of VEP and OCT regarding informations obtained, standardization, availability and usability in clinical routine setting for either method.*	
14:50-15:00	Moderator: **Maura Pugliatti**, Italy Introduction and Pre-Debate Voting	
15:00-15: 15	Yes: **Monika Adamczyk-Sowa**, Poland	
15:15-15:30	No: **Letizia Leocani**, Italy	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	
15:40-16:10	**Coffee Break, Exhibition & ePosters Visits**	
16:10-17:50	**MS (continued)**	**HALL A**
Chairs:	**Jacek Losy**, Poland, **Mikołaj Pawlak**, Poland	
16:10-17:00	**Treatment strategies are now available to mitigate diability progression in MS**	
	***Capsule**: Magnetic resonance imaging is indispensable in multiple sclerosis, yet the question of optimal field strength remains contentious. Proponents of low-field MRI emphasize accessibility, affordability, and potential for widespread adoption in routine care, while high-field MRI offers superior resolution and advanced techniques that drive research progress. However, most neurologists will never be directly exposed to either low- or high-field scanners in their daily practice, which makes the debate over field strength feel less immediately significant to patient management. Whether this discussion is truly relevant or not remains an open question—one that this debate aims to explore*	
16:10-16:20	Moderator: **Celia Oreja-Guevara**, Spain Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Alicja Kalinowska,** Poland	
16:35-16:50	No: **Klaus Schmierer**, UK	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	

THURSDAY, MARCH 26th,2026	
17:00-17:50	**Combination therapies in MS are ready for prime time**
	***Capsule**: With so many DMTs having various modes of action and therapeutic targets for a highly heterogeneous disease such as MS, and with the promise of BTKi's that target smoldering disease and may complement other DMTs that target mainly relapsing/inflammatory biology, combining 2 or more DMTs seems rational and timely. On the other hand, combination therapy in MS has limitations and obstacles such as antagonizing rather than additive effects, additive toxicities, tolerability and adherence issues, paucity of level-1 evidence, complex design/logistics of clinical trials, cooperation across sponsors, high cost and other regulatory and ethical issues*
17:00-17:10	Moderator: **Nikos Evangelou**, UK Introduction and Pre-Debate Voting
17:10-17:25	Yes: **Ron Milo**, Israel
17:25-17:40	No: **Friedemann Paul**, Germany
17:40-17:50	Discussion, Rebuttals and Post-Debate Voting
17:50	**Networking Reception**

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

THURSDAY, MARCH 26th, 2026		
16:10-17:50	**Alzheimer's Disease (AD) & Dementia (continued)**	**HALL B**
Chairs:		
16:10-17:00	**Is the biological definition of AD ready for clinical practice?**	
	***Capsule**: The biological definition of AD, based on the AT(N) biomarker framework, marks a paradigm shift from symptom-based diagnosis to one grounded in measurable pathology. While this approach enhances diagnostic precision and supports early intervention strategies, its readiness for routine clinical use remains debated. Concerns include the psychological impact of diagnosing asymptomatic individuals, variability in biomarker interpretation, and limited longitudinal data on progression risk. Some experts recommend that biomarker-based definitions be used cautiously and primarily within research or specialized settings and argue that a combined clinical-biological construct may offer a more balanced and ethically sound approach for real-world practice. However, other experts favour biology over symptoms*.	
16:10-16:20	Moderator: **Malu Tansey,** USA Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Zvezdan Pirtošek**, Slovenia	
16:35-16:50	No: **Joanna Siuda,** Poland	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00-17:50	**Are the Cholinesterase inhibitors obsolete**	
	Capsule: *Cholinesterase inhibitors (donepezil, rivastigmine, galantamine) remain widely used symptomatic treatments in Alzheimer's disease and some other dementias, with modest average benefits in cognition, function and behavioural symptoms—yet highly variable individual response. In the current era of biomarker-driven diagnosis, disease-modifying therapies, and stronger focus on real-world outcomes, their relevance is challenged by small effect sizes and tolerability concerns (gastrointestinal side effects, weight loss, bradycardia/syncope and falls), particularly in frail, multimorbid patients or advanced disease. Supporters argue they are not "obsolete" but require smarter use: careful patient selection, realistic treatment goals, structured monitoring of benefit, and timely deprescribing when harms outweigh gains or meaningful benefit is absent. The debate therefore centres on value in practice—who truly benefits, how to combine with newer therapies, and when to stop*	
17:00-17:10	Moderator: **Zvezdan Pirtošek**, Slovenia Introduction and Pre-Debate Voting	
17:10-17:25	Yes**: Magda Tsolaki**, Greece	
17:25-17:40	No: **Lon Schneider**, USA	
17:40-17:50	Discussion, Rebuttals and Post-Debate Voting	
17:50	**Networking Reception**	

THURSDAY, MARCH 26th , 2026		
08:00-09:40	**Parkinson's Disease (PD) I**	**HALL C**
Chairs:	**Voktoria Gyrb**, Ukraine	
08:00-08:50	**Is focused ultrasound (FUS) subthalamotomy a better treatment for parkinson's disease than deep brain stimulation?**	
	Capsule*: Focused ultrasound has emerged as a non surgical alternative to deep brain stimulation (DBS) for treating Parkinson's disease. Advocates highlight its incisionless approach and immediate effects, while critics point to concerns about irreversibility, safety, and durability of benefit. DBS, in contrast, offers adjustability and long-term data but requires invasive surgery and hardware implantation. This session will debate whether focused ultrasound can rival or surpass DBS as the preferred intervention.*	
08:00-08:10	Moderator: **Avner Thaler**, Israel **Introduction** and Pre-Debate Voting	
08:10-08:25	Yes: **Ilana Schlesinger**, Israel	
08:25-08:40	No: **Michael Okun**, USA	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**When should we prescribe deep brain stimulation (DBS): Before or after the onset of motor fluctuations**	
	Capsule*: When is the optimal time to prescribe deep brain stimulation (DBS)? Should it be before or after the onset of motor fluctuations? This remains a point of active debate, with some advocating for earlier intervention to protect quality of life, while others raise concerns about durability, risks, and uncertainty in predicting progression. Current research highlights a major gap: there is no consensus on patient selection criteria or clear guidance on offering DBS before motor fluctuations emerge. This session will explore the evidence, controversies, and future directions in defining the best timing for DBS.*	
08:50-09:00	Moderator: **Michael Okun**, USA Introduction and Pre-Debate Voting	
09:00:09:15	Before: **Nicola Pavese**, UK	
09:15-09:30	After: **Irena Rektorova**, Czech Republic	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-10:45	**Opening Ceremony and Best e-Poster awards**	**HALL A**
Chairs:	**Amos Korczyn**, Israel; **Alina Kulakowska,** Poland, **Natan Bornstein**, Israel	
10:10-10:15	Welcome to CONy 2026 - **Natan Bornstein**, Israel; **Amos Korczyn**, Israel	
10:15-10:20	Welcome address – **Konrad Rejdak**, Poland	
10:20-10:25	Best e-Poster Award - **Natan Bornstein**, Israel	
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THURSDAY, MARCH 26th , 2026		
10:45-11:45	**Plenary Session**	**HALL A**
Chairs:		
10:45-11:15 11:15-11:45	Unraveling controversies of treatment and real-world care **Maria Carrillo**, USA Polish Neurology – From its Origins to Today and Beyond **Alina Kulakowska**, Poland	
11:45-12:45	**Industry Sponsored Symposium**	**HALL A**
12:45-14:00	**Lunch Break, Exhibition & ePosters Visits**	
14:00-15:50	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:		
14:00-14:50	**The SynNeurGe staging system for PD classification will move the field closer to the precision medicine required to develop disease-modifying therapies**	
	***Capsule**: Two new frameworks, the Neuronal α-Synuclein Disease-Integrated Staging System (NSD-ISS) and the SynNeurGe research diagnostic criteria have been proposed to redefine Parkinson's disease progression. NSD-ISS emphasizes clinicopathological staging of α-synuclein pathology, while SynNeurGe aims to classify PD biologically across synuclein, neuronal, and genetic dimensions. Supporters consider this direction as essential for precision medicine, however critics question clinical utility and implementation. This session will debate the strengths, limitations, and future impact of each of these competing systems and which is the better long-term approach for the field of Parkinson's disease.*	
14:00-14:10	Moderator: **Irena Rektorova**, Czech Republic Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Sharon Hassin-Baer**, Israel	
14:25-14:40	No: TBD	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:40	**Should alpha-synuclein's be targeted for PD therapies or is it time to move on?**	
	***Capsule**: Presence of alpha synuclein (α-Syn) containing Lewy bodies drives dopaminergic loss which is supported by genetic links (SNCA-mutations). Its seeding capacity in pre-clinical models still makes α-Syn as a potential therapeutic target in PD. Therapies targeting its aggregation via antibodies and vaccines are in the clinical trials. However, the recent clinical trials targeting alpha synuclein misfolding and involving monoclonal antibody against α-Syn failed to provide clear end points. Therefore, it remains unclear whether α-Syn should remain a primary therapeutic target or whether it is time to move on.*	
14:50-15:00	Moderator: **Irena Rektorova**, Czech Republic Introduction and Pre-Debate Voting	
15:00-15:15	Alpha-synuclein's: **Amit Khairnar**, Czech Republic	
15:15-15:30	Move on: **Sharon Hassin-Baer**, Israel	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	
15:40-16:10	**Coffee Break, Exhibition & ePosters Visits**	

THURSDAY, MARCH 26th , 2026		
16:10-17:50	**Parkinson's Disease (PD) I (continued)**	**HALL C**
Chairs:		
16:10-17:00	**Fecal microbiota transplantation for the gut-brain axis in PD**	
	***Capsule**: Fecal microbiota transplantation (FMT) has emerged as a potential way to probe the gut-brain axis in Parkinson's disease, where gastrointestinal changes have been documented in some cases to precede motor symptoms. While evidence supports a link between gut microbiota and early PD pathology, whether this relationship is causal remains uncertain. Critics caution that the gut-brain hypothesis may be overstated especially in the absence of robust longitudinal data. This session will explore the promise and pitfalls of FMT as a therapeutic and mechanistic tool for treatment of PD.*	
16:10-16:20	Moderator: **Jaroslaw Slawek**, Poland Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Bogdan Popescu,** Romania	
16:35-16:50	No: **Nicola Pavese**, UK	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00-17:50	**Is Parkinson's preventable by banning pesticides and chemicals from the environment**	
	***Capsule**: Capsule: Is Parkinson's disease preventable through stricter regulation or banning of pesticides and environmental chemicals? Strong evidence links exposures such as paraquat to increased PD risk, yet regulatory action has been slow and contested in some countries. Industry pushback and has fueled both legal battles and advocacy efforts. This session will examine the science, policy, and legal dimensions of environmental prevention in PD and ask the critical question, can we reduce Parkinson's disease by removing pesticides and chemicals from the environment?*	
17:00-17:10	Moderator: **Ilana Schlesinger**, Israel Introduction and Pre-Debate Voting	
17:10-17:25	Yes: **Avner Thaler**, Israel	
17:25-17:50	No: **Jaroslaw Slawek**, Poland	
17:40-17:50	Discussion, Rebuttals and Post-Debate Voting	
17:50	**Networking Reception**	

FRIDAY, MARCH 27ST , 2026		
08:00-09:40	**Neuroimmunology**	**HALL A**
Chairs:		
08:00-08:50	**Future of NMOSD treatment is immune tolerance**	
	***Capsule**: Immune tolerance is a general strategy wherein treatments are applied that are more specific, even antigen-specific, and less destructive. Immune tolerance strives to achieve an environment that enhances immune regulation rather than suppression. Another goal is to achieve a more durable allowing for potential withdrawal of treatment. Although there are highly effective treatments for NMOSD, they require long term treatment, are not specific for the condition and in some cases lead to increased risk for infection. Will immune tolerance treatments currently in development or that might be developed in the future be the treatment of NMOSD in the future?*	
08:00-08:10	Moderator: **Avi Gadoth**, Israel Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Michael Levy**, USA	
08:25:08:40	No: **Friedemann Paul**, Germany	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**There is a role for autoantibody testing in isolated small fiber neuropathy**	
	***Capsule**: Small fiber neuropathy is a syndrome characterized by autonomic dysfunction, neurogenic pain and impaired sensation associated with damage to autonomic nerves. It can occur in a variety of contexts and may be due to different causes. However, in many patients the cause is elusive and recent evidence suggest that up to a third of patients may have antibodies of varied degrees of specificity, including anti-fibroblast growth factor receptor 3 (FGFR3) and anti-trisulfataed heparan disaccharide (TS-HDS). Could detection of these antibodies assist with diagnosis and prediction of response to immunotherapy?*	
08:50-09:00	Moderator: **Jeff Gelfand**, USA Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Joab Chapman**, Israel	
09:15-09:30	No: **Divyanshu Dubey**, USA	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:		
10:10-10:40 10:40-11:10	AI and the future of neurology **Idan Segev**, Israel Super processed food and neurology **Magdalena Milewska,** Poland	

FRIDAY, MARCH 27ST , 2026		
11:10-12:10	**Industry Sponsored Symposium**	**HALL A**

12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:50	**Neuroimmunology (continued)**	**HALL A**
Chairs:		
13:10-14:00	**Immunotherapy is effective in patients with IgLON5 disease**	
	***Capsule**: IgLON5 autoimmunity is characterized by a variety of neurological symptoms, including sleep disorders, gait and swallowing problems and cognitive dysfunction. The diagnostic antibody recognizes a cell adhesion molecule in the CNS. The main neuropathological finding is accumulation of hyperphosphorylated tau. Thus, it is at the interface of CNS autoimmunity and neurodegeneration. Some studies have suggested that early treatment with immunotherapy may be effective at mitigating the course of this condition*.	
13:10-13:20	Moderator: **Divyanshu Dubey**, USA Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Ilya Ayzenberg**, Germany	
13:35-13:50	No: **Karolina Kania**, Poland	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**Plasma exchange and IVIG have comparable efficacy and can be used interchangeably when treating autoimmune CNS and PNS diseases**	
	***Capsule**: Inflammatory attacks in autoimmune neuroinflammation often cause devastating neurological disability. Immediate management of attacks is of paramount importance to achieve recovery from attacks and to prevent long-term neurological deficits.dysfunction. Both IVIG and plasma exchange have been proposed for acute attack management although comparative evidence is scant.*	
14:00-14:10	Moderator: **Avi Gadoth**, Israel Introduction and Pre-Debate Voting	
14:10:14:25	Yes: **Friedemann Paul**, Germany	
14:25-14:40	No: **Brian Weinshenker**, USA	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 27ST , 2026		
15:20-17:00	**Neuroimmunology (continued)**	**HALL A**
Chairs:		
15:20-16:10	**All patients with CNS neurosarcoidosis should be treated upfront with TNFa inhibitors**	
	Capsule: *Standard treatment of neurosarcoidosis has been prolonged administration of corticosteroids and other corticosteroid-sparing drugs when necessary. Although effective, treatment is often associated with steroid-related side effects, which is particularly a problem in patients with comorbidities such as diabetes. Recently, the effectiveness of TNFa inhibitors has been demonstrated. But is the efficacy comparable or superior, both short term and long term; is long term treatment feasible and safe? Should TNFa inhibitors become standard first line treatment?*	
15:20-15:30	Moderator: **Michael Levy,** USA Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Jeff Gelfand**, USA	
15:45-16:00	No: **Joab Chapman**, Israel	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
	Neuroimmunology (continued)	
16:10-17:00	**Eculizumab/ravalizumab are more effective than B-cell depleting drugs in NMOSD**	
	Capsule*: In the past years, several new drugs have been approved as preventive immunotherapies in AQP4+ NMOSD. No head-to-head trials have been performed so it is unclear how these new drugs perform in comparison to the long-used B cell depleting agent rituximab. However, methodologically questionable indirect comparisons suggest that complement inhibitors may be more efficacious than B cell depleting drugs.*	
16:10-16:20	Moderator: **Roni Milo**, Israel Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Ilya Ayzenberg**, Germany	
16:35-16:50	No: **Brian Weinshenker**, USA	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00-18:00	**ePosters Guided Tour**	

FRIDAY, MARCH 27ST, 2026		
08:00-09:40	**Stroke**	**HALL B**
Chairs:		
08:00-08:50	**Direct oral anticoagulants should be started without delay in people with acute ischemic stroke and atrial fibrillation**	
	***Capsule**: Recent clinical trials have compared early versus guideline based timing of initiation of direct oral anticoagulants in people with acute ischemic stroke and atrial fibrillation. This has been shown to be safe and may be beneficial in terms of reducing the risk of recurrent ischemic stroke. However, there remains some uncertainty regarding how early these drugs can be started and whether there are any patient groups in whom this should be avoided.*	
08:00-08:10	Moderator: **Natan Bornstein**, Israel Introduction and Pre-Debate Voting	
08:10-08:25	Yes: **Jesse Dawson,** UK	
08:25-08:40	No: **Laszlo Csiba,** Hungary	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**Is intervention for asymptomatic stenosis now standard of care and is CAS the treatment of choice?**	
	***Capsule**: A Debate on Optimal Management of Asymptomatic High-Grade Carotid Stenosis.* *The CREST-2 trial evaluated whether adding carotid revascularization to intensive medical therapy (IMT) benefits patients with asymptomatic high-grade carotid stenosis. It consisted of two parallel randomized studies comparing IMT alone with either carotid endarterectomy (CEA) or carotid artery stenting (CAS). Results showed that CAS combined with IMT significantly reduced the composite endpoint of stroke or death compared to IMT alone. In contrast, CEA plus IMT did not achieve statistical significance*	
08:50-09:00	Moderator: **Bartosz Karaszewski**, Poland Introduction and Pre-Debate Voting	
09:00:09:15	Yes: **Marina Roje Bedekovic**, Croatia	
09:15-09:30	No: **Natan Bornstein**, Israel	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 27ST , 2026		
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:		
10:10-10:40 10:40-11:10	AI and the future of neurology **Idan Segev**, Israel Super processed food and neurology **Magdalena Milewska,** Poland	
11:10-12:10	**Industry Sponsored Symposium**	**HALL A**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10:14:50	**Stroke (continued)**	**HALL B**
Chairs:		
13:10-14:00	**The risk of adjunctive anti-thrombotic or thrombolytic therapy after mechanical thrombectomy will always outweigh the benefits.**	
	Capsule*: Endovascular treatment (EVT) is the standard of care in eligible ischemic stroke patients with proximal intracranial arterial occlusion. While the treatment results in recanalization rates in ~80-90% of patients, good outcome (mRS of 0-2) is seen in ~50% of patients. Factors resulting in the lower rates of favorable outcome include incomplete recanalization or distal movements of fragments of the proximal thrombus. Intra-arterial thrombotic and fibrinolytic agents may improve outcome with acceptable risk. Recent randomized trials have shown variable results. The debate will focus on the routine use of intra-arterial agents post-EVT in patients with acute LVO ischemic stroke*	
13:10-13:20	Moderator: **Laszlo Csiba, Hungary** Introduction and Pre-Debate Voting	
13:20-13:35	Yes: **Roni Eichel**, Israel	
13:35-13:50	No: **Ashfaq Shuaib**, Canada	
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting	
14:00-14:50	**Patients taking a DOAC should routinely be treated with intravenous thrombolysis +/- DOAC reversal if they are otherwise eligible.**	
	Capsule: *Direct oral anticoagulants (DOAC) are commonly used in elderly subjects who are at an increased risk of stroke. It is therefore not uncommon for patients on DOAC to present with an acute ischemic stroke within the time window for thrombolysis. There is observational data that rt-PA or TNK can be offered with low risk of ICH in such patients. The debate will focus on whether such patients should have factor Xa levels checked or treated with reversal agent prior thrombolysis*	
14:00-14:10	Moderator: **Ashfaq Shuaib**, Canada Introduction and Pre-Debate Voting	
14:10-14:25	Yes: **Bartosz Karaszewski**, Poland	
14:25-14:40	No: **Michael Teitcher**, Israel	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:20	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 27ST , 2026		
15:20-17:00	**Stroke (continued)**	**HALL B**
Chairs:		
15:20-16:10	**Can authorized alternative nicotine delivery systems be conducive in the effort of risk mitigation for smokers in high-risk patients?**	
	Capsule: Smoking is an important risk factor for multiple pathologies including atherosclerosis and stroke. Whether heavy smokers can benefit by switching from combustible tobacco smoking to alternative nicotine consumption is a promising approach for such patients.	
15:20-15:30	Moderator: **Vida Demarin,** Croatia Introduction and Pre-Debate Voting	
15:30-15:45	Yes: **Natan Bornstein**, Israel	
15:45-16:00	No: TBD	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	
Chairs:		
16:10-17:00	**Is adding neurostimulation to standard therapy for post-stroke rehabilitation clinically relevant?**	
	***Capsule**: Neuronal stimulation, encompassing both pharmacological interventions (e.g., neuromodulatory agents) and non-pharmacological techniques (e.g., non-invasive brain stimulation, vagus nerve stimulation, epidural stimulation), is increasingly investigated as an adjunct to standard rehabilitation. Advocates highlight its potential to enhance neuroplasticity, boost functional recovery, and extend therapeutic opportunities beyond conventional therapy alone. Skeptics note that clinical evidence is heterogeneous, and questions remain regarding patient selection and timing. This debate examines whether neuronal stimulation should be considered a clinically useful addition to rehabilitation.*	
16:10-16:20	Moderator: **Iwona Sarzyńska-Długos**, Poland Introduction and Pre-Debate Voting	
16:20-16:35	Yes: **Volker Hoemberg,** Germany	
16:35-16:50	No: **Dafin Muresanu**, Romania	
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting	
17:00-18:00	**ePosters Guided Tour**	

FRIDAY, MARCH 27ST , 2026		
08:00-09:40	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics**	**HALL C**
Chairs:	**Stuart Isaacson**, USA; **TBD**	
08:00-08:10	Welcome and Introductions	
08:10-08:55	**Panel Discussion: Should antipsychotics be reserved as a last resort for treating PD Psychosis?**	
	Capsule: *When psychosis emerges in PD, it is rarely treated. Instead, psychosis symptoms are monitored over time and dopaminergic medications are adjusted and often reduced over time. Since PD psychosis invariably progresses, negatively impacts quality of life, and increases caregiver burden, should antipsychotics be started soon after psychosis emerges?*	
	Moderator: **Stuart Isaacson,** USA Introduction and Pre-Panel Voting	
	Panelist Discussion: **Salima Brillman,** USA, **Sagari Bette** USA, **Rajesh Pahwa,** USA	
	Consensus and Post-Panel Voting	
08:55-09:40	**Should all patients with OFF fluctuations be prescribed inhaled levodopa for as needed use for off episodes?**	
	Capsule: *OFF episodes are a common but undertreated problem in PD that persists despite increasing oral levodopa and adjunctive therapies. Onset of benefit of oral levodopa is impacted by erratic oral levodopa absorption, reflecting impaired gastric motility and variable intestinal transport, with significant impact on patient QoL. Should patients with OFF fluctuations routinely be prescribed GI bypassing inhaled levodopa treatment for OFF episodes to improve QoL?*	
08:55-09:00	Moderator: **Salima Brillman,** USA Introduction and Pre-Debate Voting	
09:00-09:15	Yes: **Javier Pagonabarraga,** Spain	
09:15-09:30	No: **Sagari Bette** USA	
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting	
09:40-10:10	**Coffee Break, Exhibition & ePosters Visits**	
10:10-11:10	**Plenary Session**	**HALL A**
Chairs:		
10:10-10:40 10:40-11:10	AI and the future of neurology **Idan Segev**, Israel Super processed food and neurology **Magdalena Milewska,** Poland	

FRIDAY, MARCH 27ST, 2026		
11:10-12:10	**Industry Sponsored Symposium**	**HALL A**
12:10-13:10	**Lunch Break, Exhibition & ePosters Visits**	
13:10-14:40	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:		
13:10-13:55	**Should ER carbidopa/levodopa always be used prior to device aided therapies?**	
	Capsule*: Standard immediate release formulations provide increasingly limited duration of ON benefit over time.* Extended release carbidopa/levodopa with mucoadhesive polymer formulation maintains plasma levodopa for up to 8 hours. Should this extended release formulation always *be used prior to device aided therapies?*	
13:10-13:15	Moderator: **TBD**, USA Introduction and Pre-Debate Voting	
13:15-13:30	Yes: **Wolfgang Jost,** Germany	
13:30-13:45	No: **TBD**	
13:45-13:50	Discussion, Rebuttals and Post-Debate Voting	
13:55-14:40	**Will gene therapy replace deep brain stimulation for PD?**	
	Capsule: *Several gene therapy trials have reported encouraging results. Will gene therapy eventually replace deep brain stimulation?*	
13:55-14:00	Moderator: **Nisha Chhabria,** USA Introduction and Pre-Debate Voting	
14:00-14:15	Yes: **Rajesh Pahwa,** USA	
14:15-14:30	No: **TBD**	
14:30-14:40	Discussion, Rebuttals and Post-Debate Voting	
14:40-15:20	**Coffee Break, Exhibition & ePosters Visits**	

FRIDAY, MARCH 27ST , 2026		
15:20-18:20	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:	**Rajesh Pahwa**, USA; **TBD**	
15:20-16:05	**Extended-release CD/LD should be used first-line in early PD?**	
	Capsule: Immediate release levodopa/carbidopa is a foundational therapy but is limited by its short plasma half-life and variable GI absorption. Motor fluctuations invariably emerge within the first few years leading to increasing frequency and dose. Should the extended release with mucoadhesive polymer formulation be used when levodopa is begun in early PD?	
16:20-15:25	Moderator: **Stuart Isaacson,** USA Introduction and Pre-Debate Voting	
15:25-15:40	Yes: **Sagari Bette** USA	
14:40-15:55	No: **TBD**	
15:55-16:05	Discussion, Rebuttals and Post-Debate Voting	
16:05-16:50	**Should adjunctive continuous subcutaneous apomorphine infusion be added whenever motor and nonmotor OFF fluctuations persist after the addition of one oral/transdermal adjunctive medication to levodopa?**	
16:50-16:55	***Capsule****: Apomorphine has dopamine-like receptor activity and dopamine-like robust efficacy. OFF fluctuations often persist despite adjustment of levodopa dose, frequency, and formulation prompting use of multiple oral and transdermal adjunctive medications. Should continuous subcutaneous apomorphine infusion be added sooner when the addition of one adjunctive medication fails to resolve OFF fluctuations*?	
16:55-17:10	Moderator: **Stuart Isaacson,** USA Introduction and Pre-Debate Voting	
17:10-17:25	Panelist Discussion: **Salima Brillman,** USA, **Sagari Bette** USA, **Rajesh Pahwa,** USA, TBD	
17:25-17:35	Consensus and Post-Panel Voting	
17:35-18:20	**Additional Debate TBC**	
17:00-18:00	**ePosters Guided Tour**	

SATURDAY, MARCH 28th, 2026		
07:30-08:30	**ePosters Guided Tour**	
08:30-10:10	**Headache**	**HALL A**
Chairs:		
08:30-09:20	**Triptans should be available over-the-counter for the acute management of migraine**	
	***Capsule**: Triptans are effective migraine acute therapies, and over-the-counter access could empower patients, reduce delays in treatment, and improve outcomes. However, concerns persist regarding tolerability, contraindications and the risk of overuse or misdiagnosis in the absence of medical supervision*	
08:30-08:40	Moderator: **Alan M. Rapoport**, USA Introduction and Pre-Debate Voting	
08:40-08:55	Yes: **Piero Barbanti**, Italy	
08:55-09:10	No: **Theodoros Mavridis**, Ireland	
09:10-09:20	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	**Gepants should be first- line treatment of high frequency episodic migraine, especially when there is a risk of medication overuse headache.**	
	Capsule: *Gepants offer an effective dual-purpose therapy—both acute and preventive—without the apparent risk of medication-overuse headache, making them an appealing first-line option for high-frequency episodic migraine. However, questions remain about long-term tolerability and safety, real-world efficacy and cost-effectiveness compared to conventional therapies.*	
09:20-09:30	Moderator: **Peter McAllister**, USA Introduction and Pre-Debate Voting	
09:30-09:45	Yes: **Anna Andreou**, UK	
09:45-10:00	No: **Dimos D. Mitsikostas**, Greece	
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting	
10:10-10:40	**Coffee Break, Exhibition & ePosters Visits**	
10:40-11:40	**Plenary session**	**HALL A**
Chairs:		
10:40-11:10 11:10-11:40	Brain Health current status in future prospective **Alla Guekht**, Russia Neuroscience and Architecture: Built Environments and Brain Function: Evidence and Emerging Models **Natalia Olszewska**, Poland	
11:40-12:40	**Industry Sponsored Symposium**	**HALL A**
12:40-13:40	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th , 2026		
13:40-15:20	**Headache (continued)**	**HALL A**
Chairs		
13:40-14:30	**All new migraine preventive trials should include functional outcomes as primary or high-level secondary outcomes**	
	Capsule: *Functional outcomes such as return to normal functioning at various time points, productivity, level of physical activity, disability and quality of life, reflect true patient benefit and might better capture the clinical value of new therapies. However, these measures are inherently subjective and can obscure standard pharmacologic efficacy signals in trials*	
13:40-13:50	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting	
13:50-14:05	Yes: **Marta Waliszewska-Prosół**, Poland	
14:05-14:20	No: **Theodoros Mavridis**, Ireland	
14:20-14:30	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:20	**An AI on-line engine is more accurate at diagnosing a headache disorder than the average physician or nurse**	
	Capsule*: AI is already more accurate at diagnosing headache disorder than the average physician or nurse. In 5 to 10 years, no doctor or nurse will take their own detailed history, write it down on the computer and put it in the electronic medical record with a diagnosis. The patient will access an AI portal, answer the critical number of questions and will be told the diagnosis and print the detailed history for the doctor to place in the medical record. The patient will then use an app for 3 minutes per day and receive along with the therapist reports and trends on treatment efficacy and tolerability. The therapist will make necessary treatment changes after checking the accuracy of the report with the patient*	
14:30-14:40	Moderator: **Messoud Ashina**, Denmark Introduction and Pre-Debate Voting	
14:40-14:55	Yes: **Peter McAllister**, USA	
14:55-15:10	No: **Piero Barbanti**, Italy	
15:10-15:20	Discussion, Rebuttals and Post-Debate Voting	
15:20-15:50	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th, 2026		
15:50-17:30	**Headache (continued)**	**HALL A**
Chairs	**Alexander Osiowski**, USA	
15:50-16:40	**Concussion-related headache is generally migraine and should be treated as such**	
	***Capsule**:*	
15:50-16:00	Moderator: **Marta Waliszewska-Prosół**, Poland Introduction and Pre-Debate Voting	
16:00-16:15	Yes: **Miguel Lainez**, Spain	
16:15-16:30	No: **Dimos D. Mitsikostas**, Greece	
16:30-16:40	Discussion, Rebuttals and Post-Debate Voting	
16:40-17:30	**CGRP-targeted migraine therapies in patients with vascular risk factors or stroke**	
	***Capsule**: The introduction of anti-CGRP therapies has transformed migraine treatment. However, calcitonin gene-related peptide plays a role in cerebrovascular and cardiovascular systems, raising theoretical safety concerns. These concerns are especially pertinent for patients with vascular risk factors or a history of stroke. Clinicians must weigh the clear benefits in migraine control against uncertain vascular risks in this subgroup. This debate addresses the existing evidence, gaps in knowledge, and practical approaches to treatment decisions for these high-risk patients*	
16:40-16:50	Moderator: **Miguel Lainez**, Spain Introduction and Pre-Debate Voting	
16:50-17:05	Yes: **Lambru Giorgo**, UK	
17:05-17:20	No: **Magdalena Boczarska -Jedynak**, Poland	
17:20-17:30	Discussion, Rebuttals and Post-Debate Voting	
17:30	Closing ceremony & Invitation to Krakow – Prof. Konrad Rejdak	

SATURDAY, MARCH 28th, 2026		
07:30-08:30	**ePosters Guided Tour**	
08:30-10:10	**Epilepsy**	**HALL B**
Chairs:		
08:30-09:20	**Does neurostimulation provide a worthwhile benefit for people with intractable epilepsy?**	
	***Capsule**: Vagus nerve, deep brain, and responsive neurostimulation reduce seizure frequency in many patients with intractable epilepsy but rarely produce permanent seizure freedom. Is the benefit provided by stimulation clinically meaningful and is it superior to additional medication trials?*	
08:30-08:40	Moderator: **Alla Guekht**, Russia Introduction and Pre-Debate Voting	
08:40-08:55	Yes: **Manjari Tripathi**, India	
08:00-09:10	No: **Ilan Blatt**, Israel	
09:10-09:20	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	**Should epilepsy surgery be considered only if there is a high likelihood that it will result in seizure freedom?**	
	***Capsule**: Epilepsy surgery is usually deemed successful when patients become seizure-free. However, surgery reduces seizure severity and frequency in many patients without producing full remission. Should we consider those outcomes as success?*	
09:20-09:30	Moderator: **William Theodore**, USA Introduction and Pre-Debate Voting	
09:30-09:45	Yes: **Martin Holtkamp**, Germany	
09:45-10:00	No: **Michael Sperling**, USA	
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting	
10:10-10:40	**Coffee Break, Exhibition & ePosters Visits**	
10:40-11:40	**Plenary session**	
Chairs:		**HALL A**
10:40-11:10 11:10-11:40	Brain Health current status in future prospective, **Alla Guekht**, Russia Neuroscience and Architecture: Built Environments and Brain Function: Evidence and Emerging Models, **Natalia Olszewska**, Poland	
11:40-12:40	**Industry Sponsored Symposium**	**HALL A**
12:40-13:40	**Lunch Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th , 2026		
13:40-15:20	**Epilepsy (continued)**	**HALL B**
Chairs		
13:40-14:30	**When polypharmacy is employed, should we preferentially prescribe a medication with a different mechanism of action and avoid drugs with a similar mechanism of action as the first drug?**	
	***Capsule**: Antiseizure medications can act on different sites at the cellular level. Is polypharmacy more effective when drugs with different mechanisms of action (MOA) are combined or is it equally desirable to use two drugs that act at the same site?*	
13:40-13:50	Moderator: **Elinor Ben Menachem**, Sweden Introduction and Pre-Debate Voting	
13:50-14:05	Yes: **Alla Guekht**, Russia	
14:05-14:20	No: **William Theodore,** USA	
14:20-14:30	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:20	*Case studies*. **Michael Sperling**, USA	
14:30-15:10	***Case Discussion*: Seizure clusters, status epilepticus, and neuromodulation** **Michael Sperling**, USA & Faculty: **Zeljka Petelin-Gadzi**, Croatia; **Martin Holtkamp**,Germany; **Alla Guekht,** Russia	
15:10-15:20	Discussion	
15:20-15:30	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th , 2026		
15:50-17:30	**Epilepsy (continued)**	**HALL B**
Chairs	**Ruta Mameniskiene**, Lithuania	
15:50-16:40	**Should physicians advise that adults consider antiseizure medication discontinuation after experiencing seizure freedom for two to five years?**	
	***Capsule**: It has been customary to advise discontinuation of antiseizure medication after two to five years of seizure freedom. Is this appropriate, or are longer seizure-free periods advisable before suggesting medication discontinuation?*	
15:50-16:00	Moderator: **Željka Petelin Gadže**, Croatia Introduction and Pre-Debate Voting	
16:00-16:15	Yes: **Ilan Blatt**, Israel	
16:15-16:30	No: **Elinor Ben Menachem**, Sweden	
16:30-16:40	Discussion, Rebuttals and Post-Debate Voting	
16:40-17:30	**Should people with drug-resistant epilepsy be routinely evaluated for autoimmune and genetic etiologies?**	
	***Capsule**: Autoimmunity and genetic mutations are increasingly recognized as causes of epilepsy and uncontrolled seizures. Should we routinely screen patients whose seizures do not promptly respond to therapy for an autoimmune or genetic etiology?*	
16:40-16:50	Moderator: **Andriy Dubenko**, Ukraine Introduction and Pre-Debate Voting	
16:50-17:05	Yes: **Željka Petelin Gadže**, Croatia	
17:05-17:20	No: **Manjari Tripathi**, India	
17:20-17:30	Discussion, Rebuttals and P0ost-Debate Voting	
17:30	Closing ceremony & Invitation to Krakow – Prof. Konrad Rejdak	

SATURDAY, MARCH 28th , 2026		
07:30-08:30	**ePosters Guided Tour**	
08:30-10:10	**Multi-Specialty**	**HALL C**
Chairs:		
08:30-09:20	**Are new parkinsonian genes, RAB32 and PPM1M associated with alpha-synuclein pathology?**	
	***Capsule**: mutations in Parkinson disease (PD) genes can produce pleomorphic patholgy likely due to different pathways leading to neurodegeneration. There are already experimental trials recruiting exclusively patients with genetic forf PD. Thus, it is of paramount importance to know what pathology is associated with these two new PD genes and through what pathway they lead to the disease*	
08:30-08:40	Moderator: **Bogdan Popescu**, Romania Introduction and Pre-Debate Voting	
08:40-08:55	Yes: **Zbigniew K. Wszolek**, USA	
08:55-09:10	No: **Lea Grinberg**, USA	
09:10-09:20	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	***Old Ghosts, New Labels: Is FND a Paradigm Shift or a Semantic Sanitization of Hysteria?***	
	***Capsule**: Does the evolution from Charcot's hysteria to modern Functional Neurological Disorder represent a genuine epistemological leap, or merely a 'useful repackaging' designed to circumvent stigma without solving the underlying dualism? This debate seeks to dissect whether this terminological shift reflects a true paradigm change in our neurobiological understanding, or a simplistic 'rebranding' of medicine's oldest ghost to improve clinical utility. We ask if this paradigm shift effectively bridges the Cartesian divide or simply obscures it to improve clinical engagement confronting the uncomfortable possibility that in burying the term 'hysteria,' we may have renamed the ghost rather than exorcised it.*	
09:20-09:30	Moderator: **Heiko Paland**, Germany Introduction and Pre-Debate Voting	
09:30-09:45	Yes: **Valsamma Eapen**, Australia	
09:45-10:00	No: **Adith Mohan**, Australia	
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting	

SATURDAY, MARCH 28th , 2026		
10:10-10:40	**Coffee Break, Exhibition & ePosters Visits**	
10:40-11:40	**Plenary session**	**HALL A**
Chairs:		
10:40-11:10 11:10-11:40	Brain Health current status in future prospective **Alla Guekht**, Russia Neuroscience and Architecture: Built Environments and Brain Function: Evidence and Emerging Models **Natalia Olszewska**, Poland	
11:40-12:40	**Industry Sponsored Symposium**	**HALL A**
12:40-13:40	**Lunch Break, Exhibition & ePosters Visits**	
Chairs		
13:40-15:20	**Multi-Specialty**	
13:40-14:30	**Are sleep disorders caused by neurodegeneration or are they contributing to neurodegeneration?**	
	Capsule: *The sleep–dementia relationship is a bit of a two-way street—sleep problems can increase the risk of dementia, and neurodegeneration itself can disrupt sleep. The interesting (and tricky) part is figuring out cause, effect, and feedback loops.*	
13:40-13:50	Moderator: **Dorota Religa**, Sweden Introduction and Pre-Debate Voting	
13:50-14:05	Caused by: **Lea Grinberg**, USA	
14:05-14:20	Contributing: **Ivana Rosenzweig**, UK	
14:20-14:30	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:20	**Are SGLT-2 inhibitors aviable therapeutic strategy for Alzheimer's disease?**	
	Capsule*: Sodium glucose co-transporter-2 (SGLT-2) inhibitors, have reported to reduce risk of Alzheimer's disease. However, the precise pharmacological effects of SGLT-2 inhibitors have not been well understood. Moreover, some adverse effects of SGLT-2 inhibitors are pointed out, especially when they are prescribed to older adults. Further studies should be conducted to elucidate their mechanisms regarding dementia pathology.*	
14:30-14:40	Moderator: **Bogdan Popescu**, Romania Introduction and Pre-Debate Voting	
14:40-14:55	Yes: **Dorota Religa**, Sweden	
14:55-15:10	No: **Taizen Nakase**, Japan	
15:10-15:20	Discussion, Rebuttals and Post-Debate Voting	
15:20-15:50	**Coffee Break, Exhibition & ePosters Visits**	

SATURDAY, MARCH 28th, 2026		
15:50-17:30	**ALS**	**HALL C**
Chairs	**Magdalena Kuzma-Kozakiewicz**, Poland, **Albert Ludolph**, Germany	
15:50-16:40	**Will biomarker enable us to perform a preclinical diagnosis in sporadic ALS ?**	
	***Capsule**: Early diagnosis is necessary to develop effective therapies for ALS, including prevention. Presently neurodegenerative biomarkers do not seem to be successful to permit preclinical diagnosis. But since ALS is increasingly seen as a systemic disease, affecting more than the motor system, there are several options for preclinical markers, including markers of connective tissue disease, catabolism and metabolism.*	
15:50-16:00	Moderator: **Albert Ludolph**, Germany Introduction and Pre-Debate Voting	
16:00-16:15	Yes: **Philippe Corcia**, France	
16:15-16:30	No: **Giancarlo Logroscino**, Italy	
16:30-16:40	Discussion, Rebuttals and Post-Debate Voting	
16:40-17:30	**Tofersen therapy does not need improvement**	
	***Capsule**. The effect of tofersen is undebated. It is one of the next challenge to accelerate the effect of tofersen. There are several options including modifying dosage or adding drugs, which have additive effects on the targets*	
16:40-16:50	Moderator: **Philippe Corcia**, France Introduction and Pre-Debate Voting	
16:50-17:05	Yes: **Magdalena Kuzma-Kozakiewicz**, Poland	
17:05-17:20	No: **Albert Ludolph**, Germany	
17:20-17:30	Discussion, Rebuttals and Post-Debate Voting	
17:30	Closing ceremony & Invitation to Budapest – **László Csiba**, Hungary	