CONy 2022 Virtual Congress Scientific Program

Program times refer to Central European Time (CET)

SATURDAY, MARCH 26, 2022		
14:00-15:40	**NEUROIMMUNOLOGY**	**HALL A**
Chair:	**Abhijit Chaudhuri,** UK	
14:00-14:50	**Are placebo-controlled trials still ethical for neuromyelitis optica spectrum disorders (NMOSD) in the current therapeutic environments?**	
	Capsule: There are now approved and highly effective treatments for NMOSD. Given their high efficacy, head to head trials to establish superiority are not feasible. Does the current therapeutic milieu preclude placebo-controlled studies of new agents even if the drug being tested has lesser toxicity or cost?	
14:00-14:10	Introduction and Pre-Debate Voting	
14:10-14:25	YES: **Hans-Peter Hartung,** Germany	
14:25-14:40	NO: **Alicja Kalinowska**, Poland	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:40	**Routine MRI surveillance should be undertaken in patients with confirmed or suspected NMOSD and MOGAD to assess disease activity**	
	Capsule: Routine MRI surveillance is routinely performed in patients with MS, and is a valuable outcome for phase 2 clinical trials. Brain and spinal cord lesions may develop in the absence of clinical symptoms in NMOSD and MOGAD, but it is believed that the frequency is low. Is there value of routine MRI surveillance of either the brain or spinal cord in these conditions?	
14:50-15:00	Introduction and Pre-Debate Voting	
15:00-15:15	YES: **Friedemann Paul**, Germany	
15:15-15:30	NO: **Saif Huda,** UK	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	
15:40-17:20	**NEUROIMMUNOLOGY**	**HALL A**
Chair:	**Friedemann Paul**, Germany	
15:40-16:30	**All patients with autoimmune encephalitis should undergo comprehensive examination and, if negative, repeated testing for an underlying neoplasm regardless of the nature of the associated autoantibody**	
	Capsule: Often patients with autoimmune encephalitis have underlying neoplasms; identification and treatment of the cancer may have therapeutic benefit. However, in many patients, search for occult neoplasms is negative and frustrating. Should a search for an underlying neoplasm be routinely instituted in all patients with a suspected diagnosis of autoimmune encephalitis?	
15:40-15:50	Introduction and Pre-Debate Voting	
15:50-16:05	YES: **Amy Kunchok,** USA	

16:05-16:20	NO: **Sarosh Irani,** UK	
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting	
16:30-17:20	**All patients with new onset psychosis should be investigated for and, unless other cause is found, should be treated empirically with corticosteroids for potential autoimmune encephalitis**	
	Capsule: Some patients with new onset psychosis with no premorbid features of a psychiatric illness may be suspected of having an autoimmune encephalitis. Occasionally, MRI may be normal in patients with autoimmune encephalitis. Should patients with such clinical features and no obvious underlying psychiatric disorder or infectious encephalitis be treated empirically for possible autoimmune encephalitis?	
16:30-16:40	Introduction and Pre-Debate Voting	
16:40-16:55	YES: **Abhijit Chaudhuri,** UK	
16:55-17:10	NO: **Anastasia Zekeridou,** USA/Greece	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	
17:20-19:50	**NEUROIMMUNOLOGY**	**HALL A**
Chair:	**Brian Weinshenker**, USA	
17:20-18:10	**Checkpoint-inhibitor-associated autoimmune conditions should be routinely managed by discontinuation of the checkpoint inhibitor.**	
	Capsule: Checkpoint inhibitors may result in autoimmune conditions, including CNS inflammatory disorders. However, discontinuation of treatment may result in progression of the cancer for which the patient is receiving the drug. Should checkpoint inhibitors be routinely discontinued when patients develop an autoimmune condition after treatment?	
17:20-17:30	Introduction and Pre-Debate Voting	
17:30-17:45	YES: **Anastasia Zekeridou**, USA/Greece	
17:45-18:00	NO: **Uros Rot,** Slovenia	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	
18:10-19:00	**Persistent seropositivity of MOG-IgG antibody requires immunosuppressive therapy even in the absence of clinical relapse**	
	Capsule: In some patients with MOG-IgG-associated diseases, relapse may not occur. It is generally agreed that relapse is an indication for institution of maintenance treatment. But it has also been suggested that persistent seropositivity for MOG-IgG may also predict relapse. Should persistent seropositivity be an indication for institution of maintenance immunosuppressive therapy in the absence of attack?	

18:10-18:20	Introduction and Pre-Debate Voting
18:20-18:35	YES: **Michael Levy**, USA
18:35-18:50	NO: **Eoin P. Flanagan**, USA
18:50-19:00	Discussion, Rebuttals and Post-Debate Voting
19:00-19:50	**All anti-CD19 and anti-CD20 drugs have similar efficacy. None offers significant advantages compared to others in the same class.**
	Capsule: B-cell depletion is highly effective for MS and AQP4-IgG seropositive NMOSD, as well as for other autoimmune conditions including those affecting the CNS. Recently, inebilizumab, a CD-19 targeting mAb has been approved for AQP4-IgG seropositive NMOSD. Is there reason to believe that the specific B-cell target (CD19 or CD20) or other differences between anti-CD20 drugs (e.g. humanized vs chimeric) influence efficacy and justify the higher cost of newer agents?
19:00-19:10	Introduction and Pre-Debate Voting
19:10-19:25	YES: **David Baker**, UK
19:25-19:40	NO: **Brian Weinshenker**, USA
19:40-19:50	Discussion, Rebuttals and Post-Debate Voting