



3rd CONGRESS OF THE EUROPEAN ACADEMY OF NEUROLOGY

AMSTERDAM, THE NETHERLANDS, JUNE 24 - 27, 2017



FINAL PROGRAMME

2017



Netherlands Society of Neurology

www.ean.org/amsterdam2017

EACCME EVENT CODE: 14925

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DEAR COLLEAGUES, AND FRIENDS

On behalf of the European Academy of Neurology and the Netherlands Society of Neurology, we are pleased to invite you to the 3rd Congress of the European Academy of Neurology (EAN) taking place in Amsterdam from June 24 to 27, 2017.

These are exciting times for Neurology. New diseases are being defined, new procedures are developed and introduced in clinical practice resulting in more accurate diagnosis, complex disease mechanisms are more and more unravelled, and current treatment options are extending. Parallel to all these developments also new challenges are encountered in the search for understanding, preserving and repairing the nervous system. These and other topics will be addressed by leading international experts in the different neurological fields. And all will take place in a magnificent town!

This 3rd EAN Congress will bring together thousands of scientists and clinicians from all over Europe and the rest of the world. The Programme Committee has prepared an outstanding programme with high quality scientific sessions meeting the hot spots of development and attractive teaching courses covering topics which are most important for the practising neurologist. For the first time, we will have an overarching theme 'outcome measures in neurology' which will be covered in several sessions during the congress. Amsterdam is a great choice for this 3rd EAN Congress. Its name is derived from Amstelledam, indicative of the city's

origin: a dam in the river Amstel. Settled as a small fishing village in the late 12th century, Amsterdam became one of the most important ports in the world during the 17th century, the Dutch Golden Age, a result of its innovative developments in trade. Since then, it has been a leading trading and cultural city, where art, commerce, creativity and tolerance are guiding principles. We hope that you will take time to explore the city and its many attractions: the historic canals, the Rijksmuseum, van Gogh Museum, Stedelijk Museum, Hermitage Amsterdam, Anne Frank House, the restored facades of historic buildings representing all periods in its history, as well as the many markets and shops. We are looking forward to welcoming you in Amsterdam in 2017. We are convinced that you will be stimulated by the congress, inspired by meeting with colleagues, and excited by the city!



Günther Deuschl
PRESIDENT OF THE EUROPEAN
ACADEMY OF NEUROLOGY



Bernard M.J. Uitdehaag
LOCAL CHAIRPERSON
PAST PRESIDENT NETHERLANDS
SOCIETY OF NEUROLOGY

ABOUT EAN

The European Academy of Neurology (EAN) has been founded on the initiative of the European Neurological Society (ENS) and the European Federation of Neurological Societies (EFNS), who both considered it essential to have one joint professional and scientific Neurology organisation in Europe. EAN shall provide the essential infrastructure together with the organisational framework for the support and development of neurological education and research in Europe.

The Aim of EAN (European Academy of Neurology) is Excellence in Neurology in Europe

EAN is a non-profit organisation and identifies itself with the following five values:

- Professionalism. EAN will strive to reach the highest scientific standards and to deliver unbiased information in its research and educational activities.
- High ethical standards. EAN will apply high ethical standards in all its activities within science, education, liaison, and administration, complying with applicable regulations and codes of ethics.

- Involvement. EAN will strive to involve its members and collaborators in the organisation of research, education and liaison activities.
- Independence. EAN will operate as a professional and scientific organisation, independent from the political or commercial interests of external companies or organisations.
- Transparency. EAN will provide transparency in the organisation of all its scientific and administrative activities.

EAN is an organisation of:

- 47 European national neurological societies
- 800 individual members
- 10 corresponding member societies

EAN consists of:

- an Assembly of Delegates of institutional and individual delegates
- elected officers
- 4 committees (+ 2 sub-committees)
- 32 Scientific Panels

BOARD

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PROGRAMME COMMITTEE

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	Joaquim Ferreira, PORTUGAL (MDS-ES REPRESENTATIVE)
	Philip Scheltens, THE NETHERLANDS
	Aksel Siva, TURKEY
	Riccardo Soffietti, ITALY
	Claudia Sommer, GERMANY (CHAIR TEACHING COURSE SUB-COMMITTEE)
	Guido Stoll, GERMANY

LOCAL ORGANISING COMMITTEE

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	Philip Scheltens
	Selma C. Tromp
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	John H. J. Wokke
	Paul A. J. M. Boon

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CHAIR:	Claudia Sommer, GERMANY
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	Anish Bahra, UK
	Theodor Landis, SWITZERLAND
	Elena R. Lebedeva, RUSSIAN FEDERATION
	Milija Mijajlovic, Serbia
	Erich Schmutzhard, AUSTRIA
	Viktoria Papp, DENMARK (REPRESENTATIVE RRFs)

EAN MEMBERSHIP INFORMATION



Become an EAN individual member and benefit from the following:

- reduced membership fee at the annual congresses
- active and passive voting rights at the Assembly of Delegates of the EAN
- possibility to participate in EAN Committees and Scientific Panels
- free online access to the online learning platform eBrain
- free online access to the *European Journal of Neurology*
- free online access to the guidelines
- access to educational grants (if applicable)
- right to purchase the printed *European Journal of Neurology* (EJN) at a reduced rate
- a membership certificate
- monthly mailshots of the EAN electronic newsletter
- one free Teaching Course at EAN annual congresses
- free access to VIP area at EAN annual congresses
- free access to selected congress webcasts on the website after the congress
- AAN shared Membership:

If you are an AAN Member, you are eligible of a 10% discount off your EAN Individual Membership fee. In reverse, EAN Individual members receive a 10% discount when applying for AAN membership.



INDIVIDUAL MEMBERSHIP CATEGORIES:

Full Individual Member:

Neurologists who are nationals of any EAN member country; and/or neurologists practicing in any EAN member country including neurologists in training.

Resident and Research Fellow (RRF):

Physicians in training can become individual members of EAN via the EAN Resident and Research Fellow Section at a reduced fee. Residency has to be proven annually by a signed confirmation of the physician in charge of the residency programme



Corresponding Individual Member:

- Neurologists who are nationals of and practice in countries other than EAN member countries and/or Health Professionals
- and/or Scientists of other specialities or professions related to Neurology

Undergraduate Student:

Undergraduate medical students can become individual members. They need to explain their special interest in neurology and the purpose why they request membership.

Retired Member:

Neurologists who are retired from their professional work but like to keep in touch and benefit from the various EAN membership highlights.

FELLOW OF THE EAN (FEAN)

The title 'Fellow of the EAN' acknowledges a limited number of neurologists who are full individual members and who deserve a special recognition of EAN because of

- a scientific achievement that places them within the European leaders in their field, or
- significant and continuing service in a leadership position for a European or World society for neurology or neurological subspecialty society, or
- a service for neurological patients that is considered exceptional



Fellow of the EAN is a title honouring special service to neurology and the Society.

Please apply by sending your application form and CV (in English) to the EAN Head Office:
membership@ean.org

Forms can be downloaded online or be sent to upon request.

HONORARY MEMBER AND EAN SERVICE AWARD:

Marie-Germaine Bousser, France and Raad Shakir, UK will be awarded the EAN Honorary Membership during the Opening. Pavel Kalvach, Czech Republic will receive the EAN Service Award during the EAN Assembly of Delegates.

EDUCATION INFORMATION

INFORMATION ON ALL EDUCATIONAL ACTIVITIES @ THE LEARN BOOTH



CLINICAL FELLOWSHIP 2018

APPLICATION DEADLINE: OCTOBER 31, 2017

The purpose of this award is to provide a well-defined observational clinical practice, service structure or technical experience to support training. The grant is to support a visit of six weeks duration.

Each grant is amounting to € 1,500.-/month (plus travel expenses of up to € 300.-)

A list of approved hosting departments (and details for interested hosts of how to apply) is available on www.ean.org

Candidates from all EAN member (and associate member) countries are eligible to apply. Applicants must be current residents with a minimum of 2 – 8 years training in neurology, or have obtained their board certificate/completed training within the last 3 years at the time of application; be fluent in English or the local language (host department).

Awardees from previous years (applies also to former D-D programme) are no more qualified.

All application documents must be submitted by October 31, 2017 by email to Ms. Magda Dohnalová:

E-MAIL: dohnalova@ean.org

Application is open between 1 August and 31 October 2017.



EAN RESEARCH FELLOWSHIP 2018

APPLICATION DEADLINE: AUGUST 31, 2017

In 2018, EAN will offer up to 8 research experience or training fellowships. The research work must be carried out at a European academic neurological department outside the country of residence. The purpose is to support training and experience for European

neurologists in any area of basic or clinical or applied research in neuroscience. All applications should demonstrate experience/training of clear value to the home department/individual beyond that available in their own countries/institutions. Successful applicants will be awarded € 2,000.- per month.

Research training fellowship: Expected to be of 12 months duration, to lead either to completion of a higher degree, a grant application or peer-reviewed publication.

Research experience fellowship: Expected to be of at least 6 months duration for individuals who might otherwise not have the opportunity to gain high quality research experience; more experienced clinicians/researchers requiring training in a specific research methodology or technique not currently available in

their own country and of clear value to home department will also be considered. Candidates from EAN member countries and affiliated to a European academic neurological department with a minimum of 2 years neurology training, up to a maximum of 5 years beyond their final degree (PhD, MD, or equivalent) at the time of application are eligible to apply. Applicants and hosts are expected to have consulted and worked together on any application to maximise the likelihood of success. All application documents must be submitted by August 31, 2017 by email to Ms. Julia Mayer: fellowship@ean.org

Application Deadline: August 31 2017



EAN SPRING SCHOOL 2018

MAY 10-13, 2018

APPLICATION DEADLINE: JANUARY 31, 2018

Preliminary Programme:

1. Movement Disorders and Narcolepsy (in co-operation with MDS-ES)
2. Neuro-ophthalmology/-otology
3. Inflammatory Myopathies

Participants can prepare their own cases for presentation and discussion, including video if appropriate and the patient has consented. Contributions to the optimal organisation of neurological care, neurological services and postgraduate education throughout Europe will be presented.

Location: Hotel Bezděz, Lazensky Vrch 216
471 63 Staré Splavy, Czech Republic

This site is situated in North Bohemia, about 90 km from Prague, on the shore of the romantic Macha Lake. A half-day trip to Prague is planned.

All applicants must be neurologists in training (not yet completed residency/ clinical speciality training) who will have had at least 2 years of clinical experience by the time of the course, and who are able to attend the full course. Participants nominated for attendance by their national neurological societies will be prioritised, but individual applications are also welcome up to the full capacity. Where oversubscribed, the selection process will take into account geographical and gender balance, and unsuccessful applications in previous years. Awardees from previous years are no more qualified.

Accommodation, tuition, board and programme are sponsored by EAN. Participants pay only for their travel. All participants will receive a manuscript CD-ROM and a certificate after having finished the course. All application documents must be submitted by January 31, 2018 by email to Ms. Magda Dohnalová: dohnalova@ean.org

Application open between 1 October 2017 and 31 January 2018



CME ARTICLES

Each month a CME article is published in the *European Journal of Neurology* and on the EAN website. Answer 5 article-related questions correctly and receive a certificate recommending one hour of CME. Please login on the EAN website for free-of-charge access to all e-learning features and the online version of the *European Journal of Neurology*.

EBRAIN



ebrain represents the world's largest, most comprehensive web-based training resource in clinical neuroscience designed to support training and continuous professional development for clinical neuroscience trainees, consultants and non-specialists. It is free-of-charge for EAN members. Please log-in on www.ean.org to have direct access. If you need help, please come to the EAN booth/LEARN, or contact education@ean.org.

The multimedia-rich, engaging materials are designed to enhance traditional learning, support existing teaching methods and provide a valuable reference point that is accessible anytime, anywhere. The online training content comprises approximately 20 modules of e-learning, with each of the 550+ individual lessons taking around 20 minutes to complete.

GUIDELINE PAPERS

Included in the *European Journal of Neurology*, the Handbook as well as FREE OF CHARGE access for EAN members via the Guideline Reference Center on the EAN website.

EAN REGIONAL TEACHING COURSES (RTC)

EAN RTCs are specially designed for the purpose to bring neurological standards directly to those countries that are seeking EAN support in education and to avoid that our colleagues in training have to travel to expensive congresses. In the past, these courses were in the Eastern European Regions as well as in Sub-Saharan Africa. RTCs provide basic teaching in neurology and thus also establish friendly relations with the colleagues still in training or wishing to expand their knowledge.

The 3-day courses are organised by the local host together with the EAN Teaching Course sub-committee. Plenary sessions in the morning are followed small tutorial groups in the afternoon. Each day is dedicated to one topic plus various themes on the third day. The exam quiz as well as certificates will be made available to all participants.

EAN-DAY@NATIONAL NEUROLOGICAL SOCIETIES' MEETINGS

The EAN-Day aims at bringing excellent teaching and special recognition by EAN to our National Neurological Member Societies (and Corresponding Societies). This day takes place directly prior or after a National Neurological Society meeting and is a strictly academic educational initiative with financial support from EAN.

By means of the EAN-Day, we would like to support European countries by bringing international speakers to a national audience and thus give the National Neurological member Societies more exposure and enhance the membership relationship.

RESIDENT AND RESEARCH FELLOW SECTION

The Residents and Research Fellows Section of the European Academy of Neurology (EAN-RRFS) represents the junior generation of neurologists within EAN. Our members are physicians currently working as a resident in Neurology, research fellow, PhD student or neurologist with not more than 3 years of practice after completion of the residence training. Application for membership should be sent to rrfs@ean.org, further information is provided on the EAN homepage. The aims of RRFS are to support neurology trainees in their clinical training or research, to promote network between European junior neurologists and different generations of neurologists. Our program during the 3rd Congress of the European Academy of Neurology in Amsterdam 2017:

During the forthcoming EAN congress in Amsterdam, RRFS will be present at the EAN booth. Please come along and get involved, learn about membership, travel grants, European Board Examination and other conference activities! Members can also join the RRFS lottery. Prizes will be raffled on the last day of the conference.

Furthermore, we would like to cordially invite you to join our activities:

RRFS HOSPITAL VISIT

on Sunday, 25 June 2017 will be organised in collaboration with the Dutch Junior Neurology Association. We will have the unique opportunity to visit the VU University Medical Center. Interested participants must register via the email (rrfs@ean.org) as places are limited. (max. 100 participants).

RRFS NATIONAL REPRESENTATIVES MEETING

on Saturday, 24 June 2017 in room D304, 14.15-15.15h.

RRFS GENERAL ASSEMBLY

on Monday, 26 June 2017 in room D304, 14.15-15.15h.

RRFS SPECIAL SESSION

on Sunday, 25 June 2017, in room E103, 16.45 – 18.15h.

"Round table coffee: Meet the experts and learn about clinical work and research (clinical and laboratory) around Europe." The special session will be held in a new format of round table discussions to create a more informal environment between junior and senior researchers. We aim for this session to provide a unique chance for young neurologists and researchers to learn more about clinical and laboratory research, creating

an academic career, as well as to obtain information about research opportunities from worldwide renowned Professors around Europe. An informal environment should encourage open discussions and provide participants with personal advice for their research projects, career planning, as well as networking opportunities.

Professor Sándor Beniczky, Dianalund, Denmark (Clinical neurophysiologist)

Professor Massimo Filippi, Italy (Neuroimaging - on the definition of the mechanisms leading to progressive accumulation of irreversible physical disability and cognitive impairment in various neurological conditions)

Professor Ray Chaudhuri, London, UK (Movement Disorders)

Professor Aksel Siva, Istanbul, Turkey (Clinical neuro-immunology (Multiple Sclerosis, NMOSD and Neuro-Behcet's Syndrome), headaches and neuro-epidemiology)

Professor Per Odin, Sweden/Germany (Movement Disorders)

RRFS LOTTERY on Tuesday, 27 June 2017, at the EAN Booth/Home area.

PHOTO CONTEST upload your best picture of the congress to RRFS facebook profile until 01 July 2017. You can use the #hashtagprinter in order to print out your pictures – use #ean2017!

EAN NETWORKING EVENT WITH RRFS on Monday 26 June 2017, at 20.00 we meet in front of the conference center and will travel together to the networking event of EAN at the wonderful Hermitage Museum, a unique, historic building in the Center of Amsterdam. There is a reduced entrance fee for RRFS members. Please purchase your ticket at the registration desk in advance!



CONGRESS GRANTS

BURSARIES

The 3rd EAN Congress offered 200 bursaries consisting of free registration and up to four nights of hotel accommodation. Eligible are PhD (neurology) students, residents of neurology or certified clinical neurologists (with no more than 3 years practice since completing training) who are working in Europe and whose abstract has been accepted. It is also possible for colleagues in training from Algeria, Egypt, Jordan, Lebanon, Libya, Mauretania, Morocco, Palestine, Syria and Tunisia as well as from sub-Saharan countries belonging to the HINARI Group A list of countries as established by WHO (www.who.int/hinari/eligibility/en/) to apply for bursaries. Applications must be accompanied by a letter from the chairperson of your department confirming that you are in training. Please keep in mind that only one bursary per abstract will be awarded. Bursary recipients were selected on

the basis of abstract evaluation by the Programme Committee. The prize is not transferable and will not be paid off in cash. The bursaries were co-sponsored by an educational grant from MDS-ES. Applications for the 4th EAN Congress Lisbon 2018 can be submitted by the time of abstract submission deadline: 10 January 2018.

INVESTIGATOR AWARD

All free presentations (oral presentations, posters) selected for presentation at the 3rd EAN Congress 2017 will automatically participate in the selection of an Investigator Award. The award for the 20 best presentations will be a registration to the 4th EAN Congress in Lisbon, Portugal, a diploma and the winners will be announced on www.eanpages.org. These presentations will also be filmed and displayed on the EAN website if the presenters agree. The award will be given to the first author who needs to be the person to present the work at the congress. The EAN Scientific Panels together with the Scientific Committee and the Programme Committee will be responsible for the evaluation process before as well as during the congress.

TOURNAMENT FOR NEUROLOGISTS IN TRAINING

A tournament for neurologists in training will take place. The tournament will be carried out in two groups, one on clinical related research, Sun., 25.6., 15.00h (see page 76), and one on basic neurological science, Mon., 26.6., 15.00h (see page 98). Eligible were PhD (neurology) students, residents of neurology or certified clinical neurologists (with no more than 3 years practice since completing training) working in Europe and whose abstract has been accepted. Selection of candidates: The EAN Programme Committee has selected 6 candidates for each tournament group on the basis of the contents of the abstracts submitted. The clinical subjects must be received from authors who work in Europe and thus carry out their projects in Europe. For the basic science session, clinical relevance will be weighted.

Financial support: Candidates selected for the tournament have received a bursary consisting of free registration to the Congress, up to four nights hotel accommodation, and a travel grant.

Presentation: Each selected candidate is allotted 10 minutes for presentation of his/her paper plus five minutes for discussion with the jury.

Jury: Members of the Programme, the Scientific and the Teaching Course Committees.

Evaluation: Candidates will be judged not only on the scientific value of the work presented, but also on the quality of the oral presentation and the way the candidate responds to the questions of the jury.

Prize: The winner of each group will receive a prize consisting of: Free registration at the 4th EAN Congress in Lisbon 2018, up to four nights hotel accommodation as well as a travel grant. The prize is not transferable and will not be paid off in cash. Two runner-up prizes in each, the clinical and basic tournament will be awarded. They will consist of a certificate and a free registration to the 4th EAN Congress in Lisbon 2018.

APPRECIATION AND THANKS

We would like to thank the reviewers of the submitted abstracts for their invaluable help and assistance:

- A**
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 Marie Vidailhet, FRANCE
 Leo Visser, THE NETHERLANDS
 David Vodusek, SLOVENIA
 Tim von Oertzen, AUSTRIA
 Sandra Vujović, MONTENEGRO
- Z**
 Mohamed Zeinoh, EGYPT

CONTINUING MEDICAL EDUCATION

PURPOSE

The purpose of the 3rd EAN Congress is to offer a forum for clinical and basic discussion on a variety of neurological topics including presentations of current research and available treatments.

LEARNING OBJECTIVES

Through Plenary Symposia, Symposia, Focused Workshops, Teaching Courses, Case-based Workshops, Hands-on Courses, Controversy Sessions, Interactive Sessions, Career Development Sessions and Special Sessions, participants will be better able to:

1. Describe the pathophysiology and neurobiology of neurological diseases
2. Discuss the diagnostic approaches and tool available for neurological diseases
3. Discuss the pharmacological and non-pharmacological treatment options available for neurological diseases

TARGET AUDIENCE

The target audience includes clinicians, researchers, post-doc fellows, medical residents, students and other healthcare professionals with an interest in the current research and diagnosis and treatment of neurological diseases. Kindly note that in the description of some courses the target audience is separately disclosed.

FINANCIAL DISCLOSURE INFORMATION

It is the policy of the European Academy of Neurology to ensure objectivity, independence and balance in all congress activities. All participants are required to disclose any real or apparent conflict(s) of interest that can have a direct bearing on the subject matter of the activity. Financial disclosure information will be provided on the presentations and/or abstracts.

EACCME ACCREDITATION STATEMENT

EACCME Event code: 14925

The 3rd Congress of the European Academy of Neurology is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS): <http://www.uems.net>.

The Congress of the European Academy of Neurology (Saturday, Sunday, Monday, Tuesday) is designated for a maximum of 24 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

These points are accepted by several national societies, and thus can be claimed in these countries.

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians can convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME for ECMEC credits are deemed to be in the Accredited Group.

Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

EACCME CREDITS

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.

ATTENDANCE TRACKING REPORT

If you need a report of your attendance in sessions, please use the EAN website and app and evaluate all sessions that you have attended. After the congress you will receive a certificate including a report of all sessions you have attended and evaluated.

Further information on how to get a certificate, can be found on page XI.

INSTRUCTIONS FOR SPEAKERS AND POSTER PRESENTERS

SPEAKERS' SERVICE CENTRE

All speakers are requested to hand in their presentations (PowerPoint only) via a USB compatible memory stick at the Speakers' Service Centre (SSC) at least *three hours before the beginning of the session*. The SSC is located behind the EAN Booth between the exhibition and the Main Auditorium on the first level.

Speakers will have the opportunity to check their presentations on PCs available in the SSC.

ePRESENTATIONS AND ePOSTERS

All posters will be presented electronically only. Within the Poster area (located in the exhibition area A-H) there are poster screens (23 screens, 25 computer stations) available throughout the entire congress, where presenters and audience are invited to interact with each other. You will be able to contact all presenters and meet with them at any time at one of the poster screens to discuss his/her work. In addition, there will be scheduled poster sessions, taking place Saturday to Monday from 12.30 - 13.15 and 13.30 - 14.15.

All ePresentation and ePoster sessions will be discussed with a chairperson. The chairperson will be present and discuss each presentation with the presenter and the audience.

ePresentation sessions will be 45 minutes long and accommodate up to 10 presentations. Each presenter will have 3 minutes of presentation time and 2 minutes of discussion.

In ePoster sessions (45 minutes) up to 15 presentations are scheduled at the dedicated poster screens. Each presenter will have 2 minutes of presentation time and approximately 1 minute of discussion.

Please make sure that you are present at your screen during your session. Please see page XXI or the Interactive Programme Planner (IPP) for details and exact session times.

Posters on display will not be discussed in a session, but online throughout the congress.

The poster stations are supported by  Biogen

ePRESENTATION /ePOSTER OVERVIEW

Please see page XXI.

POSTER DESK

Technicians will be available throughout the congress in the poster area.

INFORMATION FROM A TO Z

ABSTRACTS

All accepted abstracts will be published as a supplement to the *European Journal of Neurology*. There will be no printed book available, but a USB drive can be picked up in the Exhibition Area. You will receive a voucher together with your badge. You can create your personal abstract book by using the Interactive Programme Planner (IPP).

The abstracts can also be found online on www.ean.org/amsterdam2017 and www.europeanjournalofneurology.com.

APP

The congress app "EAN Congress" will be available for download free of charge on Google Play and iTunes shortly before the congress. It includes the interactive programme planner (IPP), all session evaluations as well as the voting system for the Interactive sessions. Please download the app and login with your EAN user information. You can then go ahead and create your personal congress programme. You will also be able to access the favourites you made on the EAN Congress website. There are two designated download areas in the congress centre for an even faster download of the app. One in the registration area and a second one at the EAN Booth. Seize all benefits of the EAN Congress app to connect and meet with colleagues, prepare your meeting schedule and have additional and up-to-date information on the congress.

The congress app is supported by  Biogen

ATM/CASH MACHINE

An ATM machine can be found in the registration area at entrance C.

ATTENDANCE TRACKING REPORT

See page IX.

BADGES

Access to all scientific and networking events will only be possible with your personal badge. All participants are requested to wear their name badge throughout the congress.

Full and Corresponding Individual Members and Faculty will receive special badges providing them with exclusive access to the VIP member area.

For replacement of a lost badge EUR 50 will be charged.

CARING FOR THE ENVIRONMENT

Bag recycling – You can leave your congress bag at the registration desk when leaving the congress.

Green print – The print materials of this congress have been printed on paper that is PEFC approved. PEFC is an organisation that certifies paper manufacturers who keep to sustainable forest management criteria.

Reducing print – The book of abstracts is published on a USB drive. The printed programme is available only for participants who ordered it in advance at registration. The complete programme can also be found online in the Interactive Programme Planner (IPP) and on the app.

Recycling – As part of our efforts we try to produce less waste. We will recycle plastic, glass, cans and paper.

Offset your Carbon Footprint – You can contribute to our ecological efforts by offsetting the Carbon Footprint of your travels to Amsterdam. A Carbon Offset represents a reduction in emissions somewhere else. You can learn more and offset your carbon foot print at: www.carbonfund.org. We are doing our best and there is still much to learn. We will be happy to hear your ideas; please do not hesitate to write to us at headoffice@ean.org.

CERTIFICATE OF ATTENDANCE

Certificates of attendance (not indicating CME credits) are available from Monday morning, 26 June 2017. They can be printed at the self-print stations in the registration area, using the barcode printed on your name badge. Changes of certificates due to incorrect submission of names and/or email addresses will be charged EUR 10.

CME CERTIFICATE

You will receive an email with your personal login details for the online evaluation form during the evening of the last day of the congress (Tuesday, 27 June 2017). After completing the congress evaluation form you can print the certificate indicating the CME credits at home. If you wish to receive a detailed report of your attendance in sessions, please use the EAN website and app and evaluate all sessions that you have attended. After the congress, you will receive a certificate including a report of all sessions you have attended and evaluated.

CHILDREN AT EAN CONGRESS 2017

There is no childcare facility available at the congress. Accompanying children over the age of 1 year are not allowed to access the exhibition area due to the pharma codex. Thank you for your understanding.

CLOAKROOM

A cloakroom is available at the main entrance of the RAI and is open during the secretariat opening hours. The cloakroom service is free of charge.

CONGRESS REGISTRATION AREA

The registration desk, located in the entrance area of the congress venue is open during the following hours:

Friday, 23 June 2017:	16.00 – 19.00 h
	(badge/congress bag pick-up for pre-registered delegates only)
Saturday 24 June 2017:	07.30 – 20.30 h
Sunday, 25 June 2017:	07.30 – 19.00 h
Monday, 26 June 2017:	07.30 – 19.00 h
Tuesday, 27 June 2017:	07.30 – 17.00 h

All documents included in the registration package (congress bag, personal name badge) will be handed over to the registered participants. Onsite registration will be accepted, but receipt of all congress documents cannot be guaranteed.

The secretariat can be reached at +31 (0) 6 – 83904488 (from Thursday, 22 June 2017 onwards).

CONGRESS VENUE

Amsterdam RAI

Europaplein
1078 GZ Amsterdam
The Netherlands
Phone: +31 (0) 20 549 12 12
Fax: +31 (0) 20 646 44 69
E-mail: info@rai.nl
Web: <http://www.rai.nl>

CURRENCY

The official currency of the 3rd EAN Congress in Amsterdam is Euro (€).



EAN BOOTH

2017

EAN BOOTH - YOUR HOME OF NEUROLOGY

Location: between the Exhibition and the Main Auditorium

Opening hours:

- Saturday, 24 June 2017: 08.00 - 18.00 h
- Sunday, 25 June 2017: 07.30 - 18.00 h
- Monday, 26 June 2017: 07.30 - 18.00 h
- Tuesday, 27 June 2017: 07.30 - 17.00 h

Visit the EAN Booth and its 4 different areas (HOME, MEET, LEARN and RESEARCH) and find out more about the European Academy of Neurology, your home of neurology, and its aims and missions:

HOME

Relax on our sofas or meet a fellow colleague for a game of chess and feel at HOME. Learn everything about EAN and the benefits of being a valuable part of Europe's largest community of neurologists. Get all information on our different membership programmes, Meet the people behind EAN, the EAN Board as well as the EAN Office.

Join us and become a member of our community!

MEET

Come by the MEET area already in the morning for a cup of coffee and a chat among colleagues from all over Europe and the world and seize the opportunity for quick casual business meetings. Get information about MyEAN and our activities in social networks. Have fun with a paper printout of your #EAN2017 picture at the hashtagprinter or join the tricky challenge of EAN's brand new "hot wire" game.

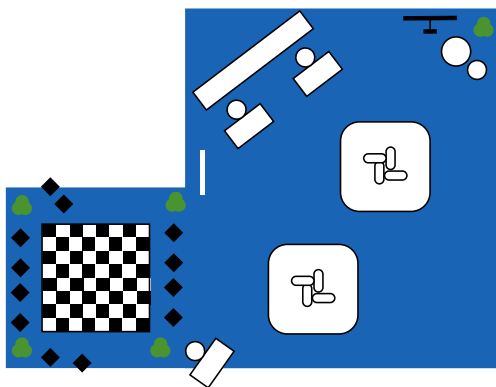
Learn more about the 2018 EAN Congress in Lisbon or buy some one-of-a-kind memorabilia: The unique EAN bag,



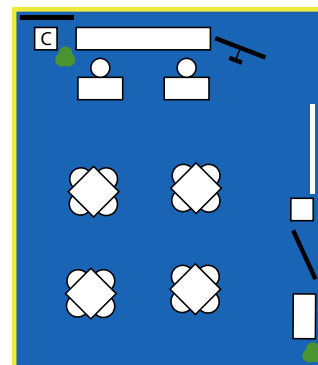
made of the poster background tarps of the 2015 and 2016 EAN congresses in Berlin and Copenhagen. EAN decided to re-use nearly all printed tarps and cloths of the poster booths and design its very own limited collector item. The strictly limited bags (only 150 pieces maximum per congress year) are proudly produced locally in Vienna, Austria by WienWork. The corporate objective is to provide and create jobs for disadvantaged people on the labor market. WienWork enables people with disabilities, chronic illnesses or long-term unemployed people to participate in economic and social life. With every purchase of a bag you support this project. Be sure to get your one-of-a-kind limited bag during the 2017 EAN Congress at the EAN MEET booth for only €20. Stock won't last long!!

Join us to shape the future of neurology!

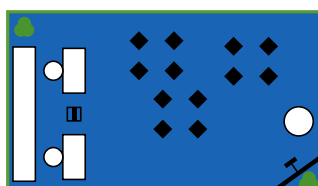
HOME



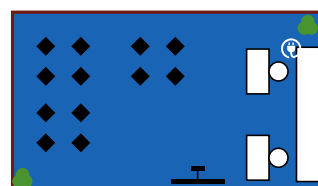
MEET



LEARN



RESEARCH



LEARN

When visiting the LEARN area, you can find all educational aspects that underpin the EAN vision to promote Excellence in Neurology in Europe. From study programmes outside the EAN congress or grants to support projects in other European Neurological Departments or online learning possibilities - EAN strives to bring education to the people, the neurologists who want to LEARN.

LEARNers are changing, ranging from the traditional neurologist used to didactic formal teaching to the new generations who are very comfortable with technology, with physical and virtual spaces and eCommunications. EAN needs to meet all those needs and ideally combine them.

Join us and be passionately curious to learn!

RESEARCH

Get all the information on Scientific Panels - not only on panel membership but also what these panels do and plan to do in the future. There will be a Q&A with members of the Guideline Production Group, where you can ask questions on how guidelines are produced and how to get involved. Get to know the Rare Diseases Taskforce and learn what they do. Grab your copy of the *European Journal of Neurology* and make yourself familiar with other great publications.

Join us to promote excellence in neurology!

700,000,000 brains - 25,000 members - 47 countries - one community

BOOTH PROGRAMME:

Each of the EAN Booth areas has a dedicated programme with interactive and face-to-face meetings with experts, committee chairs and members. This is your chance to meet them all!

Saturday:

LEARN - Prof. Klaus Toyka will present excerpts from the new EAN eBook (Part I) which presents the basics and some advanced knowledge about the neurological examination in the clinic, on the ward, and in the emergency room. It contains 11 chapters that illustrate the examination techniques in over 70 movies and figures, and show typical disease patterns in over 40 patient movies.

RESEARCH - Simona Arcuti will present the EAN Guideline production group; What are the tasks, how does it work, what is needed, how are Guidelines funded? You can ask and get information on all you need to know.

Sunday:

HOME - Prof. Didier Leys, the EAN Secretary General will be there for a Q&A on EAN membership, membership benefits, what is new.

LEARN - 17:00-18:00: EAN Spring School Alumni "Happy Hour": Participants from the last 20 years will be able to meet and see each other again in a relaxed atmosphere.

Monday:

MEET - Prof. Tim von Oertzen and Prof. Elena Moro will be there for a Q&A on ean.org, MyEAN, EANpages articles and much more.

LEARN - Prof Klaus Toyka will present excerpts from the new EAN eBook - Part II

Tuesday:

HOME - EAN Resident and Research Fellows will inform on membership benefits and possibilities to join

MEET: Join us for the daily opportunity to play the BRAIN GAME, meet colleagues and discuss the latest about the congress

The up-to-date booth programme can be found on the congress-website and in the app

EXHIBITION

An extensive exhibition will be held concurrently with the congress.

Exhibition opening hours are:

Saturday, 24 June 2017: 10.00 - 17.00 h

Sunday, 25 June 2017: 09.30 - 17.00 h

Monday, 26 June 2017: 09.30 - 17.00 h

Tuesday, 27 June 2017: 09.30 - 13.30 h

Accompanying children over the age of 1 year are not allowed to access the exhibition area due to the Pharma Codex. Thank you for your understanding.

The exhibition floor plan can be found on page 123.

HOTEL AND TRAVEL

Official Housing/Travel Agency

Congrex Travel Ltd.

Phone: +31(0) 623 529 147

Email: hotel.ean@congrex.com

Congrex Travel is present at the registration area. Staff can assist you with your hotel and flight bookings.

INSURANCE & LIABILITY

The Congress organisers and PCO cannot accept liability for personal accidents or loss of or damage to private property of participants, either during or indirectly arising from the 3rd Congress of the European Academy of Neurology.

It is recommended that all participants are covered by personal travel insurance for their trip.

INTERNET CORNER

An Internet Corner is located in the exhibition area and is available to all congress participants during the opening hours of the exhibition. In this area also Wi-Fi (see page XV) is available.

INTERACTIVE PROGRAMME PLANNER (IPP)

Please use the IPP in order to create your personal programme and abstract book. All invited lectures, oral sessions and poster presentations will be available in the IPP. By logging in you will be able to save and edit your personal programme. It is available for desktop, laptop and as smartphone app. Contents are sorted by topic and prerequisites and can be searched through standard web search functions. Once you have created your personal programme, you can export it to different calendar formats, or download it as a book of abstracts. The IPP will be available before and during the congress. iPad Stations will be placed on different locations throughout the congress venue. The congress app including the IPP will be displayed on the iPads.

LANGUAGE

The official language of the congress is English. No simultaneous translation will be provided.

LOST & FOUND

Please apply to the registration desk.

LUNCH AND COFFEE BREAKS

Light lunch and coffee is included in the registration fee and will be served in the exhibition area as per the times indicated in the timetable.

MAIL/MESSAGES

ePoster and ePresentation presenters can be contacted via the online poster system.

If you wish to leave a message for somebody, please apply to the registration desk.

MEDICAL ASSISTANCE

Please apply to the registration desk.

MEMBERS' LOUNGE

EAN Full and Corresponding individual members, FEANs and Faculty Members have the possibility to network and enjoy their lunch in a separated Members' Lounge. The Members' Lounge is located in the Holland restaurant above the EAN Booth area, between the exhibition and the Main Auditorium and is open during the exhibition opening hours.

There will be a photographer in the Members' Lounge to take a portrait picture of you for your EAN profile.

MINI-PROGRAMME

The mini-programme gives you an overview of the scientific programme at a glance.

MOBILE CHARGING STATIONS

Mobile charging stations will be placed all over the venue available to all congress participants.

The mobile charging station is supported by

**MOBILE PHONES**

Please note that mobile phones must be switched off during all sessions.

NETWORKING

Opening & Welcome Reception (See page XXVI)

Challenges for women in neurology (see page XXVII)

Networking event on Monday – "Meet and Greet" (see page XXIX)

Resident and Research Fellow Section Activities (see page XXVIII)

25 years Seizure (see page XXVIII)

History of Neurology Visit (see page XXV)

Members Lounge (see page XIV)

EAN BOOTH (see page XII)

PRESS CONFERENCE AND PRESS ROOM

A media room with wireless internet access is available to registered journalists. The Press Room is located in the Amsterdam suite. The press conference will be held on Monday, 26 June 2017 at 13:15 in the EAN Members' area.

QUALITY CONTROL/ EVALUATION

In order to guarantee the quality of the upcoming congresses, and to get CME certification, we are carrying out congress evaluations.

The general evaluation of the congress will be done online. On Tuesday, 27 June, all participants will receive a username and password per email during the evening. If you wish to receive individual reports, of your attendance in sessions, please use the EAN website and app and evaluate all sessions that you have attended. After the congress you will receive a certificate including a report of all sessions you have attended and evaluated.

Please take time to complete the electronic evaluation forms provided for each session you attend. The forms are available in the EAN Congress app and on the Congress website. Your input is essential for planning future EAN congresses and for receiving your certificate.

SCIENTIFIC REPLAY LOUNGE

The Scientific Replay Lounge is located in the exhibition area and will be available for the comfort of participants, providing a place to see webcasts of selected previous sessions, relax and meet with colleagues.

SESSIONS

Please make sure to be in session halls on time as all sessions will begin as per schedule.

SYMPOSIA:

Symposia are scheduled on each congress day and will last 2 hours each. Lecturers will give general information on the main topics of the congress. Special insight will be covered in Teaching courses and Focused workshops.

TEACHING COURSES:

If you wish to participate, tickets can still be purchased at the registration for a fee of € 40/ €25, availability permitting.

TCs are held on each congress day in the afternoon and last for 3 hours (plus 1/2 hour coffee break). They are interactive with ample opportunity for participants to ask questions. All TCs are aimed primarily at a post-graduate audience.

There are 3 levels of TCs:

Level 1 (Introductory): Aimed primarily at neurologists in training, or those wishing to refresh/update their basic knowledge in the field. Level 1 can also be suitable for undergraduates or general trainees with a particular interest.

Level 2 (standard): Assumes familiarity with basic clinical knowledge and practice, aimed at specialist trainees or practitioners wishing to update and further develop their knowledge in the field.

Level 3 (advanced): Aimed at specialist trainees or practitioners with a particular interest in that field, covering the latest advances of particular interest to a specialist audience.

Participants will receive a manuscript/ summary of the lectures as well as a certificate of attendance. TCs are not included in the registration fee, but have to be booked in addition.

HANDS-ON COURSES:

These Hands-on Courses (HoC) are for a limited number of participants only, with some built-in work in smaller groups who attend parallel by rotating to each presenter of the course. Live demonstrations with screening machines are the core of these courses. Fee: € 40/ €25

CASE-BASED WORKSHOPS:

The case-based workshops (CbW) are to support knowledge and practice in clinical diagnosis and management in a format, which requires the attendees to actively participate, with opportunities for direct discussion/contact with leading experts to discuss pre-prepared cases. For a limited number of participants only. Participation is not included in the registration fee. Fee: € 40/ €25

INTERACTIVE SESSIONS:

These sessions (Ias) are open for all participants. Through an interactive voting system, the opinions of colleagues will be collected.

FOCUSED WORKSHOPS

Focused workshops (FW) will be held in the morning and last for 1.5 hours. They will cover narrow topics and will aim to promote discussion around new ideas, evidence or theories. Ample time for discussion will be provided.

SPECIAL SESSIONS:

Special Sessions (SpS) cover topics of special interest.

CAREER DEVELOPMENT SESSIONS:

This format shall allow to share and improve knowledge on: "how to best write an academic paper"; "how to plan and organize a clinical or scientific study"; "how to apply for a grant", "how to get a paper accepted" etc...

These sessions (CdS) are open for all participants and primarily aim at a post-graduate audience.

SMOKING POLICY

Smoking is prohibited at all times in the meeting halls, exhibit halls and restrooms. Your compliance is appreciated.

SPEAKERS' SERVICE CENTRE (SSC)

See page X.

TRAVEL

see "Hotel and Travel"

WI-FI

Wi-Fi will be available free of charge in the registration and exhibition area as well as in the session rooms.

Network name: EAN-2017

Password: rocheinms

The Wi-Fi is supported by  Hoffmann LaRoche.



Interior of Jeronimos Monastery - Lisbon.

CONGRESS OF NEUROLOGY

15-18TH NOVEMBER 2017

HOTEL SANA | LISBOA | PORTUGAL

**MAIN THEME:
GLOBALIZATION, CLIMATE CHANGES,
ENVIRONMENT, AND NEUROLOGY**

Pre-congress courses:
Neuro-ophthalmology
Neurosonology

Pre-congress Nurses Meeting

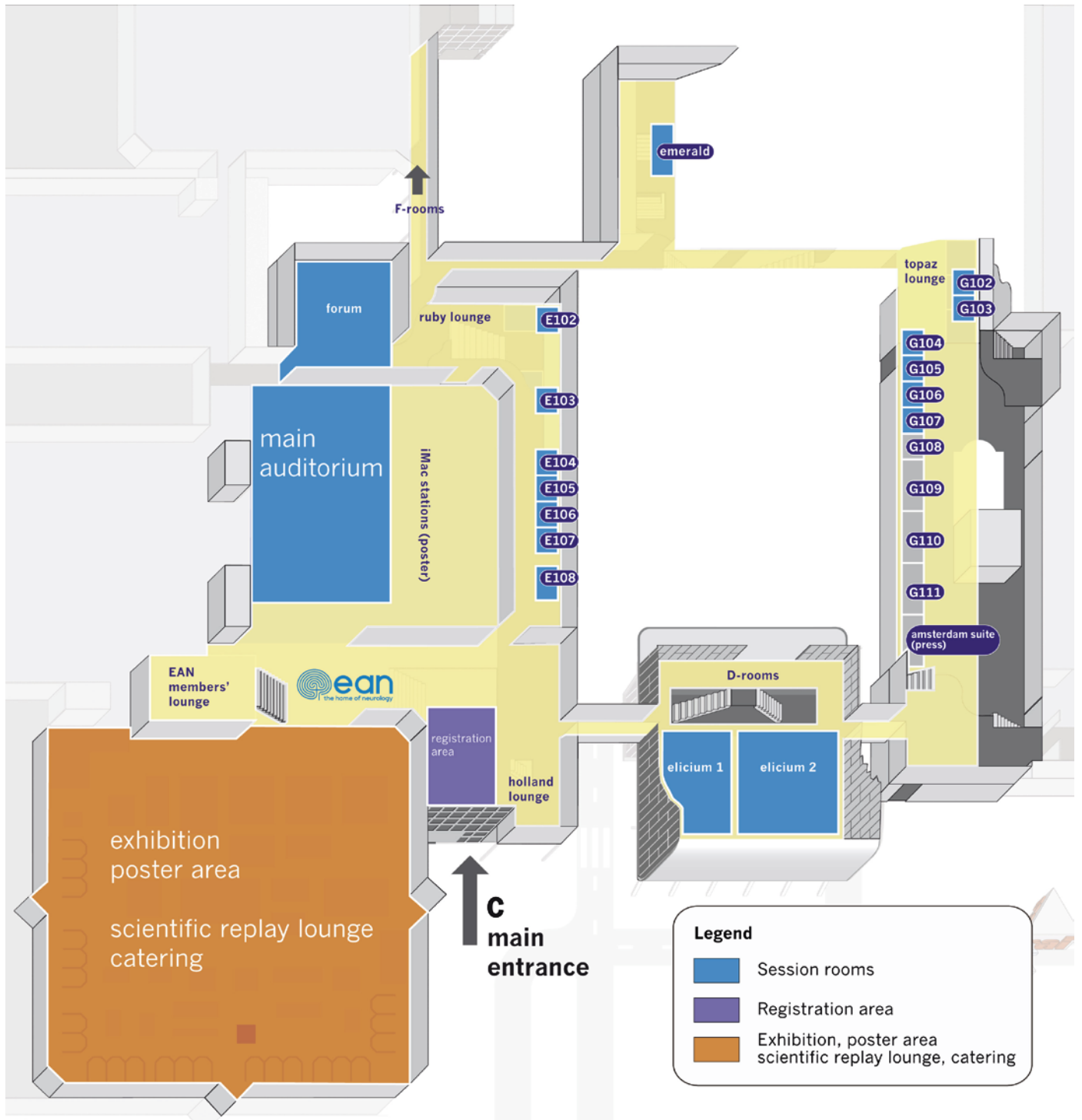
The Portuguese Society of Neurology (Sociedade Portuguesa de Neurologia - SPN) was founded in 1982.

The Society gathers all healthcare professionals working in the care of neurological patients including Doctors, Nurses, Psychologists, and Physiotherapists, as well as researchers working in the field of translational and clinical neuroscience.

*Join us in Lisbon
in November 2017!*



sec.spn@gmail.com



OVERVIEW OF BUSINESS MEETINGS

2017

(in chronological order, as per date of printing)

Additional meetings reserved after the date of printing will be announced on the Message screen in the registration area.

GROUP/COMMITTEE	DAY, TIME	RAI AMSTERDAM
RRFS National representatives meeting	Saturday, 24 June 14.15 - 15.15	Room D304
Scientific Committee	Saturday, 24 June 15.00 - 17.00	Room D202
E-communication Board	Sunday, 25 June 08.30 - 10.00	Room D202
TF Sub-saharan Africa	Sunday, 25 June 09.00 - 10.00	Room C204
Corresponding Institutional Member Societies	Sunday, 25 June 12.00 - 13.00	Room C204
Panel Chairpersons Meeting	Sunday, 25 June 12.30 - 14.30	Room E103
European Journal of Neurology - Editorial Board	Sunday, 25 June 13.30 - 14.30	Room D301
Meeting with Wiley	Sunday, 25 June 15.00 - 16.00	Room C204
Guideline Production Group	Sunday, 25 June 16.00 - 17.30	Room D202
EAN/WFN Meeting	Sunday, 25 June 17.45 - 18.45	Room D204
Education Committee	Monday, 26 June 08.30 - 10.00	Room D202
European Affairs Sub-Committee	Monday, 26 June 08.45 - 09.45	Room D203
Quality Assurance Sub-Committee	Monday, 26 June 10.00 - 11.00	Room D202
Liaison Committee	Monday, 26 June 10.00 - 11.00	Room D203
Press Conference	Monday, 26 June 13.15 - 13.45	Members area
RRFS General Assembly	Monday, 26 June 14.15 - 15.15	Room D304
E-communication Board & Panel representatives	Monday, 26 June 15.00 - 16.30	Room D203
Industrial Relations Board	Monday, 26 June 15.00 - 16.30	Room F004/F005
Teaching Course Sub-Committee	Tuesday, 27 June 08.30 - 10.00	Room D202
Programme Committee	Tuesday, 27 June 12.45 - 14.15	Room D202

(in chronological order, as per date of printing)

Additional meetings reserved after the date of printing will be announced on the Message screen in the registration area.

SCIENTIFIC PANEL/TASK FORCE	DAY, TIME	ROOM #
Scientific Panel Epilepsy	Saturday, 24 June 15.00 - 16.00	Room D301
Scientific Panel Neuro-oncology	Saturday, 24 June 15.00 - 16.30	Room D302
Scientific Panel Sleep-wake disorders - YESNA	Saturday, 24 June 16.00 - 17.00	Room D304
Scientific Panel Sleep-wake disorders	Saturday, 24 June 17.00 - 18.00	Room D304
Scientific Panel General neurology	Saturday, 24 June 17.00 - 18.00	Room D302
Task force "Movement disorders" guideline	Sunday, 25 June 08.00 - 10.00	Room D304
Scientific Panel Higher cortical functions	Sunday, 25 June 09.00 - 10.00	Room D302
Scientific Panel Coma and chronic disorders of consciousness	Sunday, 25 June 09.00 - 10.00	Room D301
Scientific Panel ALS and frontotemporal dementia	Sunday, 25 June 09.00 - 10.30	Room D203
Scientific Panel Neuroimaging	Sunday, 25 June 10.00 - 12.00	Room D304
Scientific Panel Neurosonology	Sunday, 25 June 10.00 - 12.00	Room D301
Scientific Panel Clinical neurophysiology	Sunday, 25 June 11.00 - 12.00	Room D302
Scientific Panel Translational neurology	Sunday, 25 June 11.00 - 12.00	Room D303
Scientific Panel Neurotraumatology	Sunday, 25 June 14.30 - 15.30	Room D302
Scientific Panel Neurotoxicology	Sunday, 25 June 15.00 - 16.00	Room D202
Task Force "Narcolepsy" Guideline	Sunday, 25 June 15.00 - 16.00	Room D304
Scientific Panel Neuro-ophthalmology and -otology	Sunday, 25 June 15.00 - 16.30	Room D303
Scientific Panel Neurorehabilitation	Sunday, 25 June 15.00 - 17.00	Room D301
Scientific Panel Palliative care	Sunday, 25 June 16.00 - 17.30	Room D302
Scientific Panel Muscle & NMJ disorders	Sunday, 25 June 16.00 - 17.30	Room D304
Scientific Panel Neurocritical care	Sunday, 25 June 17.00 - 18.00	Room C204
Scientific Panel Infectious diseases	Sunday, 25 June 17.00 - 18.00	Room C303

(in chronological order, as per date of printing)

Additional meetings reserved after the date of printing will be announced on the Message screen in the registration area.

SCIENTIFIC PANEL/TASK FORCE	DAY, TIME	ROOM #
Scientific Panel Stroke	Monday, 26 June 09.00 - 10.00	Room D301
Scientific Panel Multiple sclerosis	Monday, 26 June 10.00 - 11.00	Room F004/F005
Scientific Panel Neuropathies	Monday, 26 June 10.00 - 11.30	Room D301
Scientific Panel Child neurology	Monday, 26 June 10.00 - 11.30	Room D302
Scientific Panel Headache	Monday, 26 June 10.00 - 12.00	Room D303
Scientific Panel Neurogenetics	Monday, 26 June 11.30 - 13.00	Room D301
Scientific Panel Neuroepidemiology	Monday, 26 June 12.30 - 13.30	Room D302
Scientific Panel Neuroimmunology	Monday, 26 June 12.30 - 14.00	Room D304
Scientific Panel Autonomic nervous system disorders	Monday, 26 June 13.00 - 14.00	Room D301
Scientific Panel Dementia and cognitive disorders	Monday, 26 June 13.00 - 14.00	Room D202
Scientific Panel Movement disorders	Monday, 26 June 14.00 - 15.00	Room D202
Task Force Rare Neurological Diseases	Monday, 26 June 14.30 - 16.00	Room D403
Scientific Panel Pain	Tuesday, 27 June 12.00 - 13.00	Room D203

e-Presentation presenters are requested to be at their poster screen at the beginning of the sessions.

TOPIC (SCREEN NR)	PRESENTATION NUMBERS	CHAIRS
SATURDAY, 24 JUNE 2017		13:30 - 14:15
Ageing and dementia 1 (Screen A1)	PR1001 - PR1008	Federica Agosta, ITALY
Autonomic nervous system 1 (Screen A2)	PR1009 - PR1014	Mario Habek, CROATIA
Cerebrovascular diseases 1 (Screen B1)	PR1015 - PR1022	Thomas Gatteringer, GERMANY
Cerebrovascular diseases 2 (Screen B2)	PR1023 - PR1030	Simona Sacco, ITALY
Cognitive neurology/neuropsychology 1 (Screen C1)	PR1032 - PR1037	Sandro Sorbi, ITALY
Epilepsy 1 (Screen C2)	PR1038 - PR1044	Johan Koekkoek, THE NETHERLANDS
Headache and pain 1 (Screen D1)	PR1045 - PR1050	Stefan Evers, GERMANY
Movement disorders 1 (Screen E1)	PR1051 - PR1059	Werner Poewe, AUSTRIA
Movement disorders 2 (Screen E2)	PR1060 - PR1068	Angelo Antonini, ITALY
Movement disorders 3 (Screen E3)	PR1069 - PR1077	Alberto Albanese, ITALY
MS and related disorders 1 (Screen F1)	PR1078 - PR1085	Giancarlo Comi, ITALY
MS and related disorders 2 (Screen F2)	PR1086 - PR1093	Ralf Gold, GERMANY
Muscle and neuromuscular junction disease 1 (Screen G1)	PR1094 - PR1100	Albert Ludolph, GERMANY
Neurogenetics 1 (Screen G2)	PR1101 - PR1105	Alessandro Filla, ITALY
Neuroimaging 1 (Screen H1)	PR1106 - PR1112	Manfred Kaps, GERMANY
Neuroimmunology 1 (Screen H2)	PR1113 - PR1118	Radu Tanasescu, ROMANIA
Neurorehabilitation (Screen D2)	PR1119 - PR1126	Dafin Muresanu, ROMANIA
Neurotoxicology & Neurotraumatology & Spinal cord and root disorders 1 (Screen B3)	PR1127 - PR1131	Erich Schmutzhard, AUSTRIA
Peripheral nerve disorders 1 (Screen F3)	PR1132 - PR1138	Peter Berlit, GERMANY
Sleep disorders 1 (Screen H3)	PR1139 - PR1145	Ulf Kallweit, GERMANY

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SUNDAY, 25 JUNE

EXHIBITION

e-Presentation presenters are requested to be at their poster screen at the beginning of the sessions.

TOPIC (SCREEN NR)	PRESENTATION NUMBERS	CHAIRS
SUNDAY, 25 JUNE 2017		
		13:30 - 14:15
Ageing and dementia 2 (Screen A1)	PR2001 - PR2009	Philip Scheltens, THE NETHERLANDS
Autonomic nervous system 2 (Screen A2)	PR2010 - PR2014	David B. Vodusek, SLOVENIA
Cerebrovascular diseases 3 (Screen B1)	PR2015 - PR2022	Raimund Helbok, AUSTRIA
Cognitive neurology/neuropsychology 2 (Screen C1)	PR2023 - PR2029	Pasquale Calabrese, SWITZERLAND
Epilepsy 2 (Screen C2)	PR2030 - PR2036	Philippe Ryvlin, SWITZERLAND
Headache and pain 2 (Screen D1)	PR2037 - PR2042	Elena Enax-Krumova, GERMANY
Motor neurone diseases 1 (Screen D2)	PR2043 - PR2050	Corrado Angelini, ITALY
Movement disorders 4 (Screen E1)	PR2051 - PR2059	Regina Katzenschlager, AUSTRIA
Movement disorders 5 (Screen E2)	PR2060 - PR2068	Alexander Münchau, GERMANY
Movement disorders 6 (Screen E3)	PR2069 - PR2076	Olivier Rascol, FRANCE
MS and related disorders 3 (Screen F1)	PR2077 - PR2084	Hans-Peter Hartung, GERMANY
MS and related disorders 4 (Screen F2)	PR2085 - PR2092	Celia Oreja-Guevara, SPAIN
Muscle and neuromuscular junction disease 2 (Screen G1)	PR2093 - PR2099	John Vissing, DENMARK
Neuroepidemiology (Screen B2)	PR2100 - PR2108	Vitalie Lisnic, MOLDOVA
Neuroimaging 2 (Screen H1)	PR2109 - PR2114	Giorgos Tsivgoulis, GREECE
Neuroimmunology 2 (Screen H2)	PR2115 - PR2119	Pasquale Annunziata, ITALY
Neuro-ophthalmology/ neuro-otology (Screen G2)	PR2120 - PR2126	Nese Celebisoy, TURKEY
Peripheral nerve disorders 2 (Screen F3)	PR2127 - PR2133	Thodoros Kyriakides, CYPRUS
Sleep disorders 2 (Screen H3)	PR2134 - PR2139	Martin Rakusa, SLOVENIA
MONDAY, 26 JUNE 2017		
		13:30 - 14:15
Ageing and dementia 3 (Screen A1)	PR3001 - PR3009	Poul Jennum, DENMARK
Cerebrovascular diseases 4 (Screen B1)	PR3010 - PR3017	José Ferro, PORTUGAL
Cerebrovascular diseases 5 (Screen B2)	PR3018 - PR3025	Charlotte Cordonnier, FRANCE
Child neurology/developmental neurology (Screen A2)	PR3026 - PR3031	Laszlo Csiba, HUNGARY
Epilepsy 3 (Screen C2)	PR3032 - PR3038	Ettore Beghi, ITALY
Motor neurone diseases 2 (Screen D2)	PR3039 - PR3046	David Oliver, UNITED KINGDOM
Movement disorders 7 (Screen E1)	PR3047 - PR3054	Joao Costa, PORTUGAL
Movement disorders 8 (Screen E2)	PR3055 - PR3062	Christine Klein, GERMANY
Movement disorders 9 (Screen E3)	PR3063 - PR3070	Maria Stamelou, GREECE
MS and related disorders 5 (Screen F1)	PR3071 - PR3078	Maria Assunta Rocca, ITALY
MS and related disorders 6 (Screen F2)	PR3079 - PR3086	Tjalf Ziemssen, GERMANY
Neurogenetics 2 (Screen G2)	PR3087 - PR3091	Thomas Klopstock, GERMANY
Neuroimaging 3 (Screen H1)	PR3092 - PR3097	Roland Wiest, AUSTRIA
Neuro-oncology (Screen H2)	PR3098 - PR3103	Anette Storstein, NORWAY
Neurotoxicology & Neurotraumatology & Spinal cord and root disorders 2 (Screen B3)	PR3104 - PR3108	Josep Valls-Solé, SPAIN
Peripheral nerve disorders 3 (Screen F3)	PR3109 - PR3115	Claudia Sommer, GERMANY
Peripheral nerve disorders 4 (Screen G1)	PR3116 - PR3122	Benedikt Schoser, GERMANY

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e-Poster presenters are requested to be at their poster screen at the beginning of the sessions.

TOPIC (SCREEN NR)	POSTER NUMBERS	CHAIRS
SATURDAY, 24 JUNE 2017		12:30 - 13:15
Ageing and dementia 1 (Screen A1)	EP1001 - EP1014	Mario Sousa, PORTUGAL
Cerebrovascular diseases 1 (Screen B1)	EP1015 - EP1027	Shane Lyons, UNITED KINGDOM
Cerebrovascular diseases 2 (Screen B2)	EP1028 - EP1040	David Skoloudik, CZECH REPUBLIC
Cognitive neurology/neuropsychology 1 (Screen C1)	EP1041 - EP1053	Sietske Sikkes, THE NETHERLANDS
Education, History, Arts, Ethics (Screen A3)	EP1054 - EP1063	Viktoria Papp, DENMARK
Epilepsy 1 (Screen C2)	EP1064 - EP1077	Vana Costa, CROATIA
Headache and pain 1 (Screen D1)	EP1078 - EP1091	Vesselina Grozeva, BULGARIA
Infection and AIDS (Screen G3)	EP1092 - EP1106	Saddek Khellaf, ALGERIA
Movement disorders 1 (Screen E1)	EP1107 - EP1119	Paul de Roos, SWEDEN
Movement disorders 2 (Screen E3)	EP1120 - EP1132	Karolina Dziezyc, POLAND
MS and related disorders 1 (Screen F1)	EP1133 - EP1145	K Ray Chaudhuri, UNITED KINGDOM
MS and related disorders 2 (Screen F2)	EP1146 - EP1158	Gavin Giovannoni, UNITED KINGDOM
Muscle and neuromuscular junction disease 1 (Screen G1)	EP1159 - EP1171	Giorgio Tasca, ITALY
Neuroimmunology 1 (Screen H2)	EP1172 - EP1183	Daniel Bereczki, HUNGARY
Neurorehabilitation (Screen D3)	EP1184 - EP1191	Michaela Bisciglia, BELGIUM
Neurotoxicology & Neurotraumatology & Spinal cord and root disorders (Screen B3)	EP1192 - EP1205	Pieter Vos, THE NETHERLANDS
Peripheral nerve disorders 1 (Screen F3)	EP1206 - EP1220	Geir Braathen, NORWAY
Sleep disorders 1 (Screen H3)	EP1221 - EP1228	Luigi Ferini-Strambi, ITALY
SUNDAY, 25 JUNE 2017		12:30 - 13:15
Ageing and dementia 2 (Screen A1)	EP2001 - EP2013	Ana Verdelho, PORTUGAL
Cerebrovascular diseases 3 (Screen B1)	EP2014 - EP2026	Gereon Fink, GERMANY
Cerebrovascular diseases 4 (Screen B2)	EP2027 - EP2039	Kristaps Jurjans, LATVIA
Cerebrovascular diseases 5 (Screen B3)	EP2040 - EP2052	Michal Karlinski, POLAND
Clinical neurophysiology (Screen A2)	EP2053 - EP2066	Antonio Carotenuto, ITALY
Cognitive neurology/neuropsychology 2 (Screen C1)	EP2067 - EP2079	Maria Benabdeljil, MOROCCO
Epilepsy 2 (Screen C2)	EP2080 - EP2093	Marta Melis, ITALY
Headache and pain 2 (Screen D1)	EP2094 - EP2106	Devrimsel Harika Ertem, TURKEY
Motor neurone diseases (Screen D3)	EP2107 - EP2120	Josef Finsterer, AUSTRIA
Movement disorders 3 (Screen E1)	EP2121 - EP2133	Cristian Falup-Pecurariu, ROMANIA
Movement disorders 4 (Screen E2)	EP2134 - EP2146	Antonella Macerollo, UNITED KINGDOM
MS and related disorders 3 (Screen F1)	EP2147 - EP2159	Michael Khalil, AUSTRIA
MS and related disorders 4 (Screen F2)	EP2160 - EP2172	Ulgen Yalaz Tekan, TURKEY
Muscle and neuromuscular junction disease 2 (Screen G1)	EP2173 - EP2185	Simon Podnar, SLOVENIA
Neuroepidemiology (Screen A3)	EP2186 - EP2194	Nino Khizanishvili, GEORGIA
Neuroimmunology 2 (Screen H2)	EP2195 - EP2205	Raluca Badea, ROMANIA
Neuro-ophthalmology/ neuro-otology (Screen G2)	EP2206 - EP2214	Wolfgang Heide, GERMANY
Peripheral nerve disorders 2 (Screen F3)	EP2215 - EP2228	Mohamed Zeinom Mahmoud Gomaa, EGYPT
Sleep disorders 2 (Screen H3)	EP2229 - EP2236	Lucia Muntean, GERMANY

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MONDAY, 25 JUNE

EXHIBITION

e-Poster presenters are requested to be at their poster screen at the beginning of the sessions.

TOPIC (SCREEN NR)	POSTER NUMBERS	CHAIRS
MONDAY, 26 JUNE 2017		12:30 - 13:15
Cerebrovascular diseases 6 (Screen B1)	EP3001 - EP3012	Chokri Mhiri, TUNISIA
Cerebrovascular diseases 7 (Screen B2)	EP3013 - EP3024	Johann Sellner, AUSTRIA
Cerebrovascular diseases 8 (Screen B3)	EP3025 - EP3036	Ana Caterina Fonseca, PORTUGAL
Child neurology/developmental neurology (Screen A2)	EP3037 - EP3047	Eija Gaily, FINLAND
Critical care (Screen D3)	EP3048 - EP3054	Joukje van der Naalt, THE NETHERLANDS
Epilepsy 3 (Screen C2)	EP3055 - EP3068	Vincent Keereman, BELGIUM
Headache and pain 3 (Screen D1)	EP3069 - EP3081	Jera Kruja, ALBANIA
Movement disorders 5 (Screen E1)	EP3082 - EP3092	Anna Sauerbier, UNITED KINGDOM
Movement disorders 6 (Screen E2)	EP3093 - EP3103	Joao Massano, PORTUGAL
MS and related disorders 5 (Screen F1)	EP3104 - EP3116	Domizia Vecchio, ITALY
MS and related disorders 6 (Screen F2)	EP3117 - EP3129	Heinz Wiendl, GERMANY
Neurogenetics (Screen G2)	EP3130 - EP3144	Michelangelo Mancuso, ITALY
Neuroimaging (Screen H1)	EP3145 - EP3154	Elisa Canu, ITALY
Neurological manifestations of systemic diseases (Screen A1)	EP3155 - EP3167	Israel Steiner, ISRAEL
Neuro-oncology (Screen H2)	EP3168 - EP3178	Cristina Alina Birzu, ROMANIA

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EFNA/EAN
PROFESSIONALS AND PUBLIC
AWARENESS DAY ON PALLIATIVE
CARE.

10.20 – 13.00 | ROOM G109

As neurologists care for patients with chronic, progressive, life-limiting and disabling conditions, it is important that they understand and learn to apply the principles of palliative medicine. In this session, through a series of disease specific case-studies, we aim to explore the role of the neurologist in palliative medicine – from the physician and patient perspectives – by addressing common question, such as:

- What are the palliative care needs of neurology patients?
- Do neurology patients have unique palliative care needs?
- How can palliative care be integrated into neurology practice?
- What skills do neurologists need to engage in palliative care? e.g. communicating bad news, symptom assessment and management, advance care planning, caregiver assesment, appropriate referral, etc.

We conclude by suggesting areas for future educational efforts and research in this area – specifically via the EAN and its partner organisation – the European Association for Palliative Care.

We conclude by suggesting areas for future educational efforts and research in this area – specifically via the EAN and its partner organisation – the European Association for Palliative Care.

Programme

10.20 – 10.25

Welcome:

Joke Jaarsma, EFNA Secretary-General
(Amsterdam, The Netherlands)

10.25 – 10.45

Opening Address:

Professor Dr M. de Visser, EAN Treasurer
(Amsterdam, The Netherlands)

Case-Studies

10.45 – 11.00

BRAIN TUMOUR:

Dr. Johan Koekkoek
(Leiden, The Netherlands)

11.00 – 11.15

DEMENTIA:

Dr Ir Jenny van der Steen
(Leiden, The Netherlands)

11.15 – 11.45

PARKINSON'S DISEASE:

A Professional Perspective: Dr Danny Hommel
(Nijmegen, The Netherlands)

A Patient Perspective

COFFEE BREAK FROM 11.45 TO 12.05

12.05 – 12.50

Panel Discussion: Future Efforts -

Including representatives of the EAN, EAPC and EFNA
Keynote Presentation (ALS) and Moderator:
Prof. David Oliver (Canterbury, United Kingdom)

12.55 – 13.00

Co-Chairs Closing Address

LUNCH FROM 13.00 TO 13.30.

HISTORY OF NEUROSCIENCE: VISIT,
RAI AMSTERDAM – STOPERA – RAI
AMSTERDAM

13.30 MEET AT RAI | STRANDZUID

On Saturday June 24, a History of Neuroscience visit will be organised, passing through the original medieval part of Amsterdam and focusing on some architectural as well as medico-historical points of interest.

The visit will start at 13:30 from RAI, Strandzuid, just behind the Congress Halls. We will travel by boat to the city centre. During the boat trip, which will pass some interesting early 20th century architecture before reaching the broad Amstel River, touristic as well as medical and neurological historic facts will be presented.

The starting point for the walking tour is in front of "the Stopera" (meeting point there at 14:30), a building complex (1986), designed by Cees Dam and Wilhelm Holzbauer in Amsterdam, housing both the city hall of Amsterdam and the principal opera house in Amsterdam that is home of the Dutch National Opera and Dutch National Ballet companies.

From there we will make a tour through parts of medieval Amsterdam including places of medical Interest such as the (place) of the cloisters where the first autopsies in the city were performed, the Guild hall of the surgeons where Rembrandt painted his famous Anatomic Lessons by Tulp and Deyman and the old inner city hospital where Winkler and Wertheim Salomonson pioneered early Dutch neurology.

The guided walking tour (headphones will be provided) will take about 120 minutes. After the tour the boat will leave from the Stopera to RAI, Strand Zuid again (arrival at RAI buildings 17.30 hrs.). The costs are € 40 for the full program including the boat ride and the electronic tour guide system.

Sturdy shoes are advised as well as an umbrella, an appliance never to be forgotten in the Dutch climate

On Sunday June 25 there will be a History of Neuroscience Special Session from 15:00 to 16:30 in the congress centre (see page 69).

OPENING + WELCOME RECEPTION

18.30 MAIN AUDITORIUM

Programme

Welcoming addresses

Bernard Uitdehaag, Local Chairperson

Günther Deuschl, President of the European Academy of Neurology

Honorary Membership Awards

Marie-Germaine Bousser, France,

Raad Shakir, UK

Opening Lecture:

Quality cycles: How to measure moving targets,

Bas Bloem, Nijmegen, The Netherlands

Artistic performance about Amsterdam and its lifestyle.

All participants and exhibitors are invited to the Opening and the following Welcome reception. This year the reception will be on a very unique location next to RAI: Strandzuid, a beach location where BBQ and cold drinks will be served. Please wear your badge.



SUNDAY, 25 JUNE
CHALLENGES FOR WOMEN IN
NEUROLOGY

13:00-14:30 | ROOM E108

CHAIRPERSONS:

Elena Moro, GRENOBLE, FRANCE

Selma Tromp, WOERDEN, THE NETHERLANDS

The aim of this event is to help identify and overcome the challenges that women may find during their academic and hospital career development in neurology. This event is mainly directed to female neurology residents and female neurologists at the beginning of their career.

You are invited to bring your lunch to this session.



Marieke Dekker,

MOSHI, TANZANIA

As one of the country's few neurologists (1 per 8-10 million inhabitants), Marieke Dekker (MD, PhD) is working in Kilimanjaro Christian Medical Centre (KCMC) one of the large teaching hospitals in Tanzania in the foothills of Mt Kilimanjaro. Eastern Africa is an extremely underserved area in terms of neurology accessibility within Tanzania one neurologist per 10 million people. Apart from patient care in all ages, the work consists of neurology teaching and setting up neurology training in the country, working closely with colleagues in the Eastern African Region who are facing similar challenges.

For this purpose, the East African region received dedicated Grants-in-Aid by World Federation of Neurology. Overseas neurology trainees also frequent KCMC for Tropical Neurology placements. The region is rather unexplored in terms of research and poses unique research questions. Apart from founding a Tanzanian Neuroscience Association and East African College of Neurology with regional colleagues, she is involved in the EAN Teaching Courses for Sub Saharan Africa, which offer CME and collaboration opportunities to junior neurologists in the region, who are otherwise isolated being the only one or few neurologists in the country they are based. She is married to a bioinformatician, they have six children.



Augustina Charway-Felli,

ACCRA, GHANA

Dr. Augustina Charway-Felli is a Neurologist at the Medical Division of the 37 Military Hospital in Accra, Ghana. She was born to a mixed Russian-Ghanaian Family and graduated from the IM Sechenov

Moscow Medical Academy (now named the I.M. Sechenov First Moscow State Medical University) and did her specialist training in neurology at the A.Ya. Kozhevnikov Clinic. Dr Charway-Felli completed a doctorate programme in Neurology and Neurogeriatrics in the same institution. Dr Charway-Felli returned to her home country of Ghana in 2007, to become one of only two practicing neurologists at that time.

There are now 6 practicing neurologists, but Dr Charway-Felli remains the only woman. Although mostly a clinician, Dr Charway-Felli is also the 2nd Vice President of the Ghana chapter of the International League against Epilepsy (Ghana Epilepsy Society) and 2nd Vice President of the Neurological Society of Ghana. In 2015 in Dakar, Senegal, the African Academy of Neurology (AFAN) was created and Dr Charway-Felli was elected to the position of Secretary-General of it; the only woman on the Board of Directors. Subsequent Board elections have seen 2 more women elected to the AFAN Board.



Pille Taba

TARTU, ESTONIA

Dr Pille Taba is a Professor of Neurology of the University of Tartu, President of the Estonian Society of Neurologists and Neurosurgeons, and a founding member of the Estonian Movement Disorders Society. She serves as Head of the

Neurology Commission for the Estonian Ministry of Social Affairs, as member of the research Ethics Committee of the University of Tartu, as member of the Scientific Advisory Group of Neurology of the European Medicines Agency, and as an Officer of the European Section of the International Movement Disorders Society.

Pille Taba graduated from the University of Tartu, Estonia, and received her postgraduate medical training at the Universities of Vienna, Karlstad, Minneapolis, and the University College London. Her research interests have been focused mainly on movement disorders: Parkinson's disease and toxic parkinsonism, and neuroinfections. She has organised several neurological meetings in Estonia, been an invited speaker at many international congresses and educational courses, and developed professional contacts in several countries.

SUNDAY, 25 JUNE 2017
RESIDENT AND RESEARCH FELLOW
HOSPITAL VISIT

18:00 | REGISTRATION DESK

On Sunday, 25 June 2017 the RRFS hospital visit is organised in collaboration with the Dutch Junior Neurology Association. We will have the unique opportunity to visit the VU University Medical Center. Interested participants must register by email (rrfs@ean.org) as places are limited. (max. 100 participants)



SUNDAY, 25 JUNE 2017
MUSIC RECITAL

20:30 | GEERT GROOTE COLLEGE

A musical Journey from Hamburg to Berlin, Vienna and Paris with compositions by Georg Philipp Telemann (1681-1767), Carl Philipp Emanuel Bach (1714-1788), Wolfgang Amadé Mozart (1756-1791) and Francis Poulenc (1899 -1963).

This chamber music recital is the second one organized and scheduled at the time of an EAN congress by the neurologists **Klaus V. Toyka**, Würzburg, Germany and **Hannah Cock**, London, UK; co-organized by John Wokke, Professor at the University of Utrecht. Delegates of the congress are invited to spend an hour of relaxed listening in the music hall of the Geert Groote College at the Zuideramstelkanaal in Amsterdam.

The tickets are € 15 (€ 10 reduced fee) and can be purchased at the registration desk.

Sunday, June 25, 2017, 20.30, the Geert Groote College opens at 20.00 for pre-concert networking.

Location:

Geert Groote College Amsterdam, St. Theater Zuideramstelkanaal, Fred. Roeskestraat 84, 1076 ED Amsterdam

MONDAY, 26 JUNE 2017
SCIENTIFIC SATELLITE SYMPOSIUM:
25TH ANNIVERSARY: SEIZURE –
EUROPEAN JOURNAL OF EPILEPSY

12:30-14:00 | G106/107

Chairpersons:

Markus Reuber, Editor-in-Chief of *Seizure*
Christoph Helmstaedter, Associate Editor of *Seizure*

In celebration of the 25th Anniversary of *Seizure – European Journal of Epilepsy* short lectures by seven internationally acclaimed experts will provide updates on a range of topics of importance to clinicians seeing patients with epilepsy and other seizure disorders. Attendees will get to know the latest about new drugs, the role of genetic tests, cognitive testing, rare epileptological diseases, sudden unexpected death in epilepsy and how to help patients found to have nonepileptic attacks.

Antiepileptic drugs: what's next and is it better?

Martin Brodie, GLASGOW, UK

Should seizure diaries be a thing of the past - and what are the alternatives?

Christian Elger, BONN, GERMANY

Cognitive screening: essential for optimal epilepsy care?

Christoph Helmstaedter, BONN, GERMANY

Genetic testing in epilepsy - are your patients missing out if you don't do it?

Rhys Thomas, CARDIFF, UK

Everyone is different: How to tackle rare and complex epilepsies - EpiCARE and the power of networking

Reetta Kälviäinen, KUOPIO, FINLAND

Epilepsy still kills – can we prevent Sudden Unexpected Death in Epilepsy?

Roland Thijs, HEEMSTEDDE, THE NETHERLANDS

So the seizures are nonepileptic – what now?

Markus Reuber, SHEFFIELD, UK

MONDAY, 26 JUNE 2017
MEET AND GREET NETWORKING
RECEPTION
HERMITAGE MUSEUM, AMSTERDAM

20:30 | HERMITAGE

The meet and greet event will take place in the wonderful Hermitage Museum, a unique, historic building in the Center of Amsterdam.

The event will start on Monday, June 26 at 20.30. The Hermitage Exhibition: "1917 Romanov & Revolution - the end of Monarchy" will be exclusively opened for the EAN, as well as guides will be happy to answer all your questions. This unique exhibition will be the only showing of the exhibition in Western Europe. It includes over 250 items from the collections of the State Hermitage Museum in St Petersburg, the State Archive of the Russian Federation in Moscow, and the Artillery Museum in St Petersburg. Using films, photographs, paintings, objects d'art and historical documents, the show tells the gripping story of fashionable St Petersburg and the art that flourished there in the early twentieth century, of Tsar Nicholas II and his wife Alexandra, and of the explosive political and social circumstances of their reign. Visitors see and hear how choices and decisions made by the tsar made revolution inevitable and spelled the inescapable end of the 300-year Romanov monarchy in Russia. They also gain moving intimate insights into the final years of the imperial family, ending in their murder. 1917: the ultimate turning point in the history of Russia. The last tsar and the revolution, on exclusive show in Amsterdam a century after the event. Top exhibits will include items from the imperial couple's wardrobe, portraits of the royal pair, their children's toys and drawings, Nicholas's Act of Abdication (facsimile), works of art created at the period (Russia's 'Silver Age'), various Fabergé objects and one of the murder weapons.

There is the option for a boat taxi from Strand Zuid at 20.15 for the participants of the Satellite Symposia (first-come-first-served basics)

The entrance fee is € 35 (reduced fee € 25) and includes free snacks and drinks, the entrance to the museum and free guiding in the exhibition. Tickets can be purchased at the registration desk.

Location: Hermitage Museum Amsterdam, Amstel 51, 1018 EJ Amsterdam

How to get there:

Take the GVB Metro 51 to Waterlooplein, Exit Nieuwe Herengracht or Blauwbrug

The Amstelhof, as the building was called before, is one of the finest examples of monumental classicist architecture in Amsterdam. It was built in 1681-1683 as a home for the elderly in need of care (initially only for women, but also for men from 1719).

The site was bounded by the River Amstel, Nieuwe Herengracht, Weesperstraat and Nieuwe Keizersgracht. Thanks to a substantial legacy, it proved possible to complete the monumental building on the Amstel in less than two years, probably to a design by the city architect Hans Petersom. It comprised a basement, two floors and an attic and is laid out as a square around a spacious garden that was originally intended to be a bleaching ground. This was flanked by two narrow courtyards which were covered over and built on in the 19th century.

The two stone gates in the façade on the Amstel side were once the entrances to the complex. The decorated door with steps in the middle of the façade has a purely aesthetic function, opening on to the middle of the dining room or chapel directly behind the façade. Parts of the old interior survive only in the basement, including the 18th-century kitchen (restored in 1979) with a deep fireplace and gigantic cooking pots with brick surrounds in which the food for about 700 residents was prepared.

After various renovations in the 19th and 20th centuries, little is left of the original interior of the Amstelhof.



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MAIN AUDITORIUM	ELICIUM 2	ELICIUM 1	FORUM	G102/103	G106/107	E106/107	EMERALD	E108	E104/105	E103	G104/105	E102	D403
SpS1 08:30-10:30 MDS-ES: European Basal Ganglia Club	IgS1 08:30-10:00 The different faces of stroke – illustrative cases of rare stroke aetologies	FW2 08:30-10:00 Overarching theme: Outcome measures in neuromuscular disorders	FW1 08:30-10:00 Management of rare genetic neurological diseases in the ICU	CdS4 08:30-10:00 Abstract writing: poster and presentation tips for success at international meetings	FW3 08:30-10:00 Challenges in new clinical trial designs	FW4 08:30-10:00 Update on treatable, autoantibody-mediated CNS disorders in children, adolescents and adults: Diagnosis you don't want to miss!	FW5 08:30-10:00 „Cervical vertigo“ – reality or fiction?	FW6 08:30-10:00 Rare brain tumours: Advances in management and new drugs	E104/105	E103	HoC1 08:30-10:00 Monitoring and multimodal neuromonitoring – Level 1	CbW1 08:30-10:00 Localising and lateralising seizure onset from ictal phenomenology	D403
10:00-17:00 Exhibition, 10:00-10:30 Coffee break @ exhibition													
Sy1 10:30-12:30 MDS-ES/EAN The natural history of movement disorders	Sy2 10:30-12:30 Outcome measures in dementia studies	Sy3 10:30-12:30 DNA repeat syndromes in neuromuscular disorders	Sy4 10:30-12:30 Neuroscience of sleep	12:30-14:45 Lunch break @ exhibition (lunch served from 12:30-13:30) 12:30-13:15 ePoster Sessions 13:30-14:15 ePresentations									
SaS 13:00-14:30 Roche From candle to lightbulb: How has innovation defined our understanding of multiple sclerosis?	SaS 13:00-14:30 Sunovion Pharmaceuticals Off States in Parkinson's Disease: Options Beyond Oral Medications												
TC1 14:45-18:15 MDS-ES/EAN: Differential diagnosis of sleep-related movement disorders – Level 3	OS 14:45-18:15 Peripheral nerve disorders	TC3 14:45-18:15 Genetic counselling in neurogenetic disorders – Level 1	TC4 14:45-18:15 New algorithms for dementia management: from diagnosis to treatment – Level 3	TC2 14:45-18:15 Autoimmune causes of epilepsy – Level 3	OS 14:45-18:15 Motor neuron diseases	OS 14:45-18:15 Headache and pain 1	OS 14:45-18:15 Critical care	CbW2 14:45-18:15 Indomethacin responsive headaches – when to use and not to use?	16:15-16:45 3-Day Satellite Bilateral Acupuncture infusion: A 21st century approach				
(cont.)	OS 16:45-18:15 MS and other demyelinating diseases 1	(cont.)	(cont.)	(cont.)	OS 16:45-18:15 Neuroimaging	OS 16:45-18:15 Infection and AIDS	OS 16:45-18:15 Neuro-oncology						
PS 18:30-20:00 Opening	16:15-16:45 Coffee break @ exhibition												
Networking 20:00 – 21:30 Welcome Reception @ Strand Zuid													

MAIN AUDITORIUM	ELICIUM 2	ELICIUM 1	FORUM	G102/103	G106/107	E106/107	EMERALD	E108	E104/105	E103	G104/105	E102	D403	
	<p>laS3 08:00-09:30 Imaging for neuroinfections</p>		<p>FW71 08:00-09:30 Vascular contribution to dementia</p>	<p>FW81 08:00-09:30 The role of exosomes in mechanisms of multiple sclerosis</p>	<p>SpS3 08:00-09:30 ILAE-CEA/EAN Epilepsy</p>	<p>FW91 08:00-09:30 Overarching theme: Outcome measures in stroke patients</p>	<p>FW10 08:00-09:30 Neurobiological and clinical aspects of memory consolidation</p>	<p>FW12 08:00-09:30 End-of-life issues in neurology</p>	<p>SpS4 08:00-09:30 Rare neurological diseases</p>	<p>FW11 08:00-09:30 Assembly and maintenance of the node of Ranvier complex in health and disease</p>	<p>HcC2 08:00-09:30 Assessment of peripheral nerves function and structure in suspected peripheral neuropathies - Level1</p>	<p>CbW3 08:00-09:30 MDS-ES/EAN: Device aided treatment of Parkinson's disease. Which treatment to choose?</p>		
09:30-17:00 Exhibition, 09:30-10:00 Coffee break @ exhibition														
<p>PS 10:00-12:00 Presidential Symposium</p>	<p>SaS 12.15-13.15 Roche Seeing in the dark: How is innovation redefining our understanding of multiple sclerosis?</p> <p>SaS 13.45-14.45 Novartis Assembling the multiple sclerosis toolkit: A practical approach to disease management in multiple sclerosis</p>		<p>SaS 13.00-14.30 Sanofi/Genzyme Further tales of the unexpected: Solving the challenge of diagnosis in muscular disorders</p>		<p>12:00-15:00 Lunch break @ exhibition (lunch served from 12.00-13.00)</p> <p>12:30-13:15 ePoster Sessions 13:30-14:15 ePresentations</p>			<p>Networking 13.00-14.30 Challenges for Women in neurology</p>	<p>SaS 13.00-14.30 Action The Winds of change blow through Niemann-Pick disease Type C: New approaches for diagnosis</p>					
<p>TC6 15:00-18:15 MDS-ES/EAN: Neuroimaging in movement disorders - Level2</p>	<p>laS4 15:00-16:30 An Approach to Diagnosis: A Case-Based Imaging Session</p>	<p>TC9 15:00-18:15 How to approach a patient with neuropathy: from diagnosis to therapy - Level1</p>	<p>SY 15:00-16:30 CME Topical Symposium Spinal Muscular Atrophy</p>	<p>TC8 15:00-18:15 Acute treatment and early secondary prevention of stroke - Level2</p>	<p>TC10 15:00-18:15 Headache:is common but treatable. Changing the treatment paradigm - Level1</p>	<p>OS 15:00-16:30 Autonomic nervous system disorders</p>	<p>OS 15:00-16:30 MS and other demyelinating diseases2</p>	<p>T 15:00-16:30 Tournament for neurologists in training - basic</p>	<p>SpS8 15:00-16:30 History of Neurological Cinematography</p>	<p>OS 15:00-16:30 Learning: past and future</p>	<p>HcC4 15:00-16:30 Neurosurgery in the diagnosis of neurovascular disorders - Level1</p>	<p>CbW4 15:00-16:30 Stroke and infections</p>	<p>16.15-16.45 9-Day Satellite Session Britannia A new evidence base for Apomorphine infusion - What does that mean in clinical practice?</p>	
16:15-16:45 Coffee break @ exhibition														
<p>(cont.) 16:45-18:15 Epilepsy 1</p>	<p>OS 16:45-18:15</p>	<p>(cont.)</p>	<p>CdS1 16:45-18:15 Observational study design: the cohort studies</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>OS 16:45-18:15 Cognitive neurology</p>	<p>OS 16:45-18:15 Neurogenetics</p>	<p>OS 16:45-18:30 Clinical neurophysiology</p>	<p>OS 16:45-18:15 Sleep disorders</p>	<p>OS 16:45-18:15 Neuro-ophthalmology and -otology</p>	<p>HcC3 16:45-18:45 Bedside examination of the vestibular and ocular motor system - Level2</p>	<p>SpS2 16:45-18:15 Residents and Research Fellow Section - round table: meet the experts</p>		
<p>SaS 18:30-20:00 BIAL Opicapone: The third generation Catechol-O-Methyltransferase inhibitor</p>	<p>SaS 18.30-20.00 Topex Global and Excemed</p>	<p>(cont.)</p>	<p>SaS 18.30-20.00 Ever Neuro-pharma Stroke Recovery - Pharmacological Treatment Concepts in the acute and sub-acute phase</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>OS 18.45-19.15 Immune system resetting and long-term remission in multiple sclerosis: rationale and possibilities</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>

FW | Focused Workshop
laS | Interactive Session
OS | Oral Session
SaS | Satellite Symposium
SpS | Special Session
Sy | Symposium
PS | Plenary Symposium
T | Tournament
HcC | Hands-on Course
TC | Teaching Course
CbW | Case-based Workshop
CdS | Career development Session

SESSION OVERVIEW

MONDAY, 26 JUNE

MAIN AUDITORIUM	ELICIUM 2	ELICIUM 1	FORUM	G102/103	G106/107	E106/107	EMERALD	E108	E104/105	G104/105	E102	D403
	<p>IsS5 08:00-09:30 Focal seizure in semiology in children: is it the same as in adults?</p>	<p>FW13 08:00-09:30 MDS-ES/EAN: Translational movement disorders including novelties and neuroscience</p>	<p>FW14 08:00-09:30 Seizure detection systems</p>	<p>FW15 08:00-09:30 How to improve outcome in acute stroke</p>	<p>FW16 08:00-09:30 Handedness, space and cerebral dominance</p>	<p>FW17 08:00-09:30 New aspects of neurotraumatology</p>	<p>SpS5 08:00-09:30 New neurological Guidelines</p>	<p>FW18 08:00-09:30 Risks and risk management of immune therapies in neurology</p>	<p>SpS6 08:00-09:30 EFNA/EAN: Advanced treatment & management: Eliciting patient preferences</p>	<p>HcC5 08:00-09:30 Electromyography: Surface, needle conventional and single fiber - Level 1-2</p>	<p>CbW5 08:00-09:30 Unusual clinical presentations, interesting findings and potential therapeutic solutions</p>	<p>09:30-10:00 3-Day Satellite Session Britannia Optimising patient outcomes in fluctuating PD with Apomorphine infusion</p>
09:30-17:00 Exhibition, 09:30-10:00 Coffee break @ exhibition												
<p>PS 10:00 - 12:00 Overarching theme: Outcome measures in clinical studies</p>	<p>SoS 12:15-13:15 Sanofi-Genzyme From clinical data to real world experience - similar results, valuable add-on therapy: Exploring multiple sclerosis patients?</p>	<p>SoS 13:00-14:30 Zambon Saffranamide as a valuable add-on therapy: Exploring new approaches to Parkinson's Disease management through patient case presentations</p>	<p>SoS 13:00-14:30 Novartis Critical advances in migraine - emerging science, emerging opportunities</p>		<p>NE 12:30-14:00 25 years SEIZURE</p>	<p>12:00-15:00 Lunch break @ exhibition (lunch served from 12:00-13:00)</p> <p>12:30-13:15 ePoster Sessions</p> <p>13:30-14:15 ePresentations</p>		<p>CDS5 13:00-14:30 European Research Council grants</p>				
	<p>SoS 13:45-14:45 Biogen Navigating choice in multiple sclerosis management</p>											
<p>Sy5 15:00-17:00 ILAE-CEA/EAN: Recent and upcoming new drugs and devices for the treatment of epilepsy</p>	<p>IsS6 15:00-16:30 Neuro-ophthalmology</p>	<p>Sy6 15:00-17:00 ALS and FTD as a model of interaction between cognition, behaviour and motor impairment</p>	<p>TC11 15:00-18:15 Therapeutic strategy in MS: How to choose the appropriate disease modifying treatment - Level 3</p>	<p>TC12 15:00-18:15 Current treatments in neurology - Level 1</p>	<p>TC13 15:00-18:15 How to manage a patient with autonomic dysfunction - Level 2</p>	<p>Controversy 1 15:00-16:30 Controversies in headache and Parkinson's disease</p>	<p>TC14 15:00-18:15 Neuropsychiatric and behavioural symptoms in neurodegenerative diseases - Level 1</p>	<p>T 15:00-16:30 Tournament for neurologists in training - clinical</p>	<p>OS 15:00-16:30 Child neurology</p>	<p>HcC7 15:00-16:30 MDS-ES/EAN: Basics of neurophysiology in movement disorders - Level 1</p>	<p>CbW6 15:00-16:30 MDS-ES/EAN: Refining diagnosis: atypical parkinsonian disorders and genetic and non-genetic choreas</p>	
<p>OS 17:00-18:30 Epilepsy 2</p>	<p>OS 16:45-18:15 Muscle and neuromuscular junction diseases</p>	<p>OS 17:00-18:30 Ageing and dementia</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>(cont.)</p>	<p>OS 16:45-18:15 Movement disorders 1</p>	<p>(cont.)</p>	<p>OS 16:45-18:15 Cerebrovascular diseases 2</p>	<p>OS 16:45-18:15 Neurorehabilitation and Neurotraumatology</p>	<p>HcC6 16:45 - 18:45 Clinical and neurophysiological examination in patients suspected of neurodegenerative diseases - Level 3</p>	<p>CdS3 16:45-18:15 EMA - EAN: a shared goal for excellence in neurology medicines in Europe</p>	
16:15-16:45 Coffee break @ exhibition												
Networking: 20:30 - 23:30 Meet and Greet @ Heritage Museum												

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SATURDAY, 24 JUNE

SESSIONS

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CAREER DEVELOPMENT SESSION 4: ABSTRACT WRITING, POSTER AND PRESENTATION TIPS FOR SUCCESS AT INTERNATIONAL MEETINGS

08:30 - 10:00 | ROOM G102/103

CHAIRPERSON

Hannah Cock, LONDON, UK

How to prepare & submit your abstract

Hannah Cock, LONDON, UK

Preparing your poster or slides

Aksel Siva, ISTANBUL, TURKEY

Delivering your poster or oral presentation

Claudia Sommer, WÜRZBURG, GERMANY

Target audience: Neurologists at any level who are relatively inexperienced in submitting work for presentation at international congresses, or experienced in their native country, but may be less competitive/successful on an international stage.

Educational content: Practical advice on every step from abstract preparation to delivering your poster or oral platform presentation will be provided by experts from the Education and Programme committees of the EAN, with ample opportunity to ask questions and seek advice.

CASE-BASED WORKSHOP 1: LOCALISING AND LATERALISING SEIZURE ONSET FROM ICTAL PHENOMENOLOGY

08:30 - 10:00 | ROOM E102

CHAIRPERSON:

Philippe Ryvlin, LAUSANNE, SWITZERLAND

Hypermotor seizure

Philippe Ryvlin, LAUSANNE, SWITZERLAND

Mirth and laughter

Lino Nobili, MILANO, ITALY

Unilateral eye blinking

Eugen Trinka, SALZBURG, AUSTRIA

Painful seizure

Phillippe Kahane, GRENOBLE, FRANCE

Educational content: Ictal phenomenology can be retrieved from patients' description, observations from their relative, smartphone recordings, and video-EEG in various settings, making these clinical data available to many neurologists involved in the management of patients with drug-resistant epilepsy.

Interpretation of the ictal phenomenology of focal seizures, and its integration to other data (history, EEG, MRI, PET, MEG, SPECT, ...), is key to appropriately select patients that should be offered pre-surgical evaluation and/or epilepsy surgery for refractory epilepsy. Progress in Neurologists' abilities to interpret ictal phenomenology of focal seizures shall be both appealing to EAN attendees and useful for their practice.

The session will include four cases for whom a short historical vignette will be available in the hand-out, prior to presentation of the video of the patient's seizure by the chairman. Each group will then have to make hypothesis regarding the most likely area of seizure onset.

The four cases will illustrate typical ictal signs and symptoms.

Limited to 60 persons

SATURDAY, 24 JUNE

08:30 - 10:00

FOCUSED WORKSHOP 1: MANAGEMENT OF RARE GENETIC NEUROLOGICAL DISEASES IN THE ICU

08:30 - 10:00 | FORUM

CHAIRPERSONS:

Maxwell Damian, CAMBRIDGE, UK

Jean-Marc Burgunder, BERN, SWITZERLAND
.....

Diagnosis and management of genetic metabolic disorders in the ICU

Jean-Marc Burgunder, BERN, SWITZERLAND

Management of genetically based epilepsies in Intensive Care

John Paul Leach, GLASGOW, UK

Management of genetic neuromuscular disorders in the ICU

Maxwell Damian, CAMBRIDGE, UK

Target audience: Neurologists involved in the intensive care treatment of patients with neurogenetic disorders; neurological trainees in neurointensive care; neuroscientists providing advice on neurogenetic cases in intensive care.

Scientific content: Patients suffering from rare genetic neurological disorders constitute a particularly diverse and difficult group in specialised intensive care. They are characterised often by complex needs and severe multisystemic disabilities as a baseline, and their diagnosis requires sophisticated clinical and laboratory assessments. They may be admitted to ICU with a new manifestation of their condition, or with complications late in the course of disease. Treatments may include drugs unfamiliar to neurointensive care clinicians, and there may be unexpected reactions to routine medications. Finally, prognostication is exceptionally difficult and agreeing limits of treatment can be daunting. This workshop aims to provide an overview of major categories of genetic neurological disease seen in neurocritical care, their diagnosis and treatment. The speakers are international experts in their fields and will discuss the scientific basis and clinical aspects of diagnosis and management of these patients when they present in the ICU.

FOCUSED WORKSHOP 2: OVERARCHING THEME - OUTCOME MEASURES IN NEUROMUSCULAR DISORDERS

08:30 - 10:00 | ELICIUM 1

CHAIRPERSONS:

Marianne de Visser, AMSTERDAM, THE NETHERLANDS

Peter van den Bergh, LOUVAIN, BELGIUM
.....

A paradigm shift in neuromuscular outcome measures: From ordinal scales to Rasch models

Ingemar Merkies, NIEUW VENNEP, THE NETHERLANDS

Outcome measures and clinical trial readiness in myositis

Marianne de Visser, AMSTERDAM, THE NETHERLANDS

Quantitative muscle MRI, a powerful surrogate marker in muscular dystrophies?

Ulrike Bonati, BASEL, SWITZERLAND

In search of responsive outcome measures in Charcot-Marie-Tooth disease

Davide Pareyson, MILAN, ITALY

Target audience: Neurologists, Neurologists in training

Scientific content: To find valid, responsive, and meaningful outcome measures for the measurement of the impairment, activity limitations, and quality of life in patients with often slowly progressive neuromuscular disease is cumbersome. In this focused workshop various clinical outcome measures and surrogate markers are presented.

FOCUSED WORKSHOP 3: CHALLENGES IN NEW CLINICAL TRIALS

08:30 - 10:00 | ROOM G106/107

CHAIRPERSONS:

Maurizio A. Leone, S. GIOVANNI ROTONDO, ITALY

Bruno Vellas, TOULOUSE, FRANCE



Appropriate trial design in the development of orphan drugs

Catherine Cornu, LYON, FRANCE

Clinical trials, health outcomes, and use of administrative data in patients with rare neurological diseases

Segolene Aymé, PARIS, FRANCE

Clinical practice guidelines in rare diseases

Maurizio A. Leone, S. GIOVANNI ROTONDO, ITALY

Scientific content: Several neurological conditions meet the definition of 'rare disease', which are defined based on prevalence (<1/2,000 pop.). Up to 8,000 rare diseases are estimated in Europe, affecting over 30 million individuals. Only about 4% of them have a code in the International Classification of Diseases (ICD) (10th version).

General knowledge of rare diseases is poorer and treatments opportunities are fewer and less explorable than other diseases. Small clinical trials are needed to recruit enough participants, and allow for the more conventional statistical analysis. In this setting, small sample size is the main concern.

This workshop will focus on the possibility to use alternative clinical trial designs for the evaluation of interventions in this particular disease-treatment-outcome setting. The use of ad hoc algorithms will be illustrated through examples from published trials, also implicated in the development of orphan drugs.

FOCUSED WORKSHOP 4: UPDATE ON TREATABLE, AUTOANTIBODY-MEDIATED CNS DISORDERS IN CHILDREN, ADOLESCENTS AND ADULTS: DIAGNOSES YOU DON'T WANT TO MISS!

08:30 - 10:00 | ROOM E106/107

CHAIRPERSONS:

Daniela Pohl, OTTAWA, CANADA

Marteen Titulaer, LEIDEN, THE NETHERLANDS

MOG-antibody mediated disorders across the lifespan: Characteristics of a new disease entity

Daniela Pohl, OTTAWA, CANADA

Update on NMDA-receptor antibody mediated disorders

Maarten Titulaer, LEIDEN, THE NETHERLANDS

Autoimmune epilepsies

Christian Bien, BIELEFELD, GERMANY

Scientific content: Over the past decade, autoantibody-associated CNS disorders have increasingly been recognized, often informing treatment decisions. Psychiatric and neurologic manifestations, including epilepsy, have been linked to autoimmunity. Initially, many of those disorders were described as paraneoplastic, occurring mainly in adults. However, we now know that even young children can be affected by autoantibody-mediated CNS disease, sometimes triggered by infections, but often without identifiable causes.

This workshop will provide up-to-date, clinically relevant information regarding three entities of autoantibody-mediated CNS disorders: Anti-myelin-oligodendrocyte glycoprotein (MOG) associated disease, anti-N-Methyl-D-Aspartate-receptor (NMDAR) encephalitis, and the spectrum of autoimmune epilepsies, secondary to diverse auto-antibodies or still elusive immune mechanisms.

There is increasing evidence that timely and targeted treatment of immune-mediated CNS disorders may improve outcome, and prevent potentially devastating neurological deficits. Therefore, early recognition of those disorders is paramount. We hope that this workshop will help to increase awareness and knowledge regarding this highly relevant, treatable disease entity.

SATURDAY, 24 JUNE

08:30 - 10:00

FOCUSED WORKSHOP 5: "CERVICAL VERTIGO" – REALITY OR FICTION?

08:30 - 10:00 | EMERALD

CHAIRPERSON:

Thomas Brandt, MUNICH, GERMANY
 Christoph Helmchen, LÜBECK, GERMANY

Neurophysiology of head and neck movements for orientation and balance control

Michel Lacour, MARSEILLE, FRANCE

Cervical vertigo: Head motion-induced dizzy spells in acute neck pain

Thomas Brandt, MUNICH, GERMANY

Rotational vertebral artery occlusion: A clinical entity or various syndromes?

Christoph Helmchen, LÜBECK, GERMANY

Scientific content: Somatosensory signals from musculo-tendinous receptors in the neck provide an accurate kinesthetic feedback of the extent of head movements. These signals contribute to the perception of head- and self-motion during active locomotion by converging with vestibular and visual input to maintain postural balance by sensorimotor means.

Cervical vertigo is surrounded by an ongoing interdisciplinary controversy. Patients with acute neck pain may report on spontaneous complaints of head movement-induced spells of dizziness and postural imbalance. The mechanism can be explained by a decoupling of the efference copy signal about the intended head rotation and the actual reafference.

Rotational vertebral artery occlusion compresses the dominant vertebral artery (opposite to the head rotation) and thus interrupts the major blood supply to the vertebrobasilar artery territory. In most cases the initial symptom and sign are rotational vertigo with mixed torsional downbeat horizontal nystagmus toward the compressed artery.

FOCUSED WORKSHOP 6: RARE BRAIN TUMORS: ADVANCES IN MANAGEMENT AND NEW DRUGS

08:30 - 10:00 | ROOM E108

CHAIRPERSONS:

Ulrich Herrlinger, BONN, GERMANY
 Roberta Ruda, TURIN, ITALY

Primary Central Nervous System Lymphomas

Patrick Roth, ZÜRICH, SWITZERLAND

Schwannomas

Ulrich Herrlinger, BONN, GERMANY

Glioneuronal tumors

Riccardo Soffietti, TURIN, ITALY

Scientific content: The aim of the Focused Workshop is to give an update on the recent advances in the medical therapy of 3 types of rare brain tumors, that have been allowed by advances in molecular biology. Monoclonal antibodies in PCNSL, anti-VEGF drugs in vestibular schwannomas and B-RAF inhibitors and antiepileptic drugs represent the main issues.

The integration of medical therapy with surgery and radiotherapy will be discussed.

The target audience is represented by neuro-oncologists, general neurologists and epileptologists.

HANDS-ON COURSE 1: MONITORING AND MULTIMODAL NEUROMONITORING – LEVEL 1

08:30 - 10:00 | ROOM G104/105

CHAIRPERSON:

Raimund Helbok, INNSBRUCK, AUSTRIA
.....

Oxygen Monitoring

Julian Boesel, HEIDELBERG, GERMANY

EEG/ECOG

Martin Fabricius, COPENHAGEN, DENMARK

Brain-temperature and Brain-metabolism

Raimund Helbok, INNSBRUCK, AUSTRIA

Target audience: Neurologists exposed to patients with acute brain injury, both in neurocritical care units and in all other types of ICUs

Educational content:

The audience will be familiarized with the practical use of monitoring in general and monitoring approaches in patients with acute brain injury.

Limited to 60 persons

INTERACTIVE SESSION 1: THE DIFFERENT FACES OF STROKE – ILLUSTRATIVE CASES OF RARE STROKE AETIOLOGIES

08:30 - 10:00 | ELICIUM 2

CHAIRPERSON:

Franz Fazekas, GRAZ, AUSTRIA
.....

Is it ischemic stroke?

Franz Fazekas, GRAZ, AUSTRIA

Is it a vasculitis – yes or no?

Peter Berlit, ESSEN, GERMANY

What is the cause of this “primary” intracerebral haemorrhage?

Charlotte Cordonnier, LILLE, FRANCE

Educational content: Stroke is quite variable in appearance and aetiology with the majority of strokes caused by atherosclerotic vessel disease which is driven by vascular risk factors and cardiac embolism. However, damage to the vessels and subsequently the parenchyma can also have other causes such as inflammatory, genetic or clotting disorders or may come from yet different pathomechanisms. These rarer aetiologies of stroke require specific attention as they often necessitate specific therapeutic interventions or carry important prognostic implications. In this session we will show and interactively discuss the presentation and diagnostic work-up of exemplary patients.



International Parkinson and
Movement Disorder Society

INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS



SAVE THE DATE

SEOUL,
KOREA
SEPTEMBER 25-29, 2018

SPECIAL SESSION 1: MDS-ES: EUROPEAN BASAL GANGLIA CLUB

08:30 - 10:30 | MAIN AUDITORIUM

CHAIRPERSONS:

Marie Vidailhet, PARIS, FRANCE

Angelo Antonini, PADUA, ITALY



International Parkinson and
Movement Disorder Society
European Section

Clinical Pharmacology in Parkinson's disease: Lessons and perspectives

Olivier Rascol, TOULOUSE, FRANCE

Video cases

Video cases will be presented by various presenters who will be chosen only a couple of months before the Congress

Scientific content: Every year the European Basal Ganglia Club features a prominent speaker to present a C. David Marsden Award lecture. During the 3rd Congress of the European Academy of Neurology, it is an honour to have Professor Olivier Rascol present a lecture on Clinical Pharmacology in Parkinson's disease: Lessons and perspectives.

In addition, selected video case studies will be featured. Presenters of the video case studies will have been chosen through an application and selection process in collaboration with the International Parkinson and Movement Disorder Society – European Section's Education Committee.

SYMPOSIUM 1: MDS-ES/EAN: THE NATURAL HISTORY OF MOVEMENT DISORDERS

10:30 - 12:30 | MAIN AUDITORIUM

CHAIRPERSONS:

Werner Poewe, INNSBRUCK, AUSTRIA

Evzen Ruzicka, PRAGUE, CZECH REPUBLIC



International Parkinson and
Movement Disorder Society
European Section

Has deep brain stimulation (DBS) changed the natural history of Parkinson's disease?

Werner Poewe, INNSBRUCK, AUSTRIA

Huntington's disease: When does it start and how does it evolve?

Anne Rosser, CARDIFF, UK

Progressive nuclear palsy (PSP) and corticobasal degeneration (CBD): How do these two tauopathies progress?

Günter Högl, MUNICH, GERMANY

Multiple system atrophy (MSA): Does it progress differently in the Western and Asian populations?

Wassilios Meissner, BORDEAUX, FRANCE

Scientific content: Recent developments in diagnosis and therapy have uncovered that deeper knowledge is needed about the course of degenerative diseases. The value of treatment for improving quality of life and the change of life time can only be assessed if we know about the natural disease course. The same applies also at the very beginning of degenerations which often are very much advanced from the viewpoint of neuropathology before the first clinical symptoms are clinically evident. The past years have seen remarkable progress in the knowledge in this field. It has also become obvious that the scientific approaches to these important questions differ very much between diseases. The advances in the field of three mainly sporadic movement disorders and one monogenetic disease will be presented. In addition, the open question will be discussed if a potent intervention, deep brain stimulation, is changing the course of Parkinson's disease.

SATURDAY, 24 JUNE

10:30 - 12:30

SYMPOSIUM 2: OVERARCHING THEME: OUTCOME MEASURES IN DEMENTIA STUDIES

10:30 - 12:30 | ELICIUM 2

CHAIRPERSONS:

Philip Scheltens, AMSTERDAM, THE NETHERLANDS

Nick Fox, LONDON, UK

Measuring instrumental activities of daily living (IADL) in dementia: Review of scales

Sietske Sikkes, AMSTERDAM, THE NETHERLANDS

Using MRI as measure of disease progression: Checks and balances

Nick Fox, LONDON, UK

Use of amyloid PET in amyloid lowering trials. How to avoid false positive results

Philip Scheltens, AMSTERDAM, THE NETHERLANDS

Is CSF suitable to measure changes in neurodegeneration in dementia?

José Luis Molinuevo, BARCELONA, SPAIN

Scientific content: Any study is as good as its outcome measures. An outcome measure must be clinically meaningful, sensitive to change and specific to (a part of) this process that is being studied. In clinical trials for new Alzheimer drugs endpoints have notoriously been challenged on these features. In this symposium, we will update the attendee on the status and usefulness of IADL scales, MRI, PET and CSF outcome measures.

SYMPOSIUM 3: DNA REPEAT SYNDROMES IN NEUROMUSCULAR DISORDERS

10:30 - 12:30 | ELICIUM 1

CHAIRPERSONS:

Benedikt Schoser, MUNICH, GERMANY

Vincenzo Silani, MILAN, ITALY

Amyotrophic lateral sclerosis (ALS)

Vincenzo Silani, MILAN, ITALY

Myotonic dystrophies

Benedikt Schoser, MUNICH, GERMANY

Facioscapulohumeral muscular dystrophy (FSHD)

Silvere Van Der Maarel, LEIDEN, THE NETHERLANDS

Oculopharyngeal muscular dystrophy (OPMD)

Capucine Trollet, PARIS, FRANCE

Scientific content: 20 years ago, abnormal expanded short tandem repeat sequences were found to be causative for the fragile-X syndrome and the spinobulbar muscle atrophy. Common base of this rapidly growing group of human disorders of tri-, tetra-, penta-, and hexanucleotide repeat disorders is a RNA-dominant pathogenesis.

The abnormally expanded microsatellites can lead to a variety of downstream effects including inhibition of transcription and loss-of-function, toxicity of the mutant transcripts and/or of the encoded proteins. This symposium shall shed light on the expanding field of DNA repeat syndromes in neuromuscular disorders. During the past two decades, much progress has been made in the understanding of genetic base of these disorders. However, beyond the uncovering of the DNA-RNA pathogenesis, first steps towards specific molecular therapies are on the way.

This symposium will summarise the clinical presentation of the distinct neuromuscular repeat diseases, their current pathogenesis, and their present symptomatic treatments. Furthermore, latest results of experimental and human studies will be presented.

SYMPOSIUM 4: NEUROSCIENCE OF SLEEP

10:30 - 12:30 | FORUM

CHAIRPERSONS:

Pierre Maquet, LIEGE, BELGIUM

Claudio Bassetti, BERN, SWITZERLAND



Effects of sleep/circadian disruption on cognition

Pierre Maquet, LIEGE, BELGIUM

Sleep deprivation and diabetes/obesity

J.A. Hans Romijn, AMSTERDAM, THE NETHERLANDS

Memory consolidation during REM sleep

Antoine Adamantidis, BERN, SWITZERLAND

Synaptic function and sleep

Vladyslav Vyazovskiy, OXFORD, UK

Scientific content: The regular alternation of sleep and wakefulness is fundamental to normal brain function. Acute alteration of this rhythm primarily jeopardises cognition, which increases the risk of traffic accidents and work hazards. Chronic sleep disruption is detrimental to general health, increasing the odds of vascular diseases and potentially promoting neurodegeneration. Abnormal sleep patterns also turn out to be useful biomarkers for neurodegenerative diseases.

This symposium will review the basics of sleep/wakefulness regulation, which involves circadian rhythmicity and sleep homeostasis, and the bodily and brain aftermaths of its deterioration.

The symposium should raise the awareness of the neurologists about the breadth and depth of brain disorders that can be caused or aggravated by sleep loss or circadian misalignment.

CASE-BASED WORKSHOP 2: INDOMETHACIN RESPONSIVE HEADACHES - WHEN TO USE AND NOT TO USE?

14:45 - 16:15 | ROOM E102

CHAIRPERSON:

Mark Braschinsky, TARTU, ESTONIA

The typical IM-responsive patient

Peter Goadsby, LONDON, UK

Management of a IM-responsive patients

Mark Braschinsky, TARTU, ESTONIA

What to consider when treating with IM and when to avoid it?

Arne May, HAMBURG, GERMANY

Educational content: In this Case-based workshop, participants learn to identify the headache patients that may benefit from IM and how to handle the therapy. The IM-response is usually very fast, significant and fascinating so the mechanisms of action may lead to better understanding of these subtypes of headaches

Limited to 60 persons

SATURDAY, 24 JUNE

14:45 - 18:15

TEACHING COURSE 1: MDS-ES/EAN: DIFFERENTIAL DIAGNOSIS OF SLEEP RELATED MOVEMENT DISORDERS – LEVEL 3

14:45 - 18:15 | MAIN AUDITORIUM

CHAIRPERSON:

Birgit Högl, INNSBRUCK, AUSTRIA



International Parkinson and
Movement Disorder Society
European Section

RLS and PLM: Clinical and video-based characteristics of typical and atypical cases, and treatment complications

Claudia Trenkwalder, KASSEL GERMANY

Role of the video in diagnosis and differential diagnosis of sleep related movement disorders and parasomnias

Alejandro Iranzo, BARCELONA, SPAIN

REM sleep behavior disorder: Diagnostic criteria, EMG based accurate quantitative diagnostics, value and limitations of questionnaires for diagnosis and differential diagnosis

Birgit Högl, INNSBRUCK, AUSTRIA

Other sleep related movement disorders: Common and rare differential diagnosis based on clinical and PSG features

Federica Provini, BOLOGNA, ITALY

Educational content: This TC is aimed at neurology specialist trainees and practitioners with a particular interest in sleep related movement disorders, sleep disturbances in movement disorders, and sleep disorders with abnormal movements during sleep.

Including RLS, PLM (with and without RLS, and in different neurological diseases), RBD, propriospinal myoclonus of sleep, hypnic jerks, alternating leg movements of sleep (ALMA) and hypnagogic foot tremor, fragmentary myoclonus of sleep etc.

It aims to provide tools and key knowledge helpful to dissect typical and advanced cases of sleep related movement disorders and abnormal movements during sleep, both clinically, and using questionnaires, polysomnography, EMG analysis and video analysis.

After participating in this TC, attendees shall be able to distinguish regular cases from treatment complications, and recognize frequent and rare other motor disorders of sleep.

They will be able to ask the appropriate clinical questions, and to critically discuss the role and value of the specific methods, and decide which test is most appropriate in which situations.

TEACHING COURSE 2: AUTOIMMUNE CAUSES OF EPILEPSY – LEVEL 3

14:45 - 18:15 | ROOM E106/107

CHAIRPERSON:

Angela Vincent, OXFORD, UK

Pathophysiology of autoimmune epilepsies – from antibodies to hyperexcitable neuronal networks

Angela Vincent, OXFORD, UK

Clinical aspects of epilepsy-associated antibodies

Bastien Joubert, LYON, FRANCE

Autoimmune-like epilepsy without detectable antibodies

Christian Bien, BIELEFELD, GERMANY

Treatment of autoimmune epilepsies

Andrea Rossetti, LAUSANNE, SWITZERLAND

Educational content: An increasing number of neuronal antibodies have been discovered in patients with various conditions associated with seizures. Significant progress has been made in our understanding of the basic mechanisms underlying antibody's induced epileptogenesis, (topic 1). Many of these conditions might present as limbic encephalitis where memory and behavioral disturbances would represent the core clinical features, but other might be revealed by an isolated seizure disorder or other symptoms such as Morvan's syndrome and neuromyotonia (topic 2). Specific signs such as faciobrachial dystonic seizures in patients with anti-Lg1 antibodies, as well as EEG, MRI and CSF findings provide hints towards the various forms of autoimmune epilepsies, though all investigations might be normal. In fact, a substantial proportion of suspected autoimmune epilepsies still lack the presence of detectable antibodies in blood and CSF (topic 3). Recognizing these entities has a major impact on their therapeutic management (topic 4).

TEACHING COURSE 3: GENETIC COUNSELLING IN NEUROGENETIC DISORDERS – LEVEL 1

14:45 - 18:15 | ROOM G102/103

CHAIRPERSON:

Josef Finsterer, VIENNA, AUSTRIA
.....

Counselling in neurogenetic disorders with autosomal dominant or recessive inheritance

Francesca Gualandi, FERRARA, ITALY

Counselling in neurogenetic disorders with X-linked inheritance

Jean-Marc Burgunder, BERN, SWITZERLAND

Counselling in neurogenetic disorders with maternal transmission

Josef Finsterer, VIENNA, AUSTRIA

Counselling of expansion and RNA-disorders

Tilman Achsel, LAUSANNE, SWITZERLAND

Educational content: How to evaluate the family history, and medical records, order genetic tests, and which can be the support for decision-making. How to advice patients with neurogenetic disorders transmitted via an autosomal dominant, autosomal recessive, X-linked or maternal trait and RNA-disorders and their relatives about the risk of transmitting the disease to their offspring. Provide an overview about prenatal diagnosis and its relevance for terminating or continuing the pregnancy. Weigh the medical, ethical, and social implications of genetic testing. Under which conditions is prenatal diagnosis useful? Which is the risk for male and females aged >35y? How to proceed with presumably but so far undiagnosed genetic disorders? How to counsel females with recurrent pregnancy losses?

TEACHING COURSE 4: NEW ALGORITHMS FOR DEMENTIA MANAGEMENT: FROM DIAGNOSIS TO TREATMENT – LEVEL 3

14:45 - 18:15 | ROOM G106/107

CHAIRPERSON:

Daniela Galimberti, MILAN, ITALY
.....

Primary prevention: Modifiable risk factors

Alina Solomon, STOCKHOLM, SWEDEN

CSF and imaging biomarkers in differential diagnosis: Who, when, and why

Philip Scheltens, AMSTERDAM, THE NETHERLANDS

Genetic counselling: Who, when, and why

Daniela Galimberti, MILAN, ITALY

Disease-modifying drugs: Secondary prevention in selected cohorts

Jonathan Rohrer, LONDON, UK

Educational content: In the last few years, a growing body of knowledge supports the notion that pathogenic changes leading to dementia occur several years before the development of symptoms. Some of these biomarkers are specific each disease, whereas others are related to neuronal death, independent of the cause. In addition, many environmental and genetic factors influence the risk of developing dementia.

This TC is aimed to describe the risk factors and biomarkers studied so far in dementia in order to propose algorithms to be used in clinical practice in terms of:

- primary prevention: lifestyle, including alimentation, exercise, smoking etc, and genetic unmodifiable risk factors
- use of biomarkers for detecting the pathology before symptom development, including imaging, genetics and cerebrospinal fluid analysis
- secondary prevention in subjects with positive biomarkers (presymptomatic), with disease-modifying drugs (vaccination, passive immunisation etc).

SATURDAY, 24 JUNE

14:45 - 18:15

TEACHING COURSE 5: ADVANCED NEUROSONOLOGY – LEVEL 3**14:45 - 18:15 | FORUM**

CHAIRPERSON:

Fabienne Perren, GENEVA, SWITZERLAND
.....**TCD Monitoring of reperfusion therapies in acute ischemic stroke patients with proximal intracranial occlusion**

Georgios Tsvigoulis, ATHENS, GREECE

Transcranial color-coded ultrasound of the cerebral arterial and venous circulation: „Beyond the limits“.

José Manuel Valdueza, BAD SEGEBERG, GERMANY

Carotid artery stenosis grading and examination of the vulnerable plaque.

Fabienne Perren, GENEVA, SWITZERLAND

High resolution ultrasound in peripheral neuropathies.

Leo Visser, TILBURG, THE NETHERLANDS

Educational content: This teaching course is dedicated to advanced topics in neurosonology:

The first lecture will focus on the utility of TCD for real-time monitoring of intravenous and endovascular reperfusion therapies in patients with acute cerebral ischemia due to proximal intracranial occlusions.

The second lecture will present different insonation planes facilitating the anatomical orientation and the detection and analysis of more distal segments of intracranial vessels (M3, A3, P3, C6) as well as cortical branches with TCCS. Considering the neighbourhood of arteries to certain veins, their examination will also be presented.

The third lecture will concentrate on the ultrasound technical breakthrough of the examination of the atherosclerotic plaque and on the multiple criteria of grading carotid artery stenosis.

The last lecture aims to introduce clinicians to understand the role of nerve ultrasound imaging for the (differential) diagnosis of polyneuropathies. A special focus will be how ultrasound can help to determine whether a polyneuropathy is demyelinating or axonal.

SPECIAL SESSION 7: PARKINSON'S DISEASE AND ITS GENETIC CONNOTATIONS IN THE MEDITERRANEAN AREA**16:45 - 18:15 | ROOM E104/105**

CO-CHAIRS:

Vincenzo Bonifati, ROTTERDAM, THE NETHERLANDS

Saeed Bohlega, RIYADH, SAUDI ARABIA
.....**Parkinson's disease - the different phenotypes**

Ammar Mubaidin, AMMAN, JORDAN

The clinical genetics of Parkinson's disease

Eduardo Tolosa, BARCELONA, SPAIN

The genetics of Parkinson's disease in the Middle East and North Africa: Are we different?

Saeed Bohlega, RIYAD, SAUDI ARABIA

Genetics of Parkinson's disease in North Africa

Alexis Brice, PARIS, FRANCE

Scientific content: In the past 20 years there has been substantial progress in our understanding of the genetic bases of Parkinson's disease. Highly-penetrant mutations in different genes are known to cause rare monogenic forms of the disease. Furthermore, different variants with incomplete penetrance (such as one founder mutation in the LRRK2 gene and several mutations in GBA) are strong risk factors for the development of Parkinson's disease, and these are especially prevalent in some populations in the Mediterranean area.

This scenario offers important opportunities for future studies into the epidemiology (interplay between genetic and non-genetic factors), as well as into the clinical phenomenology and the natural history of the disease in these populations.

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Saint Malo, France



Tuesday 3rd October - Saturday 7th October 2017



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www.wms2017.com

INVITED SPEAKERS

Bruno Allard, Institut NeuroMyoGene, Lyon, France

Laurent Schaeffer, Institut NeuroMyoGene, Lyon, France

Heinz Jungbluth, St Thomas' Hospital, London, UK

Robert Dirksen, University of Rochester Medical Center, New York, USA

Alvaro Rendon, Centre de Recherche Institut de la Vision, Paris, France

Brigitte Fauroux, Necker University Hospital & Research Unit, Paris, France

Antoine Muchir, Institut de Myologie, Paris, France

Annemieke Aartsma-Rus, Leiden University Medical Center, Leiden, The Netherlands

Jeffrey Chamberlain, University of Washington, Seattle, USA



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ORAL SESSION: CRITICAL CARE

14:45-15:45 | ROOM E103

CHAIRPERSONS:

Maxwell Damian, CAMBRIDGE, UK

Stefan Schwab, ERLANGEN, GERMANY

O 1101 Diagnostic accuracy of quantitative 14:45 neuromuscular ultrasound for the diagnosis of intensive care unit-acquired weakness

E. Witteveen¹, J. Sommers¹, L. Wieske¹, J. Doorduyn²,

N. van Alfen², M. Schultz¹, I. N. van Schaik¹, J. Horn¹,

C. Verhamme¹ | ¹AMSTERDAM, ²NIJMEGEN, NETHERLANDS

O 1102 Risk factors for intensive care unit admission 15:00 in patients with autoimmune encephalitis

G. Harutyunyan¹, S. Pikija¹, T. Moser¹, M. Dünser²,

M. Leitinger¹, H. Novak¹, W. Aichhorn¹, E. Trinka¹, L. Hauer¹,

J. Sellner¹ | ¹SALZBURG, AUSTRIA, ²LONDON, UNITED KINGDOM

O 1103 Clinical predictors of electrographic seizures 15:15 among neurocritical care patients undergoing continuous EEG monitoring

M. Melis¹, M. Mizrahi², J. Yoo², L. Marcuse³, M. Fields²,

N. Dangayach³, E. Gordon³, S. Mayer² | ¹CAGLIARI, ITALY, ^{2,3}NEW

YORK, USA

O 1104 Head computed tomography and Neuron 15:30 specific enolase for early neurological prognostication after cardiac arrest

M. Moseby Knappe¹, I. Dragancea¹, T. Pellis², H. Friberg¹,

J. Horn³, M. A. Kuiper⁴, N. Nielsen¹, A. Roncarati²,

T. Cronberg¹ | ¹LUND, SWEDEN, ²PORDENONE, ITALY, ³AMSTERDAM,

⁴LEEWARDEN, NETHERLANDS

O 1105 Presentation cancelled

ORAL SESSION: HEADACHE AND PAIN 1

14:45-16:00 | ROOM E108

CHAIRPERSONS:

Stefan Evers, COPPENBRUEGGE, GERMANY

Rigmor Jensen, COPENHAGEN, DENMARK

O 1106 Effects and adverse events possibly related to DBS 14:45 in cluster headache

M. Nicolodi, V. Sandoval, A. Torrini | FLORENCE, ITALY

O 1107 Transcranial sonography (TCS) reveals 15:00 nigrostriatal dopaminergic system damage in the primary burning mouth syndrome

M. Mijajlovic, J. Zidverc Trajković, N. Sternic | BELGRADE, SERBIA

O 1108 Personality traits influence the co-occurrence of 15:15 migraine and depression

M. Magyar¹, X. Gonda¹, D. Pap¹, A. Edes¹, A. Galambos¹,

D. Baksai¹, N. Kocsel¹, E. Szabo¹, G. Bagdy¹, R. Elliott²,

G. Kokonyei¹, G. Juhasz¹ | ¹BUDAPEST, HUNGARY, ²MANCHESTER,

UNITED KINGDOM

O 1109 The relationship between sleep disorders and 15:30 migraine: Results from the Chronic Migraine Epidemiology and Outcomes (CaMEO) Study

D. Buse¹, J. Rains², J. Pavlovic¹, K. Fanning³, M. Reed³,

A. Adams⁴, R. B. Lipton¹ | ¹BRONX, ²MANCHESTER, ³CHAPEL HILL,

⁴IRVINE, USA

O 1110 Pharmacogenetics in chronic migraine: role of 15:45 CALCA and TRPV1 genes in therapeutic response to onabotulinumtoxin A

R. Moreno¹, M. Ruiz¹, E. Cernuda-Morollón¹, A. Gago-Veiga²,

I. Vidriales¹, M. M. Gallego de Sacristana Lopez-Serrano²,

J. Pascual³, J. J. Tellería¹, A. L. Guerrero¹ | ¹VALLADOLID, MADRID,

³SANTANDER, SPAIN

SATURDAY, 24 JUNE

14:45 - 16:15

ORAL SESSION: MOTOR NEURONE DISEASES

14:45-16:15 | EMERALD

CHAIRPERSONS:

Leonard van den Berg, UTRECHT, THE NETHERLANDS

Orla Hardiman, DUBLIN, IRELAND

O 1111 Patterns of cortical atrophy at diagnosis in amyotrophic lateral sclerosis and implications on prognosis

M. K. Rafiq, M. Abulaila | SHEFFIELD, UNITED KINGDOM

O 1112 Multicenter evaluation of neurofilaments in early symptomatic amyotrophic lateral sclerosis

E. Feneberg¹, P. Oeckl², P. Steinacker², F. Verde³, C. Barro⁴, P. van Damme⁵, E. Gray¹, J. Grosskreutz⁶, C. Jardel⁷, J. Kuhle⁴, F. Lamari⁷, M. Amador Del Mar⁷, B. Mayer², P. Muckova⁶, S. Petri⁸, K. Poesen⁵, J. Raaphorst⁹, F. Salachas⁷, V. Silani³, B. Stubendorff⁶, M. R. Turner¹, M. Verbeek¹⁰, J. Weishaupt², A. Ludolph², M. Otto² | ¹OXFORD, UNITED KINGDOM, ²ULM, GERMANY, ³MILAN, ITALY, ⁴BASEL, SWITZERLAND, ⁵LEUVEN, BELGIUM, ⁶JENA, GERMANY, ⁷PARIS, FRANCE, ⁸HANOVER, GERMANY, ⁹AMSTERDAM, ¹⁰NIJMEGEN, NETHERLANDS

O 1113 Unravelling disease burden in familial ALS due to SOD1 mutation through the combination of brain and cervical cord MRI

E.G. Spinelli¹, F. Agosta¹, I. Marjanovic², Z. Stevic², E. Pagan¹, P. Valsasina¹, D. Lavnric², V.S. Kostic², M. Filippi¹ | ¹MILAN, ITALY, ²BELGRADE, SERBIA

O 1114 A population based study on the prognostic value of the spreading of symptoms at diagnosis in ALS

U. Manera¹, A. Canosa¹, A. Calvo¹, C. Moglia¹, S. Cammarosano¹, A. Ilardi¹, P. Cugnascio¹, D. Bertuzzo¹, L. Solero¹, E. Bersano², F. Pisano³, G. Mora⁴, L. Mazzini⁵, A. Chiò¹ | ¹TURIN, ²NOVARA, ³VERUNO, ⁴MILAN, ITALY, ⁵VERUNO, ITALY

O 1115 The impact of spasticity on diaphragm contraction: electrophysiological assessment

B. Miranda, S. Pinto, M. Carvalho | LISBON, PORTUGAL

O 1116 Amyotrophic Lateral Sclerosis in Nordland County, Norway 2000 – 2015.

E. Benjaminsen, K. B. Alstadhaug, F. Baloch, M. Gulsvik, F. Odeh | BODØ, NORWAY

ORAL SESSION: PERIPHERAL NERVE DISORDERS

14:45-16:15 | ELICIUM 2

CHAIRPERSONS:

Eduardo Nobile-Orazio, MILAN, ITALY

Hugh Willison, GLASGOW, UK

O 1117 Statins and polyneuropathy revisited: Case-control study in Denmark, 1999–2013

T.D.K. Svendsen¹, P.N. Hansen¹, L.A. Garcia-Rodríguez², L. Andersen¹, J. Hallas¹, S.H. Sindrup¹, D. Gaist¹ | ¹ODENSE, DENMARK, ²MADRID, SPAIN

O 1118 Magnetic resonance neurography including diffusion tensor imaging of the peripheral nerves in patients with CMT Type 1A

M. Vaeggemose¹, S. Vaeth¹, M. Pham², S. Ringgaard³, U. Birk Jensen⁴, H. Tankisi³, N. Ejksjaer⁵, S. Heiland⁶, H. Andersen¹ | ¹AARHUS, DENMARK, ²WÜRZBURG, GERMANY, ³AARHUS, ⁴AALBORG, DENMARK, ⁵HEIDELBERG, GERMANY

O 1119 Subcutaneous immunoglobulin for maintenance treatment in chronic inflammatory demyelinating polyneuropathy (CIDP), a multicenter randomized double-blind placebo-controlled trial: The PATH Study

I. van Schaik¹, V. Brill², N. van Geloven³, H.-P. Hartung⁴, R.A. Lewis⁵, G. Sobue⁶, J.-P. Lawo⁷, O. Mielke⁷, B.L. Durn⁸, D.R. Cornblath⁹, I.S. Merkies¹⁰, On Behalf Of The Path Study Group¹ | ¹AMSTERDAM, NETHERLANDS, ²TORONTO, CANADA, ³LEIDEN, NETHERLANDS, ⁴DÜSSELDORF, GERMANY, ⁵LOS ANGELES, USA, ⁶NAGOYA, JAPAN, ⁷MARBURG, GERMANY, ⁸KING OF PRUSSIA, ⁹BALTIMORE, USA, ¹⁰MAASTRICHT, NETHERLANDS

O 1120 Transthyretin familial amyloid polyneuropathy: the neuropathy progression on treated patients compared with natural disease progression

B. Miranda, J. Castro, I. Conceicao | LISBON, PORTUGAL

O 1121 Phase 2 open-label extension (OLE) study of patisiran with or without a TTR stabilizer for the treatment of hereditary ATTR (hATTR) amyloidosis with polyneuropathy

D. Adams¹, T. Coelho², I. Conceicao³, M. Waddington Cruz⁴, H. Schmidt⁵, J. Buades⁶, J. Campistol⁷, J. Pouget⁸, J. Berk⁹, N. Ziyadeh¹⁰, A. Partisano¹⁰, J. Chen¹⁰, M. Sweetser¹⁰, J. Gollob¹⁰, O. Suhr¹¹ | ¹LE KREMLIN-BICÊTRE, FRANCE, ²PORTO, ³LISBON, PORTUGAL, ⁴RIO DE JANEIRO, BRAZIL, ⁵MÜNSTER, GERMANY, ⁶PALMA DE MALLORCA, ⁷BARCELONA, SPAIN, ⁸MARSEILLES, FRANCE, ⁹BOSTON, ¹⁰CAMBRIDGE, USA, ¹¹UMEÅ, SWEDEN

O 1122 International CIDP Outcome Study (ICOS): A prospective study on clinical and biological predictors of disease course and outcome

C. Bunschoten¹, G. van Lieverloo², M. Adrichem², W. van der Pol³, B. Jacobs¹, F. Eftimov² | ¹ROTTERDAM, ²AMSTERDAM, ³UTRECHT, NETHERLANDS

ORAL SESSION: CEREBROVASCULAR DISEASES 1

16:45-18:15 | ELICIUM 1

CHAIRPERSONS:

Jaap Kapelle, UTRECHT, THE NETHERLANDS

Gian Luigi Lenzi, SIENA, ITALY

O 1201 Safety and complication of contrast-enhanced sonothrombolysis in unselected acute ischaemic stroke population. Results from NOR-SASS.

A. Nacu¹, C. Kvistad¹, H. Naess¹, N. Logallo¹, U. Waje-Andreassen¹, A. Fromm¹, G. Neckelmann¹, K. D. Kurz², L. Thomassen¹ | ¹BERGEN, ²STAVANGER, NORWAY

O 1202 Spontaneous intracerebral haemorrhage: Are there any sex-related specificities?

R. Tortuyaux, B. Casolla, S. Moulin, N. Dequatre-Ponchelle, H. Hénon, C. Cordonnier | LILLE, FRANCE

O 1203 Rupture risk for familial compared to sporadic intracranial aneurysms

L. Mensing, Y. Ruigrok, G. J. Rinkel | UTRECHT, NETHERLANDS

O 1204 Actovegin in the treatment of post-stroke cognitive impairment: an international multicenter, randomized, double blind, placebo-controlled trial (ARTEMIDA study)

A. Guekht¹, I. Skoog², A. D. Korczyn³, V. Zakharov¹, S. Edmundson⁴ | ¹MOSCOW, RUSSIAN FEDERATION, ²GOTHENBURG, SWEDEN, ³TEL AVIV, ISRAEL, ⁴LONDON, UNITED KINGDOM

O 1205 Circulating endothelial markers in the monogenic small vessel disease retinal vasculopathy with cerebral leukoencephalopathy and systemic manifestations

N. Pelzer, R. Bijkerk, M. Reinders, A. J. van Zonneveld, M. Ferrari, A. van Den Maagdenberg, J. Eikenboom, G. Terwindt | LEIDEN, NETHERLANDS

O 1206 Prevalence of carotid artery stenosis in patients with transient ischaemic attack or ischaemic stroke: A large prospective case series, systematic review and metaregression analysis

A. Cheng, M. M. Brown, T. Richards | LONDON, UNITED KINGDOM

ORAL SESSION: INFECTION AND AIDS

16:45-18:15 | ROOM E108

CHAIRPERSONS:

Pille Taba, TARTU, ESTONIA

Diederik van de Beek, AMSTERDAM, THE NETHERLANDS

O 1207 Clinical and radiological evidence for brainstem invasion of *Listeria monocytogenes* via the trigeminal nerve

D. Kondziella, Z. B. Harboe, C. Roed, V. A. Larsen | COPENHAGEN, DENMARK

O 1208 Cerebral herniation after lumbar puncture in adults with bacterial meningitis

J. Costerus, M. Brouwer, M. Sprengers, S. Roosendaal, A. van der Ende, D. van de Beek | AMSTERDAM, NETHERLANDS

O 1209 Natalizumab-related progressive multifocal leukoencephalopathy in Austria: An observational nationwide study

T. Moser¹, E. Fertl², S. Koppi³, T. Seifert-Held⁴, G. Safoschnik², G. Bsteh⁵, T. Heller², P. Rommer², A. Baumgartner², T. Berger⁵, J. Sellner¹ | ¹SALZBURG, ²VIENNA, ³RANKWEIL, ⁴GRAZ, ⁵INNSBRUCK, AUSTRIA

O 1210 Bacterial hypervirulence genes in *Haemophilus influenzae meningitis* identified by whole genome sequencing.

D. Koelman¹, P. Kremer¹, J. Lees², M. Brouwer¹, S. Bentley², D. van de Beek¹ | ¹AMSTERDAM, NETHERLANDS, ²HINXTON, UNITED KINGDOM

O 1211 An experience from Sudan with tuberculosis of central nervous system: An extensive study of clinical and radiological features, treatment outcomes and predictors of mortality in 60 patients

M.-N. Idris¹, M. Alfaki¹, T. A-Hakam², M. Elzubair¹, S. Mirgani¹, E. Ibrahim¹, H. Abugabl¹ | ¹KHARTOUM, SUDAN, ²LONDON, UNITED KINGDOM

O 1212 Characteristics of headache and its relationship to disease severity in patients with Crimean-Congo hemorrhagic fever

D. Aksoy¹, H. Barut¹, F. Duygu², B. Çevik¹, O. Sümbül¹, S. Kurt¹ | ¹TOKAT, ²ANKARA, TURKEY

SATURDAY, 24 JUNE

16:45 - 18:15

ORAL SESSION: MS AND RELATED DISORDERS 1

16:45-18:00 | ELICIUM 2

CHAIRPERSONS:

Giancarlo Comi, MILAN, ITALY

Ludwig Kappos, BASEL, SWITZERLAND

O 1213 Restriction spectrum imaging in multiple sclerosis

P. Sowa¹, H. F. Harbo¹, N. White², E. G. Celius¹, H. Bartsch², P. Berg-Hansen¹, S. M. Moen¹, L. Westlye¹, O. Andreassen¹, A. Dale², M. Beyer¹ | ¹OSLO, NORWAY, ²SAN DIEGO, USA

O 1214 Earlier prognostication in primary progressive multiple sclerosis using MRI: A 15-year longitudinal study

M. Filippi¹, M. G. Rovaris¹, M. P. Sormani², D. Caputo¹, A. Ghezzi³, E. Montanari⁴, A. Bertolotto⁵, G. L. Mancardi², R. Bergamaschi⁶, V. Martinelli¹, G. Comi¹, M. A. Rocca¹ | ¹MILAN, ²GENOA, ³GALLARATE, ⁴FIDENZA, ⁵ORBASSANO (TURIN), ⁶PAVIA, ITALY

O 1215 Regional patterns of structural damage in neuromyelitis optica spectrum disorders

A. D'ambrosio, F. Savoldi, E. Pagani, M. Radaelli, G. Comi, A. Falini, M. Filippi, M. A. Rocca | MILAN, ITALY

O 1216 Impact of ocrelizumab on reducing more severe disability progression in primary progressive multiple sclerosis

L. Kappos¹, G. Giovannoni², J. de Seze³, X. Montalban⁴, J. Wolinsky⁵, S. Belachew¹, G. Deol-Bhullar¹, J. Han⁶, L. Julian⁶, S. L. Hauser⁷ | ¹BASEL, SWITZERLAND, ²LONDON, UNITED KINGDOM, ³STRASBOURG, FRANCE, ⁴BARCELONA, SPAIN, ⁵HOUSTON, ⁶SOUTH SAN FRANCISCO, ⁷SAN FRANCISCO, USA

O 1217 The EXPAND study results: Efficacy of siponimod in secondary progressive multiple sclerosis

P. Vermersch¹, A. Bar-Or², B. Cree³, R. Fox⁴, G. Giovannoni⁵, R. Gold⁶, S. Arnould⁷, E. Wallström⁷, T. Sidorenko⁷, C. Wolf⁸, F. Dahlke⁷, L. Kappos⁷ | ¹LILLE, FRANCE, ²MONTREAL, CANADA, ³SAN FRANCISCO, CA, USA, ⁴CLEVELAND, OH, USA, ⁵LONDON, UNITED KINGDOM, ⁶BOCHUM, GERMANY, ⁷BASEL, SWITZERLAND, ⁸BRUSSELS, BELGIUM

ORAL SESSION: NEUROIMAGING

16:45-18:15 | EMERALD

CHAIRPERSONS:

Irena Rektorova, BRNO, CZECH REPUBLIC

Massimo Filippi, MILANO, ITALY

O 1218 Altered PDE10A expression detectable early in untreated Parkinson's disease patients

G. Pagano¹, F. Niccolini¹, H. Wilson¹, T. Yousaf¹, N. Khan¹, D. Martino², R. Gunn¹, E. Rabiner¹, M. Politis¹ | ¹LONDON, UNITED KINGDOM, ²CALGARY, USA

O 1219 The cerebral metabolic topography of spinocerebellar ataxia type 3

S. Meles, J. Kok, B. de Jong, R. Renken, J. de Vries, J. Spikman, K. Leenders, H. Kremer | GRONINGEN, NETHERLANDS

O 1220 Nerve ultrasound: a useful screening tool for peripheral nerve sheath tumors?

J. Telleman, M. Stellingwerff, G. Brekelmans, L. Visser | TILBURG, NETHERLANDS

O 1221 Impaired structural brain connectome in patients with systemic lupus erythematosus: a graph theory study

P. Preziosa, M. A. Rocca, G. A. Ramirez, E. Bozzolo, P. Rovere-Querini, A. Manfredi, M. Filippi | MILAN, ITALY

O 1222 Artificial neural networks in the automatic classification of Alzheimer's disease patients

M. Filippi, L. Wagner, S. Basaia, G. Magnani, F. Agosta | MILAN, ITALY

O 1223 Noradrenergic mechanisms in Parkinson's disease, studied with [18F]FDOPA and [11C] MeNER PET

M. Kinnerup¹, M. Sommerauer¹, K. Østergaard², P. Borghammer¹, A. Gjedde³, A. Nahimi¹ | ^{1,2}AARHUS, ³COPENHAGEN, DENMARK

ORAL SESSION: NEURO-ONCOLOGY

16:45-18:15 | ROOM E103

CHAIRPERSONS:

Stefan Oberndorfer, ST. POELTEN, AUSTRIA

Jacob Reijneveld, AMSTERDAM, THE NETHERLANDS

O 1224 Detecting insular clinical signs to improve the
16:45 medical care of neuro-oncologic patients:

Interest of a new questionnaire.

T. Bieth, R. Ursu, S. Cuzzubbo, B. Bardel, A. Carpentier,

C. Belin | BOBIGNY, FRANCE

O 1225 Neuropsychiatric adverse events of
17:00 antiepileptic drugs in patients with brain
tumour related epilepsy: An Italian multicentre
prospective study

M. Romoli¹, C. Bedetti¹, M. Maschio², C. Di Bonaventura²,

E. Nardi ini¹, P. Eusebi¹, S. Siliquini¹, S. Dispenza²,

P. Calabresi¹, C. Costa¹ | ¹PERUGIA, ²ROME, ITALY

O 1226 Improved survival in primary central nervous
17:15 system lymphoma up to age 70 only: A
population-based study on incidence, primary
treatment and survival in the Netherlands, 1989-2015

M. van der Meulen¹, A. Dinmohammed¹, O. Visser²,

J. Doorduyn¹, J. Bromberg¹ | ¹ROTTERDAM, ²UTRECHT,

NETHERLANDS

O 1227 Tumor neuro-Langerhans cell histiocytosis
17:30 located in the brainstem: A specific entity?

E. Pappa¹, L. Royer-Perron¹, A. Duran-Pena¹, L. Le Guennec¹,

N. Martin-Duverneuil¹, K. Mokhtari¹, M.-J. Ribeiro², E. Bayen¹,

A. Del Cul¹, D. Delgadillo¹, A. Kas¹, C. Courtillot¹, J. Haroche¹,

F. Cohen-Aubart¹, J. Donadieu¹, K. Hoang-Xuan¹,

D. A. Idbah¹ | ¹PARIS, ²TOURS, FRANCE

O 1228 Longitudinal assessment of cognitive functions
17:15 and quality of life in long surviving patients
with glioblastoma

F. Franchino, A. Malabaila, E. Nicolotto, M. Magistrello,

A. Pellerino, F. Mo, F. Bruno, R. Rudà, R. Soffietti | TURIN, ITALY

O 1229 Isolated intra-ocular relapses of primary
18:00 central nervous system lymphoma

N. Younan¹, C. Soussain², S. Choquet¹, V. Touitou¹,

A. Schmitt³, O. Chinot⁴, L. Taillandier⁵, A. Amiel⁶, K. Laribi⁷,

T. Lamy⁸, H. Ghesquière⁹, J.-P. Marolleau¹⁰, M.-P. Moles¹¹,

A. Tempescul¹², P. Agapé¹³, N. Cassoux¹, F. Jardin¹⁴,

R. Gressin¹⁵, E. Gyan¹⁶, A. Brion¹⁷, G. Ahle¹⁸, A. El Yamani¹⁹,

M. Bourniquel²⁰, K. Hoang-Xuan¹, C. Houillier¹ | ¹PARIS, ²SAINT

CLOUD, ³BORDEAUX, ⁴MARSEILLES, ⁵NANCY, ⁶TOULOUSE, ⁷LE MANS,

⁸RENNES, ⁹LYONS, ¹⁰AMIENS, ¹¹ANGERS, ¹²BREST, ¹³SAINT-HERBLAIN,

¹⁴ROUEN, ¹⁵GRENOBLE, ¹⁶TOURS, ¹⁷BESANÇON, ¹⁸COLMAR, ¹⁹BLOIS,

²⁰TOULON, FRANCE



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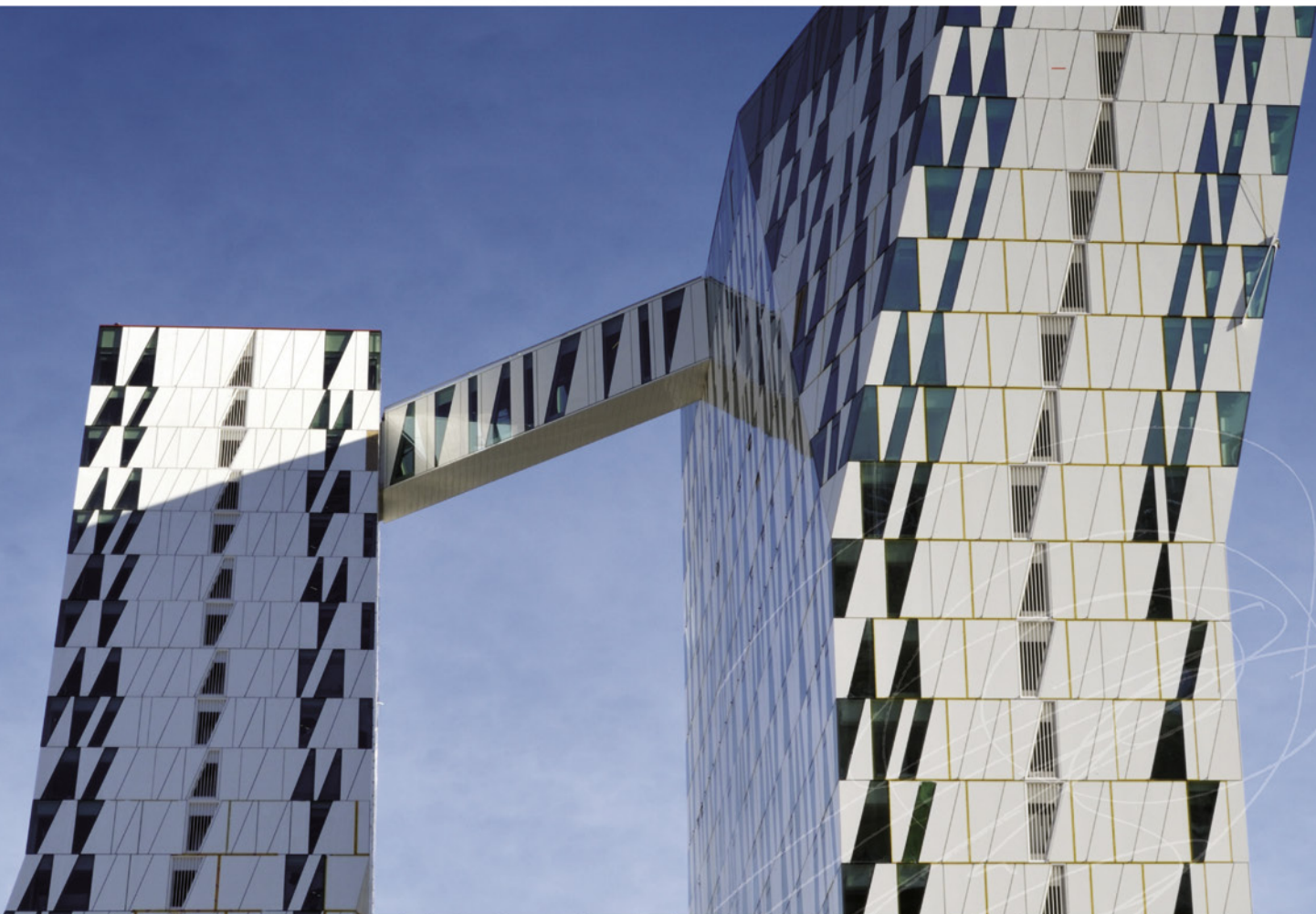
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Ziel ist neben der Weitergabe aktueller wissenschaftlicher Erkenntnisse, praxistaugliche Informationen zu vermitteln, die zur besseren Versorgung von Patienten mit neurologischen und psychiatrischen Störungen beitragen. Folgerichtig können Leser der **Nervenheilkunde** CME-Punkte sammeln. Regelmäßig werden Empfehlungen oder Leitlinien der Deutschen Migräne- und Kopfschmerzgesellschaft sowie der Deutschen Gesellschaft für Muskelkranke veröffentlicht.

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CASE-BASED WORKSHOP 3: MDS-ES/EAN: DEVICE AIDED TREATMENT OF PARKINSON'S DISEASE: WHICH TREATMENT TO CHOOSE?

08:00 - 09:30 | ROOM E102

CHAIRPERSON:

Per Odin, LUND, SWEDEN



International Parkinson and
Movement Disorder Society
European Section

Patient case with DBS operation

Lars Timmermann, COLOGNE, GERMANY

Patient case with LCIG treatment

Per Odin, LUND, SWEDEN

Patient case with apomorphine pump treatment

Tove Henriksen, COPENHAGEN, DENMARK

Device aided treatment for non-motor symptoms

K. Ray Chaudhuri, LONDON, UK

Educational content: This session will help participants in identifying Parkinson patients who are good candidates for DBS operation, LCIG or apomorphine pump therapy. It will also help participants to know the expected effect of the treatment, side effects, risk of complication and requirements of the clinical setting.

Limited to 60 persons

FOCUSED WORKSHOP 7: VASCULAR CONTRIBUTION TO DEMENTIA

08:00 - 09:30 | FORUM

CHAIRPERSONS:

Reinhold Schmidt, GRAZ, AUSTRIA

Wolf-Dieter Heiss, COLOGNE, GERMANY

The concept of vascular cognitive impairment

Reinhold Schmidt, GRAZ, AUSTRIA

Which vascular lesions contribute to dementia: New insight from 7T MRI

Geert Jan Biessels, UTRECHT, THE NETHERLANDS

Management of VCI. Prevention and treatment

Leonardo Pantoni, FLORENCE, ITALY

Scientific Content: The increase in vascular disease with age has led to projections of major growth in the numbers of patients with vascular dementia (VaD)/vascular cognitive impairment (VCI) over the next 30 years. Nonetheless, the concept of VaD has been challenged by authorities in that pure VaD is frequently considered to be a rare clinical entity. However, it is generally accepted that there exists a considerable overlap but also a mutual

interference between vascular and neurodegenerative processes and that this plays an important role for the clinical expression of a dementia syndrome. Longitudinal imaging studies, the study of the brain's microstructure, the availability of high resolution MRI and imaging post-processing methods such as voxel-based lesion symptom mapping are some of the new developments that will allow to determine what type of vascular lesions at what location actually contribute to the cognitive-behavioral phenotype of a given patient who suffers from cognitive impairment and whose brain imaging reveals vascular lesions. Positive treatment responses in VaD/VCI have been reported, but have not led to approval, so far. There is hope that advances in imaging technologies which will allow to better define subtypes of VaD/VCI will lead to the conduct of tailored clinical trials which will increase the likelihood to develop subtype-specific therapies.

FOCUSED WORKSHOP 8: THE ROLE OF EXOSOMES IN MECHANISMS OF MULTIPLE SCLEROSIS

08:00 - 09:30 | ROOM G102/103

CHAIRPERSONS:

Krzysztof Selmaj, LODZ, POLAND

Rogier Hintzen, ROTTERDAM, THE NETHERLANDS

Microvesicles provide a new mechanism of cell communication within CNS and in immune system

Roberto Furlan, MILAN, ITALY

The content of exosomes as biomarkers of multiple sclerosis

David Otaegui, SAN SEBASTIÁN, SPAIN

Exosomes contribute to the spread of neuroinflammation in multiple sclerosis

Krzysztof Selmaj, LODZ, POLAND

Scientific content: Exosomes and microvesicles represent a newly discovered mechanism of intracellular communication. Exosomes generated as membrane-bound particles are smaller than microvesicles and contain diversified material like, DNA, mRNA, ncRNA, proteins and lipids. They are derived from all sorts of cells including immune cells and cells endogenous to CNS. The material within exosomes can be transported short and long distance and provide important mechanism of cell-to-cell communication. Exosomes generation depends on pathological conditions and thus their content represent promising material to be used as disease biomarkers. In autoimmune diseases, including multiple sclerosis (MS), generation of exosomes is increased and their content of biologically active molecules can significantly influence the autoimmune reactions. Exosomes can spread inflammatory signal to wide array of cells involved in MS pathogenesis and can modulate immune

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cell reactivity. Exosomes influence antigen presentation, apoptosis induction, cellular activation, differentiation and lymphocyte brain homing. In this way, exosomes can profoundly influence the course of immune reactions during MS and contribute to the disease initiation and progression. Locally, within CNS exosomes have been shown to contribute to both enhancement of inflammation and tissue repair. Exosomes can also be used as drug delivery system and contribute to developments of new therapeutic approaches in MS.

FOCUSED WORKSHOP 9: OVERARCHING THEME – OUTCOME MEASURES IN STROKE PATIENTS

08:00 - 09:30 | ROOM E106/107

CHAIRPERSONS:

Yvo Roos, AMSTERDAM, THE NETHERLANDS

Henrik Gensicke, BASEL, SWITZERLAND

Outcome after stroke; beyond the modified Rankin score

Paul Nederkoorn, AMSTERDAM, THE NETHERLANDS

Neuroimaging as a predictor and measurement of stroke outcome

Robin Lemmens, LEUVEN, BELGIUM

Outcome predictors of stroke treated with thrombolysis – what matters in clinical practice

Henrik Gensicke, BASEL, SWITZERLAND

Dichotomous versus ordinal regression analysis of the modified Rankin Scale score in stroke patients

Yvo Roos, AMSTERDAM, THE NETHERLANDS

Scientific content: This session will focus on outcome measures in stroke patients. The presenters will discuss the known current problems with the most widely used outcome scales and will suggest alternatives to overcome these problems.

FOCUSED WORKSHOP 10: NEUROBIOLOGICAL AND CLINICAL ASPECTS OF MEMORY CONSOLIDATION

08:00 - 09:30 | EMERALD

CHAIRPERSONS:

Jan Born, TUEBINGEN, GERMANY

Stefano Cappa, PAVIA, ITALY

How does memory consolidate during sleep – behavioural, EEG, and neuropharmacological evidence

Jan Born, TUEBINGEN, GERMANY

Brain mechanisms of memory consolidation during sleep – evidence from functional brain imaging

Pierre Maquet, LIÈGE, BELGIUM

The hippocampus in aging and disease

Thorsten Bartsch, KIEL, GERMANY

Chairman's Concluding remarks

Stefano Cappa, PAVIA, ITALY

Target audience: Basic Scientists, Clinical academicians, Practitioners, Students/Residents/Trainees, Non-physician Health Professionals

Scientific Content: The workshop will provide updated information about the neurobiology of memory from multiple research perspectives, and consider the implications of advancements in our understanding of memory consolidation mechanisms for the diagnosis and management of memory disorders in neurological practice

FOCUSED WORKSHOP 11: ASSEMBLY AND MAINTENANCE OF THE NODE OF RANVIER COMPLEX IN HEALTH AND DISEASE

08:00 - 09:30 | ROOM E103

CHAIRPERSONS:

Hugh Willison, GLASGOW, UK

Claudia Sommer, WÜRZBURG, GERMANY

Cell adhesion molecules at the nodal complex as targets in disease

Jerome Devaux, MARSEILLE, FRANCE

Glycolipids at PNS nodes in auto-immune neuropathies

Hugh Willison, GLASGOW, UK

Imaging nodes of Ranvier in skin biopsies as an investigative and diagnostic tool in human disease

Claudia Sommer, WÜRZBURG, GERMANY

Scientific content: Nodes of Ranvier are the sites of saltatory conduction, which are a fundamental adaptation of myelinated axons in the CNS and PNS. Our understanding of the molecular organization of the nodal region has rapidly advanced. Many molecular components have been identified, as have the interactions among the axonal and glial molecules, accounting for the specialized features of nodal, paranodal and juxtaparanodal domains. The remarkable progress in understanding normal structure and function is paralleled by the appreciation of the central role for nodal dysfunction in a variety of disease states, particularly affecting the peripheral node of Ranvier in autoimmune neuropathies.

This symposium will critically analyse progress in this field, set in the broader neuroscience context, and will thus be of general interest to conference participants.

FOCUSED WORKSHOP 12: END-OF-LIFE ISSUES IN NEUROLOGY

08:00 - 09:30 | ROOM E108

CHAIRPERSONS:

Raymond Voltz, COLOGNE, GERMANY

Martin Taphoorn, DEN HAAG, THE NETHERLANDS

The EAN/EAPC consensus on neurological palliative care – preparation before and at the end-of-life

David Oliver, CANTERBURY, UK

The development of evidence in the effectiveness and use of palliative care in neurological disease – the effectiveness of end-of-life care

Simone Veronese, TORINO, ITALY

Ethical aspects of care at the end-of-life – withholding and withdrawing treatment

Christina Faull, LEICESTER, UK

Target audience: Neurologists involved in the care of people with progressive neurological disease. Neurologists concerned about the ethical and practical issues of caring for patients at the end of life

Scientific content: The evidence base for neurological palliative care – using several extensive literature searches and consensus / critical appraisal of the evidence – and the use of this evidence to improve the care of people with neurological care as they deteriorate and come to the end-of-life.

HANDS-ON COURSE 2: ASSESSMENT OF PERIPHERAL NERVE FUNCTION AND STRUCTURE IN SUSPECTED PERIPHERAL NEUROPATHIES – LEVEL 1

08:00 - 09:30 | ROOM G104/105

CHAIRPERSON:

Josep Valls-Solé, BARCELONA, SPAIN

Motor and sensory nerve conduction studies

Simon Podnar, LJUBLJANA, SLOVENIA

Nerve echography

Luca Padua, ROME, ITALY

Reflex responses: T-wave, H-reflex, F-wave, Blink reflex

Josep Valls-Solé, BARCELONA, SPAIN

Educational content: This will be a basic hands-on-course on assessment of peripheral nerves by means of electrodiagnostic tests and echography. These are key elements for the documentation of the type and severity of neuropathies. This part of clinical neurophysiology is an essential aspect of the learning programme of neurologists in many countries and should, therefore, be part also of the EAN congresses. In the proposed hands-on teaching course, we plan on having three stations with experts in the various types of assessment nowadays used for the study of nerves in peripheral neuropathies. Simon Podnar is a very experienced electrodiagnosis specialist. Luca Padua has largely developed echography in nerve and muscle studies and knows how to combine the technique with the conventional nerve conduction testing. Josep Valls-Solé will show the strategies for analysing peripheral nerve lesions in sites where nerve conduction and echography cannot reach a conclusive diagnosis and reflex studies are essential. The attendants will be able to learn how to plan and perform an electrodiagnostic examination using all techniques amenable to documentation of peripheral nerve lesions.

This course is supported by Natus Medical Inc.

Limited to 60 persons

INTERACTIVE SESSION 3: IMAGING FOR NEUROINFECTIONS

08:00 - 09:30 | ELICIUM 2

CHAIRPERSON:

Israel Steiner, PETACH TIKVA, ISRAEL

Introduction: CT & MRI

Kelly K. Koeller, ROCHESTER, USA

The conventional and usual techniques

Israel Steiner, PETACH TIKVA, ISRAEL

The unusual methods: SPECT and PET

Karolien Goffin, LEUVEN, BELGIUM

Unusual infections

Bettina Pfausler, INNSBRUCK, AUSTRIA

Educational content: A wide variety of neurological signs and symptoms may be caused by the extremely broad range of potentially pathogenic agents causing infections of the central nervous system. Beside history, being not always absolutely indicative, clinical signs and symptoms, laboratory peculiarities and microbiological diagnostic work-up it is frequently the neuro-imaging which provides the basis to consider an infection to be a treatable cause of an acute, peracute, subacute, or chronic neurological syndrome. In the introductory lecture contrast, enhanced CT and MRT as basic neuroradiological techniques will be

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addressed in an interactive way for acute bacterial meningitis, viral encephalitis, intracranial and spinal abscesses and cystic and granulomatous lesions. These conventional techniques will be deepened in a second lecture with illustrative cases. The role of SPECT and PET will be discussed in specifying both the infectious origin and the potential infectious agent. Finally, unusual infections, in which neuroimaging may be instrumental to specify the diagnostic agent will be presented.

SPECIAL SESSION 3: ILAE-CEA/EAN: EPILEPSY

08:00 - 09:30 | ROOM G106/107

CHAIRPERSON:

Hermann Stefan, ERLANGEN, GERMANY

Differential diagnosis

Hermann Stefan, ERLANGEN, GERMANY

Emergency diagnosis/acute treatment

Eugen Trinkka, SALZBURG, AUSTRIA

SUDEP

Ley Sander, LONDON, UK

When does epilepsy become drug resistant and how to manage?

Paul Boon, GHENT, BELGIUM

Scientific content: Precondition for optional treatment is the differentiation of epileptic seizures from nonepileptic attacks or paroxysmal events. Clinical characteristics and auxiliary tests for the differential diagnosis including video EEG are discussed in the presentation by H. Stefan. Concerning emergency diagnosis and acute actual strategies are reported by E. Trinkka. Mortality of patients with epilepsies has increased compared to healthy population. For sudden unexpected death in epilepsy pathophysiology may provide possibility for prevention. In addition, legal aspects have to be considered. L. Sander discusses facts and challenges. Varieties of drug and surgical treatments have to be selected individually for patients with epilepsies. Optional timing for different treatment options are considered by P. Boon.

SPECIAL SESSION 4: RARE NEUROLOGICAL DISEASES

08:00 - 09:30 | ROOM E104/105

CHAIRPERSON:

Antonio Federico, SIENA, ITALY

Dementia not only Alzheimer's diseases: From bed to bench and contrary

Antonio Federico, SIENA, ITALY

Rare causes of stroke

Martin Dichgans, MUNICH, GERMANY

Rare forms of epilepsies: Diagnosis and treatment

Reetta Kälviäinen, KUOPIO, FINLAND

Content: Rare Neurological Diseases are a Pandora's box for neurology.

The list of the rare diseases encloses more than 5000 disorders, half of them have a neurological interest, with involvement of the Central and Peripheral Nervous System or muscles or all.

They are underdiagnosed and a global effort is necessary to improve knowledge of their existence, the possibility to have a correct diagnosis by dissemination of information and research leading to possible treatments.

Since Neurology, as a specialty, has the major role in the diagnosis and care of these diseases, and basic and applied neurosciences in the research on their pathogenesis, EAN has the main responsibility for the promotion of the knowledge of these disorders, of spreading the information and to encourage research within the neurological community in Europe.

We will approach the different aspects related to rare neurologic disorders, illustrating the activities of EAN, of Europe, the existing Centers of Excellence dedicated to their diagnosis, treatments and research. Finally, we will interact with patient representatives from EFNA to improve doctor-patient interactions.

PLENARY SYMPOSIUM:
PRESIDENTIAL SYMPOSIUM
10:00 - 12:00 | MAIN AUDITORIUM



CHAIRPERSON:

Günther Deuschl, EAN PRESIDENT

Selma Tromp, PRESIDENT NETHERLANDS SOCIETY OF NEUROLOGY

Moritz Romberg Lecture

Epilepsy: Where do we stand? Where are we headed?

Christian E. Elger, BONN, GERMANY

Camillo Golgi Lecture

**Autoantibodies and the nervous system:
Breadth, depth and challenges**

Angela Vincent, OXFORD, UK

Charles-Edouard Brown-Sequard Lecture

**Why neurologists should be interested in the Human
Brain Project: A change of clinical paradigm**

Richard Frackowiak, LAUSANNE, SWITZERLAND



Prof. Christian E. Elger

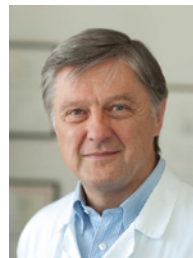
is Professor of Epileptology and director of the department of epileptology at the University of Bonn, Germany. The epilepsy center has one of the most active epilepsy surgery programs within Europe. Prof. Elger is renowned for his role in studying seizure prediction and his work within the field of epilepsy, and

cognition. He helped developing pre-surgical evaluation techniques which enable the prediction of postsurgical cognitive outcome. His vision helped founding the Center for Economics and Neuroscience in Bonn. He is widely published in highly-ranked journals and has also served as Associate Editor for *Brain and Epilepsy* and *Behavior*. In 2005, Prof. Elger received the Zülch Prize from the Max-Planck-Foundation for his scientific studies in experimental epilepsy research and cognition. The ILAE (International League Against Epilepsy) granted him the Ambassador of Epilepsy award. In 2010, he received the Hans-Berger Award of the DGKN (Deutsche Gesellschaft für Klinische Neurophysiologie und Funktionelle Bildgebung) for merit within the field of electrophysiology in epilepsy. He was presented with The Victor and Clara Soriano Award at the 20th World Congress of Neurology Meeting in Marrakesh in 2011 and in 2012, the ILAE granted him the European Epileptology Award. In 2015, he received the William G. Lennox Award from the American Epilepsy Society.



Prof. Angela Vincent

is Emeritus Professor of Neuro-immunology in the University of Oxford, and an Emeritus Fellow of Somerville College. Until 2016 she was an Honorary Consultant in Immunology and directed the Clinical Neuroimmunology service in Oxford which is an international referral centre for the measurement of antibodies in neurological diseases. She has spent 40 years studying autoantibodies to specific receptors, ion channels and related proteins in neurological diseases, and showing that the diseases can respond to immunotherapies that reduce antibody levels. She and her colleagues collaborate with neurologists worldwide. She was formerly Head of Department of Clinical Neurology (2005-2008), served on the MRC Neurosciences and Mental Health Board (2004-2008), was an Associate Editor of *Brain* and was President of the International Society of Neuroimmunology (2001-2004). Among other honours, she was awarded the medal of the Association of British Neurologists in 2009, and was elected Fellow of the Royal Society of the UK in 2011.



Prof. Richard Frackowiak

retired as head of the Department of Clinical Neurosciences at the Université de Lausanne (UNIL) and its Centre Hospitalier Universitaire Vaudois (CHUV) in 2015. Formerly, he served as Foundation Professor of Cognitive Neurology at University College London (UCL), Director of the Department of

Cognitive Studies (DEC) at the Ecole Normale Supérieure in Paris, Wellcome Trust Principal Clinical Research Fellow and Vice-Provost of UCL. He founded the Wellcome Department of Imaging Neuroscience and its Functional Imaging Laboratory (FIL) in 1994. As a pioneer of human brain imaging research, he developed a number of techniques and applied them to the investigation of human brain structure-function relationships in health and disease. There is a translational component to his recent research involving novel image classification techniques for individual studies. He continues his work in the "The Human Brain Project", which he and colleagues started, for which he retains honorary professorships at the EPFL, UNIL, and UCL. He is also attached to the ENS in Paris where he now lives. As Past President of the British Neuroscience Association and of the European Brain and Behaviour Society, he has held prestigious visiting professorships, editorships and international society roles worldwide. His papers and the book "Human Brain Function" are highly cited (Google h-index = 192). He has been a laureate of the Ipsen, Wilhelm Feldberg, Klaus Joachim Zulch and Ottorino Rossi prizes.

SUNDAY, 25 JUNE

15:00 - 16:30

**CME TOPICAL SYMPOSIUM:
SPINAL MUSCULAR ATROPHY**

15:00 - 16:30 | FORUM



CHAIRPERSON:

Ulrike Schar, ESSEN, GERMANY

Enrico Bertini, ROME, ITALY

Diagnosis of spinal muscular atrophy

Ludo van der Pol, UTRECHT, THE NETHERLANDS

Clinical aspects of spinal muscular atrophy

Ulrike Schar, ESSEN, GERMANY

Therapy and management of spinal muscular atrophy

Enrico Bertini, ROME, ITALY

Autosomal-recessive proximal spinal muscular atrophies (SMA) are monogenetic progressive disorders characterized by a ubiquitous deficiency of the survival of motor neuron (SMN) protein, leading to a multisystemic disorder which, for unexplained reasons, appears to affect mostly alpha motor neurons. SMA is the most common genetic cause of infant mortality and seems to be present in all populations. The SMA type is defined by the time of onset of symptoms and highest achieved motor milestone. Until now, the disorder has been untreatable, and management relies on supportive care to address disease complications and maximize clinical and motor functions. Within this multidisciplinary care new therapeutic options can additionally improve clinical course and prognosis. Different SMA phenotypes and appropriate therapy and care will be described as case reports and can be discussed.

This session is supported by an educational grant from Biogen.

**CASE-BASED WORKSHOP 4:
STROKE AND INFECTIONS**

15:00 - 16:30 | ROOM E102

CHAIRPERSON:

Israel Steiner, PETACH TIKVA, ISRAEL

Infectious causes of stroke

Israel Steiner, PETACH TIKVA, ISRAEL

Strokes complicating neuroinfections

Diederik van de Beek, AMSTERDAM, THE NETHERLANDS

Infectious complications of stroke

Marek Sykora, HEIDELBERG, GERMANY

Educational content: Systemic and neurological Infections are both a cause for stroke and its complication. The course will focus on this aspect of clinical and emergency neurology highlighted by cases

Limited to 60 persons

**HANDS-ON COURSE 4:
NEUROSONOLOGY IN THE DIAGNOSIS
OF NEUROVASCULAR DISORDERS -
LEVEL 1**

15:00 - 16:30 | ROOM G104/105

CHAIRPERSON:

Claudio Baracchini, PADOVA, ITALY

Carotid evaluation for arteriosclerotic occlusive disease

Edoardo Vicenzini, ROME, ITALY

Role of ultrasound in posterior circulation stroke

Claudio Baracchini, PADOVA, ITALY

**Practical demonstration of cervical and transcranial
color-coded sonography**

Elsa Azevedo, PORTO, PORTUGAL

Educational content: This course on "Neurosonology in the diagnosis of neurovascular disorders" aims primarily at neurologists in training and those wishing to refresh and/or update their basic knowledge in the field.

This course will start with 2 lectures about the different methodological aspects in the ultrasound evaluation of patients with carotid occlusive disease and of patients with vertebro-basilar ischemic stroke. A special focus on the acute and chronic setting, and a critical appraisal of the neurosonological assessment with respect to other imaging methods will be an important part of the lectures.

Finally, there will be a hands-on demonstration of cervical and transcranial color-coded Doppler sonography examination where the audience will have a chance to actively participate and discuss on practical issues.

Limited to 60 persons

INTERACTIVE SESSION 4: AN APPROACH TO DIAGNOSIS: A CASE-BASED IMAGING SESSION

15:00 - 16:30 | ELICIUM 2

CHAIRPERSON:

Massimo Filippi, MILAN, ITALY

Vascular disease

Christian Enzinger, GRAZ, AUSTRIA

Demyelinating diseases

Per Soelberg-Sørensen, COPENHAGEN, DENMARK

Dementia

Massimo Filippi, MILAN, ITALY

Educational content: This Interactive Session will be a unique opportunity for neurologists at all levels, from training to those practicing for years, to learn about and refresh themselves on common topics in neuroradiology presented in a case-based format. Several cases will be featured and each case will be presented with an unknown diagnosis for audience self-assessment. The cases allow for the presentation of common diagnoses and those that are less common but still important. Upon completion of this course, participants will possess the knowledge and skills to: recognise the imaging and clinical features of major neurological conditions that allow for refinement of differential diagnosis; recognise some commonly encountered imaging artifacts and pitfalls; confidently make management decisions affecting a variety of commonly encountered clinical scenarios.

SPECIAL SESSION 8: HISTORY OF NEUROLOGY: NEUROLOGICAL CINEMATOGRAPHY

15:00 - 16:30 | ROOM E104/105

CHAIRPERSON:

Peter J Koehler, HEERLEN, THE NETHERLANDS

The early years of neurological cinematography (introducing the Magnus-Rademaker Film Collection 1908-1941)

Peter J Koehler, HEERLEN, THE NETHERLANDS

Cerebellectomies in the Magnus-Rademaker Film Collection

Kimberley Fleuren, MAASTRICHT, THE NETHERLANDS

200 years of paralysis agitans, (over) 100 years of cinematography of Parkinson's disease

Bas Bloem, NIJMEGEN, THE NETHERLANDS

In this Special Session we will discuss the transition of (medical) photography to chronophotography and then to neurological cinematography. Early examples from several countries (starting 1898, Romania; early neurological films sections from Germany, UK and Italy) will be shown. Professor Koehler will introduce the recently uncovered Dutch Magnus-Rademaker collection (about 115 films, 1908-1941).

Dr. Fleuren, who is writing a thesis on the mentioned collection, will present experimental and clinical material on cerebellectomies placed in the context of clinical cerebellar research of the period.

Professor Bloem will discuss a number of film clips, with Parkinson patients.

The day before, on Saturday afternoon, a History of Neurology Visit will be organised. Information on the visit and registration can be found on page XXV.

SUNDAY, 25 JUNE

15:00 - 18:15

TEACHING COURSE 6: MDS-ES/EAN: NEUROIMAGING IN MOVEMENT DISORDERS – LEVEL 2

15:00 - 18:15 | MAIN AUDITORIUM



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSON:

David Brooks, LONDON, UK

Neuroimaging for differential diagnosis of atypical parkinsonian syndromes

Klaus Seppi, INNSBRUCK, AUSTRIA

Imaging biomarkers for Parkinson's disease

David Brooks, LONDON, UK

Imaging of dystonia

Stephane Lehericy, PARIS, FRANCE

Behavioural disorders and Tourette syndrome

Alexander Münchau, HAMBURG, GERMANY

Educational content:

1. Discuss the different abilities of structural and functional MRI, and the radiotracer based techniques PET and SPECT.
2. Gain an update on the progress of imaging nigral structural and functional changes in PD and understanding the mechanisms underlying disease motor and non-motor complications
3. Understand the structural and functional changes underlying the genetic and acquired dystonias revealed by imaging
4. Review the latest imaging findings in compulsive disorders and Tourette syndrome.

TEACHING COURSE 8: ACUTE TREATMENT AND EARLY SECONDARY PREVENTION OF STROKE – LEVEL 2

15:00 - 18:15 | ROOM G102/103

CHAIRPERSON:

Anna Czlonkowska, WARSAW, POLAND

Patient selection for i.v. thrombolysis and thrombectomy

Urs Fischer, BERN, SWITZERLAND

Antiplatelets and oral anticoagulation – which and when to start?

Karin Klijn, NIJMENGEN, THE NETHERLANDS

Early interventions for large vessel disease

Leo Bonati, BASEL, SWITZERLAND

Is there still room for neuroprotection?

Anna Czlonkowska, WARSAW, POLAND

Educational content: Acute stroke treatment and options for secondary prevention have rapidly developed in recent years, especially in the context of new data for mechanical thrombectomy, expanding indications for intravenous thrombolysis, testing new antiplatelet agents and introduction of new oral anticoagulants. This teaching course will focus on these new aspects of stroke management.

TEACHING COURSE 9: HOW TO APPROACH A PATIENT WITH NEUROPATHY: FROM DIAGNOSIS TO THERAPY – LEVEL 1

15:00 - 18:15 | ELICIUM 1



CHAIRPERSON:

Eduardo Nobile-Orazio, MILAN, ITALY

Clinical and electrophysiological approach to a patient with neuropathy

Peter Van den Bergh, BRUSSELS, BELGIUM

Nerve biopsy or skin biopsy: What to get and what to choose?

Claudia Sommer, WÜRZBURG, GERMANY

Laboratory tests in neuropathies: Genes, CSF and antibodies. What and when?

Michael Lunn, LONDON, UK

Inflammatory neuropathies: What therapy to choose

Eduardo Nobile-Orazio, MILAN, ITALY

Educational content: This introductory course is mainly directed at neurologists in training, or neurologist wishing to refresh and update their knowledge in the diagnosis of peripheral neuropathy and therapy of inflammatory neuropathies. The speakers will mainly address the role of current tests used in the diagnosis of patients with neuropathy, including EMG and nerve conduction studies, nerve biopsy and the recently introduced skin biopsy and laboratory tests including cerebrospinal fluid analysis and anti-nerve antibody testing. We will also try to suggest a correct sequence of tests to be used to achieve a correct diagnosis starting from the less expensive and traumatic ones. Finally the therapeutic approach to be used in patients with inflammatory neuropathy will be also addresses highlighting the cost and benefits of currently available therapies.

This course has been proposed in cooperation with the Peripheral Nerve Society

TEACHING COURSE 10: HEADACHE IS COMMON BUT TREATABLE. CHANGING THE TREATMENT PARADIGM – LEVEL 1

15:00 - 18:15 | ROOM G106/107



CHAIRPERSON:

Rigmor H. Jensen, GLOSTRUP, DENMARK

Migraine is a very common but treatable neurological disorder

Anne Ducros, MONTPELLIER, FRANCE

Cluster headache is challenging but rewarding to treat

Rigmor H. Jensen, GLOSTRUP, DENMARK

Medication overuse headache is a chronic pain condition that is preventable and treatable

Cristina Tassorelli, PAVIA, ITALY

Treatments of secondary headaches

Stefan Evers, MUNSTER, GERMANY

Educational content: Headache is the most common neurological disorder but still scientifically neglected. In contrast to some other neurological conditions migraine and other headache disorders are widely treatable and to some extent also preventable. It is important to note the overall management of headache patients can be very rewarding especially when there is good communication between doctor and patient. Within this teaching course, clear and practical strategies for more accurate diagnosis and the optimisation of acute treatments and prophylaxis will be provided. The lectures will be case-based and interactive, so you are more than welcome to bring your own cases for discussion.

SUNDAY, 25 JUNE

16:45 - 18:45

CAREER DEVELOPMENT SESSION 1: OBSERVATIONAL STUDY DESIGN: THE COHORT STUDIES

16:45 - 18:15 | FORUM

CHAIRPERSON:

Christophe Tzourio, BORDEAUX, FRANCE

The methodological bases of cohort studies

Christophe Tzourio, BORDEAUX, FRANCE

Cohort studies and disease registers in amyotrophic lateral sclerosis: EURALS

Ettore Beghi, MILAN, ITALY

Writing your protocol for cohort studies in epilepsy

Ley Sander, LONDON, UK

Educational content: This TC on cohort studies is part of an educational programme on Neuroepidemiology aimed to improve knowledge about study methodology, as fundamental basis for good scientific research. A TC on descriptive epidemiology and one on experimental studies were delivered in 2014 and 2016, respectively. Cohort studies are analytical studies implying 'comparison' of incidence of outcome (eg., disease), across groups differing for prevalence of exposure (eg., risk factor) after a follow-up. Advantages and limitations of cohort studies versus experimental and case-control study designs will be discussed with practical examples. A session for developing a cohort study research protocol will be held.

HANDS-ON COURSE 3: BEDSIDE EXAMINATION OF THE VESTIBULAR AND OCULAR MOTOR SYSTEM - LEVEL 2

16:45 - 18:45 | ROOM G104/105

CHAIRPERSON:

Michael Strupp, MUNICH, GERMANY

How to take the patient history

Michael Strupp, MUNICH, GERMANY

How to examine the vestibular system

Raymond van de Berg, MAASTRICHT, THE NETHERLANDS

How to examine the ocular motor system

Dominik Straumann, ZURICH, SWITZERLAND

How to diagnose and treat BPPV

Marco Mandala, SIENA, ITALY

Educational content: The key to the diagnosis and differential diagnosis between central and peripheral vertigo and dizziness is the patient history and the bedside examination of the ocular motor and vestibular systems.

- 1) Patient history: The important criteria for differentiating the various vertigo syndromes are as follows: Duration and type of symptoms, modulating factors and accompanying symptoms.
- 2) Clinical examination of the vestibular system: assessment of spontaneous nystagmus, head impulse test, dynamic visual acuity, subjective visual verticality, positioning manoeuvres, and the Romberg test/gait analysis.
- 3) Clinical examination of the ocular motor system: eye position, spontaneous nystagmus, gaze-evoked nystagmus, smooth pursuit, saccades, optokinetic nystagmus, fixation suppression of the vestibulo-ocular reflex
- 4) Benign paroxysmal positional nystagmus: diagnostic and therapeutic maneuvers for the posterior and horizontal canals.

Limited to 60 persons

SPECIAL SESSION 2: EAN RESIDENT
AND RESEARCH FELLOW SECTION
ROUND TABLE: MEET THE EXPERTS
AND LEARN ABOUT CLINICAL WORK
AND RESEARCH (CLINICAL AND
LABORATORY) AROUND EUROPE

16:45 - 18:15 | ROOM E102

CHAIRPERSONS:

Viktoria Papp, AARHUS, DENMARK

Anna Sauerbier, LONDON, UK

Lisa Klingelhöfer, DRESDEN, GERMANY



Round table discussion on laboratory research

Sandor Beniczky, DIANALUND, DENMARK

Round table discussion on laboratory research

Massimo Filippi, MILANO, ITALY

Round table discussion on clinical research

K Ray Chaudhuri, LONDON, UK

Round table discussion on clinical research

Aksel Siva, ISTANBUL, TURKEY

Round table discussion on clinical research

Per Odin, BREMERHAVEN, GERMANY

Each speaker introduces him-/herself with focus on research interest and academic career and their most valuable advice.

This session will provide insight from all four parts of Europe.

See more information on page VI.

Join us in our efforts to reduce the incidence and impact of stroke!

ESO is a pan-European society of stroke researchers and physicians, national and regional stroke societies and lay organisations dedicated to improving stroke care in Europe.

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11th FENS Forum of Neuroscience

7-11 July 2018 | Berlin, Germany

Organised by the Federation of European Neuroscience Societies (FENS)
Hosted by The German Neuroscience Society



FENS Forum 2018 has an exciting scientific programme, together with the 'Bridging Knowledge Session', special interest events, satellite events, networking events, business meetings and much more.

List of themes: Development • Excitability, synaptic transmission, network functions • Disorders of the nervous system • Sensory and motor systems • Sleep, autonomic and neuroendocrine systems • Cognition and behaviour • Computational neuroscience • Novel Methods and Technology Development.

KEY DATES

1 July 2017: Preliminary scientific programme online

1 Dec 2017 – 13 Feb 2018: Early registration and abstract submission

1 Dec 2017 – 13 Feb 2018: FENS-IBRO/PERC travel grants applications



FENS Federation of
European
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GESELLSCHAFT

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SUNDAY, 25 JUNE

15:00 - 16:30

TOURNAMENT BASIC

15:00 - 16:30 | ROOM E108

CHAIRPERSONS:

Massimo Pandolfo, BRUSSELS, BELGIUM

Guido Stoll, WÜRZBURG, GERMANY

Eleonora Aronica, AMSTERDAM, THE NETHERLANDS

TBAS01 TOMM40 polymorphism is associated with
15:00 Cognitive and CSF pathology in patients with
 dementia

T. Yousaf, G. Pagano, F. Niccolini, M. Politis | LONDON, UNITED
 KINGDOM

TBAS02 Structural organization of the brain
15:15 connectome in patients with amyotrophic and
 primary lateral sclerosis

S. Basaia¹, F. Agosta¹, P. M. Ferraro¹, N. Riva¹, S. Galantucci¹,
 Y. Falzone¹, A. Chiò², A. Falini¹, G. Comi¹, M. Filippi¹ | ¹MILAN,
²TURIN, ITALY

TBAS03 Identification of Usp8 as a toxicity modifying
15:30 Deubiquitinase for α -synuclein

Z. Alexopoulou¹, J. Lang¹, R. Perrett¹, A. Goldberg²,
 O. Ansorge¹, T. Fulga¹, G. Tofaris¹ | ¹OXFORD, UNITED KINGDOM,
²BOSTON, USA

TBAS04 Promising and highly diagnostic fMRI
15:45 paradigms for classifying the level of
 consciousness of patients with severe chronic disorders
 of consciousness

B. Wutzl¹, C. Florea¹, K. Schwenker¹, F. Rattay², E. Trinka¹,
 F. Gerstenbrand², S. M. Golaszewski¹ | ¹SALZBURG, ²VIENNA,
 AUSTRIA

TBAS05 Sensory attenuation phenomena: is it the
16:00 neurophysiological mechanism underlying
 modulation of beta oscillations?

A. Macerollo, P. Limousin, L. Korlipara, T. Foltynie,
 M. Edwards, J. Kilner | LONDON, UNITED KINGDOM

TBAS06 Neurofilament light chain and phosphotau/tau
16:15 ratio as CSF biomarkers in frontotemporal
 dementia

L. H. Meeter¹, E. Vijverberg², M. Del Campo Milan³,
 C. Teunissen³, J. C. van Swieten¹, Y. A. Pijnenburg³ |
¹ROTTERDAM, ²S-GRAVENHAGE, ³AMSTERDAM, NETHERLANDS

ORAL SESSION:
AUTONOMIC NERVOUS SYSTEM

15:00-16:15 | ROOM E106/107

CHAIRPERSONS:

Max Hilz, ERLANGEN, GERMANY

Walter Struhal, LINZ, AUSTRIA

O 2101 Early development of orthostatic hypotension
15:00 distinguishes the parkinsonian variant of
 multiple system atrophy from idiopathic Parkinson's
 disease

A. Fanciulli, S. Eschlboeck, R. Granata, S. Duerr, F. Krismer,
 A. Djamshidian-Tehrani, S. Boesch, C. Scherfler, K. Seppi,
 W. Poewe, G. K. Wenning | INNSBRUCK, AUSTRIA

O 2102 Fingolimod induced reductions in cardiac
15:15 autonomic regulation at rest may recover
 after Fingolimod discontinuation

M. J. Hilz¹, R. Wang², S. Roy², C. de Rojas Leal², M. Liu²,
 K. Hösl³, D.-H. Lee², R. Linker^{2,3} | ¹LONDON, UNITED KINGDOM,
²ERLANGEN, ³NUREMBERG, GERMANY

O 2103 Assessment of the role of autonomic nervous
15:30 system function on walking performance in
 patients with clinically isolated syndrome

L. Crnošija, I. Adamec, M. Krbot Skoric, T. Gabelic, M. Habek |
 ZAGREB, CROATIA

O 2104 Presentation cancelled

O 2105 Interrelation of depression, sexual dysfunction
15:45 and disease severity in patients with multiple
 sclerosis

K. Hösl¹, S. Roy², R. Wang², T. Intravooth², M. Deutsch²,
 K. Winder², D.-H. Lee², R. Linker², M. J. Hilz³ | ¹NUREMBERG,
²ERLANGEN, GERMANY, ³LONDON, UNITED KINGDOM

O 2106 The cardiac autonomic nervous system
16:00 response to different daily physiotherapy
 tasks in patients at the sub-acute phase post ischemic
 stroke and healthy controls.

N. Raphaely Beer¹, N. Bornstein², M. Katz Leurer¹ | ¹TEL AVIV,
 ISRAEL, ²TEL-AVIV, ISRAEL

ORAL SESSION: LEARNING - PAST AND FUTURE

15:00-16:30 | ROOM E103

CHAIRPERSONS:

Hannah Cock, LONDON, UK

Jan Kuks, GRONINGEN, THE NETHERLANDS

O 2107 Research trends in neurology literature from 2011 to 2015: A bibliometric analysis

15:00

A. Ghassemi, K. Shafiee, M. Khazaneha, R. Azarnia | KERMAN, IRAN, ISLAMIC REPUBLIC OF

O 2108 Inter-professional neurology simulation training

15:15

C. Galtrey, J. Styles, N. Nirmalanathan, A. Pereira | LONDON, UNITED KINGDOM

O 2109 "The Move Europe" an innovative teaching programme for European medical students

15:30

E. Roze¹, E. McGovern², A. Meneret¹, C. Delorme¹, N. McNicholas², M. Ruiz¹, N. Tubridy², M. Hutchinson², C. Flamand-Roze³, C. Louapre¹ | ¹PARIS, FRANCE, ²DUBLIN, IRELAND, ³EVRY, FRANCE

O 2110 All the Rembrandt's ptoses – differential diagnosis of ptosis in Rembrandt's paintings

15:45

M. Klarendic, M. Kojić | LJUBLJANA, SLOVENIA

O 2111 Hepatolenticular degeneration: Wilson, Westphal, Strümpell, Kononov: Who was first?

16:00

D. Labunskiy | SANTA ROSA CA, USA

O 2112 Short term performance improvement after neurological exam training sessions for undergraduate medical students: motor lasts longer.

16:15

E. Freitas, V. H. Pereira, J. J. F. C. A. Cerqueira | BRAGA, PORTUGAL

ORAL SESSION: MS AND RELATED DISORDERS 2

15:00-16:15 | EMERALD

CHAIRPERSONS:

Sten Fredrikson, STOCKHOLM, SCHWEDEN

Aksel Siva, ISTANBUL, TURKEY

O 2113 Treatment outcomes of daclizumab in patients at high risk of transitioning to secondary progressive multiple sclerosis in DECIDE

15:00

G. Giovannoni¹, R. Gold², L. Kappos³, S. Greenberg⁴, W. Ma⁵, G. Giannattasio⁵, G. Lima⁵ | ¹LONDON, UNITED KINGDOM, ²BOCHUM, GERMANY, ³BASEL, SWITZERLAND, ⁴NORTH CHICAGO, IL, ⁵CAMBRIDGE, MA, USA

O 2114 Secondary progressive patients show higher demyelination and neurodegeneration along the visual pathway than primary progressive patients in multiple sclerosis.

15:15

S. Guerrieri, G. Di Maggio, M. Pisa, M. Vabanesi, F. Vitali, L. Moiola, V. Martinelli, G. Comi, L. Leocani | MILAN, ITALY

O 2115 Fingolimod significantly lowers neurofilament light chain blood levels in relapsing–remitting multiple sclerosis patients as compared with interferon beta-1a or placebo

15:30

J. Kuhle¹, C. Barro¹, L. Kappos¹, R. Meinert², F. Dahlke¹, H. Kropshofer¹, D. Tomic¹, D. Leppert¹ | ¹BASEL, SWITZERLAND, ²FREIBURG, GERMANY

O 2116 Individual remyelination profiles in cortical grey matter and in white matter lesions in multiple sclerosis: a combined PET and MTR study

15:45

B. Bodini¹, E. Poirion¹, M. Battaglini², M. Veronese³, C. Lubetzki¹, M. Bottlaender⁴, N. de Stefano², F. Turkheimer³, B. Stankoff¹ | ¹PARIS, FRANCE, ²SIENNA, ITALY, ³LONDON, UNITED KINGDOM, ⁴ORSAY, FRANCE

O 2117 Prognostic factors for multiple sclerosis in patients with spinal isolated syndromes

16:00

G. Dalla Costa, G. Di Maggio, F. Sangalli, L. Moiola, B. Colombo, G. Comi, L. Leocani, V. Martinelli | MILAN, ITALY

O 2118 Presentation cancelled

SUNDAY, 25 JUNE

16:45 - 18:30

ORAL SESSION: CLINICAL NEUROPHYSIOLOGY

16:45-18:30 | ROOM E108

CHAIRPERSONS:

Walter Paulus, GOETTINGEN, GERMANY

Michael Van Putten, ENSCHEDE, THE NETHERLANDS

O 2201 3 Hz postural tremor in patients with spinocerebellar ataxia

M. Danková, M. Vyhánek, O. Čákr, T. Funda, J. Jeřábek | PRAGUE, CZECH REPUBLIC

O 2202 Multimodal brainstem evoked potential in evaluation of brainstem involvement in multiple sclerosis

I. Pavlović, L. Crnošija, I. Adamec, M. Krbot Skoric, T. Gabelic, M. Habek | ZAGREB, CROATIA

O 2203 Evaluation of neostigmine responsiveness with concentric-needle single fiber electromyography in myasthenia gravis: A comparative study.

G. Sciacca, A. Nicoletti, E. Reggio, S. Salomone, F. Drago, M. Zappia | CATANIA, ITALY

O 2204 3D printed scalp model for electroencephalography training

B. Kaymakamzade, E. Mammadov | NICOSIA, CYPRUS

O 2205 Neurophysiological findings in asymptomatic stage of familial amyloid neuropathy: a case control study

S. Prud'hon, C. Labeyrie, C. Cauquil, D. Adams, V. Boullieret, G. Beaudonnet | PARIS, FRANCE

O 2206 EEG reactivity for prognosis after cardiac arrest; preliminary study results

M. Admiraal, A.-F. van Rootselaar, J. Horn | AMSTERDAM, NETHERLANDS

O 2207 The effect of repetitive transcranial magnetic stimulation on spasticity: a meta-analysis of randomized controlled trials

M. Moschou, V. Kimiskidis, K. Notas, A.-B. Haidich, A. Orologas | THESSALONIKI, GREECE

ORAL SESSION: COGNITIVE NEUROLOGY/ NEUROPSYCHOLOGY

16:45-18:15 | ROOM E106/107

CHAIRPERSONS:

Stefano Cappa, MILAN, ITALY

Lueder Deecke, VIENNA, AUSTRIA

O 2208 Role of cognitive reserve on cognitive function and regional brain atrophy in multiple sclerosis: a two-year longitudinal study

M. A. Rocca, G. Riccitelli, A. Meani, E. Pagani, P. Del Sette, P. Preziosa, V. Martinelli, G. Comi, A. Falini, M. Filippi | MILAN, ITALY

O 2209 Cognitive performance is highly stable over a 2-year follow-up in chronic kidney disease patients in a dedicated medical environment

J. Gronewold, O. Todica, U. Seidel, M. Volsek, A. Kribben, H. Bruck, D. M. Hermann | ESSEN, GERMANY

O 2210 Cognitive decline of MCI patients by amyloid-PET positivity at 12 months follow-up

D. Altomare¹, C. Ferrari¹, C. Festari¹, C. Muscio¹, A. Padovani¹, G. Frisoni¹, M. Boccardi² | ¹BRESCIA, ITALY, ²GENEVA, SWITZERLAND

O 2211 Long-term cognitive sequelae and quality of life after pneumococcal meningitis

A. Kloek, M. Brouwer, B. Schmand, M. Tanck, D. van de Beek | AMSTERDAM, NETHERLANDS

O 2212 Persistent spatial navigation deficits in patients with transient global amnesia

A. Zwergal, F. Schöberl, S. Irving, C. Trapp, C. Pradhan, M. Dieterich, T. Brandt | MUNICH, GERMANY

O 2213 Brain activity related to tool-associated actions: An fMRI study in acute stroke patients

A. Dressing, L. Beume, C. S. Schmidt, D. Kümmerer, T. Bormann, I. Mader, M. Rijntjes, C. Kaller, C. Weiller, M. Martin | FREIBURG, GERMANY

ORAL SESSION: EPILEPSY 1

16:45-18:15 | ELICIUM 2

CHAIRPERSONS:

Reetta Kälviäinen, KUOPIO, FINLAND

Tim von Oertzen, LINZ, AUSTRIA

O 2214 Do serum levels contribute to define the optimal lacosamide loading dose in status epilepticus?
16:45

M. Perrenoud¹, P. André¹, V. Alvarez², C. Staehli¹, L. Decosterd¹, A. Rossetti¹, J. Novy¹ | ¹LAUSANNE, ²SION, SWITZERLAND

O 2215 How to withdraw highly-sedating treatment after control of refractory status epilepticus
17:00

F. Drislane¹, V. Alvarez² | ¹BOSTON, USA, ²SION, SWITZERLAND

O 2216 MiR-22 down-modulation is associated to P2X7 receptors brain overexpression in mesial temporal lobe epilepsy patients
17:15

B. Leal, C. Carvalho, J. Chaves, R. Ferreira, A. Bettencourt, R. Rangel, A. Santos, J. Freitas, D. Boleixa, J. M. C. F. Lopes, J. E. D. P. Ramalheira, B. Martins Da Silva, P. P. Costa, P. Correia-de-Sá, A. Martins Da Silva | PORTO, PORTUGAL

O 2217 Genetics of sleep-related hypermotor epilepsy (SHE): Whole exome sequencing (WES) in a large Italian cohort
17:30

L. Licchetta, T. Pippucci, S. Baldassari, F. Palombo, M. Seri, F. Provini, F. Bisulli, P. Tinuper | BOLOGNA, ITALY

O 2218 An economic evaluation of a multi-component self-management intervention for adults with epilepsy (ZMILE study)
17:45

B. Wijnen¹, L. Leenen², R. de Kinderen³, C. van Heugten¹, M. Majoie², S. Evers¹ | ¹MAASTRICHT, ²HEEZE, ³UTRECHT, NETHERLANDS

O 2219 Identifying items responsive to treatment and impairing QoL in people with epilepsy
18:00

A. M. Hengsberger¹, N. Thamm¹, G. Putteringer¹, M. Hamberger¹, G. Schwarz¹, J. Wagner¹, J. Gusenleitner¹, N. Agrawal², T. J. von Oertzen¹ | ¹LINZ, AUSTRIA, ²LONDON, UK

ORAL SESSION: NEUROGENETICS

16:45-18:15 | EMERALD

CHAIRPERSONS:

Mariska van der Kaap, GRONINGEN, NETHERLANDS

Antonio Toscano, MESSINA, ITALY

O 2220 Genetic and clinical analysis of cerebral calcification
16:45

V. Chelban, R. Kaiyrzhanov, H. Houlden | LONDON, UNITED KINGDOM

O 2221 Contribution of the NGS analysis to the HyperCKemia
17:00

P. Martí, N. Muelas, T. Jaijo, I. Azorin, L. Gomez, C. Millan, J. J. Vilchez | VALENCIA, SPAIN

O 2222 The multiple faces of TUBB4A mutations: from hypomyelination to adult dystonia
17:15

E. M. Hamilton¹, M. Bugiani¹, N. I. Wolf¹, A. Vanderver², I. Duncan³, T. E. Abbink¹, M. S. van der Knaap¹ | ¹AMSTERDAM, NETHERLANDS, ²PHILADELPHIA, ³MADISON, USA

O 2223 Adult-onset hypomyelinating leukodystrophies: a clinical and genetic study of 15 individuals
17:30

E. Salsano, D. Di Bella, S. Magri, L. Farina, D. Pareyson, F. Taroni | MILAN, ITALY

O 2224 mineRARE: Semantic text-mining of electronic medical records as diagnostic decision support tool to search for rare neurologic diseases such as Pompe disease, Fabry disease and Niemann-Pick type C disease
17:45

C. Catarino¹, A. Grandjean², S. Doss³, M. Mücke⁴, S. Tunc⁵, K. Schmidt⁶, J. Schmidt⁶, P. Young⁷, T. Bäumer⁵, C. Kornblum⁴, M. Endres³, P. Daumke², T. Klopstock¹, B. Schoser¹ | ¹MUNICH, ²FREIBURG, ³BERLIN, ⁴BONN, ⁵LÜBECK, ⁶GÖTTINGEN, ⁷MÜNSTER, GERMANY

O 2225 CSF Neurotransmitter depletion and brain atrophy in adult Phenylketonuria patients
18:00

A. Pilotto¹, N. Blau², E. Charyasz¹, D. Piel², P. Freisinger³, G. Gramer², S. Koelker², D. Haas², P. Burgard², P. Nawroth⁴, G. Hoffman², K. Scheffler⁵, D. Berg⁶, F. Trefz⁴ | ¹TÜBINGEN, ²HEIDELBERG, ³REUTLINGEN, ⁴HEIDELBERG, ⁵TÜBINGEN, ⁶KIEL, GERMANY

SUNDAY, 25 JUNE

16:45 - 18:15

ORAL SESSION: SLEEP DISORDERS

16:45-18:15 | ROOM E104/105

CHAIRPERSONS:

Pierre Maquet, LIÈGE, BELGIUM

Claudio Bassetti, BERN, SWITZERLAND

O 2226 H1N1 HA-specific T-cells can be readily 16:45 detected in patients with narcolepsy

M. Schinkelshoek, R. Fronczek, A. van der Heide,
Y. Kooy-Winkelaar, F. Koning, G. J. Lammers | LEIDEN,
NETHERLANDS

O 2227 Polysomnographic findings in Restless Legs 17:00 Syndrome (RLS) patients with severe augmentation

M.-L. Muntean, F. Sixel-Döring, C. Trenkwalder | KASSEL,
GERMANY

O 2228 Vitamin D in a large sample of patients with 17:15 restless legs syndrome: A case-control study

A. Stefani, T. Mitterling, G. Weiss, B. Högl | INNSBRUCK, AUSTRIA

O 2229 Sleepwalking in adults: Any differences 17:30 between onset in childhood or adulthood?

P. Bargiotas, I. Arnet, M. Frei, K. Schindler, C. Bassetti | BERNE,
SWITZERLAND

O 2230 Cardiovascular autonomic modulation during 17:45 sleep is absent in patients with mild acute ischemic stroke: an analysis of the SAS-CARE Study cohort.

P. Proserpio¹, L. Nobili¹, V. Oppo¹, E. Tobaldini¹, C. Cereda²,
S. Ott³, E. Agostoni¹, M. Manconi², N. Montano¹, C. Bassetti³ |
¹MILAN, ITALY, ²LUGANO, SWITZERLAND, ³BERNE, SWITZERLAND

O 2231 Screening for antibodies in narcolepsy type 1 18:00 and type 2

M. P. Giannoccaro¹, P. Waters¹, F. Pizza², R. Liguori²,
G. Plazzi², A. C. Vincent¹ | ¹OXFORD, UNITED KINGDOM, ²BOLOGNA,
ITALY

ORAL SESSION: NEURO-OPHTHALMOLOGY/ NEURO-OTOLOGY

16:45-18:15 | ROOM E103

CHAIRPERSONS:

Marianne Dieterich, MUNICH, GERMANY

Gordon Plant, LONDON, UK

O 2233 Strabismus measurements with novel video 16:45 goggles

K.P. Weber¹, D. Rappoport¹, M. Dysli¹, T. Schmückle Meier¹,
C.J. Bockisch¹, K. Landau¹, H.G. Macdougall² | ¹ZÜRICH,
SWITZERLAND, ²SYDNEY, AUSTRALIA

O 2234 Diagnostic accuracy of optical coherence 17:00 tomography inter-eye difference in optic neuritis

D. Coric¹, L. Balk¹, B. Uitdehaag¹, A. Petzold² | ¹AMSTERDAM,
NETHERLANDS, ²LONDON, UNITED KINGDOM

O 2235 Glial activation accelerates compensation of 17:15 acute unilateral vestibulopathy

A. Zwergal¹, L. Günther¹, M. Brendel¹, E. Eilles¹, N. Albert¹,
C. La Fougere², S. Ziegler¹, P. Bartenstein¹, S. Becker-Bense¹,
T. Brandt¹, M. Dieterich¹ | ¹MUNICH, ²TÜBINGEN, GERMANY

O 2232 Autosomal dominant optic atrophy related to 17:30 OPA1 gene mutation: A clinical and molecular study of 14 families

E. Rosini¹, G. N. Gallus¹, E. Pretegianni¹, V. Serchi¹,
G. Tumminelli¹, P. Piu¹, E. Cardaioli¹, P. Da Pozzo¹, S. Bianchi
Marzoli², M. Collura³, R. Franceschini¹, M. T. Dotti¹,
A. Federico¹, A. Rufa¹ | ¹SIENNA, ²MILAN, ³SYRACUSE, ITALY

O 2236 Stroke and transient ischemic attack incidence 17:45 after acute microvascular ocular motor palsies

R. Varela, M. Carvalho, C. Duque, M. Patricio, J. Sargento-
Freitas, A. Gonçalves, J. M. G. Lemos, L. A. S. Cunha |
COIMBRA, PORTUGAL

O 2237 Frequency of acute vestibular symptoms in the 18:00 emergency department of a tertiary referral centre: A retrospective cross-sectional study

M. Goeldlin, J. Gaschen, L. Comolli, C. Kammer,
C. Bernasconi, C. Bassetti, A. Exadaktylos, G. Mantokoudis,
R. Kalla, U. Fischer | BERNE, SWITZERLAND

32ND INTERNATIONAL EPILEPSY CONGRESS

SAT 2ND - WED 6TH
SEPTEMBER 2017



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- Fulton Award Lecture
- Masland Award Lecture
- Singhal Award Lecture



Late Breaking Abstract Submission Deadline: **July 3, 2017**

Deadline to Save on Registration Fees: **August 1, 2017**

Defining the Future of Neurology

MONDAY, 26 JUNE 2017

SESSIONS

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Featured Content: Reaching Those Most in Need - A Call to Action for Advanced Parkinson's Disease

Editor's Choice: Exploring Patients' Knowledge and Misconceptions about Multiple Sclerosis and Pregnancy

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European Neurological Review
VOLUME 11 • ISSUE 2 • WINTER 2016
EDITOR-IN-CHIEF: DR. S. CONSTANTINOUCU

US Neurology
VOLUME 12 • ISSUE 2 • FALL 2016

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CASE-BASED WORKSHOP 5: UNUSUAL CLINICAL PRESENTATIONS, INTERESTING DIAGNOSTIC FINDINGS AND POTENTIAL THERAPEUTIC SOLUTIONS

08:00 - 09:30 | ROOM E102

CHAIRPERSON:

László Oláh, DEBRECEN, HUNGARY

Acute confusion with multiple diffused non amyloid cerebral microbleeds following urosepsis

Eithan Auriel, TEL AVIV, ISRAEL

Congenital hemangiomas and teenage stroke

Federica Viaro, BOLZANO, ITALY

Stroke mimics. When the time is pressing

László Oláh, DEBRECEN, HUNGARY

Educational Content: Careful case history, clinical, neurological examination, ancillary tests are needed for the correct diagnosis especially in unusual cases. Not to be the slave of instrumental investigation, but to stress the "art of neurology".

Examples:

- Sudden onset of mixed aphasia developed in a 19-year-old girl. Because of aphasia no proper history could be obtained. CT and MRI were negative; therefore, intravenous thrombolysis was initiated, but...
- A middle-aged alcoholic woman was admitted 4 hours after development of mild trunk ataxia and slurred speech. Her blood ethanol level was 0.28%. Cranial CT was negative, forced dialysis was started...
- A 19-year-old patient with congenital haemangioma admitted for acute ischemic stroke.

Limited to 60 persons

FOCUSED WORKSHOP 13: MDS-ES/ EAN: TRANSLATIONAL MOVEMENT DISORDERS INCLUDING NOVELTIES AND NEUROSCIENCE

08:00 - 09:30 | ELICIUM 1



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSONS:

Olivier Rascol, TOULOUSE, FRANCE

Marina Koning-Tijssen, GRONINGEN, THE NETHERLANDS

Gene therapies in Parkinson's disease

Olivier Rascol, TOULOUSE, FRANCE

Brain connectivity, molecular imaging and cognitive impairment in Parkinson's disease

Angelo Antonini, PADUA, ITALY

New therapeutic strategies in Huntington's disease

Joaquim Ferreira, LISBON, PORTUGAL

MONDAY, 26 JUNE

8:00 - 09:30

**FOCUSED WORKSHOP 14: SEIZURE
DETECTION SYSTEMS**

08:00 - 09:30 | FORUM

CHAIRPERSONS:

Paul Boon, GHENT, BELGIUM

Sandor Beniczky, DIANALUND, SWITZERLAND
.....**EKG-based seizure detection**

Paul Boon, GHENT, BELGIUM

EEG-based seizure detection

Christoph Baumgartner, SALZBURG, AUSTRIA

Multimodal seizure detection systems

Sandor Beniczky, DIANALUND, DENMARK

**FOCUSED WORKSHOP 15: HOW
TO IMPROVE OUTCOME IN ACUTE
ISCHEMIC STROKE?**

08:00 - 09:30 | ROOM G102/103

CHAIRPERSONS:

Guido Stoll, WÜRZBURG, GERMANY

Peter Sandercock, EDINBURGH, UK
.....**Intravenous thrombolysis: Current status and
challenges**

Peter Sandercock, EDINBURGH, UK

**Intraarterial thrombectomy: Clinical practice and long
term effects**

Yvo Roos, AMSTERDAM, THE NETHERLANDS

Targeting reperfusion injury

Guido Stoll, WÜRZBURG, GERMANY

Scientific Content: Stroke is a leading cause of death worldwide and significantly contributes to permanent disability in the ageing world population. In acute ischemic stroke the primary goal is to restore blood flow by thrombolysis and/or thrombectomy. Revascularisation therapies aim to rescue brain tissue at risk, the so-called ischemic penumbra. The first talk will introduce the penumbra concept and critically discuss the benefits, but also limitations of intravenous thrombolysis. The second talk will review the dramatic advances made in the recanalization of intra- and extracranial vessels by mechanical thrombectomy including technical issues. Recanalisation, however, does not necessarily facilitate reperfusion. The paradoxically harmful aspect of blood flow return in transiently ischemic organs such as the brain has been termed "reperfusion injury". The third talk will provide experimental evidence that reperfusion injury encompasses a concerted detrimental action of platelets and T-cells, and will show novel ways of anti-thrombotic/inflammatory treatments without bleeding complications.

The workshop is intended for an audience experienced in basic stroke care and interested in pathophysiological concepts emerging from both clinical and experimental stroke trials.

FOCUSED WORKSHOP 16: HANDEDNESS, SPACE AND CEREBRAL DOMINANCE

08:00 - 09:30 | ROOM G106/107

CHAIRPERSONS:

Marianne Dieterich, MUNICH, GERMANY
Theodor Landis, GENEVA, SWITZERLAND
.....

What determines handedness?

Theodor Landis, GENEVA, SWITZERLAND

Cortical vestibular dominance in the non-dominant hemisphere.

Marianne Dieterich, MUNICH, GERMANY

Right-hemispheric dominance within frontal cortex for voluntary control of spatial attention.

Felix Duecker, MAASTRICHT, THE NETHERLANDS

Scientific content: Recent findings give evidence for hemispheric dominances in different brain functions such as spatial attention, navigation, and orientation. These functions seem to depend on the input of the vestibular system which has a right hemispheric dominance in right-handers and a left hemispheric dominance in left-handers. It is still not known when and by which of the many discussed mechanisms handedness is established in either the right or left hemisphere and if there is a link between handedness and the cortical dominance of the vestibular system.

FOCUSED WORKSHOP 17: EARLY DIAGNOSTICS FOR OUTCOME PREDICTION AFTER TRAUMATIC BRAIN INJURY

08:00 - 09:30 | ROOM E106/107

CHAIRPERSONS:

Joukje van der Naalt, GRONINGEN, THE NETHERLANDS
Toril Skandsen, TRONDHEIM, NORWAY
.....

Predictive factors for outcome after mild traumatic brain injury – a multifactorial approach (results from the UPFRONT study)

Joukje van der Naalt, GRONINGEN, THE NETHERLANDS

The role of early biomarkers and metabolites for outcome prediction after TBI

Olli Tenovuo, TURKU, FINLAND

Early MRI Imaging for assessment of axonal injury in moderate and severe TBI

Toril Skandsen, TRONDHEIM, NORWAY

Scientific content: Traumatic brain injury (TBI) is one of the most common disorders with an increasing incidence worldwide. The past years, new developments in the field of early diagnostics have yielded more knowledge concerning the pathophysiology of TBI. The assessment of biomarkers to detect cerebral damage early after injury is growing, for example GFAP and UCHL-1. Magnetic Resonance Imaging aimed at the detection of axonal injury, including SWI and DTI, done in the early phase after injury can provide valuable information for prediction of long-term outcome. Next to these tools for early assessment of cerebral damage there is increasing evidence that the outcome of TBI, in particular of mild TBI should be assessed in the light of all contributing factors, comprising demographic and injury related factors, in addition to indicators of emotional distress and coping style. This focused workshop aims to increase the knowledge of the current state of the art on the early diagnostics of traumatic brain injury in order to find predictive factors for long-term outcome.

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8:00 - 09:30

FOCUSED WORKSHOP 18: RISKS AND RISK MANAGEMENT OF IMMUNE THERAPIES IN NEUROLOGY

08:00 - 09:30 | ROOM E108

CHAIRPERSONS:

Hans-Peter Hartung, DÜSSELDORF, GERMANY

Benedicte Dubois, LEUVEN, BELGIUM

Immunotherapies and their risks – an overview

Hans-Peter Hartung, DÜSSELDORF, GERMANY

MRI in the diagnosis of opportunistic CNS infections

Mike Wattjes, AMSTERDAM, THE NETHERLANDS

Management of risks

Catherine Lubetzki, PARIS, FRANCE

Scientific Content: The recently broadened spectrum of modern immunotherapies developed for the treatment of Multiple Sclerosis has provided more effective options but also created more complexity. This is in part due to the safety profiles that have emerged. Risk / benefit assessments are of fundamental importance given the potential for short and long-term serious adverse events following interference with the functioning of the patients immune system. Overall, highly effective immunotherapies may increase the risk to develop infectious complications. Of the opportunistic infections progressive multifocal leukoencephalopathy is the most dreaded complication.

The safety profile of the new drugs which include natalizumab, fingolimod, teriflunomide, dimethylfumarate, alemtuzumab, daclizumab and ocrelizumab will be reviewed by Hans-Peter Hartung. He will also discuss presumptive pathmechanisms. Risk monitoring relies heavily on MRI. Significant advances have been made in detecting earliest changes of PML on cerebral MR scans. Developments in the field will be assessed by Mike Wattjes. Clinical and laboratory risk markers and management of complications is the topic that will be addressed by Catherine Lubetzki.

HANDS-ON COURSE 5: ELECTROMYOGRAPHY: SURFACE, NEEDLE CONVENTIONAL AND SINGLE FIBER – LEVEL 1-2

08:00 - 09:30 | ROOM G104/105

CHAIRPERSON:

Christian Krarup, COPENHAGEN, DENMARK

Surface recording of muscle activity

Markus Kofler, HOCHZIRL, AUSTRIA

Conventional needle electromyography

Christian Krarup, COPENHAGEN, DENMARK

Single fiber recording and analysis

Sanjeev Nandedkar, HOPEWELL JUNCTION, USA

Educational content: This will be a basic hands-on-course on electromyography, one of the key elements of electrodiagnostic testing in neuropathies. This part of clinical neurophysiology is an essential aspect of the learning programme of neurologists in many countries and should, therefore, be part also of the EAN congresses. In this hands-on course, we plan three stations with experts in the various types of EMG recording. Sanjeev Nandedkar is a very experienced professional with recording and analysing single fiber action potentials. Christian Krarup has a lot of experience with carrying out these courses on conventional electromyography. Markus Kofler will present his experience with surface electromyography, which can be useful in the electrodiagnostic examination of tremor or other forms of movement disorders. The attendants will be able to learn how to plan and perform an electrodiagnostic examination using electromyography.

This course is supported by Natus Medical Inc.

Limited to 60 persons

INTERACTIVE SESSION 5: FOCAL SEIZURE SEMIOLOGY IN CHILDREN: IS IT THE SAME AS IN ADULTS?

08:00 - 09:30 | ELICIUM 2

CHAIRPERSON:

Alexis Arzimanoglou, LYON, FRANCE

In children, you carefully observe the seizure, but also have to think "syndrome"

Alexis Arzimanoglou, LYON, FRANCE

Video Quiz on temporal, temporal plus, frontal and posterior cortex originating focal seizures: a spectrum of age-dependent manifestations

Laura Tassi, MILAN, ITALY

Philippe Kahane, GRENOBLE, FRANCE

Educational content: The session will focus on clinical expression of focal seizures in young children as compared to adults. In focal epilepsies making a localisation hypothesis on the origin of focal seizures will determine the therapeutic strategies, particularly in MRI-negative cases that could be candidates to early surgical treatment.

But, particularly in this era of genetics, the neurologist also has to identify those focal epilepsies that correspond to syndromic entities not amenable to surgery.

Analysis of seizure expression provides essential clues for diagnostic hypotheses that in turn will guide ancillary investigation choices and treatment. Using commented video sequences participants will be challenged in recognising different clinical expressions in young children as compared to adults with similar aetiologies.

Comprehensive summaries of the most important symptoms per localisation will be discussed.

SPECIAL SESSION 5: NEW NEUROLOGICAL GUIDELINES

08:00 - 09:30 | EMERALD



CHAIRPERSON:

Antonio Federico, SIENA, ITALY

ECTRIMS-EAN guideline on the treatment of patients with multiple sclerosis

Xavier Montalban, BARCELONA, SPAIN

ESO-EAN Guideline on cerebral venous thrombosis

José Ferro, LISBON, PORTUGAL

Trigeminal Neuralgia

Lars Bendtsen, COPENHAGEN, DENMARK

Clinical use of F-fluorodeoxyglucose Positron Emission Tomography (FD-PET) in dementia

Marina Boccardi, BRESCIA, ITALY (ON BEHALF OF THE EAN-EANM FDG-PET IN DEMENTIA TASKFORCE)

Scientific content: An important aim of the EAN is to establish European standards of diagnosis, treatment and care within the various subfields of Neurology. Guidelines are prepared by task forces, consisting in a group of people from the Scientific Panels, appointed by the Scientific Committee for producing a guideline, according to EAN rules. Presently 14 task forces are at work, and guideline papers will be published in the European Journal of Neurology, and included in the database of the Guideline Reference Center. This special session is the yearly appointment for presenting the most relevant new guidelines produced by the EAN task forces during the past year. A joint effort with other scientific societies has led to the production of the ECTRIMS-EAN guideline on the treatment of patients with multiple sclerosis (X. Montalban, Spain), and the ESO-EAN Guideline on cerebral venous thrombosis (J. Ferro, Portugal). We will present two other guidelines on trigeminal neuralgia (L. Bendtsen, Denmark) and the clinical use of F-fluorodeoxyglucose Positron Emission Tomography (FD-PET) in dementia (M. Boccardi, Switzerland).

MONDAY, 26 JUNE

08:00 - 12:00

SPECIAL SESSION 6: EFNA/EAN: ELICITING PATIENTS' PREFERENCES FOR EFFECTIVE SHARED DECISION- MAKING

08:00 - 09:30 | ROOM E104/105



CHAIRPERSON:

Bettina Hausmann, BRUSSELS, BELGIUM

Information: How to support patients to take evidence-based decisions

Christoph Heesen, HAMBURG, GERMANY

Communication: Improving physician-patient interactions to support effective SDM

Bettina Hausmann, BRUSSELS, BELGIUM

Digitisation: eHealth as a facilitator of SDM

John Dinsmore, DUBLIN, IRELAND

The aim of this session is to explore how neurologists and their patients can work together to promote shared decision-making [SDM] and enable supported self-management strategies – based on what matters most to the patient. Shared decision making is increasingly recognised as the ideal model of patient-physician communication especially in chronic diseases with partially effective treatments; as is the case in many neurological disorders.

Here, we will look at how information, communication and digitisation can enable more effective SDM.

During this session, speakers will:

- Introduce participants to the current theoretical and methodological concepts in SDM and outline the progress – but also challenges – in its implementation in the field of neurology.
- Discuss what evidence-based information should be provided to patients to allow them to play an effective part in SDM, and how this should be given.
- Present examples of best practice in physician-patient communication and suggest strategies as to how these can be implemented to elicit patient preferences, leading to effective SDM with positive outcomes for neurology patients.
- Inform participants of the latest advances in using eHealth as a tool for SDM and highlight ways in which these technological tools can be incorporated into everyday neurology practice to improve patient-physician communication and facilitate effective SDM.

PLENARY SYMPOSIUM: OVERARCHING THEME: OUTCOME MEASURES IN CLINICAL STUDIES

10:00 - 12:00 | MAIN AUDITORIUM



CHAIRPERSONS:

Selma Tromp, WOERDEN, THE NETHERLANDS

Bernard Uitdehaag, AMSTERDAM, THE NETHERLANDS

Outcome measures in neuro-oncology studies

Martin Taphoorn, LEIDEN, THE NETHERLANDS

Outcome measures in epilepsy studies

Paul Boon, GHENT, BELGIUM

Outcome measures in neuromuscular disease studies

Marianne de Visser, AMSTERDAM, THE NETHERLANDS

Outcome measures in multiple sclerosis studies

Bernard Uitdehaag, AMSTERDAM, THE NETHERLANDS

Scientific content: This symposium deals with the overarching theme for EAN Amsterdam 2017 and highlights 4 neurological disease areas where outcome measures in clinical and research studies have become an important topic of study themselves. Examples of various outcome measures (e.g. clinical, biological, imaging) used in these studies, will be given and important qualitative, quantitative and psychometric aspects that need to be considered will be discussed.

CAREER DEVELOPMENT SESSION 5: THE EUROPEAN RESEARCH COUNCIL (ERC): FUNDING OPPORTUNITIES FOR INVESTIGATOR-DRIVEN RESEARCH IN EUROPE.

13:00 - 14:30 | ROOM E104/105

CHAIRPERSON:

Antonio Federico, SIENA, ITALY

Nicholas Voilley, BRUSSELS, BELGIUM

Introduction

Giorgio Cruccu, ROME, ITALY

The European Research Council (ERC): funding opportunities for investigator-driven research in Europe

Nicholas Voilley, BRUSSELS, BELGIUM

Experience from ERC grantee 1

Marcel Oberlaender, BONN, GERMANY

Experience ERC grantee 2

Teresa Giraldez, TENERIFFA, SPAIN

The European Research Council (ERC) supports investigator-driven frontier research by awarding long-term grants to individual researchers. The 3 main granting schemes support researchers at different stages of their careers. Besides giving details on these different schemes and how to apply, this event will also be the opportunity to meet with ERC grantees presenting their project and sharing their ERC experience.

CASE-BASED WORKSHOP 6: MDS-ES/EAN: REFINING DIAGNOSIS: ATYPICAL PARKINSONIAN DISORDERS AND GENETIC AND NON-GENETIC CHOREAS

15:00 - 16:30 | ROOM E102



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSON:

Kailash Bhatia, LONDON, UK

Distinguishing MSA, PSP and CBS

Maria Stamelou, ATHENS, GREECE

"A typical" atypical parkinsonism

Kailash Bhatia, LONDON, UK

Chorea non-genetics HD and HD look-alikes

Raymond A.C. Roos, LEIDEN, THE NETHERLANDS

Educational Content:

Speaker 1 will provide clinical and investigative clues to distinguish atypical parkinsonian conditions such as MSA, PSP and CBS

from each other in a given patient. At the end of the talk the audience should be able to have the information to pick up appropriate signs and plan and interpret investigations to make the differential diagnosis in a patient with atypical parkinsonism.

Speaker 2 will provide insights of how to approach a patient who does not easily fit into the definition of one of the known atypical parkinsonian conditions such as PSP, MSA or CBS as there are confounding features. Many such cases of 'atypical' atypical parkinsonism may have genetic causes. The speaker will show illustrative cases and provide a schematic approach to the clinical features, differential diagnosis and investigations.

Speaker 3 will provide insights into conditions which are either genetic or non-genetic which clinically may resemble Huntington's disease but are not caused by the HD gene. The speaker will show demonstrative HD-like cases and provide a schematic approach of how to investigate and arrive at the right diagnosis in such cases.

Limited to 60 persons

CONTROVERSY SESSION 1: CONTROVERSIES IN HEADACHE AND PARKINSON'S DISEASE

15:00 - 16:30 | ROOM E106/107



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSONS:

Stefan Evers, MÜNSTER, GERMANY

Per Odin, BREMERHAVEN, GERMANY

A computer can diagnose headache much better than most physicians.

Yes: Anish Bahra, LONDON, UNITED KINGDOM

No: Miguel Láinez, VALENCIA, SPAIN

MDS-ES/EAN: Can we predict progression of Parkinson's disease?

Yes: Alejandro Iranzo, BARCELONA, SPAIN

No: Huw Morris, LONDON, UNITED KINGDOM

Educational content: Headache is the most common neurological disorder. Up to 4% of any population has chronic daily headache. The disorder confers the highest population morbidity of all neurological disorders. There are a number of different primary headache disorders, each of which responds to different treatments. Yet there is no biological marker which differentiates one from another. Increasing demands on medical care and patient expectation is fuelled by the digital age of information provision. This is accompanied by the development of portable devices equipped with diagnostic and monitoring applications. Some would advocate that the clinician's expertise is a gold standard which cannot be replaced, whilst other propound the use of information technology as a comparable substitute. In this controversy the values

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15:00 - 16:30

and evidence for each is upheld and challenged, with a view to moving towards practical and reliable solutions for improved and timely headache management.

The aim is to present an operative approach which can be taken from the session for implementation by practicing neurologists at any level.

Parkinson's disease is heterogeneous in both clinical presentation and evolution of motor and non-motor symptoms. Predicting risk and progression of Parkinson's disease is a major challenge with an increasing number of research papers on the subject. The ultimate goal is to identify Parkinson's subtypes, isolate early and reliable indicators of progression rate for better predicting, at an individual level, the course of the disease and designing efficient management strategies.

At the end of the lecture, the audience will have a better knowledge on the prognosis and evolution of REM sleep behaviour disorders, progression of motor and non-motor symptoms of Parkinson's disease, predictive factors of evolution, clinical and non-clinical markers, and identification of subgroups of patients.

HANDS-ON COURSE 7: MDS-ES/EAN: BASICS OF NEUROPHYSIOLOGY IN MOVEMENT DISORDERS - LEVEL 1

15:00 - 16:30 | ROOM G104/105



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSON:

Josep Valls-Solé, BARCELONA, SPAIN

Brainstem and spinal reflexes, tremor and dystonia

Josep Valls-Solé, BARCELONA, SPAIN

Local field potentials, myoclonus and functional disorders

John Rothwell, LONDON, UK

Learning objectives:

- 1) learning the different neurophysiologic techniques and their utility in the study of hyperkinetic and hypokinetic movement disorders;
- 2) learning the biological variables measured by each of the techniques;
- 3) learn, with practical demonstrations or video, how the exams are performed;
- 4) interpret the meaning of the results of each of the exams;
- 5) learn the different neurophysiologic findings in various movement disorders;
- 6) suggest which studies should be asked for in different conditions (e.g., which exam would the attendee ask for to study a patient with tremor)

This course is supported by Natus Medical Inc.

Limited to 60 persons

INTERACTIVE SESSION 6: NEURO-OPHTHALMOLOGY

15:00 - 16:30 | ELICIUM 2

CHAIRPERSONS:

Detlef Kömpf, LÜBECK, GERMANY

Anat Kesler, TEL AVIV, ISRAEL

Approach to patients with transient visual loss

Detlef Kömpf, LÜBECK, GERMANY

Pseudotumor cerebri

Anat Kesler, TEL AVIV, ISRAEL

Anisocoria

Aki Kawasaki, LAUSANNE, SWITZERLAND

The retinal vessels as a mirror of the brain vessels

Natan Bornstein, TEL AVIV, ISRAEL

Educational content: The course will review four common Neuro-Ophthalmological topics.

Transient monocular visual loss: both diagnosis and differential diagnosis as well as therapeutic options of all underlying clinical entities relevant for neurologists will be discussed in detail.

Pseudo tumor cerebri: a syndrome that can cause intractable headaches, and loss of vision. This talk will emphasize on the clinical brain imaging and treatment (particularly on subtle neuroimaging signs and innovative treatments).

Anisocoria: this talk will discuss how to differentiate tonic pupil from partial third nerve palsy and how to use pharmacologic agents to diagnose Horner syndrome. There will be emphasis on recognition of the situations, which are associated with potential morbidity and mortality.

The retina vasculature may serve as a "window" to cerebral microvasculature and may reflect cumulative cerebral small vessels disease which is the most common pathology in neurological diseases. The lecture will discuss how to measure retinal vascular changes, and their clinical significance.

SYMPOSIUM 5: ILAE-CEA/EAN: RECENT AND UPCOMING NEW DRUGS AND DEVICES FOR THE TREATMENT OF EPILEPSY

15:00 - 17:00 | MAIN AUDITORIUM

CHAIRPERSONS:

Meir Bialer, JERUSALEM, ISRAEL

Paul Boon, GHENT, BELGIUM

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25 years with new antiepileptic drugs – did they make a difference?

Eugen Trinka, SALZBURG, AUSTRIA

New antiepileptic drugs on the horizon: Neurosteroids, cannabinoids, non-teratogenic valproic acid derivatives and YKP3089

Meir Bialer, JERUSALEM, ISRAEL

Recent advances with neuromodulation in the treatment of epilepsy

Paul Boon, GHENT, BELGIUM

New potential drugs for super-refractory status epilepticus

Simon Shorvon, LONDON, UK

Scientific content: This joint EAN-CEA Symposium will focus of the future of epilepsy treatment. Despite the enormous advances in drug development over the past three decades, there is seemingly little change in the chance to achieve seizure freedom for an individual patient. Professor Eugen Trinka, will give an account on the area of drug treatment, highlighting the achievements and explaining the rather gloomy outlook of further developments, when using the old development pathways. In the recent year, a rethinking has taken place to innovate the developmental pathways and focus more specifically on the causes of the epilepsy syndromes. Professor Meir Bialer will present exciting data on new drugs on the horizon, also covering controversial treatments such as cannabinoids. Despite all achievements in drug treatment, non-medical therapies are very attractive for many patients. The increasing knowledge on neurostimulation and its biological effect will allow to better identify responders early in the course of the disease. A state-of-the-art lecture on recent advances will be held by Professor Paul Boon. The most severe expression of a seizure or indeed epilepsy is status epilepticus. Super-refractory status is a medical challenge and to date there are only very limited treatment options. Professor Simon Shorvon will present an overview on the most recent advances in this dynamic field of status epilepticus.

SYMPOSIUM 6: AMYOTROPHIC LATERAL SCLEROSIS (ALS) AND FRONTOTEMPORAL DEMENTIA (FTD) AS A MODEL OF INTERACTION BETWEEN COGNITION, BEHAVIOUR AND MOTOR IMPAIRMENT

15:00 - 17:00 | ELICIUM 1

CHAIRPERSONS:

Albert Ludolph, ULM, GERMANY

Jolande Pijnenburg, AMSTERDAM, THE NETHERLANDS

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The neuropathology of ALS and FTD

Manuela Neumann, TUEBINGEN, GERMANY

Neuroimaging in ALS and FTD

Federica Agosta, MILANO, ITALY

Genetics

Jan Veldink, UTRECHT, THE NETHERLANDS

Clinical interactions

Albert Ludolph, ULM, GERMANY

Scientific content: It has been suggested more than 125 years ago, that ALS and FTD are related diseases. Recent findings in the molecular neuropathology and genetics of these diseases have strongly support this view. Neuroimaging studies also show an overlap. However, the question whether ALS and FTD are a continuum or separate diseases remains debated. This course addresses old and new views and the current debate.

MONDAY, 26 JUNE

15:00 - 18:15

TEACHING COURSE 11: THERAPEUTIC STRATEGY IN MS: HOW TO CHOOSE THE APPROPRIATE DISEASE MODIFYING TREATMENT – LEVEL 3

15:00 - 18:15 | FORUM

CHAIRPERSON:

Gilles Edan, RENNES, FRANCE

When and how to escalate MS treatment?

Mar Tintoré, BARCELONA, SPAIN

When and how to decide an induction strategy?

Gilles Edan, RENNES, FRANCE

Combination of escalating and induction treatment strategy in MS

Giancarlo Comi, MILAN, ITALY

Safety considerations regarding the therapeutic strategy options in MS

Ludwig Kappos, BASEL, SWITZERLAND

Educational content: From the theoretical point of view there are two opposite schemes of treatments in multiple sclerosis: the escalating approach and the induction therapy. The rationale of escalating therapy is to start treatment with safe drugs and to move to more aggressive treatments only in case of failure of the ongoing treatment. The escalating approach sees as first line treatment glatiramer acetate and beta 1a or 1b Interferons, or oral drugs, teriflunomid BG12, as a second line immunosuppressive agents (fingolimod, natalizumab, mitoxantrolone, alemtuzumab, anti-CD20) and third line the very intensive immunosuppression (autologous bone marrow transplantation, high dose cyclophosphamide). The key to success of escalation therapy is to define upfront with the patient precisely the thresholds for a suboptimal treatment response at which the next-level therapy option should be introduced. Nevertheless, the decision to adopt a second line therapy in patients with a low response to first line therapy should not be delayed until severe irreversible disability is evident. Given that the immunosuppressant drugs proposed all present potentially serious side-effects, the induction strategy has generally been reserved for patients with very active aggressive disease at onset. In these patients, it is recognised that the risk of early disability is high and that once neurological function is lost it cannot be regained. In such patients, this disease-inherent risk can be considered to outweigh that associated with the use of powerful immunosuppressant drugs. This strategy is aimed at preventing early structural damage related to inflammatory-mediated demyelination and axonal loss. This treatment strategy might involve initial use of immunosuppressants for as short a period as possible compatible with gaining adequate control of disease activity. Once disease control is achieved, treatment is switched to maintenance therapy with a better-tolerated drug.

This induction treatment strategy may be a useful and conservative way to use these highly effective therapies while minimising exposure and the consequent safety risk.

TEACHING COURSE 12: CURRENT TREATMENTS IN NEUROLOGY – LEVEL 1

15:00 - 18:15 | ROOM G102/103

CHAIRPERSON:

Marie Vidailhet, PARIS, FRANCE

Paraneoplastic and autoimmune encephalitis

Maarten Titulaer, ROTTERDAM, THE NETHERLANDS

Acute bacterial meningitis: Rapid empiric antibiotic therapy is crucial, even more with evolving multi-drug resistance

Erich Schmutzhard, INNSBRUCK, AUSTRIA

What do we do, when we do not know what to do in PD and related disorders?

Marie Vidailhet, PARIS, FRANCE

MS treatment today

Heinz Wiendl, MUNSTER, GERMANY

Educational content: This course aims primarily at young neurologists in training, or at those wishing to refresh their basic knowledge in the field. Here participants will learn the essentials of up-to-date treatment in the areas autoimmune encephalitis, bacterial meningitis, Parkinson's disease and multiple sclerosis. Even if this is Level 1 course, advanced neurologists may use this course to update their knowledge on treatment in these fast-moving fields.

TEACHING COURSE 13: HOW TO MANAGE A PATIENT WITH AUTONOMIC DYSFUNCTION – LEVEL 2

15:00 - 18:15 | ROOM G106/107

CHAIRPERSON:

Anne Pavy-Le Traon, TOULOUSE, FRANCE

How to manage a patient with bladder dysfunction

David B. Vodušek, LJUBLJANA, SLOVENIA

How to manage a patient with PoTS

Christopher Mathias, LONDON, UK

How to manage a patient with orthostatic hypotension

Anne Pavy-Le Traon, TOULOUSE, FRANCE

How to manage autonomic failure with sleep disorders

Pietro Cortelli, BOLOGNA, ITALY

Educational content: The objectives of this teaching course are the following:

- to enable neurologists to recognise, diagnose, evaluate the underlying pathophysiology, and use evidence/investigation based principles to manage key autonomic (dizziness, palpitation, syncope) and allied features in the Postural Tachycardia Syndrome (PoTS).
- to enable neurologists to detect, evaluate the underlying pathophysiology and the consequences of orthostatic hypotension, and to manage with non-pharmacological and pharmacological treatment.
- to provide an overview of practical clinical approaches to autonomic failure with sleep disorders. Emphasis will be on patient care, highlighting ways in which the neurologist can effectively formulate a differential diagnosis and manage these patients.
- to present clinically relevant physiology of lower urinary tract and its neural control, features of neurogenic dysfunction and principles of basic diagnostics and to enable neurologists to introduce treatment, prevent medical complications, and improve quality of life of patients.

TEACHING COURSE 14: NEUROPSYCHIATRIC AND BEHAVIOURAL SYMPTOMS IN NEURODEGENERATIVE DISEASES – LEVEL 1

15:00 - 18:15 | EMERALD

CHAIRPERSON:

Masud Husain, OXFORD, UK

Overview of neuropsychiatric symptoms in neurodegeneration

Masud Husain, OXFORD, UK

Management of neuropsychiatric symptoms in Alzheimer's disease and vascular dementia

Pasquale Calabrese, BASEL, SWITZERLAND

Management of neuropsychiatric symptoms in Parkinson's disease and movement disorders

Dag Årslund, LONDON, UK

Management of neuropsychiatric symptoms in Frontotemporal dementia

Rik Vandenberghe, LEUVEN, BELGIUM

Educational content: Neuropsychiatric and behavioural symptoms have a profound impact on patients, caregivers – and clinicians. In addition to imposing a huge societal cost they provide a challenge to neurologists and psychiatrists involved in the treatment of a wide range of neurodegenerative disorders, including conditions associated with dementia and movement disorders. In this teaching course, we aim to provide a comprehensive overview of the symptoms, potential underlying mechanisms and treatment options for managing neuropsychiatric symptoms. We will cover disorders of mood, anxiety, apathy, psychosis, hallucinations, disinhibition and agitation. The course will provide theoretical overviews as well as practical advice, using case histories and video material, on how to assess patients and manage these difficult conditions.

MONDAY, 26 JUNE

16:45 - 18:45

CAREER DEVELOPMENT SESSION 3: EMA/EAN: A SHARED GOAL FOR EXCELLENCE IN NEUROLOGY MEDICINES IN EUROPE

16:45 - 18:15 | ROOM E102

CHAIRPERSON:

Manuel Haas, LONDON, UK

Marianne de Visser, AMSTERDAM, THE NETHERLANDS
.....

European Medicines Agency's (EMA) activities that are most relevant to you

Manuel Hass, LONDON, UK

Engaging with the EMA? Yes, it is possible!

Ivana Silva, LONDON, UK

Personalised medicine in neurological disorders - opportunities and limitations

Chantal Depondt, BRUSSELS, BELGIUM

Educational content: The European Medicines Agency (EMA) is responsible for the scientific evaluation of applications for centralised marketing authorisations. What does this mean to you? How is this relevant to your clinical practice?

In a nutshell, it means that new active substances intended for the treatment of neurodegenerative diseases will be assessed via EMA before they are granted a licensing authorisation by the European Commission and can be marketed and finally available to patients and healthcare professionals throughout the European Union, Iceland, Liechtenstein and Norway. There are numerous activities linked to these medicines' lifecycle from research and development to post-marketing safety surveillance that in one way or another will be related to your activity as a clinical researcher and/or as clinical practitioner. Join us in this session to learn more about these activities and how the expertise of clinical neurologists is brought into the evaluation process.

HANDS-ON COURSE 6: CLINICAL AND NEUROPHYSIOLOGICAL EXAMINATION IN PATIENTS SUSPECTED OF NEUROPATHIC PAIN - LEVEL 3

16:45 - 18:45 | ROOM G104/105

CHAIRPERSON:

Josep Valls-Solé, BARCELONA, SPAIN
.....

How to conduct clinical examination and quantitative sensory testing in patients suspected of neuropathic pain

Elena Enax-Krumova, BOCHUM, GERMANY

How to conduct neurophysiological investigation in patients suspected of neuropathic pain

Andréa Truini, ROME, ITALY

Educational content: This hands-on course will provide on-site training about how to conduct clinical examination and quantitative sensory testing in patients suspected of neuropathic pain and how to conduct neurophysiological examination in these patients. More specifically the participants will learn how to use a thermos-test, Von Frey monofilaments, pressure algometer and will understand better the nature and results of EMG/trigeminal reflexes and laser evoked potentials in neuropathic pain.

This course is supported by Natus Medical Inc.

Limited to 60 persons



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- Get up-to-date about the latest developments in the field of MS research and clinical practice.
- Actively participate in scientific debates reflecting on the past and preparing for the future of MS research and clinical practice in Europe.
- Get engaged in qualitative discussions with researchers, clinical practitioners and young investigators.

Register before 1 August, 2017 and take advantage of the Early Bird Registration Fee.

For more information about the program or to register visit www.charcot-ms.org

MONDAY, 26 JUNE

15:00 - 16:30

TOURNAMENT CLINICAL

15:00 - 16:30 | ROOM E108

CHAIRPERSONS:

Ivan Rektor, BRNO, CZECH REPUBLIC

Robert van Oostenbrugge, MAASTRICHT, THE NETHERLANDS

TCLIN01 Neurological complications of acute virus E infection (NeuroCAVE): An observational, prospective Swiss study

15:00
P. Ripellino¹, G. Melli¹, C. Staedler¹, G. Martinetti², E. Pasi², M. Fraga³, R. Sahli³, V. Aubert³, D. Moradpour³, B. Décard⁴, E. Ventura¹, E. Bernasconi¹, F. Bihl¹, M. Tiberti¹, A. Kaelin-Lang¹, C. Gobbi¹ | ¹LUGANO, ²BELLINZONA, ³LAUSANNE, ⁴BASEL, SWITZERLAND

TCLIN02 When to stop antiepileptic drugs? A new tool for individual prediction of seizure outcomes.

15:15
H. Lamberink¹, W. Otte¹, A. Geerts², M. Pavlovic³, J. Ramos-Lizana⁴, T. Marson⁵, J. Overweg⁶, L. Sauma⁷, M. Tennison⁸, T. Cardoso⁷, S. Shinnar⁹, D. Schmidt¹⁰, K. Geleijns¹, K. Braun¹, L. Specchio¹¹ | ¹UTRECHT, ²ROTTERDAM, NETHERLANDS, ³KUWEIT, KUWAIT, ⁴ALMEIRIA, SPAIN, ⁵LIVERPOOL, UNITED KINGDOM, ⁶AMSTERDAM, NETHERLANDS, ⁷CAMPINAS, BRAZIL, ⁸NORTH CAROLINA, ⁹NEW YORK, USA, ¹⁰BERLIN, GERMANY, ¹¹FOGGIA, ITALY

TCLIN03 Sustained disease remission in aggressive multiple sclerosis after autologous haematopoietic stem cell transplantation

15:30
G. Boffa¹, D. Currò¹, M. Capobianco², F. Gualandri¹, M. P. Sormani¹, M. Inglese¹, A. Bertolotto², G. L. Mancardi¹ | ¹GENOA, ²ORBASSANO, ITALY

TCLIN04 Predictive Swallowing Score (PRESS): a prognostic model to predict the need for enteral tube feeding after ischemic stroke.

15:45
M. Galovic¹, A. J. Stauber², N. Leisi², M. Müller², B. Tettenborn², F. Brugger², B. Weder², G. Kägi² | ¹LONDON, UNITED KINGDOM, ²ST. GALLEN, SWITZERLAND

TCLIN05 Seizures are locked to multidien rhythms in epilepsy

16:00
M. Baud¹, J. Kleen², E. Mirro², J. Andrechack², D. King-Stephens², E. Chang², V. Rao² | ¹GENEVA, SWITZERLAND, ²SAN FRANCISCO, USA

TCLIN06 Mechanisms of apathy in REM sleep behaviour disorder

16:15
T. Barber, K. Muhammed, D. Drew, M. Crabbe, J. C. Klein, M. Husain, M. Hu | OXFORD, UNITED KINGDOM

ORAL SESSION:
CHILD NEUROLOGY

15:00-16:30 | ROOM E104/105

CHAIRPERSONS:

Alexis Arzimanoglou, LYON, FRANCE

Alessandro Simonati, VERONA, ITALY

O 3101 Refractory status epilepticus as de novo epileptic event: tertiary center experience in 80 children

15:00
R. Kravljanc, B. Vucetic Tadic, N. Jovic, D. Kravljanc, T. Pekmezovic | BELGRADE, SERBIA

O 3102 The natural history of vanishing white matter

15:15
E. M. Hamilton, H. D. van der Lei, B. I. Witte, T. E. Abbink, B. M. Uitdehaag, M. S. van der Knaap | AMSTERDAM, NETHERLANDS

O 3103 Structural connectivity abnormalities underlying cognitive impairment in pediatric multiple sclerosis

15:30
E. de Meo¹, E. Pagani¹, L. Moiola¹, A. Ghezzi², P. Veggiotti³, R. Capra⁴, M. P. Amato⁵, L. Vacchi¹, A. Fiorino¹, L. Pippolo², M. C. Pera³, G. Comi¹, A. Falini¹, M. Filippi¹, M. A. Rocca¹ | ¹MILAN, ²GALLARATE, ³PAVIA, ⁴BRESCIA, ⁵FLORENCE, ITALY

O 3104 Diagnostic algorithm for relapsing inflammatory demyelinating syndromes of the central nervous system in children

15:45
Y. Hacohen¹, K. Mankad¹, K. Chong¹, F. Barkhof², A. Vincent³, M. Lim⁴, E. Wassmer⁵, O. Ciccarelli², C. Hemingway¹ | ¹LONDON, ²OXFORD, ³LONDON, ⁴BIRMINGHAM, UNITED KINGDOM

O 3105 Changing pattern of anti-epileptic drug prescription in children in the Netherlands

16:00
A. Weijnenberg, J. Bos, N. Schuiling-Veninga, O. Brouwer, P. Callenbach | GRONINGEN, NETHERLANDS

O 3106 Regional patterns of brain atrophy development in pediatric and adult multiple sclerosis patients: a 3.5-year study

16:15
E. de Meo¹, M. A. Rocca¹, B. Colombo¹, M. Rodegher¹, L. Moiola¹, A. Ghezzi², G. Comi¹, A. Falini¹, M. Filippi¹ | ¹MILAN, ²GALLARATE, ITALY

ORAL SESSION: CEREBROVASCULAR DISEASES 2

16:45-18:15 | ROOM E108

CHAIRPERSONS:

Jacques de Keyser, BRUSSELS BELGIUM

Roland Veltkamp, LONDON, UK

O 3201 Decreased GABA levels in the symptomatic hemisphere after transient ischaemic attack

16:45
K. Figlewski¹, H. Andersen¹, T. Stærmosé¹, P. von Weitzel-Mudersbach¹, J. F. Nielsen², J. U. Blicher¹ | ¹AARHUS, ²HAMMEL, DENMARK

O 3202 CRP in atherosclerosis - A risk marker but not a causal factor. A 13-year population-based longitudinal study. The Tromsø Study.

17:00
A. Eltoft, T. Wilsgaard, J.-B. Hansen, E. Mathiesen, K. A. Arntzen, S. H. Johnsen | TROMSØ, NORWAY

O 3203 Intravenous thrombolysis in posterior circulation stroke - risk of intracranial hemorrhage and clinical outcome: results from the SITS-EAST registry

17:15
R. Herzig¹, J. Waishaupt¹, S. Belaskova², E. Vitkova¹, K. Blejcharova¹, P. Geier¹, A. Tomek³, M. Bar⁴, D. Vaclavik⁴, R. Mikulík², M. Valis¹ | ¹HRADEC KRALOVE, ²BRNO, ³PRAGUE, ⁴OSTRAVA, CZECH REPUBLIC

O 3204 Outcomes of thrombolysis treatment in patients with dementia and acute ischemic stroke: A longitudinal cohort study from SveDem and Riksstroke, Swedish Dementia and Stroke Registries

17:30
E. Zupanic¹, M. Gregoric Kramberger¹, B. Contreras Escamez², M. von Euler³, I. Kåreholt⁴, B. Winblad⁵, M. E. Eriksdotter⁴, S. Garcia-Ptacek⁴ | ¹LJUBLJANA, SLOVENIA, ²MADRID, SPAIN, ³LIDINGÖ, ⁴STOCKHOLM, ⁵HUDDINGE, SWEDEN

O 3205 Long-term predictors of mortality and functional outcome after decompressive hemicraniectomy for malignant middle cerebral artery infarction.

17:45
A. Tuffal, M. Bodenant, B. Casolla, H. Hénon, J.-P. Lejeune, D. Leys, C. Cordonnier | LILLE, FRANCE

O 3206 PORTYWHITE - Portuguese registry on incidental white matter lesions of presumed vascular etiology in young adults: Preliminary results

18:00
M. Viana-Baptista¹, V. Cruz E Silva¹, A. Caetano¹, E. Azevedo², C. Ferreira³, T. Pinho E Melo¹, F. Silva⁴, J. Ros⁵, N. M. O. Inacio¹, A. Veiga⁶, M. Rodrigues⁷, J. Martins⁸, A. N. Pinto¹, C. Carmona⁹, P. Soares¹ | ¹LISBON, ²PORTO, ³BRAGA, ⁴COIMBRA, ⁵GUARDA, ⁶VILA REAL, ⁷ALMADA, ⁸MATOSINHOS, ⁹CASCAIS, PORTUGAL

ORAL SESSION: MOVEMENT DISORDERS 1

16:45-18:15 | ROOM E106/107

CHAIRPERSONS:

Berry Kremer, GRONINGEN, THE NETHERLANDS

Tove Henriksen, HELLERUP, DENMARK

O 3207 Deep sleep and progression of Parkinson's disease

16:45
S. Schreiner, L. Imbach, E. Werth, T. Murer, P. Valko, C. Baumann | ZURICH, SWITZERLAND

O 3208 Poor cognitive functioning is associated with an increased risk of incident parkinsonism: The Rotterdam Study

17:00
S. Darweesh¹, F. J. Wolters¹, B. Stricker¹, P. Koudstaal¹, M. Ikram², M. A. Ikram¹ | ^{1,2}ROTTERDAM, NETHERLANDS

O 3209 Skin nerve phosphorylated α -synuclein deposits in idiopathic REM sleep behavior disorder

17:15
E. Antelmi, V. Donadio, A. Incensi, G. Plazzi, R. Liguori | BOLOGNA, ITALY

O 3210 Cortical involvement in early Parkinson's disease: evidence from multimodal MRI

17:30
J.C. Klein, M. Rolinski, L. Griffanti, K. Szewczyk-Krolikowski, F. Baig, C. Ruffmann, A.R. Gruves, R. Menke, C. Mackay, M. Hu | OXFORD, UNITED KINGDOM

O 3211 Ventral striatal dopaminergic defect is a risk factor for hallucinations in Parkinson's disease

17:45
E. Jaakkola, J. Joutsa, E. Mäkinen, J. Johansson, V. Kaasinen | TURKU, FINLAND

O 3212 Cognitive decline relates to reversal of information flow in cortico-subcortical networks in the Parkinson's disease brain

18:00
L. Boon, A. Hillebrand, K. Olde Dubbelink, K. Stam, H. Berendse | AMSTERDAM, NETHERLANDS

MONDAY, 26 JUNE

16:45 - 18:15

ORAL SESSION: MUSCLE AND NEUROMUSCULAR JUNCTION DISEASE

16:45-18:15 | ELICIUM 2

CHAIRPERSONS:

Jan De Bleecker, GHENT, BELGIUM

Tiziana Mongini, TORINO, ITALY

O 3213 Outcome and antibody profile in ocular myasthenia gravis

G. Galassi, M. Mazzoli, A. Ariatti, S. Kaleci, F. Valzania, P. Nichelli | MODENA, ITALY

O 3214 Respiratory involvement in facioscapulohumeral dystrophy

S. Moreira¹, L. Wood², C. Marini-Bettolo², M. Guglieri², G. McMacken², G. Bailey², A. Mayhew², R. Muni², G. Eglon², D. Smith³, M. Williams³, H. Lochmuller², T. Evangelista⁴
¹SANTA MARIA DA FEIRA, PORTUGAL, ²NEWCASTLE, ³BRISTOL, ⁴NEWCASTLE UPON TYNE, UNITED KINGDOM

O 3215 Assessing the impact of gender on the phenotype of myotonic dystrophy type 2: a cohort of 307 patients

F. Montagnese¹, S. Mondello², S. Wenninger¹, B. Schoser¹ | ¹MUNICH, GERMANY, ²MESSINA, ITALY

O 3216 Functional outcome measures and muscle MRI pattern recognition in dysferlinopathy: The JAIN COS Study

R. Fernández-Torrón¹, M. James², J. Díaz Manera³, A. Mayhew², J. Llauger Rosello³, U. Moore², F. Smith², M. Jacobs⁴, P. Carlier⁵, L. Rufibach⁶, S. Spuler⁷, J. W. Day⁸, K. J. Jones⁹, D. X. Bharucha-Goebel⁴, E. Salort-Campana¹⁰, A. Pestronk¹¹, M. C. Walter¹², C. Paradas¹³, T. Stojkovic⁵, S. Takeda¹⁴, E. Bravver¹⁵, E. Pegoraro¹⁶, J. R. Mendell¹⁷, K. Bushby², V. Straub² | ¹DONOSTIA-SAN SEBASTIÁN/NEWCASTLE UPON TYNE, SPAIN, ²NEWCASTLE UPON TYNE, UNITED KINGDOM, ³BARCELONA, SPAIN, ⁴WASHINGTON DC, USA, ⁵PARIS, FRANCE, ⁶SEATTLE, USA, ⁷BERLIN, GERMANY, ⁸STANFORD, USA, ⁹SYDNEY, AUSTRALIA, ¹⁰MARSEILLES, FRANCE, ¹¹ST LOUIS, USA, ¹²MUNICH, GERMANY, ¹³SEVILLE, SPAIN, ¹⁴KODAIRA, JAPAN, ¹⁵CHARLOTTE NC, USA, ¹⁶PADUA, ITALY, ¹⁷COLUMBUS OH, USA

O 3217 Poly-autoimmunity and associated autoantibodies in a nationwide juvenile myasthenia gravis cohort

T. H. Popperud¹, E. Kerty¹, M. Rasmussen² | ^{1,2}OSLO, NORWAY

O 3218 The utility of next generation sequencing in a muscle specialist service

E. Bugiardini, D. Lynch, A. Pittman, L. Pihlstrom, J. Morrow, C. Turner, M. Parton, J. Holton, H. Houlden, E. Matthews, M. Hanna | LONDON, UNITED KINGDOM

ORAL SESSION: NEUROREHABILITATION & NEUROTRAUMATOLOGY

16:45-18:15 | ROOM E104/105

CHAIRPERSONS:

Bastiaan Bloem, NIJMEGEN, THE NETHERLANDS

Anna Czlonkowska, WARSAW, POLAND

O 3219 Long-term outcome after mild traumatic brain injury: The effect of age on health related quality of life

A. Eman¹, M. de Koning¹, H. van der Horn¹, M. Scheenen¹, G. Roks², G. Hageman³, J. Spikman¹, J. van der Naalt¹ | ¹GRONINGEN, ²TILBURG, ³ENSCHDEDE, NETHERLANDS

O 3220 Transcranial direct current stimulation boosts spontaneous motor plasticity in subacute stroke

P. Nicolo, E. Pedrazzini, A. Schnider, A. Guggisberg | GENEVA, SWITZERLAND

O 3221 24-hour close observation may not be necessary in patients with mild traumatic brain injury (mTBI) during anticoagulation therapy

M. Verschoof¹, C. Zuurbier², F. de Beer², J. Coutinho³, B. van Geel⁴ | ¹THE HAGUE, ²HAARLEM, ³AMSTERDAM, ⁴ALKMAAR, NETHERLANDS

O 3222 Factors influencing adherence to tibial nerve stimulation for the management of neurogenic overactive bladder

J. Salatzki, E. Spanudakis, G. Gonzales, G. Vinas, J. Baldwin, C. Haslam, M. D. Liechti, J. N. Panicker | LONDON, UNITED KINGDOM

O 3223 Management of mild traumatic brain injury at the emergency department and hospital admission in Europe: A survey of 71 neurotrauma centers participating in the CENTER-TBI study

K. Foks¹, M. Clossen¹, D. Dippel², A. Maas³, D. K. Menon⁴, J. van der Naalt⁵, E. Steyerberg¹, H. Lingsma¹, S. Polinder¹ | ^{1,2}ROTTERDAM, NETHERLANDS, ³ANTWERP, BELGIUM, ⁴CAMBRIDGE, UNITED KINGDOM, ⁵GRONINGEN, NETHERLANDS

O 3224 There is still recovery at least until one year after severe traumatic brain injury. Results from the Danish Headtrauma Database before and after sub-acute rehabilitation.

K. Thygesen, I. Paulsen | HVIDOVRE, DENMARK

ORAL SESSION: AGEING AND DEMENTIA

17:00-18:30 | ELICIUM 1

CHAIRPERSONS:

John van Swieten, ROTTERDAM, THE NETHERLANDS

Jakub Hort, PRAGUE, CZECH REPUBLIC

O 3225 The independent effect of cerebral microbleeds on cognition

X. C. Ruan, A. C. Guevarra, N. Kandiah | SINGAPORE, SINGAPORE

O 3226 Diabetes mellitus in a large dementia cohort. A study of clinical characteristics and treatment from the Swedish Dementia Registry.

D. Religa, J. Secnik, P. Čermáková, S.-M. Fereshtehnejad, P. Dannberg, K. Johnell, J. Fastbom, B. Winblad, M. E. Eriksdotter | STOCKHOLM, SWEDEN

O 3227 Predicting development of amyotrophic lateral sclerosis in frontotemporal dementia

T. van Langenhove¹, O. Piguet², J. Burrell², C. Leyton², D. Foxe², M. Abela², L. Bartley², W. Kim², E. Jary², Y. Huang², C. Dobson-Stone², J. Kwok², G. Halliday², J. R. Hodges² | ¹GHEENT, BELGIUM, ²SYDNEY, AUSTRALIA

O 3228 Multimodal structural MRI differentiates in vivo the three clinical variants of primary progressive aphasia

F. Agosta¹, F. Imperiale¹, E. Canu¹, F. Caso¹, M. Copetti², G. Magnani¹, A. Falini¹, G. Comi¹, M. Filippi¹ | ¹MILAN, ²SAN GIOVANNI ROTONDO, ITALY

O 3229 COMAJ (Early onset Alzheimer's disease cohort): vascular risk factors impact on early onset Alzheimer's disease

A. Maureille, A. Rollin Sillaire, Y. Chen, E. Skrobala, F. Pasquier | LILLE, FRANCE

O 3230 Negative association between peripheral blood NLRP3 levels and CA1 and subiculum in MCI patients with AD pathology: an innate immune pathway leading to hippocampal neurodegeneration

M. Marizzoni¹, F. Ribaldi¹, A. Cattaneo¹, N. Lopizzo¹, S. Galluzzi¹, F. Nobili², J.-P. Ranjeva³, D. Bartrés-Faz⁴, U. Fiedler⁵, P. Schonknecht⁶, P. Payoux⁷, A. Soricelli⁸, L. Parnetti⁹, M. Tsolaki¹⁰, P. M. Rossini¹¹, P. J. Visser¹², D. Albani¹³, G. L. Forloni¹³, M. M. P. R. Bordet¹⁴, J. Richardson¹⁵, C. Babiloni¹¹, J. Jovicich¹⁶, O. Blin³, G. Frisoni¹⁷ | ¹BRESCIA, ²GENOA, ITALY, ³MARSEILLES, FRANCE, ⁴BARCELONA, SPAIN, ⁵ESSEN, ⁶LEIPZIG, GERMANY, ⁷TOULOUSE, FRANCE, ⁸NAPLES, ⁹PERUGIA, ITALY, ¹⁰THESSALONIKI, GREECE, ¹¹ROME, ITALY, ¹²AMSTERDAM, NETHERLANDS, ¹³MILAN, ITALY, ¹⁴LILLE CEDEX, FRANCE, ¹⁵UK, UNITED KINGDOM, ¹⁶TRENT, ITALY, ¹⁷GENEVA, SWITZERLAND

ORAL SESSION: EPILEPSY 2

17:00-18:30 | MAIN AUDITORIUM

CHAIRPERSONS:

Eugen Trinka, SALZBURG, AUSTRIA

Andriy Dubenko, KHARKIV, UKRAINE

O 3231 Fidelity of a Self-Management course for people with epilepsy (SMILE (UK))

G. Wojewodka¹, S. Hurley¹, S. J. Taylor¹, A. J. Noble², L. Ridsdale¹, L. H. Goldstein¹ | ¹LONDON, ²LIVERPOOL, UNITED KINGDOM

O 3232 Interictal versus ictal high frequency oscillations in temporal lobe epilepsy: A time-frequency analysis study

S. I. Abuhaiba, J. Castelhana, I. C. Duarte, P. Correia, M. Rito, F. J. Sales Almeida Inácio, M. Castelo-Branco | COIMBRA, PORTUGAL

O 3233 Motor phenomena in transient loss of consciousness: How to differentiate vasovagal syncope from convulsive seizures

S. Shmueli¹, J. G. van Dijk², R. Thijs¹ | ¹HEEMSTEDE, ²LEIDEN, NETHERLANDS

O 3234 Complement system dysregulation in untreated patients affected by primary generalized epilepsy and the influence of anti-epileptic drugs.

C. Liguori, A. Romigi, F. Placidi, M. Nuccetelli, F. Izzi, S. Bernardini, N. B. Mercuri | ROME, ITALY

O 3235 Efficacy and safety of external trigeminal nerve stimulation in drug-resistant focal epilepsy.

E. Gil, A. Donaire, T. Boget, J. Valls-Sole, M. Carreño | BARCELONA, SPAIN

O 3236 Retrospective single-center study of drug-resistant epilepsies: a survey on two decades of presurgical evaluations and surgical treatments.

S. Baldini¹, L. Spinelli¹, J. Tomás², F. Pittau¹, A. Bartoli¹, S. Vulliémoz¹, M. I. Vargas¹, V. Garibotto¹, S. Momjian¹, K. Schaller¹, M. Seeck¹ | ¹GENEVA, SWITZERLAND, ²COIMBRA, PORTUGAL



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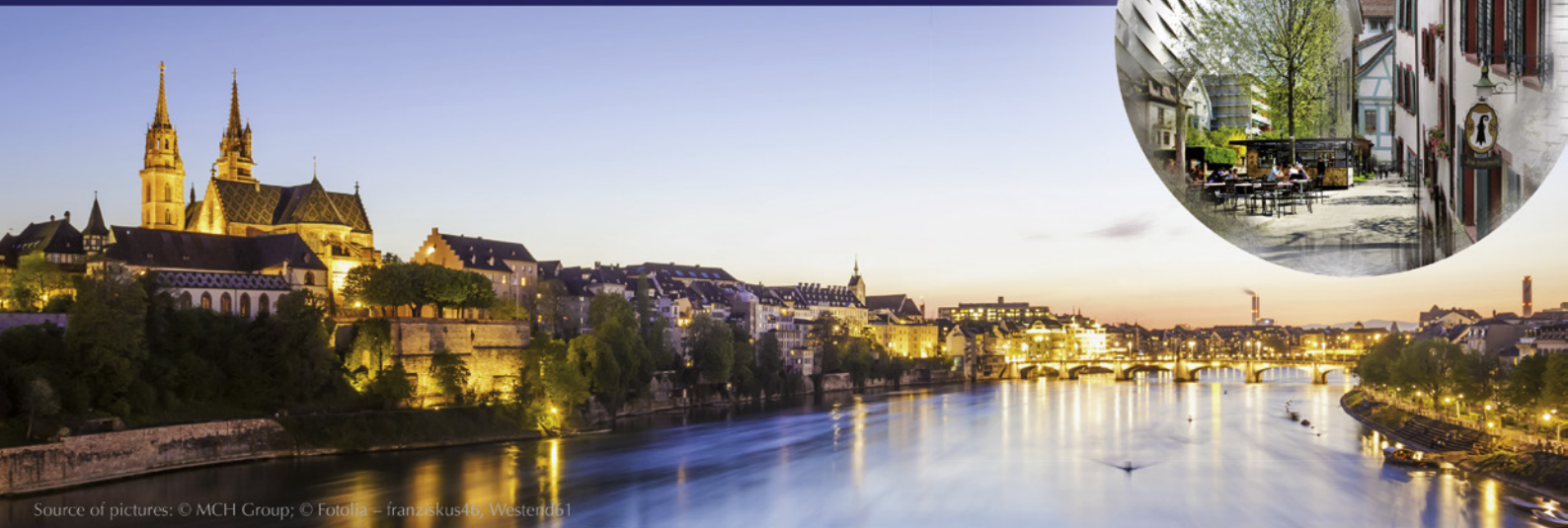
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Welcome Note

Dear participants, Dear colleagues, Dear friends,
on behalf of the European Society of Neurosonology and Cerebral Hemodynamics (ESNCH), the executive committee and the local organizing committee we are cordially inviting you to join us at the 23rd conference of the ESNCH which will be held in Prague on April 13–16, 2018.

Next year's conference comes with the well-known combination of education and science. However, we have extended the topics considerably, following recent years' development within the fields of brain parenchyma sonography, peripheral nerve and muscle ultrasound as well as in the field of ultrasound guided interventions and therapeutical ultrasound. In addition, we will focus on topics overlapping with cardiology, psychiatry and neurosurgery. Theory and research will be combined with educative live presentations.

For our industrial exhibition, we have invited a wide spectrum of established as well as new companies on the market which will enable you to get a good impression of today's diagnostic options.

Our venue is located close to Prague city centre – at walking distance to the metro line A (Dejvická station).

Join us for the exchange of experiences, present and discuss your projects and research work, participate in our courses and refine your knowledge and skills!

We are looking forward to welcoming you in Prague!
David Školoudík

23rd MEETING
OF THE EUROPEAN SOCIETY OF NEUROSONOLOGY
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TUESDAY, 27 JUNE 2017

SESSIONS

The Lundbeck Foundation Call for Nominations for

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TOM JESSELL, USA
STORY LANDIS, USA
RICHARD MORRIS, UNITED KINGDOM, VICE-CHAIRMAN

PHILIP SCHELTENS, THE NETHERLANDS
IRENE TRACEY, UNITED KINGDOM

FOR THE NOMINATION FORM AND DETAILS OF THE NOMINATION PROCEDURE, PLEASE VISIT:
WWW.THEBRAINPRIZE.ORG

Prize Winners 2017

Peter Dayan, Gatsby Computational Neuroscience Unit, UCL, United Kingdom, Ray Dolan, Max Planck UCL Centre for Computational Psychiatry and Ageing Research and Wellcome Trust Centre for Neuroimaging, UCL, United Kingdom, Wolfram Schultz, Department of Physiology, Development and Neuroscience, University of Cambridge, United Kingdom



Born European and awarded in Denmark, The Brain Prize recognizes and rewards outstanding contributions to neuroscience, from basic to clinical

EAN eBook

The German Neurological Society (DGN) released its first multimedia eBook in September 2016: the English-language "Manual of the Neurological Examination for Neurologists in Training".

In Spring 2017 the European Academy of Neurology joined this initiative and the eBook can now be downloaded from the EAN Website www.ean.org by all EAN members.

Written under the guidance of Professor Klaus V. Toyka, the publication is primarily aimed at students in clinical training and at junior doctors.

Overview of features

- Basics and finer points of the clinical bedside examination in neurology – using multimedia and interactive tools
- 90 video tutorials (reconstructed examinations + recordings of actual patients)
- Over 100 images
- Practical glossary for easy reference
- Optimised display for tablets, smartphones and desktops with adjustable font size
- Opportunities for personal note-taking to support the learning process
- Expertise of an international team of authors: Prof. Klaus V. Toyka, *Germany*; Prof. Joseph Classen and Prof. Dorothee Saur, *Germany*; Dr Logan Schneider, *US*

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SYMPOSIUM 7: ESO/EAN: UNCOMMON CEREBROVASCULAR DISEASES

08:00 - 10:00 | FORUM

CHAIRPERSONS:

Stefan Engelter, BASEL, SWITZERLAND

Karin Klijn, NIJMEGEN, THE NETHERLANDS

.....

Reversible cerebral vasoconstriction syndrome: How to recognise it?

Anne Ducros, MONTPELLIER, FRANCE

Cervical artery dissection: Where are we now?

Stefan Engelter, BASEL, SWITZERLAND

CADASIL: How to prevent disease progression?

Keith Muir, GLASGOW, UK

Causes and clinical course of cerebral venous infarction

Patricia Canhão, LISBON, PORTUGAL

Scientific content: This symposium provides an overview and update about cerebrovascular diseases beyond the beaten path. Known experts will share intriguing new insight in pathophysiology, clinical, diagnostic and therapeutic issues of rarer cerebrovascular disorders

SYMPOSIUM 8: ECTRIMS/EAN: NEW DEVELOPMENTS IN MULTIPLE SCLEROSIS

08:00 - 10:00 | MAIN AUDITORIUM

CHAIRPERSON:

Xavier Montalban, BARCELONA, SPAIN

David Miller, LONDON, UK

.....

New aspects of MS pathology

Wolfgang Brück, GÖTTINGEN, GERMANY

New aspects of MS immunology

Hans Peter Hartung, DÜSSELDORF, GERMANY

New developments in the diagnosis of MS

David Miller, LONDON, UK

New developments in the treatment of MS

Per Soelberg Sørensen, COPENHAGEN, DENMARK

TUESDAY, 27 JUNE

8:00 - 10:00

HANDS-ON COURSE 8: MDS-ES/EAN: NEUROPHYSIOLOGICAL STUDY OF TREMOR – LEVEL 1

08:30 - 10:00 | ROOM G104/105



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSON:

Rick Helmich, NIJMEGEN, THE NETHERLANDS

Neurophysiological study of tremor: How to do it in clinical practice

Rick Helmich, NIJMEGEN, THE NETHERLANDS

Orthostatic tremor, cortical tremor, dystonic tremor and psychogenic tremor: Electro-clinical semiology

Emanuelle Apartis, PARIS, FRANCE

Educational content: Neurophysiological approach of tremor is helpful in defining tremor, differentiating it from other movement disorders and in aetiological diagnosis. Main objective of this programme for attendees is to be better able to use electrophysiology in diagnosing and differentiating tremor.

This course is supported by Natus Medical Inc.

Limited to 60 persons

INTERACTIVE SESSION 2: A COMPLEX CLINICAL CASE OF CHRONIC WIDESPREAD PAIN

08:00 - 09:30 | ELICIUM 1

CHAIRPERSON:

Nadine Attal, PARIS, FRANCE

Initial diagnostic workup

Didier Bouhassira, BOULOGNE, FRANCE

Results of complementary examinations

Nurcan Uceyler, WÜRZBURG, GERMANY

Therapeutic management

Nadine Attal, PARIS, FRANCE

Educational content: In this interactive case discussion, participants will learn about

- the advantages and limitations of screening tools for neuropathic pain
- the diagnostic algorithm for neuropathic pain
- the role of complementary investigations such as skin punch biopsy, laser evoked potentials, quantitative sensory testing for the diagnostic workup of neuropathic pain
- pharmacotherapy of neuropathic pain and recent therapeutic algorithms based on updated international guidelines
- New drug and nondrug treatments for neuropathic pain

CASE-BASED WORKSHOP 7: HOW FAR SHOULD WE PUSH INTERVENTIONS IN NEUROCRITICAL CARE?

08:30 - 10:00 | ROOM E102

CHAIRPERSON:

Maxwell Damian, CAMBRIDGE, UK
.....

Catastrophic stroke: Do outcomes justify invasive treatment, and when?

Stefan Schwab, ERLANGEN, GERMANY

Encephalitis and inflammatory disease – how long to persist with ITU care?

Maxwell Damian, CAMBRIDGE, UK

Recognising the end of life phase for a patient with ALS/ how do we respond to a request for assisted dying?

Marianne de Visser, AMSTERDAM, THE NETHERLANDS

Critical care in the elderly – intervention and coping with dying

Ralf Jox, MUNICH, GERMANY

Educational content: The number of neurological patients treated in intensive care is increasing rapidly; the number and the invasiveness of interventions for diagnosis, monitoring and treatment performed is increasing. There is wide disparity in what is perceived as futile, and in what degree of intervention is justified by an acceptable outcome. This workshop provides the participants with an evidence base to make decisions on when and in whom to escalate treatment to intensive care, how far to push invasive treatment, and when to consider a ceiling of treatment. There will be the opportunity to help professionals recognise the end of life phase of patients with neurological disease and then help to prepare and anticipate issues for patients, families as well as professional and non-professional carers.

Limited to 60 persons

CAREER DEVELOPMENT SESSION 2: INTRODUCTION TO CRITICAL APPRAISAL OF THE MEDICAL LITERATURE: 1 - THE THERAPY

08:30 - 10:00 | ROOM E106/107

CHAIRPERSON:

Maurizio Leone, SAN GIOVANNI ROTONDO, ITALY
.....

How to ask an answerable clinical question (Population, Intervention, Comparator, Outcome)

Maurizio Leone, SAN GIOVANNI ROTONDO, ITALY

Searching the literature for evidence

Maura Pugliatti, FERRARA, ITALY

Critical appraisal of two articles regarding an intervention

João Costa, LISBON, PORTUGAL

Educational content: The course aims to provide the basis for independently apply the principles of evidence based medicine in the clinical practice. After successfully completing this course the participants should be able to: 1) ask questions that can be answered starting from clinical cases from daily practice, 2) understand the attributes of a high quality intervention study, 3) critically evaluate the results of an intervention study, 4) make clinical decisions that take into account the scientific evidence and patient preferences. The course will be carried out by small-groups teaching and interactive sessions. Teaching material will be sent in advance to the participants. This proposal is intended to be the first of a series of three on critical appraisal on therapy, diagnosis and prognosis to be developed in the next years. It is part of the project of the Guideline Production Group to create a widespread "evidence-based" culture within the EAN and to foster the participation of young neurologists in guideline production.



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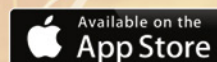
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ORAL SESSION: NEUROIMMUNOLOGY

08:00-09:45 | ROOM G102/103

CHAIRPERSONS:

Luca Massacesi, FLORENCE, ITALY

Maarten Titulaer, ROTTERDAM, THE NETHERLANDS

O 4101 Human aquaporin 4 auto-antibody alters 08:00 blood brain barrier permeability

A. Cobo-Calvo, A. Ruiz, S. Blondel, S. Cavagna, S. Vukusic, N. Strazielle, J. F. Ghesie Egea, P. Giraudon, R. Marignier | LYONS, FRANCE

O 4102 Immunemediated necrotizing autoimmune 08:15 myopathy: Dutch and Belgian experience

J. Lim¹, A. van der Kooij¹, F. Eftimov¹, J. de Bleecker², C. Saris³, B. G. van Engelen³, J. Raaphorst¹, N. Voermans⁴, M. de Visser¹ | ¹AMSTERDAM, NETHERLANDS, ²GHENT, BELGIUM, ^{3,4}NIJMEGEN, NETHERLANDS

O 4103 Spectrum of autoantibodies against myelin 08:30 oligodendrocyte glycoprotein

A. Vural¹, A. Tuncer¹, M. Spadaro², B. Konuşkan¹, R. Göçmen¹, B. Anlar¹, M. Reindl³, R. Karabudak¹, E. Meinl² | ¹ANKARA, TURKEY, ²MUNICH, GERMANY, ³INNSBURG, AUSTRIA

O 4104 Clinical utility of 18FDG PET-CT in the 08:45 diagnosis of neurosarcoidosis

D. Fritz, J. Booij, D. van de Beek, M. Brouwer | AMSTERDAM, NETHERLANDS

O 4105 Clinical characterization and long-term 09:00 outcome of patients with autoimmune encephalitis with antibodies against the metabotropic glutamate receptor 5 (mGluR5)

M. Spatola¹, L. Sabater¹, E. Martínez-Hernández¹, M. Rosenfeld¹, F. Graus¹, J. Dalmau² | ¹BARCELONA, SPAIN, ²PHILADELPHIA, USA

O 4106 Discrimination of spinal cord sarcoidosis from 09:15 neuromyelitis optica spectrum disorder or spondylotic myelopathy

H. Kuroda, T. Takahashi, D. Sato, Y. Takai, S. Nishiyama, T. Misu, I. Nakashima, K. Fujihara, M. Aoki | SENDAI, JAPAN

O 4107 Clinical and immunological characteristics of 09:30 the spectrum of GFAP autoimmunity: Novel findings in a case series of 20 patients

R. Iorio, V. Damato, A. Evoli | ROME, ITALY

ORAL SESSION: HEADACHE AND PAIN 2

08:30-10:00 | ROOM E108

CHAIRPERSONS:

Fabio Antonaci, PAVIA, ITALY

Irena Velcheva, SOFIA, BULGARIA

O 4108 Real-world treatment utilisation and safety of 08:30 onabotulinumtoxinA for chronic migraine: Results from an observational study in the European Union

M. Matharu¹, J. Pascual², I. Nilsson-Remahl³, A. Straube⁴, A. Lum⁵, G. Davar⁵, D. Odom⁶, L. Bennett⁶, C. Proctor⁷ | ¹LONDON, UNITED KINGDOM, ²SANTANDER, SPAIN, ³STOCKHOLM, SWEDEN, ⁴MUNICH, GERMANY, ⁵IRVINE, USA, ⁶TRIANGLE PARK, USA, ⁷CARY, USA

O 4109 Prospective testing of ICHD-3 beta diagnostic 08:45 criteria for migraine with aura and migraine with typical aura in patients with transient ischemic attacks

E. R. Lebedeva¹, N. M. Gurary¹, D. Gilev¹, J. Olesen² | ¹YEKATERINBURG, RUSSIAN FEDERATION, ²COPENHAGEN, DENMARK

O 4110 Dynamic mechanical hyperalgesia in women 09:00 with migraine: the dynamic pressure algometry

M. Ruiz¹, M. Palacios-Ceña², J. Baron Sanchez¹, S. M. Fuensalida-Novo², A. L. Guerrero¹, C. Fernández-de-Las-Peñas² | ¹VALLADOLID, ²MADRID, SPAIN

O 4111 Efficacy of levothyroxine in migraine patients 09:15 with subclinical hypothyroidism

A. Bougea, N. Spantideas, E. Anagnostou, P. Voskou, P. Z. Katsika, I. Evdokimidis, E. Kararizou | ATHENS, GREECE

O 4112 Phase 3, randomized, double-blind, placebo- 09:30 controlled study to evaluate the efficacy and safety of erenumab (AMG 334) in migraine prevention: primary results of the STRIVE trial

P. J. Goadsby¹, U. Reuter², J. Bonner³, G. Broessner⁴, Y. Hallstrom⁵, F. Zhang⁶, S. Saprà⁶, H. Picard⁶, D. Mikol⁶, R. Lenz⁶ | ¹LONDON, UNITED KINGDOM, ²BERLIN, GERMANY, ³ST. LOUIS, USA, ⁴INNSBRUCK, AUSTRIA, ⁵STOCKHOLM, SWEDEN, ⁶THOUSAND OAKS, USA

O 4113 Representation of minorities in clinical trials 09:45 for migraine in the United States and Europe

N. Robbins, S. Tepper, J. Bernat | HANOVER, USA

TUESDAY, 27 JUNE

08:30 - 10:00

ORAL SESSION: MOVEMENT DISORDERS 2

08:30-10:00 | EMERALD

CHAIRPERSONS:

Marie Vidailhet, PARIS, FRANCE

Joaquim Ferreira, LISBON, PORTUGAL

O 4114 Differential diagnosis between Parkinson's disease and essential tremor using the smartphone built-in accelerometer

S. Barrantes, A. Sánchez-Egea, H. Gonzalez-Rojas, M. J. Marti Domenech, Y. Compta, F. Valldeoriola, E. Tolosa Sarro, J. Valls-Sole | BARCELONA, SPAIN

O 4115 Severity of impulsive compulsive behaviours in early and prodromal Parkinson's disease

F. Baig¹, M. Kelly¹, M. Lawton², D. Okai³, Y. Ben-Shlomo², M. Hu¹ | ²BRISTOL, UNITED KINGDOM, ^{1,3}OXFORD, UNITED KINGDOM

O 4116 Prevalence of C9orf72 expansion in a Portuguese cohort of Huntington's disease phenocopies

J. Martins, J. Damasio, A. Mendes, N. M. D. S. Vila-Chã, J. E. Alves, C. Ramos, S. Cavaco, J. Silva, I. Alonso, M. Magalhães | PORTO, PORTUGAL

O 4117 A multimodal magnetic resonance imaging study of brain structural changes in spasmodic dysphonia

A. Tomic¹, E. Agosta², N. Kresojevic¹, L. Sarro², M. Svetel¹, S. Gantalucci², P. Valsasina², M. Filippi², V. Kostic¹ | ¹BELGRADE, SERBIA, ²MILAN, ITALY

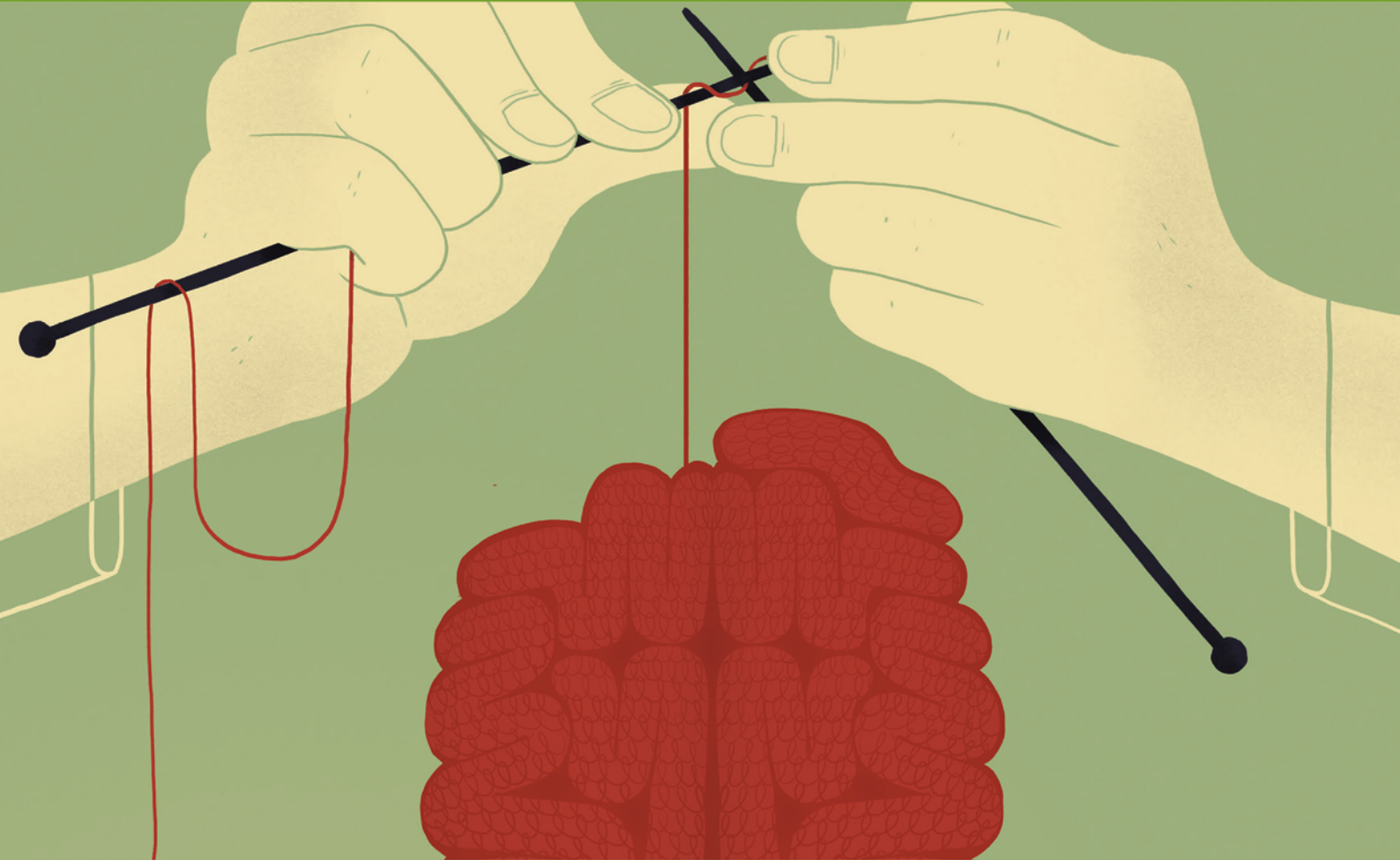
O 4118 TGF beta 1 as Huntington's disease biomarker

K. Plinta, A. Plewka, D. Plewka, M. Rudzińska - Bar | KATOWICE, POLAND

O 4119 Results from a phase 1b multiple ascending-dose study of PRX002, an anti-alpha-synuclein monoclonal antibody, in patients with Parkinson's disease

J. Jankovic¹, I. Goodman², B. Safirstein³, D. B. Schenk⁴, G. G. Kinney⁴, M. Koller⁴, D. K. Ness⁴, S. G. Griffith⁵, M. Grundman⁵, J. Soto⁴, S. Ostrowitzki⁶, F. G. Boess⁶, M. Martin-Facklam⁶, J. F. Quinn⁷, S. H. Isaacson⁸, D. Jennings⁹, O. Omidvar¹⁰, A. Ellenbogen¹¹ | ¹HOUSTON, USA, ²ORLANDO, USA, ³HALLANDALE BEACH, USA, ⁴SOUTH SAN FRANCISCO, USA, ⁵SAN DIEGO, USA, ⁶BASEL, SWITZERLAND, ⁷PORTLAND, USA, ⁸BOCA RATON, USA, ⁹NEW HAVEN, USA, ¹⁰LONG BEACH, USA, ¹¹FARMINGTON HILLS, USA

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TUESDAY, 27 JUNE

10:30 - 14:30

PLENARY SYMPOSIUM:
HIGHLIGHTS OF THE
CONGRESS+BREAKING NEWS
10:30 - 12:30 | MAIN AUDITORIUM



CHAIRPERSONS:

Bernard Uitdehaag, AMSTERDAM, THE NETHERLANDS

Günther Deuschl, KIEL, GERMANY

Paul Boon, GHENT, BELGIUM

Stroke

Veerle De Herdt, GHENT, BELGIUM

Multiple sclerosis

Rogier Hintzen, ROTTERDAM, THE NETHERLANDS

Degenerative disorders including dementia

Rik Vandenberghe, LEUVEN, BELGIUM

Epilepsy / clinical neurophysiology

Michel van Putten, TWENTE, THE NETHERLANDS

Movement disorders

Henk Berendse, AMSTERDAM, THE NETHERLANDS

Neuromuscular diseases

John Wokke, UTRECHT, THE NETHERLANDS

Advanced therapies in spinal muscular atrophy: A new landscape

Eduardo Tizzano, BARCELONA, SPAIN

At the end of the symposium the winners of the Tournament Prizes will be announced and receive their certificates. Good-bye words by Günther Deuschl, welcoming words by Victor Oliveira for Lisbon 2018

CASE-BASED WORKSHOP 8: MDS-ES/
EAN: FROM CHRONIC MIGRAINE TO
DYSTONIA

13:00 - 14:30 | ROOM E102



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSON:

Alberto Albanese, MILAN, ITALY

Case presentation I

Alberto Albanese, MILAN, ITALY

Case presentation II

Dirk Dressler, HANNOVER, GERMANY

Case presentation III

Maria José Marti Domenech, BARCELONA, SPAIN

Case presentation IV

Marie Helen Marion, LONDON, UK

Educational content: At the end of the session the participants shall be able to:

- Understand the rationale by which botulinum neurotoxins are rated as an efficacious treatment for movement disorders, pain and migraine;
- Recognise simple from complex dystonia types and implement adequate treatment strategies, including EMG and ultrasound-based targeting
- Implement the current classification of migraine and perform BoNT treatment in appropriate cases

CONTROVERSY 2: CONTROVERSIES IN
NEURO-ONCOLOGY - LEVEL 2

13:00 - 14:30 | ROOM E106/107

CHAIRPERSON:

Riccardo Soffietti, TURIN, ITALY

Are molecular markers now needed to tailor treatments in high grade gliomas?**Yes:** Andreas Hottinger, LAUSANNE, SWITZERLAND**No:** Wolfgang Wick, HEIDELBERG, GERMANY**Watch and wait in low grade gliomas is it still an option?****Yes:** Martin Taphoorn, LEIDEN, THE NETHERLANDS**No:** Roberta Rudà, TURIN, ITALY

Educational content: The aim of the debate is to highlight the arguments in favour and those against regarding two hot issues in the clinical management of gliomas. The first controversy will debate whether we need or not to implement in the daily clinical practice the determination of molecular markers to guide treatment decisions as suggested by recent clinical trials. The second controversy will debate the need or not in case of a suspected low-grade glioma to change the observation policy with an aggressive policy of an early resection.

INTERACTIVE SESSION 7: MDS-ES/ EAN: HYPERKINETIC DISORDERS - ABNORMAL MOVEMENTS, POSTURES AND JERKY MOVEMENTS

13:00 - 14:30 | ELICIUM 1



International Parkinson and
Movement Disorder Society
European Section

CHAIRPERSON:

Joaquim Ferreira, LISBON, PORTUGAL

Chorea and look alike

Joaquim Ferreira, LISBON, PORTUGAL

Jerky, tremulous movements

Evžen Ružička, PRAGUE, CZECH REPUBLIC

Dystonia, hyperkinetic and functional disorders

Marie Vidailhet, PARIS, FRANCE

Educational content: At the end of the session, the audience will be able to distinguish between different types of tremulous or jerky movements. In addition, there will be guidelines to recognise dystonias, hyperkinetic disorders and functional disorders. Different aetiologies of choreas will be illustrated.

TEACHING COURSE 15: NEUROLOGICAL INFECTIONS IN TRAVELLERS AND IMMIGRANTS - LEVEL 3

13:00 - 16:30 | FORUM

CHAIRPERSON:

Erich Schmutzhard, INNSBRUCK, AUSTRIA

Cerebral Malaria

Erich Schmutzhard, INNSBRUCK, AUSTRIA

Human African trypanosomiasis (sleeping sickness)

Peter Kennedy, GLASGOW, UK

Acute bacterial meningitis, in view of the new ESCMID guideline

Diederik van de Beek, AMSTERDAM, THE NETHERLANDS

Arboviral infections of the CNS: Japanese Encephalitis, West Nile, Dengue, Zika and co

Tom Solomon, LIVERPOOL, UK

Educational content: This teaching course aims to update the European neurologist on infectious diseases of the NS, their changing epidemiology and growing importance. Both (im)migrants and travellers are at risk of contracting and importing CNS infections as cerebral malaria, human African trypanosomiasis (sleeping sickness), and also particular arboviral infections of the CNS. Beside these imported infections of the nervous system the changing

epidemiology of acute bacterial meningitis will be discussed in view of the new ESCMID guidelines, taking into account that European broad based vaccination programmes do have implications both on the incidence of acute bacterial meningitis as well as the causative pathogenic agents. The attendance of this teaching course should enable the participant to recognise and manage rare, but potentially life-threatening diseases like cerebral Plasmodium falciparum malaria, arboviral encephalitis, human African trypanosomiasis of the nervous system and acute bacterial meningitis and to include these diagnoses into the differential diagnostic armamentarium in the emergency setting. All four speakers guarantee a best possible update on the epidemiology, modern diagnostic possibilities and management essentials

TEACHING COURSE 16: HIGHER CORTICAL FUNCTION IN NEUROLOGY - AN UPDATE - LEVEL 2

13:00 - 16:30 | ROOM G102/103

CHAIRPERSONS:

Stefano F. Cappa, PAVIA, ITALY

Lüder Deecke, VIENNA, AUSTRIA

Executive function and behaviour

Masud Husain, OXFORD, UK

Spatial functions

Hans-Otto Karnath, TUEBINGEN, GERMANY

Memory

Frédéric Assal, GENEVA, SWITZERLAND

Language and overview of assessment tools

Stefano F. Cappa, PAVIA, ITALY

Educational content: The course will provide an update on the clinical assessment of the cognitive and behavioural status of neurological patients. The speakers will consider the clinical impact of the advances in cognitive neuroscience in the domains of memory, language, spatial cognition and executive function, which have characterised the last two decades, thanks in particular to functional neuroimaging. The emphasis will be on „bedside“-testing as a part of the neurological examination and on anatomic-clinical foundations of cognition and behaviour. In addition, the course will also include recommendations about formal neuropsychological testing procedures and consideration of the use of cognitive and behavioural measures in neurological rehabilitation.

TUESDAY, 27 JUNE

13:00 - 16:30

TEACHING COURSE 17: NEUROLOGICAL PRESENTATIONS OF SYSTEMIC DISORDERS – LEVEL 1

13:00 - 16:30 | ROOM G106/107

CHAIRPERSON:

José Ferro, LISBON, PORTUGAL

Neuropathies as first manifestation of vasculitis and rheumatic disease

Eduardo Nobile-Orazio, MILANO, ITALY

Encephalopathies in metabolic disorders

Karin Weissenborn, HANNOVER, GERMANY

Stroke as first presentation of systemic disorders (Fabry, sickle cell disease, etc)

José Ferro, LISBON, PORTUGAL

The neurologic presentation of systemic malignancies (including autoimmune encephalitis)

Michael Weller, ZURICH, SWITZERLAND

Educational content: Neurological symptoms may be the first sign of a systemic disease. This is the case in malignancies, vasculitides and collagen vascular diseases and metabolic disorders. But also rare genetic diseases like Fabry's may present with symptoms of the CNS or PNS. This course focuses on stroke, encephalopathies and neuropathies as a first sign of systemic disorders highlighting the neurological presentations and the need for an interdisciplinary evaluation in these conditions.

TEACHING COURSE 18: HOW TO DIAGNOSE A MUSCLE DISORDER – LEVEL 1

13:00 - 16:30 | EMERALD

CHAIRPERSON:

Corrado Angelini, VENICE, ITALY

Clinical patterns

Marianne de Visser, AMSTERDAM, THE NETHERLANDS

Muscle imaging

Volker Straub, NEWCASTLE, UK

Electromyography

Jochen Schaefer, DRESDEN, GERMANY

Laboratory investigations

Corrado Angelini, VENICE, ITALY

Educational content: This teaching course is directed towards neurology residents and PhD in Neurosciences or research fellows who want to learn how to diagnose and treat a genetic or acquired neuromuscular disorder. The clinical pattern can present as a proximal or distal type of weakness while fatigability in several patients might be the main problem. Other clinical presentations are the occurrence of rather asymptomatic cases with only high creatine-phosphokinase or the presentation of a sudden myoglobinuria and myalgia.

Clinical exams useful for the diagnosis are both electromyography and muscle MRI, were recent advances will be presented. The approach for DNA genetic study versus next generation sequencing is an important issue.

In several cases these exams will lead to a muscle biopsy, that will be done preferentially in a reference centres to allow appropriate biochemical and histochemical studies. In selected cases protein, western blotting and immunohistochemical studies are indicated, also the study of oxphos complexes can be done to diagnose mitochondrial or metabolic myopathies, furthermore in glycogenoses and lipid storage myopathies, that are potentially treatable conditions a battery of

Circulating antibodies are useful to diagnose myositis and necrotising myositis both treatable conditions and their use in neuromuscular junction disorders will be part of diagnostic procedure. After this course the attendants will be able to better diagnose neuromuscular cases and treat them.

TEACHING COURSE 7: TREATMENT OF WOMEN WITH EPILEPSY – LEVEL 1-2

13:00 - 16:30 | ROOM E108

CHAIRPERSON:

Torbjörn Tomson, STOCKHOLM, SWEDEN

Reproductive hormones and epilepsy

Gerhard Luef, INNSBRUCK, AUSTRIA

Cognitive and developmental outcome of the offspring of women with epilepsy

Eijja Gaily, STOCKHOLM, SWEDEN

Teratogenic and other considerations in the selection of antiepileptic drugs in girls and women

Torbjörn Tomson, SAN GIOVANNI ROTONDO, ITALY

Management and treatment of women with epilepsy during pregnancy

Anne Sabers, COPENHAGEN, DENMARK

Educational content: Women with epilepsy (WWE) face specific challenges throughout their lifespan. This teaching course addresses the most common issues of practical relevance to clinicians treating WWE: contraception, reproductive and sexual dysfunction, pregnancy, lactation, outcome of the offspring and implications to the management and therapy. For example, increasing evidence has accumulated that intake of valproate during pregnancy is associated with a significant risk of teratogenic effects and impaired postnatal cognitive development. Valproate should not be used as a first-line drug in women of childbearing potential whenever equally or more effective alternative drugs are available—as in focal epilepsies. In some generalised epilepsies, valproate has better efficacy than alternatives and drug selection should be a shared decision between the clinician and the informed patient based on careful risk-benefit assessment. Awareness of these gender-specific issues and adaptation of effective interventions for WWE results in improved health-related quality of life and prevents inequalities in the treatment.

TEACHING COURSE 19: MANAGEMENT OF DRUG RESISTANT FOCAL EPILEPSY

13:00 - 16:30 | ROOM G104/105

CHAIRPERSON:

Phillipe Ryvlin, LAUSANNE, SWITZERLAND

When is the epilepsy truly drug resistant?

Phillipe Ryvlin, LAUSANNE, SWITZERLAND

How to initiate a neurostimulation-based therapy for drug resistant epilepsy?

Paul Boon, GHENT, BELGIUM

What is the place of diet-based treatments in drug resistant patients?

Kees Braun, UTRECHT, THE NETHERLANDS

That can be expected from a presurgical evaluation and epilepsy surgery

Reetta Kälviäinen, KUOPIO, FINNLAND

Educational purpose: This teaching session provides state-of-the-art information on the therapeutic options in patients with drug resistant epilepsy who either do not become seizure-free or experience intolerable drug-related side effects. The lectures will be practically oriented for the clinical neurologist who is treating epilepsy patients on a daily basis.

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'The lightbulb wasn't invented by continuously improving the candle'

– adapted from Oren Harari



Satellite Symposia at the 3rd EAN Congress



Join us for a unique two-symposia programme on subsequent afternoons that will provide practical learning for MS neurologists

Symposium 1

From candle to lightbulb: How has innovation defined our understanding of MS?

Saturday 24 June 2017, 13:00–14:30

Symposium 2

Seeing in the dark: How is innovation redefining our understanding of MS?

Sunday 25 June 2017, 12:15–13:15

Elicium 1, Amsterdam RAI Exhibition and Convention Centre

Lunch boxes will be available at each symposium

These symposia are not intended for physicians practising in the US

From candle to lightbulb: How has innovation defined our understanding of MS?

Saturday 24 June 2017

- 13:00** Welcome and introduction
Martin Duddy
- 13:05** What have we learned from innovations over time in MS?
Volker Limmroth
- 13:20** From clinical trials to clinical practice: How can we explore the known unknown?
Tjalf Ziemssen
- 13:35** Treatment evolution with B cell targeted therapy
Anthony Traboulsee
- 13:55** Novel endpoints expose a hidden window into the understanding of MS
James Overell
- 14:05** Putting the pieces together to get a new picture of MS
All, including Patrick Vermersch and Fred Lublin
- 14:25** Seeing MS in a new light: A glimpse of the future?
Martin Duddy

Seeing in the dark: How is innovation redefining our understanding of MS?

Sunday 25 June 2017

- 12:15** Welcome and introduction
Martin Duddy
- 12:20** Key drivers of MS disease – more than meets the eye?
Martin Duddy
- 12:35** The role of inflammation in (re)defining disease: Seeing what was always there
Gavin Giovannoni
- 12:55** Imaging: Revealing what was always there
Paul Matthews
- 13:10** Why we need to see MS in a new light: Are we on the cusp of a new understanding?
Martin Duddy

Off States in Parkinson's Disease: Options Beyond Oral Medications

Saturday, June 24, 2017

13:00 – 14:30

Lunch to be provided - optional


RAI Amsterdam
Forum Room

Symposium Schedule:

- Understanding and appreciating the OFF spectrum in Parkinson's Disease (Wolfgang Oertel, MD, PhD)
- Challenges of current oral therapies for OFF states in Parkinson's Disease (Olivier Rascol, MD, PhD)
- Treatment options and approaches for OFF states in Parkinson's Disease (Fabrizio Stocchi, MD, PhD)
- Panel Discussion (Wolfgang Oertel, MD, PhD; Olivier Rascol, MD, PhD; Fabrizio Stocchi, MD, PhD)

This is a non-CME program sponsored by Sunovion Pharmaceuticals Inc. and the speakers are consultants of Sunovion.



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SATURDAY, 24 JUNE

13:00 - 14:30

SATURDAY, 24 JUNE

ROCHE: FROM CANDLE TO LIGHTBULB: HOW HAS INNOVATION DEFINED OUR UNDERSTANDING OF MULTIPLE SCLEROSIS?

13:00 - 14:30 | ELICIUM 1

CHAIRPERSON:

Martin Duddy, NEWCASTLE, UK

Welcome and introduction

Martin Duddy, NEWCASTLE, UK

What have we learned from innovations over time in MS?

Volker Limmroth, KÖLN, GERMANY

From clinical trials to clinical practice: How can we explore the known unknown?

Tjalf Ziemssen, DRESDEN, GERMANY

Treatment evolution with B-cell targeted therapy

Anthony Traboulsee, VANCOUVER, CANADA

Novel endpoints expose a hidden window into the understanding of multiple sclerosis

James Overell, GLASGOW, UK

Putting the pieces together to get a new picture of multiple sclerosis

All including:

Patrick Vermerschh, LILLE, FRANCE

Fred Lublin, NEW YORK, USA

Seeing MS in a new light: A glimpse of the future?

Martin Duddy, NEWCASTLE, UK

SUNOVION PHARMACEUTICALS: OFF STATES IN PARKINSON'S DISEASE: OPTIONS BEYOND ORAL MEDICATIONS

13:00 - 14:30 | FORUM

CHAIRPERSON:

Fabrizio Stocchi, ROME, ITALY

Understanding and appreciating the OFF spectrum in Parkinson's Disease

Wolfgang Oertel, MARBURG, GERMANY

Challenges of current oral therapies for OFF states in Parkinson's Disease

Olivier Rascol, TOULOUSE, FRANCE

Treatment options and approaches for OFF states in Parkinson's Disease

Fabrizio Stocchi, ROME, ITALY

Panel Discussion

Wolfgang Oertel, MARBURG, GERMANY

Olivier Rascol, TOULOUSE, FRANCE

Fabrizio Stocchi, ROME, ITALY

13:00–14:30, Sunday 25 June 2017

Room E104/E105 & E106/E107, RAI Amsterdam, Amsterdam, The Netherlands

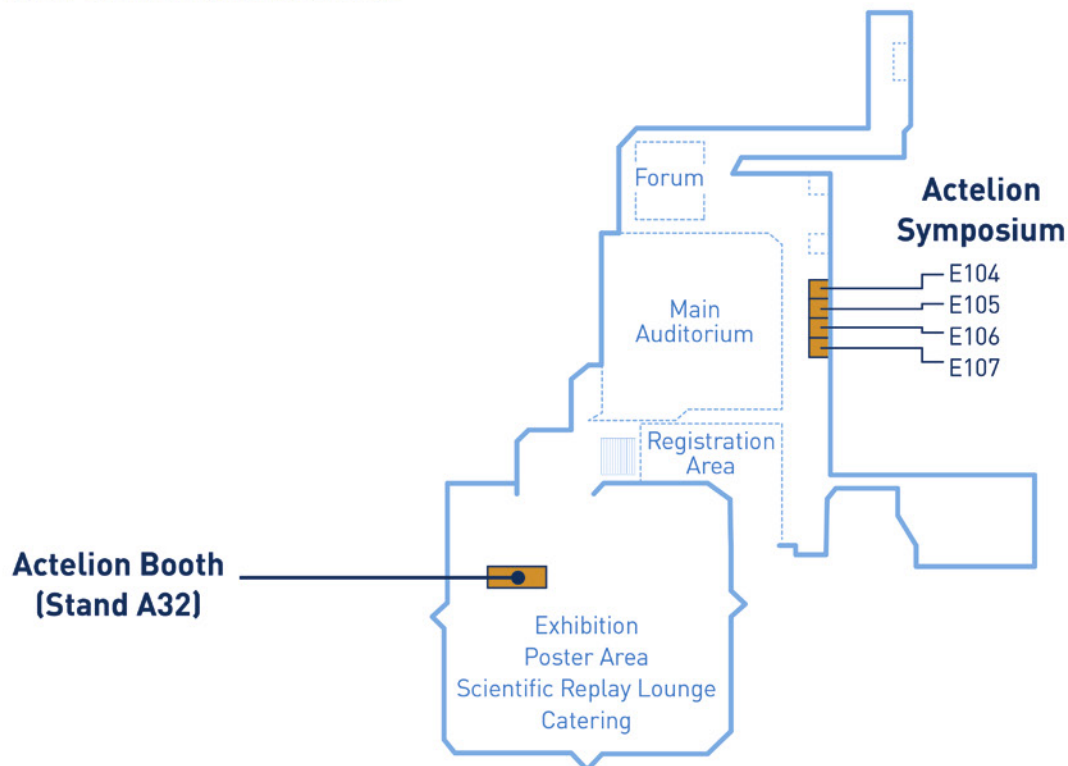
SATELLITE SYMPOSIUM

The winds of change blow through
Niemann-Pick disease Type C:
new approaches for diagnosis

Chaired by Tom de Koning
(Groningen, The Netherlands)

Satellite Symposium at the 3rd Congress
of the European Academy of Neurology (EAN)
Supported by an educational grant
provided by Actelion Pharmaceuticals Ltd

Plan of the RAI Amsterdam



Translating Alzheimer's Disease Research to Clinical Practice: How Do We Bridge the Gap?

Sunday, 25 June 2017, 13:00 – 14:30

Elicium 2, RAI Amsterdam

Satellite symposium at the 3rd EAN Congress

Program Description

For more than a century, scientists have studied the complex series of pathologic and toxic events of Alzheimer's Disease. The last decade brought the development of radio tracers allowing visualization of pathology *in vivo*, improved understanding of the mechanisms leading to neurodegeneration, and research of potential targets for disease-modifying therapies. In this symposium, the current landscape of therapeutic strategies in drug development research will be reviewed, clinically relevant applications of PET neuroimaging research will be summarized, and current clinical implications of the growing body of Alzheimer's Disease research for patient evaluation and management will be discussed.

Agenda

- 13:00-13:05** **Welcome and Introduction**
José Luis Molinuevo, MD, PhD, Barcelona, Spain
- 13:05-13:25** **Therapeutic Targets and Strategies in Alzheimer's Disease Drug Development**
Michael Irizarry, MD, MPH, Indianapolis, United States of America
- 13:25-13:45** **Clinical Implications of PET Neuroimaging Research in Alzheimer's Disease**
Danna Jennings, MD, Indianapolis, United States of America
- 13:45-14:05** **Bridging the Gap Between Research and Clinical Practice in Alzheimer's Disease**
José Luis Molinuevo, MD, PhD, Barcelona, Spain
- 14:05-14:25** **Panel Discussion and Questions & Answers**
All
- 14:25-14:30** **Closing Remarks**
José Luis Molinuevo, MD, PhD, Barcelona, Spain

A light lunch will be available from 12.45pm.



José Luis Molinuevo, MD, PhD
Scientific Director, Barcelona Beta Brain Research Centre, Fundació Pasqual Maragall, Barcelona & Alzheimer's Disease and other Cognitive Disorders Unit, Hospital Clinic IDIBAPS, Barcelona, Spain.



Danna Jennings, MD
Medical Fellow, Alzheimer's Disease Team, Eli Lilly & Company, Indianapolis, Indiana, USA.



Michael Irizarry, MD, MPH
Vice President, Early Phase Clinical Development, Neurosciences, Eli Lilly & Company, Indianapolis, Indiana, USA.

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FURTHER TALES OF THE UNEXPECTED: SOLVING THE CHALLENGE OF DIAGNOSIS IN MUSCULAR DISORDERS

SUNDAY 25 JUNE 2017, 13:00–14:30
FORUM HALL, EAN CONGRESS, RAI AMSTERDAM

Satellite symposium at the 3rd EAN Congress
Amsterdam, June 24–27, 2017

**A SANOFI
GENZYME
SYMPOSIUM**

Date of preparation: April 2017
GZEMEA.PD.17.03.0108a

SANOFI GENZYME 

SUNDAY, 25 JUNE

12:15 - 14:30

SUNDAY, 25 JUNE

ROCHE: SEEING IN THE DARK: HOW IS INNOVATION REDEFINING OUR UNDERSTANDING OF MULTIPLE SCLEROSIS?

12:15 - 13:15 | ELICIUM 1

CHAIRPERSON:

Martin Duddy, NEWCASTLE, UK

Welcome and introduction

Martin Duddy, NEWCASTLE, UK

Key drivers of MS disease - more than meets the eye?

Martin Duddy, NEWCASTLE, UK

The role of inflammation in (re)defining disease: Seeing what was always there

Gavin Giovannoni, LONDON, UK

Imaging: Revealing what was always there

Paul Matthews, LONDON, UK

Why we need to see MS in a new light: Are we on the cusp of a new understanding?

Martin Duddy, NEWCASTLE, UK

ACTELION: THE WINDS OF CHANGE BLOW THROUGH NIEMANN-PICK DISEASE TYPE C: NEW APPROACHES FOR DIAGNOSIS.

13:00 - 14:30 | ROOM E104/E105 & E106/E107

CHAIRPERSON:

Tom de Koning, GRONINGEN, THE NETHERLANDS

Identifying, diagnosing and managing Niemann-Pick Disease Type C in 2017

Mark Roberts, SALFORD, UK

A reasonable approach to ocular motor assessment: Harmonising established methods and new developments

Michael Strupp, MUNICH, GERMANY

Ataxia, dystonia and myoclonus in adult patients: could Niemann-Pick Disease Type C be the underlying cause?

Tom de Koning, GRONINGEN, THE NETHERLANDS

An innovative algorithm to simplify differential diagnosis of autosomal recessive cerebellar ataxia in clinical practice

Mathieu Anheim, STRASBOURG, FRANCE

Q&A

All

Summary and close

Tom de Koning, GRONINGEN, THE NETHERLANDS

LILLY: TRANSLATING ALZHEIMER'S DISEASE RESEARCH TO CLINICAL PRACTICE: HOW DO WE BRIDGE THE GAP?

13:00 - 14:30 | ELICIUM 2

CHAIRPERSON:

José Luis Molinuevo, BARCELONA, SPAIN

Introduction

José Luis Molinuevo, BARCELONA, SPAIN

Therapeutic Targets and Strategies in Alzheimer's Disease Drug Development

Mike Irizarry, INDIANAPOLIS, USA

Clinical Implications of PET Neuroimaging Research in Alzheimer's Disease

Danna Jennings, INDIANAPOLIS, USA

Bridging the Gap Between Research and Clinical Practice in Alzheimer's Disease

José Luis Molinuevo, BARCELONA, SPAIN

Panel Discussion and Questions & Answers

All

Closing Remarks

José Luis Molinuevo, BARCELONA, SPAIN

SANOFI GENZYME: FURTHER TALES OF THE UNEXPECTED: SOLVING THE CHALLENGE OF DIAGNOSIS IN MUSCULAR DISORDERS

13:00 - 14:30 | FORUM

CHAIRPERSON:

Antonio Toscano, MESSINA, ITALY

Welcome and introduction

Antonio Toscano, MESSINA, ITALY

The way we walk

Benedikt Schoser, MUNICH, GERMANY

Limb girdle muscle weakness: The start of a diagnostic hunt

Nadine van der Beek, ROTTERDAM, THE NETHERLANDS

The mystery of hyperCKemia: Looking for an early diagnosis

Antonio Toscano, MESSINA, ITALY

The depth of dyspnea

Matthias Boentert, MUNSTER, GERMANY

Summary and closing remarks

Antonio Toscano, MESSINA, ITALY

Your invitation to the Novartis sponsored satellite symposium at the 3rd EAN Congress 2017

Assembling the MS toolkit: A practical approach to disease management in MS

Sunday 25 June, 13:45–14:45

Elicium 1, 1st floor,
RAI Convention Centre,
Amsterdam, The Netherlands



Satellite symposium at the
3rd EAN Congress 2017

Opicapone: the third-generation COMT inhibitor

Sunday 25 June 2017, 18:30–20:00

Main Auditorium, RAI, Amsterdam, The Netherlands

Join a distinguished panel led by

Werner Poewe

Professor of Neurology, Medical University, Innsbruck, Austria

With

Joaquim Ferreira

Professor of Neurology and Clinical Pharmacology at the
Faculty of Medicine, University of Lisbon, Portugal

K Ray Chaudhuri

Professor of Neurology/Movement Disorders and
Consultant Neurologist at King's College
Hospital and King's College, London, UK

Martin Winterholler

Head of the Department of Neurology,
Sana-Krankenhaus Rummelsberg,
Nuremberg/Schwarzenbruck, Germany

Prescribing information is available on
Booth C25 and at the symposium.

Opicapone obtained Marketing Authorization approval
from the European Commission on 24th June 2016.
Currently it is not available in all European Union countries.

Organised and funded by



NOVARTIS: ASSEMBLING THE MULTIPLE SCLEROSIS TOOLKIT: A PRACTICAL APPROACH TO DISEASE MANAGEMENT IN MULTIPLE SCLEROSIS

13:45 - 14:45 | ELICIUM 1

CHAIRPERSON:

Jack van Horssen, AMSTERDAM, THE NETHERLANDS

Chair's opening and welcome

Jack van Horssen, AMSTERDAM, THE NETHERLANDS

Assessing the challenge: neuropathological advances in multiple sclerosis

Jack van Horssen, AMSTERDAM, THE NETHERLANDS

Reviewing the multiple sclerosis manual: practical guidance on monitoring and managing immunomodulatory therapy

James Overell, GLASGOW, UK

Equipping for the future: optimising long-term outcomes throughout the multiple sclerosis disease continuum

Andrew Chan, BERN, SWITZERLAND

Q&A and closing remarks

All faculty

BIAL: OPICAPONE: THE THIRD GENERATION CATECHOL-O-METHYLTRANSFERASE INHIBITOR

18:30 - 20:00 | MAIN AUDITORIUM

CHAIRPERSON:

Werner Poewe, INNSBRUCK, AUSTRIA

Welcome / Introduction

Werner Poewe, INNSBRUCK, AUSTRIA

How to optimize the management of motor fluctuations in Parkinson's disease

K Ray Chaudhuri, LONDON, UNITED KINGDOM

Opicapone: Therapeutic profile

Joaquim Ferreira, LISBON, PORTUGAL

Clinical experience: Profile of patients treated with opicapone

Martin Winterholler, SCHWARZENBRUCK, GERMANY

ROUND TABLE

- Practical use of opicapone

- Q&A

All

Conclusions

Werner Poewe, INNSBRUCK, AUSTRIA

TOPEC GLOBAL AND EXCEMED: IMMUNE SYSTEM RESETTING AND LONG-TERM REMISSION IN MULTIPLE SCLEROSIS: RATIONALE AND POSSIBILITIES

18:30 - 20:00 | ELICIUM 1

CHAIRPERSON:

Giancarlo Comi, MILAN, ITALY

Opening and introduction

Giancarlo Comi, MILAN, ITALY

MS nowadays – new goals

Giancarlo Comi, MILAN, ITALY

Immunological rationale behind immune system reset

Heinz Wiendl, MÜNSTER, GERMANY

Evidences from bone marrow transplantation

Gianluigi Mancardi, GENOA, ITALY

How to transfer the concept in the clinical practice

Gavin Giovannoni, LONDON, UK

General discussion and concluding remarks

Giancarlo Comi, MILAN, ITALY

EVER PHARMA: STROKE RECOVERY - PHARMACOLOGICAL TREATMENT CONCEPTS IN THE ACUTE AND SUB-ACUTE PHASE

18:30 - 20:00 | FORUM

CHAIRPERSONS:

Dafin Muresanu, CLUJ-NAPOCA, ROMANIA

Andreas Bender, BURG AU, GERMANY

Timing, training & tinctures – reorganization & recovery after stroke

Steven Zeiler, BALTIMORE, USA

Evidence Based Motor-Rehabilitation: From Established Therapies to Future Perspectives

Andreas Bender, BURG AU, GERMANY

Challenges & Opportunities in Motor Recovery

Dafin Muresanu, CLUJ-NAPOCA, ROMANIA

Emerging concepts in multi-modal motor rehabilitation after stroke

Andreas Winkler, VIENNA, AUSTRIA



**2017 EAN
ANNUAL MEETING**

ANITA
Relapsing Multiple Sclerosis, Norway

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THE LIVES OF PEOPLE WITH MS**

VISIT BOOTH E40 TO LEARN MORE

Please join us at the Sanofi Genzyme Satellite Symposium on:
MONDAY, 26 JUNE, 12:15 - 13:15 (ELICIUM 2)

BIOMARIN-SPONSORED SATELLITE SYMPOSIUM AT THE 3RD CONGRESS
OF THE EUROPEAN ACADEMY OF NEUROLOGY

ILLUMINATING THE LAMBERT-EATON MYASTHENIC SYNDROME LANDSCAPE

Monday 26 June 2017 | 13:00–14:30 | Main auditorium, RAI Amsterdam Convention Centre

JOIN US FOR AN
ENLIGHTENING SYMPOSIUM
DURING WHICH
WE WILL SEEK TO ELUCIDATE
THE DIAGNOSTIC PATHWAYS
AND THE MANAGEMENT OF
LAMBERT-EATON MYASTHENIC
SYNDROME (LEMS)

Chaired by Professor Jörn Peter Sieb, this symposium will explore the causes, diagnosis and management of LEMS – a rare neuromuscular autoimmune disease.

Despite significant advances in our understanding of this disease, patients are often underdiagnosed or misdiagnosed and subsequently mismanaged. Through a series of presentations the faculty will explore ways to reduce misdiagnosis and facilitate early recognition and management of LEMS.

The faculty will also review the clinical evidence base for treatments and highlight the importance of the European LEMS Registry, established to advance the understanding of LEMS in the European patient population.

We look forward to seeing you there!

**Safinamide as a valuable add-on therapy:
Exploring new approaches to PD management
through patient case presentations**



**Please join the
Zambon Satellite Symposium
June 26th 2017 13.00-14.30
Hall Elicium 1**

Zambon is proud to invite you to meet our Experts and discover more about the innovative PD treatment, safinamide.

At this symposium our expert speakers will present patient cases in order to explore critical challenges in the management of PD, such as:

Improving symptom control without increasing the risk of levodopa-associated complications

Choosing the most appropriate add-on therapy

Helping patients to maintain current function and minimise future decline

Optimising medication on an individualised basis

We look forward to your participation!



Your invitation to the
Novartis sponsored
satellite symposium at the
3rd EAN Congress 2017

Critical advances in migraine – emerging science, emerging opportunities

Monday 26 June 2017,
13:00-14:30,
Forum, Ground Floor,
RAI Congress Centre,
Amsterdam, The Netherlands

MONDAY, 26 JUNE

12:15 - 14:30

MONDAY, 26 JUNE

SANOFI GENZYME: FROM CLINICAL DATA TO REAL WORLD EXPERIENCE – SIMILAR RESULTS, SIMILAR BENEFITS FOR MULTIPLE SCLEROSIS PATIENTS?

12:15 - 13:15 | ELICIUM 2

CHAIRPERSON:

Rogier Hintzen, ROTTERDAM, THE NETHERLANDS

Welcome and Introduction

Rogier Hintzen, ROTTERDAM, THE NETHERLANDS

Mechanism of Action: New Insights into Immunomodulation

Luisa Klotz, MÜNSTER, GERMANY

From Phase 3 controlled trials to extension trials: What do the data tell us?

Celia Oreja-Guevara, MADRID, SPAIN

Daily practice: How does real world evidence reflect clinical data?

Tjalf Ziemssen, DRESDEN, GERMANY

Q & A

Rogier Hintzen, ROTTERDAM, THE NETHERLANDS

BIOMARIN: ILLUMINATING THE LAMBERT EATON MYASTHENIC SYNDROME LANDSCAPE

13:00 - 14:30 | MAIN AUDITORIUM

CHAIRPERSON:

Jörn Peter Sieb, STRALSUND, GERMANY

Welcome and introductions

Jörn Peter Sieb, STRALSUND, GERMANY

Flip the switch: An introduction to LEMS

Sabrina Sacconi, NICE, FRANCE

A shock to the system: The impact of LEMS across Europe

Renato Mantegazza, MILAN, ITALY

Making the connection: The LEMS treatment landscape

Jörn Peter Sieb, STRALSUND, GERMANY

Closing the circuit: Tackling mismanagement of LEMS

Jörn Peter Sieb, STRALSUND, GERMANY

Panel discussion: all faculty

Summary and closing remarks

Jörn Peter Sieb, STRALSUND, GERMANY

ZAMBON: SAFINAMIDE AS A VALUABLE ADD-ON THERAPY: EXPLORING NEW APPROACHES TO PARKINSON'S DISEASE MANAGEMENT THROUGH PATIENT CASE PRESENTATIONS

13:00 - 14:30 | ELICIUM 1

CHAIRPERSON:

Fabrizio Stocchi, ROME, ITALY

Chair's introduction

Fabrizio Stocchi, ROME, ITALY

A patient who desires better control of motor and non-motor symptoms

Jaime Kulisevsky, BARCELONA, SPAIN

A patient on multiple Parkinson's Disease therapies who reports severe motor complications

Alain Kaelin, LUGANO, SWITZERLAND

A patient with motor complications who needs an add-on to levodopa

Fabrizio Stocchi, ROME, ITALY

A patient on Safinamide with good symptom control who worries about future decline

Heinz Reichmann, DRESDEN, GERMANY

NOVARTIS: CRITICAL ADVANCES IN MIGRAINE – EMERGING SCIENCE, EMERGING OPPORTUNITIES

13:00 - 14:30 | FORUM

CHAIRPERSON:

Peter Goadsby, LONDON, UNITED KINGDOM

Welcome and introduction

Peter Goadsby, LONDON, UNITED KINGDOM

Elevating patients' perspective in healthcare conversations

Audrey Craven, DUBLIN, IRELAND

Revolutionising migraine

Peter Goadsby, LONDON, UNITED KINGDOM

Challenging our current treatment practice

Uwe Reuter, BERLIN, GERMANY

Panel discussion

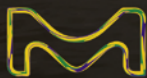
Peter Goadsby, LONDON, UNITED KINGDOM

Closing remarks

Peter Goadsby, LONDON, UNITED KINGDOM

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Abbreviated Prescribing Information: Netherlands

REBIF[®] (interferon beta-1a) Presentations: Rebif 8.8 µg/0.1 mL and 22 µg/0.25 mL: 2 x 1.5 mL cartridges. Rebif 22 µg: 12 x 0.5 mL syringes/12 x 0.5 mL pens/4 x 1.5 mL cartridges. Rebif 44 µg: 12 x 0.5 mL syringes/12 x 0.5 mL pens/4 x 1.5 mL cartridges.

QUALITATIVE AND QUANTITATIVE COMPOSITION: Rebif 22 micrograms solution for injection in pre-filled syringe. Each pre-filled syringe (0.5 mL) contains 22 micrograms; Rebif 44 micrograms solution for injection in pre-filled syringe. Each pre-filled syringe (0.5 mL) contains 44 micrograms; Rebif 8.8 micrograms solution for injection in pre-filled syringe. Each pre-filled syringe (0.2 mL) contains 8.8 micrograms; Rebif 22 micrograms/0.5 mL solution for injection in cartridge. Each pre-filled cartridge (1.5 mL) contains 66 micrograms; Rebif 44 micrograms/0.5 mL solution for injection in cartridge. Each pre-filled cartridge (1.5 mL) contains 132 micrograms; Rebif 8.8 micrograms/0.1 mL solution for injection in cartridge. Each pre-filled cartridge (1.5 mL) contains 132 micrograms; Rebif 22 micrograms solution for injection in pre-filled pen. Each pre-filled pen contains 22 micrograms in 0.5 mL solution; Rebif 44 micrograms solution for injection in pre-filled pen. Each pre-filled pen contains 44 micrograms in 0.5 mL solution; Rebif 8.8 micrograms solution for injection in pre-filled pen. Each pre-filled pen contains 8.8 micrograms in 0.2 mL solution. Excipient with known effect: benzyl alcohol.

PHARMACOTHERAPEUTIC GROUP: Immunostimulants, Interferons, ATC code: L03AB07

PHARMACEUTICAL FORM: Solution for injection in pre-filled syringe, cartridges, and pre-filled pens. Clear to opalescent solution, with pH 3.5 to 4.5 and osmolarity 250 to 450 mOsm/L.

INDICATIONS:

Rebif 22: Rebif is indicated for the treatment of relapsing multiple sclerosis. In clinical trials, this was characterised by two or more acute exacerbations in the previous two years. Efficacy has not been demonstrated in patients with secondary progressive multiple sclerosis without ongoing relapse activity.

Rebif 8, 8/22 + Rebif 44: Rebif is indicated for the treatment of patients with a single demyelinating event with an active inflammatory process, if alternative diagnoses have been excluded, and if they are determined to be at high risk of developing clinically definite multiple sclerosis. Rebif is indicated for the treatment of patients with relapsing multiple sclerosis. In clinical trials, this was characterised by two or more acute exacerbations in the previous two years. Efficacy has not been demonstrated in patients with secondary progressive multiple sclerosis without ongoing relapse activity.

DOSAGE AND ADMINISTRATION: Treatment should be initiated under supervision of a physician experienced in the treatment of the disease. The recommended posology of Rebif is 44 micrograms given three times per week by subcutaneous injection. A lower dose of 22 micrograms, also given three times per week by subcutaneous injection, is recommended for patients who cannot tolerate the higher dose. It is recommended that patients be started at 8.8 micrograms dose subcutaneously and the dose be increased over a 4 week period to the targeted dose, Weeks 1 and 2: 8.8 µg three times per week (TIW); Weeks 3 and 4: 22 µg TIW; Week 5 onwards: 44 µg TIW. Do not use in patients under 2 years of age.

CONTRAINDICATIONS: Initiation of treatment in pregnancy, hypersensitivity to natural or recombinant IFN beta or to any of the excipients, current severe depression and/or suicidal ideation.

PRECAUTIONS: Patients should be informed of the most frequent adverse reactions associated with IFN beta administration, including symptoms of the flu-like syndrome.

Cases of thrombotic microangiopathy (TMA), manifested as thrombotic thrombocytopenic purpura (TTP) or haemolytic uraemic syndrome (HUS), including fatal cases, have been reported. Early clinical features include thrombocytopenia, new onset hypertension, fever, central nervous system symptoms (e.g. confusion, paresis) and impaired renal function.

Rebif should be administered with caution to patients with previous or current depressive disorders in particular to those with antecedents of suicidal ideation. Rebif should be administered with caution to patients with a history of seizures, to those receiving treatment with anti-epileptics, particularly if their epilepsy is not adequately controlled. Patients with cardiac disease should be closely monitored for worsening of their clinical condition during initiation of therapy. Injection-site necrosis (ISN) has been reported.

Hepatic dysfunction: In clinical trials with Rebif, asymptomatic elevations of hepatic transaminases (particularly alanine aminotransferase [ALT]) were common and 1–3% of patients developed elevations of hepatic transaminases above five-times the upper limit of normal (ULN). In the absence of clinical symptoms, serum ALT levels should be monitored. Rebif should be initiated with caution

in patients with a history of significant liver disease, clinical evidence of active liver disease, alcohol abuse or increased serum ALT and should be stopped if icterus or other clinical symptoms of liver dysfunction appear. Potential for causing severe liver injury including acute hepatic failure. Renal and urinary disorders, and cases of nephrotic syndrome have been reported during treatment with IFN-beta products. Periodic monitoring of early signs or symptoms is recommended, especially in patients at higher risk of renal disease.

Laboratory abnormalities are associated with the use of IFNs. Therefore, in addition to those laboratory tests normally required for monitoring patients with MS, liver enzyme monitoring and complete and differential blood cell counts and platelet counts are recommended at regular intervals. Patients being treated with Rebif may occasionally develop new or worsening thyroid abnormalities. Thyroid function testing is recommended at baseline and if abnormal, every 6–12 months following initiation of therapy. Caution should be used, and close monitoring considered when administering Rebif to patients with severe renal and hepatic failure and to patients with severe myelosuppression. Serum neutralising antibodies against IFN beta-1a may develop. The precise incidence of antibodies is as yet uncertain. This medicinal product contains 2.5 mg benzyl alcohol per dose. It must not be given to premature babies or neonates. It may cause toxic reactions and anaphylactoid reactions in infants and children up to 3 years old.

INTERACTIONS: Caution should be exercised when administering Rebif in combination with medicinal products that have a narrow therapeutic index and are largely dependent on the hepatic cytochrome P450 system for clearance, e.g. anti-epileptics and some classes of antidepressants.

FERTILITY, PREGNANCY, LACTATION: Women of child-bearing potential should take appropriate contraceptive measures. If the patient becomes pregnant or plans to become pregnant while taking Rebif she should be informed of the potential hazards and discontinuation of therapy should be considered. Available data indicate that there may be an increased risk of spontaneous abortion. Therefore, initiation of treatment is contraindicated during pregnancy. It is not known whether Rebif is excreted in human milk. Because of the potential for serious adverse reactions in breast-fed infants, a decision should be made whether to discontinue breast-feeding or Rebif therapy. The effects of Rebif on fertility have not been investigated.

SIDE EFFECTS: In the case of severe or persistent undesirable effects, consider temporarily lowering or interrupting dose.

- **Very common:** flu-like symptoms, injection-site inflammation/reaction, headache, asymptomatic transaminase increase, neutropenia, lymphopenia, leukopenia, thrombocytopenia, anaemia
- **Common:** injection-site pain, myalgia, arthralgia, fatigue, rigors, fever, pruritus, rash, erythematous/maculo-papular rash, alopecia, diarrhoea, vomiting, nausea, depression, insomnia, severe elevations of transaminases

Other side effects include: injection-site necrosis/abscess/infections/cellulitis, urticaria, thyroid dysfunction, hepatic failure, hepatitis with or without icterus, autoimmune hepatitis, anaphylactic reactions, angio-edema, erythema multiforme, erythema multiforme-like skin reactions, drug-induced lupus erythematosus, nephrotic syndrome, glomerulosclerosis, seizures, transient neurological symptoms, thromboembolic events, TMA including TTP/HUS, pancytopenia, suicide attempt, Stevens-Johnson syndrome, dyspnoea, pulmonary arterial hypertension (PAH), retinal vascular disorders. Cases of PAH have been reported with IFN-beta products. Prescribers should consult the Summary of Product Characteristics in relation to other side effects.

GENERAL CLASSIFICATION FOR SUPPLY: Medicinal product subject to medical prescription

MARKETING AUTHORISATION HOLDER: Merck Serono Europe Limited, 56, Marsh Wall, London E14 9TP, United Kingdom

Local representative of the Marketing Authorisation Holder: Merck B.V., Tupolevlaan 41-61, 1119 NW Schiphol-Rijk, tel: 020 – 6582800.

MARKETING AUTHORISATION NUMBER: EU/1/98/063/001-017

Sections may be abbreviated compared to the approved SmPC. The full SmPC for this medicinal product is available free of charge from Merck or via the website of the European Medicines Agency <http://www.ema.europa.eu>

Date of Preparation: May 2017

Date of last SmPC update: July 2015

References: 1. PRISMS Study Group. *Lancet*. 1998;352(9139):1498-1504. 2. PRISMS Study Group. *Neurology*. 2001;56(12):1628-1636. 3. Kappos L, et al. *Neurology*. 2006;67(6):944-953. 4. Kappos L, et al. *J Neurol Neurosurg Psychiatry*. 2015;0:1-6. 5. Schwid S, et al. *Clin Ther*. 2007;29(9):2031-2048. 6. Rebif[®]. EU summary of product characteristics. July 2016. 7. SPECTRIMS Study Group. *Neurology*. 2001;56:1496-1504. 8. Veugelers P, et al. *Mult Scler*. 2009;15(11):1286-1294.



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BIOGEN: NAVIGATING CHOICE IN MULTIPLE SCLEROSIS MANAGEMENT

13:45 - 14:45 | ELICIUM 2

CHAIRPERSON:

Andrew Chan, BERN, SWITZERLAND
.....

Speakers:

Gavin Giovannoni, LONDON, UNITED KINGDOM
Dana Horáková, PRAGUE, CZECH REPUBLIC
Ralf Linker, LONDON, ERLANGEN, GERMANY

Disease modifying therapies in MS. Valued or unwanted complexity?

Monitoring MS disease activity in the real world. What really matters?

Switching, sequencing, stopping. Is personalised decision making possible?

TEVA: IS DISABILITY PROGRESSION INEVITABLE IN MULTIPLE SCLEROSIS?

18:30 - 20:00 | FORUM

CHAIRPERSON:

Hans-Peter Hartung, DÜSSELDORF, GERMANY

SYMPOSIUM HOST:

Mark Porter, GLOUCESTERSHIRE, UK
.....

Presenters and Panel:

Wolfgang Brück, GÖTTINGEN, GERMANY
Rogier Hintzen, AMSTERDAM, THE NETHERLANDS
Mar Tintoré, BARCELONA, SPAIN
Patrick Vermersch, NEUROLOGIST, LILLE, FRANCE

Are we asking the right questions about multiple sclerosis?

Hans-Peter Hartung, DÜSSELDORF, GERMANY

Pathophysiological drivers of irreversible disability

Wolfgang Brück, GÖTTINGEN, GERMANY

Panel discussion

Mark Porter, GLOUCESTERSHIRE, UK & PANEL

Preventing disability progression in multiple sclerosis: a key therapeutic and clinical goal

Mar Tintoré, BARCELONA, SPAIN

Panel discussion

Mark Porter, GLOUCESTERSHIRE, UK & PANEL

Conclusions and close

Hans-Peter Hartung, DÜSSELDORF, GERMANY

3-DAY SATELLITE SESSION

PROGRAMME

BRITANNIA:
2017: A LANDMARK YEAR FOR
APOMORPHINE INFUSION
A SERIES OF 3 MINI SYMPOSIA
REPORTING NEW CLINICAL DATA IN
FLUCTUATING PARKINSON'S DISEASE.

SATURDAY, 24 JUNE

APOMORPHINE INFUSION: A 21ST CENTURY APPROACH

16:15 - 16:45 | ROOM D403

CHAIRPERSON:

Werner Poewe, INNSBRUCK, AUSTRIA

Chair's introduction

Werner Poewe, INNSBRUCK, AUSTRIA

The TOLEDO study: Results from the first randomised controlled trial of Apomorphine infusion

Regina Katzenschlager, VIENNA, AUSTRIA

Apomorphine infusion in PD: when and how to initiate it?

Teus van Laar, GRONINGEN, THE NETHERLANDS

Werner Poewe, INNSBRUCK, AUSTRIA

Discussions between faculty and audience

Led by chair

.....

SUNDAY, 25 JUNE

A NEW EVIDENCE BASE FOR APOMORPHINE INFUSION - WHAT DOES THAT MEAN IN CLINICAL PRACTICE?

16:15 - 16:45 | ROOM D403

CHAIRPERSON:

Regina Katzenschlager, VIENNA, AUSTRIA

Chair's introduction

Regina Katzenschlager, VIENNA, AUSTRIA

Reviewing the evidence base for Apomorphine infusion: Impact of the Toledo study

Werner Poewe, INNSBRUCK, AUSTRIA

How to optimize Apomorphine infusion in Parkinson's disease

Teus van Laar, GRONINGEN, THE NETHERLANDS

Discussions between faculty and audience

Led by chair

.....

MONDAY, 26 JUNE

OPTIMISING PATIENT OUTCOMES IN FLUCTUATING PD WITH APOMORPHINE INFUSION - FROM RCTS TO REAL- WORLD STUDIES USING WEARABLE TECHNOLOGY

09:30 - 10:00 | ROOM D403

K Ray Chaudhuri

LONDON, UNITED KINGDOM



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*...a less
challenging
journey*

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on how we can work together to
make life better for people with MS.

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us at booth B30.

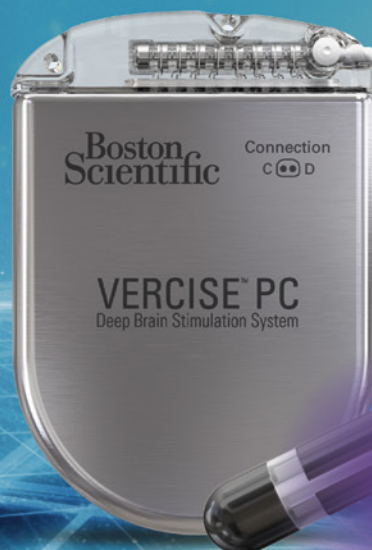
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FORUM

PROGRAMMES

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OVERVIEW OF FORUM TALK PROGRAMMES ORGANIZED WITHIN THE EXHIBITION AREA

Additional forum talks reserved after the date of printing will be announced on-site.

SATURDAY, 24 JUNE

NEURO COMPASS FORUM TALK

16:15 – 16:30

Therapeutic advances update for multiple sclerosis patients: Autologous haematopoietic stem cell transplantation

Sten Fredrikson, STOCKHOLM, SWEDEN

Angelo Ghezzi, GALLARATE, ITALY

BIOGEN FORUM TALK

16:30 – 16:45

Evolution and Revolution in Neurology:

State of the Art@Biogen

Christophe Hotermans, CAMBRIDGE, MA, USA

SUNDAY, 25 JUNE

NEURO COMPASS FORUM TALK

09:30 – 09:45

A case-based discussion on multiple sclerosis therapy: Tools to facilitate informed treatment decisions

James Overell, GLASGOW, UK

Tjalf Ziemssen, DRESDEN, GERMANY

BIOGEN FORUM TALK

16:15 – 16:30

Early Diagnosis and Treatment in Multiple sclerosis: A Clinician's and Economist's Perspective

CHAIRPERSON:

Gavin Giovannoni, LONDON, UK

SPEAKER:

Gisela Kobelt, MULHOUSE, FRANCE

MONDAY, 26 JUNE

BIOGEN FORUM TALK

09:30 – 09:45

Is Real World Evidence answering questions that Multiple Sclerosis clinical trials can't?

Mar Tintoré, BARCELONA, SPAIN

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