CONy 2022 Virtual Congress Scientific Program

Program times refer to Central European Time (CET)

FRIDAY, MARCH 25, 2022		
14:00-15:40	**PARKINSON'S DISEASE (PD) I**	**HALL B**
Chair:	**Stuart H. Isaacson**, USA	
14:00-14:50	**Covid-19 is the perfect storm for emergence of parkinsonism**	
	Capsule: Evidence suggests that Covid-19 can aggravate specific motor and non-motor symptoms of PD. But could the mechanisms behind the infection play a role in the emergence of a novel parkinsonian syndrome?	
14:00-14:10	Introduction and Pre-Debate Voting	
14:10-14:25	YES: **K Ray Chaudhuri**, UK	
14:25-14:40	NO: **Angelo Antonini**, Italy	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:40	**Subjective cognitive decline is important to recognize in the cognitive spectrum of PD**	
	Capsule: Subjective cognitive decline is a self-perceived decline in cognitive ability reported in association with normal performance on daily activities and standardised cognitive tests. Its prognostic value in predicting objective cognitive decline has been suggested in the context of Alzheimer's disease. Could the same be true for PD-associated cognitive decline?	
14:50-15:00	Introduction and Pre-Debate Voting	
15:00-15:15	YES: **Lucia Batzu**, UK	
15:15-15:30	NO: **Eleonora Fiorenzato**, Italy	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	

15:40-17:20	**PARKINSON'S DISEASE (PD) I**	**HALL B**
Chair:	**Angelo Antonini,** Italy	
15:40-16:30	**We need an algorithm to manage advanced PD**	
	Capsule: Advanced PD refers to the stage of disease when motor complications are difficult to manage with standard therapy. Patients reaching this stage of the disease may benefit from switching from oral to device-aided therapies. Is there a need to use specific clinical indicators to assess the eligibility for device-aided therapies and can the treatment be chosen on the basis of standardised and unanimous agreed criteria?	
15:40-15:50	Introduction and Pre-Debate Voting	
15:50-16:05	YES: **Stuart H. Isaacson**, USA	
16:05-16:20	NO: **Per Odin**, Sweden	
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting	
16:30-17:20	**Objective monitoring in PD will be the norm in the future and is preferable to clinician-based assessment**	
	Capsule: Over the last decade, a growing number of researchers and clinicians have used advanced technologies, including wearable sensors, for objective monitoring of specific symptoms in patients with PD. Will objective monitoring become a worldwide standardised assessment tool for PD and will its use improve patients' management?	
16:30-16:40	Introduction and Pre-Debate Voting	
16:40-16:55	YES: **Anat Mirelman**, Israel	
16:55-17:10	NO: **Cristian Falup Pecurariu**, Romania	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	
17:20-19:00	**PARKINSON'S DISEASE (PD) I**	**HALL B**
Chair:	**K. Ray Chaudhuri**, UK	
17:20-18:10	**Using probiotics is a waste of time in PD management.**	
	Capsule: It has been postulated that gut pathogens can contribute to the pathophysiological mechanisms behind PD and its clinical phenotype. However, does the use of probiotics to address motor and non-motor symptoms of PD represent a utopia and offer false hopes to patients?	
17:20-17:30	Introduction and Pre-Debate Voting	
17:30-17:45	YES: **Bogdan Ciopleias**, Romania	

17:45-18:00	NO: **Valentina Leta**, UK	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	
18:10-19:00	**PARKINSON'S DISEASE (PD) I**	**HALL B**
	Genetics has not advanced care for PD patients	
	Capsule:The genetic architecture of PD is characterised by monogenic mutations causing familial disease, genetic variants increasing PD risk in specific populations and variants that contribute to increase the risk of developing sporadic PD. Are the clinical implications of this knowledge still insufficient to improve the clinical management of people with PD?	
18:10-18:20	Introduction and Pre-Debate Voting	
18:20-18:35	YES: **Nicola Pavese,** UK	
18:35-18:50	NO: **Heinz Reichmann**, Germany	
18:50-19:00	Discussion, Rebuttals and Post-Debate Voting	

SATURDAY, MARCH 26, 2022		
14:00-15:30	**PARKINSON'S DISEASE (PD) II** *Session supported by unrestricted grants from Acadia, Amneal, Avion, Kyowa Kirin, Merz Therapeutics, Supernus*	**HALL D**
Chair:	**Stuart H. Isaacson**, USA	
14:00-14:45	**Apomorphine should replace levodopa as the gold standard therapy for PD**	
	Capsule: Apomorphine is a dopamine agonist that has been used to treat PD symptoms for as long as levodopa. Despite poor bioavailability of oral levodopa and variable absorption, levodopa has been considered the 'gold standard' therapy. Apomorphine has similar robust efficacy and may provide more reliable benefit. Should our gold standard be changed to apomorphine?	
14:00-14:05	Introduction and Pre-Debate Voting	
14:05-14:15	YES: **Richard Dewey Jr**, USA	
14:15-14:25	NO: **Fernando Pagan**, USA	
14:25-14:45	Discussion, Rebuttals and Post-Debate Voting	
14:45-15:30	**Delayed ON is more important contributor to daily OFF time than end-dose wearing off**	
	Capsule: Despite advances to improve both peripheral levodopa pharmacokinetics and striatal dopaminergic activity, OFF time can persist. Traditionally, clinical focus has been on end-dose wearing off benefit. Recognition of symptom benefit onset, magnitude, duration, and reliability due to variable gastrointestinal oral levodopa delivery and transport is often overlooked. Can shifting clinical focus to identifying delayed onset of oral levodopa doses help improve OFF time management?	
14:45-14:50	Introduction and Pre-Debate Voting	
14:50-15:00	YES: **Daniel Kremens**, USA	
15:00-15:10	NO: **Yasar Torres-Yaghi**, USA	
15:10-15:30	Discussion, Rebuttals and Post-Debate Voting	

15:30-16:15	**Expert Roundtable: Clinical approach to Parkinson's disease (PD) psychosis** *Supported by an unrestricted educational grant from Acadia*
	Capsule: PD psychosis (PDP) is common, but difficult to treat and disproportionately impacts daily activities and quality of life. Yet traditional views have characterized PDP as 'benign' and treatment is often initiated only after significant morbidity occurs. Is it time to reconsider our PDP management paradigm?
Moderator:	**Stuart H. Isaacson**, USA
15:30-15:40	Screening and diagnosis: **Danielle Larson**, USA
15:40-15:50	PDP treatment paradigm: **Richard Dewey Jr**, USA
15:50-16:00	Impact of PDP and decision to treat: **Rajesh Pahwa**, USA
16:00-16:15	Live Discussion (faculty)
16:15-17:00	**Meet the Expert Roundtable** *Supported by an unrestricted educational grant from Avion*
	Meet the Expert Roundtable: Fine tuning PD medication regimens with fractional carbidopa/levodopa tablets
	Capsule: Motor complications are common, with many patients experiencing both peak dose dyskinesia and off episodes. Adjusting baseline levodopa dosing can sometimes be complicated using traditional 25mg/100mg half or whole tablets of IR CD/LD. Would finer tuning with quarter tablet dosing increments (6.25mg/25mg) improve symptom management with CD/LD?
Moderator:	**Stuart H. Isaacson**, USA
16:15-16:25	Overview of fractional carbidopa/levodopa tablets: **Rajesh Pahwa**, USA
16:25-16:35	Clinical scenarios with finer tuning to improve symptom control: **Yasar Torres-Yaghi**, USA
16:35-16:45	Early use experience with fractional carbidopa/levodopa: **Daniel Kremens**, USA
16:45-17:00	Live Discussion (faculty)

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Chair:	**Stuart H. Isaacson,** USA	
17:00-17:45	**Sialorrhea evaluation and treatment should be prioritized at clinic visits**	
	Capsule: Sialorrhea is a common symptom of PD, yet its impact is often minimized during clinical visits. Chronic sialorrhea has been associated with physical consequences, psychosocial stigma, and potentially significant morbidity. Treatment with cholinergic denervation in salivary glands with botulinum toxin has become readily available first-line therapy. Should query and early treatment of sialorrhea be prioritized at routine clinic visits?	
17:00-17:05	Introduction and Pre-Debate Voting	
17:05-17:15	YES: **Fernando Pagan**, USA	
17:15-17:25	NO: **Fiona Gupta**, USA	
17:25-17:45	Discussion, Rebuttals and Post-Debate Voting	
17:45-18:30	**Treatment of motor fluctuations should begin with levodopa regimen changes before adding adjunctive polypharmacy**	
	Capsule: Levodopa is the cornerstone therapy for PD motor symptoms, yet motor fluctuations invariably emerge leading to many hours without motor benefit from levodopa doses (off episodes). Rational polypharmacy with adjunctive medications has been a common treatment strategy, yet may be limited by tolerability and persistent OFF time. Should newer extended levodopa formulations be used before adding adjunctive medications?	
17:45-17:50	Introduction and Pre-Debate Voting	
17:50-18:00	YES: **Richard Dewey Jr.**, USA	
18:00-18:10	NO: **Rajesh Pahwa**, USA	
18:10-18:30	Discussion, Rebuttals and Post-Debate Voting	

18:30-19:15	**Effective management of daily OFF time requires both dopaminergic and non-dopaminergic co-therapies**
	Capsule: Despite continuous levodopa delivery strategies, OFF time persists in most patients. This may indicate the limitations of presynaptic pathways to fully resolve OFF episodes. Striatal adenosine and glutamatergic receptors are overactive in PD, and impact direct and/or indirect pathway activity. Should nondopaminergic receptor antagonists be added to levodopa as soon as motor fluctuations emerge?
18:30-18:35	Introduction and Pre-Debate Voting
18:35-18:45	YES: **Danielle Larson**, USA
18:45-18:55	NO: **Yasar Torres-Yaghi**, USA
18:55-19:15	Discussion, Rebuttals and Post-Debate Voting
19:15-19:30	**Recap of Parkinson's Disease II and Closing Remarks** **Stuart H. Isaacson,** USA