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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 Amstellerdam, 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!

Günter Deuschl
PRESIDENT OF THE EUROPEAN ACADEMY OF NEUROLOGY

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

2017

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

LOCAL ORGANISING COMMITTEE

CHAIR: Bernard Uitdehaag

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

TEACHING COURSE SUB-COMMITTEE

CHAIR: Claudia Sommer, GERMANY

Angelo Antonini, ITALY (MDS-ES REPRESENTATIVE)
Anish Bahra, UK
Theodor Landis, SWITZERLAND
Elena R. Lebedeva, RUSSIAN FEDERATION
Milija Mijajlovic, Serbia
Erich Schmutzhard, AUSTRIA
Viktoria Papp, DENMARK (REPRESENTATIVE RRFS)
MEMBERSHIP INFORMATION

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
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 rrfss@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 (Neuromaging - 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 neuroimmunology (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
Pasquale Annunziata, ITALY
Fabio Antonaci, ITALY
Katharina Antonenko, UKRAINE
Angelo Antonini, ITALY
Nadine Attal, FRANCE

B
Peter Balicza, HUNGARY
Ettore Beghi, ITALY
Peter Berlit, GERMANY
Shakya Bhattacharjee, UNITED KINGDOM
Crystyna Birzu, ROMANIA
Paul Boon, BELGIUM
Michael Brainin, AUSTRIA
Wolfgang Brück, GERMANY
Jean Marc Burgunder, SWITZERLAND

C
Pasquale Calabrese, SWITZERLAND
Patricia Canhão, PORTUGAL
Antonio Carotenuto, ITALY
Julian Cheron, BELGIUM
Charlotte Cordonnier, FRANCE
Joao Costa, PORTUGAL
Laszlo Csiba, HUNGARY
Anna Czlonkowska, POLAND

D
Maxwell Damian, UNITED KINGDOM
Paul de Roos, THE NETHERLANDS
Marianne de Visser, THE NETHERLANDS
Luder Deecke, AUSTRIA
Gunther Deuschl, GERMANY
Marianne Dieterich, GERMANY
Raffaele Dubbioso, ITALY
Federica Provini, ITALY

E
Elena Enax-Krumova, SPAIN
Devrimsel Harika Ertem, TURKEY
Stefan Evers, GERMANY

F
Franz Fazekas, AUSTRIA
Luigi Ferini-Strambi, ITALY
Joaquim Ferreira, PORTUGAL
José Ferro, PORTUGAL
Massimo Filippi, ITALY
Alessandro Filla, ITALY
Katharina Fink, GERMANY
Rita Formisano, ITALY

G
Thomas Gattringer, AUSTRIA
Nils Erik Gilhus, NORWAY
Miguel Grilo, UNITED KINGDOM
Vesselin Grozeva, BULGARIA

H
Mario Habek, CROATIA
Hans-Peter Hartung, GERMANY
Raimund Helbok, AUSTRIA
Jakub Hort, CZECH REPUBLIC

J
Paul Jennum, DENMARK
Kristaps Jurjans, LATVIA

K
Ulf Kallweit, GERMANY
Ludwig Kappos, SWITZERLAND
Manfred Kaps, GERMANY
Michael Karlinski, POLAND
Peter Kennedy, UNITED KINGDOM
Michael Khalil, AUSTRIA
Nina Khizanishvili, GEORGIA
Thomas Klapstock, GERMANY
Christian Krarup, DENMARK

L
Jan B. M. Kux, THE NETHERLANDS

M
Antonella Macerollo, UNITED KINGDOM
Danica Macek, SLOVAKIA
Mónica Margoni, ITALY
Luca Massacesi, ITALY
Joao Massano, PORTUGAL
Marta Melis, ITALY
Ivan Milanov, BULGARIA
Monica Moarcas, ROMANIA
Mauro Monforte, ITALY
Alexander Münchau, GERMANY
Lucia Muntean, ROMANIA

O
Stefan Oberndorfer, AUSTRIA
David Oliver, UNITED KINGDOM
Peter Orosz, HUNGARY

P
Eleftherios Papathanasiou, CYPRUS
Vittoria Papp, DENMARK
Simona Padnar, SLOVENIA
Daniela Pohl, CANADA
Federica Proven, ITALY
Maura Pugliatti, ITALY

R
Olivier Rascol, FRANCE
Tiina Rekand, NORWAY
Irena Rektorova, CZECH REPUBLIC
Philippe Ryvlin, SWITZERLAND

S
Simona Sacco, ITALY
Peter Sandorcock, UNITED KINGDOM
Anna Sauerbier, UNITED KINGDOM
Philip Scheltens, THE NETHERLANDS
Erich Schmutzhard, AUSTRIA
Jean Schoenen, BELGIUM
Benedikt Schoser, GERMANY
Stefan Schwab, GERMANY
Sietske Sikkes, THE NETHERLANDS
Alessandro Simonati, ITALY
Riccardo Soffietti, ITALY
Claudia Sommer, GERMANY
Mario Sousa, PORTUGAL
Israel Steiner, ISRAEL
Maria B. Stoyanova, BULGARIA
Walther Struhal, AUSTRIA
Michael Strupp, GERMANY

T
Radu Tanasescu, ROMANIA
M. J. B. Taphoorn, THE NETHERLANDS
Maarten Titulaer, THE NETHERLANDS
Antonio Toscano, ITALY
Giorgios Tsivgoulis, GREECE

V
Josep Vallés-Sole, SPAIN
Joukje van der Naalt, THE NETHERLANDS
Domizia Vecchio, ITALY
Roland Veitkamp, GERMANY
Marie Vidalhnet, FRANCE
Leo Visser, THE NETHERLANDS
David Vodoušek, SLOVENIA
Tim von Oertzen, AUSTRIA
Sandra Vujović, MONTENEGRO

Z
Mohamed Zeinhom, 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.

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

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

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 footprint 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.

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 (€).

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.
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!
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.

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.

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.

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

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
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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 Roche.

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.
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!
OVERVIEW OF BUSINESS MEETINGS

(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.

<table>
<thead>
<tr>
<th>GROUP/COMMITTEE</th>
<th>DAY, TIME</th>
<th>RAI AMSTERDAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRFS National representatives meeting</td>
<td>Saturday, 24 June 14.15 – 15.15</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Committee</td>
<td>Saturday, 24 June 15.00 – 17.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>E-communication Board</td>
<td>Sunday, 25 June 08.30 – 10.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>TF Sub-saharan Africa</td>
<td>Sunday, 25 June 09.00 – 10.00</td>
<td>Room C204</td>
</tr>
<tr>
<td>Corresponding Institutional Member Societies</td>
<td>Sunday, 25 June 12.00 – 13.00</td>
<td>Room C204</td>
</tr>
<tr>
<td>Panel Chairpersons Meeting</td>
<td>Sunday, 25 June 12.30 – 14.30</td>
<td>Room C103</td>
</tr>
<tr>
<td>Meeting with Wiley</td>
<td>Sunday, 25 June 15.00 – 16.00</td>
<td>Room C204</td>
</tr>
<tr>
<td>Guideline Production Group</td>
<td>Sunday, 25 June 16.00 – 17.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>EAN/WFN Meeting</td>
<td>Sunday, 25 June 17.45 – 18.45</td>
<td>Room D204</td>
</tr>
<tr>
<td>Education Committee</td>
<td>Monday, 26 June 08.30 – 10.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>European Affairs Sub-Committee</td>
<td>Monday, 26 June 08.45 – 09.45</td>
<td>Room D203</td>
</tr>
<tr>
<td>Quality Assurance Sub-Committee</td>
<td>Monday, 26 June 10.00 – 11.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>Liaison Committee</td>
<td>Monday, 26 June 10.00 – 11.00</td>
<td>Room D203</td>
</tr>
<tr>
<td>Press Conference</td>
<td>Monday, 26 June 13.15 – 13.45</td>
<td>Members area</td>
</tr>
<tr>
<td>RRFS General Assembly</td>
<td>Monday, 26 June 14.15 – 15.15</td>
<td>Room D304</td>
</tr>
<tr>
<td>E-communication Board &amp; Panel representatives</td>
<td>Monday, 26 June 15.00 – 16.30</td>
<td>Room D203</td>
</tr>
<tr>
<td>Industrial Relations Board</td>
<td>Monday, 26 June 15.00 – 16.30</td>
<td>Room F004/F005</td>
</tr>
<tr>
<td>Teaching Course Sub-Committee</td>
<td>Tuesday, 27 June 08.30 – 10.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>Programme Committee</td>
<td>Tuesday, 27 June 12.45 – 14.15</td>
<td>Room D202</td>
</tr>
</tbody>
</table>
## OVERVIEW OF BUSINESS MEETINGS OF SCIENTIFIC PANELS, TASK FORCES

(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.

<table>
<thead>
<tr>
<th>SCIENTIFIC PANEL/TASK FORCE</th>
<th>DAY, TIME</th>
<th>ROOM #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Panel Epilepsy</td>
<td>Saturday, 24 June 15.00 – 16.00</td>
<td>Room D301</td>
</tr>
<tr>
<td>Scientific Panel Neuro-oncology</td>
<td>Saturday, 24 June 15.00 – 16.30</td>
<td>Room D302</td>
</tr>
<tr>
<td>Scientific Panel Sleep-wake disorders - YESNA</td>
<td>Saturday, 24 June 16.00 – 17.00</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Panel Sleep-wake disorders</td>
<td>Saturday, 24 June 17.00 – 18.00</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Panel General neurology</td>
<td>Saturday, 24 June 17.00 – 18.00</td>
<td>Room D302</td>
</tr>
<tr>
<td>Task force &quot;Movement disorders&quot; guideline</td>
<td>Sunday, 25 June 08.00 – 10.00</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Panel Higher cortical functions</td>
<td>Sunday, 25 June 09.00 – 10.00</td>
<td>Room D302</td>
</tr>
<tr>
<td>Scientific Panel Coma and chronic disorders of consciousness</td>
<td>Sunday, 25 June 09.00 – 10.00</td>
<td>Room D301</td>
</tr>
<tr>
<td>Scientific Panel ALS and frontotemporal dementia</td>
<td>Sunday, 25 June 09.00 – 10.30</td>
<td>Room D203</td>
</tr>
<tr>
<td>Scientific Panel Neuroimaging</td>
<td>Sunday, 25 June 10.00 – 12.00</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Panel Neurosonology</td>
<td>Sunday, 25 June 10.00 – 12.00</td>
<td>Room D301</td>
</tr>
<tr>
<td>Scientific Panel Clinical neurophysiology</td>
<td>Sunday, 25 June 11.00 – 12.00</td>
<td>Room D302</td>
</tr>
<tr>
<td>Scientific Panel Translational neurology</td>
<td>Sunday, 25 June 11.00 – 12.00</td>
<td>Room D303</td>
</tr>
<tr>
<td>Scientific Panel Neurotoxicology</td>
<td>Sunday, 25 June 15.00 – 16.00</td>
<td>Room D202</td>
</tr>
<tr>
<td>Task Force &quot;Narcolepsy&quot; Guideline</td>
<td>Sunday, 25 June 15.00 – 16.00</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Panel Neuro-ophthalmology and -otology</td>
<td>Sunday, 25 June 15.00 – 16.30</td>
<td>Room D303</td>
</tr>
<tr>
<td>Scientific Panel Neurorehabilitation</td>
<td>Sunday, 25 June 15.00 – 17.00</td>
<td>Room D301</td>
</tr>
<tr>
<td>Scientific Panel Palliative care</td>
<td>Sunday, 25 June 16.00 – 17.30</td>
<td>Room D302</td>
</tr>
<tr>
<td>Scientific Panel Muscle &amp; NMJ disorders</td>
<td>Sunday, 25 June 16.00 – 17.30</td>
<td>Room D304</td>
</tr>
<tr>
<td>Scientific Panel Neurocritical care</td>
<td>Sunday, 25 June 17.00 – 18.00</td>
<td>Room C204</td>
</tr>
<tr>
<td>Scientific Panel Infectious diseases</td>
<td>Sunday, 25 June 17.00 – 18.00</td>
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OVERVIEW OF BUSINESS MEETINGS OF SCIENTIFIC PANELS, TASK FORCES

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<tbody>
<tr>
<td>Scientific Panel Stroke</td>
<td>Monday, 26 June 09.00 – 10.00</td>
<td>Room D301</td>
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</tr>
<tr>
<td>Scientific Panel Multiple sclerosis</td>
<td>Monday, 26 June 10.00 – 11.00</td>
<td>Room F004/F005</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Neuropathies</td>
<td>Monday, 26 June 10.00 – 11.30</td>
<td>Room D301</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Child neurology</td>
<td>Monday, 26 June 10.00 – 11.30</td>
<td>Room D302</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Headache</td>
<td>Monday, 26 June 10.00 – 12.00</td>
<td>Room D303</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Neurogenetics</td>
<td>Monday, 26 June 11.30 – 13.00</td>
<td>Room D301</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Neuroepidemiology</td>
<td>Monday, 26 June 12.30 – 13.30</td>
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<tr>
<td>Scientific Panel Neuroimmunology</td>
<td>Monday, 26 June 12.30 – 14.00</td>
<td>Room D304</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Autonomic nervous system disorders</td>
<td>Monday, 26 June 13.00 – 14.00</td>
<td>Room D301</td>
<td></td>
</tr>
<tr>
<td>Scientific Panel Dementia and cognitive disorders</td>
<td>Monday, 26 June 13.00 – 14.00</td>
<td>Room D202</td>
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<tr>
<td>Scientific Panel Movement disorders</td>
<td>Monday, 26 June 14.00 – 15.00</td>
<td>Room D202</td>
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<tr>
<td>Task Force Rare Neurological Diseases</td>
<td>Monday, 26 June 14.30 – 16.00</td>
<td>Room D403</td>
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<tr>
<td>Scientific Panel Pain</td>
<td>Tuesday, 27 June 12.00 – 13.00</td>
<td>Room D203</td>
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e-Presentation presenters are requested to be at their poster screen at the beginning of the sessions.

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<th>TOPIC (SCREEN NR)</th>
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<th>CHAIRS</th>
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<tr>
<td>SATURDAY, 24 JUNE 2017</td>
<td>13:30 - 14:15</td>
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<tr>
<td>Ageing and dementia 1 (Screen A1)</td>
<td>PR1001 - PR1008</td>
<td>Federica Agosta, ITALY</td>
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<td>Autonomic nervous system 1 (Screen A2)</td>
<td>PR1009 - PR1014</td>
<td>Mario Habeck, CROATIA</td>
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<td>PR1015 - PR1022</td>
<td>Thomas Gattringer, GERMANY</td>
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<td>Simona Sacco, ITALY</td>
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<td>PR1032 - PR1037</td>
<td>Sandro Sorbi, ITALY</td>
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<td>Epilepsy 1 (Screen C2)</td>
<td>PR1038 - PR1044</td>
<td>Johan Koekkoek, THE NETHERLANDS</td>
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<td>Headache and pain 1 (Screen D1)</td>
<td>PR1045 - PR1050</td>
<td>Stefan Evers, GERMANY</td>
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<td>PR1051 - PR1059</td>
<td>Werner Poewe, AUSTRIA</td>
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<tr>
<td>Movement disorders 2 (Screen E2)</td>
<td>PR1060 - PR1068</td>
<td>Angelo Antonini, ITALY</td>
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<tr>
<td>Movement disorders 3 (Screen E3)</td>
<td>PR1069 - PR1077</td>
<td>Alberto Albanese, ITALY</td>
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<td>PR1078 - PR1085</td>
<td>Giancarlo Comi, ITALY</td>
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<td>PR1086 - PR1093</td>
<td>Ralf Gold, GERMANY</td>
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<td>PR1094 - PR1100</td>
<td>Albert Ludolph, GERMANY</td>
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<td>Neurogenetics 1 (Screen G2)</td>
<td>PR1101 - PR1105</td>
<td>Alessandro Filla, ITALY</td>
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<td>Neuroimaging 1 (Screen H1)</td>
<td>PR1106 - PR1112</td>
<td>Manfred Kaps, GERMANY</td>
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<td>PR1113 - PR1118</td>
<td>Radu Tanasescu, ROMANIA</td>
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<td>Dafin Muresanu, ROMANIA</td>
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<td>Neurotoxicology &amp; Neurotraumatology &amp; Spinal cord and root disorders 1 (Screen B3)</td>
<td>PR1127 - PR1131</td>
<td>Erich Schmutzhard, AUSTRIA</td>
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<td>Peripheral nerve disorders 1 (Screen F3)</td>
<td>PR1132 - PR1138</td>
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<td>Sleep disorders 1 (Screen H3)</td>
<td>PR1139 - PR1145</td>
<td>Ulf Kalliweit, GERMANY</td>
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</table>

All posters will be available throughout the congress on the poster screens and poster stations in the exhibition area. You can contact eposter and epresentation presenters via the poster system.
**ePRESENTATION OVERVIEW**

**EXHIBITION**

**SUNDAY, 25 JUNE**

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

<table>
<thead>
<tr>
<th>TOPIC (SCREEN NR)</th>
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<tr>
<td><strong>SUNDAY, 25 JUNE 2017 13:30 - 14:15</strong></td>
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<tr>
<td>Ageing and dementia 2 (Screen A1)</td>
<td>PR2001 - PR2009</td>
<td>Philip Scheltens, THE NETHERLANDS</td>
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<tr>
<td>Autonomic nervous system 2 (Screen A2)</td>
<td>PR2010 - PR2014</td>
<td>David B. Vodusek, SLOVENIA</td>
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<td>Cerebrovascular diseases 3 (Screen B1)</td>
<td>PR2015 - PR2022</td>
<td>Raimund Helbok, AUSTRIA</td>
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<td>PR2023 - PR2029</td>
<td>Pasquale Calabrese, SWITZERLAND</td>
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<td>Epilepsy 2 (Screen C2)</td>
<td>PR2030 - PR2036</td>
<td>Philippe Ryvlin, SWITZERLAND</td>
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<td>Headache and pain 2 (Screen D1)</td>
<td>PR2037 - PR2042</td>
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<td>PR2043 - PR2050</td>
<td>Corrado Angelini, ITALY</td>
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<td>PR2051 - PR2059</td>
<td>Regina Katzenschlager, AUSTRIA</td>
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<td>Movement disorders 5 (Screen E2)</td>
<td>PR2060 - PR2068</td>
<td>Alexander Munchau, GERMANY</td>
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<tr>
<td>Movement disorders 6 (Screen E3)</td>
<td>PR2069 - PR2076</td>
<td>Olivier Rascot, FRANCE</td>
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<td>Celia Oreja-Guevara, SPAIN</td>
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<td>Muscle and neuromuscular junction disease 2 (Screen G1)</td>
<td>PR2093 - PR2099</td>
<td>John Vissing, DENMARK</td>
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<td>Neuroepidemiology (Screen B2)</td>
<td>PR2100 - PR2108</td>
<td>Vitalie Lisnic, MOLDOVA</td>
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<td>Neuroimaging 2 (Screen H1)</td>
<td>PR2109 - PR2114</td>
<td>Giorgos Tsivgoulis, GREECE</td>
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<td>PR2115 - PR2119</td>
<td>Pasquale Annunziata, ITALY</td>
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<td>PR2120 - PR2126</td>
<td>Nese Celebisoy, TURKEY</td>
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<td>Peripheral nerve disorders 2 (Screen F3)</td>
<td>PR2127 - PR2133</td>
<td>Thodoros Kyriakides, CYPRUS</td>
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<td>Sleep disorders 2 (Screen H3)</td>
<td>PR2134 - PR2139</td>
<td>Martin Rakusa, SLOVENIA</td>
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| **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 Klopfock, 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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### SATURDAY, 24 JUNE 2017

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<tr>
<td>Ageing and dementia 1 (Screen A1)</td>
<td>EP1001 - EP1014</td>
<td>Mario Sousa, PORTUGAL</td>
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<td>Cerebrovascular diseases 1 (Screen B1)</td>
<td>EP1015 - EP1027</td>
<td>Shane Lyons, UNITED KINGDOM</td>
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<td>Cerebrovascular diseases 2 (Screen B2)</td>
<td>EP1028 - EP1040</td>
<td>David Skoloudik, CZECH REPUBLIC</td>
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<tr>
<td>Education, History, Arts, Ethics (Screen A3)</td>
<td>EP1054 - EP1063</td>
<td>Viktoria Papp, DENMARK</td>
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<td>Epilepsy 1 (Screen C2)</td>
<td>EP1064 - EP1077</td>
<td>Vana Costa, CROATIA</td>
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<td>Headache and pain 1 (Screen D1)</td>
<td>EP1078 - EP1091</td>
<td>Vessella Grozova, BULGARIA</td>
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<td>Infection and AIDS (Screen G3)</td>
<td>EP1092 - EP1106</td>
<td>Saddek Khellaf, ALGERIA</td>
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<td>EP1107 - EP1119</td>
<td>Paul de Roos, SWEDEN</td>
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<td>Movement disorders 2 (Screen E3)</td>
<td>EP1120 - EP1132</td>
<td>Karolina Dzieycz, POLAND</td>
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<td>MS and related disorders 1 (Screen F1)</td>
<td>EP1133 - EP1145</td>
<td>K Ray Chaudhuri, UNITED KINGDOM</td>
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<td>EP1146 - EP1158</td>
<td>Gavin Giovannoni, UNITED KINGDOM</td>
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<td>Muscle and neuromuscular junction disease 1 (Screen G1)</td>
<td>EP1159 - EP1171</td>
<td>Giorgio Tasca, ITALY</td>
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<td>Neuroimmunology 1 (Screen H2)</td>
<td>EP1172 - EP1183</td>
<td>Daniel Bereczki, HUNGARY</td>
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<td>EP1184 - EP1191</td>
<td>Michaela BisciglI, BELGIUM</td>
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<td>EP1206 - EP1220</td>
<td>Geir Braathen, NORWAY</td>
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<td>Sleep disorders 1 (Screen H3)</td>
<td>EP1221 - EP1228</td>
<td>Luigi Ferini-Strambi, ITALY</td>
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### SUNDAY, 25 JUNE 2017

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<td>Gereon Fink, GERMANY</td>
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<td>Cerebrovascular diseases 4 (Screen B2)</td>
<td>EP2027 - EP2039</td>
<td>Kristaps Jurjans, LATVIA</td>
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<td>Cerebrovascular diseases 5 (Screen B3)</td>
<td>EP2040 - EP2052</td>
<td>Michal Karlinski, POLAND</td>
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<td>Clinical neurophysiology (Screen A2)</td>
<td>EP2053 - EP2066</td>
<td>Antonio Carotenuio, ITALY</td>
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<td>Cognitive neurology/neuropsychology 2 (Screen C1)</td>
<td>EP2067 - EP2079</td>
<td>Maria Benabdellil, MOROCCO</td>
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<td>Epilepsy 2 (Screen C2)</td>
<td>EP2080 - EP2093</td>
<td>Marta Melis, ITALY</td>
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<td>Devrim Sel Hanika Ertem, TURKEY</td>
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<td>EP2107 - EP2120</td>
<td>Josef Finsterer, AUSTRIA</td>
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<td>EP2134 - EP2146</td>
<td>Antonella Macerollo, UNITED KINGDOM</td>
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<td>EP2147 - EP2159</td>
<td>Michael Khalil, AUSTRIA</td>
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<td>EP2186 - EP2184</td>
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<td>EP2206 - EP2214</td>
<td>Wolfgang Heide, GERMANY</td>
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<td>EP2215 - EP2228</td>
<td>Mohamed Zeinam Mahmoud Gomaa, EGYPT</td>
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<tr>
<td>Sleep disorders 2 (Screen H3)</td>
<td>EP2229 - EP2236</td>
<td>Lucia Muntean, GERMANY</td>
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</table>

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**e-Poster Overview**

**Monday, 25 June**

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<tr>
<th>Topic (Screen NR)</th>
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<th>Chairs</th>
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<tbody>
<tr>
<td>Cerebrovascular diseases 6 (Screen B1)</td>
<td>EP3001 - EP3012</td>
<td>Chokri Mhiri, TUNISIA</td>
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<tr>
<td>Cerebrovascular diseases 7 (Screen B2)</td>
<td>EP3013 - EP3024</td>
<td>Johann Sellner, AUSTRIA</td>
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<tr>
<td>Cerebrovascular diseases 8 (Screen B3)</td>
<td>EP3025 - EP3036</td>
<td>Ana Caterina Fonseca, PORTUGAL</td>
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<tr>
<td>Child neurology/developmental neurology (Screen A2)</td>
<td>EP3037 - EP3047</td>
<td>Eija Gaily, FINLAND</td>
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<tr>
<td>Epilepsy 3 (Screen C2)</td>
<td>EP3055 - EP3068</td>
<td>Vincent Keereman, BELGIUM</td>
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<td>Headache and pain 3 (Screen D1)</td>
<td>EP3069 - EP3081</td>
<td>Jera Kruja, ALBANIA</td>
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<td>EP3082 - EP3092</td>
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<td>EP3093 - EP3103</td>
<td>Joao Massano, PORTUGAL</td>
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<td>MS and related disorders 5 (Screen F1)</td>
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<td>Domizia Vecchio, ITALY</td>
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<td>EP3117 - EP3129</td>
<td>Heinz Wiendl, GERMANY</td>
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<td>EP3130 - EP3144</td>
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<td>EP3145 - EP3154</td>
<td>Elisa Canu, ITALY</td>
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<td>Neurological manifestations of systemic diseases (Screen A1)</td>
<td>EP3155 - EP3167</td>
<td>Israel Steiner, ISRAEL</td>
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<tr>
<td>Neuro-oncology (Screen H2)</td>
<td>EP3168 - EP3178</td>
<td>Cristina Alina Birzu, ROMANIA</td>
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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 assessment, 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.
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 underserviced 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)

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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

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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 Kalviäinen, KUOPIO, FINLAND

- **Epilepsy still kills – can we prevent Sudden Unexpected Death in Epilepsy?**  
  Roland Thijs, HEEMSTEDE, THE NETHERLANDS

- **So the seizures are nonepileptic – what now?**  
  Markus Reuber, SHEFFIELD, UK
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, an 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

© Janiek Dam
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:30-10:00</td>
<td>MDS-ES: European Basal Ganglia Club</td>
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<tr>
<td>08:30-10:00</td>
<td>The different faces of stroke - illustrative cases of rare stroke etiologies</td>
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<td>08:30-10:00</td>
<td>Abstract writing, poster and presentation tips for successful symposia</td>
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<td>08:30-10:00</td>
<td>Challenges in the management of orphan CNS disorders in children, adolescents and adults: Diagnosis you don’t want to miss!</td>
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<td>08:30-10:00</td>
<td>Overarching theme: Outcome measures in neuromuscular disorders</td>
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<td>08:30-10:00</td>
<td>Neuroscience of sleep</td>
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<td>10:00-17:00</td>
<td>Exhibition, 10:00-10:30 Coffee break @ exhibition</td>
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<tr>
<td>10:00-17:00</td>
<td>MDS-ES/EAN: The natural history of movement disorders</td>
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<td>10:00-17:00</td>
<td>Outcome measures in dementia studies</td>
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<td>10:00-17:00</td>
<td>DNA repeat syndromes in neuromuscular disorders</td>
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<td>10:00-17:00</td>
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<td>12:30-14:45</td>
<td>Lunch break @ exhibition (lunch served from 12.30-13.30)</td>
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<tr>
<td>12:30-14:45</td>
<td>Roche From candle to lightbulb: How has innovation defined our understanding of multiple sclerosis?</td>
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<td>12:30-14:45</td>
<td>Sunovion Pharmaceuticals Off States in Parkinson’s Disease Options Beyond Oral Medications</td>
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<td>14:45-16:15</td>
<td>MDS-ES/EAN: Differential diagnosis of sleep-related movement disorders - Level 3</td>
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<td>14:45-16:15</td>
<td>Peripheral nerve disorders</td>
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<td>14:45-16:15</td>
<td>Advanced neurosonology - Level 3</td>
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<td>14:45-16:15</td>
<td>Genetic counselling in neurogenetic disorders - Level 1</td>
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<td>14:45-16:15</td>
<td>New algorithms for dementia management from diagnosis to treatment - Level 3</td>
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<td>14:45-16:15</td>
<td>Motor neurone diseases</td>
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<td>14:45-16:15</td>
<td>Headache and pain 1</td>
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<td>14:45-16:15</td>
<td>Critical care</td>
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<td>16:15-16:45</td>
<td>Coffee break @ exhibition</td>
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<tr>
<td>16:15-16:45</td>
<td>3-Day Satellite Session</td>
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<td>16:15-16:45</td>
<td>Brainin Amphetamine infusion A3rd century approach</td>
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<td>16:15-16:45</td>
<td>Apomorphine infusion A3rd century approach</td>
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<td>16:15-16:45</td>
<td>Indomethacin responsive headaches - when to use and not to use?</td>
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<td>09:00-10:30</td>
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<td>10:00-12:00</td>
<td>Presidential Symposium</td>
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<td>3-Day Satellite Session Britain                                                                                                                            A new evidence basis for Apomorphine infusion - What does that mean in clinical practice?</td>
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**SESSION OVERVIEW**

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<td>MAIN AUDITORIUM</td>
<td>ELICUIUM 2</td>
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<td>08:00-09:30</td>
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<td>OS (cont.)</td>
<td>Focal seizure in children. Is it the same as in adults?</td>
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<td>OS (cont.)</td>
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<td>PS (cont.)</td>
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<tr>
<td>IaS5</td>
<td>10:00 - 12:00 Overarching theme: Outcome measures in clinical studies</td>
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<tr>
<td>SaS5</td>
<td>12.15-13.15 Sanofi Genzyme: From clinical to real world experience – similar results, similar benefits for multiple sclerosis patients?</td>
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<tr>
<td>SaS5</td>
<td>12.15-13.15 Biogen: Navigating choice in multiple sclerosis management</td>
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<tr>
<td>SaS5</td>
<td>13.00-14.30 Zambon: Safinamide as a valuable add-on therapy. Exploring new approaches to Parkinson’s Disease management through patient case presentations</td>
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<tr>
<td>SaS5</td>
<td>13.45-14.45 25 years experience – similar results, similar benefits for multiple sclerosis patients?</td>
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<tr>
<td>SyS5</td>
<td>15.00-17.00 LAE-CEA/EAN: Recent and upcoming new drugs and devices for the treatment of epilepsy</td>
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<tr>
<td>SyS6</td>
<td>15:00-17:00 Neuro-ophthalmology</td>
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<tr>
<td>TC11</td>
<td>15:00-18:15 Therapeutic strategy in MS: How to choose the appropriate disease modifying treatment - Level 3</td>
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<tr>
<td>TC12</td>
<td>15:00-18:15 Current treatments in neurology - Level 1</td>
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<tr>
<td>TC13</td>
<td>15:00-18:15 How to manage a patient with autonomic dysfunctions - Level 2</td>
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<tr>
<td>Controversy 1</td>
<td>15:00-16:30 Controversies in headache and Parkinson’s disease</td>
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<tr>
<td>TC14</td>
<td>15:00-18:15 Neuropsychiatric and behavioural symptoms in neurodegenerative diseases – Level 1</td>
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<td>15:00-16:30 Tournament for neurologists in training - dined</td>
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<td>OS (cont.)</td>
<td>15:00-16:30 Childhood</td>
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<tr>
<td>OS (cont.)</td>
<td>15:00-18:15 Movement disorders 1</td>
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<tr>
<td>OS (cont.)</td>
<td>15:45-18:15 Movement disorders 2</td>
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<tr>
<td>OS (cont.)</td>
<td>16:45-18:15 Neurodegeneration in patients suspected of neuropathic pain - Level 3</td>
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<tr>
<td>OS (cont.)</td>
<td>15:45-18:15 Chronic neurological examination in patients suspected of neuropathic pain - Level 1</td>
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<td>OME</td>
<td>16:15-18:45 Coffee break &amp; exhibition</td>
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<tr>
<td>OS</td>
<td>17:00-18:30 Spinalcord 2</td>
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<td>OS</td>
<td>17:45-18:15 Muscle and neuromuscular junction diseases</td>
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<td>OS</td>
<td>17:45-18:15 Aging and dementia</td>
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<tr>
<td>OS</td>
<td>18:30-20:00 Teva: Is disability progression inevitable in multiple sclerosis?</td>
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**Networking:** 20:30 – 23:30 Meet and Greet @ Heritage Museum
### TIME TABLE

**TUESDAY, 27 JUNE**

<table>
<thead>
<tr>
<th>Sy8</th>
<th>08:00-10:00 ECTRIMS/EAN New developments in multiple sclerosis</th>
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<tbody>
<tr>
<td>Sy7</td>
<td>08:00-10:00 E50/EAN Uncertain cerebrovascular diseases</td>
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<tr>
<td>OS</td>
<td>08:00-09:45 Neuroimmunology</td>
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<tr>
<td>CdS2</td>
<td>08:30-10:00 Introduction to critical appraisal of the medical literature 1 - the therapy</td>
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<tr>
<td>OS</td>
<td>08:30-10:00 Movement disorders 2</td>
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<tr>
<td>OS</td>
<td>08:30-10:00 Headache and pain 2</td>
</tr>
<tr>
<td>HoC8</td>
<td>08:30-10:00 MDS-ES/EAN Neuropsychological study of tremor - Level 1</td>
</tr>
<tr>
<td>CdW7</td>
<td>08:30-10:00 How far should we push interventions in neurocritical care?</td>
</tr>
</tbody>
</table>

09:30-13:30 Exhibition, 10:00-10:30 Coffee break @ exhibition

12:30-13:30 Lunch break @ exhibition

14:30-15:00 Coffee break @ ... See local info board

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**KEY:**
- **FW** | Focused Workshop
- **IaS** | Interactive Session
- **OS** | Oral Session
- **SaS** | Satellite Symposium
- **SpS** | Special Session
- **Sy** | Symposium
- **PS** | Plenary Symposium
- **T** | Tournament
- **HoC** | Hands-on Course
- **TC** | Teaching Course
- **CbW** | Case-based Workshop
- **CdS** | Career development Session
Become a member today and benefit straight away

scientific panel membership

become an EAN Officer

free online access*
*European Journal of Neurology, eBrain, guidelines

one free teaching course

access to VIP lounge*
*including catering

Visit our HOME booth
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MSPARIS2017

7TH JOINT ECTRIMS – ACTRIMS MEETING

25 – 28 OCTOBER 2017
PARIS, FRANCE

Follow us on  #MSPARIS2017

WWW.ECTRIMS-CONGRESS.EU
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
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.
FOCUSED WORKSHOP 5: “CERVICAL VERTIGO” – REALITY OR FICTION?
08:30 – 10:00 | EMERALD

CHAIRPERSONS:
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 musculotendinous 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, ZURICH, 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

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**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

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**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

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**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 CONGRESS OF PARKINSON’S DISEASE AND MOVEMENT DISORDERS

SAVE THE DATE

SEUL, 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

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**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 month 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.

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**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

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**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 Höglinger, 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.
SYMPOSIUM 2: OVERARCHING THEME: OUTCOME MEASURES IN DEMENTIA STUDIES

**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

**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
**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

- **RLS and PLM: Clinical and video-based characteristics of typical and atypical cases, and treatment complications**
  Claudia Trenkwalder, KASSEL, GERMANY

- **Role or 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-Lgi 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
Tilmann 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).
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 Tsivgoulis, 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.
22nd International Congress of the World Muscle Society
Saint Malo, France

Tuesday 3rd October - Saturday 7th October 2017

For further details and updates, please visit: 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
Brigittte Fauroux, Necker University Hospital & Research Unit, Paris, France
Antoine Muchir, Institut de Myologie, Paris, France
Annemiek 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
14:45
Diagnostic accuracy of quantitative neuromuscular ultrasound for the diagnosis of intensive care unit-acquired weakness
E. Witteveen¹, J. Sommers¹, L. Wieske¹, J. Doorduin¹, N. van Alfen², M. Schultz¹, I. N. van Schaik¹, J. Horn¹, C. Verhamme¹, ¹AMSTERDAM, ²NIJMEGEN, NETHERLANDS

O 1102
15:00
Risk factors for intensive care unit admission in patients with autoimmune encephalitis
G. Harutyunyan¹, S. Pikija¹, T. Moser¹, M. Dunser², M. Leitinger³, H. Novak³, W. Aichhorn³, E. Trinka³, L. Hauer³, J. Selner³, ¹SALZBURG, AUSTRIA, ²LONDON, UNITED KINGDOM

O 1103
15:15
Clinical predictors of electrographic seizures among neurocritical care patients undergoing continuous EEG monitoring
M. Melis¹, M. Mizrahi², J. Yoo³, L. Marcuse³, M. Fields³, N. Dangayach³, E. Gordon³, S. Mayer³, ¹CAGLIARI, ITALY, ²NEW YORK, USA

O 1104
15:30
Head computed tomography and Neuron specific enolase for early neurological prognostication after cardiac arrest
M. Moseby Knappe¹, I. Dragancea¹, T. Peliss³, H. Friberg¹, J. Horn³, M. A. Kuiper³, N. Nielsen¹, A. Roncarati², T. Cronberg¹, ¹LUND, SWEDEN, ²PORDENONE, ITALY, ³AMSTERDAM, ⁴LEEUWARDEN, 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
14:45
Effects and adverse events possibly related to DBS in cluster headache
M. Nicolodi, V. Sandoval, A. Torrini, ¹FLORENCE, ITALY

O 1107
15:00
Transcranial sonography (TCS) reveals nigrostriatal dopaminergic system damage in the primary burning mouth syndrome
M. Mijalovic, J. Zidven, N. Sternic, ¹BELGRADE, SERBIA

O 1108
15:15
Personality traits influence the co-occurrence of migraine and depression
M. Magyar¹, X. Gonda¹, D. Pap¹, A. Edes¹, A. Galambos¹, D. Baks¹, N. Kocs¹, E. Szabo¹, G. Bagdy¹, R. Elliott¹, G. Kokonyeli¹, G. Juhasz¹, ¹BUDAPEST, HUNGARY, ²MANCHESTER, UNITED KINGDOM

O 1109
15:30
The relationship between sleep disorders and 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
15:45
Pharmacogenetics in chronic migraine: role of CALCA and TRPV1 genes in therapeutic response to onabotulinumtoxin A
R. Moreno¹, M. Ruiz¹, E. Cernuda-Morollón¹, A. Gago-Veiga², I. Vidriales³, M. M. Gallego de Sacristana Lopez-Serrano³, J. Pascual³, J. J. Tellería¹, A. L. Guerrero¹, ¹VALLADOLID, MADRID, ²SANTANDER, SPAIN
ORAL SESSION: MOTOR NEURONE DISEASES
14:45-16:15 | EMERALD
CHAIRPERSONS:
Leonard van den Berg, UTRECHT, THE NETHERLANDS
Orla Hardiman, DUBLIN, IRELAND

O 1111 14:45
Patterns of cortical atrophy at diagnosis in amyotrophic lateral sclerosis and implications on prognosis
M. K. Rafiq, M. Abulaila | SHEFFIELD, UNITED KINGDOM

O 1112 15:00
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, L. Andersen1, J. Hallas1, S. H. Sindrup1, D. G. Jensen2, T. Jensen3, N. Ejskjær1, S. Heiland1, H. Andersen1 | 1AARHUS, DENMARK, 2WÜRZBURG, GERMANY, 3MILAN, ITALY, 4BASEL, SWITZERLAND, 5LEUVEN, BELGIUM

O 1113 15:15
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. Pagani1, P. Valsasina1, D. Lavrinic2, V. S. Kostic2, M. Filippi1 | 1MILAN, ITALY, 2BELGRADE, SERBIA

O 1114 15:30
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. Cugnasco1, D. Bertuzzo1, L. Solero1, E. Bersano2, F. Pisano2, G. Mora1, L. Mazzini2, A. Chiò1 | 1TURIN, 2NOVARA

O 1115 15:45
The impact of spasticity on diaphragm contraction: electrophysiological assessment
B. Miranda, S. Pinto, M. Carvalho | LISBON, PORTUGAL

ORAL SESSION: PERIPHERAL NERVE DISORDERS
14:45-16:15 | ELICIUM 2
CHAIRPERSONS:
Eduardo Nobile-Orazio, MILAN, ITALY
Hugh Willison, GLASGOW, UK

O 1117 14:45
Statins and polyneuropathy revisited: Case-control study in Denmark, 1999-2013
T. K. Svendsen1, P. N. Hansen2, L. A. García-Rodríguez3, L. Andersen1, J. Hallas1, S. H. Sindrup1, D. G. Jensen4, T. Jensen3, N. Ejskjær1, S. Heiland1, H. Andersen1 | 1AARHUS, DENMARK, 2WÜRZBURG, GERMANY, 3MILAN, ITALY, 4BASEL, SWITZERLAND

O 1118 15:00
Magnetic resonance neurography including diffusion tensor imaging of the peripheral nerves in patients with CMT Type 1A
M. Vaquez-Campos1, S. Voeth1, M. Pham1, S. Ringgaard2, U. Birk Jensen1, T. Jensen3, N. Ejskjær1, S. Heiland1, H. Andersen1 | 1AARHUS, DENMARK, 2WÜRZBURG, GERMANY, 3MILAN, ITALY

O 1119 15:15
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. Bril2, 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 Group | 1AMSTERDAM, NETHERLANDS, 2TORONTO, CANADA, 3DUESSELDORF, GERMANY, 4LOS ANGELES, USA, 5NAGoya, JAPAN, 6MARBURG, GERMANY, 7KING OF PRUSSIA, 8Baltimore, USA, 9MAASTRICHT, NETHERLANDS

O 1120 15:30
Transthryretin familial amyloid polyneuropathy: the neuropathy progression on treated patients compared with natural disease progression
B. Miranda, J. Castro, I. Conceicao | LISBON, PORTUGAL

O 1121 15:45
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

O 1122 16:00
International CIDP Outcome Study (ICOS): A prospective study on clinical and biological predictors of disease course and outcome
C. Bunschoten1, G. van Lierop2, M. Adrichem3, W. van der Pol4, B. Jacobs5, F. Eftimov2, 1ROTTERDAM, 2AMSTERDAM, 3OTTERDAM, 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 16:45
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 17:00
Spontaneous intracerebral haemorrhage: Are there any sex-related specificities?
R. Tortuyaux, B. Casolla, S. Moulin, N. Dequatre-Ponchelle, H. Hénon, C. Cordonnier I LILLE, FRANCE

O 1203 17:15
Rupture risk for familial compared to sporadic intracranial aneurysms
L. Mensing, Y. Ruigrok, G. J. Rinkel I UTRECHT, NETHERLANDS

O 1204 17:30
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. Zakharov4, S. Edmundson4 1MOSCOW, RUSSIAN FEDERATION, 2GOTHENBURG, SWEDEN, 3TEL AVIV, ISRAEL, 4LONDON, UNITED KINGDOM

O 1205 17:45
Circulating endothelial markers in the monogenic small vessel disease retinal vasculopathy with cerebral leukoencephalopathy and systemic manifestations

O 1206 18:00
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 I 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 16:45
Clinical and radiological evidence for brainstem invasion of Listeria monocytogenes via the trigeminal nerve
D. Kondziella, Z. B. Harboe, C. Roed, V. A. Larsen I COPENHAGEN, DENMARK

O 1208 17:00
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 I AMSTERDAM, NETHERLANDS

O 1209 17:15
Natalizumab-related progressive multifocal leukoencephalopathy in Austria: An observational nationwide study
T. Moser1, E. Ferti2, S. Koppi3, T. Seifert-Held4, G. Safoschnik5, G. Bsteh6, T. Heller2, P. Rommer2, A. Baumgartner7, T. Berger8, J. Sellen9 I 1SALZBURG, 2VIENNA, 3RANKWEIL, 4GRAZ, 5INNSBRUCK, AUSTRIA

O 1210 17:30
Bacterial hypervirulence genes in Haemophilus influenzae meningitis identified by whole genome sequencing.
D. Koelman1, P. Kremer1, J. Lees2, M. Brouwer1, S. Bentley3, D. van de Beek1 I 1AMSTERDAM, NETHERLANDS, 2HINXTON, UNITED KINGDOM

O 1211 17:45
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. Abugab1 I 1KHARTOUM, SUDAN, 2LONDON, UNITED KINGDOM

O 1212 18:00
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. Sumbül1, S. Kurt1 I 1ROKAT, 2ANKARA, TURKEY
Saturdays, 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
16:45
Restriction spectrum imaging in multiple sclerosis

O 1214
17:00
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. Ghezzi2, E. Montanani1, A. Bertolotto3, G. L. Mancardi3, R. Bergamaschi4, V. Martinelli5, G. Comi1, M. A. Rocca1 & 1Milan, 2Genoa, 3Gallarate, 4Fidenza, 5Orbassano (Turin), 6Pavia, Italy

O 1215
17:15
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 & 1Milan, Italy

O 1216
17:30
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. Belachew6, G. Deol-Bhullar1, J. Han6, L. Julian1, S. L. Hauser1 & 1Basel, Switzerland, 2London, United Kingdom, 3Strasbourg, France, 4Barcelona, Spain, 5Houston, 6South San Francisco, 7San Francisco, USA

O 1217
17:45
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. Wallstrom7, T. Sidorensko7, C. Wolf8, F. Dahlke9, L. Kappos10, 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, Milan, Italy

O 1218
16:45
Altered PDE10A expression detectable early in untreated Parkinson’s disease patients
G. Pagano1, F. Niccolini1, H. Wilson1, T. Yousaf1, N. Khan2, D. Martino3, R. Gunn1, E. Rabiner4, M. Politis1 & 1London, United Kingdom, 2Calgary, USA

O 1219
17:00
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
17:15
Nerve ultrasound: a useful screening tool for peripheral nerve sheath tumors?
J. Teleman, M. Stellingwerff, G. Brekelmans, L. Visser & Tilburg, Netherlands

O 1221
17:30
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
17:45
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
18:00
M. Kinnerup1, M. Sommerauer1, K. Østergaard2, P. Borghammer1, A. Gjedde3, A. Nahimi1 & 1,2Aarhus, 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 16:45
Detecting insular clinical signs to improve the medical care of neuro-oncologic patients: Interest of a new questionnaire.
T. Bieth, R. Ursu, S. Cuzzubbo, B. Bardel, A. Carpentier, C. Belin I BOBIGNY, FRANCE

O 1225 17:00
Neuropsychiatric adverse events of antiepileptic drugs in patients with brain tumour related epilepsy: An Italian multicentre prospective study
M. Romoli1, C. Bedetti1, M. Maschio2, G. Di Bonaventura3, E. Nardi1, P. Eusebi1, S. Siliquini1, S. Dispensa2, P. Calabresi1, C. Costa1 I PERUGIA, 2ROME, ITALY

O 1226 17:15
Improved survival in primary central nervous 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. Doorduijn1, J. Bromberg1 I ROTTERDAM, 2UTRECHT, NETHERLANDS

O 1227 17:30
Tumor neuro-Langerhans cell histiocytosis located in the brainstem: A specific entity?
F. Poppa1, L. Royer-Perron1, A. Duran-Pena1, L. Le Guenne1, N. Martin-Duverneuil1, K. Mokhtari1, M.-J. Ribeiro2, E. Bayen3, A. Del Cull1, D. Delgadillo1, A. Kas1, C. Courtillot1, J. Haroche1, F. Cohen-Aubart1, J. Donadieu1, K. Hoang-Xuan1, D. A. Idbaih1 I PARIS, 2TOURS, FRANCE

O 1228 17:45
Longitudinal assessment of cognitive functions 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. Saffetti I TURIN, ITALY

O 1229 18:00
Isolated intra-ocular relapses of primary central nervous system lymphoma
N. Younan1, C. Soussain2, S. Choquet1, V. Toutou1, A. Schmitt1, O. Chinat1, L. Taillandier2, A. Amiel3, K. Laribi1, T. Lamy4, H. Ghesquières5, J.-P. Marolleau6, M.-P. Moles7, A. Tempescul8, P. Agapé9, N. Cassoux1, F. Jardin10, R. Gressin11, E. Gyan12, A. Brion13, G. Ahle14, A. El Yamani15, M. Bourmiqou16, K. Hoang-Xuan1, C. Houillier1 I PARIS, 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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Die Nervenheilkunde ist eine der bekanntesten Fort- und Weiterbildungszeitschriften für Neurologen, Psychiater und Nervenärzte. Da bei psychischen Störungen Hausärzte fast immer die ersten Ansprechpartner sind und die Weichenstellung für eine kompetente fachärztliche Behandlung in ihren Händen liegt, wendet sich die Nervenheilkunde zugleich an Primärärzte.

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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

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
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 adaption 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 with 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.

**INTERACTIVE SESSION 3: IMAGING FOR NEUROINFECTIONS**

*08:00 - 09:30 | ELICUIUM 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...
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 Trinka, 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. Trinka. 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.
Prof. Angela Vincent is Emeritus Professor of Neuroimmunology 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 Superieure 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.

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.
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

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

Symposium + Educational Programme

Sunday, 25 June
15:00 - 16:30

CME TOPICAL SYMPOSIUM:
SPINAL MUSCULAR ATROPHY
15:00 - 16:30 | FORUM

CHAIRPERSON:
Ulrike Schär, 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 Schär, 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: 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 | ELICIUIM 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.
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.

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

**15:00 - 18:15 | MAIN AUDITORIUM**

**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 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 addressed 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.
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 Klingelhofer, 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.

JOIN US

- Become a member of ESO and take advantage from many attractive benefits.

ENGAGE, LEARN AND TEACH

- Annual stroke conference (reduced conference registration fee for members)
- ESO-Karolinska Stroke Update Conference
- Summer and Winter Schools
- European Stroke Science Workshop
- Master Programme in Stroke Medicine
- Department-to-Department Visits
- Stroke Unit and Stroke Center Certification
- Guideline development
- Online educational resources
- Newsletter
- Committees for education, research, guidelines, conferences, communication, networks…

and more…

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Read our Blog – The VOICE OF STROKE IN EUROPE

www.eso-stroke.org/news/
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

www.fens.org/2018
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 15:00
TOMM40 polymorphism is associated with Cognitive and CSF pathology in patients with dementia
T. Yousaf, G. Pagano, F. Niccolini, M. Politis | LONDON, UNITED KINGDOM

TBAS02 15:15
Structural organization of the brain connectome in patients with amyotrophic and primary lateral sclerosis
S. Basagia1, F. Agosta1, P. M. Ferraro2, N. Riva3, S. Galantucci1, Y. Falzone1, A. Chiò4, A. Falini1, G. Comi1, M. Filippi1 | MILAN, ITALY

TBAS03 15:30
Identification of Usp8 as a toxicity modifying Deubiquitinase for α-synuclein
Z. Alexopoulou1, J. Lang2, R. Perrett1, A. Goldberg2
O. Ansorge3, T. Fulga4, G. Tofaris1 | OXFORD, UNITED KINGDOM, BOSTON, USA

TBAS04 15:45
Promising and highly diagnostic fMRI paradigms for classifying the level of consciousness of patients with severe chronic disorders of consciousness
B. Wutz1, C. Florea2, K. Schwenker1, F. Rattay1, E. Trinka1, F. Gerstenbrand1, S. M. Golaszewski1 | SALZBURG, VIENNA, AUSTRIA

TBAS05 16:00
Sensory attenuation phenomena: is it the neurophysiological mechanism underlying modulation of beta oscillations?
A. Macerollo1, P. Limousin1, L. Korlipara1, T. Foltynie1, M. Edwards1, J. Kilner1 | LONDON, UNITED KINGDOM

TBAS06 16:15
Neurofilament light chain and phosphotau/tau ratio as CSF biomarkers in frontotemporal dementia
L. H. Meeter1, E. Vijverberg2, M. Del Campo Milan3, C. Teunissen3, J. C. van Swieten1, Y. A. Pijnenburg2
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 15:00
Early development of orthostatic hypotension distinguishes the parkinsonian variant of multiple system atrophy from idiopathic Parkinson’s disease

O 2102 15:15
Fingolimod induced reductions in cardiac 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. Linker2,3 | LONDON, UNITED KINGDOM, ERLANGEN, NUREMBERG, GERMANY

O 2103 15:30
Assessment of the role of autonomic nervous 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 15:45
Presentation cancelled

O 2105 16:00
Interrelation of depression, sexual dysfunction and disease severity in patients with multiple sclerosis
K. Hösl1, S. Roy2, R. Wang2, T. Intravooth2, M. Deutsch2, K. Winder2, D.-H. Lee3, R. Linker2,3 | LONDON, UNITED KINGDOM, ERLANGEN, NUREMBERG, GERMANY

O 2106 16:15
The cardiac autonomic nervous system 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 Leurer2 | TEL-AVIV, ISRAEL, TEL-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 15:00
Research trends in neurology literature from 2011 to 2015: A bibliometric analysis
A. Ghassemi, K. Shafiee, M. Khazaneha, R. Azarnia | KERMAN, IRAN, ISLAMIC REPUBLIC OF

O 2108 15:15
Inter-professional neurology simulation training
C. Galtrey, J. Styles, N. Nirmalanathan, A. Pereira | LONDON, UNITED KINGDOM

O 2109 15:30
"The Move Europe" an innovative teaching programme for European medical students
E. Roze, E. Mc Govern, A. Meneret, C. Delorme, N. Mc Nicholas, M. Ruiz, N. Tubridy, M. Hutchinson, C. Flamand-Roze, C. Louapré | PARIS, FRANCE, DUBLIN, IRELAND

O 2110 15:45
All the Rembrandt’s ptoses – differential diagnosis of ptosis in rembrandt’s paintings
M. Klarendic, M. Kojović | LJUBLJANA, SLOVENIA

O 2111 16:00
Hepatolenticular degeneration: Wilson, Westphal, Strümpell, Konovalov: Who was first?
D. Labunskiy | SANTA ROSA CA, USA

O 2112 16:15
Short term performance improvement after neurological exam training sessions for undergraduate medical students: motor lasts longer.
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 15:00
Treatment outcomes of daclizumab in patients at high risk of transitioning to secondary progressive multiple sclerosis in DECIDE
G. Giovanni ni, R. Gold, L. Kappos, S. Greenberg, W. Ma, G. Giannattasio, G. Lima | LONDON, UNITED KINGDOM, BOCHUM, GERMANY, BASEL, SWITZERLAND, NORTH CHICAGO, IL, CAMBRIDGE, MA, USA

O 2114 15:15
Secondary progressive patients show higher demyelination and neurodegeneration along the visual pathway than primary progressive patients in multiple sclerosis.
S. Guerrieri, G. Di Maggio, M. Pisa, M. Vabanesi, F. Vitali, L. Moiola, V. Martinelli, G. Comi, L. Leocani | MILAN, ITALY

O 2115 15:30
Fingolimod significantly lowers neurofilament light chain blood levels in relapsing-remitting multiple sclerosis patients as compared with interferon beta-1a or placebo
J. Kuhle, C. Barro, L. Kappos, R. Meinert, F. Dahlke, H. Kropshofer, D. Tomic, D. Leppert | BASEL, SWITZERLAND, FREIBURG, GERMANY

O 2116 15:45
Individual remyelination profiles in cortical grey matter and in white matter lesions in multiple sclerosis: a combined PET and MTR study
B. Bodini, E. Poirion, M. Battaglini, M. Veronese, C. Lubetzki, M. Bottlaender, N. de Stefano, F. Turkheimer, B. Stankoff | PARIS, FRANCE, SIENNA, ITALY, LONDON, UNITED KINGDOM, ORSAY, FRANCE

O 2117 16:00
Prognostic factors for multiple sclerosis in patients with spinal isolated syndromes
G. Della 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
16:45

3 Hz postural tremor in patients with spinocerebellar ataxia
M. Danková, M. Vyhnálek, O. Čakrt, T. Funda, J. Jeřábek
PRAGUE, CZECH REPUBLIC

O 2202
17:00

Multimodal brainstem evoked potential in evaluation of brainstem involvement in multiple sclerosis
I. Pavlovic, L. Crnošija, I. Adamec, M. Krbot Skoric, T. Gabelic, M. Habek
ZAGREB, CROATIA

O 2203
17:15

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

O 2204
17:30

3D printed scalp model for electroencephalography training
B. Kaymakamzade, E. Mammadov
NICOSIA, CYPRUS

O 2205
17:45

Neurophysiological findings in asymptomatic stage of familial amyloid neuropathy: a case control study
S. Prud'hon, C. Labeyrie, C. Cauquil, D. Adams, V. Bouilleret, G. Beaudonnet
PARIS, FRANCE

O 2206
18:00

EEG reactivity for prognosis after cardiac arrest: preliminary study results
M. Admiraal, A.-F. van Rootsvaard, J. Horn
AMSTERDAM, NETHERLANDS

O 2207
18:15

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
16:45

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

O 2209
17:00

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

O 2210
17:15

Cognitive decline of MCI patients by amyloid-PET positivity at 12 months follow-up
D. Altomare1, C. Ferrari1, C. Festari2, C. Muscio1, A. Padovani1, G. Frisoni1, M. Boccadif2
1BRESCIA, ITALY, 2GENEVA, SWITZERLAND

O 2211
17:30

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
17:45

Persistent spatial navigation deficits in patients with transient global amnesia
A. Zwergal, F. Schobert, S. Irving, C. Trapp, C. Pradhan, M. Dieterich, T. Brandt
MUNICH, GERMANY

O 2213
18:00

Brain activity related to tool-associated actions: An fMRI study in acute stroke patients
A. Dressing, L. Beume, C. S. Schmidt, D. Kümerer, T. Bormann, I. Mader, M. Rijnjsjes, C. Kaller, C. Weiller
FREIBURG, GERMANY
ORAL SESSION:
EPILEPSY 1
16:45-18:15 | ELICICUM 2
CHAIRPERSONS:
Reetta Kälviäinen, KUOPIO, FINLAND
Tim von Oertzen, LINZ, AUSTRIA

O 2214 16:45
Do serum levels contribute to define the optimal lacosamide loading dose in status epilepticus?
M. Perrenoud1, P. André1, V. Alvarez2, C. Staehli3, L. Decosterd1, A. Rossetti1, J. Novy1 1LAUSANNE, 2SION, SWITZERLAND

O 2215 17:00
How to withdraw highly-sedating treatment after control of refractory status epilepticus
F. Drislane1, V. Alvarez2 1BOSTON, USA, 2SION, SWITZERLAND

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

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

O 2218 17:45
An economic evaluation of a multi-component self-management intervention for adults with epilepsy (ZMILE study)
B. Wijnen1, L. Leenen2, R. de Kinderen3, C. van Heugten1, M. Majoie2, S. Evers1 1MAASTRICHT, 2HEEZE, 3UTRECHT, NETHERLANDS

O 2219 18:00
Identifying items responsive to treatment and impairing QoL in people with epilepsy
A. M. Henninger1, N. Thamm1, G. Puttenger1, M. Hamberger1, G. Schwarz1, J. Wagner1, J. Gunzelmann1, N. Agrawal1, 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 16:45
Genetic and clinical analysis of cerebral calcification
V. Chelban, R. Kaiyrzhanov, H. Houlden 1LONDON, UNITED KINGDOM

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

O 2222 17:15
The multiple faces of TUBB4A mutations: from hypomyelination to adult dystonia
E. M. Hamilton1, M. Bugiani1, N. I. Wolf2, A. Vanderver2, I. Duncan2, T. E. Abink1, M. S. van der Knaap1 1AMSTERDAM, NETHERLANDS, 2PHILADELPHIA, 3MADISON, USA

O 2223 17:30
Adult-onset hypomyelinating leukodystrophies: a clinical and genetic study of 15 individuals
E. Salsano, D. Di Bella, S. Magri, L. Farina, D. Pareyson, F. Taroni MILAN, ITALY

O 2224 17:45
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
C. Catarino1, A. Grandjean2, S. Doss3, M. Mücke4, S. Tunc5, K. Schmidt6, T. J. von Oertzen1 1MUNICH, 2FREIBURG, 3BERLIN, 4BONN, 5LÜBECK, 6GÖTTINGEN, 7MUNSTER, GERMANY

O 2225 18:00
CSF Neurotransmitter depletion and brain atrophy in adult Phenylketonuria patients
A. Pilatto1, N. Blau2, E. Charyas3, D. Pie1, P. Freisinger2, G. Gramer2, S. Koelker2, D. Haas2, P. Burgard2, P. Nawroth2, G. Hoffman2, K. Scheffler2, D. Berg3, F. Trefz1 1TÜBINGEN, 2HEIDELBERG, 3REUTLINGEN, 4HEIDELBERG, 5TÜBINGEN, 6KIEL, GERMANY
ORAL SESSION: SLEEP DISORDERS
16:45-18:15 | ROOM E104/105
CHAIRPERSONS:
Pierre Maquet, LIÉGE, BELGIUM
Claudio Bassetti, BERN, SWITZERLAND

O 2226
16:45
H1N1 HA-specific T-cells can be readily detected in patients with narcolepsy
M. Schinkelshoek, R. Fronczek, A. van der Heide, Y. Kooy-Winkelaar, F. Koning, G. J. Lammers I LEIDEN, NETHERLANDS

O 2227
17:00
Polysomnographic findings in Restless Legs Syndrome (RLS) patients with severe augmentation
M.-L. Muntean, F. Sixel-Döring, C. Trenkwalder I KASSEL, GERMANY

O 2228
17:15
Sleepwalking in adults: Any differences between onset in childhood or adulthood?
P. Bargiotas, I. Arnet, M. Frei, K. Schindler, C. Bassetti I BERNE, SWITZERLAND

O 2229
17:30
Cardiovascular autonomic modulation during 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. Tabaldini1, C. Cereda2, S. Otti3, E. Agostoni4, M. Manconi5, N. Montano6, C. Bassetti7 i 1MILAN, ITALY, 2LUGANO, SWITZERLAND, 3BERNE, SWITZERLAND

O 2230
17:45
Screening for antibodies in narcolepsy type 1 and type 2
M. P. Giannoccaro2, P. Waters1, F. Pizza2, R. Liguori2, G. Plazzi5, 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
16:45
Strabismus measurements with novel video goggles
K.P. Weber1, D. Rappoport1, M. Dysli1, T. Schmuckle Meier1, C.J. Bockisch1, K. Landau1, H.G. Macdougal2 i 1ZURICH, SWITZERLAND, 2SYDNEY, AUSTRALIA

O 2234
17:00
Diagnostic accuracy of optical coherence tomography inter-eye difference in optic neuritis
D. Coric1, L. Balk1, B. Uitdehaag1, A. Petzold2 i 1AMSTERDAM, NETHERLANDS, 2LONDON, UNITED KINGDOM

O 2235
17:15
Glial activation accelerates compensation of acute unilateral vestibulopathy
A. Zwergal1, L. Günther1, M. Brendel1, E. Eilles1, N. Albert1, C. La Fougere1, S. Ziegler1, P. Bartenstein1, S. Becker-Bense1, T. Brandt1, M. Dieterich1 i 1MUNICH, 2TUBINGEN, GERMANY

O 2236
17:30
Autosomal dominant optic atrophy related to OPA1 gene mutation: A clinical and molecular study of 14 families
F. Rosini1, G. N. Gallus1, E. Pretegiani1, V. Serchi1, G. Tumminelli1, P. Piu1, E. Cardaoli1, P. Da Pozzo1, S. Bianchi Marzoli2, M. Collura2, R. Franceschini1, M. T. Dotti1, A. Fedenco1, A. Ruta1 i 1SIENNA, 2MILAN, 3SYRACUSE, ITALY

O 2237
17:45
Stroke and transient ischemic attack incidence 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 I COIMBRA, PORTUGAL

O 2238
18:00
Frequency of acute vestibular symptoms in the emergency department of a tertiary referral centre: A retrospective cross-sectional study

SUNDAY, 25 JUNE
16:45 - 18:15
32ND INTERNATIONAL EPILEPSY CONGRESS | SAT 2ND - WED 6TH SEPTEMBER 2017

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- Masland Award Lecture
- Singhal Award Lecture

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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

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

85
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 provide 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.
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 neuropahties. 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 | ELICIOUM 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 Tomografy (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 lead 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 Tomografy (FD–PET) in dementia (M. Boccardi, Switzerland).
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.
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) 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.

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

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

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...
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

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

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 on 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

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 whther ALS and FTD are a continuum or separate diseases remains debated. This course addresses old and new views and the current debate.
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 immunosupressive agents (fingolimod, natalizumab, mitoxantro-ne, alemtuzumab, anti-CD20) and third line the very intensive immunosupression (autologus 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 Årsland, 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.
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 Haas, 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.

HANDBS-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
2018 Annual Meeting

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Nashville, Tennessee
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25 Years of Fundamental Milestones in MS

30 November - 2 December 2017
Grand Hotel Dino
Baveno, Italy

- 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
## ORAL SESSION: CHILD NEUROLOGY

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
<th>Location</th>
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<tbody>
<tr>
<td>15:00</td>
<td>Refractory status epilepticus as de novo epileptic event: tertiary center experience in 80 children</td>
<td>R. Kravljanac, B. Vucetic Tadic, N. Jovic, D. Kravljanac, T. Pekmezovic</td>
<td>Belgrade, Serbia</td>
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<tr>
<td>15:15</td>
<td>The natural history of vanishing white matter</td>
<td>E. M. Hamilton, H. D. van der Lei, B. I. Witte, T. E. Abbink, B. M. Uitdehaag, M. S. van der Knaap</td>
<td>Amsterdam, Netherlands</td>
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<td>15:30</td>
<td>Structural connectivity abnormalities underlying cognitive impairment in pediatric multiple sclerosis</td>
<td>E. de Meo, E. Pagani, L. Moiola, A. Ghezzi, P. Veggiotti, R. Capra, M. P. Amato, L. Vacchi, A. Fiorino, M. C. Pera, G. Comi, A. Falini, M. Filippi, M. A. Rocca</td>
<td>Milan, Gallarate, Pavia, Brescia, Florence, Italy</td>
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<tr>
<td>16:00</td>
<td>Changing pattern of anti-epileptic drug prescription in children in the Netherlands</td>
<td>A. Weijenburg, J. Bos, N. Schuiling-Veninga, O. Brouwer, P. Callenbach</td>
<td>Groningen, Netherlands</td>
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<tr>
<td>16:15</td>
<td>Regional patterns of brain atrophy in pediatric and adult multiple sclerosis: a 3.5-year study</td>
<td>E. de Meo, M. A. Rocca, B. Colombi, M. Rodegher, L. Moiola, A. Ghezzi, G. Comi, A. Falini, M. Filippi, M. A. Rocca</td>
<td>Milan, Gallarate, Italy</td>
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## TOURNAMENT: CLINICAL

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<tr>
<td>15:30</td>
<td>Sustained disease remission in aggressive multiple sclerosis after autologous haematopoietic stem cell transplantation</td>
<td>G. Boffa, D. Currò, M. Capobianco, F. Gualandi, M. P. Sormani, M. Inglese, A. Bertolotto, G. L. Mancardi</td>
<td>Genoa, Orbassano, Italy</td>
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<tr>
<td>15:45</td>
<td>Predictive Swallowing Score (PRESS): a prognostic model to predict the need for enteral tube feeding after ischemic stroke</td>
<td>M. Galovic, A. J. Stauber, N. Leisi, M. Müller, B. Tettenborn, F. Brugger, B. Weder, G. Kagi</td>
<td>London, St. Gallen, Switzerland</td>
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<tr>
<td>16:00</td>
<td>Seizures are locked to multidiem rhythms in epilepsy</td>
<td>M. Bauf, J. Kleen, E. Mirro, J. Andrechack, D. King-Stephens, E. Chang, V. Rao</td>
<td>Geneva, Switzerland, San Francisco, USA</td>
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ORAL SESSION: CEREBROVASCULAR DISEASES 2
16:45-18:15 | ROOM E108

CHAIRPERSONS:
Jacques de Keyser, BRUSSELS BELGIUM
Roland Veltkamp, LONDON, UK

O 3201
16:45
Decreased GABA levels in the symptomatic hemisphere after transient ischaemic attack
K. Figlewski1, H. Andersen1, T. Stærmore1,
P. von Weitzel-Mudersbach1, J. F. Nielsen2, J. U. Blicher1
1AARHUS, 2HAMMEL, DENMARK

O 3202
17:00
CRP in atherosclerosis – A risk marker but not a causal factor. A 13-year population-based longitudinal study. The Tromsø Study.
A. Eltoft, T. Wilsgaard, J.-B. Hansen, E. Mathiesen, K. A. Arntsen, S. Johnsen | TROMSØ, NORWAY

O 3203
17:15
Intravenous thrombolysis in posterior circulation stroke – risk of intracranial hemorrhage and clinical outcome: results from the SITS-EAST registry
R. Herzig1, J. Waishaupt1, S. Belaskova2, E. Vítkova2,
K. Blejcharova3, P. Geier1, A. Tomek3, M. Bar3, D. Vaclavík3,
R. Mikulík3, M. Valis1 | 1HRADEC KRALOVE, 2BRNO, 3PRAGUE, OSTRAVA, CZECH REPUBLIC

O 3204
17:30
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
E. Zapanta1, M. Gregoric Kramberger1,
B. Contreras Escamez2, M. von Euler3, I. Kåreholt4,
B. Winblad4, M. E. Eriksdotter4, S. Garcia-Ptacek4
1LJUBLJANA, SLOVENIA, 2MADRID, SPAIN, 3LIDINGO, 4STOCKHOLM, HUDDINGE, SWEDEN

O 3205
17:45
A. Tuffal, M. Bodenant, B. Casolla, H. Hénon, J.-P. Lejeune, D. Leys, C. Cordonnier | LILLE, FRANCE

O 3206
18:00
PORTYWHITE – Portuguese registry on incidental white matter lesions of presumed vascular etiology in young adults: Preliminary results
M. Viana-Baptista1, V. Cruz E Silva1, A. Caetano2,
E. Azevedo2, C. Ferreira1, T. Pinho E Melo1, F. Silva3,
J. Ros2, N. M. O. Inácio1, A. Vieira2, M. Rodrigues2, J. Martins2,
A. N. Pinto1, C. Carmona1, 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
16:45
Deep sleep and progression of Parkinson’s disease
S. Schreiner, L. Imbach, E. Werth, T. Murer, P. Vaiko,
C. Baumann | ZURICH, SWITZERLAND

O 3208
17:00
Poor cognitive functioning is associated with an increased risk of incident parkinsonism: The Rotterdam Study
S. Darweesh1, F. J. Wolters1, B. Stricker1, P. Koudstaal1,
M. Ikram2, M. A. Ikram1 | 1,2ROTTERDAM, NETHERLANDS

O 3209
17:15
Skin nerve phosphorylated α-synuclein deposits in idiopathic REM sleep behavior disorder
E. Antelmi, V. Donadio, A. Incensi, G. Plazzi, R. Liguori | BOLOGNA, ITALY

O 3210
17:30
Cortical involvement in early Parkinson’s disease: evidence from multimodal MRI
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
17:45
Ventral striatal dopaminergic defect is a risk factor for hallucinations in Parkinson’s disease
E. Jaakkola, J. Joutsa, E. Mäkinen, J. Johansson,
V. Kaasinen | TURKU, FINLAND

O 3212
18:00
Cognitive decline relates to reversal of information flow in cortico-subcortical networks in the Parkinson’s disease brain
L. Boon, A. Hillebrand, K. Olde Dubbelink, K. Stam,
H. Berendse | AMSTERDAM, NETHERLANDS
### Oral Session: Muscle and Neuromuscular Junction Disease

**Chairpersons:**
- Jan De Bleecker, Ghent, Belgium
- Tiziana Mongini, Torino, Italy

**16:45-18:15 | Elcium 2**

**O 3213** 16:45
- **Outcome and antibody profile in ocular myasthenia gravis**
  - G. Galassi, M. Mazzoli, A. Ariatti, S. Kaleci, F. Valzania, P. Nichelli, Modena, Italy

**O 3214** 17:00
- **Respiratory involvement in facioscapulohumeral dystrophy**
  - 1Santa Maria da Feira, Portugal, 2Newcastle, 3Bristol, 4Newcastle upon Tyne, United Kingdom

**O 3215** 17:15
- **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** 17:30
- **Functional outcome measures and muscle MRI pattern recognition in dysferlinopathy: The JAIN COS Study**
  - 1Donostia-San Sebastián/Newcastle, 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, 14Kodaïra, Japan, 15Charlotte NC, USA, 16Padua, Italy, 17Columbus OH, USA

**O 3217** 17:45
- **Poly-autoimmunity and associated autoantibodies in a nationwide juvenile myasthenia gravis cohort**
  - T. H. Pope7, E. Kerty1, M. Rasmussen2
  - 1Oslo, Norway

**O 3218** 18:00
- **The utility of next generation sequencing in a muscle specialist service**

### Oral Session: Neurorehabilitation & Neurotraumatology

**Chairpersons:**
- Bastiaan Bloem, Nijmegen, The Netherlands
- Anna Czlonkowska, Warsaw, Poland

**16:45-18:15 | Room E104/105**

**O 3219** 16:45
- **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. van der Naalt1
  - 1Groningen, 2Tilburg, Enschede, Netherlands

**O 3220** 17:00
- **Transcranial direct current stimulation boosts spontaneous motor plasticity in subacute stroke**
  - P. Nico1, E. Pedrazzini, A. Schnider, A. Guggisberg, Geneva, Switzerland

**O 3221** 17:15
- **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** 17:30
- **Factors influencing adherence to tibial nerve stimulation for the management of neurogenic overactive bladder**

**O 3223** 17:45
- **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. Cnossen1, D. Dippel2, A. Maas3, D. K. Menon4, J. van der Naalt5, E. Steyerberg1, H. Lingsma1, S. Polinder1
  - 1Rotterdam, Netherlands, 2Antwerp, Belgium, 3Cambridge, United Kingdom, 4Groningen, Netherlands

**O 3224** 18:00
- **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
17:00
The independent effect of cerebral microbleeds on cognition
X. C. Ruan, A. C. Guevarra, N. Kandiah | SINGAPORE, SINGAPORE

O 3226
17:15
Diabetes mellitus in a large dementia cohort. A study of clinical characteristics and treatment from the Swedish Dementia Registry.

O 3227
17:30
Predicting development of amyotrophic lateral sclerosis in frontotemporal dementia

O 3228
17:45
Multimodal structural MRI differentiates in vivo the three clinical variants of primary progressive aphasia
F. Agosta, F. Imperiale, E. Canu, F. Caso, M. Capetti, G. Magnani, A. Falini, G. Comi, M. Filippi | MILAN, SAN GIOVANNI ROTONDO, ITALY

O 3229
18:00
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
18:15
Negative association between peripheral blood NLRP3 levels and CAD and subiculum in MCI patients with AD pathology: an innate immune pathway leading to hippocampal neurodegeneration

ORAL SESSION: EPILEPSY 2
17:00-18:30 | MAIN AUDITORIUM
CHAIRPERSONS:
Eugen Trinka, SALZBURG, AUSTRIA
Andriy Dubenko, KHARKIV, UKRAINE

O 3231
17:00
Fidelity of a Self-Management course for people with epilepsy (SMILE (UK))

O 3232
17:15
Interictal versus ictal high frequency oscillations in temporal lobe epilepsy: A time-frequency analysis study

O 3233
17:30
Motor phenomena in transient loss of consciousness: How to differentiate vasovagal syncope from convulsive seizures
S. Shmuely, J. G. van Dijk, R. Thijs | HEEMSTEDE, LEIDEN, NETHERLANDS

O 3234
17:45
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
18:00
Efficacy and safety of external trigeminal nerve stimulation in drug-resistant focal epilepsy.
F. Gil, A. Donaire, T. Boget, J. Valls-Sole, M. Carreño | BARCELONA, SPAIN

O 3236
18:15
Retrospective single-center study of drug-resistant epilepsies: a survey on two decades of presurgical evaluations and surgical treatments.
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BERLIN 2017

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European Sleep Research Society

Basel, Switzerland | 25 – 28 September 2018

For more information visit:
www.esrs-congress.eu
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 therapeutic 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 (Dejvicka 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
AND CEREBRAL HEMODYNAMICS

14th Annual Update Conference Series on
Clinical Neurology
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The Lundbeck Foundation Call for Nominations for

THE BRAIN PRIZE

THE PRIZE OF €1 MILLION IS AWARDED TO RESEARCHERS FOR CONTRIBUTIONS TO NEUROSCIENCE, FROM BASIC TO CLINICAL

THE PRIZE IS NOW OPEN TO RESEARCHERS AROUND THE WORLD

Nominations by 15 September 2017

Nominations will be reviewed by the Selection Committee:

ANDERS BJÖRKLYNDE, SWEDEN, CHAIRMAN
JOSEPH COYLE, USA
GEOFFREY DONNAN, AUSTRALIA

TOM JESSELL, 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

EAN eBook


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

Download for members: www.ean.org

VISIT THE LEARN AREA OF THE EAN BOOTH
the Author will be present
June 24, 11.00-12.00
June 26, 15.00-16.00

The home of neurology
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, GOTTINGEN, 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
HANDS-ON COURSE 8: MDS-ES/EAN: NEUROPHYSIOLOGICAL STUDY OF TREMOR – LEVEL 1
08:30 – 10:00 | ROOM G104/105

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.
What we do
- Advance knowledge of Huntington’s disease
- Support the development of better therapeutic interventions
- Improve the quality of life of people affected by HD

What you can do
- Share your knowledge and ideas
- Become part of the HD research community
- Help us improve treatment and care for HD families
**ORAL SESSION: NEUROIMMUNOLOGY**  
08:00-09:45 | ROOM G102/103

Chairpersons:  
Luca Massacesi, FLORENCE, ITALY  
Maarten Titulaer, ROTTERDAM, THE NETHERLANDS

**O 4101**  
08:00  
**Human aquaporin 4 auto-antibody alters blood brain barrier permeability**  

**O 4102**  
08:15  
**Immunemediated necrotizing autoimmune myopathy: Dutch and Belgian experience**  
J. Lim, A. van der Kooi, F. Eftimov, J. de Bleecker, C. Saris, B. G. van Engelen, J. Raaphorst, N. Voermans, M. de Visser | AMSTERDAM, NETHERLANDS, 2GHENT, BELGIUM, 3NIJMEGEN, NETHERLANDS

**O 4103**  
08:30  
**Spectrum of autoantibodies against myelin oligodendrocyte glycoprotein**  
A. Vural, A. Tuncer, M. Spadaro, B. Konuşkan, R. Göçmen, B. Anlar, M. Reindl, R. Karabudak, E. Meinl | 1ANKARA, TURKEY, 2MUNICH, GERMANY, 3INNSBURG, AUSTRIA

**O 4104**  
08:45  
**Clinical utility of 18FDG PET-CT in the diagnosis of neurosarcoidosis**  
D. Fritz, J. Booij, D. van de Beek, M. Brouwer | AMSTERDAM, NETHERLANDS

**O 4105**  
09:00  
**Clinical characterization and long-term outcome of patients with autoimmune encephalitis with antibodies against the metabotropic glutamate receptor 5 (mGluR5)**  
M. Spatola, L. Sabater, E. Martinez-Hernández, M. Rosenfeld, F. Graus, J. Dalmau | 1BARCELONA, SPAIN, 2PHILADELPHIA, USA

**O 4106**  
09:15  
**Discrimination of spinal cord sarcoidosis from neuromyelitis optica spectrum disorder or spondylotic myelopathy**  

**O 4107**  
09:30  
**Clinical and immunological characteristics of the spectrum of GFAP autoimmunity: Novel findings in a case series of 20 patients**  
R. Iorio, V. Damato, A. Evoli | ROMA, ITALY

**ORAL SESSION: HEADACHE AND PAIN 2**  
08:30-10:00 | ROOM E108

Chairpersons:  
Fabio Antonaci, PAVIA, ITALY  
Irena Velcheva, SOFIA, BULGARIA

**O 4108**  
08:30  
**Real-world treatment utilisation and safety of onabotulinumtoxinA for chronic migraine: Results from an observational study in the European Union**  
M. Matharu, J. Pascual, I. Nilsson-Remahl, A. Straube, A. Lum, G. Davar, D. Odom, L. Bennett, C. Proctor | 1LONDON, UNITED KINGDOM, 2SANTANDER, SPAIN, 3STOCKHOLM, SWEDEN, 4MUNICH, GERMANY, 5IRVINE, USA, 6TRIANGLE PARK, USA, 7CARY, USA

**O 4109**  
08:45  
**Prospective testing of ICHD-3 beta diagnostic criteria for migraine with aura and migraine with typical aura in patients with transient ischemic attacks**  
E. R. Lebedeva, N. M. Gurary, D. Gilev, J. Olesen | 1YEKATERINBURG, RUSSIAN FEDERATION, 2COPENHAGEN, DENMARK

**O 4110**  
09:00  
**Dynamic mechanical hyperalgesia in women with migraine: the dynamic pressure algometry**  
M. Ruiz, M. Palacios-Ceña, J. Baron Sanchez, S. M. Fuensalida-Novo, A. L. Guerrero, C. Fernández-de-Las-Peñas | 1VALLADOLID, 2MADRID, SPAIN

**O 4111**  
09:15  
**Efficacy of levothyroxine in migraine patients with subclinical hypothyroidism**  
A. Bougea, N. Spantideas, E. Anagnostou, P. Voskou, P. Z. Katsika, I. Evdokimidis, E. Kararizou | ATHENS, GREECE

**O 4112**  
09:30  
**Phase 3, randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of erenumab (AMG 334) in migraine prevention: primary results of the STRIVE trial**  
P. J. Goadsby, U. Reuter, J. Bonner, G. Broessner, Y. Hallstrom, F. Zhang, S. Sapra, H. Picard, D. Mikol, R. Lenz | 1LONDON, UNITED KINGDOM, 2BERLIN, GERMANY, 3ST. LOUIS, USA, 4INNSBRUCK, AUSTRIA, 5STOCKHOLM, SWEDEN, 6THOUSAND OAKS, USA

**O 4113**  
09:45  
**Representation of minorities in clinical trials for migraine in the United States and Europe**  
N. Robbins, S. Tepper, J. Bernat | HANOVER, USA
ORAL SESSION: MOVEMENT DISORDERS 2
08:30–10:00 | EMERALD

CHAIRPERSONS:
Marie Vidailhet, PARIS, FRANCE
Joaquim Ferreira, LISBON, PORTUGAL

O 4114 08:30
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. Valdeoriola, E. Tolosa Sarro, J. Valls-Sole | BARCELONA, SPAIN

O 4115 08:45
Severity of impulsive compulsive behaviours in early and prodromal Parkinson’s disease
F. Baig1, M. Kelly1, M. Lawton2, D. Okai3, Y. Ben-Shlomo5, M. Hu1 | BRISTOL, UNITED KINGDOM, 1,3OXFORD, UNITED KINGDOM

O 4116 09:00
Prevalence of C9orf72 expansion in a Portuguese cohort of Huntington’s disease phenocopies

O 4117 09:15
A multimodal magnetic resonance imaging study of brain structural changes in spasmodic dysphonia
A. Tomic1, F. Agosta2, N. Kresojevic1, L. Sarro2, M. Svetel1, S. Gantalucci2, P. Valsasina2, M. Filippi2, V. Kostić1 | BELGRADE, SERBIA, 2MILAN, ITALY

O 4118 09:30
TGF beta 1 as Huntington’s disease biomarker
K. Plinta, A. Plewka, D. Plewka, M. Rudzińska | KATOWICE, POLAND

O 4119 09:45
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. Koller5, D. K. Ness6, S. G. Griffith5, M. Grundman6, J. Soto7, S. Ostrowitzki8, F. Boess9, M. Martin-Facklam6, J. F. Quinn2, S. H. Isaacson8, D. Jennings8, O. Omidvar9, A. Ellenbogen10 | HOUSTON, USA, 1ORLANDO, USA, 2HALLANDALE BEACH, USA, 3SOUTH SAN FRANCISCO, USA, 4SAN DIEGO, USA, 5BASEL, SWITZERLAND, 7PORTLAND, USA, 8BOCA RATON, USA, 9NEW HAVEN, USA, 10LONG BEACH, USA, 11FARMINGTON HILLS, USA
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PLENARY SYMPOSIUM: HIGHLIGHTS OF THE CONGRESS + BREAKING NEWS
10:30 - 12:30 | MAIN AUDITORIUM

Chairpersons:
Bernard Uitdehaag, Amsterdam, The Netherlands
Gunther Deuschl, Kiel, Germany
Paul Boon, Ghent, Belgium

Stoke
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 Gunther Deuschl, welcoming words by Victor Oliveira for Lisbon 2018

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.

Case-based workshop 8: MDS-ES/EAN: From chronic migraine to dystonia
13:00 - 14:30 | Room E102

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
INTERNATIONAL PARKINSON AND MOVEMENT DISORDER SOCIETY

INTERACTIVE SESSION 7: MDS-ES/EAN: HYPERKINETIC DISORDERS - ABNORMAL MOVEMENTS, POSTURES AND JERKY MOVEMENTS

13:00 - 14:30 | ELICUIUM 1

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.
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 (includingautoimmune 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 immune-histochemical 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
Eija 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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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?**


Elicium 1, Amsterdam RAI Exhibition and Convention Centre

### From candle to lightbulb: How has innovation defined our understanding of MS?

**Saturday 24 June 2017**

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<td>Martin Duddy</td>
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<td>What have we learned from innovations over time in MS?</td>
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<td>Volker Limroth</td>
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<td>13:20</td>
<td>From clinical trials to clinical practice: How can we explore the known unknown?</td>
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<td>Treatment evolution with B cell targeted therapy</td>
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<td>Novel endpoints expose a hidden window into the understanding of MS</td>
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<td>Putting the pieces together to get a new picture of MS</td>
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<td>All, including Patrick Vermersch and Fred Lublin</td>
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<td>Seeing MS in a new light: A glimpse of the future?</td>
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### Seeing in the dark: How is innovation redefining our understanding of MS?

**Sunday 25 June 2017**

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<td>Why we need to see MS in a new light: Are we on the cusp of a new understanding?</td>
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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

ROCHE: FROM CANDLE TO LIGHTBULB: HOW HAS INNOVATION DEFINED OUR UNDERSTANDING OF MULTIPLE SCLEROSIS?

13:00 – 14:30 | ELICUIUM 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 Vermersch, 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)

Plan of the RAI Amsterdam

Satellite Symposium at the 3rd Congress of the European Academy of Neurology (EAN)
Supported by an educational grant provided by Actelion Pharmaceuticals Ltd
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.
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
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 THOUGH 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
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

Bial
Caring for your Health
NOVARTIS: ASSEMBLING THE MULTIPLE SCLEROSIS TOOLKIT: A PRACTICAL APPROACH TO DISEASE MANAGEMENT IN MULTIPLE SCLEROSIS

13:45 - 14:45 | ELICUIUM 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

Opiacapone: 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 | ELICUIUM 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, BURGAU, GERMANY

Timing, training & tinctures – reorganization & recovery after stroke
Steven Zeiler, BALTIMORE, USA

Evidence Based Motor-Rehabilitation: From Established Therapies to Future Perspectives
Andreas Bender, BURGAU, GERMANY

Challenges & Opportunities in Motor Recovery
Dafin Muresanu, CLUJ-NAPOCA, ROMANIA

Emerging concepts in multi-modal motor rehabilitation after stroke
Andreas Winkler, VIENNA, AUSTRIA
COMMITTED TO MAKING A DIFFERENCE IN 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)

Choired 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!
Safinamidine 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

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

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
Abbreviated Prescribing Information: Netherlands
Rebioc (interferon beta-1a) Preparations: Rebioc 88 g and 22 µg: 6 (0.2 ml) + 6 (0.5 ml) syringes/pens. Rebioc 88 g/ml 1 ml, and 22 g/0.25 ml: 2 x 1.5 ml cartridges. Rebioc 22 µg: 1 x 0.5 ml, pen 4 x 1 ml, pen 4 x 1 ml, cartridges. Rebioc 44 g: 1 x 0.5 ml syringes/2 x 0.5 ml pens/ 4 x 1 ml, cartridges.

QUALITATIVE AND QUANTITATIVE COMPOSITION: Rebioc 22 micrograms solution for injection in pre-filled syringes 0.5 ml contains 0.5 micrograms; Rebioc 88 micrograms solution for injection in pre-filled syringes 4.5 ml contains 44 micrograms; Rebioc 88 micrograms solution for injection in pre-filled syringes 0.2 ml contains 88 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 36 micrograms; Rebioc 88 micrograms/0.5 ml solution for injection in cartridge. Each pre-filled cartridge 1.5 ml contains 1.2 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 0.6 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 1.2 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 1.3 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 0.8 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 0.6 micrograms; Rebioc 22 micrograms/0.5 ml solution for injection in cartridge 1.5 ml contains 0.6 micrograms;

PHARMACOTherapeutic GROUP: Immunomodulants. Interferons, ATC code: L00BA07
PHARMACEUTICAL FORM: Solution for injection in pre-filled syringes, cartridges, and pre-filled pens. Clear to opalescent solution, with pH 3.5 to 4.5 and osmolality 250 to 450 mOsm/L.

INDICATIONS:
Rebioc 22: Rebioc is indicated for the treatment of relapsing multiple sclerosis. In clinical trials, this has been demonstrated in patients with secondary progressive multiple sclerosis without ongoing relapse activity.
Rebioc 8, 82/2 + Rebioc 44: Rebioc is indicated for the treatment of relapsing multiple sclerosis. In clinical trials, it 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 Rebioc 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 88 micrograms dose subcutaneously and the dose be increased over 4 weeks period to the targeted dose. Weeks 1 and 2: 5.8 g three times per week (TW); Weeks 3 and 4: 2.25 g TW Week 5 onwards. 44 µg TW: do not use in patients under 2 years of age.

CONTRAINDICATIONS: Initiation of treatment in pregnancy and breastfeeding or to natural or recombinant IFN beta-1a to or in any of the recipients; 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.

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, renal renal system symptoms (e.g. confusion, pains) and impaired renal function. Rebioc should be administered with caution to patients with previous or current depressive disorders in particular to those with antecedents of suicidal ideation. Rebioc 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 (NSA) has been reported.

Hepatic dysfunction: In clinical trials with Rebioc, 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. Rebioc 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 liver 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 nelfinavir 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 IFN. 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 Rebioc 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 conducted when administering Rebioc to patients with severe renal and hepatic failure and to patients with severe myoglobinuric nephritis. Serum, immunoglobulin antibodies against IFN beta-1a may develop. The precise incidence of antibodies is as yet uncertain. The medicinal product contains 2.5 mg benzyl alcohol per dose. It must not be introduced to premature babies or neonates. It may cause toxic reactions and anaphylactoid reactions in infants and children up to 3 years old.

INTERACTIONS: Care should be exercised when administering Rebioc 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 childbearing potential should take appropriate contraceptive measures. If a pregnancy becomes pregnant or plans to become pregnant while taking Rebioc 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 Rebioc is excreted in human milk. Because of the potential for serious adverse reactions in breastfeeding infants, a decision should be made whether to discontinue breast-feeding or Rebioc Therapy. The effects of Rebioc on fertility have not been investigated.

SIDE EFFECTS: In the case of severe or persistent undesirable effects, consider temporary lowering or discontinuing dose.

Common: flu-like symptoms, injection-site inflammation/redness, headache, asymptomatic transaminase increase, neutropenia, leucopenia, thrombocytopenia, anaemia.

Common: injection-site pain, myalgia, arthralgia, fatigue, rigor, fever, pruritus, rash, erythema/ macular-papular rash, pruritis, urticaria, vomiting, nausea, depression, enuresis, severe elevations of transaminases.

Other side effects include: injection-site nodule/abcess/infection/colla/ultra, urticarial, thyroid dysfunction, hepatic failure, hepatitis with or without steatosis, autoimmune hepatitis, anaesthetic reactions, angio-oedema, arthralgia/myalgia, rash urticarial, psoriasis, acne, drug-induced lupus erythematosus, nephritic syndrome, glomerulonephritis, severe, transient neurological symptoms, thromboembolic events, TMA including TTP and/or APLS, pancreatitis, suicide attempt, Stevens–Johnson syndrome, dyspnoea, pulmonary arterial hypertension (PAH), retinal vascular disorders. Cases of PAH have been reported with IFN-beta products. Physicians should consult the Summary of Product Characteristics in relation to other side effects.

GENERAL CLASSIFICATION FOR SUPPLY: Medicinal product subject to medical prescription.

MARKETING AUTHORITY HOLDER: Merck Serono Europe Limited, 56, Marsh Wall, London E14 6TP, United Kingdom.

Local representative of the Marketing Authorisation Holder: Merck B.V.

Tulipovaan 41 61, 1119 NW Schiphol-Rijn, tel: 020 - 6586960.

MARKETING AUTHORITY NUMBER: EU/08/09/0001-017

Sections may be abridged 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

Data of Preparation: May 2017

Date of last SmPC update: July 2015


Date of preparation: May 2017

NIR:REBI/0151/0012
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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
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
TIME TO TALK ABOUT
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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